Recalls 7 Ratio Complete

BS Nursing (Angeles University Foundation)



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NP1-NP3 Julianne Anika C. Lupisan

NP3-NP5 Pamella M. Cordero

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Recalls 7 NP1

Situation
Quality documentation and reporting are necessary to enhance efficient, individualization patient care. Nurse Tara is assigned to Darren who is diagnosed with diabetes mellitus for 10 years and has not be compliant to his medications and diet.

1. Nurse Tara is aware that a record should contain descriptive, objective observations about what the nurse sees, hears, feels and smells. The following describes what a record ought to be:
A. Darren is uncooperative as manifested by his refusal to take a bath
B. Darren appears depressed.
C. Darren is anxious as manifested by his tossing in bed and disarrayed beddings
D. Patient states, "I wish to end my life" – as verbalized, no judgement

2. When documenting the intake-output of Darren, Nurse Tara should remember that she must use precise measurements to ensure accuracy. Which of the following reflects accuracy?

1. Darren drank an adequate amount of fluid during the shift.

2. Darren's intake during the shift is 360 ml.

3. Darren's wound is 3 cm in length.

4. Darren's wound is large and gaping.
A. 1 and 3
B. 2 and 3 – should be specific or has measurement
C. 3 and 4
D. 1 and 4

3. Another guideline for good documentation and reporting that Nurse Tara recalls is about completion. When Nurse Tara administers medications, the following should be included, EXCEPT:
A. Any preliminary observations
B. Preliminary observations
C. Patient's response
D. Nursing measure taken for negative response

4. Nurse Tara is making a discharge plan. The items she needs to document and report should include, EXCEPT:
A. Needs for referrals
B. Nurses' observations
C. Client's involvement in the care plan
D. Patient's goals or expected outcomes

5. Nurse Tara is ethically obligated to information about client's illness and treatment confidential. The person who has the legitimate access to the patient's record is the ___.
A. Husband
B. Primary nurse
C. attending doctor

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D. patient

Situation
Nurse Adam is assigned in the out-patient department. He admits Esther, 28 years old, who is complaining of moderate to severe abdominal pain over the right iliac region for the last 2 days. This is accompanied by frequent urination.

6. The FIRST STEP that nurse Adam should do is to _____.
A. Percuss the abdomen
B. Get the vital signs
C. Palpate the right iliac region
D. Interview Esther

7. An important added data that Nurse Adam should have if he is thinking of a urinary problem is
A. Presence of blood in the urine - Hematuria
B. Presence of pain on urination
C. When the pain appears whether at the start or end of urination
D. Frequency, amount and burning sensation on urination
↑UO = DI, DM
↓UO = SIADH, Shock, Burns

8. An important added data that nurse Adam should ask Esther, should we consider the presence of a gynecological problem is _____.
A. Date of menarche
B. Date of last menstrual period
C. Her age and civil status
D. Occupation

Ectopic Pregnancy – One sided pain

9. An important added data that Nurse Adam should ask Esther, should we consider the existence of a surgical problem is _____.
A. Fever - Infection
B. Vomiting - GI
C. constipation - GI
D. character of pain

10. There are two important laboratory examinations that could validate Nurse Adam' presumptions on the case which are _____.
A. CBC and stool examination - GI
B. Urinalysis and CBC
C. Stool and urine examinations - GI
D. Urinalysis and vaginal examinations – NO IE

Situation
Nurse Leah has just passed the Nursing Licensure Examination. She needs to refresh herself regarding the law that governs the practice of nursing in the Philippines.

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11. By virtue of section 16 of the Philippine Nursing Law, the first step she needs to do after passing the Nursing Licensure Examination is to _____.
A. Take the oath of the profession before the Professional Regulatory Board of Nursing
B. Apply for the Certificate of Registration/Professional License
C. Get an official copy of her board rating from the PRC office
D. Apply for a Professional Identification Card

12. Which government body has the power to revoke or suspend Leah's certificate of registration/professional license, should she commit unprofessional and unethical conduct in the future?
A. Professional Regulatory Board of Nursing
B. Philippine Nurses Association
C. Professional Regulation Commission
D. Commission on Higher Education

13. What Nursing Republic Act should Nurse Leah refer too?
A. RA 9371
B. RA7164
C. RA 7664
D. RA 9173

14. Since she needs to work in a hospital to get hospital experience, which part of the Nursing Law should Leah focus for her safe practice as a novice nurse?
A. Scope of Nursing Practice
B. Nursing Research
C. Nursing Education
D. Nursing Personal System

15. When Leah eventually gets employed in the hospital, she will initially be required to utilize which of the following in rendering care to her clients?
A. Traditional and innovative approaches
B. Therapeutic use of self
C. Health teachings
D. Nursing process

Situation
Ben, 15 years old, has been complaining of sleep disturbance for the past 3 weeks. He related that he feels weak and has no vigor in doing his school work. He is brought to hospital for specialization.

16. As his attending nurse, what will be the best question to ask in order to find out Ben's cause of sleep disturbance?
A. "Could you tell me what you feel about school work?"
B. "Is there something or anyone who is bothering you in school?"
C. "Could you share with me any major problems that you have encountered in school?"
D. "What is bothering you in school?" – Open-ended

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17. The nursing diagnosis appropriate for Ben is _____.
A. Insomnia
B. Sleep deprivation related to problems in school
C. Disturbed sleep pattern related to school problem
D. Readiness for enhanced sleep

18. In order to help Ben go to sleep, what simple and inexpensive nursing intervention can the nurse provide considering the type of room Ben is confined in?
A. Room should be well ventilated
B. Light should be dimmed at specific time
C. Putting on the air conditioning unit
D. Putting on dark-colored curtains

19. If Ben cannot sleep immediately, which of the following can be provided by the nurse?
A. A glass of warm milk
B. A bedside story – Not age appropriate based on situation
C. a sleeping pill
D. a warm bed bath

Warm Milk	Warm Bed Bath
Milk's sleep-promoting properties might be due to the amino acid tryptophan. Tryptophan plays an important role in the production of serotonin and melatonin.	Water-based passive body heating (PBHWB) as a warm shower or bath before bedtime is often recommended as a simple means of improving sleep.
Binks, H., Vincent, G. E., Gupta, C., Irwin, C., & Khalesi, S. (2020). Effects of diet on sleep: A narrative review. *Nutrients, 12*(4), 936. https://pubmed.ncbi.nlm.nih.gov/32230944/ Friedman, M. (2018). Analysis, nutrition, and health benefits of tryptophan. International Journal of Tryptophan Research: IJTR, 11, 1178646918802282. https://pubmed.ncbi.nlm.nih.gov/30275700/	Haghayegh, S., Khoshnevis, S., Smolensky, M. H., Diller, K. R., & Castriotta, R. J. (2019). Before-bedtime passive body heating by warm shower or bath to improve sleep: A systematic review and meta-analysis. *Sleep Medicine Reviews* (46), 124–135. https://pubmed.ncbi.nlm.nih.gov/31102877/

20. In terms of nursing care, the BEST help that the nurse can do is to _____.
A. Avoid giving round the clock medications
B. Refrain from clutter at the nurse's station
C. Omit vital sign tasking during the sleeping time of Alex
D. Tone down nurse's voice - ↓Stimulus

Situation
Simon, 66 years old, a foreigner, was admitted to the hospital due to high fever for five days. His temperature on admission was 37.5 'C with flushed and warm to touch skin. Nurse Celine, who is his attending nurse, gave him a cool sponge bath.

21. Cool sponge bath is an independent intervention of nurse Celine aimed at _____.
A. Alleviating discomforts of client Simon

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B. Generalizing full sponge bath care to client Jimmy get hospital admission policy
C. Diverting the temperature of client Simon - Heat loss through conduction and vaporization
D. Normalizing the vital signs of client Simon

22. The independent nursing intervention to reduce temperature of client Simon include which of the following? Select all that apply.

1. Monitor temperature regularly

2. Offer only cold drinking water frequently – Adequate fluid intake

3. Provide tepid sponge bath

4. Administer Paracetamol every 4 hours - Dependet

5. Encourage wearing loose cotton clothing
6. Cover with thick blankets to stimulate sweating

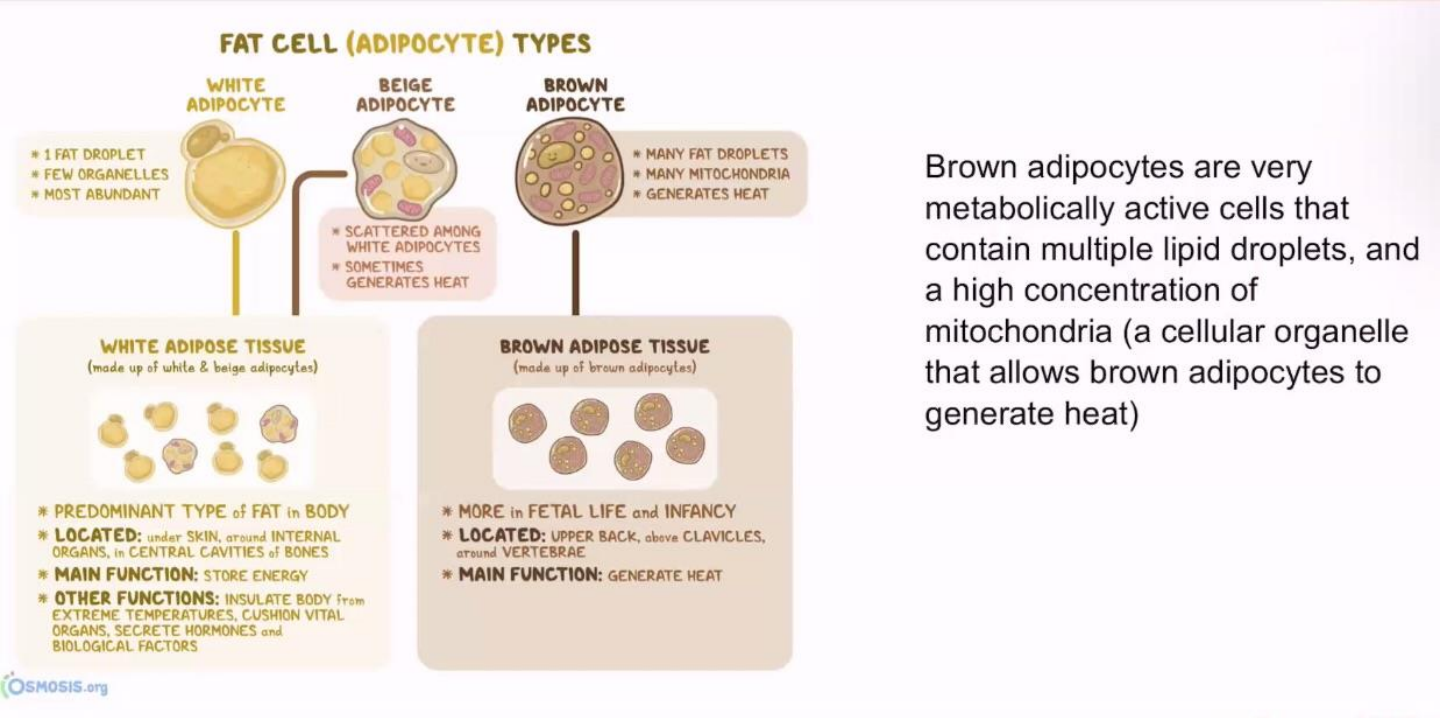
A.1,3,5
B.1,5,6
C.2,4,6
D. 2, 3, 4

23. Client Simon wishes to know his present temperature in Farenheit. Nurse Celine's answer is which of the following?
A. 102.2F
B. 101.3F
C. 100.4F
D. 99.5F

24. Client Simon complains of severe chilly sensation. What regulatory function of the hypothalamus describes his reaction?
A. heat production –
Chills, shivering → ↑BMR
Vasoconstriction of the peripheries
B. heat promotion
C. heat adaptation
D. heat conversation

25. After client Simon's body temperature stabilized to normal, he began to complain of feeling hot and finds difficulty of adjusting to the climate two days after. What is the APPROPRIATE answer to Nurse Celine?
A. "Foreigners cannot adjust to hot temperatures"
B. "People from cold regions have less brown adipocytes"
C. "Those who lived in cold places have lower metabolic rate than those who live in tropical region"
D. "People from cold regions have more brown adipocytes"

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26. Nurse Celine develops patient safety goals. What nursing goal is APPROPRIATE for safety environment? Select all that apply.

1. Reduce the risk for patient harm resulting from falls

2. Create a clean, orderly environment of patient

3. Prevent high concentration drug errors

4. Develop clean and simple signage for directions

A. 1, 2 & 3
B. 1, 2 & 4
C. 2, 3 & 4
D. 3 & 4

27. Nurse Celine should prevent or reduce infectious agents PRIMARILY through the following practices. Select all that apply.

1. Clean the room with antiseptic(For tissues) solutions - Disinfectant

2. Proper garbage disposal

3. Mandatory hand washing upon entry to hospital

4. Improve safety administration of medicines

A. 1, 2 & 3
B. 2, 3 & 4
C. 1 & 3
D. 1 & 4

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28. Nurse Celine must comply with the policies of health care facilities regarding isolation precautions. The BASIC precaution in the hospital is _____.
A. posting of signs of silence – Not isolation/infection precautions
B. limited visitors who are within the patient's age – Not isolation/infection precautions
C. private room placement
D. strict utilization of personal things

29. Nurse Celine includes air-borne precautions in addition to Standard Precautions to be observed at all times. These include, EXCEPT _____.
A. positioning and draping of patients
B. hand washing techniques
C. wearing of masks and gloves
D. limited patient transport



30. To protect spreading infection from one patient to another, Nurse Celine must not forget to wash her hands _____.
A. before and after making rounds and endorsement of all clients
B. before and after performing procedures and in between patient care
C. twice before and after all the procedures are done to all the clients
D. apply alcohol before and after performing procedures to all patients

Situation
Client Arvie, 33 years old, is known for his asthma attacks. His asthma attacks commonly occur at the change of climate in his hometown. He was just wearing a "sando" {sleeveless shirt} and short pants when he was admitted to the hospital.

31. What will be Nurse Chard's PRIORITY INTERVENTION?
A. Put him near the electric fan to assist him in breathing
B. Ask him what triggered his attack this time
C. Place him in a comfortable environment

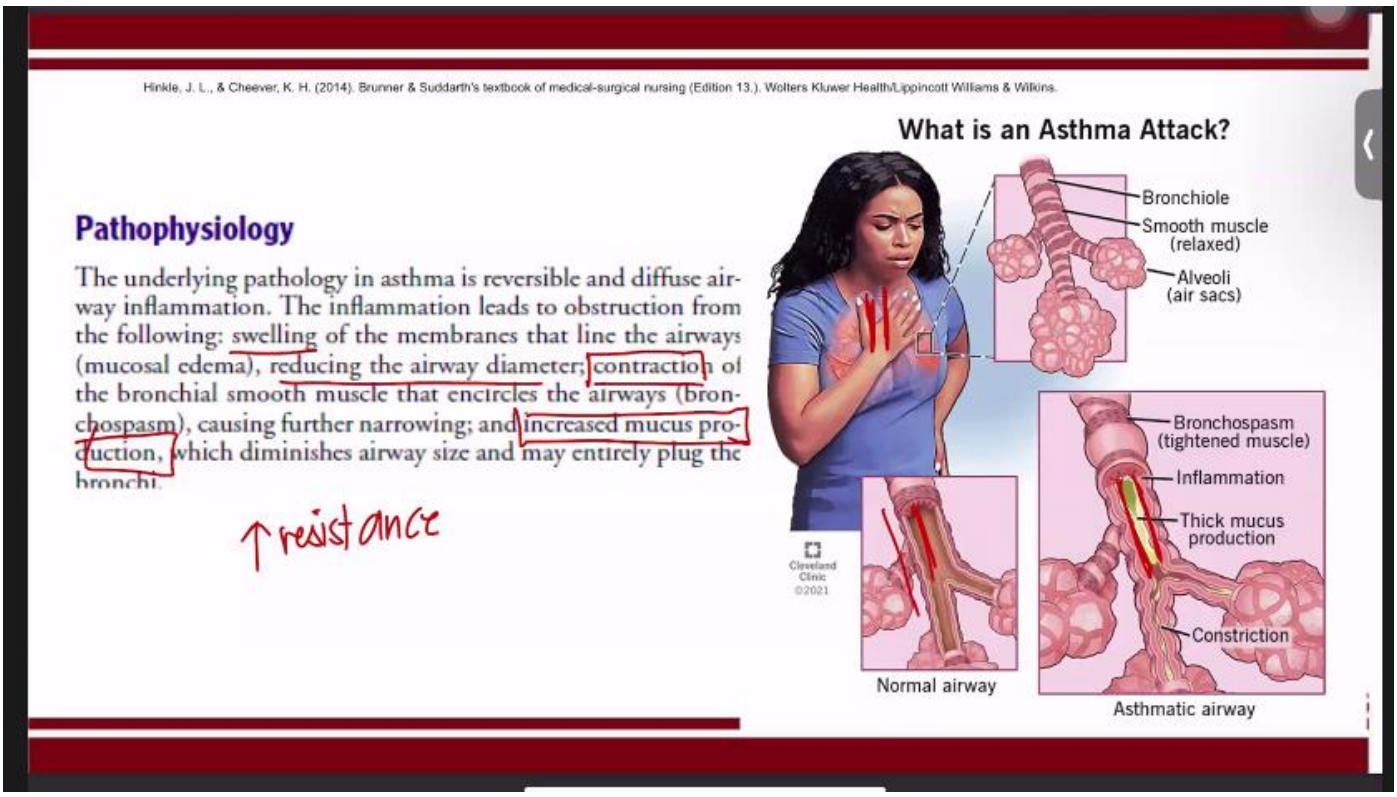
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D. Put him near the nurse's station so that he could be assessed often

32. What particular important vital sign should Nurse Chard monitor and report to the physician?
A. Respiratory rate
B. blood pressure
C. Cardiac rate
D. Pulse rate

33. Client Arvie knows that he will be given decongestant through inhalation. What will be the instruction of Nurse Chard? That he should breathe and that the nozzle of the NEBULIZER should be MAINLY near his _____.
A. Nose only
B. Face
C. Mouth only
D. Nose and mouth – Mask

34. Respiratory function is altered in clients with asthmatic attack. Which of the following is the cause of this alteration that Nurse Chard should understand in order for him to make a good nursing care plan?
A. Narrowing of the upper air passages
B. Increased airway resistance
C. Inadequate surfactant reaction
D. Paradoxical movements of the chest wall



35. An important health teaching that Nurse Chard must give before client Arvie's discharge is _____.
A. To avoid "sando" and shorts, if the weather is cold
B. to use attire he is presently wearing only during summer time
C. to watch out for climate change and unnecessary exposure to elements of the environment that trigger his asthma attacks

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D. to be careful always because constant asthma attacks can trigger complication and death

Situation
Aurora underwent mastectomy of her right breast. After surgery, she was instructed to have range of motion exercises

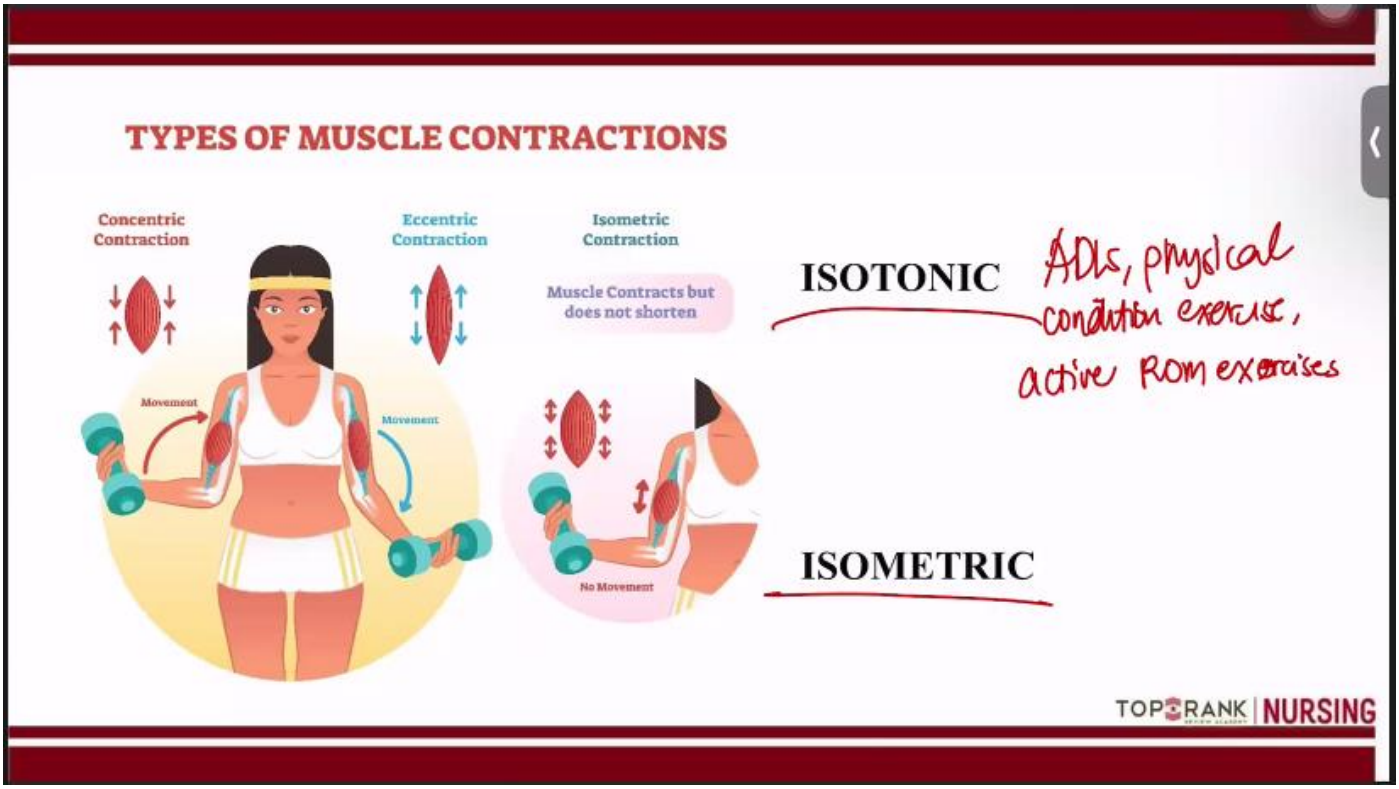
36. What is the main purpose of this type of exercise for Aurora? It is to _____.
A. prevent pain on the site of operation
B. prevent contracture deformity of the muscle of the right arm and chest
C. improve general circulation
D. improve breathing

1. ↑circulation + muscle strength

2. prevent joint stiffness + contractures

3. restore full ROM

37. The isotonic exercise such as Range of Motion exercises are those that are initiated by the _____.
A. patient
B. physician
C. nurse
D. relatives of the patient



38. Aurora needs some physical activity after operation MAINLY to improve healing of which parts of the body? Select all that apply.

1. Skeletal 2. Integumentary

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3. Respiratory 4. Muscular
A. 1 only
B. 4 only
C. 1 and 4
D. 2 and 3

39. A good example of isotonic exercise for Aurora's arm are the following, EXCEPT _____
A. combing the hair
B. brushing teeth
C. dressing up
D. closing and opening hand

40. When doing a range of motion exercise, it is important for the nurse to observe Aurora's _____.
A. Temperature
B. Color of the skin - Circulation
C. Blood pressure
D. Respiratory rate

Situation
One of the thrusts of management is to encourage more nurses to do research in order to contribute to the improvement of the nursing practice in their work setting. A group of nurses decided to conduct a study entitled, "Effects of Zumba as a form of exercise in promoting wellness among the health providers in the hospital setting."

