

2023 ATI PN LEADERSHIP MANAGEMENT PROCTORED EXAM WITH NGN QUESTIONS

A client in preterm labor is admitted to the hospital. Which classification of drugs should the nurse anticipate administering? - ✓✓ANSWER✓✓>>Correct: Tocolytics are used to stop labor. One of the most commonly used tocolytic drugs is ritodrine (Yutopar).

A client is admitted with TB and placed in a negative pressure room. Which of the following actions is appropriate? - ✓✓ANSWER✓✓>>Determine who had contact with the client in the last 48 hr

A client who is febrile is admitted to the hospital for treatment of pneumonia. In accordance with the care pathway, antibiotic therapy is prescribed. Which of the following situations requires the nurse to complete a variance report with regard to the care pathway? - ✓✓ANSWER✓✓>>A blood culture was obtained after antibiotic therapy has been initiated

A daughter of a client with a terminal illness pulls a nurse to the side and says, "Although my mother's living will states she is not to be resuscitated, the family wants everything done to save her if she has a cardiac arrest." How should the nurse respond? - ✓✓ANSWER✓✓>>"The living will documents your mother's wishes and must be followed."

The mother of a client with breast cancer states, it's been hard for her, especially after losing her hair. And it has been difficult to pay for all the treatments. Which of the following actions is appropriate client advocacy? - ✓✓ANSWER✓✓>>The nurse investigates potential resources to help the client purchase wig

The nurse demonstrates postoperative exercises for a patient. In which order will the nurse instruct the patient to perform the exercises? - ✓✓ANSWER✓✓>>1. Turning
2. Breathing
3. Coughing
4. Leg exercises

A. 4, 1, 2, 3

ANS: A

The sequence of exercises is leg exercises, turning, breathing, and

The nurse is caring for a group of patients. Which patient will the nurse see first? -
✓✓ANSWER✓✓>>A patient who had cataract surgery is coughing.

The nurse is caring for a patient who will undergo a removal of a lung lobe.
Which level of care will the patient require immediately post procedure? -
✓✓ANSWER✓✓>>Acute care-intensive care unit

The nurse is caring for a postoperative patient with an incision. Which actions will the nurse take to decrease wound infections? (Select all that apply.) - ✓✓ANSWER✓✓>>A. Maintain normoglycemia

E. Perform hand hygiene before and after contact with the patient.

ANS: A, E

The nurse is participating in a "time-out." In which activities will the nurse be involved? (Select all that apply.) - ✓✓ANSWER✓✓>>Verify the correct site.
Verify the correct patient.
Verify the correct procedure.

The nurse is using a forced air warmer for a surgical patient preoperatively.
Which goals is the nurse trying to achieve? (Select all that apply.) -
✓✓ANSWER✓✓>>B.Reduce blood loss.
D. Reduce cardiac arrests.
E. Reduce surgical site infection.

ANS: B, D, E

Evidence suggests that pre-warming for a minimum of 30 minutes may reduce the occurrence of hypothermia. Prevention of hypothermia (core temperature < 36° C) helps to reduce complications such as shivering, cardiac arrest, blood loss, SSI, pressure ulcers, and mortality.

The post anesthesia care unit (PACU) nurse transports the inpatient surgical patient to the medical-surgical floor. Before leaving the floor, the medical-surgical nurse obtains a complete set of vital signs. What is the rationale for this nursing action? -
✓✓ANSWER✓✓>>This is done to compare and monitor for vital sign variation during transport

Two days after delivery, a postpartum client prepares for discharge. What should the nurse teach her about lochia flow? - ✓✓ANSWER✓✓>>Correct: Lochia normally lasts for about 21 days, and changes from a bright red, to pinkish brown, to creamy white.

Two hours after delivery the nurse assesses the client and documents that the fundus is soft, boggy, above the level of the umbilicus, and displaced to the right side. The nurse

encourages the client to void. Which is the rationale for this nursing action? -

✓✓ANSWER✓✓>>Correct: Bladder distention can lead to postpartum hemorrhage. A full bladder displaces the uterus causing it not to contract properly. Emptying the bladder allows the uterus to contract more firmly.

