

ATI RN Comprehensive Predictor/RN ATI Predictor Exit Exam 2023/2024

(5 Versions Reviewed and Combined with Correct Answers and Rationales)

900 Questions and Answers

Question 1 of 180

A home health nurse is caring for a child who has Lyme disease. Which of the following is an appropriate action for the nurse to take?

- Ensure the state health department has been notified.
- Administer antitoxin.
- Educate the family to avoid sharing personal belongings.
- Assess for skin necrosis.

Correct Answer: Ensure the state health department has been notified.

Explanation: Lyme disease is a reportable condition in many states, so the nurse should ensure proper notification of health authorities. Administering antitoxin or assessing for skin necrosis is not applicable, and Lyme disease is not transmitted through shared personal belongings.

Question 2 of 180

A nurse is caring for a client who has been admitted to the hospital.

Nurses' Notes

0900:

The client reports experiencing a loss of appetite and shortness of breath within the last month or so. The client reports experiencing weakness, abdominal pain, severe itching, and mood changes. The client has had alcohol use disorder for the past 10 years and sometimes drinks alcohol uncontrollably.

The client is alert but disoriented to time. Their abdomen is bloated, and they have redness of the palms of the hands. Excoriated areas on the upper thorax and shoulders are present. Sclera are yellow.

1230:

Administered antacids, spironolactone, and colchicine per provider's prescription.

Laboratory Results

1200:

- Hgb 9.5 g/dL (14 to 18 g/dL)
- Hct 38% (42% to 52%)
- Bilirubin 5.3 mg/dL (0.3 to 1.0 mg/dL)
- Creatinine 1.8 mg/dL (0.6 to 1.3 mg/dL)
- Platelet count 100,000/mm³ (150,000 to 400,000/mm³)

1800:

- Alanine aminotransferase ALT 51 units/L (4 to 36 units/L)
- Aspartate aminotransferase AST 48 units/L (0 to 35 units/L)
- Alkaline phosphatase ALP 151 units/L (30 to 120 units/L)
- Blood total protein 15 g/dL (6.4 to 8.3 g/dL)

Select the 5 actions the nurse should take.

- Provide frequent rest periods for the client.
- Restrict the client's sodium intake.
- Advise the client to avoid the use of soap and alcohol-based lotions.
- Place the client on a low-carbohydrate diet.
- Place the client under contact isolation.
- Instruct the client to avoid blowing their nose forcefully.
- Assess the client's level of orientation.

Correct Answers:

- Provide frequent rest periods for the client.
- Restrict the client's sodium intake.
- Advise the client to avoid the use of soap and alcohol-based lotions.
- Assess the client's level of orientation.
- Place the client under contact isolation.

Explanation: The client is showing signs of liver disease and alcohol-related complications. Rest, sodium restriction, avoiding irritants, and orientation assessment are important for their care. Contact isolation may be needed if excoriations are present to prevent infections.

Question 3 of 180

A nurse is caring for a client who has a vented NG tube set to low intermittent suction and has vomited. Which of the following actions should the nurse perform first?

- Administer an antiemetic medication.
- Evaluate functioning of the suction device.
- Provide oral hygiene care.
- Replace the NG tube.

Correct Answer: Evaluate functioning of the suction device.

Explanation: The first step should be to assess whether the NG tube is functioning properly, as a malfunction may be causing the vomiting. Administering medication or providing oral hygiene would follow afterward.

Question 4 of 180

While performing a routine assessment, a nurse notices fraying on the electrical cord of a client's continuous passive motion (CPM) device. Which of the following actions should the nurse take first?

- Initiate a requisition for a replacement CPM device.
- Report the defect to the equipment maintenance staff.
- Remove the device from the room.
- Ensure the device inspection sticker is current.

Correct Answer: Remove the device from the room.

Explanation: Frayed electrical cords pose an immediate safety hazard, so the nurse should prioritize removing the defective device from the client's room to prevent electrical injury.

Question 5 of 180

A nurse is setting up a sterile field to perform wound irrigation for a client. Which of the following actions should the nurse take when pouring the sterile solution?

- Remove the cap and place it sterile-side up on a clean surface.
- Place sterile gauze over areas of spilled solution within the sterile field.
- Hold the bottle in the center of the sterile field when pouring the solution.
- Hold the irrigation solution bottle with the label facing away from the palm of the hand.

Correct Answer: Hold the irrigation solution bottle with the label facing away from the palm of the hand.

Explanation: The bottle should be held with the label facing away from the hand to prevent contamination. Placing the cap sterile-side up or spilling solution in the field would contaminate the sterile environment.

Question 6 of 180

A nurse is creating a plan of care for a female client who has recurrent urinary tract infections. Which of the following interventions should the nurse include in the plan?

- Wear loose-fitting underwear.
- Take a bubble bath after intercourse.
- Drink four 240 mL (8 oz) glasses of water each day.
- Void every 5 to 6 hr during the day.

Correct Answer: Drink four 240 mL (8 oz) glasses of water each day.

Explanation: Increasing fluid intake helps to flush out bacteria and reduce the risk of recurrent urinary tract infections. Wearing loose-fitting underwear is not a direct preventive measure, and bubble baths can increase the risk of infection. Voiding more frequently than every 5-6 hours is recommended.

Question 7 of 180

A nurse is caring for a newborn.

Exhibit 1: Vital Signs

0640: