

ATI COMPREHENSIVE PREDICTOR RETAKE NEWEST VERSION ACTUAL EXAM COMPLETE 180 QUESTIONS AND CORRECT ANSWERS UNTIL NOW GRADED A+ 2024-2025

A nurse is assessing an older adult client who has delirium. Which of the following manifestations should the nurse expect?

- A. Projecting blame
- B. Excessive clinging
- C. Rapid speech
- D. Social awkwardness - C. Rapid speech

- exhibit rapid, inappropriate, incoherent, and rambling speech patterns.
- paranoid personality disorder project blame.
- dependent personality disorder demonstrate excessively clinging behavior.
- schizotypal personality disorder exhibit social awkwardness.

A nurse is assessing a client who is experiencing autonomic dysreflexia. Which of the following findings should the nurse expect? Select all that apply

- A. Nystagmus
- B. Facial flushing
- C. Diplopia
- D. Nasal congestion
- E. Headache - B. Facial flushing
- D. Nasal congestion
- E. Headache

- expect blurred vision

A community health nurse is assisting with the development of a disaster management plan. The nurse should include which of the following nursing responsibilities in the disaster response stage of the plan?

- A. Performing a rapid needs assessment
- B. Organizing an immunization campaign
- C. Identifying the specific roles of disaster workers
- D. Conducting home visits to identify health hazards - A. Performing a rapid needs assessment

- Disaster management includes prevention, preparedness, response, and recovery stages. The nurse should perform a rapid needs assessment during the response stage of a disaster management plan. A rapid needs assessment allows the nurse to identify the severity of the incident, the health needs of the community, and the priority actions needed during the response stage.

Disaster management - - The nurse should assist in the organization and implementation of an immunization campaign to prevent, treat, or contain disease during the prevention stage of a disaster management plan.

- identify the specific roles of disaster workers during the preparedness stage of a disaster management plan

- conduct home visits to identify health hazards such as a lack of safe shelter, clean water, and potential hazards that result from the disaster during the recovery stage

A nurse is providing teaching to a client who has hepatitis A. Which of the following instructions should the nurse include?

- A. Use a chlorine bleach solution to clean kitchen surfaces.
 - B. Seal nonwashable items in a plastic bag for 2 weeks.
 - C. Wear a surgical mask when in public.
 - D. Limit family visits to 30 min periods.
- A. Use a chlorine bleach solution to clean kitchen surfaces.

- to prevent transmission by killing the virus.
- pediculosis capitis should seal nonwashable items in a plastic bag for 2 weeks.
- does not need to wear a surgical mask because hepatitis A is not an airborne infection.
- encourage safe food handling and appropriate hand hygiene techniques.

A nurse is caring for a client who is receiving total parenteral nutrition (TPN) solution by continuous IV infusion at 60 ml/hr. The nurse discovers the infusion pump has stopped working. Which of the following actions should the nurse take while waiting for a new infusion pump?

- A. Administer the TPN solution at the same rate using manual drip tubing.
 - B. Offer the client oral fluids in place of the TPN solution.
 - C. Infuse 0.9% sodium chloride solution using manual drip tubing at 30 mL/hr.
 - D. Provide dextrose 10% in water solution using manual drip tubing at 60 mL/hr.
- D. Provide dextrose 10% in water solution using manual drip tubing at 60 mL/hr.

- to prevent hypoglycemia
- infuse an IV solution that will maintain adequate blood glucose levels.

A nurse is caring for a client who has a terminal illness and requests no lifesaving measures if he experiences cardiac arrest. Which of the following statements should the nurse make?

- A. "You will need to draft a health care proxy so a designee can make this decision for you."
- B. "I will provide you with information about medical treatment to include in your living will."
- C. "Your provider determines if you should have lifesaving measures if your heart stops."
- D. "I will make sure that no one performs any lifesaving measures if your heart stops." - B. "I will provide you with information about medical treatment to include in your living will."

- A health care proxy is not necessary if the client is alert and able to document his own wishes in a living will.
- the client decides and documents these decisions in a living will or verbally informs the provider.

A nurse on a medical surgical unit is caring for a client prior to a surgical procedure. Which of the following should indicate to the nurse that the client has the ability to sign the informed consent?

- A. The client's partner tells the nurse that the client understands the procedure.
- B. The nurse locates the provider's prescription for the surgical procedure.
- C. The nurse witnesses the provider's explanation of the procedure.
- D. The client is able to accurately describe the upcoming procedure. - D. The client is able to accurately describe the upcoming procedure.

- the nurse cannot assume that the client understands the information the provider gave.

A community health nurse is performing disaster triage tagging following a disaster. On which of the following clients should the nurse place a black tag?

- A. A client who is alert and has a 2.5 cm (1 in) laceration on the forehead
- B. A client who has significant head trauma and agonal respirations
- C. A client who has an open fracture of the right forearm
- D. A client who is unconscious and has a rapid, thready radial pulse - B. A client who has significant head trauma and agonal respirations

- because this client is likely not to recover or will require extensive resources for care.

disaster triage tag system - - green tag on a client who is alert and has a 2.5 cm (1 in) laceration on the forehead because this client has an injury that is nonurgent.

- a yellow tag on a client who has an open fracture of the right forearm because this client has a major injury that requires attention within 30 min to 2 hr.

- a red tag on a client who is unconscious and has a rapid, thready radial pulse because this client has a life-threatening injury and requires immediate treatment

A nurse is assuming care for a client who is 4hr post op following a total vaginal hysterectomy. Which of the following actions should the nurse take first?

- A. Measure the client's vital signs.
- B. Reposition the client.
- C. Encourage the client to use an incentive spirometer.
- D. Administer pain medication. - A. Measure the client's vital signs.

- assess for respiratory depression and hypotension resulting from anesthesia.
- should reposition the client to prevent postoperative complications such as atelectasis
- should encourage the client to use an incentive spirometer to increase lung expansion
- should administer pain medication around the clock on a regular schedule for the first 48 hr

A client who is in the first trimester of pregnancy is being seen in a clinic for her monthly visit. She has been using acupressure bands on her wrists. Which of the following statements by the client indicates that this therapy is having desired effect?

- A. "I have not had any food cravings."
- B. "The spotting I was having has stopped."
- C. "I don't feel depressed anymore."
- D. "I have not vomited for the past 2 weeks." - D. "I have not vomited for the past 2 weeks."

- a type of complementary and alternative therapy that applies pressure to a specific part of the body the client can use to alleviate nausea and vomiting.

A nurse is caring for an adolescent client who has a new diagnosis of terminal cancer. When discussing the client's prognosis with her parents, the nurse should recognize which of the following responses by the parents as an example of rationalization.

- A. "Our child wouldn't have this terminal diagnosis if the doctor had diagnosed the cancer sooner."
- B. "Let's go on that family vacation we've got planned. We will deal with this when we return."
- C. "Maybe this is better for our child because we don't want her to suffer through chemotherapy treatments."
- D. "This isn't possible. Just last week the doctor said that she was responding well to treatment." - C. "Maybe this is better for our child because we don't want her to suffer through chemotherapy treatments."