Which nursing instruction should be given to the breastfeeding mother regarding care of the breasts after discharge? - ✓✓ANSWER✓✓>>Correct: In order to stimulate adequate milk production, the breasts should be pumped if the infant is not sucking or eating well, or if the breasts are not fully emptied.

Which of the following are probable signs, strongly indicating pregnancy? -

✓✓ANSWER✓✓>>These are probable signs that strongly indicate pregnancy. Hegar's sign is a softening of the lower uterine segment, and Chadwick's sign is the bluish or purplish color of the cervix as a result of the increased blood supply and increased estrogen. Ballottement occurs when the cervix is tapped by an examiner's finger and the fetus floats upward in the amniotic fluid and then falls downward.

Which of the following items must be discarded in a biohazard waste receptacle? -

✓✓ANSWER✓✓>>An empty IV bag removed from a client who has HIV

A nurse is assigned the following four clients for the current shift. Which of the following clients should the nurse assess first? - ✓✓ANSWER✓✓>>D. A client who has a C diff infection and needs a stool specimen collected

A nurse is caring for a client who fell and is reporting pain in the left hip with external rotation of the left leg. The nurse has been unable to reach the provider despite several attempts over the past 30 min. Which of the following actions should the nurse take? -

✓✓ANSWER✓✓>>Notify the nursing supervisor about the issues

A nurse is caring for an older adult client who has stage III pressure ulcer. The nurse request a consultation with the wound care specialist. Which of the following actions by the nurse is appropriate when working with a consultant? - ✓✓ANSWER✓✓>>Arrange the consultation for time when the nurse is caring for the client is able to be present for consultation

A nurse is performing initial teaching with a client who will be receiving electroconvulsive therapy (ECT). Which statement by the client indicates a need for further teaching? - ✓✓ANSWER✓✓>>My Dilantin dose will be increased several days before the procedure

A nurse is preparing a client who speaks limited English for surgery. Which of the following is the most appropriate nursing action in obtaining informed consent from this client? Select one: - ✓✓ANSWER✓✓>>Seek the assistance of a nurse on the floor who is fluent in the client's language

A nurse is providing care for 4 post-opt clients. The nurse should first assess the client:
- ✓✓ANSWER✓✓>>Who is reporting a pain level of 8 on a scale of 0 to 10.

A nurse manager is preparing to institute a new system for scheduling staff. Several nurses have verbalized their concern over the possible changes that will occur. Which of the following is an appropriate method to facilitate the adoption of the new scheduling system? - ✓✓ANSWER✓✓>>Provide a brief overview of the new scheduling system immediately before its implementation

A nurse monitors fetal well-being by means of an external monitor. At the peak of the contractions, the fetal heart rate has repeatedly dropped 30 beats/min below the baseline. Late decelerations are suspected and the nurse notifies the physician. Which is the rationale for this action? - ✓✓ANSWER✓✓>>Correct: Late decelerations are associated with uteroplacental insufficiency and are a sign of fetal hypoxia. Repeated late decelerations indicate fetal distress

A nurse precepting a newly licensed nurse who is caring for a client who is confused and has an IV infusion. The newly licensed nurse has placed the client in wrist restraints to prevent dislodging the IV catheter. Which of the following questions should the precepting nurse ask? - ✓✓ANSWER✓✓>>"Are you able to insert two fingers between the restraint and the client's skin?"

A Nurse preceptor is evaluating a newly licensed nurse's competency in assisting with a sterile procedure. Which of the following actions indicates the nurse is maintaining sterile technique? (Select all that apply.) - ✓✓ANSWER✓✓>>Open the sterile pack by first unfolding the flap farthest from her body

Removes the outside packaging of a sterile instrument before dropping into the sterile

Holds a bottle of a sterile solution 15 cm (6 inches) above the sterile field

A nurse should recognize that an incident report is required when: -
✓✓ANSWER✓✓>>A client refuses to attend physical therapy.

A nurse tells the unit manager, "I am tired of all the changes on the unit. If things don't get better, I'm going to quit." Which of the following responses is appropriate? -
✓✓ANSWER✓✓>>So you are upset about all the changes on the Unit

According to the HIPAA regulations, which of the following is a violation of client confidentiality? - ✓✓ANSWER✓✓>>Informing housekeeping staff that the client is in dialysis unit

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