300-Item NLE Practice Exam

Situation – Richard has a nursing diagnosis of ineffective airway clearance related to excessive secretions and is at risk for infection because of retained secretions. Part of Nurse Mario's nursing care plan is to loosen and remove excessive secretions in the airway.

1. Mario listens to Richard's bilateral sounds and finds that congestion is in the upper lobes of the lungs. The appropriate position to drain the anterior and posterior apical segments of the lungs when Mario does percussion would be:
   A. Client lying on his back then flat on his abdomen on Trendelenburg position
   B. Client seated upright in bed or on a chair then leaning forward in sitting position then flat on his back and on his abdomen
   C. Client lying flat on his back and then flat on his abdomen
   D. Client lying on his right then left side on Trendelenburg position

2. When documenting outcome of Richard's treatment Mario should include the following in his recording EXCEPT:
   A. Color, amount and consistency of sputum
   B. Character of breath sounds and respiratory rate before and after procedure
   C. Amount of fluid intake of client before and after the procedure
   D. Significant changes in vital signs

3. When assessing Richard for chest percussion or chest vibration and postural drainage, Mario would focus on the following EXCEPT:
   A. Amount of food and fluid taken during the last meal before treatment
   B. Respiratory rate, breath sounds and location of congestion
   C. Teaching the client's relatives to perform the procedure
   D. Doctor's order regarding position restrictions and client's tolerance for lying flat

4. Mario prepares Richard for postural drainage and percussion. Which of the following is a special consideration when doing the procedure?
   A. Respiratory rate of 16 to 20 per minute
   B. Client can tolerate sitting and lying positions
   C. Client has no signs of infection
   D. Time of last food and fluid intake of the client

5. The purpose of chest percussion and vibration is to loosen secretions in the lungs. The difference between the procedures is:
   A. Percussion uses only one hand while vibration uses both hands
   B. Percussion delivers cushioned blows to the chest with cupped palms while vibration gently shakes secretion loose on the exhalation cycle
   C. In both percussion and vibration the hands are on top of each other and hand action is in tune with client's breath rhythm
   D. Percussion slaps the chest to loosen secretions while vibration shakes the secretions along with the inhalation of air

   Situation – A 61 year old man, Mr. Regalado, is admitted to the private ward for observation after complaints of severe chest pain. You are assigned to take care of the client.

6. When doing an initial assessment, the best way for you to identify the client's priority problem is to:
   A. Interview the client for chief complaints and other symptoms
   B. Talk to the relatives to gather data about history of illness
   C. Do auscultation to check for chest congestion
   D. Do a physical examination while asking the client relevant questions

7. Nancy blames God for her situation. She is easily provoked to tears and wants to be left alone, refusing to eat or talk to her family. A religious person before, she now refuses to pray or go to church stating that God has abandoned her. The nurse understands that Nancy is grieving for her self and is in the stage of:
   A. bargaining
   B. denial
   C. anger
   D. acceptance

8. Which of the following ethical principles refers to the duty to do good?
   A. Beneficence
   B. Fidelity
   C. Veracity
   D. Nonmaleficence

9. During which step of the nursing process does the nurse analyze data related to the patient's health status?
   A. Assessment
   B. Implementation

C. Diagnosis
D. Evaluation

10. The basic difference between nursing diagnoses and collaborative problems is that
    A. nurses manage collaborative problems using physician-prescribed interventions.
    B. collaborative problems can be managed by independent nursing interventions.
    C. nursing diagnoses incorporate physician-prescribed interventions.
    D. nursing diagnoses incorporate physiologic complications that nurses monitor to detect change in status.

Situation – Mrs. Seva, 52 years old, asks you about possible problems regarding her elimination now that she is in the menopausal stage.

11. Instruction on health promotion regarding urinary elimination is important. Which would you include?
    A. Hold urine as long as she can before emptying the bladder to strengthen her sphincter muscles
    B. If burning sensation is experienced while voiding, drink pineapple juice
    C. After urination, wipe from anal area up towards the pubis
    D. Tell client to empty the bladder at each voiding

12. Mrs. Seva also tells the nurse that she is often constipated. Because she is aging, what physical changes predispose her to constipation?
    A. inhibition of the parasympathetic reflex
    B. weakness of sphincter muscles of anus
    C. loss of tone of the smooth muscles of the colon
    D. decreased ability to absorb fluids in the lower intestines

13. The nurse understands that one of these factors contributes to constipation:
    A. excessive exercise
    B. high fiber diet
    C. no regular time for defecation daily
    D. prolonged use of laxatives

14. You will do nasopharyngeal suctioning on Mr. Abad. Your guide for the length of insertion of the tubing for an adult would be:
    A. tip of the nose to the base of the neck
    B. the distance from the tip of the nose to the middle of the neck
    C. the distance from the tip of the nose to the tip of the ear lobe
    D. eight to ten inches

Situation– Mr. Dizon, 84 years old, brought to the Emergency Room for complaint of hypertension, flushed face, severe headache, and nausea. You are doing the initial assessment of vital signs.

15. You are to measure the client's initial blood pressure reading by doing all of the following EXCEPT:
    A. Take the blood pressure reading on both arms for comparison
    B. Listen to and identify the phases of Korotkoff's sound
    C. Pump the cuff to around 50 mmHg above the point where the pulse is obliterated
    D. Observe procedures for infection control

16. A pulse oximeter is attached to Mr. Dizon's finger to:
    A. Determine if the client's hemoglobin level is low and if he needs blood transfusion
    B. Check level of client's tissue perfusion
    C. Measure the efficacy of the client's anti-hypertensive medications
    D. Detect oxygen saturation of arterial blood before symptoms of hypoxemia develops

17. In which type of shock does the patient experiences a mismatch of blood flow to the cells?
    A. Distributive
    B. Cardiogenic
    C. Hypovolemic
    D. Septic

18. The preferred route of administration of medication in the most acute care situations is which of the following routes?
    A. Intravenous
    B. Epidural
    C. Subcutaneous
    D. Intramuscular

19. After a few hours in the Emergency Room, Mr. Dizon is admitted to the ward with an order of hourly monitoring of blood pressure. The nurse finds that the cuff is too narrow and this will cause the blood pressure reading to be:
    A. inconsistent
    B. low systolic and high diastolic
    C. higher than what the reading should be
    D. lower than what the reading should be

20. Through the client's health history, you gather that Mr. Dizon smokes and drinks coffee. When taking the blood pressure of a client who recently smoked or drank coffee, how long should the nurse wait before taking the client's blood pressure for accurate reading?
    A. 15 minutes
    B. 30 minutes
    C. 1 hour
    D. 5 minutes

21. While the client has pulse oximeter on his fingertip, you notice that the sunlight is shining on the area where the oximeter is. Your action will be to:
    A. Set and turn on the alarm of the oximeter
    B. Do nothing since there is no identified problem
    C. Cover the fingertip sensor with a towel or bedsheet
    D. Change the location of the sensor every four hours

22. When taking blood pressure reading the cuff should be:
    A. deflated fully then immediately start second reading for same client
    B. deflated quickly after inflating up to 180 mmHg
    C. large enough to wrap around upper arm of the adult client 1 cm above brachial artery
    D. inflated to 30 mmHg above the estimated systolic BP based on palpation of radial or brachial artery

23. To ensure client safety before starting blood transfusions the following are needed before the procedure can be done EXCEPT:
    A. take baseline vital signs
    B. blood should be warmed to room temperature for 30 minutes before blood transfusions is administered
    C. have two nurses verify client identification, blood type, unit number and expiration date of blood
    D. get consent signed for blood transfusion

24. Mr. Bruno asks what the "normal" allowable salt intake is. Your best response to Mr. Bruno is:
    A. 1 tsp of salt/day with iodine and sprinkle of MSG
    B. 5 gms per day or 1 tsp of table salt/day
    C. 1 tbsp of salt/day with some patis and toyo
    D. 1 tsp of salt/day but no patis and toyo

25. Which of the following methods is the best method for determining nasogastric tube placement in the stomach?
    A. X-ray
    B. Observation of gastric aspirate
    C. Testing of pH of gastric aspirate
    D. Placement of external end of tube under water

26. Which of the following is the most important risk factor for development of Chronic Obstructive Pulmonary Disease?
    A. Cigarette smoking
    B. Occupational exposure
    C. Air pollution
    D. Genetic abnormalities

27. When performing endotracheal suctioning, the nurse applies suctioning while withdrawing and gently rotating the catheter 360 degrees for which of the following time periods?
    A. 10-15 seconds
    B. 30-35 seconds
    C. 20-25 seconds
    D. 0-5 seconds

28. The nurse auscultates the apex beat at which of the following anatomical locations?
    A. Fifth intercostal space, midclavicular line
    B. Mid-sternum
    C. 2" to the left of the lower end of the sternum
    D. 1" to the left of the xiphoid process

29. Which of the following terms describes the amount of blood ejected per heartbeat?
    A. Stroke volume
    B. Cardiac output
    C. Ejection fraction
    D. Afterload

30. You are to apply a transdermal patch of nitoglycerin to your client. The following are important guidelines to observe EXCEPT:
    A. Apply to hairless clean area of the skin not subject to much wrinkling
    B. Patches may be applied to distal part of the extremities like forearm
    C. Change application and site regularly to prevent irritation of the skin
    D. Wear gloves to avoid any medication on your hand

31. The GAUGE size in ET tubes determines:
    A. The external circumference of the tube
    B. The internal diameter of the tube
    C. The length of the tube
    D. The tube's volumetric capacity

32. The nurse is correct in performing suctioning when she applies the suction intermittently during:
    A. Insertion of the suction catheter
    B. Withdrawing of the suction catheter
    C. both insertion and withdrawing of the suction catheter
    D. When the suction catheter tip reaches the bifurcation of the trachea

33. The purpose of the cuff in Tracheostomy tube is to:
    A. Separate the upper and lower airway
    B. Separate trachea from the esophagus
    C. Separate the larynx from the nasopharynx
    D. Secure the placement of the tube

34. Which priority nursing diagnosis is applicable for a patient with indwelling urinary catheter?
    A. Self esteem disturbance
    B. Impaired urinary elimination
    C. Impaired skin integrity
    D. Risk for infection

35. An incontinent elderly client frequently wets his bed and eventually develop redness and skin excoriation at the perianal area. The best nursing goal for this client is to:
    A. Make sure that the bed linen is always dry
    B. Frequently check the bed for wetness and always keep it dry
    C. Place a rubber sheet under the client's buttocks
    D. Keep the patient clean and dry

36. As a Nurse Manager, DMLM enjoys her staff of talented and self motivated individuals. She knew that the leadership style to suit the needs of this kind of people is called:
    A. Autocratic
    B. Participative
    C. Democratic
    D. Laissez Faire

37. A fire has broken in the unit of DMLM R.N. The best leadership style suited in cases of emergencies like this is:
    A. Autocratic
    B. Participative
    C. Democratic
    D. Laissez Faire

