

**ATI RN MED SURG PROCTORED EXAM  
NEWEST 2024 TEST BANK COMPLETE 200  
QUESTIONS AND CORRECT DETAILED  
ANSWERS BRAND NEW! (VERIFIED  
ANSWERS) |ALREADY GRADED A+**

While talking with a client with a diagnosis of end stage liver disease. The nurse notices the client is unable to stay awake and seems to fall asleep in the middle of a sentence. The nurse recognizes these symptoms to be indicative of what condition?

- A. Hyperglycemia
- B. Increased Bile production
- C. **Increased blood ammonia levels**
- D. Hypocalcaemia - ...ANSWER...C. Increased blood ammonia levels

A nurse is about to administer warfarin (Coumadin) to a client who has atrial fibrillation. When the client asks what his medication will do, which of the following is an appropriate nursing response?

- a. It helps convert atrial fibrillation to sinus rhythm
- b. Is dissolves clots in the bloodstream
- c. It slows the response of the ventricles to the fast atrial impulses

d. **It prevents strokes in clients who have atrial fibrillation** - ...ANSWER...d. It prevents strokes in clients who have atrial fibrillation

A nurse in a cardiac care unit is caring for a client with acute heart failure. Which

of the following findings should the nurse expect?

- a. Decreased brain natriuretic peptide (BNP)
- b. **Elevated central venous pressure (CVP)**
- c. Decreased pulmonary pressure
- d. Increases urinary output - ...ANSWER...b. Elevated central venous pressure (CVP)

A client comes into the ED reporting nausea and vomiting that worsens when

lying down and without relief from antacids. The provider suspects acute

pancreatitis. Which of the following lab test results should the nurse expect to see if

the client has acute pancreatitis?

- a. Decreased WBC
- b. **Increased serum amylase**
- c. Decreased serum lipase
- d. Increased serum calcium - ...ANSWER...b. Increased serum amylase

A nurse in the ICU is caring for a client who has acute respiratory distress

syndrome (ARDS) and is receiving mechanical ventilation via an endotracheal tube. The

provider plans to extubate her within the next 24 hours. Which of the following is

an important criterion for extubating the client?

- a. Ability to cough effectively
- b. Adequate tidal volume without manually assisted breaths
- c. No indication of infection
- d. No need for supplemental oxygen - ...ANSWER...b. Adequate tidal volume without manually assisted breaths

A patient with massive trauma and possible spinal cord injury is admitted to the emergency department (ED). Which finding by the nurse will help confirm a diagnosis of neurogenic shock?

- a. cool clammy skin
- b. inspiratory crackles
- c. apical heart rate of 48 beats/min
- d. temperature 101.2° F - ...ANSWER...c. apical heart rate of 48 beats/min

A patient with septic shock has a urine output of 20 mL/hr for the past 3 hours.

The pulse rate is 120 and the central venous and pulmonary artery wedge pressure are 4. Which of these orders by the health care provider will the nurse question?

- a. Give furosemide (Lasix) 40 mg IV
- b. increase normal saline infusion to 150 mL/hr
- c. Administer hydrocortisone (SoluCortef) 100 mg IV
- d. Prepare to give drotrecogin alpha (Xigris) 24 mcg/kg/hr - ...ANSWER...a. Give furosemide (Lasix) 40 mg IV

After receiving 1000 mL of normal saline, the central venous pressure for a patient who has septic shock is 10 mm Hg, but the blood pressure is still 82/40 mm Hg. The nurse will anticipate the administration of which of the following?

- a. Nitroglycerin (Tridil)
- b. Sodium nitroprusside (Nipride)
- c. Drotrecogin alpha (Xigris)
- d. **Norepinephrine (Levophed)** - ...ANSWER...d. Norepinephrine (Levophed)

Which of these findings is the best indicators that the fluid resuscitation for a patient with hypovolemic shock has been successful?

- a. hemoglobin is within normal limits
- b. **Urine output is 60 mL over the last hour**
- c. Pulmonary artery wedge pressure (PAWP) is 10 mmHg
- d. Mean arterial pressure (MAP) is 55 mm Hg - ...ANSWER...b. Urine output is 60 mL over the last hour

41. Which interventions will the nurse include in the plan of the care for a patient who has cardiogenic shock?

- a. Avoid elevating head of bed
- b. Check temperature every 2 hours
- c. **Monitor breath sounds frequently**
- d. Assess skin for flushing and itching - ...ANSWER...c. Monitor breath sounds frequently

Which assessment is most important for the nurse to make in order to evaluate

whether treatment of a patient with anaphylactic shock has been effective?

