

**ATI RN ADULT MEDICAL SURGICAL 2023 FOR NGN FORM A, B & C ACTUAL EXAM
2023/2024 UPDATE WELL VERIFIED QUESTIONS AND 100% CORRECT ACTUAL
ANSWERS | GRADED A+**

NGN

1000:

The Client is alert and oriented and reports not feeling well for a few days. The Client is on continuous ambulatory peritoneal dialysis (CAPD) and reports dialysate appeared cloudy this morning.

Reports abdominal pain as 4 on a scale of 0 to 10.

Bowel sounds active in all quadrants.

The Peritoneal dialysis access site was red and warm to the h, with a small amount of purulent drainage noted on the dressing.1300:

The Client is lying in bed with the knees flexed, guarding the abdomen. The abdomen is slightly distended, And hypoactive bowel sounds. The Client reports nausea. Reports pain as 6 on a scale of 0 to 10. Provider notified and updated with client condition and diagnostic results. - ANSWER-The client is experiencing manifestations of

peritonitis

due to

x-ray results

.

NGN

The Client was admitted to the medical-surgical unit from PACU. The Client reports incisional pain as 2 on a scale of 0 to 10. The Client appears restless and frequently asks for water. Bilateral lower extremities cool with +1 pedal pulses. Urine output is 40 mL for the past 2 hr. A Moderate amount of bright red drainage was noted on the surgical incision dressing. - ANSWER-Insert a large-gauge IV.

Initiate a fluid challenge.

Hypovolemia

Urine output

Blood pressure

A nurse is caring for a client who has a potassium level of 3 mEq/L. Which of the following assessment findings should the nurse expect? - **ANSWER**-Hypoactive Bowel Sounds

NGN

0900:

The Client presents with abdominal pain in the upper left quadrant for the past 2 days. States pain became worse this morning and is radiating to the back. Rates pain as 8 on a scale of 0 to 10.

Hypoactive bowel sounds; reports nausea, no vomiting; the client is passing flatus.

Febrile, is oriented to person, place, and time.

Tachypnea with diminished breath sounds.

Sinus tachycardia.

Client voids 300 mL of clear, amber urine.

0930:

The Client vomited 100 mL of brown liquid. - **ANSWER**-The client is experiencing manifestations of pancreatitis

as evidenced by the

amylase and lipase

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0530:

The Client is awake and alert.

Arteriovenous fistula (AVF) to the right forearm with thrill palpated and auscultated for bruit. Lung sounds clear upon auscultation; the client denies shortness of breath. No peripheral edema noted; capillary refill is less than 3 seconds; +2 bilateral pedal and radial pulses.

AVF access was prepared and cannulated twice with no difficulty. Lines are taped and secured; treatment is initiated. @0600:

The Client is reading a book. Access is visible, and lines are secure. The Client reports no discomfort or pain.0630:

The Client reports feeling warm, nauseated, and lightheaded; he appears restless and slightly confused. -
ANSWER-Perform a 12-lead ECG is not indicated.

Place the client in the Trendelenburg position as indicated.

Administer a 0.9% sodium chloride 200 mL IV bolus is indicated.

Apply oxygen at 2 L/min via nasal cannula is indicated

Notify the provider immediately is indicated

Obtaining the client's blood glucose level is not indicated.

1800:

The emergency medical team removed the client's shirt at the scene and initiated 18-gauge IV therapy in the right antecubital space.

A Client has full-thickness burns over the upper half of the chest and both forearms; partial-thickness burns are present on the client's face and neck.

Sinus tachycardia, pulses to brachial extremities palpable. 1+ edema to upper extremities.

Respirations even, labored with scattered rhonchi. Soot noted to the client's mouth and nose. Oxygen 40% via face tent applied.

Hypoactive bowel sounds.

16 French indwelling urinary catheter inserted with a return of 250 mL of yellow urine.

Lactated Ringer's infusing to right antecubital. Provider preparing to insert right femoral central line catheter.

1830:

The Client's voice is becoming hoarse and reports difficulty swallowing. Wheezes present to upper lobes bilaterally. Provider notified. The Client is positioned upright and oxygen via a face tent. Blood collected -
ANSWER- During the emergent phase of burn care, the client is at risk for developing

hypovolemia

and

respiratory failure

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A nurse is teaching a class about client rights. Which of the following instructions should the nurse include? - ANSWER-A client should sign an informed consent before receiving a placebo during a research trial.

A nurse in an emergency department is caring for a client who reports vomiting and diarrhea for the past 3 days. Which of the following findings should indicate to the nurse that the client is experiencing fluid volume deficit? - ANSWER-Heart rate 110/min

A nurse is creating a plan of care for a client who has neutropenia as a result of chemotherapy. Which of the following interventions should the nurse include in the plan? - ANSWER-Monitor the client's temperature every 4 hr.

A nurse in an emergency department is caring for a client who has full-thickness burns over 20% of their total body surface area. After ensuring a patent airway and administering oxygen, which of the following items should the nurse prepare to administer first? - ANSWER-IV fluids

A nurse is caring for a client who is 4 hr postoperative following an open reduction internal fixation of the right ankle. Which of the following assessment findings should the nurse report to the provider? - ANSWER-Extremity cool upon palpation

A nurse is caring for a client who is 12 hr postoperative following a total hip arthroplasty. Which of the following actions should the nurse take? - ANSWER-Place a pillow between the client's legs.

A nurse is assessing a client who has Graves' disease. Which of the following images should indicate to the nurse that the client has exophthalmos? - ANSWER-D- the lady looking eyes

A nurse is providing teaching for a female client who has recurrent urinary tract infections. Which of the following information should the nurse include in the teaching? - ANSWER-Void before and after intercourse.