38. Which step of the management process is concerned with Policy making and Stating the goals and objective of the institution?
    A. Planning
    B. Organizing
    C. Directing
    D. Controlling

39. In the management process, the periodic checking of the results of action to make sure that it coincides with the goal of the institution is termed as:
    A. Planning
    B. Evaluating
    C. Directing
    D. Organizing

40. The Vision of a certain agency is usually based on their beliefs, Ideals and Values that directs the organization. It gives the organization a sense of purpose. The belief, Ideals and Values of this Agency is called:
    A. Philosophy
    B. Mission
    C. Vision
    D. Goals and Objectives

41. Mr. CKK is unconscious and was brought to the E.R. Who among the following can give consent for CKK's Operation?
    A. Doctor
    B. Nurse

C. Next of Kin
D. The Patient

42. Mang Carlos has been terminally ill for 5 years. He asked his wife to decide for him when he is no longer capable to do so. As a Nurse, You know that this is called:
A. Last will and testament
B. DNR
C. Living will
D. Durable Power of Attorney

43. Mang Carlos has a standing DNR order. He then suddenly stopped breathing and you are at his bedside. You would:
A. Give extraordinary measures to save Mang Carlos
B. Stay with Mang Carlos and Do nothing
C. Call the physician
D. Activate Code Blue

44. It is not a legally binding document but nevertheless, Very important in caring for the patients.
A. BON Resolution No. 220 Series of 2002
B. Patient's Bill of Rights
C. Nurse's Code of Ethics
D. Philippine Nursing Act of 2002

45. In monitoring the patient in PACU, the nurse correctly identify that checking the patient's vital signs is done every:
A. 1 hour
B. 5 minutes
C. 15 minutes
D. 30 minutes

Situation: Dianne May Dee, R.N., is conducting a research on her unit about the effects of effective nurse-patient communication in decreasing anxiety of post operative patients.

46. Which of the following step in nursing research should she do next?
A. Review of related literature
B. Ask permission from the hospital administrator
C. Determine the research problem
D. Formulate ways on collecting the data

47. Before Dianne performs the formal research study, what do you call the pre testing, small scale trial run to determine the effectiveness of data collection and methodological problem that might be encountered?
A. Sampling
B. Pre-testing
C. Pre-Study
D. Pilot Study

48. On the study "effects of effective nurse-patient communication in decreasing anxiety of post operative patients" What is the Independent variable?
A. Effective Nurse-patient communication
B. Communication
C. Decreasing Anxiety
D. Post operative patient

49. On the study "effects of effective nurse-patient communication in decreasing anxiety of post operative patients" What is the Dependent variable?
A. Effective Nurse-patient communication
B. Communication
C. Anxiety level
D. Post operative patient

50. In the recent technological innovations, which of the following describe researches that are made to improve and make human life easier?
A. Pure research
B. Basic research
C. Applied research
D. Experimental research

51. Which of the following is not true about a Pure Experimental research?
A. There is a control group
B. There is an experimental group
C. Selection of subjects in the control group is randomized

D. There is a careful selection of subjects in the experimental group

52. When Mrs. Guevarra, a nurse, delegates aspects of the clients care to the nurse-aide who is an unlicensed staff, Mrs. Guevarra
A. makes the assignment to teach the staff member
B. is assigning the responsibility to the aide but not the accountability for those tasks
C. does not have to supervise or evaluate the aide
D. most know how to perform task delegated

53. Process of formal negotiations of working conditions between a group of registered nurses and employer is
A. grievance
B. arbitration
C. collective bargaining
D. strike

54. You are attending a certification on cardiopulmonary resuscitation (CPR) offered and required by the hospital employing you. This is
A. professional course towards credits
B. inservice education
C. advance training
D. continuing education

55. The law which regulated the practice of nursing profession in the Philippines is:
A. R.A 9173
B. LOI 949
C. Patient's Bill of Rights
D. Code of Ethics for Nurses

56. This quality is being demonstrated by a Nurse who raise the side rails of a confused and disoriented patient?
A. Autonomy
B. Responsibility
C. Prudence
D. Resourcefulness

57. Nurse Joel and Ana is helping a 16 year old Nursing Student in a case filed against the student. The case was frustrated homicide. Nurse Joel and Ana are aware of the different circumstances of crimes. They are correct in identifying which of the following Circumstances that will be best applied in this case?
A. Justifying
B. Aggravating
C. Mitigating
D. Exempting

58. In signing the consent form, the nurse is aware that what is being observed as an ethical consideration is the patient's
A. Autonomy
B. Justice
C. Accountability
D. Beneficence

59. Why is there an ethical dilemma?
A. Because the law do not clearly state what is right from what is wrong
B. Because morality is subjective and it differs from each individual
C. Because the patient's right coincide with the nurse's responsibility
D. Because the nurse lacks ethical knowledge to determine what action is correct and what action is unethical

60. Who among the following can work as a practicing nurse in the Philippines without taking the Licensure examination?
A. Internationally well known experts which services are for a fee
B. Those that are hired by local hospitals in the country
C. Expert nurse clinicians hired by prestigious hospitals
D. Those involved in medical mission who's services are for free

61. In signing the consent form, the nurse is aware that what is being observed as an ethical consideration is the patient's
A. Autonomy
B. Justice
C. Accountability
D. Beneficence

62. Nurse Buddy gave Inapsine instead of Insulin to a patient in severe hyperglycemia. He reported the incident as soon as he knew there was an error. A nurse that is always ready to answer for all his actions and decision is said to be:
A. Accountable C. Critical thinker

B. Responsible
D. Assertive

63. Which of the following best describes Primary Nursing?
A. Is a form of assigning a nurse to lead a team of registered nurses in care of patient from admission to discharge
B. A nurse is responsible in doing certain tasks for the patient
C. A registered nurse is responsible for a group of patients from admission to discharge
D. A registered nurse provides care for the patient with the assistant of nursing aides

64. The best and most effective method in times of staff and financial shortage is:
A. Functional Method
C. Team Nursing
B. Primary Nursing
D. Modular Method

65. You are doing bed bath to the client when suddenly, The nursing assistant rushed to the room and tell you that the client from the other room was in Pain. The best intervention in such case is:
A. Raise the side rails, cover the client and put the call bell within reach and then attend to the client in pain to give the PRN medication
B. Tell the nursing assistant to give the pain medication to the client complaining of pain
C. Tell the nursing assistant to go the client's room and tell the client to wait
D. Finish the bed bath quickly then rush to the client in Pain

66. Angie is a disoriented client who frequently falls from the bed. As her nurse, which of the following is the best nursing intervention to prevent future falls?
A. Tell Angie not to get up from bed unassisted
B. Put the call bell within her reach
C. Put bedside commode at the bedside to prevent Angie from getting up
D. Put the bed in the lowest position ever

67. When injecting subcutaneous injection in an obese patient, It should be angled at around:
A. 45 °
B. 90 °
C. 180 °
D. Parallel to the skin

68. The following statements are all true about Z-Track technique except:
A. Z track injection prevent irritation of the subcutaneous tissues
B. The technique involve creating a Zig Zag like pattern of medication
C. It forces the medication to be contained at the subcutaneous tissues
D. It is used when administering Parenteral Iron

69. Communication is best undertaken if barriers are first removed. Considering this statement, which of the following is considered as deterrent factor in communication?
A. Not universally accepted abbreviations
B. Wrong Grammar
C. Poor Penmanship
D. Old age of the client

70. Nurse DMLM is correct in identifying the correct sequence of events during abdominal assessment if she identifies which of the following?
A. Inspection, Auscultation, Percussion, Palpation
B. Inspection, Percussion, Palpation, Auscultation
C. Inspection, Palpation, Percussion, Auscultation
D. Inspection, Auscultation, Palpation, Percussion

71. To prevent injury and strain on the muscles, the nurse should observe proper body mechanics. Among the following, which is a principle of proper body mechanics?
A. Broaden the space between the feet
B. Push instead of pull
C. Move the object away from the body when lifting
D. Bend at the waist, not on the knees

72. In taking the client's blood pressure, the nurse should position the client's arm:
A. At the level of the heart
B. Slightly above the level of the heart
C. At the 5th intercostals space midclavicular line
D. Below the level of the heart

73. What principle is used when the client with fever loses heat through giving cooling bed bath to lower body temperature?
A. Radiation
C. Evaporation

B. Convection D. Conduction

74. The most effective way in limiting the number of microorganism in the hospital is:
A. Using strict aseptic technique in all procedures
B. Wearing mask and gown in care of all patients with communicable diseases
C. Sterilization of all instruments
D. Handwashing

75. The immunoglobulin of the mother that crosses the placenta to protect the child is an example of:
A. Natural active immunity C. Artificial active immunity
B. Natural passive immunity D. Artificial passive immunity

76. Richard is a subject of a research lead by his doctor. The nurse knows that all of the following is a correct understanding as his right as a research subject except:
A. I can withdraw with this research even after the research has been started
B. My confidentiality will not be compromised in this research
C. I must choose another doctor if I withdrew from this research
D. I can withdraw with this research before the research has been started

77. Which of the following is a normal finding during assessment of a Chest tube in a 3 way bottle system?
A. There is a continuous bubbling in the drainage bottle
B. There is an intermittent bubbling in the suction control bottle
C. The water fluctuates during inhalation of the patient
D. There is 3 cm of water left in the water seal bottle

78. In obtaining a urine specimen for culture and sensitivity on a catheterized patient, the nurse is correct if:
A. Clamp the catheter for 30 minutes, Alcoholize the tube above the clamp site, Obtain a sterile syringe and draw the specimen on the tube above the clamp
B. Alcoholize the self sealing port, obtain a sterile syringe and draw the specimen on the self sealing port
C. Disconnect the drainage bag, obtain a sterile syringe and draw the specimen from the drainage bag
D. Disconnect the tube, obtain a sterile syringe and draw the specimen from the tube

79. Which of the following is an example of secondary prevention?
A. Teaching the diabetic client on obtaining his blood sugar level using a glucometer
B. Screening patients for hypertension
C. Immunizing infants with BCG
D. Providing PPD on a construction site

80. Which of the following is a form of primary prevention?
A. Regular Check ups
B. Regular Screening
C. Self Medication
D. Immunization

81. An abnormal condition in which a person must sit, stand or use multiple pillows when lying down is:
A. Orthopnea
B. Dyspnea
C. Eupnea
D. Apnea

82. As a nurse assigned for care for geriatric patients, you need to frequently assess your patient using the nursing process. Which of the following needs be considered with the highest priority?
A. Patients own feeling about his illness
B. Safety of the client especially those elderly clients who frequently falls
C. Nutritional status of the elderly client
D. Physiologic needs that are life threatening

83. The component that should receive the highest priority before physical examination is the:
A. Psychological preparation of the client
B. Physical Preparation of the client
C. Preparation of the Environment
D. Preparation of the Equipments

84. Legally, Patients chart are:
A. Owned by the government since it is a legal document
B. Owned by the doctor in charge and should be kept from the administrator for whatever reason
C. Owned by the hospital and should not be given to anyone who request it other than the doctor in charge
D. Owned by the patient and should be given by the nurse to the client as requested

85. Which of the following categories identifies the focus of community/public health nursing practice?
    A. Promoting and maintaining the health of populations and preventing and minimizing the progress of disease
    B. Rehabilitation and restorative services
    C. Adaptation of hospital care to the home environment
    D. Hospice care delivery

86. A major goal for home care nurses is
    A. restoring maximum health function.
    B. promoting the health of populations.
    C. minimizing the progress of disease.
    D. maintaining the health of populations.

