

ATI MEDICAL
SURGICAL CMS
PROCTORED EXAM
2024 ACTUAL EXAM
COMPLETE ACCURATE
EXAM QUESTIONS
WITH DETAILED
VERIFIED ANSWERS

A nurse in an emergency department is preparing to perform ocular irrigation for a client. Which of the following actions should the nurse plan to take?

- a. Assess the client's visual acuity prior to irrigation
- b. Have the client turn their head toward the unaffected eye
- c. Hold the irrigator syringe 3.81 cm (1.5in) above the eye
- d. Perform the irrigation with sterile water for irrigation - -----ANSWER----->d. perform the irrigation with sterile water for irrigation

A nurse is preparing to administer lactated ringer's via continuous IV infusion at 200 ml/hr. The IV tubing has a drop factor of 10 drops / mL. How many gtt/min should the nurse set the IV pump to administer? Round to the nearest whole number - -----ANSWER----->33 gtt/min

A nurse is providing discharge teaching to a client who has a new prescription for sublingual nitroglycerin. Which of the following client statements indicates an understanding of the teaching?

- a. I can keep my medications for 1 year before replacing it.
- b. I should lie down when I take this medication
- c. I should discontinue this medication if I develop a headache.
- d. I can take up to 5 tablets in 15 minutes before seeking medical attention - -----ANSWER----->b. I should lie down when I take this medication

M/S c. 31/p. 201 "Stop activity and rest. Headache is a common AE of this medication, change positions slowly"

A nurse is providing discharge teaching to an older adult following a left total hip arthroplasty. Which of the following instructions should the nurse include in the teaching?

- a. clean the incision daily with hydrogen peroxid
- b. you can cross your legs and the ankles when sitting down
- c. you should use an incentive spirometer every 8 hours
- d. install a raised toilet in your bathroom - -----ANSWER----->d. install a raised toilet in your bathroom

M/S c. 68/ p. 455 "Follow position restrictions to avoid dislocation, use elevated seating and a raised toilet seat"

A nurse is planning care for a client following a cardiac catheterization. Which of the following actions should the nurse take?

- a. keep the client on bed rest for 24 hours
- b. limit the client's fluid intake to 1L per day.
- c. maintain the client's affected extremity in extension
- d. change the client's dressing every 8 hours. - --
---ANSWER---->c. maintain the client's affected extremity in extension

M/S c. 27/p. 173 "Maintain bed rest in supine position with extremity straight for prescribed time"

A nurse is caring for a client who has a lower extremity fracture and a prescription for crutches. Which of the following client statements indicates the client is adapting to their role change?

- a. I will need to have my partner take over shopping for groceries and cooking the meal for us
- b. These crutches make it impossible to care for my child
- c. I feel bad that I have to ask my partner to keep the house clean
- d. it's going to be difficult to tell my parents I can't take them to their appointment. - ----
ANSWER---->a. I will need to have my partner take over shopping for groceries and cooking the meal for us

A nurse is caring for a client who has gastroenteritis. Which of the following assessment findings should the nurse recognize as an indication that the client is experiencing dehydration?

- a. pitting, dependent edema
- b. distended jugular veins
- c. increased BP
- d. decreased BP - -----ANSWER---->d. decreased BP

M/S C. 43/ p. 277 "signs of dehydration or hypovolemia include, hypothermia, tachycardia, thready pulse, HYPOTENSION, orthostatic hypotension, decreased central venous pressure, tachypnea, hypoxia

A nurse is caring for a client who has a contusion of the brainstem and reports thirst. The client's urinary output was 4,000 ml over the past 24 hours. The nurse should anticipate a prescription for which of the following IV medications?

- a. Desmopressin
- b. Epinephrine
- c. Furosemide
- d. Nitroprusside - -----ANSWER---->a. Desmopressin

M/S c. 14/p. 85 "Diabetes insipidus is a possible complication"

Pharm c. 40/ p.323 "desmopressin is an agent of choice for DI"

A nurse in a clinic receives a phone call from a client who recently started therapy with an ACE inhibitor and reports a nagging dry cough. Which of the following response by the nurse is appropriate?

