

ATI Proctored Exam Medical Surgical Form A

1. A nurse is preparing to administer **thrombolytic therapy** to a client who had an **ischemic stroke**. Which of the following is an appropriate nursing action?

- Start the therapy within 8 hrs. (**within 6 hrs.**)
- Insert an indwelling urinary catheter after therapy begins
- Monitor blood pressure every 30 minutes during infusion.
- Elevate the head of the bed between 25 and 30 degrees** (to reduce ICP & promote venous drainage, ATI page 89)

2. A nurse is teaching a client about the use of an **incentive spirometer**. Which of the following instructions should the nurse include in the teaching?

- Place hands on the upper abdomen during inhalation.
- Exhale slowly through pursed lips.
- Hold breath about 3 to 5 seconds before exhaling.** (ATI page 138)
- Position the mouthpiece 2.5 cm (1 in) from the mouth.

3. A nurse is assessing a client who is 12 hr. postoperative following a **colon resection**. Which of the following findings should the nurse **report to the surgeon**?

- Heart rate 90/mm
- Hgb 8.2 g/dL
- Gastric pH of 3.0
- Absent bowel sounds**

Recall that bowel sounds are altered in patients with obstruction; absent bowel sounds imply total obstruction. QSEN: Safety (Book page 1143)

4. A nurse is caring for a client who has **diabetes insipidus**. Which of the following medications should the nurse plan to administer?

- Regular Insulin
- Furosemide
- Desmopressin**
- Lithium Carbonate

Teach patients with diabetes insipidus the proper way to self-administer desmopressin orally or by nasal spray.

Management focuses on controlling symptoms with drug therapy.

-The most preferred drug is *desmopressin acetate (DDAVP)*, a synthetic form of vasopressin given orally, as a sublingual “melt,” or intranasally in a metered spray. The frequency of dosing varies with patient responses. Teach patients that each metered spray delivers 10 mcg and those with mild DI may need only one or two doses in 24 hours.

-For more severe DI, one or two metered doses two or three times daily may be needed.

5. A nurse is admitting a client who has arthritic pain and reports taking **ibuprofen several times daily for 3 years**. Which of the following test should the nurse monitor?

- Stool occult blood**
- Urine for white blood cells
- Fasting blood glucose
- Serum calcium

Assess for drug-related blood loss such as that caused by **NSAIDs** by **checking the stool for gross or occult blood**. Older white women are the most likely to experience GI bleeding as a result of taking these medications. (Book page 324)

6. A nurse in the emergency department is assessing a client. Which of the following actions should the nurse take first? (Click on the “Exhibit” button for additional information about the client. There are three tabs that contain separate categories of data.)

-Obtain a sputum sample for culture.

-Prepare the client for a chest x-ray.

-Initiate airborne precautions (question sounds like a respiratory issue)

-Administer ondansetron.

7. A nurse is contacting the provider of a client who has **cancer** and is experiencing **breakthrough pain**. Which of the following prescriptions should the nurse anticipate?

-Intravenous dexamethasone

-Transmucosal fentanyl

-Oral acetaminophen- not strong enough

-Intramuscular meperidine

Fentanyl is a lipophilic (readily absorbed in fatty tissue) opioid and, as such, has a fast onset and short duration of action. It is recommended opioid for patients with end-organ failure because it has no clinically relevant metabolites. It also produces fewer hemodynamic adverse effects than other opioids; therefore, it is often preferred in patients who are hemodynamically unstable such as the critically ill. (Book page 59)

8. A nurse is admitting a client who reports chest pain and has been placed on a telemetry monitor. Which of the following should the nurse analyze to determine whether the client is experiencing a **myocardial infarction**?

-QRS duration

-ST segment

-T-wave

PR interval

Examine the ST segment. The normal ST segment begins at the isoelectric line. ST elevation or depression is significant if displacement is 1 mm (one small box) or more above or below the line and is seen in two or more leads. ST elevation may indicate problems such as myocardial infarction, pericarditis, and hyperkalemia. ST depression is associated with hypokalemia, myocardial infarction, or ventricular hypertrophy. (Book page 670)

9. A nurse is teaching a client who has **ovarian cancer** about **skin care** following **radiation treatment**. Which of the following instructions should the nurse include?