87. A written nursing care plan is a tool that:
    A. Check whether nursing care goals were achieved
    B. Gives quality nursing care
    C. Select the appropriate nursing intervention
    D. Make a nursing diagnosis

88. Gina, A client in prolong labor said she cannot go on anymore. The health care team decided that both the child and the mother cannot anymore endure the process. The baby is premature and has a little chance of surviving. Caesarian section is not possible because Gina already lost enough blood during labor and additional losses would tend to be fatal. The husband decided that Gina should survive and gave his consent to terminate the fetus. The principle that will be used by the health care team is:
    A. Beneficence
    B. Non malfeasance
    C. Justice
    D. Double effect

Situation – There are various developments in health education that the nurse should know about:

89. The provision of health information in the rural areas nationwide through television and radio programs and video conferencing is referred to as:
    A. Community health program
    B. Telehealth program
    C. Wellness program
    D. Red Cross program

90. In teaching the sister of a diabetic client about the proper use of a glucometer in determining the blood sugar level of the client, The nurse is focusing in which domain of learning according to bloom?
    A. Cognitive
    B. Affective
    C. Psychomotor
    D. Affiliative

91. A nearby community provides blood pressure screening, height and weight measurement, smoking cessation classes and aerobics class services. This type of program is referred to as
    A. outreach program
    B. hospital extension program
    C. barangay health program
    D. wellness program

92. After cleaning the abrasions and applying antiseptic, the nurse applies cold compress to the swollen ankle as ordered by the physician. This statement shows that the nurse has correct understanding of the use of cold compress:
    A. Cold compress reduces blood viscosity in the affected area
    B. It is safer to apply than hot compress
    C. Cold compress prevents edema and reduces pain
    D. It eliminates toxic waste products due to vasodilation

93. After receiving prescription for pain medication, Ronnie is instructed to continue applying 30 minute cold at home and start 30 minute hot compress the next day. You explain that the use of hot compress:
    A. Produces anesthetic effect
    B. Increases nutrition in the blood to promote wound healing
    C. Increase oxygenation to the injured tissues for better healing
    D. Induces vasoconstriction to prevent infection

Situation – A nursing professor assigns a group of students to do data gathering by interviewing their classmates as subjects.

94. She instructed the interviewees not to tell the interviewees that the data gathered are for her own research project for publication. This teacher has violated the student's right to:

A. Not be harmed
B. Disclosure
C. Privacy
D. Self-determination

95. Before the nurse researcher starts her study, she analyzes how much time, money, materials and people she will need to complete the research project. This analysis prior to beginning the study is called:
A. Validity
B. Feasibility
C. Reliability
D. Researchability

96. Data analysis is to be done and the nurse researcher wants to include variability. These include the following EXCEPT:
A. Variance
B. Range
C. Standards of Deviation
D. Mean

97. Nurse Minette needs to schedule a first home visit to OB client Leah. When is a first home-care visit typically made?
A. Within 4 days after discharge
B. Within 24 hours after discharge
C. Within 1 hour after discharge
D. Within 1 week of discharge

98. By force of law, therefore, the PRC-Board of Nursing released Resolution No. 14 Series of 1999 entitled: “Adoption of a Nursing Specialty Certification Program and Creation of Nursing Specialty Certification Council.” This rule-making power is called:
A. Quasi-Judicial Power
B. Regulatory Power
C. Quasi-Legislative Power
D. Executive/Promulgating Power

99. Anita is performing BSE and she stands in front of the Mirror. The rationale for standing in front of the mirror is to check for:
A. Unusual discharges coming out from the breast
B. Any obvious malignancy
C. The Size and Contour of the breast
D. Thickness and lumps in the breast

100. An emerging technique in screening for Breast Cancer in developing countries like the Philippines is:
A. Mammography once a year starting at the age of 50
B. Clinical BSE Once a year
C. BSE Once a month
D. Pap smear starting at the age of 18 or earlier if sexually active

101. Transmission of HIV from an infected individual to another person occurs:
A. Most frequently in nurses with needlesticks
B. Only if there is a large viral load in the blood
C. Most commonly as a result of sexual contact
D. In all infants born to women with HIV infection

102. After a vaginal examination, the nurse determines that the client’s fetus is in an occiput posterior position. The nurse would anticipate that the client will have:
A. A precipitous birth
B. Intense back pain
C. Frequent leg cramps
D. Nausea and vomiting

103. The rationales for using a prostaglandin gel for a client prior to the induction of labor is to:
A. Soften and efface the cervix
B. Numb cervical pain receptors
C. Prevent cervical lacerations
D. Stimulate uterine contractions

Situation: Nurse Lorena is a Family Planning and Infertility Nurse Specialist and currently attends to FAMILY PLANNING CLIENTS AND INFERTILE COUPLES. The following conditions pertain to meeting the nursing needs of this particular population group.

104. Dina, 17 years old, asks you how a tubal ligation prevents pregnancy. Which would be the best answer?
A. Prostaglandins released from the cut fallopian tubes can kill sperm

B. Sperm cannot enter the uterus because the cervical entrance is blocked.
C. Sperm can no longer reach the ova, because the fallopian tubes are blocked
D. The ovary no longer releases ova as there is no where for them to go.

105. The Dators are a couple undergoing testing for infertility. Infertility is said to exist when:
A. a woman has no uterus
B. a woman has no children
C. a couple has been trying to conceive for 1 year
D. a couple has wanted a child for 6 months

106. The correct temperature to store vaccines in a refrigerator is:
A. between -4 deg C and +8 deg C
B. between 2 deg C and +8 deg C
C. between -8 deg C and 0 deg C
D. between -8 deg C and +4 deg C

107. Which of the following vaccines is not done by intramuscular (IM) injection?
A. Measles vaccine
B. DPT
C. Hepa-B vaccine
D. Tetanus toxoids

108. This vaccine content is derived from RNA recombinants.
A. Measles
B. Tetanus toxoids
C. Hepatitis B vaccines
D. DPT

109. This special form is used when the patient is admitted to the unit. The nurse completes the information in this record particularly his/her basic personal data, current illness, previous health history, health history of the family, emotional profile, environmental history as well as physical assessment together with nursing diagnosis on admission. What do you call this record?
A. Nursing Kardex
B. Nursing Health History and Assessment Worksheet
C. Medicine and Treatment Record
D. Discharge Summary

110. These are sheets/forms which provide an efficient and time saving way to record information that must be obtained repeatedly at regular and/or short intervals of time. This does not replace the progress notes; instead this record of information on vital signs, intake and output, treatment, postoperative care, post partum care, and diabetic regimen, etc. This is used whenever specific measurements or observations are needed to be documented repeatedly. What is this?
A. Nursing Kardex
B. Graphic Flow Sheets
C. Discharge Summary
D. Medicine and Treatment Record

111. These records show all medications and treatment provided on a repeated basis. What do you call this record?
A. Nursing Health History and Assessment Worksheet
B. Discharge Summary
C. Nursing Kardex
D. Medicine and Treatment Record

112. This flip-over card is usually kept in a portable file at the Nurse's Station. It has 2-parts: the activity and treatment section and a nursing care plan section. This carries information about basic demographic data, primary medical diagnosis, current orders of the physician to be carried out by the nurse, written nursing care plan, nursing orders, scheduled tests and procedures, safety precautions in patient care and factors related to daily living activities. This record is used in the charge-of-shift reports or during the bedside rounds or walking rounds. What record is this?
A. Discharge Summary
B. Medicine and Treatment Record
C. Nursing Health History and Assessment Worksheet
D. Nursing Kardex

113. Most nurses regard this conventional recording of the date, time, and mode by which the patient leaves a healthcare unit but this record includes importantly, directs of planning for discharge that starts soon after the person is admitted to a healthcare institution. It is accepted that collaboration or multidisciplinary involvement (of all members of the health team) in discharge results in comprehensive care. What do you call this?
A. Discharge Summary
B. Nursing Kardex
C. Medicine and Treatment Record
D. Nursing Health History and Assessment Worksheet

114. Based on the Code of Ethics for Filipino Nurses, what is regarded as the hallmark of nursing responsibility and accountability?

A. Human rights of clients, regardless of creed and gender
B. The privilege of being a registered professional nurses
C. Health, being a fundamental right of every individual
D. Accurate documentation of actions and outcomes

115. A nurse should be cognizant that professional programs for specialty certification by the Board of Nursing accredited through the:
A. Professional Regulation Commission
B. Nursing Specialty Certification Council
C. Association of Deans of Philippine Colleges of Nursing
D. Philippine Nurse Association

116. Integrated management for childhood illness is the universal protocol of care endorsed by WHO and is use by different countries of the world including the Philippines. In any case that the nurse classifies the child and categorized the signs and symptoms in PINK category, You know that this means:
A. Urgent referral
B. Antibiotic Management
C. Home treatment
D. Out-patient treatment facility is needed

117. You know that fast breathing of a child age 13 months is observed if the RR is more than:
A. 40
B. 50
C. 60
D. 30

118. Angelo, An 8 month old child is brought to the health care facility with sunken eyes. You pinch his skin and it goes back very slowly. In what classification of dehydration will you categorize Angelo?
A. No Dehydration
B. Some Dehydration
C. Severe Dehydration
D. Diarrhea

119. In responding to the care concerns of children with severe disease, referral to the hospital is of the essence especially if the child manifests which of the following?
A. Wheezing
B. Stop feeding well
C. Fast breathing
D. Difficulty to awaken

120. A child with ear problem should be assessed for the following, EXCEPT:
A. is there any fever?
B. Ear discharge
C. If discharge is present for how long?
D. Ear pain

121. If the child does not have ear problem, using IMCI, what should you as the nurse do?
A. Check for ear discharge
B. Check for tender swellings behind the ear
C. Check for ear pain
D. Go to the next question, check for malnutrition

122. All of the following are treatment for a child classified with no dehydration except:
A. 1,000 ml to 1,400 ml be given within 4 hours
B. Continue feeding
C. Have the child takes as much fluid as he wants
D. Return the child to the doctor if condition worsens

123. An ear infection that persists but still less than 14 days is classified as:
A. Mastoiditis
B. Chronic Ear Infection
C. Acute Ear Infection
D. Otitis Media

124. If a child has two or more pink signs, you would classify the child as having:
A. No disease
B. Mild form of disease
C. Urgent Referral
D. Very severe disease