41. Which of the following is the independent variable in this study?
- Causes/Intervention to be manipulated
A. Exercise
B. health care providers
C. zumba
D. wellness

42. Which is the dependent variable?
- Nagbabago kapag may intervention
A. health provider
B. wellness
C. exercise
D. effects

43. The research design of the study is _____
A. quasi-experimental – Control, Manipulation
B. experimental
C. qualitative
D. descriptive

44. In the cause-and-effect relationship, which is the independent variable?
A. Population
B. Effect

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C. Relationship
D. Cause

45. Which of the following is the appropriate operational definition of wellness? Wellness is the state of well-being of the participants in Zumba on their _____
A. social stability
B. spiritual growth
C. physical health
D. mental balance

SITUATION
Some teachers in an elementary school reported that a high proportion of children's packed lunches contain hotdog or 'tocino', sweetened drinks and potato chips. School Nurse Victoria plans to conduct health education classes among parents on "How to make healthy lunches and why it is important"

46. For this activity, Nurse Victoria considers using the behavior change approach to encourage parents to adopt healthy behaviors that will lead to improve health. This approach is popular because of the following reasons. Select all that apply.

1. Views health as property of individuals

2. Sees people as having the capacity to change their lifestyle

3. Assumes that if people do not act on their health, they suffer the consequences

4. Does not consider the social and environmental factors in which people live

A. 1, 2, 3
B. 2, 3, 4
C. 3 and 4
D. 1 and 2

47. Nurse Victoria finally plans to conduct parent's classes using the educational approach. This approach is intended to ____. Select all that apply.

1. Provide information

2. Develop the necessary skills

3. Provide change to a particular direction

4. Help people make an impulsive choice

A. 1 and 2
B. 1, 2, and 3
C. 2, 3, and 4
D. 2 and 3

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48. To start the health education class and to get the parent's active participation, which of the following is the BEST question to ask?
A. "Did you cook your child's lunch today?"
B. "Who among you have kids who are underweight?"
C. "Can you explain the "Plate Method"?"
D. "What food do you usually prepare to your kids lunch?"

49. The educational approach to health education states that learning involves three aspects. Which of the following is NOT included?
A. Cognitive
B. Affective
C. Psychomotor
D. Behavioral

50. Since your participants are adult parents, which of the following are appropriate strategies? Select all that apply.

1. Role playing

2. Group sharing

3. Demonstration

4. Return demonstration

A. 2 and 3
B. 2 and 4
C. 1, 2, 4
D. 1, 2, 3

SITUATION
Safety in any health agency is a must. Nurse Amy wants this to maintain in her unit.

51. The nursing process facilitates an understanding of the scope of challenges inherent in nursing care of clients at risk for _____ EXCEPT:
A. Infection
B. Suicide
C. Restraint
D. Injury

52. The clients at risk require re-assessment of their status on _____
A. shift basis – re-assessment is done
B. daily basis – 24-48 hrs after admission; status changes
C. as necessary basis
D. injury

53. When a patient is placed in a bed rest, the nurse must watch which part of the body most?

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A. Liver
B. Head
C. Legs
D. skin – Bedsores turn q 2h

54. The Nursing Practice Standards which Nurse Amy must let her staff follow includes, EXCEPT _____.
A. use a multidisciplinary approval to enhance client safety as indicated – Time consuming and unnecessary
B. implement emergency measures during fires and disasters
C. risk elements should not be modified
D. use infection control practices that prevent or control transmission of the pathogens

SITUATION
Applying therapeutic communication skills is vital in the nurse-client relationship.

55. Which of the following is the BEST SEQUENCE of communication techniques to use during an assessment interview? Begin with _____.
A. giving a broad opening and move to asking focused questions
B. Giving information and move to asking focused questions
C. Asking focused questions and close-ended questions
D. providing information and proceed to stating observations

56. You are caring for Malou, sixteen years old, suffering from acute leukemia. You want to actively listen to her concerns and understand her meanings. You know that active listening is used to _____.
A. Treat patient's medical problems
B. Recognize the issue that is most important to the client
C. Help the patient become dependent to the nurse in addressing his concerns
D. Make conclusions regarding client's perception

57. You ask your newly admitted patient, "What can we do to help you?" You know that this open-ended question will _____.
A. result in specific information from the patient
B. allow patient to elaborate on his response
C. allow patient to briefly answer question
D. put the patient at ease

58. As you listen to a patient, you need to provide feedback that is _____.
A. behavior-focused and evaluative
B. well-timed and general
C. general and content-focused
D. well-timed and content-focused

59. Which of the following statements is TRUE in relation to the use of humor?
A. Humor should focus on the client's humanity
B. Humor is used to build rapport
C. Constant use of humor can be healing

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D. Laughter increases neurotransmitters

SITUATION
Mr. BC is confines in the ICU in a provincial hospital for some complications of his type II diabetes. He is edematous and complained of severe chest pain. His vital signs are: BP160/98, temperature 37.2C; PR-90 bpm; RR- 30 bpm

60. The order of the physician is for immediate intubation. For the priority equipment, supplies and material to be used for the procedure, the nurse should collaborate with the _____.
A. operating room
B. central supply unit
C. anesthesia department
D. emergency department

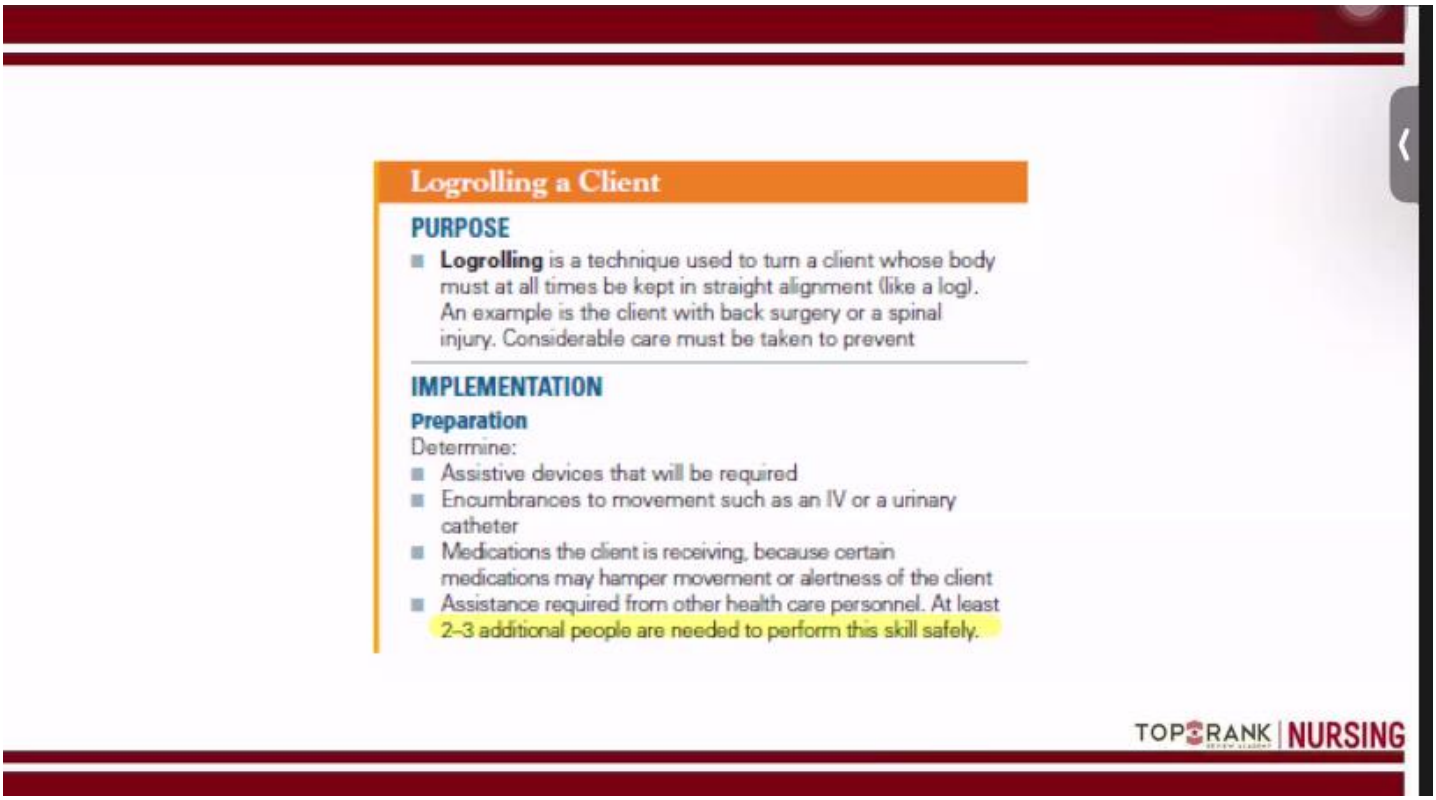
61. Morning care had to be done by the _____
A. nursing student
B. all the options
C. staff nurse – carrying out orders, medications
D. nursing aide

62. In as much as you have not been trained in initiating Intravenous infusion, who among the following cannot also do it?
A. charge nurse
B. staff nurse
C. nursing aide
D. physician

63. Turning Mr. BC every two hours would be difficult if you do it alone. In order to keep the patient safe, the most number of nurse who can team up with you will be _____
A. Four
B. One
C. Two
D. Three

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64. If Mr. BC would be for dialysis and you need to bring him to the dialysis unit, who among the following, could be the best to help you wheel him to the area? A _____.
A. institutional worker
B. member of the family
C. physician
D. nurse aide

SITUATION
Thea, 15 years old, and a high-school student, visited the clinic because she suspects that she is pregnant. Her pregnancy is confirmed by the school physician. Thea requested nurse Zenaida not to tell her parents about her being pregnant. She also expressed desire to terminate her pregnancy.

65. Which of the following ethical concepts apply to patient Thea's case?
A. Bioethics – ethics Related to life
B. Deontology – Morality is not equal to consequences; emphasizes on duty means rationality
C. Teleology – consequences dictates right or wrong
D. Intuitionism – people inherently know what is right or wrong

66. Nurse Zenaida should be guided by the steps in helping Thea make an ethical decision. Sequence the steps below.

1. Gather data

2. Make decision

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3. Identify and clarify the ethical problem

4. Act and assess the outcomes of decisions

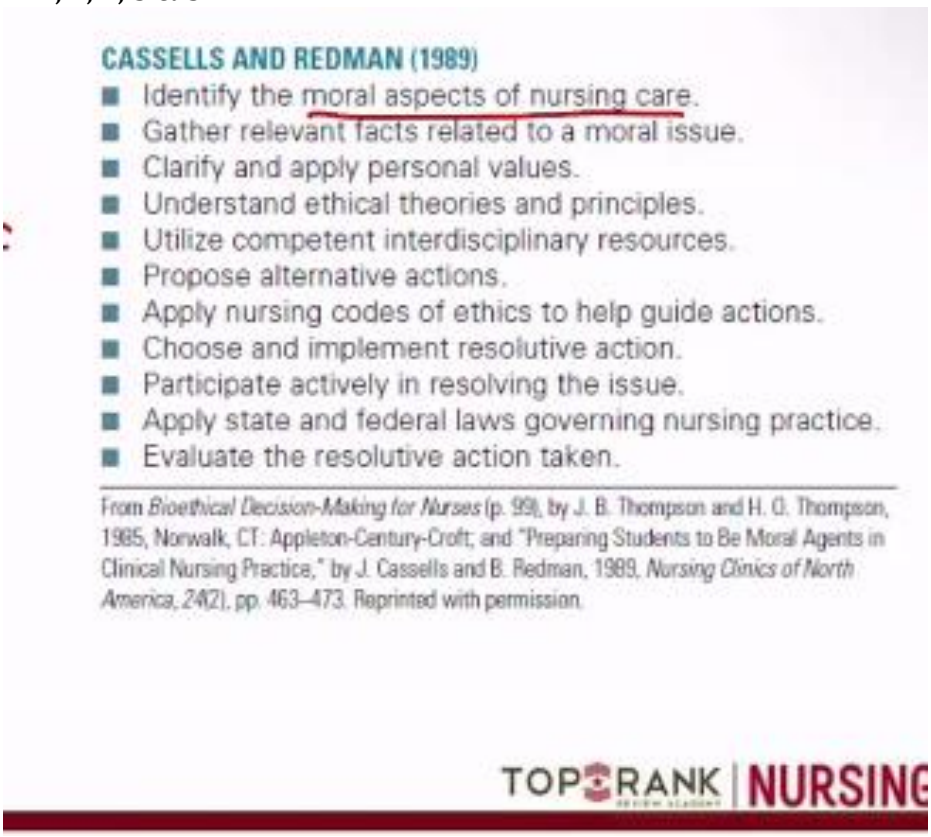
5. Identify options or alternatives

A. 3, 1, 5, 2 & 4

B. 1, 5, 2, 4 & 3

C. 1, 3, 5, 2 & 4

D. 2, 4, 1, 3 & 5



CASSELLS AND REDMAN (1989)

- Identify the moral aspects of nursing care.
- Gather relevant facts related to a moral issue.
- Clarify and apply personal values.
- Understand ethical theories and principles.
- Utilize competent interdisciplinary resources.
- Propose alternative actions.
- Apply nursing codes of ethics to help guide actions.
- Choose and implement resolutive action.
- Participate actively in resolving the issue.
- Apply state and federal laws governing nursing practice.
- Evaluate the resolutive action taken.

From *Bioethical Decision-Making for Nurses* (p. 99), by J. B. Thompson and H. O. Thompson, 1985, Norwalk, CT: Appleton-Century-Croft; and "Preparing Students to Be Moral Agents in Clinical Nursing Practice," by J. Cassells and B. Redman, 1989, *Nursing Clinics of North America, 24*(2), pp. 463–473. Reprinted with permission.

TOPRANK | NURSING

67. The INITIAL advice of nurse Zenaida to patient Thea is which of the following?

A. Thea will inform her teacher about her condition and to request the teacher to tell her parents.

B. Thea will request the doctor to inform the parents

C. Thea will choose a significant other close to the parents to be the one to relay about her pregnancy

D. Advise her that as a minor, her parents should be duly informed about her pregnancy

68. Thea analyzed the advice of Nurse Zenaida and realized the value of life and family. This attitude of realization is termed as _____

A. Justice - Fairness

B. Ethics – Moral principles

C. Autonomy – Decision-making

D. Values clarification – Psychotherapy technique where you increase your awareness of how you values affect life

69. Patient Thea's decision regarding her pregnancy is termed as _____

A. Autonomy

B. Justice

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C. Veracity
D. Fidelity

SITUATION
Emma, 65 years of age, has just been widowed a year ago. Her two children are now all living in the U.S. She used to love cooking but since she is now living alone, she eats meal irregularly. Most of the time, she just watches television. Her chief complaint is constipation.

70. When assessing Emma, Nurse Alma should ask the following, EXCEPT:
A. Dietary and fluid intake
B. Cultural beliefs
C. Lifestyle
D. Bowel pattern

71. When auscultating the bowel sound of Emma, the nurse should be able to hear _____.
A. loud and gurgling sound – Hyperactive; Diarrhea
B. increased bowel sound – Hyperactive; Diarrhea
C. decreased bowel sound
D. absent sound – Paralytic ileus; Rupture of abdominal wall

72. The MOST APPROPRIATE nursing diagnosis for Emma's case is _____.
A. risk of constipation related to lifestyle
B. perceived constipation related to eating habits
C. dysfunctional gastrointestinal motility related to lifestyle
D. constipation related to inactivity

73. Which of the following are the most simple and cost effective interventions that the Nurse can advise Emma to resolve constipation?

1. Encourage increased fiber in diet

2. Encourage physical activity and regular exercise

3. Regular time for elimination

4. Laxative
A. 1, 2, & 3
B. 3 and 4
C. 1, 3 & 4
D. 2, 3 & 4

74. Health education should include which of the following?

1. Responding to the urge to defecate and establishing a daily pattern

2. Role of dietary fiber and fluid in maintaining bowel function

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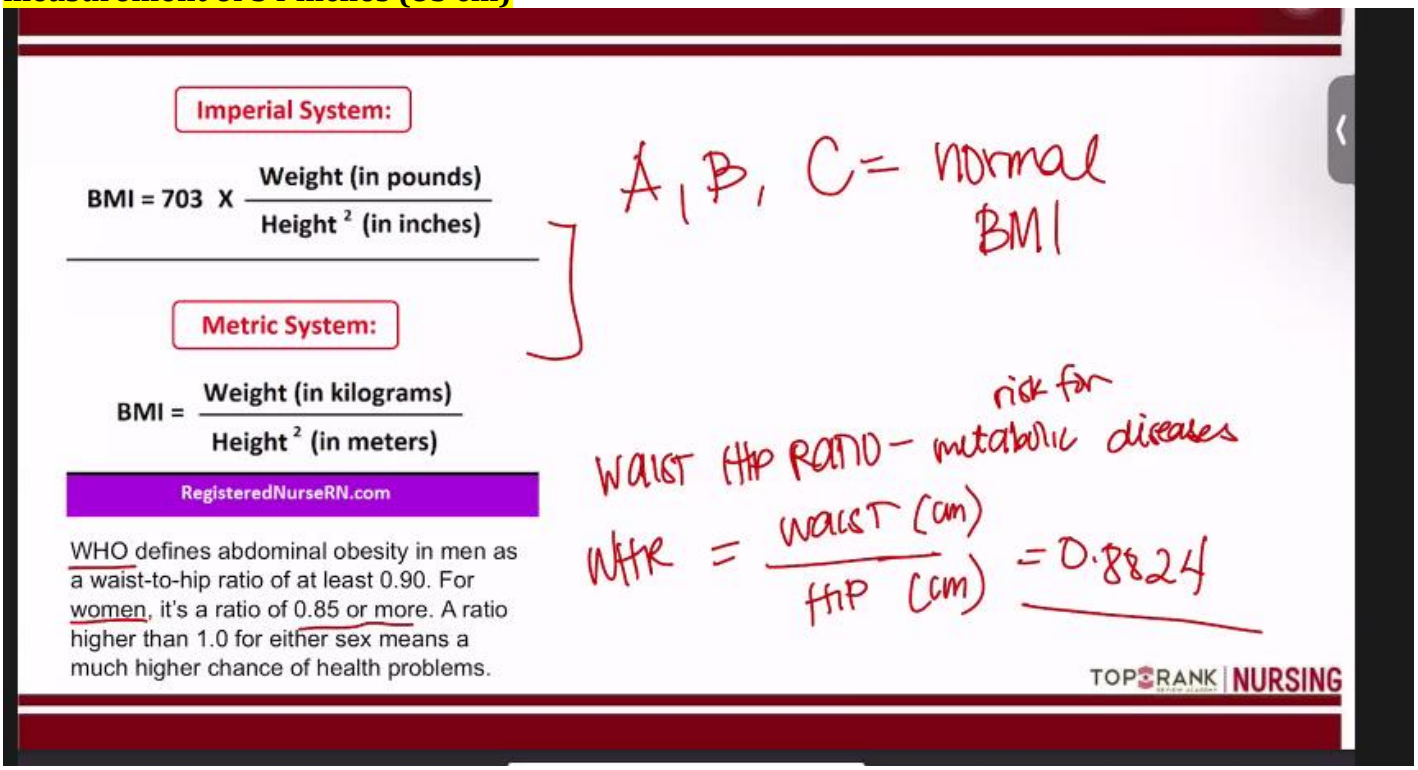
3. Role of exercise and activity in maintaining bowel function

4. Safe and correct use of pharmaceutical agents
A. 2, 3 and 4
B. 1, 2, 3 and 4
C. 2 and 3
D. 1, 2 and 3

SITUATION

Obesity is an emerging concern for patients and nurses. The nurses has an important role in assessing and evaluating patient's physiological status in relation to wight control

75. Nurse Claire is assessing patients at the outpatient clinic. Which of the following patients is at risk for health complications related to weight?
A. a thirty three year old who has a body mass index (BMI) of 24 kg/m
B. A fifty six year old who is 6 ft (180 cm) tall and weighs 150 lb (68 kg)
C. A seventy one year old who is 5 ft 4 inches (160 cm), weighs 120 lb (55 kg), and carries most of the weight in the thighs
D. a twenty four year old female with a waist measurement of 30 inches (75 cm) and a hip measurement of 34 inches (85 cm)



76. A patient who has been consistently following a diet and exercise program and successfully losing one pound weekly for several months is weighed at the clinic. However, he has not lost any weight for the last month. Nurse Claire should first(asessessmet) _____.
A. ask the patient whether there have been any recent changes in exercise or diet patterns
B. discuss the possibility that the patient has reached a temporary weight loss plateau - interventions
C. Instruct the patient to weigh weekly and record the weights. - interventions

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D. review the diet and exercise guideline with the patient - interventions

77. When working with an obese patient who is enrolled in a behavior modification program, which nursing action is APPROPRIATE?
A. Having the patient write down the caloric intake of each meal
B. suggesting that the patient has a reward after achieving a weight loss goal
C. encourage the patient to eat small amounts throughout the day
D. asking the patient about situations that tend to increase appetite

78. When developing a weight-reduction plan for an obese patient who is starting a weight loss program, which question is MOST important for Nurse Claire to ask?
A. "What factors do you think led to your obesity?"
B. "Have you been on any previous diets?"
C. "What kind of physical activities do you enjoy?"
D. "How long have you been overweight?"

79. An obese patient asks Nurse Claire about using Orlistat (Xenical) for weight reduction. Nurse Claire advises the patient that _____.
A. drugs may be helpful in weight loss, but weight gain is likely to recur unless changes in diet and exercise are maintained
B. the long-term effect of orlistat is not known, and the drug may cause serious side effects such as heart valve problems
C. this drug can cause serious depletion of fat-soluble vitamins and should be used only several weeks
D. weight-reduction drugs of any type are used for only those who do not have the will power to reduce their intake of food

SITUATION
Nurse Beth is working on the hospital's pediatric unit. She is assigned as a medication and treatment nurse

80. In preparing to give medications to a preschool-age child, which of the following statements is an APPROPRIATE interaction by Nurse Beth?
A. "Let me explain about the injection that you will be getting"
B. "Do you want to take your medication now?"
C. "Would you like the medication with water or juice?" - Toddler
D. "If you don't take the medication now, you will not get better." – Initiative vs. Guilt

81. To determine proper drug dosages for children, calculations are MOST precisely made on the basis of the child's _____.
A. Weight
B. Height
C. body surface area
D. age

82. Nurse Beth administered the intramuscular medication of Iron by the z-tract method. This method is used to _____.

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A. provide more even absorption of the drug
B. provide faster absorption of the drug
C. prevent the drug from irritating sensitive tissue
D. reduce discomfort from the needle

83. The doctor ordered to give a one year old patient an intramuscular injection. The appropriate and preferred muscle to select for this child is the _____.
A. Dorsogluteal
B. Deltoid
C. Ventrogluteal
D. Vastus lateralis

SITUATION
Patient Charlotte, three years old, was brought to the clinic by her mother due to ear ache and low-grade fever. While performing her physical assessment, Nurse Hazel found Patient Charlotte's right ear to be inflamed and warm to touch. The Pediatrician ordered ear drops to be instilled to the affected ear.

84. Nurse Hazel performs further physical assessment on Patient Charlotte BEFORE drug administration, which includes the following, EXCEPT _____.
A. Appearance of the pinna and meatus of the ear
B. Presence of the interference during the drug administration
C. Type of any ear discharge
D. Location and extent of inflammation of the ear

85. The MOST APPROPRIATE nursing action before instilling ear drops to Charlotte is to _____.
A. Check the medication to be within room temperature
B. Refrigerate the medication for thirty minutes
C. Fill up the dropper with no more than one millimeter
D. Clean the outer surface of the dropper

86. In installing any drug into the ears, Nurse Hazel performs in SEQUENCE. Which of the following steps?

1. Allow the drug to flow into the ears slowly

2. Tilt the head away from the nurse

3. Put a small cotton loosely into the ear

4. Wait for 15 minutes before instilling drops on the other ear

5. Instill the ear drops into the affected ear
A. 1, 4, 2, 5, 3
B. 2, 5, 1, 3, 4
C. 4, 1, 5, 3, 2
D. 3, 1, 4, 5, 2

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87. After instilling medications to the right ear, what is the MOST appropriate instruction to the mother?
A. Remain in the position for 5 minutes
B. Pack a cotton pledge tightly to the ear
C. Have the patient remain in the position for one hour
D. Advice the mother not to let Charlotte drink hot water

88. In administering otic medication, Nurse Hazel
A. Don the gloves - Infection
B. Perform hand hygiene
C. Explain procedure and postpone
D. Check identification band and proceed

89. On the other hand, Nomar notices that the Chief Nurse Executive has charismatic leadership style. Which of the following behaviors best describes this style?
A. Possesses inspirational quality that makes followers gets attracted of him and regards him with reverence
B. Acts as he does because he expects that his behavior will yield positive results
C. Uses visioning as the core of his leadership
D. Matches his leadership style to the situation at hand.

