

**ATI ADULT MEDICAL SURGICAL
2024 PROCTORED EXAM /ADULT
MEDICAL SURGICAL ATI
PROCTORED EXAM 2024 REAL
EXAM QUESTIONS AND CORRECT
ANSWERS|AGRADE**

A nurse is caring for a client who is 24 hr postoperative following a total hip arthroplasty. Which

of the following actions should the nurse take?

A)Place the affected leg in external rotation.

B)Encourage the client to use the incentive spirometer every shift.

C)Instruct the client to lean forward when rising from a chair.

D)Maintain abduction of the affected extremity.
- ----ANSWER---->D)Maintain abduction of the affected extremity.

The nurse should ensure that the affected extremity is in a position of

abduction to prevent hip dislocation. The nurse should place an abductor

pillow or several pillows between the client's legs to keep the affected

extremity in abduction while the client is in bed.

A nurse is providing teaching to a client who is scheduled for a bronchoscopy. Which of the

following statements should the nurse include in the teaching?

A)"You will not be able to eat or drink after the procedure until you are able to cough."

B)"You will drink a contrast solution 30 minutes prior to the procedure."

C)"The purpose of this procedure is to remove excess fluid from your lungs."

D)"You will need to lie on your back for 4 to 6 hours following the procedure." - ----ANSWER--
-->A)"You will not be able to eat or drink after the procedure until you are able to cough."

A client who had a bronchoscopy received a local anesthetic that can

suppress the cough reflex. The cough reflex protects the client from

aspirating fluids or food. Therefore, the client should not eat or drink until the

cough reflex returns.

A nurse is assessing a client's understanding of a surgical procedure prior to witnessing their

signature on the informed consent form. The nurse determines that the client does not

understand what the procedure will involve.

Which of the following actions should the nurse take?

A)Provide teaching about the surgical procedure for the client.

B)Instruct the client's spouse to sign the consent form.

C)Read the consent form to the client using words the client will understand.

D)Contact the provider who will be performing the procedure. - -----ANSWER----->D)Contact the provider who will be performing the procedure.

The nurse should advocate for the client by informing the provider if the client does not understand the procedure. It is the responsibility of the provider to discuss the procedure more fully with the client.

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

- A)"Schedule controlled coughing exercises after meals."
- B)"Consume a diet that is high in calories."
- C)"Practice breath-holding."
- D)"Perform arm-reaching exercises." - -----ANSWER----->B)"Consume a diet that is high in calories."

Dyspnea decreases energy available for eating. Therefore, the nurse should encourage the client to eat soft, high-calorie and high-protein foods to prevent weight loss.

A nurse is providing teaching about dietary options for a client who has cholelithiasis. Which of the following statements should the nurse include in the teaching?

A)"Cauliflower is a good dietary choice."

B)"Increase the amount of egg yolks in your diet."

C)"Select desserts such as angel food cake."

D)"Eat choice or prime cuts of meat." - -----ANSWER----->A)"Cauliflower is a good dietary choice."

The nurse should instruct the client to avoid foods that are gas-forming, such as cauliflower and cabbage. These foods can increase the client's abdominal discomfort.

A nurse is preparing to administer potassium chloride 10 mEq IV over 1 hr to a client. Available

is potassium chloride 10 mEq in 100 mL of 0.9% sodium chloride. The nurse should set the infusion pump to deliver how many mL/hr? (Round the answer to the nearest whole number.

Use a leading zero if it applies. Do not use a trailing zero.) - -----ANSWER----->100 mL/hr

A nurse is monitoring a client who has a traumatic brain injury. Which of the following findings

should the nurse identify as a manifestation of Cushing's triad?

A)Increase in temperature from 37.5. C (99.5. F) to 38.3. C (101. F)

B)Increase in blood pressure from 130/80 mm Hg to 180/100 mm Hg

C)Increase in urine output from 30 mL/hr to 100 mL/hr

D) Increase in heart rate from 70/min to 90/min
- -----ANSWER-----> B) Increase in blood pressure from 130/80 mm Hg to 180/100 mm Hg

A change in blood pressure from 130/80 mm Hg to 180/100 mm Hg indicates

a widened pulse pressure and hypertension, which are components of

Cushing's triad, a sign of increased intracranial pressure.