125. The nurse knows that the most common complication of Measles is:
A Pneumonia and larynigotracheitis
B. Encephalitis
C. Otitis Media
D. Bronchiectasis

126. A client scheduled for hysterosalpingography needs health teaching before the procedure. The nurse is correct in telling the patient that:
A. She needs to void prior to the procedure
B. A full bladder is needed prior to the procedure
C. Painful sensation is felt as the needle is inserted
D. Flushing sensation is felt as the dye in injected

127. In a population of 9,500. What is your estimate of the population of pregnant woman needing tetanus toxoid vaccination?
A. 632.5
B. 512.5
C. 450.5
D. 332.5

128. All of the following are seen in a child with measles. Which one is not?
A. Reddened eyes
B. Coryza
C. Pustule
D. Cough

129. Mobilizing the people to become aware of their own problem and to do actions to solve it is called:
A. Community Organizing
B. Family Nursing Care Plan
C. Nursing Intervention
D. Nursing Process

130. Prevention of work related accidents in factories and industries are responsibilities of which field of nursing?
A. School health nursing
B. Private duty nursing
C. Occupational health nursing
D. Institutional nursing

131. In one of your home visit to Mr. JUN, you found out that his son is sick with cholera. There is a great possibility that other member of the family will also get cholera. This possibility is a/an:
A. Foreseeable crisis
B. Health threat
C. Health deficit
D. Crisis

132. Why is bleeding in the leg of a pregnant woman considered as an emergency?
A. Blood volume is greater in pregnant woman; therefore, blood loss is increased
B. There is an increase blood pressure during pregnancy increasing the likelihood of hemorrhage
C. Pregnant woman are anemic, all forms of blood loss should be considered as an emergency especially if it is in the lower extremity
D. The pressure of the gravid uterus will exert additional force thus, increasing the blood loss in the lower extremities

133. Aling Maria is nearing menopause. She is habitually taking cola and coffee for the past 20 years. You should tell Aling Maria to avoid taking caffeinated beverages because:
A. It is stimulating
B. It will cause nervousness and insomnia
C. It will contribute to additional bone demineralization
D. It will cause tachycardia and arrhythmias

134. All of the following are contraindication when giving Immunization except:
A. BCG Vaccines can be given to a child with AIDS
B. BCG Vaccine can be given to a child with Hepatitis B
C. DPT Can be given to a child that had convulsion 3 days after being given the first DPT Dose
D. DPT Can be given to a child with active convulsion or other neurological disease

135. Theresa, a mother with a 2 year old daughter asks, “at what age can I be able to take the blood pressure of my daughter as a routine procedure since hypertension is common in the family?” Your answer to this is:
A. At 2 years you may
B. As early as 1 year old
C. When she’s 3 years old
D. When she’s 6 years old

136. Baby John develops hyperbilirubinemia. What is a method used to treat hyperbilirubinemia in a newborn?
A. Keeping infants in a warm and dark environment
B. Administration of cardiovascular stimulant
C. Gentle exercise to stop muscle breakdown
D. Early feeding to speed passage of meconium

137. The community/Public Health Bag is:
A. a requirement for home visits
B. an essential and indispensable equipment of the community health nurse
C. contains basic medications and articles used by the community health nurse
D. a tool used by the Community health nurse is rendering effective nursing procedures during a home visit

138. What is the rationale in the use of bag technique during home visits?
A. It helps render effective nursing care to clients or other members of the family
B. It saves time and effort of the nurse in the performance of nursing procedures
C. It should minimize or prevent the spread of infection from individuals to families
D. It should not overshadow concerns for the patient

139. In consideration of the steps in applying the bag technique, which side of the paper lining of the CHN bag is considered clean to make a non-contaminated work area?
A. The lower lip
B. The outer surface
C. The upper tip
D. The inside surface

140. How many words does a typical 12-month-old infant use?
A. About 12 words
B. Twenty or more words
C. About 50 words
D. Two, plus “mama” and “papa”

141. . During operation, The OR suite’s lighting, noise, temperature and other factors that affects the operation are managed by whom?
A. Nurse Supervisor
B. Surgeon
C. Circulating nurse
D. Scrub nurse

142. Before and after the operation, the operating suite is managed by the:
A. Surgeon
B. Nurse Supervisor
C. Nurse Manager
D. Chief Nurse

143. The counting of sponges is done by the Surgeon together with the:
A. Circulating nurse
B. Scrub nurse
C. Assistant surgeon
D. Nurse supervisor

144. The OR team performs distinct roles for one surgical procedure to be accomplished within a prescribed time frame and deliver a standard patient outcome. While the surgeon performs the surgical procedure, who monitors the status of the client like urine output, blood loss?
A. Scrub Nurse
B. Surgeon
C. Anaesthesiologist
D. Circulating Nurse

145. Surgery schedules are communicated to the OR usually a day prior to the procedure by the nurse of the floor or ward where the patient is confined. For orthopedic cases, what department is usually informed to be present in the OR?
A. Rehabilitation department
B. Laboratory department
C. Maintenance department
D. Radiology department

146. In some hip surgeries, an epidural catheter for Fentanyl epidural analgesia is given. What is your nursing priority care in such a case?
A. Instruct client to observe strict bed rest
B. Check for epidural catheter drainage
C. Administer analgesia through epidural catheter as prescribed
D. Assess respiratory rate carefully

147. The patient's medical record can work as a double edged sword. When can the medical record become the doctor's/nurse's worst enemy?
A. When the record is voluminous
B. When a medical record is subpoenaed in court
C. When it is missing
D. When the medical record is inaccurate, incomplete, and inadequate

148. Disposal of medical records in government hospitals/institutions must be done in close coordination with what agency?
A. Department of Interior and Local Government (DILG)
B. Metro Manila Development Authority (MMDA)
C. Records Management Archives Office (RMAO)
D. Department of Health (DOH)

149. In the hospital, when you need the medical record of a discharged patient for research you will request permission through:
A. Doctor in charge
B. The hospital director
C. The nursing service
D. Medical records section

150. You will give health instructions to Carlo, a case of bronchial asthma. The health instruction will include the following, EXCEPT:
A. Avoid emotional stress and extreme temperature
B. Avoid pollution like smoking
C. Avoid pollens, dust, seafood
D. Practice respiratory isolation

151. As the head nurse in the OR, how can you improve the effectiveness of clinical alarm systems?
A. Limit suppliers to a few so that quality is maintained
B. Implement a regular inventory of supplies and equipment
C. Adherence to manufacturer's recommendation
D. Implement a regular maintenance and testing of alarm systems

152. Overdosage of medication or anesthetic can happen even with the aid of technology like infusion pumps, sphygmomanometer and similar devices/machines. As a staff, how can you improve the safety of using infusion pumps?
A. Check the functionality of the pump before use
B. Select your brand of infusion pump like you do with your cellphone
C. Allow the technician to set the infusion pump before use
D. Verify the flow rate against your computation

153. While team effort is needed in the OR for efficient and quality patient care delivery, we should limit the number of people in the room for infection control. Who comprise this team?
A. Surgeon, anesthesiologist, scrub nurse, radiologist, orderly
B. Surgeon, assistants, scrub nurse, circulating nurse, anesthesiologist
C. Surgeon, assistant surgeon, anesthesiologist, scrub nurse, pathologist
D. Surgeon, assistant surgeon, anesthesiologist, intern, scrub nurse

154. When surgery is on-going, who coordinates the activities outside, including the family?
A. Orderly/clerk
B. Nurse Supervisor
C. Circulating Nurse
D. Anesthesiologist

155. The breakdown in teamwork is often times a failure in:
A. Electricity
B. Inadequate supply
C. Leg work
D. Communication

156. To prevent recurrent attacks on client with glomerulonephritis, the nurse instructs the client to:
A. Take a shower instead of tub baths
B. Avoid situations that involve physical activity
C. Continue the same restriction on fluid intake
D. Seek early treatment for respiratory infection

157. When administering Tapazole, The nurse should monitor the client for which of the following adverse effect?
A. Hyperthyroidism
B. Hypothyroidism
C. Drowsiness

D. Seizure

158. Post bronchoscopy, the nurse priority is to check which of the following before feeding?
A. Gag reflex
B. Wearing off of anesthesia
C. Swallowing reflex
D. Peristalsis

159. Changes normally occur in the elderly. Among the following, which is a normal change in an elderly client?
A. Increased sense of taste
B. Increased appetite
C. Urinary frequency
D. Thinning of the lens

Situation: Colostomy is a surgically created anus. It can be temporary or permanent, depending on the disease condition.

160. Skin care around the stoma is critical. Which of the following is not indicated as a skin care barriers?
A. Apply liberal amount of mineral oil to the area
B. Use karaya paste and rings around the stoma
C. Clean the area daily with soap and water before applying bag
D. Apply talcum powder twice a day

161. What health instruction will enhance regulation of a colostomy (defecation) of clients?
A. Irrigate after lunch everyday
B. Eat fruits and vegetables in all three meals
C. Eat balanced meals at regular intervals
D. Restrict exercise to walking only

162. After ileostomy, which of the following condition is NOT expected?
A. Increased weight
B. Irritation of skin around the stoma
C. Liquid stool
D. Establishment of regular bowel movement

163. The following are appropriate nursing interventions during colostomy irrigation, EXCEPT:
A. Increase the irrigating solution flow rate when abdominal cramps is felt
B. Insert 2-4 inches of an adequately lubricated catheter to the stoma
C. Position client in semi-Fowler
D. Hang the solution 18 inches above the stoma

164. What sensation is used as a gauge so that patients with ileostomy can determine how often their pouch should be drained?
A. Sensation of taste
B. Sensation of pressure
C. Sensation of smell
D. Urge to defecate

165. In performing a cleansing enema, the nurse performs the procedure by positioning the client in:
A. Right lateral position
B. Left lateral position
C. Right Sim's position
D. Left Sim's position

166. Mang Caloy is scheduled to have a hemorrhoidectomy, after the operation, you would expect that the client's position post operatively will be:
A. Knee chest position
B. Side lying position
C. Sims position
D. Genopectoral position

167. You would expect that after an abdominal perineal resection, the type of colostomy that will be use is?
A. Double barrel colostomy
B. Temporary colostomy
C. Permanent colostomy
D. An Ileostomy

168. You are an ostomy nurse and you know that colostomy is defined as:
A. It is an incision into the colon to create an artificial opening to the exterior of the abdomen
B. It is end to end anastomosis of the gastric stump to the duodenum
C. It is end to end anastomosis of the gastric stump to the jejunum
D. It is an incision into the ileum to create an artificial opening to the exterior of the abdomen

169. Larry, 55 years old, who is suspected of having colorectal cancer, is admitted to the CI. After taking the history and vital signs the physician does which test as a screening test for colorectal cancer.
A. Barium enema
B. Carcinoembryonic antigen
C. Annual digital rectal examination
D. Proctosigmoidoscopy