90. One leadership theory states that "leaders are born and not made," which refers to which of the following theories?
A. Trait
B. Charismatic
C. Great Man
D. Situational

Situation
Nurses are expected to be leaders making difference in the health care settings- hospitals, clinics, communities and other organizations.

91. Why leadership plays a vital role in the nursing profession?
A. It is not really important for nurses.
B. Nurses have expert knowledge and are interacting with and influencing the clients.
C. Nurses should know how to direct people towards accomplishment of goals.
D. Nurses should always strive for higher positions in the organization.

92. Nomar understands that a Theory which states that the Leadership style is dependent on the situation. Which of the following styles best fits a situation when the followers are self-directed, highly motivated, experts and matured individuals?
A. Participative
B. Directive
C. Permissive/Laissez fare
D. Bureaucratic

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93. Nomar would like to be a Transformational leader. Which of the following statements best describes this type of leadership?
A. Uses visioning as the essence of leadership. – Vision to stimulate the followers
B. Serves the followers rather than being served.
C. Maintains full trust and confidence in the subordinates
D. Possesses innate charisma that makes others feel good in his presence.

94. Grace RN is a head nurse assigned at the Intensive Care Unit of a Secondary Level Hospital. As a manager, Grace is expected to display effective conflict resolution skills. Which of the following is true about conflict?
A. It seldom occurs as part of the change process in health care settings.
B. It highlights differences in values, belief, or actions.
C. t is automatically negative
D. It discourages creativity and innovation.

95. Conflict that occurs between groups or teams is called:
A. Interpersonal
B. Intrapersonal
C. Organizational
D. Dysfunctional

Situation
Nurse Kat is the head nurse of the male medical ward in a tertiary specialized hospital handling multiple cases in her unit. It is imperative that she is equipped with the basic managerial skills.

96. In this conflict resolution method, a person ignores his or her own feelings about an issue in order to agree with the other side.
A. Collaborating
B. Confronting
C. Accommodating
D. Withdrawing

97. With this method of conflict resolution, each side gives up something as well as gets something:
A. Negotiating
B. Competing
C. Avoiding
D. Compromising

98. Nurse Kat feels uncomfortable believing that she is the scapegoat of everything that goes wrong in her department. Which of the following is the best action that she must take?
A. Identify the source of the conflict and understand the points of friction
B. Disregard what she feels and continue to work independently
C. Seek help from the Director of Nursing
D. Quit her job and look for another employment.

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99. Which of the following is a characteristic of decision-making?
A. it only involves logical, rational thought
B. it is often the result of many incremental steps rather than one large step.
C. It must always be done quickly in the health care setting.
D. they generally do not assume another person's point of view.

100. Which of the following is true about effective creative thinkers?
A. They seldom generate new ideas and alternatives.
B. They often say, "We've always done it this way, so let us do it this way again."
C. They tend to analyze the components of a problem.
D. They generally do not assume another person's point of view.

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Recalls 7 NP2

Situation
The family of Roxas is fond of dogs. A vendor who entered the gate without notice is bitten by one of the pet dogs named Bert. PHN Cords Attends to the vendor.

1. Which of the part of body of the vendor will be the MOST affected in terms of rabies? It is the _____.
a. Buttocks
b. Head
c. feet
d. hand

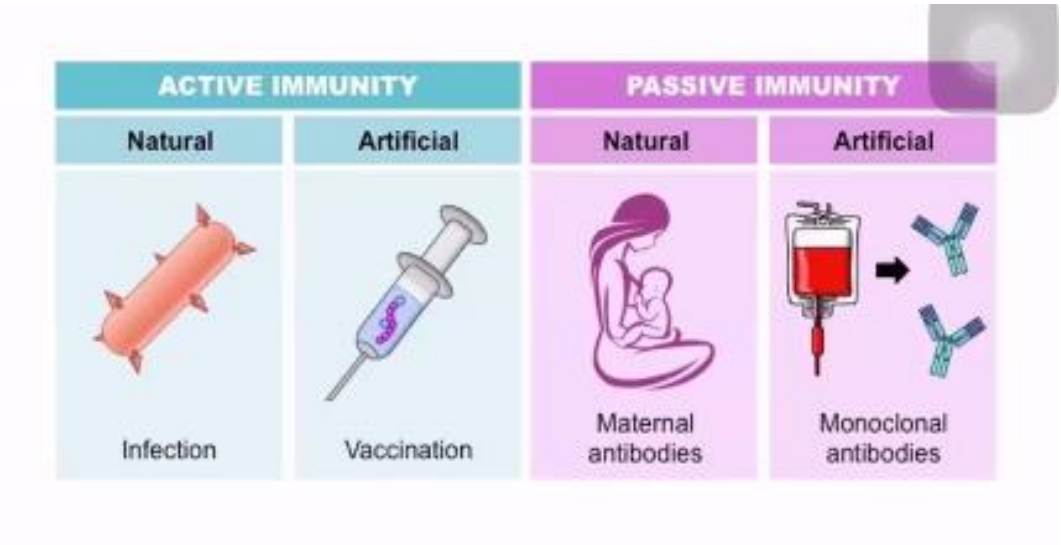
2. To protect the vendor from the dangers of rabies, PHN Cords advises him to clean the wound thoroughly with soap and water, consult a physician and receive anti-rabies vaccination. Which among the following vaccines can provide active immunity?

1. Purified vero cell vaccine

2. Human rabies immunoglobulin

3. Equine rabies immunoglobulin

4. Purified duck embryo vaccine
a. 1 and 4
b. 2 only
c. 3 and 4
d. 1 only



3. The vendor acquired rabies, what will PHN Cords do to protect those who took care of him? He should administer_____.
a. Pre-exposure prophylactic treatment only for the family of Bert
b. Post-exposure prophylactic treatment only for the family of the vendor

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c. Pre-exposure prophylactic treatment to Bert and the vendor's families
d. Post-exposure prophylactic treatment to Bert and the vendor's families

4. PHN Cord's intervention to protect all residents who own pets, especially dogs, should be done by_____.
a. Coordinating with city/ municipal agriculturist for immunization of all pets
b. Coordinating with city/municipal officials to make an ordinance on stray dogs
c. Massive campaign to families not to own pets at home
d. Massive campaign for responsible pet ownership

Situation
The Field Health Services and Information System (FHSIS) is recording and reporting system in public health care in the Philippines

5. The following are the objectives of the FHSIS, EXCEPT:
a. Complete the picture of acute and chronic disease
b. Ensure data recorded are useful and accurate and disseminated in a timely, easy to use fashion
c. Minimize recording and reporting burden allowing more time for patient care and promotive activities
d. Provides standardized facility-level data base which can be used for more in-depth studies

6. As a nurse, you should know the process of how these information are processed and consolidated. The fundamental block of the FHSIS system is the _____
a. Family treatment record
b. Output record – quarterly/annually
c. reporting forms – tally sheets; monthly, quarterly
d. target/client list – weekly & per program

7. The monthly field health service activity report is a form used in which of the components of the FHSIS?
a. Target/client list
b. Output report
c. individual health record
d. tally report

8. In using the tally sheet, the recommended frequency in tallying activities and services is_____.
a. Weekly
b. Quarterly
c. Monthly – submission/preparation
d. Daily

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Tally/Reporting Forms

FHSIS Reports constitute the only mechanism through which data are routinely transmitted from one facility to another in the revised FHSIS. The majority of FHSIS reports are prepared and submitted either monthly or quarterly. One report is prepared weekly, several annually, and in some instance, every few minutes as relevant events occur, e.g. maternal and neonatal deaths. The full sequence of FHSIS Reports are listed in Table 1.

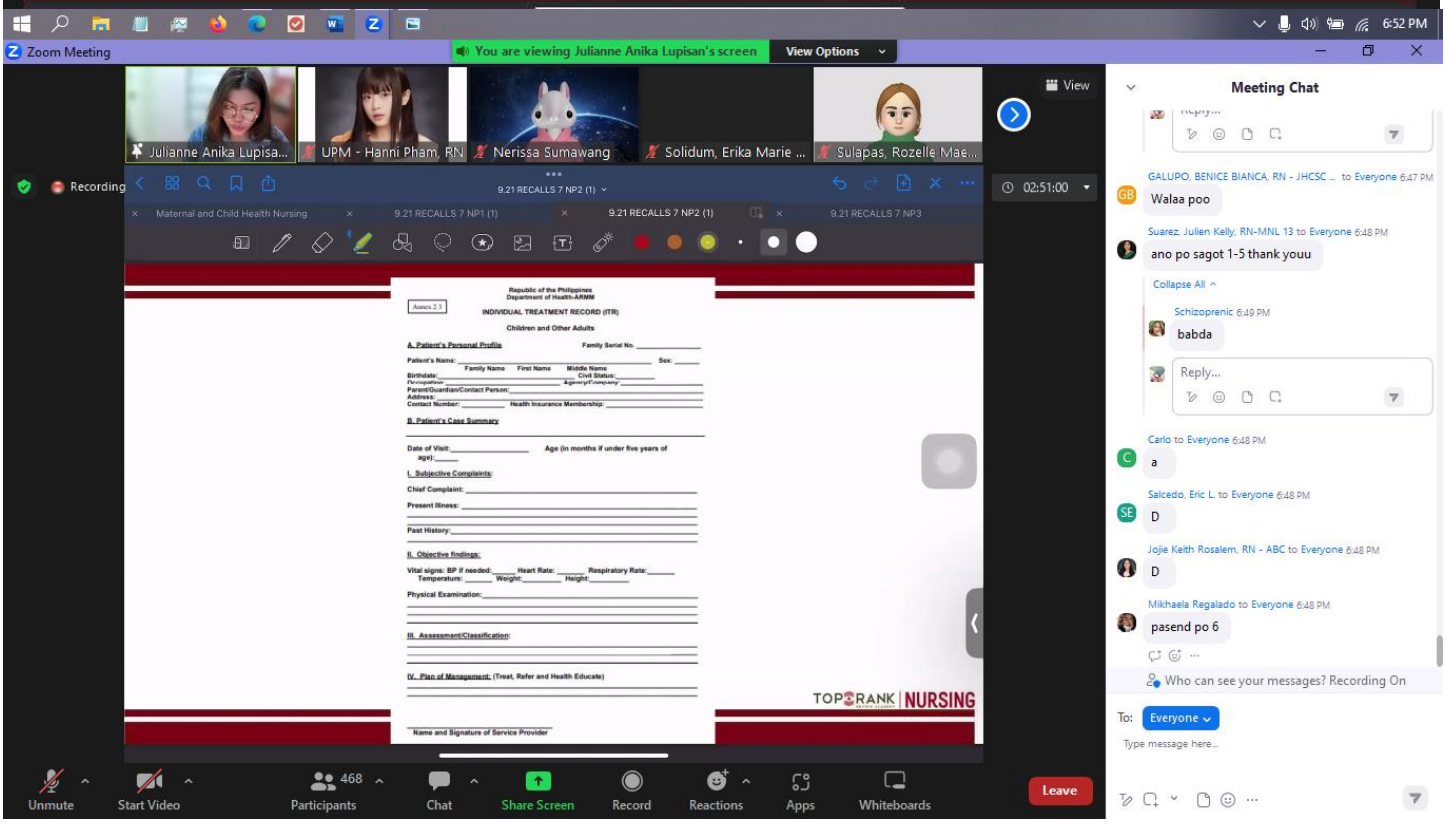
In the FHSIS, reports are prepared and submitted by the unit/person responsible for the service/activity being provided and sent directly to the Provincial Health Office. The bulk of the data reported from the RHU/MHC/BHS/BHC level are activities which are undertaken or are the responsibility of midwives/nurses within the facility will be "linked up" with the data reported by others during the data processing phase of the operation.

Another significant change in the revised FHSIS involves the flow of reports. Under the previous system, reports were passed up to the next higher level facility in the DOH system for review and consolidation. Under the current system, however, all reports will be transmitted to the PHO (or alternate data processing location in the province as the case may be) without intermediate levels of data handling. With the introduction of at least one (1) microcomputer per province of entering and processing of FHSIS data, it is anticipated that computerized "feedback" reports can reach the PHO/CHO level

Monthly		
FHSIS/M-1	Monthly Field Health Services Activity Report	BHS/BHC/RHU/MHC DH/CH/PH/CHO/RH
FHSIS/M-2	Monthly Natality Report	BHS/BHC/RHU/MHC
FHSIS/M-3	Monthly Mortality Report	RHU/MHC
FHSIS/M-4	Monthly Laboratory Report	RHU/MHC/DH CH/PH/CHO
FHSIS/M-5	Monthly Dental Health Service Report	RHU/MHC/DH CH/PH/CHO/RH
FHSIS/M-6	Family Planning subsidized Surgical Procedure Report	RHU/MHC/DH CH/PH/CHO/RH
FHSIS/M-7	Monthly Social Hygiene Clinic Activity Report	STD Clinic
Quarterly		
FHSIS/Q-1	Quarterly Field Health Service Activity Report	BHS/BHC/RHU/NMHC DH/CH/PH/CHO/RH
FHSIS/Q-2	Quarterly Dental Facility Inspection Report	DH/CH
FHSIS/Q-3	Quarterly Report of Environmental Health Activities	RHU/MHC/DHO

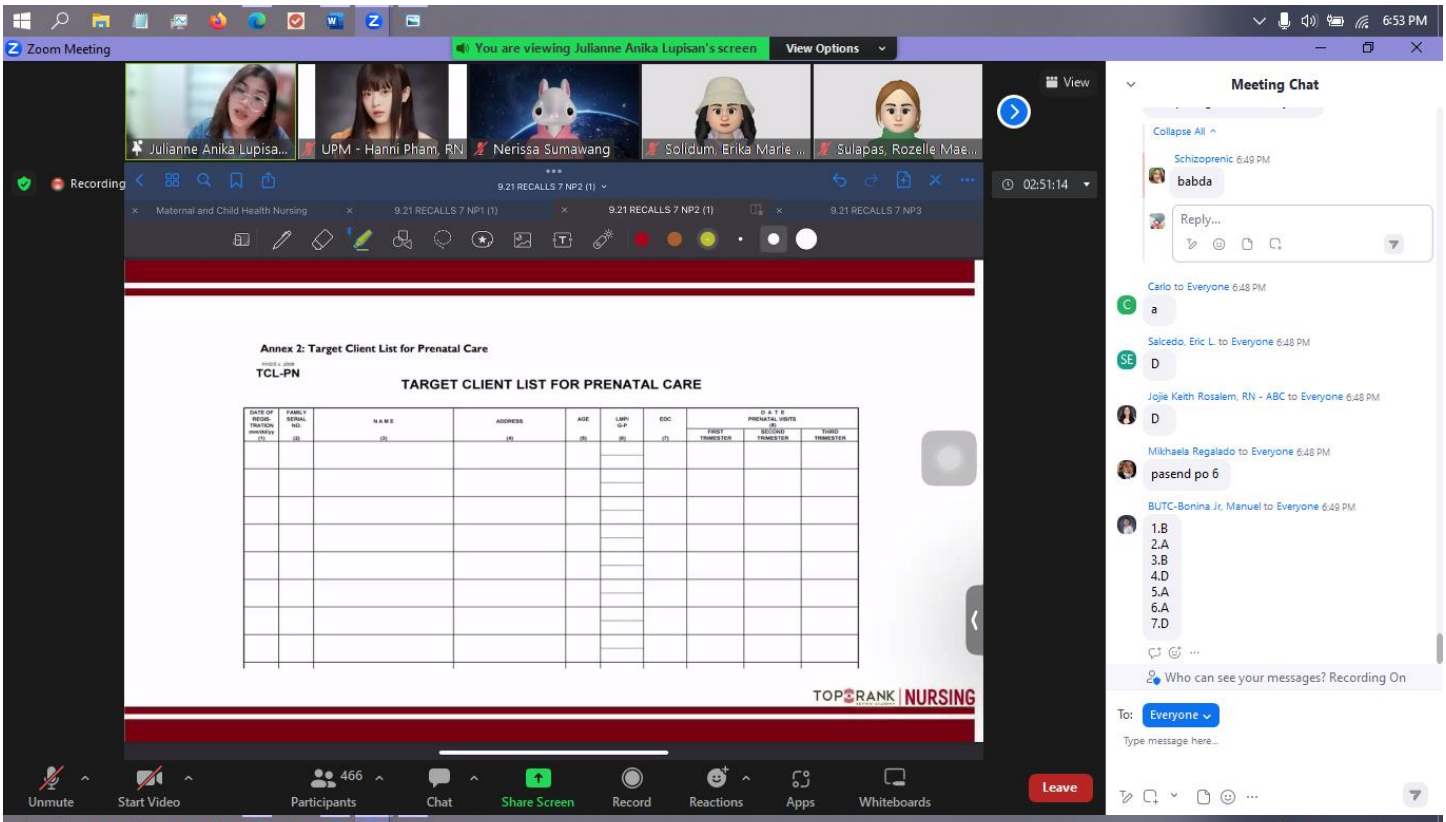
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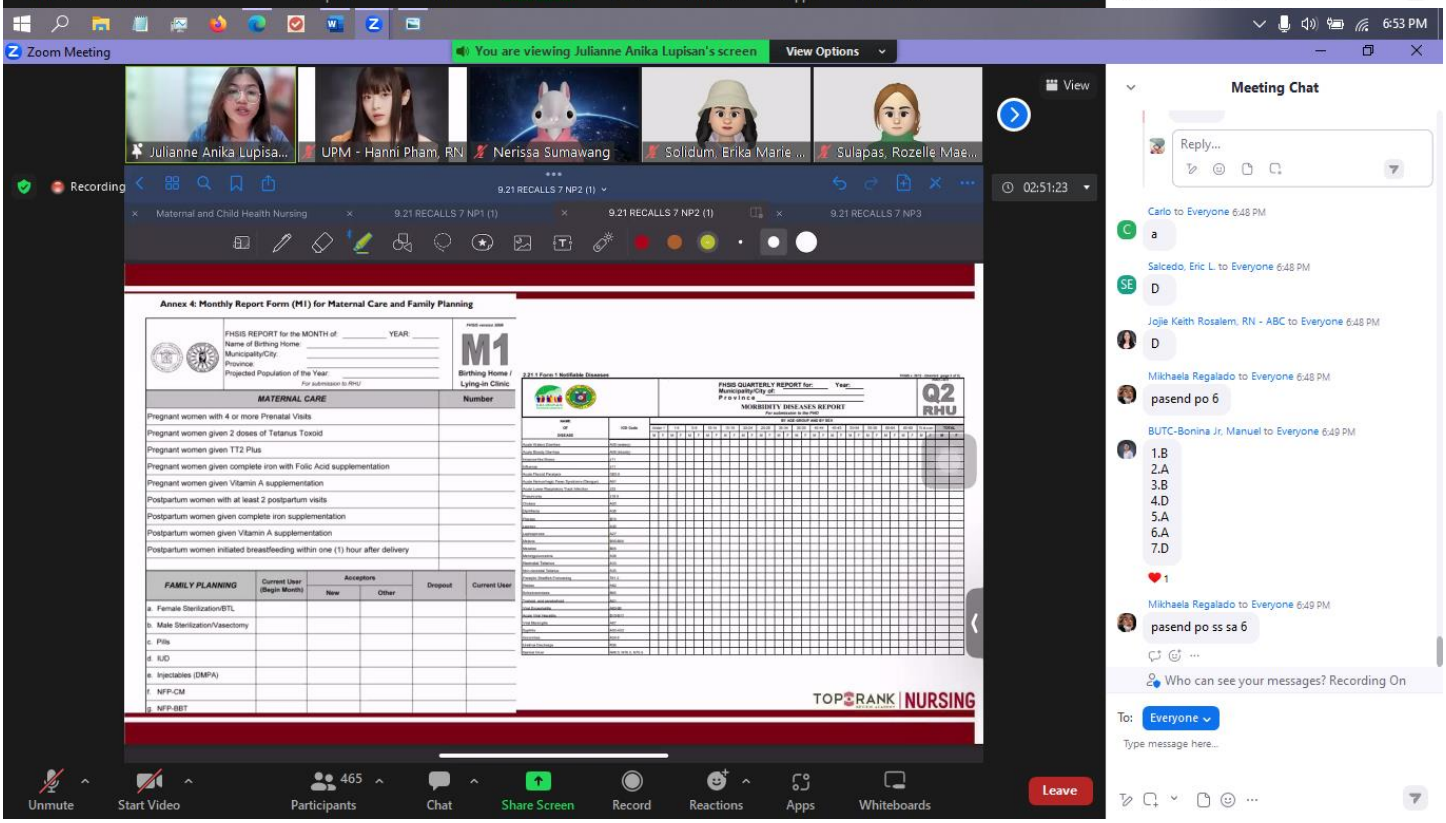
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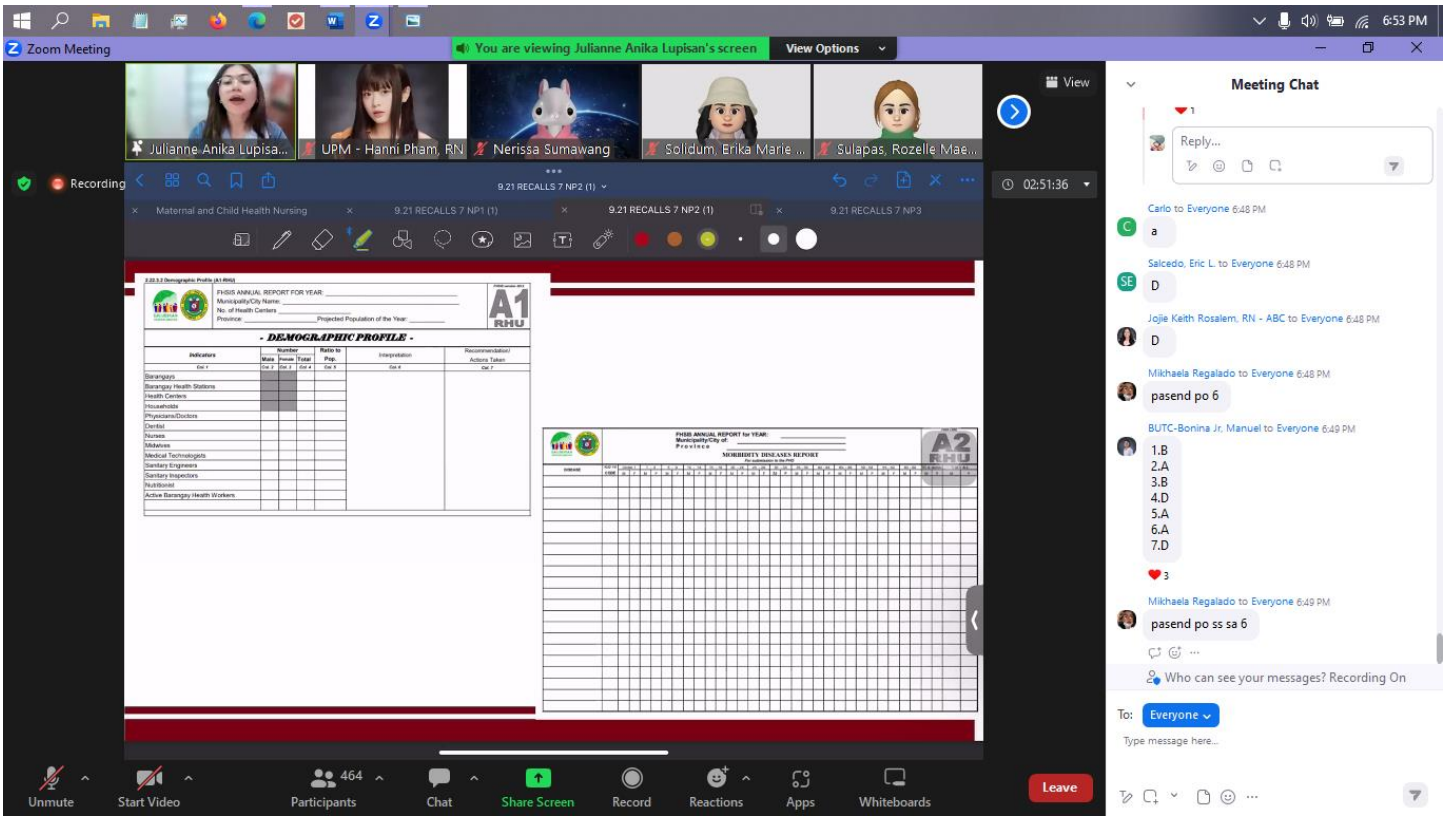
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9. To monitor clients client registered in long-term regimen such as the Multi drug Therapy, which component of the reporting system will be most useful?
a. Output report
b. Tally report
c. target/client list
d. individual health record

Situation
Nurse Omar takes care of the Ramos extended family who resides in the house owned by Nilda's mother, Marta. Nilda tends a variety store is married to Ramon, a government employee. They have four children: Lester, 20 years old; Gina, 18 years old; Alex, 15 years old; and Celine, 12 years old. Lester is a working student of his second year in computer technology course. Gina is a high school graduate; Alex is in third year high school and Celine is in Grade six. There is one year old baby girl who is a daughter of Gina. Gina, however, could not pinpoint the one who sired her child in as much as she had multiple sex partners. This angered Ramon.