A nurse is teaching a client who has a new diagnosis of type 1 diabetes mellitus. Which of the

following statements by the client indicates an understanding of the teaching?

A) "I am aware that my diabetes is caused by an autoimmune disorder."

B) "I know that my diabetes developed slowly over several years."

C) "If I lose weight, I may be able to stop taking insulin."

D) "I have developed a resistance to insulin." - ----
--ANSWER-----> D) "I have developed a resistance to insulin."

Type 1 diabetes mellitus involves pancreatic beta cell destruction, resulting

in the inability of the pancreas to produce insulin. Type 2 diabetes mellitus is

caused by insulin resistance, which develops from obesity and physical

inactivity.

A nurse is caring for a client who has a small bowel obstruction and an NG tube in place. Which

of the following actions should the nurse take?

A) Maintain low intermittent suction.

B) Assess patency and irrigate the NG tube every 12 hr.

C) Record gastric output every 8 hr.

D) Fasten the end of the tube to the client's pillowcase. - -----ANSWER-----> A) Maintain low intermittent suction.

The nurse should maintain low intermittent suction to prevent gastric

irritation and ulceration. With a small bowel obstruction, the NG tube

removes gastric secretions and decompresses the bowel.

A nurse is assessing a client who has a chest tube connected to a closed water-seal drainage system. Which of the following findings should the nurse report to the provider?

A) Fluctuation of the water level in the chamber as the client breathes

B) Constant bubbling in the water seal chamber

C) Numerous small blood clots in the drainage tubing

D) Water seal chamber contains 1 cm (0.39 in) of water - -----ANSWER-----> A) Fluctuation of the water level in the chamber as the client breathes

Fluctuation in the water seal chamber with the client's respirations is an

expected finding and indicates a patent drainage system.

A nurse is providing teaching for a client who has neutropenia and is receiving chemotherapy.

Which of the following client statements indicates an understanding of the teaching?

(Select all

that apply.)

A)"I will avoid crowds."

B)"I will wash my toothbrush weekly."

C)"I will change my cat's litter box twice weekly."

D)"I will take my temperature daily."

E)"I will eat plenty of fresh fruits and vegetables." - -----ANSWER----->A)"I will avoid crowds."

D)"I will take my temperature daily."

"I will avoid crowds" is correct. The client who is immunocompromised

should avoid crowds while undergoing chemotherapy to reduce the risk of infection.

"I will take my temperature daily" is correct. The client who is

immunocompromised should take daily temperature readings and report an

elevated temperature to the provider.

A nurse is preparing to administer propranolol to several clients. For which of the following clients, should the nurse clarify the prescription with the provider before administration?

A)A client who had a myocardial infarction 24 hr ago

B)A client who has a heart rate of 98/min

C)A client who has hypertension

D)A client who has a history of asthma - -----

ANSWER----->D)A client who has a history of asthma.

Propranolol is a nonselective beta-adrenergic blocker. Contraindications include asthma, COPD, and heart failure because the blockade of beta2 receptors in the lungs can cause bronchoconstriction.

A nurse is analyzing the ABG results of a client who is in respiratory acidosis. Which of the

following mechanisms should the nurse identify as responsible for this acid-base imbalance?

A)Breakdown of fatty acids

B)Retention of carbon dioxide

C)Hyperventilation in response to hypoxia

D)Ingestion of large amounts of bicarbonate - ----
--ANSWER----->B)Retention of carbon dioxide

Respiratory acidosis results from the retention of carbon dioxide. Retention of

carbon dioxide can result from respiratory depression, inadequate chest

expansion, airway obstruction, or decreased alveolar-capillary diffusion.

A nurse is planning care for a client who has tuberculosis. Which of the following precautions

should the nurse implement for this client?

A)Contact precautions

B)Protective environment precautions

C)Droplet precautions

D)Airborne precautions - -----ANSWER-----
>D)Airborne precautions