

# Latest ATI RN Adult Medical-Surgical (Med-Surg) Proctored Exam 2023/2024

Which of the following should we consider? - --ANSWER-->>>>Code status, ABG values, and last dose of bronchodilator medication

Mr. Gomez's respiratory status. Which of the following actions should nurse Allyson take? - --ANSWER-->>>>It's not encourage mr. Gomez to cough and deep breathe frequently

Review the 5 videos for piggyback ceftriaxone. Put them in order. - --ANSWER-->>>>B, D, A, C, E

The nurse should set the IV pump to deliver how many mL/hr? - --ANSWER-->>>>200 mL/hr

Fathers skin irritation and itching. Which of the following is a correct response by nurse Allyson? - --ANSWER-->>>>I'll be right there

Nurse Allyson assesses his airway. What is the next appropriate nursing intervention? - --ANSWER-->>>>Assess mr. Gomez's breathing pattern

Which of the following nursing interventions is appropriate to meet the needs of mr. Gomez and his daughter at this time? - --ANSWER-->>>>Encourage mr. Gomez and his daughter to further express their emotions.

Pleural effusion. Which of the following images depicts a pleural effusion? - --ANSWER-->>>>A (the one with the yellow fluid by the left lung)

Report from the AP about mr. Gomez's difficulty breathing and increased anxiety. Activities included in plan of care? - --ANSWER-->>>>Assess all tube connections between the chest and the drainage system

Acute protein deficiency. Which of the following laboratory test results is useful in determining a clients protein nutrition status? - --ANSWER-->>>>Albumin

Risk factors for skin breakdown. Which of the following are risk factors that mr. Gomez exhibit? (SATA) - --ANSWER-->>>>Alc intake, history of corticosteroid use, limited mobility, chronic illness (COPD)

Planning discharge teaching for mr Gomez. Which of the following should be included in discharge instructions? - --ANSWER-->>>>Not use a peak flow meter

\*\*\*electrolyte imbalances: findings associated with hypocalcemia chapter 44 - --ANSWER-->>>>-Tetany most common.

-parasthesia of the fingers and lips (early manifestations)

-muscle twitch

-seizure due to the irritability of the CNS

-frequent, painful muscle spasms at the rest in the foot and calf

-hyperactive DTRs

-positive chvostek's sign

-possitive troussseau's sign

-history of thyroid surgery or irradiation of the upper chest or neck.

\*\*\*head injury: making room assignments for a group of clients chapter 14 - --ANSWER-->>>>A. Close monitoring of the client's vital signs and neurological status will allow early reporting of changes in the GCS score, an increase in the blood pressure, and an alteration in respiratory pattern and effort.

B. Care should include professionals from other disciplines as indicated. This may include physical, occupational, recreational, and/or speech therapists due to neurological deficits that may occur secondary to the area of the brain damaged.

C. Social services should be contacted to provide links to social service agencies and schools.

infection control: admitting a client who has pertussis chapter 11 FUND - --ANSWER-->>>>

tuberculosis: client interventions to manage infections chapter 23 - --ANSWER-->>>>exposed family should be tested for TB. Educate on following the full medication regimen of 6-12 months, even up to 2 years for multi-drug resistant TB. Instruct follow up care for 1 full year. Sputum samples are needed q2-4 weeks. Clients are no longer infectious after three negative sputum cultures. Cover nose and mouth while sneezing. With active TB wear a mask in public places or in a crowd.

cardiovascular and hematologic disorders: dietary teaching with a client with heart failure chapter 12 NUTRITION - --ANSWER-->>>>

\*\*\*pituitary disorders: interventions for a client who has diabetes insipidus chapter 77 - --ANSWER-->>>>obtain baseline weight, vitals, serum electrolytes and osmolality, and urine specific gravity. monitor hourly vital signs, urine specific gravity and weight. Discontinue the test and rehydrate the client for loss of more than 2 kg in body weight. Monitor for severe dehydration such as hypotension, tachycardia, and dizziness. Advise client to report dizziness, headache, and nausea. Promote regular diet, IV therapy for hydration I&Os matched to prevent dehydration. electrolyte replacement. Promote safety. Add bulk foods and fruit juices to diet. Possible laxatives. Provide mouth and skin care. Soft toothbrush and mild mouthwash to avoid trauma to oral mucosa. Encourage to drink fluids in response to thirst. Assess skin turgor. May give desmopressin which is a synthetic ADH which results in increased water absorption from kidneys and decreased urine output.

\*\*\*emergency nursing principles and management: adverse effects following epinephrine administration chapter 2 - --ANSWER-->>>>can lead to hypertensive crisis. May lead to angina. Monitor for Dysrhythmias, change in heart rate, and chest pain. Monitor for hyperglycemia in clients with diabetes mellitus.

pulmonary embolism: planning care for a client who is receiving enoxaparin chapter 24 - --ANSWER-->>>>A. Assess for contraindications (active bleeding, peptic ulcer disease, history of stroke, recent trauma).

B. Monitor bleeding times. Prothrombin time (PT) & international normalized ratio (INR), partial thromboplastin time, & complete blood count.

C. Monitor for side effects of anticoagulants (anemia, thrombocytopenia, hemorrhage).

\*\*\*rheumatoid arthritis: reviewing lab values chapter 88 - --ANSWER-->>>>A. Erythrocyte sedimentation rate (ESR) and high-sensitivity

B. C-reactive protein may be increased slightly related to secondary synovitis.

C. Osteoarthritis without synovitis is not an inflammatory disorder.

\*\*\*cardiovascular diagnostic and therapeutic procedures: teaching about a peripherally inserted central catheter chapter 27 - --ANSWER-->>>>can last up to 12 months. used for the administration of blood, long term chemo agents, antibiotics, and TPN. During the insertion, the procedure is sterile. Should be confirmed placement with an X-ray. clean with alcohol for 15 seconds and left dry fully before accessing it. use a transparent dressing. change dressing q7days. 10mL syringe for flushing before and after. use 20mL after drawing blood. if the PICC is not actively used, flush with 5mL heparin.

medications affecting blood pressure: administering valsartan for heart failure chapter 20 PHARM - --ANSWER-->>>>A. Do not take this medicine in larger or smaller amounts or for longer than recommended.

B. You may take valsartan with or without food.

C. Take the medicine at the same time each day

\*\*\*pharmacokinetics and routes of administration: discharge teaching about a metered-dose inhaler chapter 46 FUND - --ANSWER-->>>>A. Remove the cap from the inhaler mouthpiece.

B. Shake the inhaler five or six times.

C. Hold the inhaler with the mouthpiece at the bottom.

\*\*\*stroke: administration of tissue plasminogen activator chapter 15 - --ANSWER-->>>>A. dissolving a clot or preventing new clots during the first 24 hr.

B. Administering the medication in a manner that provides direct contact with the thrombus can be more effective and lessen the chance of bleeding.

C. Monitor the client for bleeding (intracerebral bleeding).

\*\*\*intravenous therapy: priority response to infusion pump alarms chapter 4 PHARM - --ANSWER-->>>>

\*\*\*acid-base imbalances: interpreting postoperative arterial blood gas values chapter 45 - --ANSWER-->>>>pH 7.35-7.45 acidic or alkalotic