10. Though he recognizes the remorse of his daughter, Ramon still feels confused regarding the situation. He said he tried his best to support his family and had always been considerate and kind. He and his wife would always give them reminders and advice calmly and never in a nagging manner. But still they failed as parents. The possible nursing diagnosis of Nurse Omar of his family is_____.
a. Interrupted family process – Stressor challenges previously effective functioning
b. Impaired parenting – Inability to provide environment appropriate for growth & development of children
c. Parental role conflict – Caregiver experiences change
d. Ineffective role performance – Disruption on how they perceive role performance

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11. Nurse Omar 's conversation with Gina revealed that the young woman still suffers from a syndrome of failure: failure to complete one's normal growth and development, failure to complete education, failure to establish a vocation and become independent and failure to have a life. The nurse Omar 's intervention to this problem is_____.
a. Linear approach with regards to the individual in the context of the family, community and culture that will combat shame and guilt
b. Lay down the foundation of a future by trusting human association and developing mutual trust initially with the nurse, then the family, and eventually the whole community
c. Focus on the factors that will help protect Gina towards proximal stimuli for healthy growth and development to develop her resiliency in confronting current and future problem
d. Transform interactions among family members, strengthen specific roles and functions to strengthen family system in order to eventually cope

12. In one home visit, Nurse Omar was approached by the 15 year old Alex. He was asking about condom use. He said he has a girlfriend with whom he is madly in love with but does not want her to get pregnant. Nurse Omar 's most practical and best advice would be_____.
a. Postpone sex and suggest other ways to expressing love
b. Explain to him the difference between sex and love
c. Teach him by step-to-step correct, continuous and consistent condom use
d. Discourage him on having a girlfriend and focus more on his studies

13. Ramon complains to Nurse Omar some weird behaviour of Nilda. These past few months, she has decreased sex drive, night's sweats and mood swings. He also received weird text message from her such as: "Do you really love me?", "What role do I play in your life?" "Do you still find me attractive?" The best advice of Nurse Omar to Ramon should be_____.
a. Give her some money for make-over to increase her self-esteem and make her look attractive to him
b. Accompany her to a psychiatric
c. Ignore his wife or tell her she is too old to act like a teen-ager
d. Give reassurance that she is the best person who came to his life

14. Apparently, the nurse interventions have improved family relationships. The members are now communicating with one another and are excited in preparing for a family affair, which is the baptism of Beatrice. Nurse Omar was asked to be the godfather of the child. His best response is_____.
a. Accept and proudly say that Beatrice will be his 49th godchild
b. Refuse and make an alibi that he belongs to another religion
c. Accept and express gratitude for the trust accorded him by the family
d. Politely decline and explain that his relationship with the family must not go beyond professional

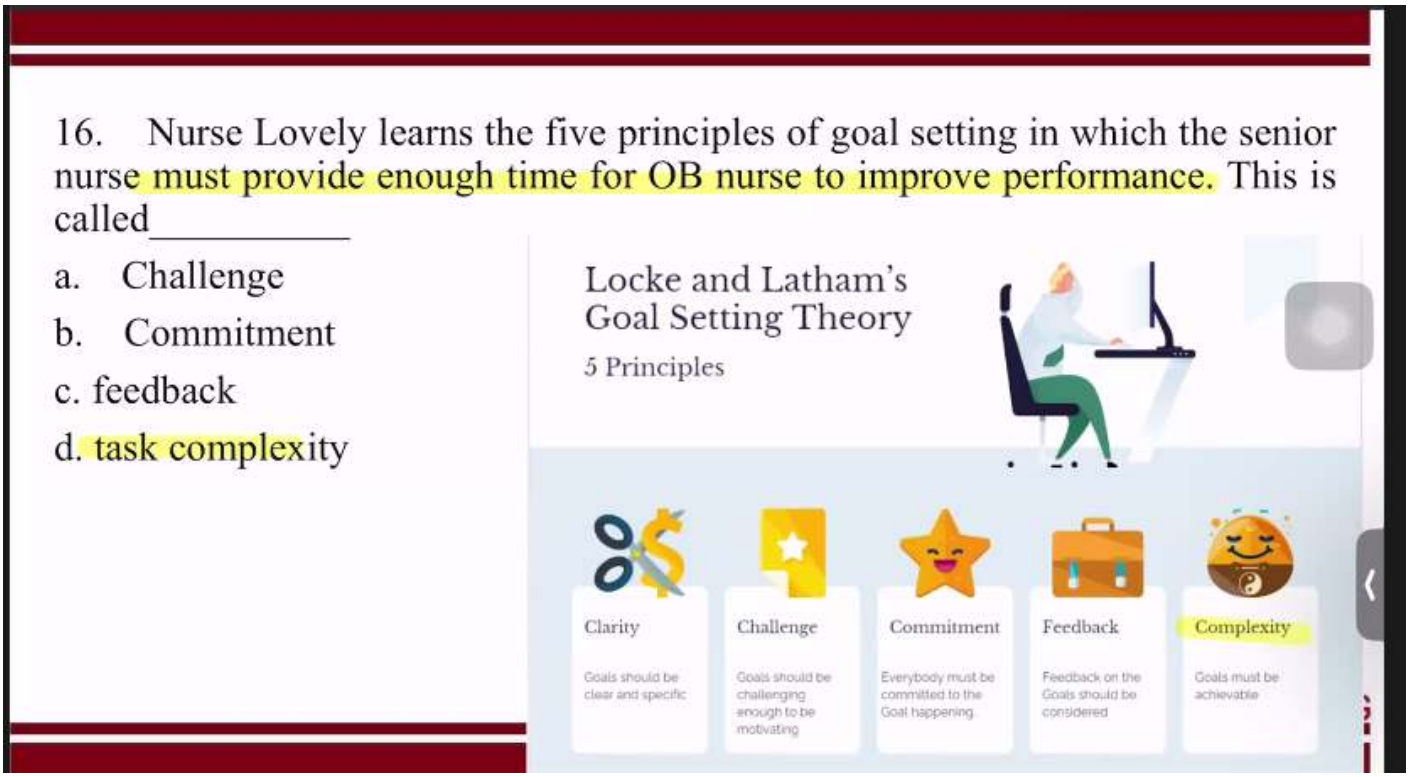
Situation
Belinda, the PHN in the Municipality of La Trinidad, learned from the residents that children and some elderly had been suffering from respiratory and skin ailments allegedly due to the bad smell curly dark smoke emitting from the factory nearby. She was invited to the community assembly that was initiated by the barangay council.

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15. The barangay captain asked, “What can you do to help solve the problem of Nurse Belinda?” What would be the right response of Nurse Belinda?
a. “Well, your problem is easy to solve. I have here some cough syrup, ointments for the skin and some antibiotics. I will distribute this after the meeting.”
b. “Who among you here have children who are suffering from respiratory and skin diseases? How about the adults who are here? Are you also having the same problems?”
c. “I suppose you gave a lot of thought about the problem and its possible solution. However, treating your children and the elderly is not the first solution. We have to go to the root cause of the problem.”
d. “May I ask you what solution have you identified for the community problem?”

Situation
Nurse Lovely, a newly promoted senior nurse in Obstetrics ward (OB) is attending a seminar on management and leadership in preparation for her work.

16. Nurse Lovely learns the five principles of goal setting in which the senior nurse must provide enough time for OB nurse to improve performance. This is called_____
a. Challenge
b. Commitment
c. feedback
d. task complexity



17. The nurse also learns that continuous training is a personal as well as an organizational goal. Choose the statements that are true regarding continuous training

1. Training employees is an excellent investment and a cost to an institution

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2. Continuous training is more of a personal responsibility than institutional

3. Cross training and job rotation provide on-going part-time learning experience

4. Select the best people when hiring employees and invest their retention through continuous training

a. 3 and 4
b. 1 and 2
c. 1 and 4
d. 2 and 3

18. Noting the importance of Nurse-Patient-Relationship, Nurse Lovely reviewed Hildegard Peplau's Theory which identified three phases, the FIRST of which is when the pregnant woman is_____.

Orientation-Working-Termination

a. Feels the need to seek professional assistance
b. Demonstrates self-reliance in caring for herself
c. Understands the communication of Nurse Lovely regarding the services offered
d. Begins to have feeling belonging

19. Nurse Lovely took note that evaluating the OB staff is an on-going function of management. Some of the reasons for conducting evaluation include, EXCEPT to _____.
a. Provide an indication of the costs of poor quality services
b. Justify the use of resources
c. Dissuade self-evaluation of OB staff
d. Ensure that quality of care is provided by the OB staff

- **Purposes of evaluation are as follows:**

1. Determine job competence
2. Provide feedback to enhance staff development and motivate personnel toward higher achievement
3. Discover the employee's aspirations and encourage and recognize accomplishments
4. Improve communications between managers and staff associates and to reach an understanding about the objectives of the job and agency
5. Improve performance by examining and encouraging better relationships among nurses
6. Aid the manager's coaching and counseling
7. Determine training and development needs of personnel
8. Inventory talent within the organization and reassess assignments
9. Select qualified staff members for advancement and salary increases
10. Identify unsatisfactory employees

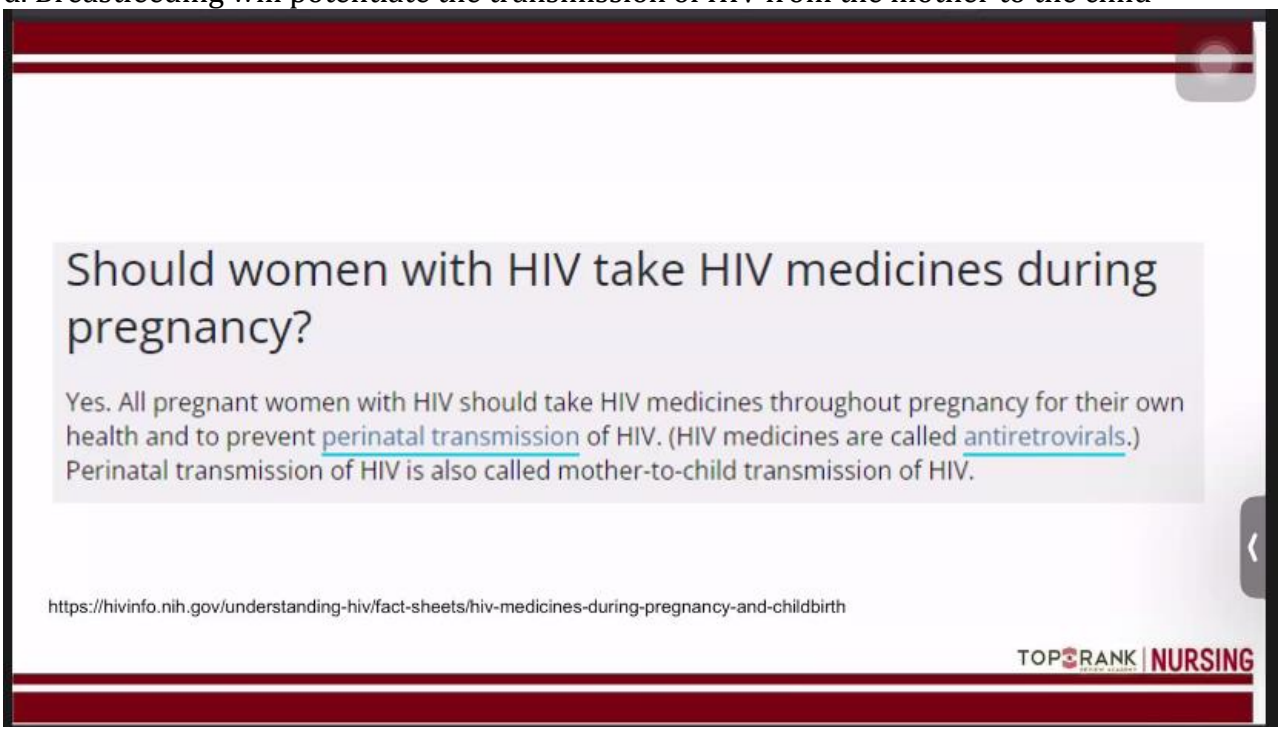
Situation
You are an OB nurse in an out-patient department of a hospital. You encounter pregnant women with complication

20. A 35-year old woman, on her 2nd trimester of pregnancy with insulin-dependent diabetes mellitus, comes to you for some advice. What is the PRIORITY message for her at this time?
a. Infants of diabetic mothers are big which can result in more difficult delivery - 3rd
b. Breastfeeding is highly recommended and insulin use is not contraindicated – Postpartum/3rd

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c. Achievement of optimal glycemic control is of utmost importance in preventing congenital anomalies
d. Her insulin requirements will likely increase beginning 3rd trimester of pregnancy

21. A 30-year old G6P5 woman at 12 weeks has just begun prenatal care. Her initial laboratory reveals that she has human immunodeficiency virus (HIV) infection. What would be a priority evidence-based nurse information for this patient?
a. Breastfeeding is still recommended due to the great benefits to the infant
b. Pregnancy is known to accelerate the course of HIV disease in the mother
c. Medication for HIV infection is safe and can greatly reduce transmission of HIV to the infant
d. Breastfeeding will potentiate the transmission of HIV from the mother to the child



Situation
Nurse Dana, a nursing staff applicant, passed both written and oral examinations. Because she knows the head of office, she promised to submit all her credentials after she has "fix things up." She was appointed as Nurse I with a temporary status until she submits all her credentials, including her PRC license. Her evaluation performance was satisfactory. After a year though, she had to renew her PRC registration and identification (ID) card.

22. What action must the nursing administration do FIRST?
a. Report the matter to the head of office who had the discretion to appoint the nurse
b. Verify with the Professional Regulation Commission regarding the status of Nurse Dana
c. Confront Nurse Dana and terminate her
d. Write a letter to the Civil Service Commission for proper action to Nurse Dana

23. It was found out that Nurse Dana did not pass the Nurse Licensure Examinations (NLE). What legal action should be filled against her?
a. Dishonesty

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b. Conduct unbecoming of professional
c. Malpractice
d. Misrepresentation

24. In case Dana have medication error during her tour of duty, the head of office can be liable because of the law called _____.
a. Unethical conduct
b. Respondeat superior
c. Politicking
d. Res Ipsa Loquitur

25. All Nurses must understand that after graduation they should pass the NLE. To be registered in the roster, they should take the Professional Oath with a _____, EXCEPT.
a. Member of Sangguniang Panlalawigan
b. Governor of Philippine Nurse Association
c. Member of the Professional Regulatory Board of Nursing
d. Provincial Governor

Situation
PHN Elfa works in barangay 14 and 15 in the Municipality of Agoho. One day, a neighbor summons her to attend to a 7-year old boy with high grade fever.

26. Upon reaching the house, a local herbolaria, Nanay Isa was already attending to the boy. She said that the boy played near the river and the bad spirits entered his body. The MOST appropriate remark the nurse make is _____.
a. "Go on. Do what you have to do, then I will take over."
b. "Nanay Isa, your intervention is entirely wrong."
c. "It's good you're here. You can drive away the spirits that entered the boy's body."
d. "You have to be sure that all the evil spirits have been driven out of the boy's body."

27. After a few minutes, Nanay Isa took a big bowl of soup and gave to the boy. The BEST remark of the Nurse is _____.
a. "I also drink a soup when I get sick. How about you, Nanay Isa, do you do the same?"
b. "The soup could have been better if you put lemon grass on it."
c. "Come on, tell me why soup must be given to a child with fever
d. "That's correct. Increasing fluid intake will help lower down temperature."

28. Finally, Nanay Isa took out from her pocket a dried rose flower and place it on the boy's forehead. How will Nurse Elsa handle this action?
a. Tell her not to use the dried flower again because it does not have any good effect on the sick
b. Ask for an extra piece of fried rose flower and promise to use it
c. Ask the herboloria the rationale for the intervention
d. Leave the intervention as is. Anyway the intervention is neutral: not harmful nor beneficial

Situation

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The local health board established a reproductive health clinic in the main health center. Two nurses, Hunter and Irene, were assigned to handle services to address problems related to sexuality, reproductive health and fertility problems.

29. Nurse Hunter classifies cases according to the major categories of reproductive tract infections. Which of the following is NOT part of such classification?
a. Iatrogenic infections as aftermath of invasive procedures like catheterization and intra-uterine device (IUD) insertion
b. Urinary tract infections among male and female patients
c. Sexually-transmitted infections
d. Endogenous infections resulting from poor personal hygiene

30. Irene handles the screening for gonorrhoea every two weeks among female sex workers in the implementation of PD 856. In differential diagnosis of discharge among infected clients, which of the following colors discharge will Irene take note to identify gonorrhoea from other causes?
gonorrhoea from other causes?
a. Greenish yellow as differentiated from mucoid white of trichomoniasis
b. Mucoid white as compared to grayish-white discharge of vaginosis
c. Grayish white as differentiated from mucoid white of chlamydia
d. Yellowish white as compared to trichomoniasis' greenish-yellow

Gonorrhea - Yellowish

Bacterial vaginosis – Grayish white/Yellowish white

Candidiasis – Similar to cottage cheese

Trichomoniasis – Yellow green

Chlamydia – Milky white or yellow

31. Nurse Hunter was invited by a women's group to give a lecture on healthy sexuality. In the expectation check, he noted that there are previous misconceptions expressed by the participants. Which of the following statements are correct?
a. It is the obligation of the wife to give in to sex every time he asks for it
b. Sexuality is fluid and may change
c. Effeminate men are gays
d. Homosexuality, being gay or lesbian, is an abnormality

32. One of the clients was positive to Gonorrhea. Nurse Irene explained that gonorrhoea and chlamydia, if left untreated can lead to Pelvic Inflammatory Disease (PID). Such condition may cause infertility due to _____.
a. Foul smelling odor discharge which can kill the ovum
b. An unknown cause
c. Scarring which can lead to tubal occlusion
d. Purulent discharge which can kill the sperm

33. Nurse Irene further explained that a test used to determine tubal patency using a radiopaque material is the _____.
a. Post-coital infetitlity test – sperm interacts with cervical mucus

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b. Sims Huhner test – sperm interacts with cervical mucus
c. Friedman's test – early pregnancy test
d. hysterosalpingography

Situation
Ela, 21 years old, is a law graduate. She wants to review for the Bar but thinks she is pregnant. She said she has regular menses but does not know when ovulation usually occurs. This have something to do her fertility period during her last sexual intercourse with her husband.

34. As a nurse, what would you tell Ela regarding ovulation? The ovulation usually corresponds to the life of the corpus luteum which occurs approximately _____.
a. 14 days after the first day of the succeeding menstrual
b. 7 days after the first day of the succeeding menstrual
c. 7 days before the first day of the succeeding menstrual
d. 14 days before the first day of the succeeding menstrual

35. Ela insisted she might have been fertile during the time of sexual intercourse. The nurse explains that absolute period of fertility is the span of time that a woman is likely to be pregnant when she engages in unprotected sex_____.
a. Several days after ovulation
b. During ovulation – Best time for intercourse
c. Immediately after ovulation
d. Immediately before ovulation

36. The nurse proceeded to take the menstrual history of Ela to find out if she is likely to be pregnant. Which of the following determines the date of onset of last menstrual period (LPM)? It is the _____.
a. Duration and character of the LMP
b. Implantation bleeding
c. Spotting after the LMP
d. Bleeding before the last menstrual period (LMP)

37. The nurse also asked about Ela's secondary amenorrhea that would most likely indicate her pregnancy. Secondary amenorrhea is cessation of menses for more than_____ months, after regular menstrual cycle has been established.
a. Five
b. Three
c. six
d. four

2 kinds of amenorrhea

Primary – No mens until 16 y.o

Secondary: with mens → no mens for 6mos

38. The nurse also asked for presence of secondary dysmenorrhea. Which of the following conditions is not INCLUDED under secondary dysmenorrhea?

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a. Intra-uterine device (IUD)
b. Pelvic Inflammatory Disease (PID)
c. Malposition of the cervix
d. Absence of any underlying anatomic abnormality

39. Carla another patient in the clinic just found out that she is pregnant. She asks when would be her delivery date. What is the expected date of confinement (EDC) of a pregnant woman whose menstruation was from April 10 to April 13?
A. January 17
B. January 20
C. July 17
D. July 20

40. The nurse noted the Fundic height of Anna is at the level of the umbilicus. In documenting the data using Bartholomew's rule, the most probable age of gestation (AOG) in week is :
A. 12 weeks
B. 16 weeks
C. 20 weeks
D. 32 weeks

Situation
A pregnant woman is monitored continuously for a range of signs and symptoms that indicate potential complication. Nurse Carol attends to different discomforts and problems of pregnant women.

41. Alice an O.P.D nurse admitted Mrs. Felia to the antepartum unit with a diagnosis of severe Hyperemesis Gravidarum. When the nurse reviews the laboratory tests, she would expect which of these findings?
A. Increased hematocrit - ↑HCG → ↑vomiting → ↑ dehydration → ↑concentration of blood
B. Decreased blood urea nitrogen
C. Increased potassium
D. Low urine specific gravity

42. Nurse Alice suspects presence of sexually transmitted infection to Mrs. Felia specifically Syphilis to a pregnant client. Which of the following tests will be recommended to the client to confirm diagnosis?
A. Complete blood count
B. Urinalysis
C. Benedict's test
D. VDRL – Venereal disease research lab

43. Mrs. Ilagan a 26 year old Primigravida is being prepared for a nonstress test. This is an assessment test based on what phenomenon?
A. Braxton-Hicks contractions cause fetal heart rate alterations.
B. Fetal heart rate slows in response to a uterine contraction.
C. Fetal movement causes an increase in maternal heart rate.
D. Fetal heart sounds increase in connection with fetal movement. 15beats/min with fetal movement

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44. After a non-stress test is completed, Nurse Ilagan observes on a monitor of the fetal strip results that the fetal heart rate accelerated 15 BPM with each fetal movement. The acceleration lasted for 20 seconds and occurred 3 times during the 20 minute test. The Nurse is correct in interpreting the test as a:
A. Reactive test
B. Non- reactive test
C. Positive test
D. Negative test

45. Another client is also scheduled for Amniocentesis. Nurse Carol explains to the client that one of the risks of amniocentesis is:
A. Rupture of membranes
B. Premature labor
C. Fetal death
D. Malformation

46. The nurse is assessing the fetal heart monitor strip of a client having a contraction stress test. Which of the following, if noted by the nurse, would indicate a negative test?
A. No late decelerations after any contractions on a strip with three contractions within a 10-minute time frame. – adequate uteroplacental function
B. Late decelerations after at least 2 contractions on a strip with three contractions within a 10-minute time frame.
C. Late decelerations after one contraction on a strip with three contractions within a 10-minute time frame.
D. An increase in fetal heart rate after three contractions within a 10-minute time frame.

