RN ATI MENTAL HEALTH PROCTORED EXAM 2023 WITH NGN

Question 1 rause remaining. 00.03.00 A nurse is providing teaching to a client who has a depressive disorder and a new prescription for amitriptyline. Which of the following statements by the client indicates an understanding of the teaching? "I can continue to take St. John's wort while taking this medication." "I know it will be a couple of weeks before the medication helps me feel better." "I expect this medication to raise my blood pressure." "I should take this medication on an empty stomach." Question 2 Pause Remaining: 00:05:00 A nurse is admitting a client who has schizophrenia. The client states, "I'm hearing voices." Which of the following responses is the priority for the "What are the voices telling you?" "I realize the voices are real to you, but I don't hear anything." "Have you taken your medication today?" "How long have you been hearing the voices?" Question 3 A nurse is planning care for an older adult client who has dementia. Which of the following interventions should the nurse include in the plan of care? (Select all that apply.) Give the client one simple direction at a time.

Refute the client's delusions using logic.

Reinforce orientation to time, place, and person.Establish eye contact when communicating with the client.

Allow the client to choose among a variety of activities each day.

Question 4

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a client who has histrionic personality disorder. Which of the following manifestations should the	nurse expect?
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th the caregiver of a client who has Alzheimer's disease. The caregiver states, "Providing constant ca f my life." Which of the following actions should the nurse take?	are is very stressful and
caregives soak a progression for an antiprochatic modification for the elient	
caregiver seek a prescription for an antipsychotic medication for the client.	
owing the client to have time alone in their room throughout the day.	
f my life	

Question 7

A nurse is working with a client who has an anxiety disorder and is in the orientation phase of the therapeutic relationship. Which of the following statements should the nurse make during this phase?	g
"We should discuss resources to implement in your daily life."	
"Let me show you simple relaxation exercises to manage stress."	
"We should establish our roles in the initial session."	
"Let's talk about how you can change your response to stress."	
Question 8	
A nurse in an acute care mental health facility is placing a client in seclusion and restraints. Which of the following actions should the nurse plan to take?	
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Ensure that the prescription for restraints be renewed every 6 hr.	
Document the client's behavior every 15 min.	
Request a provider to evaluate the client in person every 36 hr.	
Plan to monitor the client every 30 min while restrained.	
CONTINUE	
Question 9	
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A nurse is creating a plan of care for a client who has paranoid personality disorder and refuses to take their medication. Which of the following interventions should the nurse include in the plan?	
Speak in a neutral tone when addressing the client.	٦
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Limit the client's opportunities to socialize with others.	
Limit the client's opportunities to socialize with others. Rotate staff members caring for the client.	

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A nurse is assessing a client who has bipolar disorder and is experiencing a depressive episode. Which of the following findings should the nurse expect? Inability to carry out a simple task Client reports auditory hallucinations Moves quickly from one idea to the next Client expresses illusions of grandeur

Question 11

A nurse is caring for a client in the outpatient mental health clinic.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4

History and Physical

2 months ago:

Client states, "My depression has been getting a little worse

Client reports increased fatigue, sadness, and hypersomnia over the last few months. Client reports their manifestations have been well-controlled "for years" on fluoxetine, but "it seems to have stopped working." Client denies any physical complications or suicidal ideation.

Client has history of depression and hyperlipidemia.

Client lives at home with partner and 4-year-old child. Denies alcohol, illicit drug, or tobacco use. Exercises occasionally.

Click to highlight the findings that indicate the client is experiencing adverse effects of the medication. To deselect a finding, click on the finding again.

Nurses' Notes

Today

Client states, "I'm feeling much better." They report less fatigue, even though they have difficulty sleeping. Client reports they are not sad anymore but are experiencing more frequent headaches. Client continues to deny any suicidal ideation.

Vital Signs

Today

BP 169/91 mm Hg

Heart rate 78/min

Respiratory rate 18/min