170. Symptoms associated with cancer of the colon include:
A. constipation, ascites and mucus in the stool
B. diarrhea, heart burn and eructation
C. blood in the stools, anemia, and “pencil shaped” stools
D. anorexia, hematemesis, and increased peristalasis

171. 24 Hours after creation of colostomy, Nurse Violy is correct if she identify that the normal appearance of the stoma is :
A. Pink, moist and slightly protruding from the abdomen
B. Gray, moist and slightly protruding from the the abdomen
C. Pink, dry and slightly protruding from the abdomen
D. Red, moist and slightly protruding from the abdomen

172. In cleaning the stoma, the nurse would use which of the following cleaning mediums?
A. Hydrogen Peroxide, water and mild soap
B. Providone Iodine, water and mild soap
C. Alcohol, water and mild soap
D. Mild soap and water

173. When observing a return demonstration of a colostomy irrigation, you know that more teaching is required if pt:
A. Lubricates the tip of the catheter prior to inserting into the stoma
B. Hangs the irrigating bag on the bathroom door cloth hook during fluid insertion
C. Discontinues the insertion of fluid after only 500 ml of fluid has been instilled
D. Clamps of the flow of fluid when felling uncomfortable

174. What does a sample group represent?
A. Control group
B. Study subjects
C. General population
D. Universe

175. As a nurse, you can help improve the effectiveness of communication among healthcare givers by:
A. Use of reminders of ‘what to do’
B. Using standardized list of abbreviations, acronyms, and symbols
C. One-on-one oral endorsement
D. Text messaging and e-mail

176. Myxedema coma is a life threatening complication of long standing and untreated hypothyroidism with one of the following characteristics.
A. Hyperglycemia
B. Hypothermia
C. Hyperthermia
D. Hypoglycemia

177. Mang Edgardo has a chest tube inserted in place after a Lobectomy. The nurse knows that that Chest tube after this procedure will:
A. Prevents mediastinal shift
B. Promote chest expansion of the remaining lung
C. Drain fluids and blood accumulated post operatively
D. Remove the air in the lungs to promote lung expansion

178. Mrs. Pichay who is for thoracentesis is assigned by the nurse to any of the following positions, EXCEPT:
A. straddling a chair with arms and head resting on the back of the chair
B. lying on the unaffected side with the bed elevated 30-40 degrees
C. lying prone with the head of the bed lowered 15-30 degrees
D. sitting on the edge of the bed with her feet supported and arms and head on a padded overhead table

179. Chest x-ray was ordered after thoracentesis. When your client asks what is the reason for another chest x-ray, you will explain:
A. to rule out pneumothorax
B. to rule out any possible perforation
C. to decongest
D. to rule out any foreign body

180. The RR nurse should monitor for the most common postoperative complication of:
A. hemorrhage
B. endotracheal tube perforation

C. osopharyngeal edema
D. epiglottis

181. The PACU nurse will maintain postoperative T and A client in what position?
A. Supine with neck hyperextended and supported with pillow
B. Prone with the head on pillow and turned to the side
C. Semi-fowler's with neck flexed
D. Reverse trendelenburg with extended neck

182. Tony is to be discharged in the afternoon of the same day after tonsillectomy and adenoidectomy. You as the RN will make sure that the family knows to:
A. offer osterized feeding
B. offer soft foods for a week to minimize discomfort while swallowing
C. supplement his diet with Vitamin C rich juices to enhance healing
D. offer clear liquid for 3 days to prevent irritation

Situation – Rudy was diagnosed to have chronic renal failure. Hemodialysis is ordered so that an A-V shunt was surgically created.

183. Which of the following action would be of highest priority with regards to the external shunt?
A. Avoid taking BP or blood sample from the arm with the shunt
B. Instruct the client not to exercise the arm with the shunt
C. Heparinize the shunt daily
D. Change dressing of the shunt daily

184. Diet therapy for Rudy, who has acute renal failure is low-protein, low potassium and low sodium. The nutrition instructions should include:
A. Recommend protein of high biologic value like eggs, poultry and lean meats
B. Encourage client to include raw cucumbers, carrot, cabbage, and tomatoes
C. Allowing the client cheese, canned foods and other processed food
D. Bananas, cantaloupe, orange and other fresh fruits can be included in the diet

185. The most common causative agent of Pyelonephritis in hospitalized patient attributed to prolonged catheterization is said to be:
A. E. Coli
B. Klebsiella
C. Pseudomonas
D. Staphylococcus

186. The IVP reveals that Fe has small renal calculus that can be passed out spontaneously. To increase the chance of passing the stones, you instructed her to force fluids and do which of the following?
A. Balanced diet
B. Ambulate more
C. Strain all urine
D. Bed rest

187. Sergio is brought to Emergency Room after the barbecue grill accident. Based on the assessment of the physician, Sergio sustained superficial partial thickness burns on his trunk, right upper extremities and right lower extremities. His wife asks what that means? Your most accurate response would be:
A. Structures beneath the skin are damage
B. Dermis is partially damaged
C. Epidermis and dermis are both damaged
D. Epidermis is damaged

188. During the first 24 hours after the thermal injury, you should asses Sergio for:
A. hypokalemia and hypernatremia
B. hypokalemia and hyponatremia
C. hyperkalemia and hyponatremia
D. hyperkalemia and hypernatremia

189. All of the following are instruction for proper foot care to be given to a client with peripheral vascular disease caused by Diabetes. Which is not?
A. Trim nail using nail clipper
B. Apply cornstarch to the foot
C. Always check for the temperature of the water before bathing
D. Use Canvas shoes

190. You are on morning duty in the medical ward. You have 10 patients assigned to you. During your endorsement rounds, you found out that one of your patients was not in bed. The patient next to him informed you that he went home without notifying the nurses. Which among the following will you do first?
A. Make an incident report
B. Call security to report the incident
C. Wait for 2 hours before reporting
D. Report the incident to your supervisor

191. You are on duty in the medical ward. You were asked to check the narcotics cabinet. You found out that what is on record does not tally with the drugs used. Which among the following will you do first?
A. Write an incident report and refer the matter to the nursing director
B. Keep your findings to yourself
C. Report the matter to your supervisor
D. Find out from the endorsement any patient who might have been given narcotics

192. You are on duty in the medical ward. The mother of your patient who is also a nurse, came running to the nurses station and informed you that Fiolo went into cardiopulmonary arrest.
A. Start basic life support measures
B. Call for the Code
C. Bring the crash cart to the room
D. Go to see Fiolo and assess for airway patency and breathing problems

193. When observing a return demonstration of a colostomy irrigation, you know that more teaching is required if pt:
A. Lubricates the tip of the catheter prior to inserting into the stoma
B. Hangs the irrigating bag on the bathroom door cloth hook during fluid insertion
C. Discontinues the insertion of fluid after only 500 ml of fluid has been instilled
D. Clamps of the flow of fluid when felling uncomfortable

194. Which of the four phases of emergency management is defined as “sustained action that reduces or eliminates long-term risk to people and property from natural hazards and their effects.”?
A. Recovery
B. Mitigation
C. Response
D. Preparedness

195. Which of the following terms refer to a process by which the individual receives education about recognition of stress reaction and management strategies for handling stress which may be instituted after a disaster?
A. Clinical incident stress management
B. Follow-up
C. Defriefing
D. Defusion

196. Fires are approached using the mnemonic RACE, in which, R stands for:
A. Run
B. Race
C. Rescue
D. Remove

197. You are caring for Conrad who has a brain tumor and increased Intracranial Pressure (ICP). Which intervention should you include in your plan to reduce ICP?
A. Administer bowel softener
B. Position Conrad with his head turned toward the side of the tumor
C. Provide sensory stimulation
D. Encourage coughing and deep breathing

198. Keeping Conrad’s head and neck alignment results in:
A. increased intrathoracic pressure
B. increased venous outflow
C. decreased venous outflow
D. increased intraabdominal pressure

199. Earliest sign of skin reaction to radiation therapy is:
A. desquamation
B. erythema
C. atrophy
D. pigmentation

200. A guideline that is utilized in determining priorities is to assess the status of the following, EXCEPT:
A. perfusion
B. locomotion
C. respiration
D. mentation

201. Miss Kate is a bread vendor and you are buying a bread from her. You noticed that she receives and changes money and then hold the bread without washing her hand. As a nurse, What will you say to Miss Kate?
A. Miss, Don’t touch the bread I’ll be the one to pick it up
B. Miss, Please wash your hands before you pick up those breads
C. Miss, Use a pick up forceps when picking up those breads

D. Miss, Your hands are dirty I guess I'll try another bread shop

202. In administering blood transfusion, what needle gauge is used?
A. 18
B. 22
C. 23
D. 24

203. Before administration of blood and blood products, the nurse should first:
A. Check with another R.N the client's name, Identification number, ABO and RH type.
B. Explain the procedure to the client
C. Assess baseline vital signs of the client
D. Check for the BT order

204. The only IV fluid compatible with blood products is:
A. D5LR
B. D5NSS
C. NSS
D. Plain LR

205. In any event of an adverse hemolytic reaction during blood transfusion, Nursing intervention should focus on:
A. Slow the infusion, Call the physician and assess the patient
B. Stop the infusion, Assess the client, Send the remaining blood to the laboratory and call the physician
C. Stop the infusion, Call the physician and assess the client
D. Slow the confusion and keep a patent IV line open for administration of medication

206. The nurse knows that after receiving the blood from the blood bank, it should be administered within:
A. 1 hour
B. 2 hours
C. 4 hours
D. 6 hours

207. During blood administration, the nurse should carefully monitor adverse reaction. To monitor this, it is essential for the nurse to:
A. Stay with the client for the first 15 minutes of blood administration
B. Stay with the client for the entire period of blood administration
C. Run the infusion at a faster rate during the first 15 minutes
D. Tell the client to notify the staff immediately for any adverse reaction

208. As Leda's nurse, you plan to set up an emergency equipment at her beside following thyroidectomy. You should include:
A. An airway and rebreathing tube
B. A tracheostomy set and oxygen
C. A crush cart with bed board
D. Two ampules of sodium bicarbonate

209. Which of the following nursing interventions is appropriate after a total thyroidectomy?
A. Place pillows under your patient's shoulders.
B. Raise the knee-gatch to 30 degrees
C. Keep you patient in a high-fowler's position.
D. Support the patient's head and neck with pillows and sandbags.

210. If there is an accidental injury to the parathyroid gland during a thyroidectomy which of the following might Leda develop postoperatively?
A. Cardiac arrest
B. Dyspnea
C. Respiratory failure
D. Tetany

211. After surgery Leda develops peripheral numbness, tingling and muscle twitching and spasm. What would you anticipate to administer?
A. Magnesium sulfate
B. Calcium gluconate
C. Potassium iodide
D. Potassium chloride

Situation: NURSES are involved in maintaining a safe and healthy environment. This is part of quality care management.