NORMAL

Non stress test: REACTIVE

Contraction stress test: NEGATIVE

47. The client complains of feeling tired and thirsty. The nurse evaluates that the mother understand the reason for taking only small sips of water and ice chips during labor**.** Which of the following statement expressed by the mother would reflect she understands the situation? When:
A. the body normally has a sufficient store of energy
B. the digestive process is normally slower during labor
C. the intestinal tract should be completely empty before delivery in order to avoid infecting the baby
D. Cesarian section is always a possibility even in normal labor

1. Digestion is delayed during labor
2. Full stomach interferes with bearing down
3. May vomit and cause aspiration

48. Kim, a 27 year old, multigravida client, has been transferred to the delivery room after spontaneous rupture of membrane and crowning was noted by the nurse in charge. You know that your teaching has been effective when the laboring client's partner shouts, "She's crowning!" as:
A. You first start to see a little of the baby's head.
B. The baby's head recedes upward between pushing contractions.
C. The perineum is thin and stretching around the occiput.

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D. The mouth and nose are being suctioned.

49. To deliver her infant, a woman is ask to push with contractions to deliver. Ensuring the standards of nursing practice, which of the following is the most effective and safest pushing technique to teach her?
A. Lying supine with legs in lithotomy stirrups. – Not recommended
B. Squatting while holding her breath.
C. Head elevated, grasping knees, breathing out.
D. Lying on side, arms grasped on abdomen.

50. The delivery room nurse based on the standards of nursing practice, episiotomy is usually indicated for which of the following purposes?
A. To prevents distention of the bladder.
B. To relieve pressure on the fetal head. – Widens vaginal opening
C. To aid in contraction of the uterus following delivery.
D. Done primarily for the physician's benefit.

Situation
It is important for an Obstetric Nurse to perform a comprehensive physical assessment after labor and delivery that could predispose the mothers to potential complications such as hemorrhage.

51. The Nurse in the delivery room is attending to Mrs. Cruz on labor to make sure that maternal injury will be prevented during the postpartum period. Which of the following instruction should the nurse consider to prevent postpartum hemorrhage?
A. Massage the fundus regularly then oxytocin for contractions
B. Postpone breastfeeding of the baby-
C. Apply warm compress to her abdomen
D. Have bed rest and avoid early ambulation

52. When the placenta has been delivered, the first thing the nurse should do in adherence with the standards of nursing practice is to:
A. Inspect the placenta for completeness of the cotyledons
B. Palpate the uterus to see if it is contracted
C. Administer oxytoxic agents as ordered
D. Estimate the blood loss to detect any bleeding

53. The delivery room nurse palpates the client's fundus immediately after delivery of the placenta and assess that it is boggy. The nurse massages the patient's uterus until it is firm. Considering evidence-based nursing practice, which medication would the nurse anticipate might need to be administered if the uterus becomes boggy again?
A. Oxytocin (Pitocin) - ↑Contraction → Closure of the blood vessels → ↓Bleeding
B. Ibuprofen
C. Rho (D) immnune globulin (RhoGAM)
D. Magnesium sulfate

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54. Mrs. Evita 28 years old gave birth through Cesarian section. The Nurse examines her and identify the presence of lochia serosa and feels the fundus 4 fingerbreadths below the umbilicus. This indicated that the time elapsed is:
A. 1 to 3 days postpartum
B. 4 to 5 days postpartum
C. 6 to 7 days postpartum
D. 8 to 9 days postpartum

NORMAL LOCATION OF FUNDUS
After fetal delivery: Below the **UMBILICUS**
After placental delivery: Between **UMBILICUS** & **SYMPHYSIS PUBIS**
One hour after delivery: At level or below level of **UMBILICUS**
Note: Fundus goes down **1cm a day/fingerbreadth a day**

55. In assessing a new mother's response to her son's birth on the first post partum day, which behavior does the Nurse expect to find present?
a. Talkativeness and dependency = Taking in phase; self-centered & passive
b. Autonomy and Independence – Letting go
c. Disinterest in her own body function
d. Interest in learning to care for the baby – Taking hold

Situation
A Maternal-Child staff nurse is attending to the pregnant mothers with varied obstetric disorers. A comprehensive assessment was conducted. One of the clients seeks further question regarding Placenta Previa.

56. Which of the following would be the physiologic basis for a Placenta Previa?.
A. A loose placental implantation.
B. Low placental implantation.
C. A placenta with multiple lobes.
D. A uterus with a midseptum.

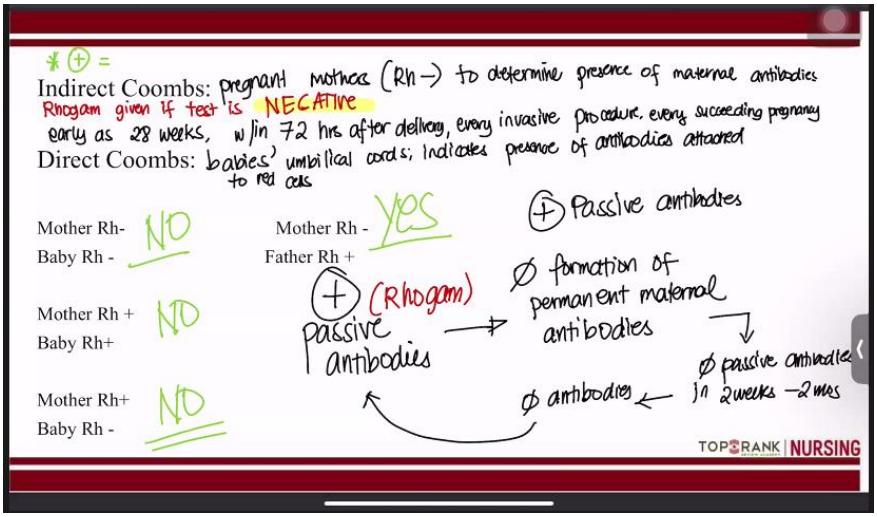
57. A patient diagnosed with Placenta Previa should be given specific instruction before discharge from the hospital. To ensure standards of nursing practice, which among the following should be considered by the nurse as part of instruction to the client?
A. Eat a low calorie diet
B. May resume with regular exercise if minimal bleeding has been noted. – Bed rest is prescribed
C. Avoid sexual intercourse.
D. Avoid intake of spicy foods

58. Another pregnant mother wants to be clarified on her laboratory studies which reveals blood Type -A and she is Rh negative. Problems related to incompatibility may develop in her infant if the infant is:
A. Type O
B. Rh positive
C. Delivered preterm
D. Type B, Rh negative

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Nanay = **N**egative
Petus = **P**ositive

59. An Obstetric nurse is assessing a 39 year old pregnant woman who is married to an American citizen and Rh negative, is seen by the Physician during the first trimester of pregnancy. A test to detect presence of antibodies was conducted to her. The nurse's teaching is effective if the client understands that she will first receive Rho (D) immunoglobulin (RhIg):
A. If the result of Indirect Coomb's test is positive
B. If the result of Indirect Coomb's test is negative
C. If the result of Direct Coomb's test is positive
B. If the result of Direct Coomb's test is negative



60. During the prenatal visit the Nurse explains further to a client who is Rh negative that RhogGAM will be administered:
a. Weekly during the ninth month, because this is her third pregnancy
b. Within 72 hours after delivery if infant is found to be Rh positive
c. During the second trimester , if an Amniocentesis indicates a problem
d. To her infant , immediately after delivery if the Coomb's test is positive

Situation
The birth process affects the physiologic systems of the mother and the fetus. Staff nurse Jamie is assigned in the Labor and Delivery Room Area.

61. A G7P 6 woman is in the hospital only 15 minutes when she begins to deliver precipitously. The fetal head begins to deliver as you walk into the labor room. The best action of Nurse Jamie would be to:
A. place a hand gently on the fetal head to guide delivery.
B. ask her to push with the next contraction so delivery is rapid.
C. assess blood pressure and pulse to detect placental bleeding.
D. attach a fetal monitor to determine fetal status.

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62. Nurse Jamie in a labor room is preparing to care for a hypertonic uterine dysfunction. The nurse observed that the client is experiencing uncoordinated contractions and erratic in their frequency, duration and intensity. The priority nursing intervention in caring for the client is to:
A. Monitor the oxytocin (Pitocin) infusion closely
B. Provide pain relief measures – Promote normal delivery later pattern
C. Prepare client for amniotomy
D. Promote ambulation every 30 minutes

63. Mrs. Barbara 34 years old is being admitted in the hospital unit for severe Preeclampsia. When deciding on where to place her, which of the following areas would be most appropriate?
A. By the nursery so she can maintain hope she will have a child.
B. Near the elevator so she can be transported quickly.
C. Near the nurse's station so she can be observed closely.
D. In the back hallway where there is a quiet, private room. - ↓Stimulus = ↓Risk for eclampsia (Non-stimulant environment)

64. The Physician orders intravenous Magnesium Sulfate for Mrs. Barbara. Which of the following medications would the Nurse has readily available at the client's bedside?
a. Diazepam (Valium)
b. Calcium Gluconate
c. Hydralzine (Apresoline)
d. Phynetoin (Dilantin)

65. Which of the following signs would alert the Nurse that Mrs. Barbara's whose latest blood pressure 160/110, may be about to experience a seizure?
a. Decreased contraction intensity – Effects of Magnesium
b. Epigastric pain
c. Decreases temperature – Effects of Magnesium
d. Hyporeflexia – Effects of Magnesium

Situation
As a Pediatric Nurse you are confronted with varied concerns regarding growth and development from parents, teachers, and children. The nurse recognizes the need for health supervision and anticipatory guidance for these groups.

66. The best way for an infant's father to help his child complete the developmental task of the first year is to:
A. expose her to many caregivers to help her learn variability.
B. talk to her at a special time each day.
C. respond to her consistently.
D. keep her stimulated with many toys.

67. Whenever the parents of a 10-month-old leave their hospitalized child for short periods, he begins to cry and scream. The nurse explains that this behavior demonstrates that the child:
A. Needs to remain with his parents at all times.

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B. Is experiencing separation anxiety. – 3 phases Protest – Crying & Rejecting anyone other than caregiver, Despair – Appears quiet and withdrawn, Detachment – more interest in environment; ignores caregiver when they return
C. Is experiencing discomfort.
D. Is extremely spoiled.

68. Dennis, a preschooler sees you pour his liquid medicine from a tall, thin glass into a short, wide one, he will probably reason that:
A. the amount of medicine is less (the glass is not as full). – No concept of conservation
B. the amount of medicine did not change, only the appearance.
C. pouring medicine hurts it in some way because it changes.
D. the glass changed shape to accommodate the medicine.

69. A school nurse prepares a lecture on Puberty changes for first year high school girls. She asks the group, "What is the first sign of Puberty?" A student correctly replies :
A. "The appearance of breast buds."
B. "An increase in energy and appetite."
C. "The occurrence of the first menarche."
D. "Appearance of body odor."

70. When encouraging the hospitalized physically challenged or chronically ill adolescent to develop and maintain a sense of identity, you would:
A. provide the opportunity for individual decision making.
B. provide physical comfort to the individual.
C. ask the parents what the adolescent is capable of doing.
D. provide care until the adolescent insists on being independent

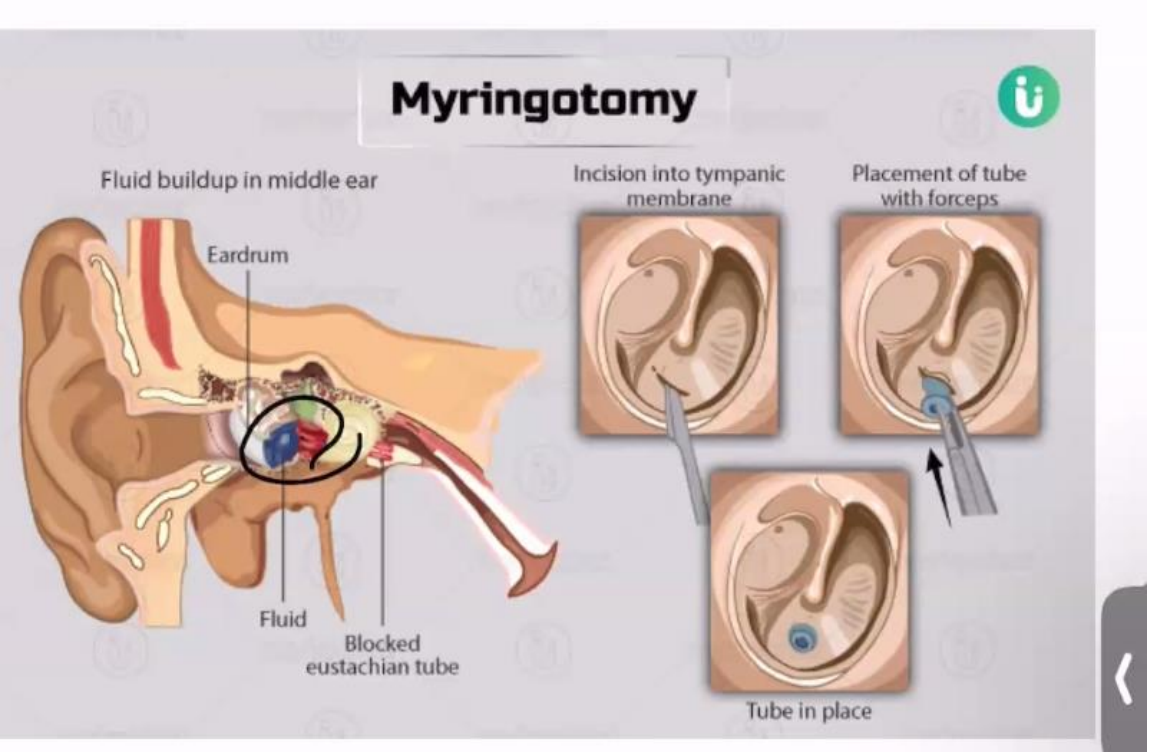
Situation
Nurse Paterno a Pediatric Nurse enjoys taking care of children in the ward even though it is so difficult and takes so much time to attend to their needs.

71. Elvis 8 months old was diagnosed with Acute Laryngotracheobronchitis (LTB) and is managed inside a mist tent. As Nurse Paterno conducts assessment, which of the following observations would lead her to suspect that airway occlusion is occurring?
A. He states he is tired and wants to sleep.
B. His respiratory rate is gradually increasing.
C. His cough is becoming harsher.
D. His nasal discharge is increasing.

72. A child is scheduled for a Myringotomy with placement of Tympanostomy tube. What is the goal of this procedure that Nurse Paterno will discuss with the parents?
A. To decrease infection in the ear
B. To irrigate the eustachian tube
C. To correct a malformation in the inner ear
D. To equalize pressure in the tympanic membrane

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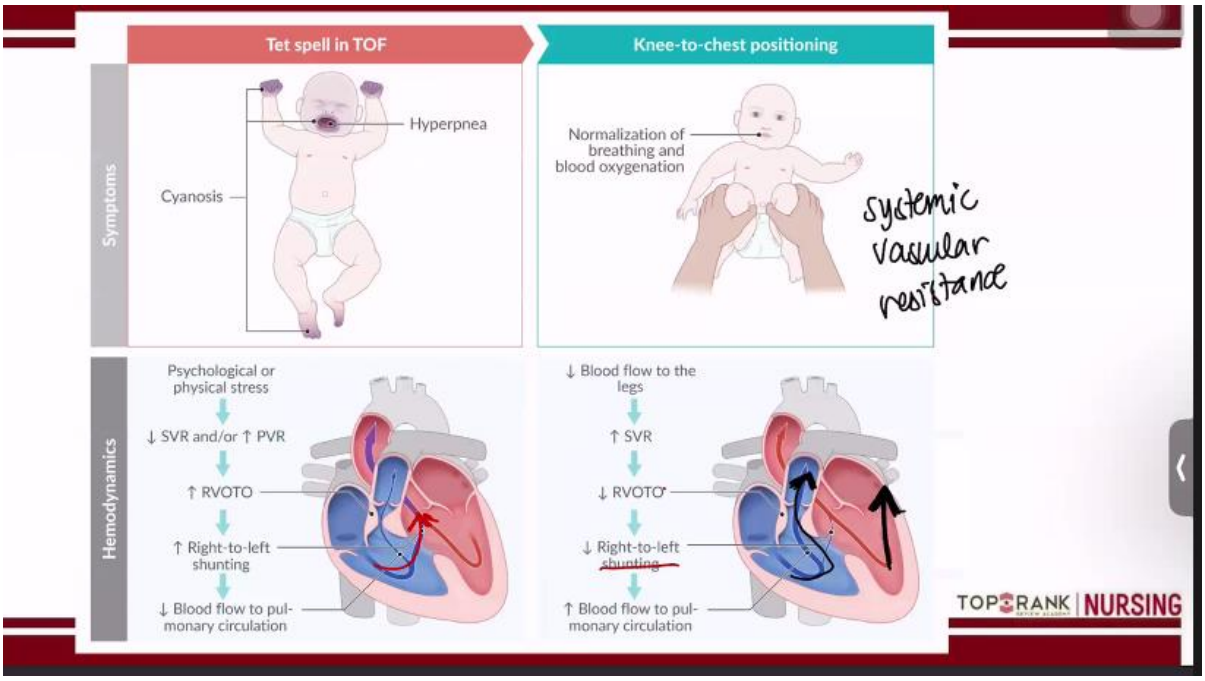
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73. An 8 year old female child was admitted in the hospital with medical diagnosis of Acute Rheumatic fever. When obtaining a health history from the child's mother, the nurse should ask the questions to determine if the child was recently ill with:
A. Mumps
B. Measles
C. a viral flu
D. a sore throat – GABHS, Laryngitis any strep infections

74. You would teach the mother of a boy with Tetralogy of Fallot (TOF) that if he suddenly becomes cyanotic and dyspneic to:
A. place him in a semi-Fowler's position in an infant seat.
B. lie him supine with the head turned to one side.
C. lie him prone, being sure he can breathe easily.
D. place him in a knee-chest position.

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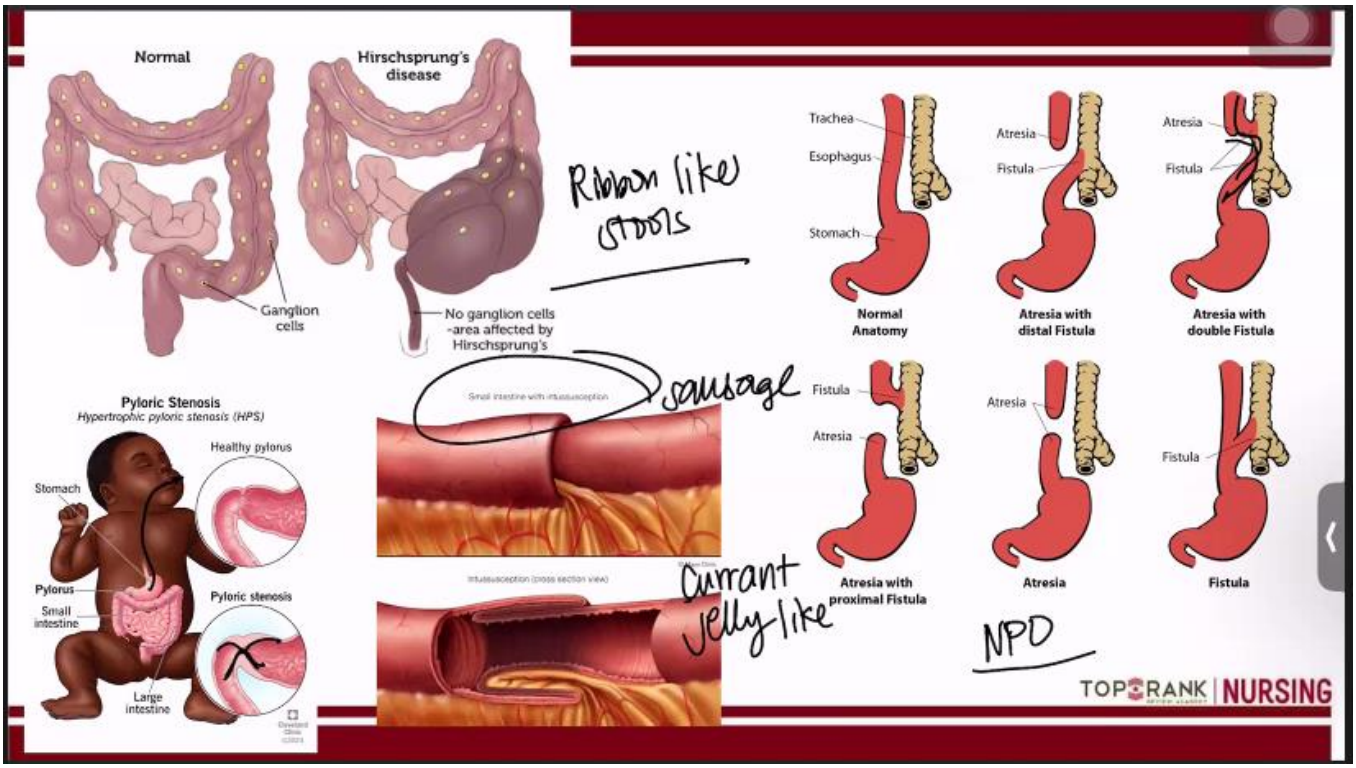


75. Dyspnea, cough, weight gain, weakness, and edema are classic signs and symptoms of which condition?
A. Pericarditis
B. Hypertension
C. Myocardial infarction (MI)
D. Heart failure

Situation
There are varied Pediatric disorders that require comprehensive assessment and nursing interventions. The following scenarios refer to health problems of children.

76. A 5-week-old infant is brought to the pediatrician's office with symptoms of irritability, weight loss, and projectile vomiting. On physical examination, the infant appears dehydrated. From these symptoms, you know that the infant probably has:
A. Hirschsprung's disease
B. Tracheoesophageal Fistula
C. Pyloric stenosis
D. Intussusception

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77. Pediatric Nurse admitted a post cleft palate repair child and immediately the nurse should position the child:
A. Left side lying.
B. Prone.
C. Dorsal recumbent.
D. Semi Fowler's.
Cleft lip – unaffected side lying

Both - Prone

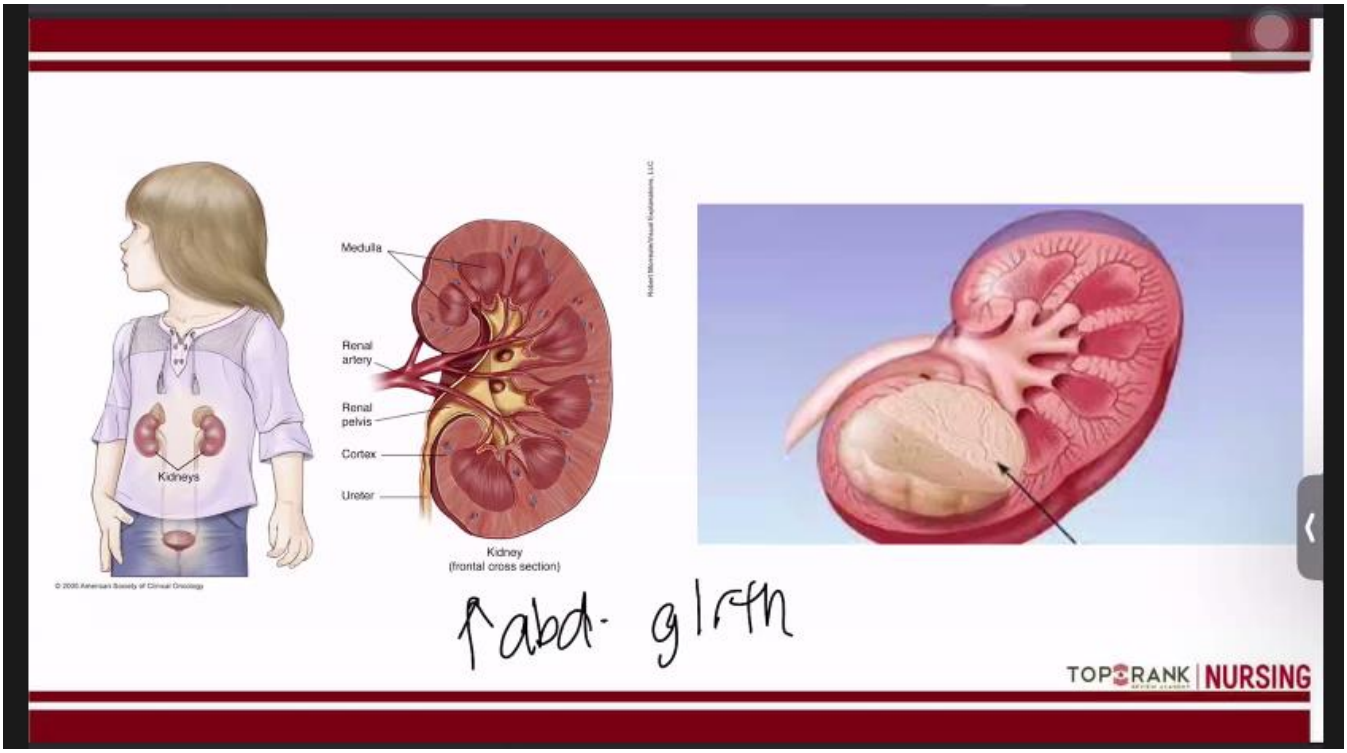
78. Another neonate is suspected of having a tracheoesophageal fistula. Priority nursing care until the diagnosis is confirmed includes:
A. monitoring the neonate carefully during and after feedings
B. elevating the neonate's head after feedings
C. feeding only glucose
D. feeding nothing by mouth

79. Upon interviewing the parents of the child with Acute Glomerulonephritis, the nurse understands that which information collected is most often associated with this condition?
A. Nausea and vomiting for the last 24 hours
B. Streptococcal throat infection 2 weeks prior to diagnosis
C. History of urinary tract infection for 5 days
D. Pruritus for 1 week prior to diagnosis

80. A newly admitted 5-year old child in the Pediatric ward is diagnosed with Wilm's Tumor. Upon initial interview, the nurse would be most concerned about which statement by the child's mother?
A. My child has lost 3 pounds in the last month.