-Apply over the counter moisturizer to the radiation site

-Cover the radiation site loosely with a gauze wrap before dressing

-Use a soft washcloth to clean the area around the radiation site

-Pat the skin on the radiation site to dry it. (Book page 390)

Skin Protection During Radiation Therapy

• Wash the irradiated area gently each day with either water or a mild soap and water as prescribed by your radiation therapy team.

- **Dry the irradiated area with patting rather than rubbing motions**, use a clean, soft towel or cloth.
- Use only powders, ointments, lotions, or creams that are prescribed by the radiation oncology department on your skin at the radiation site.
- Wear soft clothing over the skin at the radiation site.
- Avoid wearing belts, buckles, straps, or any type of clothing that binds or rubs the skin at the radiation site.
- Avoid exposure of the irradiated area to the sun:
- Protect this area by wearing clothing over it.
- Try to go outdoors in the early morning or evening to avoid the more intense sun rays.
- When outdoors, stay under awnings, umbrellas, and other forms of shade during the times when the sun's rays are most intense (10 AM to 7 PM).
- Avoid heat exposure.

10. A nurse is caring for a client who is receiving **a blood transfusion**. The nurse observes that the client has **bounding peripheral pulses, hypertension, and distended jugular veins**. The nurse should anticipate administering which of the following prescribed medications?

Acetaminophen

-Furosemide (this patient has fluid overload from the transfusion)

Diphenhydramine

Pantoprazole

11. A nurse is assessing a client who is receiving **magnesium sulfate IV** for the treatment of hypomagnesemia. Which of the following findings **indicates effectiveness** of the medication?

-Lungs clear

-Hypoactive bowel sounds- **Reduced motility, anorexia, nausea, constipation, and abdominal distention are common. A paralytic ileus may occur when hypomagnesemia is severe.**

-Blood pressure 90/50 mm Hg-**hypomagnesemia causes hypertension, but this is too low, abnormal**

-Apical pulse 82/min

One aspect of the conduction problems is that, when serum magnesium levels are low, intracellular potassium levels are also low. This changes the resting membrane potential in cardiac muscle cells, slowing normal conduction and triggering ectopic beats.

12. A nurse is preparing a client for a **lumbar puncture**. Which of the following images indicates the position the nurse should assist the client into for this procedure?

- "Cannonball position on the side" picture #4 (ATI page 20)

13. A nurse is reviewing a clients **ABG results**: pH 7.42, PaCO₂ 30 mm Hg, and HCO₃⁻ 21 mEq/L. The nurse should recognize these findings as an indication of which of the following

- Metoprolol
- Metformin**
- Fluticasone
- Valproic Acid

15. A nurse is planning care for a client who is experiencing seizures secondary to *meningitis*. Which of the following interventions should the nurse include in the plan of care? (Select all that apply.)

- Assist the client to ambulate every 4 hr.
- Place a tongue blade at the bedside.
- Have suction equipment at the bedside.
- Dim the overhead lights.
- Apply a warming blanket.

16. A nurse is caring for a client who has a *pressure ulcer with necrotic tissue* and requires wet to damp dressing changes daily. Which of the following types of debridement should the nurse include in the plan of care?

- Enzymatic
- Surgical
- Autolytic
- Mechanical**

17. A nurse is caring for a female who has *toxic shock syndrome*. Which of the following findings should the nurse expect?

- Elevated platelet count
- Decreased total bilirubin

-**Generalized rash**

- Hypertension

18. A nurse is preparing to administer a medication for a client through a *non-tunneled percutaneous central catheter*. Which of the following actions should the nurse take?

- Close the inline clamp
- Apply a local anesthetic to the skin
- Don sterile gloves
- Flush the catheter with 10 mL of 0.9% sodium chloride.**

19. A nurse is caring for a client who was admitted with *nausea, vomiting, and a possible bowel obstruction*. An NG tube is placed and set to a low intermittent suction. Which of the following findings should the nurse report to the provider?

- The client reports being extremely thirsty with a sore throat
- The drainage is bright green in color with brown fecal material
- The amount of drainage is gradually decreasing
- The client's abdomen becomes distended and firm.**