212. The first step in decontamination is:
A. to immediately apply a chemical decontamination foam to the area of contamination
B. a through soap and water wash and rinse of the patient
C. to immediately apply personal protective equipment
D. removal of the patients clothing and jewelry and then rinsing the patient with water

213. For a patient experiencing pruritus, you recommend which type of bath.
A. water
B. colloidal (oatmeal)
C. saline
D. sodium bicarbonate

214. Induction of vomiting is indicated for the accidental poisoning patient who has ingested.
A. Rust remover
B. Gasoline
C. toilet bowl cleaner
D. aspirin

Situation: Because severe burn can affect the person's totality it is important that-you apply interventions focusing on the various dimensions of man. You also have to understand the rationale of the treatment.

215. A client was rushed in the E.R showing a whitish, leathery and painless burned area on his skin. The nurse is correct in classifying this burn as:
A. First degree burn
B. Second degree burn
C. Third degree burn
D. Partial thickness burn

216. During the first 24 hours of burn, nursing measures should focus on which of the following?
A. I and O hourly
B. Strict aseptic technique
C. Forced oral fluids
D. Isolate the patient

217. During the Acute phase of burn, the priority nursing intervention in caring for this client is:
A. Prevention of infection
B. Pain management
C. Prevention of Bleeding
D. Fluid Resuscitation

218. The nurse knows that the most fatal electrolyte imbalance in burned client during the Emergent phase of burn is:
A. Hypokalemia
B. Hyperkalemia
C. Hypernatremia
D. Hyponatremia

219. Hypokalemia is reflected in the ECG by which of the following?
A. Tall T waves
B. Widening QRS Complex
C. Pathologic Q wave
D. U wave

220. Pain medications given to the burn clients are best given via what route?
A. IV
B. IM
C. Oral
D. SQ

221. What type of debridement involves proteolytic enzymes?
A. Interventional
B. Mechanical
C. Surgical
D. Chemical

222. Which topical antimicrobial is most frequently used in burn wound care?
A. Neosporin
B. Silver nitrate
C. Silver sulfadiazine
D. Sulfamylon

223. Hypertrophic burn scars are caused by:
A. exaggerated contraction
B. random layering of collagen
C. wound ischemia
D. delayed epithelialization

224. This study which is an in depth study of one boy is a:
A. case study
B. longitudinal study
C. cross-sectional study
D. evaluative study

225. The process recording was the principal tool for data collection. Which of the following is NOT a part of a process recording?
A. Non verbal narrative account
B. Analysis and interpretation
C. Audio-visual recording
D. Verbal narrative account

226. The most significant factor that might affect the nurse's care for the psychiatric patient is:
A. Nurse's own beliefs and attitude about the mentally ill

B. Amount of experience he has with psychiatric clients
C. Her abilities and skill to care for the psychiatric clients
D. Her knowledge in dealing with the psychiatric clients

227. In order to establish a therapeutic relationship with the client, the nurse must first have:
A. Self awareness
B. Self understanding
C. Self acceptance
D. Self motivation

228. Nurse Edna thinks that the patient is somewhat like his father. She then identifies positive feeling for the patient that affects the objectivity of her nursing care. This emotional reaction is called:
A. Transference
B. Counter Transference
C. Reaction formation
D. Sympathy

229. The most important quality of a nurse during a Nurse-Patient interaction is:
A. Understanding
B. Acceptance
C. Listening
D. Teaching

230. Selective inattention is seen in what level of anxiety?
A. Mild
B. Moderate
C. Severe
D. Panic

231. Obsessive compulsive disorder is characterized by:
A. Uncontrollable impulse to perform an act or ritual repeatedly
B. Persistent thoughts and behavior
C. Recurring unwanted and disturbing thoughts
D. Pathological persistence of unwilled thoughts

232. Ms. Maria Salvacion says that she is the incarnation of the holy Virgin Mary. She said that she is the child of the covenant that would save this world from the evil forces of Satan. One morning, while caring for her, she stood in front of you and said “Bow down before me! I am the holy mother of Christ! I am the blessed Virgin Mary!” The best response by the Nurse is:
A. Tell me more about being the Virgin Mary
B. So, You are the Virgin Mary?
C. Excuse me but, you are not anymore a Virgin so you cannot be the Blessed Virgin Mary.
D. You are Maria Salvacion

233. Maria’s statement “Bow down before me! I am the holy mother of Christ! I am the blessed Virgin Mary!” is an example of:
A. Delusion of grandeur
B. Visual Hallucination
C. Religious delusion
D. Auditory Hallcucination

234. The nurse interprets the statement “Bow down before me! I am the holy mother of Christ! I am the blessed Virgin Mary!” as important in documenting in which of the following areas of mental status examination?
A. Thought content
B. Mood
C. Affect
D. Attitude

235. Mang David, A 27 year old psychiatric client was admitted with a diagnosis of schizophrenia. During the morning assessment, Mang David shouted “Did you know that I am the top salesman in the world? Different companies want me!” As a nurse, you know that this is an example of:
A. Hallucination
B. Delusion
C. Confabulation
D. Flight of Ideas

236. The recommended treatment modality in clients with obsessive compulsive disorder is:
A. Psychotherapy
B. Behavior therapy
C. Aversion therapy

D. Psychoanalysis

237. A state of disequilibrium wherein a person cannot readily solve a problem or situation even by using his usual coping mechanisms is called:
A. Mental illness
B. Mental health
C. Crisis
D. Stress

238. Obsessive compulsive disorder is classified under:
A. Psychotic disorders
B. Neurotic disorders
C. Major depressive disorder
D. Bipolar disorder

239. Which nursing diagnosis is a priority for clients with Borderline personality disorder?
A. Risk for injury
B. Ineffective individual coping
C. Altered thought process
D. Sensory perceptual alteration

240. An appropriate nursing diagnosis for clients in the acute manic phase of bipolar disorder is:
A. Risk for injury directed to self
B. Risk for injury directed to others
C. Impaired nutrition less than body requirements
D. Ineffective individual coping

241. A paranoid client refuses to eat telling you that you poisoned his food. The best intervention to this client is:
A. Taste the food in front of him and tell him that the food is not poisoned
B. Offer other types of food until the client eats
C. Simply state that the food is not poisoned
D. Offer sealed foods

242. Toilet training occurs in the anal stage of Freud's psychosexual task. This is equivalent to Erikson's:
A. Trust vs. Mistrust
B. Autonomy vs. Shame and Doubt
C. Initiative vs. Guilt
D. Industry vs. Inferiority

243. During the phallic stage, the child must identify with the parent of:
A. The same sex
B. The opposite sex
C. The mother or the primary caregiver
D. Both sexes

244. Ms. ANA had a car accident where he lost her boyfriend. As a result, she became passive and submissive. The nurse knows that the type of crisis Ms. ANA is experiencing is:
A. Developmental crisis
B. Maturational crisis
C. Situational crisis
D. Social Crisis

245. Persons experiencing crisis becomes passive and submissive. As a nurse, you know that the best approach in crisis intervention is to be:
A. Active and Directive
B. Passive friendliness
C. Active friendliness
D. Firm kindness

246. The psychosocial task of a 55 year old adult client is:
A. Industry vs. Inferiority
B. Intimacy vs. Isolation
C. Integrity vs. Despair
D. Generativity vs. Stagnation

247. The stages of grieving identified by Elizabeth Kubler-Ross are:
A. Numbness, anger, resolution and reorganization
B. Denial, anger, identification, depression and acceptance
C. Anger, loneliness, depression and resolution

D. Denial, anger, bargaining, depression and acceptance

248. Which physiologic effect should the nurse expect in a client addicted to hallucinogens?
A. Dilated pupils
B. Constricted pupils
C. Bradycardia
D. Bradypnea

249. Miss CEE is admitted for treatment of major depression. She is withdrawn, disheveled and states “Nobody wants me” The nurse most likely expects that Miss CEE is to be placed on:
A. Neuroleptics medication
B. Special diet
C. Suicide precaution
D. Anxiolytics medication

250. In alcoholic patient, the nurse knows that the vitamin deficient to these types of clients that leads to psychoses is:
A. Thiamine
B. Vitamin C
C. Niacin
D. Vitamin A

251. Which of the following terms refers to weakness of both legs and the lower part of the trunk?
A. Paraparesis
B. Hemiplegia
C. Quadriparesis
D. Paraplegia

252. Of the following neurotransmitters, which demonstrates inhibitory action, helps control mood and sleep, and inhibits pain pathways?
A. Serotonin
B. Enkephalin
C. Norepinephrine
D. Acetylcholine

253. The lobe of the brain that contains the auditory receptive areas is the _____ lobe.
A. temporal
B. frontal
C. parietal
D. occipital

254. In preparation for ECT, the nurse knows that it is almost similar to that of:
A. ECG
B. General Anesthesia
C. EEG
D. MRI

255. The expected side effect after ECT is commonly associated with:
A. Transient loss of memory, confusion and disorientation
B. Nausea and vomiting
C. Fractures
D. Hypertension and increased in cardiac rate

256. The purpose of ECT in clients with depression is to:
A. Stimulation in the brain to increase brain conduction and counteract depression
B. Mainly Biologic, increasing the norepinephrine and serotonin level
C. Creates a temporary brain damage that will increase blood flow to the brain
D. Involves the conduction of electrical current to the brain to charge the neurons and combat depression

257. The priority nursing diagnosis for a client with major depression is:
A. Altered nutrition
B. Altered thought process
C. Self care deficit
D. Risk for injury

258. A patient tells the nurse “I am depressed to talk to you, leave me alone” Which of the following response by the nurse is most therapeutic?
A. I’ll be back in an hour
B. Why are you so depressed?
C. I’ll seat with you for a moment
D. Call me when you feel like talking to me

259. One of the following statements is true with regards to the care of clients with depression:
A. Only mentally ill persons commit suicide
B. All depressed clients are considered potentially suicidal
C. Most suicidal person gives no warning
D. The chance of suicide lessens as depression lessens

260. An adolescent client has bloodshot eyes, a voracious appetite and dry mouth. Which drug abuse would the nurse most likely suspect?
A. Marijuana
B. Amphetamines
C. Barbiturates
D. Anxiolytics

261. During which phase of therapeutic relationship should the nurse inform the patient for termination of therapy?
A. Pre-orientation
B. Orientation
C. Working
D. Termination

262. A client says to the nurse “I am worthless person, I should be dead” The nurse best replies:
A. “Don’t say you are worthless, you are not a worthless person”
B. “We are going to help you with your feelings”
C. “What makes you feel you’re worthless?”
D. “What you say is not true”

263. The nurse’s most unique tool in working with the emotionally ill client is his/her
A. theoretical knowledge
B. personality make up
C. emotional reactions
D. communication skills

264. The mentally ill person responds positively to the nurse who is warm and caring. This is a demonstration of the nurse’s role as:
A. counselor
B. mother surrogate
C. therapist
D. socializing agent

265. The past history of Camila would most probably reveal that her premorbid personality is:
A. schizoid
B. extrovert
C. ambivert
D. cycloid

266. In an extreme situation and when no other resident or intern is available, should a nurse receive telephone orders, the order has to be correctly written and signed by the physician within:
A. 24 hours
B. 36 hours
C. 48 hours
D. 12 hours

267. If it is established that the child is physically abused by a parent, the most important goal the nurse could formulate with the family is that:
A. Child and any siblings will live in a safe environment
B. Family will feel comfortable in their relationship with the counselor
C. Family will gain understanding of their abusive behavior patterns
D. Mother will be able to use verbal discipline with her children

268. Cocaine is derived from the leaves of coca plant; the nurse knows that cocaine is classified as:
A. Narcotic
B. Stimulant
C. Barbiturate
D. Hallucinogen

269. To successfully complete the tasks of older adulthood, an 85 year old who has been a widow for 25 years should be encouraged to:
A. Invest her creative energies in promoting social welfare
B. Redefine her role in the society and offer something and offer something of value
C. Feel a sense of satisfaction in reflecting on her productive life

D. Look to recapture the opportunities that were never started or completed

270. In a therapeutic relationship, the nurse must understand own values, beliefs, feelings, prejudices & how these affect others. This is called:
A. Therapeutic use of self
B. Psychotherapy
C. Therapeutic communication
D. Self awareness

271. While on Bryant's traction, which of these observations of Graciela and her traction apparatus would indicate a decrease in the effectiveness of her traction?
A. Graciela's buttocks are resting on the bed.
B. The traction weights are hanging 10 inches above the floor.
C. Graciela's legs are suspended at a 90 degree angle to her trunk.
D. The traction ropes move freely through the pulley.