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B. Urinary output seemed to be less over the past 2 days.
C. All the pants have become tight around the waist.
D. The child prefers some salty foods more than others.



Situation
A newly married couple Berta and Bart wants to practice Family Planning to prepare a good future for their family. Nurse Bing a Family Planning Counselor is planning a lecture regarding the different methods of family planning.

81. Which of the following family planning method which identifies the fertile and infertile days of the menstrual cycle as determined through a combination of observations made on the cervical mucus, basal body temp recording and other signs of ovulation?
A. Basal Body Temperature
B. Standard Days Method
C. Sympto-thermal Method
D. Lactational Amenorrhea Method

82. During a family planning seminar conducted in the Barangay Health Center, Nurse Bing was asked by Berta, a married woman who wants to try using contraceptives, if it is true that contraceptives will render couples sterile. Nurse Bing's response should be:
A. "Yes, It's true."
B. "Yes, If you are already using it for more than 3 months."
C. "No, It will not cause sterility if you are also using condoms."
D. "No, Once you stop using the contraceptive method, you can have children again."

83. Bart the husband, further asked Nurse Bing if contraceptive method will result to loss of sexual desire. Nurse Bing's most appropriate response would be:
A. "No, but it will make you uncomfortable with your sexual relationship."

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B. “Yes, it causes lack of sexual desire of the male partner.”
C. “Yes, it causes lack of sexual desire of the female partner.’
D. “No, it can actually enhance your sexual relationship.”

84. In a CHN class, a student asked Mr. Pablo, the Clinical Instructor, if family planning methods can cause abortion. As an instructor, Mr. Pablo’s response should be:
A. “No, family planning prevents pregnancy, but it does not terminate pregnancy."
B. “No, family planning puts a pregnant woman at risk for miscarriage, but not abortion.”
C. “Yes, family planning can cause abortion.”
D. “Yes, if the couple is using the artificial methods of family planning.”

85. Mackle-More, a Public Health Nurse (PHN), is assigned in conducting seminars on Family Planning Program in the different Barangays. She is aware that the roles of PHNs on Family Planning Program are the following EXCEPT:
A. Provide counseling among the clients to help increase family planning acceptors and avoid defaulters.
B. Ensure availability of family planning supplies and logistics for the PHNs and other barangay health workers only.
C. Provide packages of health services among reproductive age group in all health facilities.
D. Inform the clients about the importance and benefits/advantages/disadvantages of family planning.

Situation
Nurse Maja continues to expand her roles by actively participating in the activities of the Health Center in collaboration with the Department of Health.

86. Which of the following is not included in the Child Health Programs of the DOH?
A. Adolescent Screening
B. Expanded Program on Immunization
C. Dental Health
D. Micronutrient Supplementation

Infant and young child feeding
Newborn screening
Management of childhood illness
Early child development
Child health injuries

87. Breastfeeding is the most essential feeding for infants that has nutritional , immunologic values and maternal advantages for the mother. Exclusive breastfeeding during the first half-year of life is an important factor that can prevent:
A. Infant and childhood morbidity and mortality
B. Infant and childhood Mental Disorders
C. Occurrence of Cancer
D. Occurrence of Heart Disease

88. Rona, G1P1, is on her 2nd post partum day. She asks Nurse Maja about the definition of exclusive breastfeeding. Nurse Maja responds based on his knowledge that exclusive breastfeeding means:
A. giving the baby breast milk and water only.

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B. giving the baby breast milk and solid food only.
C. giving the baby breast milk and drops or syrups consisting of vitamins, mineral supplements, or medicines only.
D. giving the baby breast milk only. Drops or syrups consisting of vitamins, mineral supplements, or medicines should not yet be given until the 6th month of life.

89. The following are the benefits of breastfeeding to the infants EXCEPT:
A. Provides a nutritional complete food for the young infant.
B. Strengthens the infant's immune system, preventing many infections.
C. Safely dehydrates and provides essential nutrients to a sick child.
D. Increases IQ points.

90. During a Ward class in the Obstetric Ward of a community hospital, a mother asked the Nurse regarding the benefits of breastfeeding to the mothers. The Nurse best response would be:
A. "It increases the woman's risk of excessive blood loss after birth."
B. "It reduces the woman's risk of excessive blood loss after birth."
C. "It provides artificial methods of delaying pregnancies."
D. "It increases the risk of ovarian and breast cancers and osteoporosis."

BF - ↑Oxytocin → ↑Contractions → ↓Bleeding

91. Nurse Dorothy is preparing to administer vaccinations to children. She knows that the following are correct EXCEPT:
A. The vaccination schedule should not be restarted from the beginning even if the interval between doses exceeded the recommended interval by months or years.
B. Giving doses of a vaccine at less than the recommended 4 weeks interval may lessen the antibody response.
C. Lengthening the interval between doses of vaccines leads to higher antibody levels.
D. Use one syringe one needle for all the children receiving the same vaccination.
1 syringe : 1needle : 1child

92. Rose, a mother of a 7-month-old baby, is asking the nurse in the Health Center regarding the 7 vaccine preventable diseases. All of the following diseases are included EXCEPT:
A. Diphtheria
B. Measles
C. Poliomyelitis
D. Dengue
TB
Tetanus
Pertussis
Hepa b

93. Kurt, 4 years old, has Measles. His mother asks the nurse if there is a chance that Kurt will contract the virus again. The nurse's response should be based on her knowledge that:
A. reactivation of old infection is common with Measles.
B. immunity from Measles is lifelong after the first attack.
C. no immunity is induced by the infection.
D. immunity from Measles is just for 6 months after the first attack.

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94. When can you say that a child is already a "Fully Immunized Child"?
A. If he received one dose of BCG, 3 doses of OPV, 2 doses of DPT, 3 doses of HB and one dose of measles before his/her first birthday.
B. If he received two doses of BCG, 3 doses of OPV, 3 doses of DPT, 3 doses of HB and one dose of measles before his/her first birthday.
C. If he received one dose of BCG, 2 doses of OPV, 3 doses of DPT, 3 doses of HB and one dose of measles before his/her first birthday.
D. If he received one dose of BCG, 3 doses of OPV, 3 doses of DPT, 3 doses of HB and one dose of measles before his/her first birthday.



95. Annabelle, a new mother, asks the nurse about the purpose of the first BCG vaccination given to her son. The nurse's best response should be:
A. "An early start with BCG reduces the chance of severe pertussis." - DPT
B. "The extent of protection against polio is increased the earlier the BCG is given." - OPV
C. "BCG given at earliest possible age protects the possibility of TB meningitis and other TB infections in which infants are prone."
D. "An early start of BCG reduces the chance of being infected and becoming a carrier. It prevents liver cirrhosis and liver cancer." – Hepa B

Situation
Barangay Dionisia is situated in a remote area. The Public Health Nurse conducted several health training programs regarding Herbal plants that would be useful in the treatment of illness and health problems. The following can be found in the small garden of the Barangay.

96. Tsaang Gubat is used to treat which of the following?
A. Diarrhea and Stomachache
B. Cough and Fever

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C. Colds and Pain
D. Hypertension

97. Niyug-niyogan is an:
A. Analgesic
B. Anti-helminthic
C. Anti-hypertensive
D. Anti-gout

98. Ulasimang Bato or Pansit-pansitan is used to:
A. lower cholesterol levels
B. lower blood sugar levels
C. lower ammonia levels
D. lower uric acid levels

99. This refers to a drug outlet managed by a legitimate community organization, non-government organization, and the local government unit with a trained operator and a supervising pharmacist, and specifically licensed by the Bureau of Food and Drugs to sell, distribute, offer for sale, and or make available low-priced generic home remedies, Over the Counter (OTC) drugs, antibiotics, and medication for chronic diseases.
A. Mercury drugs
B. Right Med
C. Generic Pharmacy
D. Botika ng Barangay

100. One strategy to address the problem in a poor Barangay aside from Herbal Plants is food production. Which of the following is a priority?
A. A community managed poultry and piggery
B. Planting plenty of Malunggay
C. Planting tomatoes and eggplants in containers
D. Engaging in a home –based food processing business

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Recalls 7 NP3

Situation
Nurse Luna is employed in hospital "X" and assigned in the Medical Ward for a year now. The nurse supervisor ordered her to proceed immediately to the Surgical Ward as a reliever to another nurse who went on emergency sick leave. She was not oriented in the Surgical Ward and the unit was very busy.

1. Nurse Luna is employed in hospital "X" and assigned in the Medical Ward for a year now. The nurse supervisor ordered her to proceed immediately to the Surgical Ward as a reliever to another nurse who went on emergency sick leave. She was not oriented in the Surgical Ward and the unit was very busy.
a. Request the nurse supervisor to assign a more experienced nurse reliever
b. Refuse the order of the nurse supervisor and stay put in the medical ward
c. Comply with the order of the nurse supervisor
d. Request the nurse supervisor to give her brief orientation before compliance

2. To qualify as an operating room nurse in the Philippines setting, Nurse Luna should possess the minimum requirements of _____.
a. Master's degree holder with valid and current license
b. Worked in the surgical unit for 8 hours
c. RN and has worked abroad
d. RN with valid and current license and Surgical Ward orientation

3. Nurse Luna is a graduate in the Philippines nursing school. As part her professional and personal development, she should attend which of the following program? EXCEPT_____
a. Programs by the Philippine Nurses Association
b. Continuing Professional Development programs by the Professional Regulation Commission
c. Symposium and forum offered by the school – No CPD units
d. Programs of international nurses associations

4. The PRIORITY objective behind career advancement of Nurse Luna is _____.
a. Increasing revenue of the service providers
b. Renew old acquaintances and establish camaraderie
c. Increased number of networking activities
d. Updating one's knowledge, skills, conduct and values in professional nursing

5. Nurse Luna has an expired license but promises to renew her license in due time. Which of the following violation can she be charged if she participated in home health care activity?
a. Malpractice
b. Grave coercion
c. Felony
d. Negligence

Situation
Health Education is an area of nursing practice when the nurse can be creative and independent in the work setting. The following questions apply.

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6. A nurse is developing a Teaching plan for Isabel 18 year old with Bronchial Asthma. She has an order for discharge. Which part of the teaching plan should be given PRIORITY?
a. Quick relief medicines as ordered
b. Avoid contact with fur-bearing pets
c. Avoid going to malls
d. Wash bed sheets in warm water

7. Mr Gilbert is for postural drainage. The nurse should position the client's head at _____.
a. No greater than a 25 degree downward angle
b. A 30 degree lateral angle for 25 minutes
c. 25 degree at lateral angle
d. A 30 degree downward angle for 25 minutes

8. Nurse Beth is teaching Michel, an asthmatic, on how to use the Spirometer. She should instruct the client to have the mouthpiece_____.
a. Place into the mouth and have regular breathing
b. Place into the mouth and have a fast deep breath
c. Place into the mouth and inhale slowly
d. Place into the mouth and exhale slowly

8. Nurse Beth is teaching a client on how to use metered dose inhaler to prevent asthmatic attack while in the hospital. She should instruct the client to do the following _____ EXCEPT.
a. Keep the head of the bed at 15 degree angle – Upright angles
b. Do oral care after use of the inhaler
c. Use the inhaler before she take her meals
d. Use the inhaler as ordered

10. You are conducting health-teaching sessions to clients with cardiovascular disorders. Client Pedro asks you this question: "Tell me, Nurse, what I should do with my Hypertension?" The best response of a Nurse is_____.
a. "comply with your diet, lifestyle and exercise"
b. "strictly follow your prescribed daily exercise and smoking cessation"
c. "comply with your diet, life style modification and prescribed medicines"
d. "include garlic in your meals with regulation of alcohol consumption"

Situation
As a staff nurse in a government hospital, you have been exposed to varied cases of clients with endocrine problems. Your nursing responsibility starts from admission to discharge which is a domain of your competencies.

11. Which of the following questions should you ask during an admission interview for a client with a diagnosis of pheochromocytoma?
a. Do you always feel like you are suffocating, you want to rest and sleep
b. Do you suddenly feel warm and flushed when you get out of bed

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c. Do you notice an increase in your heart beat? **Sns - vasoconstriction - tachy (inc bp) // catecholamines → ↑ Norep Epi → SNS**
d. Do you have an increase in urination lately?

12. When the sympathetic nervous system is stimulated in the case of pheochromocytoma, you expect which of the following signs?

i. Hypertension

ii. Headache

iii. Hyperhidrosis

iv. Hypermetabolism

5H's of Pheochromocytoma Hyperglycemia
a. 3 and 4
b. 1 only
c. 1, 2, 3, and 4
d. 2 and 3

13. Which of the following drugs can induce hypertensive crisis in Pheochromocytoma?
a. Tricyclic antidepressant – Inhibit reuptake of neurotransmitters (serotonin & norep)
b. Corticosteroid
c. Respiratory stimulant
d. Radio iodine therapy

14. In the presence of pheochromocytoma, the diagnostic test which is expected to be elevated is _____.
a. Serum thyroid hormone levels
b. Albumin globulin test
c. Urine cyclic adenosine mono phosphate
d. 24 hours urine collection for vanillylmandelic acid (VMA)

15. Palpation, as a modality for physical examination is AVOIDED when diagnosed with pheochromocytoma because this action_____.
a. Will cause sudden release of norepinephrine and severe hypotension
b. Will cause a sudden release of cathecolamines and severe hypertension
c. Will displace the location of the tumor
d. Will cause sudden release of epinephrine and severe palpitation

Situation
Mr. Con is being prepared for a major surgery. Legal preparation for surgery consists of checking all the required forms for the operation. Equally important is to make sure that the patient is physically, psychologically, and emotionally ready for the procedure.

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16. Informed consent is a process that gives the patient opportunity involved in his or her care. As patient advocate, the nurse ensures the following three conditions are present to make consent valid, EXCEPT:
a. Adequate disclosure of the diagnosis by the physician
b. Comprehension of information by the patient before the operation
c. Patient voluntarily giving consent
d. Forms signed by any close relative or watcher

17. The patient asks you, "What do you think of my surgeon?" You answered "hmmmmm… he is not really the best one and he seems not to care for patient..." As a result, the patient switches to another surgeon. The latter may have grounds to sue you for _____.
a. Slander - Private
b. Invasion of privacy
c. Malpractice
d. Libel – Public with documentation

18. One of your patient's visitors whisper to you, "I hope you will not try to revive my dear friend if her heart stops as she has already suffered a lot." The correct response is _____.
a. "That decision is up to the physician"
b. "We are all trained in cardiopulmonary resuscitation"
c. "There is a ' Do not resuscitate' order in her chart"
d. " I understand your concern, but I can't discuss this matter with you"

19. According to the Joint Commission, the most frequently cited factor in sentinel (unanticipated) events that leads to a patient's serious physical or psychological injury is _____.
a. Confusion within the health team - miscommunication
b. Miscommunication among health team members - miscommunication
c. Incompetence by a team member – human factors
d. Policy changes are not followed by adequate and consistent staff education - leadership

The most frequently identified root causes for Sentinel Events through second quarter 2015 are

(1) human factors,
(2) leadership,
(3) communication,
(4) assessment,
(5) physical environment,
(6) health information technology-related,
(7) care planning,
(8) information management,
(9) medication use, and
(10) performance improvement.

Situation

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Conducting Research is one of the major roles of the nurses both in hospital and community settings. To be able to develop such competencies, the nurse has to undergo an actual conduct of the research process.

20. Which of the following statements BEST described a researchable problem?
a. Responses of parents toward having children with congenital heart diseases. - Broad
b. The relationship between relaxation technique and relief of pain of post CABG patients in the surgical coronary care unit. - Broad
c. Incidence of medication errors and reporting practices of Health Care Professional in a teaching hospital – Difficulty in retrieving/availability of subjects
d. To what extent do pre-operative teaching affect the length of hospitalization of patients going for surgery

21. Nurse Joan has to undergo literature search for her study. She can avail of this from the following EXCEPT_____.
a. A summary of research articles that are relevant to the study
b. A written document published by the investigator herself
c. Any retrieval from website that will help her search for the subject on investigation
d. A description of the scientific study from an information provided by a faculty member teaching research

22. Weight is taken as a baseline measurement of obese female adolescents as study subjects for a weight reduction program. This is repeated to note any changes. This pre-test is done to_____.
a. Determine whether the instrument is defective
b. Assess if research design is appropriate to the problem identified
c. Evaluate whether the instrument is defective
d. Obtain preliminary data before a treatment is conducted by the researcher

23. A Nurse researcher is using ACCU-CHEK a monitoring kit to test presence of Diabetes Mellitus among her study subject. How do you classify this type of measurement?
a. Microbial
b. Cytological
c. Physiological
d. Chemical

24. Nurse Joan, wanted to conduct a study using quasi-experimental design. This design will need a _____.
a. Retrospective evaluation
b. Field setting for the study
c. Comparable group
d. Manipulation of the dependent (IV) variable

Situation
Kian, 16 year old, a foreigner was admitted in the medical ward due to abdominal pain, nausea and vomiting by Nurse Tessie.

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25. In initiating care for patient Kian, which of the following would be an APPROPRIATE question to be asked by Nurse Tessie in her assessment?
a. Since this is doctor's order, you have to drink ice water, instead of hot tea.
b. Do you have any books I could read about people of your culture?
c. Do you need to set aside your cultural practices, and comply with hospital rules and regulations?
d. Is there anything I am doing that is not acceptable to your culture?

26. Nurse Tessie respects cultural practices integration in her nursing care plan. Which of the following nursing action is MOST represented of the culturally competent nurse?
a. Help patient Kian to learn and understand the language
b. Explain and validate health knowledge and beliefs of Patient Kian with that of the hospital
c. Help Patient Kian identify ways to relate more to the culture where they now resides
d. Ask patient Kian to help Nurse Tessie in knowing more the culture of his origin

27. The family of Patient Kian request utilization of warm compress with banana leaves to Patient Kian. Which of the following is the MOST appropriate response of Nurse Tessie? Alternative therapies_____.
a. Cost less than traditional therapies
b. Are use when traditional therapies are not effective
c. Utilized natural products while traditional therapies do not
d. Can be effective as traditional therapies for some conditions

28. Patient Kian's family requests time for spiritual healing process in the hospital. This is allowed by Nurse Tessie and hospital because it_____.
a. Gives fulfillment and meaning to the patient and family
b. Demonstrate people being responsible for their life patterns
c. Is non-denominated community service
d. Formalizes a religious dogma

29. Positive Practice Environment (PPE) influences healing process. Which of the following ways can help Nurse Tessie create a healing environment?
a. Ensure that relatives and friends visit the patient
b. Empower clients to make healthy decisions for themselves
c. Place television in each room of the hospital
d. Ensure that staff nurses does not experience burnout – Settings that support provision of quality patient care by ensuring health, safety & personal well-being of staff

Situation
Julie, 28 years old, has been diagnosed with Diabetes Mellitus. She was advised by her family physician to be admitted to undergo preservation for insulin therapy. Her blood sugar ranges from 200 to 210 mg/dL. At 6 am, Nurse Cynthia administered her insulin injection. After 2 hours, the patient complained of cold clammy perspiration, chilly sensation and abdominal discomfort.

30.Which of the following PRIORITY nursing actions should the nurse perform?
a. Give her biscuit to eat
b. Do urine testing for sugar

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c. Provide her warm blanket
d. Take blood pressure and put her on bed rest

31. Patient Julia has been classified to have a type II Diabetes Mellitus. Which of the following is NOT a typical manifestation of individuals with this condition?
a. Frequency of urination
b. Increased craving for food
c. Increased thirst
d. Weight loss – Hyperphagia → Weight gain

Situation
Mr Dencio, 58 years old is admitted to the pay ward because of respiratory problem. The nurse initiated oxygen treatment by mask but the client refuses despite the encouragement by the wife. The client is aware of the benefits of the treatment.

32. Which of the following should be given priority?
a. Ask the opinion of the wife
b. Conduct consensus building
c. Let the attending physician decide on the necessity of the treatment
d. Respect the decision of the client

33. You are taking care of Mr Dencio who is on the last cycle of radiation therapy for his lung cancer. You should instruct Mr Dencio to
a. Brush teeth and gums vigorously after meals
b. Wait one hour after treatment before eating
c. Use mouthwash containing alcohol every 2 hours
d. Avoid drinking hot fluids – Allow stomatitis to heal, Avoids irritation of oral mucosa

Situation
Ime is the Nurse on duty in the medical ward and many of her patients are suffering from problems of oxygenation.

34. The following are relevant data to be documented when taking the **health history** of a client with anemia EXCEPT:
a. Alcohol intake
b. Fatigue and weakness
c. Dietary intake
d. Episodes of bleeding - Massive

35. A client with congenital heart disease is suffering from thickening of the skin under his fingers due to chronic hemoglobin desaturation. Which of the following specific term should Ime use to accurately describe MOST the client's condition in the chart?
a. Peripheral cyanosis
b. Pallor of the finger tips
c. Peripheral neuropathy

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d. Clubbing of the fingers

36. When the Nurse is assessing a client with Congestive Heart failure with pitting edema, the Nurse's documentation will include which of the following:
a. Degree of pitting edema
b. Time of indention recovery
c. Depth of edema
d. All of the options

37. Mr. Gabby is with left sided heart failure. Ime's documentation of her assessment findings will include the following, EXCEPT_____.
a. Dependent edema
b. Pulmonary crackles
c. Difficulty of breathing
d. Cough

38. A client is on a diuretic therapy. Expected entry in patient's chart should include the following information, EXCEPT:
a. Serum electrolytes monitored
b. Intake and output recorded
c. Lasix administered at 8 o'clock in the evening
d. Weight is taken before drug is given

Situation
Maya, a 42 year old teacher with cardiac ailment, nervously informs the doctor that her goiter is getting bigger and distracts her while swallowing food. The physician who examined her instructed the nurse to admit Maya and to prepare her for surgery after medical clearance.