- a. Pulse rate
- b. Orientation
- c. Blood pressure
- d. **Oxygen saturation** - ...ANSWER...d. Oxygen saturation

When caring for the patient who has septic shock, which assessment finding is most important for the nurse to report to the health care provider? (TB ch.67 Q.17)

- a. BP 92/56 mm Hg
- b. **Skin cool and clammy**
- c. apical pulse 118 beats/min
- d. Arterial oxygen saturation 91% - ...ANSWER...b. Skin cool and clammy

During change-of-shift report, the nurse learns that a patient has been admitted with dehydration and hypotension after having vomiting and diarrhea for 3 days.

Which findings is most important for the nurse to report to the HCP?

- a. Decreased bowel sounds
- b. Apical pulse 110 beats/min
- c. Pale, cool, and dry extremities
- d. **New onset of confusion and agitation** - ...ANSWER...New onset of confusion and agitation

A patient is admitted to the burn unit with burns the upper body and head after a

garage fire. Initially, wheezes are heard, but an hour later, the lung sounds are decreased and no wheezes are audible. What is the best action for the nurse to take?

- a. encourage the patient to cough and auscultate the lungs again
- b. **Notify the HCP and prepare for endotracheal intubation**
- c. Document the results and continue to monitor the patient's resp. rate
- d. Reposition pt in high-Fowler's position and reassess breath sounds - ...ANSWER...b. Notify the HCP and prepare for endotracheal intubation

During the emergent phase of burn care, which nursing action will be most useful in determining whether the patient is receiving adequate fluid infusion?

- a. Check skin turgor
- b. Monitor daily weight
- c. Assess mucous membranes
- d. **Measures hourly urine output** - ...ANSWER...d. Measures hourly urine output

After receiving change-of-shift report, which of these patients should the nurse assess first?

- a. **A patient with smoke inhalation who has wheezes and altered mental status**
- b. A patient with full-thickness leg burns who has a dressing change scheduled

c. A patient with abdominal burns who is complaining of level 8 (0 to 10 scale)

pain.

d. A patient with 40% total body surface area (TBSA) burns who is receiving IV

fluids at 500 mL/hr - ...ANSWER...a. A patient with smoke inhalation who has wheezes and altered mental status

. The RN observes all of the following actions begin taken by a staff nurse who has floated to the unit. Which action requires that the RN intervene?

a. The nurse uses latex gloves when applying antibacterial cream to a burn wound

b. The float nurse obtains burn cultures when the patient has a temp of 101° F

c. The float nurse administers PRN fentanyl (Sublimaze) IV to a pt 5 minutes before a dressing change

d. The float nurse calls the health care provider for an insulin order when a

nondiabetic pt has an elevated serum glucose -

...ANSWER...The nurse uses latex gloves when applying antibacterial cream to a burn wound

A client with cervical neck fracture is admitted to the intensive care unit. Which

findings would the nurse recognize as indicative of spinal shock?

- A. Spastically, neuromuscular irritability, hyperreflexia
- B. **Flaccidity and lack of sensation below the level of spinal cord lesion.**
- C. Automatic dysreflexia with neurogenic bladder symptoms
- D. Muscular spasticity and loss of motor reflexes in all parts of the body below the level of spinal cord lesion. - ...ANSWER...Flaccidity and lack of sensation below the level of spinal cord lesion.

A client with T6 spinal cord injury is being discharged. The PT is concerned about autonomic dysreflexia. S/S include the following:

- A. Dilated pupils
- B. Sudden vomiting and diarrhea
- C. drop in BP and pulse
- D. **Diaphoresis above the level of the lesion** - ...ANSWER...D. Diaphoresis above the level of the lesion

A woman has been recently diagnosed with systemic lupus and shares with the nurse, I want to get pregnant, but I don't know how I will tolerate pregnancy because

I have lupus. Which response is best?

- A. Most women find that they feel better when they are pregnant
- B. How long have you been in remission?
- C. Women with lupus frequently have slightly longer gestation
- D. Its best to become pregnant within the first 6 months of diagnosis - ...ANSWER...B. How long have you been in remission?