272. The nurse notes that the fall might also cause a possible head injury. She will be observed for signs of increased intracranial pressure which include:
A. Narrowing of the pulse pressure
B. Vomiting
C. Periorbital edema
D. A positive Kernig's sign

273. This is a tricyclic antidepressant drug:
A. Venlafaxine (Effexor)
B. Flouxetine (Prozac)
C. Sertraline (Zoloft)
D. Imipramine (Tofranil)

274. The working phase in a therapy group is usually characterized by which of the following?
A. Caution
B. Cohesiveness
C. Confusion
D. Competition

275. Substance abuse is different from substance dependence in that, substance dependence:
A. includes characteristics of adverse consequences and repeated use
B. requires long term treatment in a hospital based program
C. produces less severe symptoms than that of abuse
D. includes characteristics of tolerance and withdrawal

276. Ricky's IQ falls within the range of 50-55. he can be expected to:
A. Profit from vocational training with moderate supervision
B. Live successfully in the community
C. Perform simple tasks in closely supervised settings
D. Acquire academic skills of 6th grade level

277. The mother of a drug dependent would never consider referring her son to a drug rehabilitation agency because she fears her son might just become worse while relating with other drug users. The mother's behavior can be described as:
A. Unhelpful
B. Codependent
C. Caretaking
D. Supportive

278. You teach your clients the difference between, Type I (IDDM) and Type II (NDDM) diabetes. Which of the following is true?
A. both types diabetes mellitus clients are all prone to developing ketosis
B. Type II (NIDDM) is more common and is also preventable compared to Type I (IDDM) diabetes which is genetic in etiology
C. Type I (IIDM) is characterized by fasting hyperglycemia
D. Type II (NIDDM) is characterized by abnormal immune response

279. Lifestyle-related diseases in general share areas common risk factors. These are the following except:
A. physical activity
B. smoking
C. genetics
D. nutrition

280. The following mechanisms can be utilized as part of the quality assurance program of your hospital EXCEPT:
A. Patient satisfaction surveys
B. Peer review to assess care provided
C. Review of clinical records of care of client
D. Use of Nursing Interventions Classification

281. The use of the Standards of Nursing Practice is important in the hospital. Which of the following statements best describes what it is?
A. These are statements that describe the maximum or highest level of acceptable performance in nursing practice
B. It refers to the scope of nursing practice as defined in Republic Act 9173
C. It is a license issued by the Professional Regulation Commission to protect the public from substandard nursing practice
D. The Standards of Care includes the various steps of the nursing process and the standards of professional performance

282. You are taking care of critically ill client and the doctor in charge calls to order a DNR (do not resuscitate) for the client. Which of the following is the appropriate action when getting DNR order over the phone?
A. Have the registered nurse, family spokesperson, nurse supervisor and doctor sign
B. Have 2 nurse validate the phone order, both nurses sign the order and the doctor should sign his order within 24 hours
C. Have the registered nurse, family and doctor sign the order
D. Have 1 nurse take the order and sign it and have the doctor sign it within 24 hours

283. Under the PRC-Board of Nursing Resolution promulgating the adoption of a Nursing Specialty Certification Program and Council, which two (2) of the following serves as the strongest for its enforcement?
(a) Advances made in Science and Technology have provided the climate for specialization in almost all aspects of human endeavor; and
(b) As necessary consequence, there has emerged a new concept known as globalization which seeks to remove barriers in trade, industry and services imposed by the national laws of countries all over the world; and
(c) Awareness of this development should impel the nursing sector to prepare our people in the services sector to meet the above challenge; and
(d) Current trends of specialization in nursing practice recognized by the International Council of Nurses (ICN) of which the Philippines is a member for the benefit of the Filipino in terms of deepening and refining nursing practice and enhancing the quality of nursing care.
A. b & c are strong justifications
B. a & b are strong justifications
C. a & c are strong justifications
D. a & d are strong justifications

284. Knowing that for a comatose patient hearing is the last sense to be lost, as Judy's nurse, what should you do?
A. Tell her family that probably she can't hear them
B. Talk loudly so that Wendy can hear you
C. Tell her family who are in the room not to talk
D. Speak softly then hold her hands gently

285. Which among the following interventions should you consider as the highest priority when caring for June who has hemiparesis secondary to stroke?
A. Place June on an upright lateral position
B. Perform range of motion exercises
C. Apply antiembolic stockings
D. Use hand rolls or pillows for support

286. Salome was fitted a hearing aid. She understood the proper use and wear of this device when she says that the battery should be functional, the device is turned on and adjusted to a:
A. therapeutic level
B. comfortable level
C. prescribed level
D. audible level

287. Membership dropout generally occurs in group therapy after a member:
A. Accomplishes his goal in joining the group
B. Discovers that his feelings are shared by the group members
C. Experiences feelings of frustration in the group
D. Discusses personal concerns with group members

288. Which of the following questions illustrates the group role of encourager?
A. What were you saying?
B. Who wants to respond next?
C. Where do you go from here?

D. Why haven't we heard from you?

289. The goal of remotivation therapy is to facilitate:
A. Insight
B. Productivity
C. Socialization
D. Intimacy

290. Being in contact with reality and the environment is a function of the:
A. conscience
B. ego
C. id
D. super ego

291. Substance abuse is different from substance dependence in that, substance dependence:
A. includes characteristics of adverse consequences and repeated use
B. requires long term treatment in a hospital based program
C. produces less severe symptoms than that of abuse
D. includes characteristics of tolerance and withdrawal

292. During the detoxification stage, it is a priority for the nurse to:
A. teach skills to recognize and respond to health threatening situations
B. increase the client's awareness of unsatisfactory protective behaviors
C. implement behavior modification
D. promote homeostasis and minimize the client's withdrawal symptoms

293. Commonly known as "shabu" is:
A. Cannabis Sativa
B. Lysergic acid diethylamide
C. Methylenedioxy methamphetamine
D. Methampetamine hydrochloride

294. Which of the following gauges should you prepare for spinal anesthesia if the anesthesiologist requires a pink spinal set and a blue spinal set as backup?
A. Gauges 16 and 22
B. Gauges 18 and 16
C. Gauges 16 and 20
D. Gauges 25 and 22

295. Discharge plans of diabetic clients include injection site rotation. You should emphasize that the space between sites should be:
A. 6.0 cm.
B. 5.0 cm.
C. 2.5 cm.
D. 4.0 cm.

296. Which of the ff. colors would you expect a tank containing nitrous oxide (laughing gas) to have, based on the universally-accepted color codes?
A. Red
B. Blue
C. Green
D. Orange

297. From an ECG reading, a QRS Complex represents:
A. Atrial depolarization
B. Ventricular repolarization
C. Ventricular depolarization
D. End of ventricular depolarization

298. Diego is undergoing blood transfusion of the first unit. The earliest signs of transfusion reactions are:
A. Oliguria and jaundice
B. Urticaria and wheezing
C. Headache, chills, & fever
D. Hypertension and flushing

299. Your alertness to both the physical and emotional needs of clients is based on which of the following philosophical frameworks?
A. There is a basic similarity among human beings.
B. All behavior has meaning for communicating a message or need.
C. Human beings are systems of interdependent and interrelated parts.
D. Each individual has the potential for growth and change in the direction of positive mental health.

300. Soledad is terminally ill of cancer. Looking sad, she expresses, *"Wala na yata akong pag-asang mabuhay pa."* A response which fosters hope is:
A. "Gagaling din po kayo. Huwag po kayong mag-alala."
B. "Lakasan ang loob ninyo. Lahat naman po tayo ay doon ang patutunguhan."

C. *“Mukhang napakabigat and dinadamdam ninyo. Andito po ako at puwede tayong mag-usap.*
D. *“Huwag po ninyong isipin ang sakit ninyo. Bale wala yon. Andito naman ako para makausap ninyo.”*

ANSWER KEY

1. B. Client seated upright in bed or on a chair then leaning forward in sitting position then flat on his back and on his abdomen
2. C. Amount of fluid intake of client before and after the procedure
3. C. Teaching the client’s relatives to perform the procedure
4. B. Client can tolerate sitting and lying positions
5. B. Percussion delivers cushioned blows to the chest with cupped palms while vibration gently shakes secretion loose on the exhalation cycle
6. D. Do a physical examination while asking the client relevant questions
7. C. anger
8. A. Beneficence
9. A. Assessment
10. A. nurses manage collaborative problems using physician-prescribed interventions.
11. A. Hold urine as long as she can before emptying the bladder to strengthen her sphincter muscles
12. C. loss of tone of the smooth muscles of the colon
13. D. prolonged use of laxatives
14. C. the distance from the tip of the nose to the tip of the ear lobe
15. C. Pump the cuff to around 50 mmHg above the point where the pulse is obliterated
16. D. Detect oxygen saturation of arterial blood before symptoms of hypoxemia develops
17. A. Distributive
18. A. Intravenous
19. C. higher than what the reading should be
20. B. 30 minutes
21. C. Cover the fingertip sensor with a towel or bedsheet
22. D. inflated to 30 mmHg above the estimated systolic BP based on palpation of radial or brachial artery