39. While interviewing Patient Maya, she claims that she is anxious for the coming surgery. You expect the following signs and symptoms when one is under stress, EXCEPT_____
a. Blood loss and weakness
b. Increases respiration rate
c. Decreased mobility
d. Pain due to tissue damage

40. Based on your knowledge, Patient Maya, who has a history of cardiac illness, should not be given an enema before surgery. Which of the following reasons inhibits the order of enema for Patient Maya? Enema_____
a. Paralyzes the peristalsis movement and increases abdominal pain
b. Produces vagal stimulation that is dangerous to cardiac patient - ↓HR ® Cardiac arrythmia
c. Causes constipation and fecal impaction after the surgery
d. Enema results to increased water absorption in the bowels

Situation

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Mr. S came to the ER because of sharp troubling pain. After his surgery, he claimed pain is felt even he is asleep.

41. At what stage of pain mechanism do you classify this pain?
a. Perception – Conscious of pain
b. Modulation – 4th ; Descending system
c. Transmission – 2nd; receptors → cord → brain
d. Transduction – 1st Nociception + release of biochemical mediators

42. When a client complains of pain less than 6 months, it is called_____.
a. Chronic pain
b. Persistent pain
c. Acute pain
d. Intermittent pain

43. In order for the nurse to recall the location of pain, he has to_____.
a. Asks for onset and duration
b. Mark the painful area in a body diagram
c. Asks for facial expression
d. Asks verbal description using pain intensity scale

44. As example of a drug therapy to relieve moderate pain is_____.
a. Codeine
b. Demerol
c. Methadone
d. Morphine sulphate

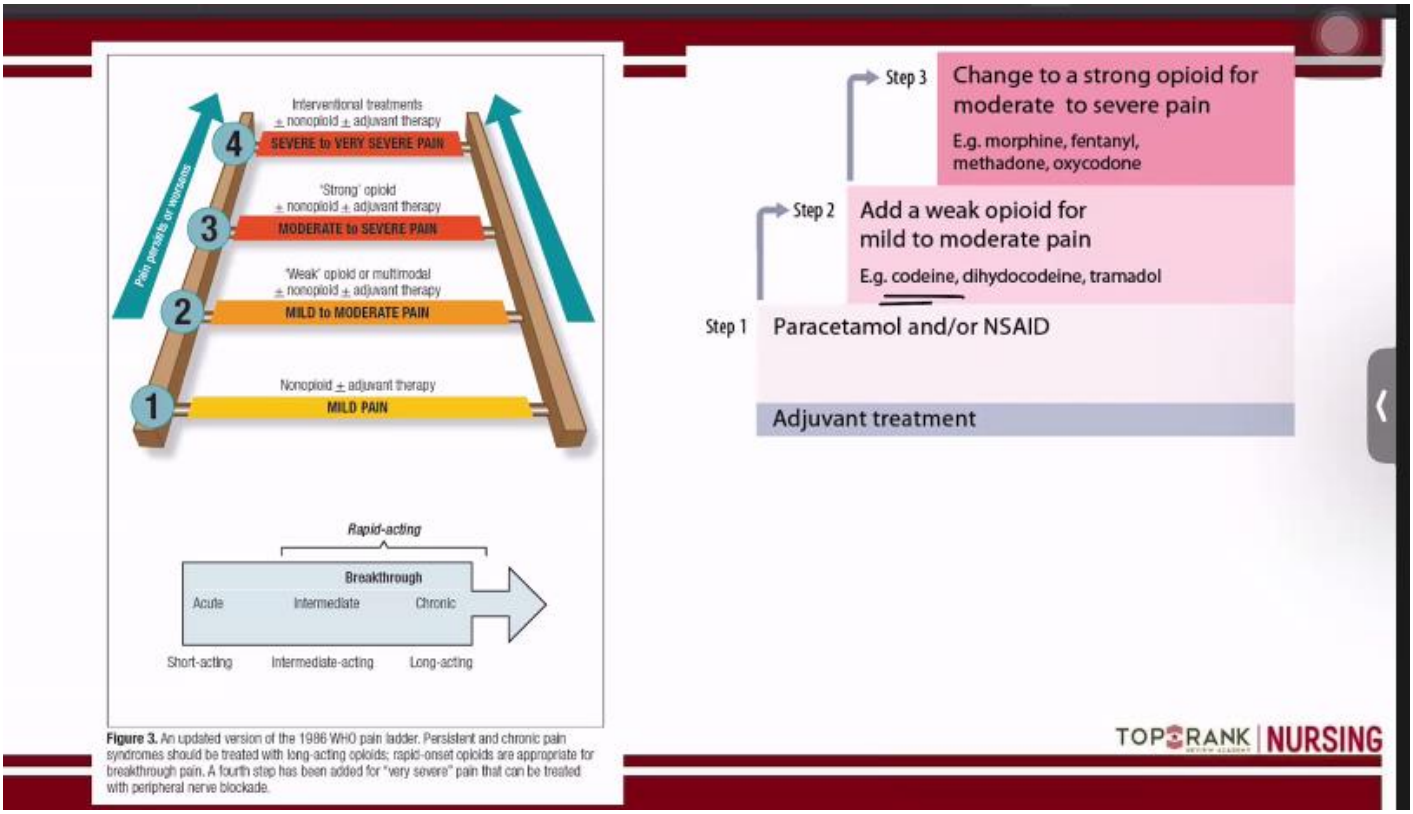


Figure 3. An updated version of the 1986 WHO pain ladder. Persistent and chronic pain syndromes should be treated with long-acting opioids; rapid-onset opioids are appropriate for breakthrough pain. A fourth step has been added for "very severe" pain that can be treated with peripheral nerve blockade.

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45. When a client is on prolonged pain therapy, the nurse should watch for_____.

a. Tolerance to drug

b. Allergic reaction to drug

c. Drug resistance

d. Addiction to drug

Situation

Donny a 46 year old patient admitted to the coronary care unit (CCU) with an MI and frequent premature ventricular contractions (PVCs) has doctor orders for continuous amiodarone infusion, IV nitroglycerin infusion, and morphine sulfate 2 mg IV every 10 minutes until there is relief of pain. She is taken care by Leona a newly graduate nurse.

46. Because of Donny's premature ventricular contraction, the nurse should monitor its effects on which of the following parameters?

a. Electrolyte levels

b. Apical radial heart rate

c. Oxygen saturation

d. Medications

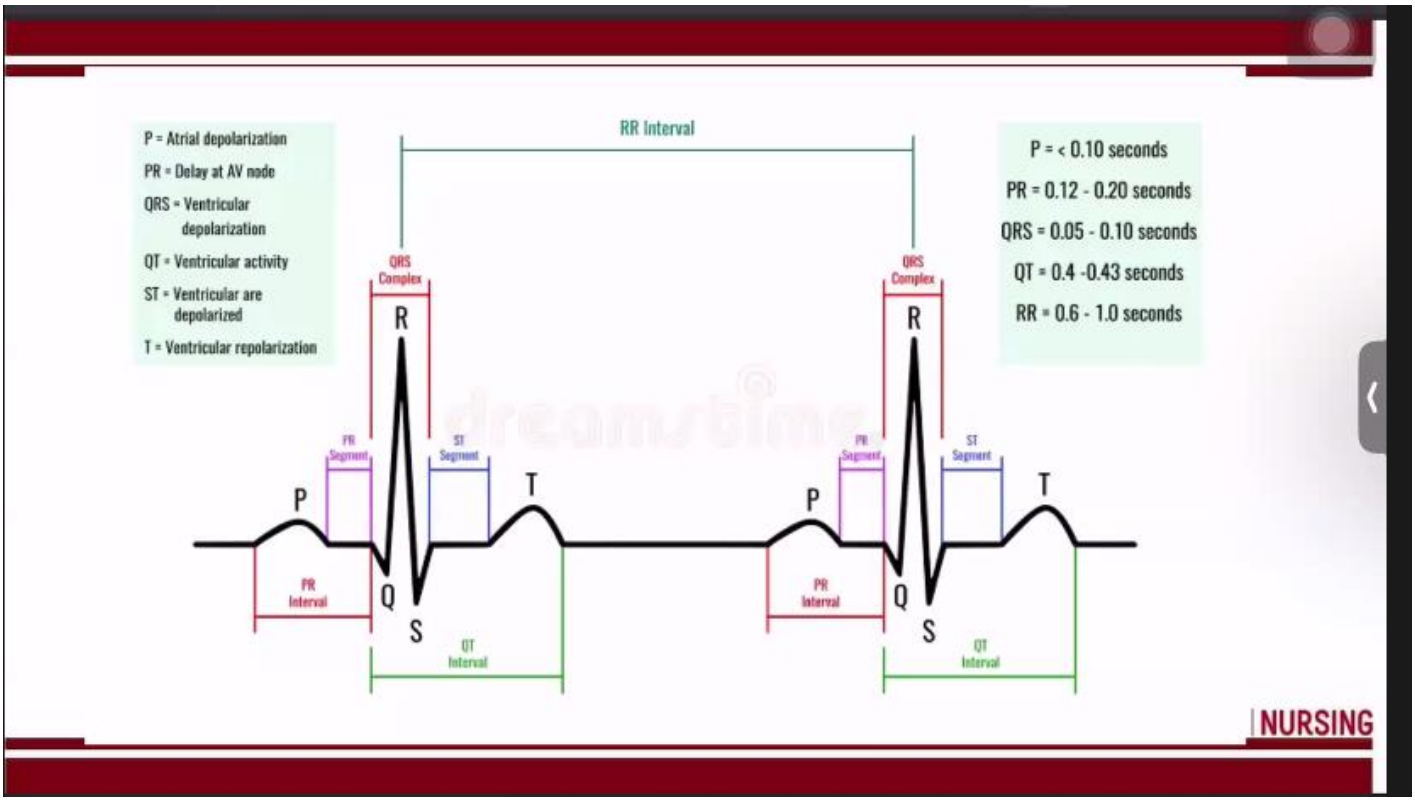
47. In analyzing a patient's electrocardiographic (ECG) rhythm strip, Leona uses the knowledge that the time of the conduction of an impulse through the Purkinje fibers is represented by

a. PR interval

b. QT interval – Ventricular depolarization + ventricular repolarization

c. QRS complex – Ventricular depolarization

d. P wave – Atrial depolarization



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48. A considerable difference between the apical and radial pulse rate of Donny would indicate
a. Stronger left than right ventricular muscles
b. Numerous weak ineffectual cardiac contractions – Pulse deficit
c. Thickened myocardium and large heart chambers
d. Increased pressure in systemic arteries

49. As Donny is assessed he complains of being nauseated and very weak. The nurse should
a. Perform nutritional assessment
b. Alert staff for potential help
c. Explore and discuss possible effect of stress
d. Provide reassurance while focusing on pleasant topics

50. The Physician scheduled for an exercise electrocardiogram (stress test). What information should the nurse include when explaining the value of this test? Exercise stress testing is a:
a. definitive method to diagnose the cause of chest pain
b. diagnostic modality of minimal value in planning treatment of angina
c. noninvasive means of assessing cardiovascular conduction and function
d. minimally invasive manner of assessing a body's reaction to increase in exercise

Situation
You are a nurse tasked to care for patients with several different conditions. You utilize your knowledge of nursing concepts to help these patients.

51. The patient admitted in the unit with a urinary condition asked you, the nurse, where in the kidney does urine get formed. You answer them correctly by stating that urine is produced in the:
A. Glomerulus.
B. Proximal convoluted tubule.
C. Loop of Henle.
D. Nephron.

52. A client was assigned to your unit after their abdominal surgery. You asked the patient during your morning rounds about the passage of flatus. The patient answered, "Yes, flatus has passed earlier this morning". In anticipation of defecation, which of the following instructions are most important for you, the nurse, to give to this client?
A. Please call the nurse if you need to go to the bathroom.
B. If you feel the urge to have a bowel movement, please call for assistance before getting up to the toilet. When having a bowel movement, be sure to breathe out to prevent straining. Do not hold your breath.
C. To prevent the Valsalva maneuver, contract the stomach muscles while holding your breath and push. This will assist in the passage of the stool and will decrease the amount of time required to have a bowel movement.
D. Your bowels will be moving soon. Please report any abdominal pain.

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53. You are the nurse on duty in the unit. A client verbalized complaints of a recent constipation. You took the patient's health history. Which of the following statements by the client suggests the likely cause of their constipation?
A. I walk with a group of friends every day at the mall for an hour.
B. My spouse died 20 years ago, but my family is very loving and supportive. They live just around the corner and come over a few times a week to visit.
C. The fast food place near my home has really good food. I eat there most of the time. – Fast food → rich in fat, low in fiber → contributes the development of constipation
D. What is a laxative?

54. You are the nurse on duty in the emergency room. A client came via ambulance with shortness of breath for the past 3 days. After a few hours in the ER, the client is admitted to the intensive care unit with pulmonary edema that requires intubation and ventilation. A Foley catheter was placed in the client and he had a total of 25 mL urine output. The laboratory reveals: blood glucose of 300, blood urea nitrogen of 100, and creatinine of 5.0. The client has a history of CHF, CAD, diabetes, COPD, and asthma. What's the client's most likely cause of low urine output?
A. Acute and chronic renal failure due to diabetes and a decreased blood flow to the kidneys due to heart failure.
B. Renal failure due to decreased coronary output secondary to heart failure.
C. Decreased blood flow to the kidneys due to congestive heart failure (CHF) secondary to noncompliance with home fluid restriction.
D. Severe dehydration.

Normal UO >30ml/hr
Random blood sugar: <200
BUN: 10-20
Creatinine: 0.7-1.4 / 0.6-1.2

Diabetes: Damaged blood vessels → Blood flow to kidneys → Renal injury
HF: ↓Cardiac output → ↓blood flow to the kidneys → Renal injury

55. A client came to the hospital complaining of nausea and occasional vomiting. You are the nurse reviewing the client's medical records when you note that this client has a 4 year history of renal insufficiency. They had been on fluid restriction and renal diet. Their laboratory shows a steady increase in BUN, creatinine, and potassium. The client's spouse accompanied the client to the appointment. She pulled you aside and stated that his husband has been having episodes of confusion each day. She told you that she is very concerned about her husband and she wants to know if he is having small strokes. Based on the information provided, what is your best response to the spouse's question?
A. Confusion is a common sign of transient ischemic attacks. Thank you for informing me of this. The client will need a CAT scan of the head.
B. The client's kidneys are not working very well. However, confusion is not a common symptom. I will inform the physician of the confusion and have her assess the situation further with the client.
C. The elevated potassium is causing the confusion. The client will need some medication to decrease the potassium level.
D. The client is experiencing worsening uremic syndrome. This is associated with kidney failure and is a sign that the client's kidney function is becoming worse. I will notify the physician about the confusion. There are a couple of treatment options to consider. The physician will discuss the treatment options with the client and you.
High urea → Cross blood brain barrier → Changes in LOC including confusion

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56. One of the elderly patients assigned to you in the ward has been complaining of increasing trips to the bathroom to urinate. Her estimated coffee intake is 3 cups every day. What is the best explanation you can provide to this patient?
A. The increased urine production is most likely due to a urinary tract infection.
B. Coffee is causing the increased urination due to your increased fluid intake. This is completely normal and nothing to be concerned about.
C. Coffee is causing the increased urination. Coffee contains caffeine that causes diuresis, or increased urine formation. Simply decreasing the number of cups of coffee you drink each day, and limiting the consumption of caffeinated beverages to the morning hours, should help decrease your trips to the bathroom.
D. Drinking coffee increases the circulating plasma in the body and this increases the urine formation. Simply decreasing the number of cups of coffee you are drinking should help.

57. You are beginning your shift for the day. You start by assessing a client that has a Foley catheter connected to a collection bag. Which of the following is the best routine catheter care actions to take while caring for this client?
A. Encourage increased oral fluid intake and observe for any opacity in the urine suggesting bacterial infection.
B. Carefully wash the perineal area with soap and water after each bowel movement.
C. Avoid touching the tip of the spigot to any surfaces when emptying the collection bag.
D. Encourage the client to drink at least 2000 mL each day and carefully wash the perineal area, with soap and water, at least twice daily and with each bowel movement.

58. A client of yours read the term activities of daily living. As a knowledgeable nurse, you know that activities of daily living (ADLs) are the essential and routine tasks that most young, healthy individuals can perform without assistance. These include the basic activities that are performed in the course of a normal day. You also know about instrumental activities of daily living (IADL). Which of the following statements best describes IADL?
A. Activities that are usually performed in the course of a normal day. These activities include ambulating, eating, dressing, bathing, brushing the teeth, and grooming.
B. Activities that assist the client in recognizing and managing stress. These activities include facilitating interpersonal relationships, allowing adequate time for rest, and providing regular, nutritious meals.
C. Activities that allow the client to be independent in society. These activities include shopping, preparing meals, paying bills, and taking medications appropriately.
D. Activities that support the effectiveness of direct care interventions. These activities include checking equipment, directing the maintenance of the client's room, and managing the supply of materials needed for client care.

59. One of your clients arrived in the preoperative area for their knee surgery. You asked them to put an elastic stocking on the non operative leg. The client asked you, "What is the purpose of these stockings?". Your best response to the client's question is:
A. The stockings promote return of venous blood to the heart and assist in preventing the blood from clotting in the legs.
B. The operating room is very cold. The stockings assist in maintaining a healthy core body temperature during the operation.
C. The stockings promote joint mobility.
D. The stockings promote the return of arterial blood to the heart and prevent blood from clotting in the legs.

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60. The relative of an immobile client in your unit asked you, the nurse, about the complications of immobility. You answer her correctly by stating that which of the following are the complications of immobility? Select all that apply.

I. Primary osteoporosis. – Disuse Osteoporosis: No weight bearing exercises → No new bone formation → brittle bones → disuse osteoporosis

II. Foot drop. – Muscle atrophy, shortening of muscle fibers → ↓ ROM of joints → Foot drop

III. Urinary stasis. – No pressure from abdominal organs → ↓ sensation to urinate → urinary stasis

IV. Pressure ulcer. -

A. I.
B. I, II, III, IV
C. I, II, IV
D. II, III, IV

Situation
You are a nurse providing palliative care to Coby, an elderly with terminal illness. You use your knowledge on terminal illness and palliative care to provide the best care to this patient.

61. Coby approached you and asked about palliative care since he has been hearing it a lot lately after he was diagnosed with his terminal illness. As a knowledgeable nurse, you know which of the following is the best definition of palliative care?
A. Care for terminally ill clients. – Hospice care
B. Symptom management for a client when a disease no longer responds to cure-focused treatment.
C. Aggressive cure-focused disease treatment and management. – Active medical disease management
D. Comfort care.

62. Coby asked you what the goal of palliative care is. You answer him correctly by stating that which of the following are the goals of palliative care? Select all that apply.

I. Preventing disease symptoms.

II. Relieving disease symptoms.

III. Curing a disease.

IV. Treating a disease

A. I
B. II
C. I, II
D. III, IV

63. Coby is now under home health with palliative care services. He stated that he has been experiencing nausea. Which of the following actions will most likely promote comfort in this client?

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A. Educate the patient and family in the use of prescribed antiemetics; providing oral care every 2 to 4 hours; consuming a diet of clear liquids and ice chips; and avoiding liquids such as coffee, milk, and citrus juices.
B. Administer additional pain medication.
C. Provide education to the patient and family regarding oral care and antiemetic medication.
D. Take a detailed medical history to determine the cause of the nausea.

64. The granddaughter of Coby approached you and asked regarding the symptoms their grandfather might experience. You answer her correctly by stating that which of the following are the common symptoms of terminally ill clients? – Abnormal findings
A. Hunger, thirst, fatigue, and diarrhea. - Normal
B. Dehydration, nausea, effective breathing, and adequate nutrition. - Normal
C. Discomfort, nausea, ineffective breathing, and fatigue.
D. Urinary continence, thirst, dehydration, and diarrhea. - Normal

65. Coby is being cared for at home by his family members. You conducted your physical assessment on Coby and based on your findings, you are aware that Coby's death is imminent. What is your most important role in the care of family at this point in time?
A. Providing temporary relief of caregiving duties to allow the family to rest.
B. Providing education regarding the symptoms the client will likely experience.
C. Coordinating a visiting schedule for the family.
D. Communicating news of the client's impending death to the family while they are together. - Compassionate communication → providing information → prepares for the death of their family + provide support to one another

Situation
You are a nurse tasked to care for Alvida, a patient with peripheral vascular disease. You use your knowledge on PVD to help care for this patient effectively.

66. You are planning care for patient Alvida with a history of PVD with symptoms of claudication. The focus of your nursing care should be directed in avoiding which of the following scenarios?
Claudication: Pain or discomfort a patient experiences when O2 demand exceed the O2 supply
A. Oxygen demand by the muscle exceeds the supply.
B. Oxygen demand and supply of the working muscle are in balance.
C. Oxygen supply exceeds the demand of the working muscle.
D. Oxygen is absent.

67. You are reviewing the labs of Alvida. You note which of the following common abnormal laboratory results that are associated with the development of peripheral vascular disease (PVD)?
A. High serum calcium level.
B. High serum lipid levels.
C. Low serum potassium level.
D. Low serum lipid levels.

68. You are conducting your assessment on Alvida. You are checking her lower extremities expecting to find which of the following clinical manifestations of peripheral vascular disease?
A. Hairy legs.

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B. Mottled skin. - ↓O2 and nutrients
C. Pink, cool skin. - ↑Blood flow
D. Warm, moist skin. - ↑Blood flow

69. Your patient Alvida with PVD has undergone a right femoral-popliteal bypass graft. You assess her blood pressure noting a decrease from 124/80 to 94/62. Which of the following should you assess in Alvida first? ↓ blood pressure → ↓ tissue perfusion
A. IV fluid solution.
B. Pedal pulses.
C. Nasal cannula flow rate.
D. Capillary refill.

70. After further assessment on Alvida who was diagnosed with PVD, you found out that she also has a history of heart failure. You will develop a plan of care for Alvida based on the fact that she may have low tolerance for exercise related to:
PVD: narrowing/occlusion blood vessels → ↓blood flow to extremities
A. Decreased blood flow.
B. Increased blood flow.
C. Decreased pain.
D. Increased blood viscosity

Situation
You are a nurse in the cardiothoracic ward of Hospital Merry. You are assigned to patients with aneurysms. You will utilize your nursing knowledge on aneurysms to care for these patients.

71. You are developing a discharge teaching plan for Morgan, a patient who underwent a repair of abdominal aortic aneurysm a few days ago. You reviewed Morgan's chart for information about his health history. Key findings you noted in his chart are as follows:

1) Smokes 4 cigars a month.

2) Vital signs: blood pressure, ranges from 150/76 mm Hg to 170/98 mm Hg; heart rate, 90 to 100 beats per minute; respirations, 12–18 per minute; temperature, 99.9° F (37.8° C).

3) +1 bilateral ankle edema.

Based on the data and expected outcomes, which of the following should you emphasize in the teaching plan for Morgan?
Risk factors of atherosclerosis
Smoking + Hypertension
A. Food intake.
B. Fluid volume.
C. Skin integrity.
D. Tissue perfusion.

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72. Helmeppo, a client admitted to the emergency department is complaining of severe abdominal pain. After several tests, a radiograph of his revealed a large abdominal aortic aneurysm. The primary goal for Helmeppo at this time is to:
A. Maintain circulation.
B. Manage pain.
C. Prepare the client for emergency surgery. – Prevent rupture of aneurysm → hemorrhage → shock → death
D. Teach postoperative breathing exercises.

73. Yasopp, a 54 year old client was admitted in the emergency department. On assessment, it was revealed he has severe back pain, Grey Turner's sign, nausea, BP of 90/40, HR of 128 bpm, and RR of 28 cpm. As Yasopp's nurse, you should first do which of the following actions:
Leaking/Rupturing aneurysm → Hemorrhage → shock → death
A. Assess the urine output.
B. Place a large bore I.V. – Rapid fluid replacement / transfusion of blood products
C. Position onto the left side.
D. Insert a nasogastric tube.

74. Arlong, one of the patients assigned to you, complains of sudden, severe pain in his back and chest, accompanied by SOB. He describes the pain sensation as "as if something was tearing inside". The physician suspects that he is experiencing a dissecting aortic aneurysm. The code cart is brought into Arlong's room because you know that one of the complications of dissecting aneurysm is:
A. Cardiac tamponade. – Pressure on the heart caused by fluid/blood building up in the pericardial sac
B. Stroke.
C. Pulmonary edema.
D. Myocardial infarction.