- a. "your cough may require that you stop or change your medication"

b. "increasing your daily fluid intake may eliminate your cough"

c. "sucking on a lozenge may reduce the frequency of your cough"

d. "your cough should go away in time" - -----
ANSWER---->a. "your cough may require that you stop or change your medication"

Pharm c. 20/ p. 155 "Cough is a complication. Inform clients of the possibility of experiencing a dry cough and to notify the provider. Discontinue the medication"

A nurse is taking an admission history from a client who reports Raynaud's disease. Which of the following assessment findings should the nurse identify as a potential trigger for exacerbations?

a. eating a strict vegetarian diet

b. a history of herpes zoster

c. taking amlodipine for hypertension

d. using a nicotine transdermal patch - -----
ANSWER---->d. using a nicotine transdermal patch

M/S C. 35/ p. 223 "Risk factors for peripheral artery disease like Raynaud's disease include cigarette smoking"

A nurse is caring for a client who has a central venous access device and notes the tubing has become disconnected. The client develops dyspnea and tachycardia. Which of the following actions should the nurse take first?

a. Perform an ECG

b. Obtain ABG values

c. Turn the client to his left side

d. Clamp the catheter - -----ANSWER---->d. clamp the catheter

A nurse is completing an assessment of an older adult client and notes reddened areas over the bony prominences, but the client's skin is intact. Which of the following interventions should the nurse include in the plan of care?

a. Turn and reposition the client every 4 hours

b. apply an occlusive dressing

c. support bony prominences with pillows

d. massage the reddened areas three times a day. - -----ANSWER---->c. support bony prominences with pillows

A home health nurse is making an initial visit to a client who has multiple sclerosis. Which of the following actions is the priority for the nurse to take?

a. Discuss recommendations for eating and swallowing techniques

b. List strategies for family coping when dealing with possible role changes.

c. review the use of adaptive grooming devices to promote client independence

d. give the client information about the local national multiple sclerosis society - -----

ANSWER---->a. Discuss recommendations for eating and swallowing techniques

ABC priority-wise (Risk of aspiration)

A nurse in the emergency department is assessing a client. Which of the following actions should the nurse take first? Exhibit

- a. obtain a sputum sample for culture
- b. administer ondasetron
- c. initiate airborne precautions

d. prepare the client for a chest x-ray - -----
ANSWER---->c. initiate airborne precautions

Always initiate precautions to protect YOURSELF from the patient

A nurse is caring for a client who is scheduled for a mastectomy. The client tells the nurse, "I'm not sure I want to have a mastectomy." Which of the following statements should the nurse make?

- a. "I can give you a list of other people who had the same procedure"
- b. "you will be cancer-free if you have the procedure"
- c. "I can give you additional information about the procedure"
- d. "you should get a second opinion regarding the procedure" - -----ANSWER---->c. "I can give you additional information about the procedure"

A nurse is preparing to administer a unit of packed RBCs to a client who is anemic. Identify the sequence of steps the nurse should follow:

- a. verify blood compatibility with another nurse
- b. obtain venous access using 19-gauge needle
- c. obtain the unit of packed RBCs from blood bank
- d. remain with client for the first 15 to 30 minutes of infusion

e. Initiate transfusion of the unit of packed RBCs
- -----ANSWER---->B, C, A, E, D

A nurse is preparing a teaching plan for a client who has mucositis related to chemotherapy treatment. Which of the following instructions should the nurse include?

- a. "rinse your mouth with hydrogen peroxide"
- b. "brush your teeth for 60 seconds twice daily"
- c. "wear your dentures only during meals"
- d. "floss your teeth following meals" - -----
ANSWER---->d. "floss your teeth following meals"

A critical care nurse is assessing a client who has severe head injury. In response to painful stimuli, the client does not open her eyes, displays decerebrate posturing, and makes incomprehensible sounds. Which of the following Glasgow Coma Scale scores should the nurse assign the client?

- a. 5
- b. 2
- c. 13
- d. 10 - -----ANSWER---->a. 5

A nurse is providing discharge teaching to a client who has heart failure and instructs him to limit sodium intake to 2g per day. Which of the following statements by the client indicates an understanding of the teaching?

- a. I can season my foods with garlic and onion salts
- b. I can have mayonnaise on my sandwiches
- c. I can have frozen fruit juice bar for dessert