23. B. blood should be warmed to room temperature for 30 minutes before blood transfusions is administered
24. D. 1 tsp of salt/day but no patis and toyo
25. A. X-ray
26. A. Cigarette smoking
27. A. 10-15 seconds
28. A. Fifth intercostal space, midclavicular line
29. A. Stroke volume
30. B. Patches may be applied to distal part of the extremities like forearm
31. B. The internal diameter of the tube
32. B. Withdrawing of the suction catheter
33. A. Separate the upper and lower airway
34. D. Risk for infection
35. D. Keep the patient clean and dry
36. D. Laissez Faire
37. A. Autocratic
38. A. Planning
39. B. Evaluating
40. A. Philosophy
41. C. Next of Kin
42. D. Durable Power of Attorney
43. B. Stay with Mang Carlos and do nothing
44. B. Patient's Bill of Rights
45. C. 15 minutes
46. A. Review of related literature
47. D. Pilot Study
48. A. Effective Nurse-patient communication
49. C. Anxiety level
50. C. Applied research
51. D. There is a careful selection of subjects in the experimental group
52. B. is assigning the responsibility to the aide but not the accountability for those tasks
53. C. collective bargaining
54. B. In-service education
55. A. R.A 9173
56. C. Prudence
57. C. Mitigating
58. A. Autonomy
59. C. Because the patient's right coincide with the nurse's responsibility
60. D. Those involved in medical mission who's services are for free
61. A. Autonomy
62. A. Accountable
63. C. A registered nurse is responsible for a group of patients from admission to discharge
64. A. Functional Method
65. A. Raise the side rails, cover, put the call bell within reach, and attend to the client in pain to give the PRN medication
66. D. Put the bed in the lowest position ever
67. B. 90 °
68. C. It forces the medication to be contained at the subcutaneous tissues

69. A. Not universally accepted abbreviations
70. A. Inspection, Auscultation, Percussion, Palpation
71. A. Broaden the space between the feet
72. A. At the level of the heart
73. D. Conduction
74. D. Handwashing
75. B. Natural passive immunity
76. C. I must choose another doctor if I withdrew from this research
77. C. The water fluctuates during inhalation of the patient
78. B. Alcoholize the self sealing port, obtain a sterile syringe and draw the specimen on the self sealing port
79. B. Screening patients for hypertension
80. D. Immunization
81. A. Orthopnea
82. D. Physiologic needs that are life threatening
83. A. Psychological preparation of the client
84. C. Owned by the hospital and should not be given to anyone who request it other than the doctor in charge
85. A. Promoting and maintaining the health of populations and preventing and minimizing the progress of disease
86. A. restoring maximum health function.
87. B. Gives quality nursing care
88. D. Double effect
89. B. Telehealth program
90. C. Psychomotor

91. D. wellness program
92. C. Cold compress prevents edema and reduces pain
93. C. Increase oxygenation to the injured tissues for better healing
94. B. Disclosure
95. B. Feasibility
96. D. Mean
97. B. Within 24 hours after discharge
98. C. Quasi-Legislative Power
99. C. The Size and Contour of the breast
100. C. BSE Once a month
101. A. Most frequently in nurses with needlesticks
102. B. Intense back pain
103. A. Soften and efface the cervix
104. C. Sperm can no longer reach the ova, because the fallopian tubes are blocked
105. C. a couple has been trying to conceive for 1 year
106. B. between 2 deg C and +8 deg C
107. A. Measles vaccine
108. C. Hepatitis B vaccines
109. B. Nursing Health History and Assessment Worksheet
110. B. Graphic Flow Sheets
111. D. Medicine and Treatment Record
112. D. Nursing Kardex
113. A. Discharge Summary
114. D. Accurate documentation of actions and outcomes
115. B. Nursing Specialty Certification Council
116. A. Urgent referral
117. A. 40
118. C. Severe Dehydration
119. D. Difficulty to awaken
120. A. is there any fever?
121. D. Go to the next question, check for malnutrition
122. A. 1,000 ml to 1,400 ml be given within 4 hours
123. C. Acute Ear Infection
124. D. Very severe disease
125. A. Pneumonia and larynigotracheitis
126. D. Flushing sensation is felt as the dye in injected
127. D. 332.5
128. C. Pustule
129. A. Community Organizing
130. C. Occupational health nursing
131. B. Health threat
132. D. The pressure of the gravid uterus will exert additional force thus, increasing the blood loss in the LE.
133. C. It will contribute to additional bone demineralization
134. B. BCG Vaccine can be given to a child with Hepatitis B
135. C. When she’s 3 years old
136. D. Early feeding to speed passage of meconium
137. B. an essential and indispensable equipment of the community health nurse
138. B. It saves time and effort of the nurse in the performance of nursing procedures
139. D. The inside surface
140. D. Two, plus “mama” and “papa”

141. C. Circulating nurse
142. C. Nurse Manager
143. B. Scrub nurse
144. C. Anaesthesiologist
145. D. Radiology department
146. D. Assess respiratory rate carefully
147. D. When the medical record is inaccurate, incomplete, and inadequate
148. D. Department of Health (DOH)
149. D. Medical records section
150. D. Practice respiratory isolation
151. D. Implement a regular maintenance and testing of alarm systems
152. A. Check the functionality of the pump before use
153. B. Surgeon, assistants, scrub nurse, circulating nurse, anesthesiologist
154. B. Nurse Supervisor
155. D. Communication
156. D. Seek early treatment for respiratory infection
157. B. Hypothyroidism
158. A. Gag reflex

159. C. Urinary frequency
160. A. Apply liberal amount of mineral oil to the area
161. C. Eat balanced meals at regular intervals
162. A. Increased weight
163. A. Increase the irrigating solution flow rate when abdominal cramps is felt
164. B. Sensation of pressure
165. D. Left Sim's position
166. B. Side-lying position
167. C. Permanent colostomy
168. A. It is an incision into the colon to create an artificial opening to the exterior of the abdomen
169. D. Proctosigmoidoscopy
170. C. blood in the stools, anemia, and "pencil shaped" stools
171. D. Red, moist and slightly protruding from the abdomen
172. D. Mild soap and water
173. B. Hangs the irrigating bag on the bathroom door cloth hook during fluid insertion
174. C. General population
175. B. Using standardized list of abbreviations, acronyms, and symbols
176. B. Hypothermia
177. C. Drain fluids and blood accumulated post operatively
178. C. lying prone with the head of the bed lowered 15-30 degrees
179. A. to rule out pneumothorax
180. A. hemorrhage
181. B. Prone with the head on pillow and turned to the side
182. B. offer soft foods for a week to minimize discomfort while swallowing
183. A. Avoid taking BP or blood sample from the arm with the shunt
184. A. Recommend protein of high biologic value like eggs, poultry and lean meats
185. A. E. Coli
186. B. ambulate more
187. C. Epidermis and dermis are both damaged
188. C. hyperkalemia and hyponatremia
189. D. Use Canvas shoes
190. D. Report the incident to your supervisor
191. C. Report the matter to your supervisor
192. C. Bring the crash cart to the room
193. B. Hangs the irrigating bag on the bathroom door cloth hook during fluid insertion
194. B. Mitigation
195. D. Defusion
196. C. Rescue
197. A. Administer bowel softener
198. B. increased venous outflow
199. B. Erythema
200. D. Mentation
201. C. Miss, Use a pick up forceps when picking up those breads
202. A. 18
203. A. Check with another R.N the client's name, Identification number, ABO and RH type.
204. C. NSS
205. B. Stop the infusion, Assess the client, Send the remaining blood to the laboratory and call the physician
206. C. 4 hours
207. A. Stay with the client for the first 15 minutes of blood administration
208. B. A tracheostomy set and oxygen
209. D. Support the patient's head and neck with pillows and sandbags.
210. D. Tetany
211. B. Calcium gluconate
212. D. removal of the patients clothing and jewelry and then rinsing the patient with water
213. B. colloidal (oatmeal)

214. D. aspirin
215. C. Third degree burn
216. A. I and O hourly
217. D. Fluid Resuscitation
218. B. Hyperkalemia
219. D. U wave
220. A. IV
221. D. Chemical
222. D. Sulfamylon
223. B. random layering of collagen
224. A. case study
225. C. Audio-visual recording
226. A. Nurse's own beliefs and attitude about the mentally ill
227. A. Self-awareness

228. B. Counter Transference
229. C. Listening
230. B. Moderate
231. B. Persistent thoughts and behavior
232. D. You are Maria Salvacion
233. C. Religious delusion
234. A. Thought content
235. B. Delusion
236. A. Psychotherapy
237. C. Crisis
238. B. Neurotic disorders
239. A. Risk for injury
240. B. Risk for injury directed to others
241. D. Offer sealed foods
242. B. Autonomy vs. Shame and Doubt
243. A. The same sex
244. C. Situational crisis
245. A. Active and Directive
246. D. Generativity vs. Stagnation
247. A. Numbness, anger, resolution and reorganization
248. A. Dilated pupils
249. C. Suicide precaution
250. A. Thiamine
251. A. Paraparesis
252. A. Serotonin
253. A. temporal
254. B. General Anesthesia
255. A. Transient loss of memory, confusion and disorientation
256. B. Mainly Biologic, increasing the norepinephrine and serotonin level
257. D. Risk for injury
258. A. I'll be back in an hour
259. B. All depressed clients are considered potentially suicidal
260. A. Marijuana
261. B. Orientation
262. C. "What makes you feel you're worthless?"
263. D. communication skills
264. B. mother surrogate
265. A. schizoid
266. A. 24 hours
267. A. Child and any siblings will live in a safe environment
268. A. Narcotic
269. C. Feel a sense of satisfaction in reflecting on her productive life
270. D. Self-awareness
271. A. Graciela's buttocks are resting on the bed.
272. B. Vomiting
273. D. Imipramine (Tofranil)
274. B. Cohesiveness
275. D. includes characteristics of tolerance and withdrawal
276. D. Acquire academic skills of 6th grade level
277. B. Codependent
278. B. Type II is more common and is also preventable compared to Type I diabetes which is genetic in etiology
279. C. genetics
280. D. Use of Nursing Interventions Classification
281. D. The Standards of Care includes the various steps of the NP and the standards of professional performance
282. B. Have 2 nurse validate the order, both nurses sign the order and the doctor should sign his order within 24 hrs
283. B. a & b are strong justifications
284. D. Speak softly then hold her hands gently
285. B. Perform range of motion exercises
286. D. audible level

287. C. Experiences feelings of frustration in the group
288. B. Who wants to respond next?
289. A. Insight
290. B. ego
291. D. includes characteristics of tolerance and withdrawal
292. D. promote homeostasis and minimize the client's withdrawal symptoms
293. D. Methampetamine hydrochloride
294. According to the universally accepted color codes, gauge 16 is white, gauge 18 is pink, gauge 20 is yellow, gauge 22 is black, and gauge 25 is orange. Since the PRC did not follow the codes, the closest answer is B. Gauges 18&16.
295. C. 2.5 cm.

296. B. Blue
297. C. Ventricular depolarization
298. C. Headache, chills, & fever
299. A. There is a basic similarity among human beings.
300. *C. “Mukhang napakabigat and dinadamdam ninyo. Andito po ako at puwede tayong mag-usap.*