75. Hatchan is to be discharged after his surgery of aortic aneurysm repair with synthetic graft to replace part of his aorta. As part of your discharge teaching, you instruct Hatchan to notify his physician before doing which of the following procedures?
Synthetic graft = foreign body → ↑ risk of infection
A. Blood drawn.
B. An I.V. line inserted.
C. Major dental work. – Prophylactic antibiotics → ↓Risk of infection
D. An X-ray examination.

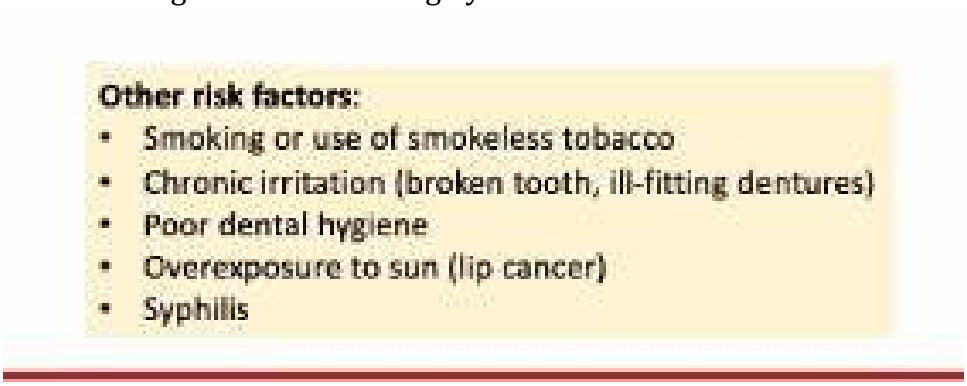
Situation
You are tasked to care and educate patients regarding oral care to help their conditions. You utilize your knowledge to assist these patients.

76. Buggy, a client admitted to your unit, has stomatitis. (Inflammation of the mouth) As a knowledgeable nurse, you know that which of the following interventions is most appropriate for Buggy at this time?
A. Drinking hot tea at frequent intervals.
B. Gargling with antiseptic mouthwash.
C. Using an electric toothbrush.
D. Eating a soft, bland diet.

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77. You are doing your assessment on patient Kuro, and when you check his mouth, you note the absence of saliva. Further assessment reveals he has pain in the area of his ear. Kuro has been NPO for several days now because of an NGT insertion. Based on your assessment, you suspect that Kuro may be developing which of the following conditions of the mouth?
A. Stomatitis.
B. Oral candidiasis. – Oral thrush
C. Parotitis. – Inflammation of the parotid gland
D. Gingivitis. – Inflammation of the gingiva

78. You are tasked by your manager to conduct a presentation to the community regarding oral cancer. You conducted your research, and you found out several risk factors for the disease. Which of the following will you include in your presentation as the primary risk factor for oral cancer?
A. Use of alcohol.
B. Frequent use of mouthwash.
C. Lack of vitamin B12.
D. Lack of regular teeth cleaning by a dentist



79. Jango is one of your patients in the unit. He has entered a smoking cessation program to quit a 2 pack per day cigarette habit of his. He tells you, "I have not smoked a cigarette for 3 weeks, but I am afraid I am going to slip up and smoke because of the pressures of my current job". As Jango's nurse, what would be the most appropriate reply to make in response to his comments?
A. "Don't worry about it. Everybody has difficulty quitting smoking, and you should expect to as well."
B. "If you increase your self-control, I am sure you will be able to avoid smoking."
C. "Try taking a couple of days of vacation to relieve the stress of your job."
D. "It is good that you can talk about your concerns. Try calling a friend when you want to smoke."

80. Kuro was rushed to the emergency department after a motor vehicle accident where he fractured his mandible. Surgery has been performed to immobilize his injury. The surgeon has wired Kuro's jaw. In the immediate postoperative phase, you as the nurse should:
A. Prevent nausea and vomiting.
B. Maintain a patent airway.
C. Provide frequent oral hygiene.
D. Establish a way for the client to communicate.

Situation
You are a nurse caring for Tashigi, a patient with a chronic condition of the respiratory system. You help her by utilizing your nursing knowledge and skills on the topic.

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81. You are visiting Tashigi who reports that her chronic bronchitis has recently worsened. Which of the following instructions would you reinforce to Tashigi to help with her condition?
Chronic bronchitis → Copious secretions
A. Increase amount of bedrest
B. Increase fluid intake – Liquify secretions → easier to expectorate
C. Decrease caloric intake
D. Reduce home oxygen use

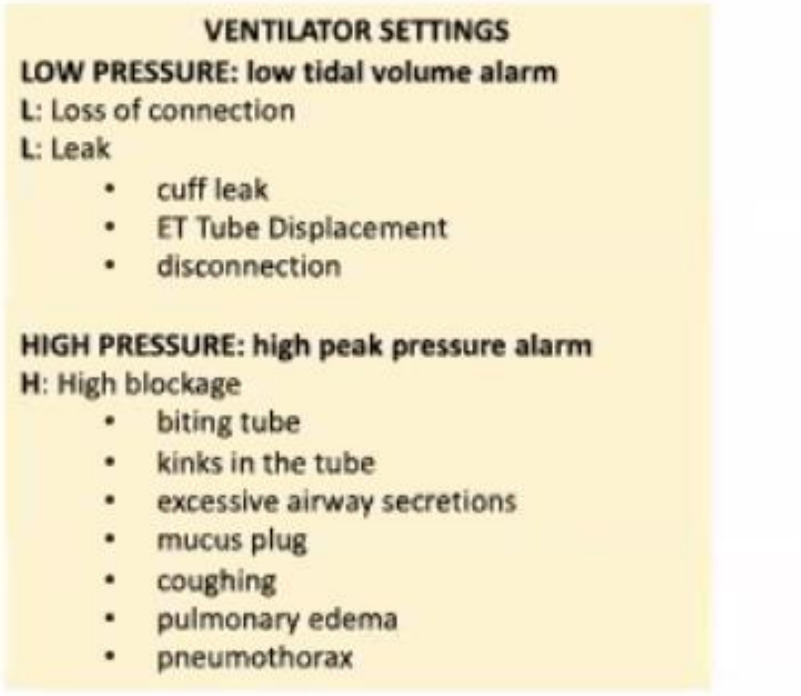
82. You are completing an assessment on Tashigi. Based on your knowledge and previous experience of working with patients who have chronic bronchitis, which of the following findings would you expect Tashigi to present?
A. Minimal sputum with cough - Emphysema
B. Pink, frothy sputum – Pulmonary edema
C. Barrel chest – Chronic hyperinflation of the lungs → rib cage will stay partially expanded all the time → barrel chest
D. Stridor on expiration
TB: blood-tinged sputum
Pneumonia: rusty colored sputum

83. Tashigi has been learning more about self care for her chronic condition at a community health class. She asked you why the participants are being taught about lip breathing. You respond correctly to Tashigi by explaining that pursed lip breathing will help to:
A. reduce upper airway inflammation.
B. reduce anxiety through humor.
C. strengthen respiratory muscles.
D. increase effectiveness of inhaled medications

84. Tashigi's condition worsened lately and she now needs a positive pressure mechanical ventilation. She has been fighting the ventilator assisted breaths, and her BP has been steadily decreasing. Which of the following would be your most appropriate intervention?
A. Place the client in the prone position
B. Notify the respiratory therapist to increase the positive pressure settings
C. Call the physician to suggest sedatives and paralytics
D. Prepare to administer intravenous aminophylline - Bronchodilator

85. You are doing your charts in the nurses' station when you suddenly hear high pressure alarms in Tashigi's room. Which of the following is your next best action?
A. Wait and allow the client time to regulate breathing in coordination with the ventilator
B. Check ventilator tubing and connections
C. Silence the alarm and restart the ventilator
D. Lower the tidal volumes being delivered to the client

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Situation
You are a nurse knowledgeable about various ethical, legal, and safety issues in nursing as this will guide you in establishing a safe nursing practice.

86. Nojiko is a hospitalized client under your care. She was diagnosed with end stage cancer and has suddenly decided to discontinue her treatment. She requests no more additional treatment like antibiotics, tube feedings, and mechanical ventilation. Acting as Nojiko's advocate, which of the following actions should you take?
Patient advocacy
A. Respect the client's wishes and indicate those wishes on the plan of care - Autonomy
B. Encourage the client to share the decision with the family and the client's physician
C. Clarify other treatments that the client wishes to withhold
D. Wait until additional treatment is required and then decide what to do based on the client's condition

87. A car-pedestrian accident occurred nearby. The pedestrian client named Mohji was brought to the ER of the hospital you are working on. Mohji is alert and oriented but complains of difficulty breathing. His SpO2 levels vary from 88-90%. O2 was applied at 2L per nasal cannula with no improvement in SpO2. Oxygen per mask is then initiated at 40% with little improvement. After some tests, Mohji's radiograph films reveal no obvious injuries or fractures. Suddenly, Mohji loses consciousness, has a respiratory arrest, and subsequently dies. During his resuscitation, it is determined that one of the nurses failed to open the valve to the O2 tank and Mohji has not been receiving oxygen. What is the key ethical principle involved in this scenario?
A. Nonmaleficence – Do no harm either intentionally or unintentionally
B. Fidelity
C. Beneficence
D. Justice

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88. Van, one of the patients in your unit, has a sudden change in his condition. You called the physician to report this occurrence. He gave orders over the telephone for ABGs to be drawn stat. Which of the following is the most important safety consideration when obtaining the physician's order over the phone?
A. Writing the order down and reading it back to the physician
B. Calling the respiratory therapist stat to draw the ABGs
C. Giving the order stat to the health unit coordinator to place in the computer
D. Writing down the order for ABGs immediately

89. Patient Cabaji is to be admitted to the surgical unit. He has multiple rings, a bracelet, a watch, and PHP 3500 in cash. Which of the following is the safest action for you to take regarding the patient's valuables?
A. Allowing the client to keep the items so they will be safeguarded by the client
B. Collecting the items and placing them in the client's room closet
C. Giving the money to the client's spouse and allowing the client to keep the jewelry
D. Collecting the items according to hospital policy for safekeeping

90. You admit patient Kuroobi who is complaining of nausea and vomiting to the emergency department. Kuroobi is alone in the ED without any relatives or guardians. After you complete your assessment on Kuroobi, you prepare to leave the room. Which of the following statements is your safest instruction for Kuroobi?
A. "If you need to vomit, here is a basin for you. I don't want you to get up on your own."
B. "I will be in the room next door. I'll check back in about 10 minutes."
C. "I will go update the doctor about you. Do you need anything before I go?"
D. "Here is the nurse call light. Press this button if you need me."

Situation
You are a nurse assigned to take care of patients with various liver conditions. You utilize your knowledge and skills on the diseases to effectively plan and manage care for these patients.

91. Patient Bellmere was admitted to the hospital with a diagnosis of nonalcoholic fatty liver disease (NAFLD). You are reviewing her chart for her health history. Which of the following findings is consistent with the NAFLD disease process?
A. 70 years old – 40's
B. Obese
C. History of recent antibiotic use
D. Living in colder climates

92. Yosaku is a male patient diagnosed with cirrhosis. While caring for Yosaku, you add the nursing diagnosis Disturbed body image related to physical manifestations of the illness when you overheard Yosaku telling his brother:
A. "I don't think I can handle this disease." – situational low self esteem
B. "I know the doctors say I have liver failure, but I don't really believe them." -defensive coping
C. "I know I should rest more, but I'm just not that type of person." – impaired adjustment
D. "I don't like the fact that I seem to have breasts now."

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93. Patient Johnny was admitted in the ED after complaints of upper right sided abdominal pain. You suspect that the client may have liver cancer when which serum laboratory test result is noted to be elevated?
A. Creatinine -kidney failure
B. Serum α-fetoprotein (AFP) levels – fetal liver cells: 0-14mg/ml
C. Serum phosphorus levels – kidney failure
D. CA-125 – tumor marker for ovarian cancer

94. You are caring for patient Carol after her liver biopsy with the assistance of student nurse Apis. You evaluate that Apis understands liver biopsy post procedure care when she does which of the following?
A. plans to monitor vital signs every hour. – q 15 mins during 1st hour
B. promotes ambulation 1 hour after the procedure. – flat on bed for 12-14 hours
C. positions the client on the right side. – splinting the puncture site → ↓risk for bleeding
D. encourages the client to cough and deep breathe immediately following the procedure. - ↑ intra thoracic pressure

95. Pell is a patient hospitalized for conservative treatment of liver cirrhosis. As part of the collaborative plan of care, you would anticipate which of the following?
Liver cirrhosis: No insulin clearance → more insulin in the circulation → insulin resistance → high blood sugar → no gluconeogenesis → no new blood sugar → low blood sugar
A. monitoring the client's blood sugar.
B. maintaining NPO (nothing by mouth) status. - ↑ protein intake for healing unless wit hepatic encelopathy
C. administering antibiotics.
D. encouraging frequent ambulation.

Situation
You are a nurse providing care for patient Vivi who came to the hospital for assessment. She is suspected to have osteoporosis. You help her by utilizing your knowledge on the topic.

96. You reviewed Vivi's chart after conducting her physical assessment. You correctly identify that which of the following signs/symptoms indicate that Vivi has already developed osteoporosis?
Brittle bones → vertebral bodies collapse → loss of height
A. The client has lost one (1) inch in height.
B. The client has lost 12 pounds in the last year.
C. The client's hands are painful to the touch. – rheumatoid arthritis
D. The client's serum uric acid level is elevated. - gout

97. After Vivi's diagnosis of osteoporosis, she asked you why smoking cigarettes causes her bones to become brittle. Your most appropriate response is:
A. "Smoking causes nutritional deficiencies, which contribute to osteoporosis." – Heavy alcohol use
B. "Tobacco causes an increase in blood supply to the bones, causing osteoporosis." - Decrease
C. "Smoking low-tar cigarettes will not cause your bones to become brittle."
D. "Nicotine impairs the absorption of calcium, causing decreased bone strength."

98. When discussing osteoporosis with Vivi, you are aware that which of the following is an example of a secondary nursing intervention?

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Primary – health promotion
Secondary – Early detection / Early diagnosis
Tertiary - Rehabilitative
A. Obtain a bone density evaluation test.
B. Perform non–weight-bearing exercises regularly. – Primary
C. Increase the intake of dietary calcium. – Primary or tertiary
D. Refer clients to a smoking cessation program. - Primary

99. Vivi is prescribed by her physician Calcitonin by nasal spray. Which of the following assessment findings indicate an adverse effect of the medication?
A. The client complains of nausea and vomiting. – occurs during the initial stages of therapy
B. The client is drinking two (2) glasses of milk a day.
C. The client has a runny nose and nasal itching. – common side effect of nasal sprays
D. The client has had numerous episodes of nosebleeds.

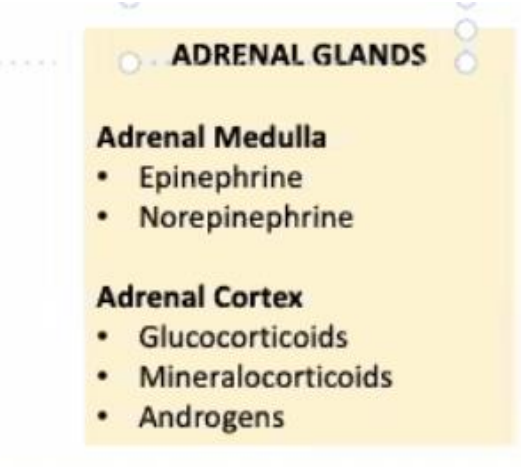
100. Vivi is taking Tums to help prevent the further development of her osteoporosis. Which of the following health teaching should you implement for Vivi?
Tums: calcium carbonate; chewable
Calcium carbonate for osteoporosis → free HCl acid for maximum absorption
A. Encourage the client to take Tums with at least eight (8) ounces of water.
B. Teach the client to take Tums with the breakfast meal only.
C. Instruct the client to take Tums 30 to 60 minutes before a meal.
D. Discuss the need to get a monthly serum calcium level. – Bone density test

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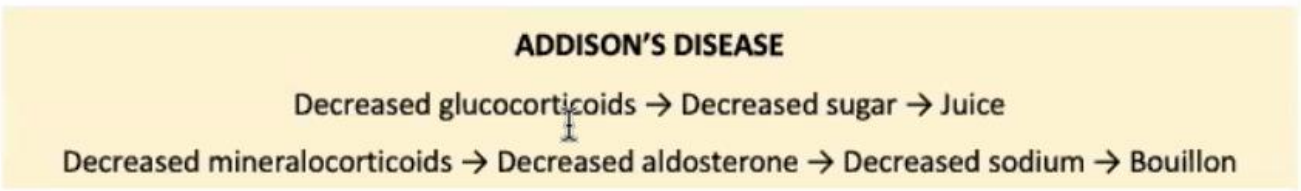
Situation
You are caring for patient Igaram, a patient with Addison's disease. You utilize your knowledge on this concept to help care for the patient.

1. Igaram was just recently diagnosed with Addison's disease. He still lacks knowledge about his disease so he decided to ask you some questions. Igaram asked you, "How does the disease happen?" You answer him correctly by stating that this disease results from:
Addisons disease: decrease glucocorticoids, mineralocortocoids, androgen



A. Insufficient secretion of growth hormone (GH). - Dwarfism
B. Dysfunction of the hypothalamic pituitary.
C. Idiopathic atrophy of the adrenal gland.
D. Oversecretion of the adrenal medulla. - Pheochromocytoma

2. Igaram is admitted to your unit. After your assessment on him, you formulated the nursing diagnosis Deficient fluid volume related to inadequate fluid intake and to fluid loss secondary to inadequate adrenal hormone secretion. As Igaram's oral intake increases, which of the following fluids would be the most appropriate for him?
A. Milk and diet soda.
B. Water and eggnog.
C. Bouillon and juice.
D. Coffee and milkshakes.



3. You are instructing Igaram how to adjust the dose of the glucocorticoids he is taking. As his nurse, you should explain to him that he may need an increased dosage of glucocorticoids in which of the following scenarios?
A. Completing the spring semester of school.
B. Gaining 4 pounds.

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C. Becoming engaged.
D. Undergoing a root canal. - ↑ Gluococorticoids → ↑ cortisol (stress hormone) → ↑ need during physical stress (e.g surgeries, dental procedures, infection, trauma, etc.)

4. Igaram is diagnosed with Addison's disease. As a knowledgeable nurse, you know that this condition may lead to Addisonian crisis if not adequately managed. Which of the following manifestations would be expected in Igaram if he develops this condition?
A. Fluid retention. - ↓ aldosterone → ↓ water retention → FVD
B. Pain. – head, abdomen, extremities, back
C. Peripheral edema.
D. Hunger. – nausea and vomiting

5. If Igaram develops Addisonian crisis, which of the following would be your priority as Igaram's primary nurse?
Decreased aldosterone → no water retention → FVD → shock
A. Controlling hypertension. - hypotension
B. Preventing irreversible shock.
C. Preventing infection.
D. Relieving anxiety.

Situation
You are a nurse tasked to care for patients with different pituitary disorders. You are to take care of Karoo and Koza, both diagnosed with SIADH, and Paula, who is diagnosed with diabetes insipidus. You utilize your knowledge on this concept to help care for your patients safely.

6. One of the clients in your unit, Karoo, is diagnosed to have a pituitary tumor. Karoo developed Syndrome of Inappropriate Antidiuretic Hormone (SIADH). Which of the following interventions should you implement as Karoo's primary nurse?
SIADH: Increase antidiuretic hormone → FVE
A. Assess for dehydration and monitor blood glucose levels.
B. Assess for nausea and vomiting and weigh daily. – early symptoms SIADH; body weight is for fluid retention assessment
C. Monitor potassium levels and encourage fluid intake. – dilutional hyponatremia
D. Administer vasopressin IV and conduct a fluid deprivation test. – vasopressin = ADH
Fluid deprivation test → DI
Water challenge test → SIADH

7. You are reviewing the chart of Karoo who has SIADH. Which of the following clinical manifestations you noted in Karoo's chart should be reported to his primary care physician?
A. Serum sodium of 112 mEq/L and a headache. – Hyponatremia Normal 135-145
B. Serum potassium of 5.0 mEq/L and a heightened awareness. - 3.5-5.0
C. Serum calcium of 10 mg/dL and tented tissue turgor. – 8.6-10.2
D. Serum magnesium of 1.2 mg/dL and large urinary output. – 1.2-2.3

8. Another patient in your unit, Koza, was diagnosed with SIADH secondary to cancer of the lung. He tells you that he wants to discontinue his fluid restriction and that he does not care if he dies. Which of the following actions by the nurse is an example of the ethical principle of autonomy?

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A. Discuss the information the client told the nurse with the health-care provider and significant other.
B. Explain it is possible the client could have a seizure if he drank fluid beyond the restrictions. – Beneficence
C. Notify the health-care provider of the client's wishes and give the client fluids as desired.
D. Allow the client an extra drink of water and explain the nurse could get into trouble if the client tells the health-care provider.

9. Paula, another patient assigned to you in the unit, is recently diagnosed with diabetes insipidus. Which of the following interventions should you implement as Paula's primary nurse?
DI: Decrease ADH → FVD → DHN
A. Administer sliding-scale insulin as ordered. - DM
B. Restrict caffeinated beverages.
C. Check urine ketones if blood glucose is >250. - DKA
D. Assess tissue turgor every four (4) hours

10. Following Paula's diagnosis of diabetes insipidus, she stayed in the hospital for a few days. She is now about to be discharged and you are conducting your health teaching regarding her condition. Which of the following statements made by Paula warrants further intervention?
A. "I will keep a list of my medications in my wallet and wear a Medic Alert bracelet."
B. "I should take my medication in the morning and leave it refrigerated at home." – DI: q 8-12hrs
C. "I should weigh myself every morning and record any weight gain." - overmedication
D. "If I develop a tightness in my chest, I will call my health-care provider." – drug is not tolerated

Situation
You are a nurse caring for patients with inflammatory bowel disease.

11. Pierre is a patient admitted to the hospital with a diagnosis of ulcerative colitis. You are currently reviewing his history and physical assessment chart. Based on Pierre's diagnosis, which of the following information should you expect to see in Pierre's medical records?
Abdominal pain: inflammation
Bloody: ulcerations
Diarrhea: inflammation → irritation
A. Abdominal pain and bloody diarrhea
B. Weight gain and elevated blood glucose
C. Abdominal distension and hypoactive bowel sounds
D. Heartburn and regurgitation

12. Pierre had a recent exacerbation of ulcerative colitis. He is put on mesalamine (Asacol), which is to be administered rectally via an enema. Pierre finds this procedure distasteful and he asks you, "Why can't the medication just be given orally?". You answer Pierre correctly by saying which of the following?
Prevent side effects (Oral)
A. "It can be given orally; I'll contact the doctor and see if the change can be made."
B. "Rectal administration delivers the medication directly to the affected area."
C. "Oral administration will not be as effective for the disease condition."
D. "It can be given orally, I'll make the change and we'll tell the doctor in the morning."

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13. You overhear a licensed practical nurse (LPN) talking to one of your patients, Mousse, who is being prepared for a total colectomy with creation of an ileoanal reservoir for her ulcerative colitis. To decrease Mousse's anxiety, you should intervene to clarify the information given by the LPN when you hear the LPN saying:
A. "This surgery will prevent you from developing colon cancer."
B. "After this surgery you will no longer have ulcerative colitis." – UC affects only the large intestine
C. "When you return from surgery you will not be able to eat solid food for several days."
D. "You will have an ileostomy when you return from this surgery." – Temporary ileostomy

14. Wyper, a 20 year old male client, is admitted to your unit because of the exacerbation of their ulcerative colitis. You go into Wyper's room to complete an initial assessment, and he yells, "Get outta here! I am tired of you nurses and doctors looking at my body all the time!" Which of the following is your best action?
A. Leave the room and ask a male colleague to complete the assessment.
B. Verbally acknowledge the client's frustration and anger.
C. Call the health-care practitioner and ask for a sedative order.
D. Tell the client that gathering data about his current condition will promote effective timely treatment of his health concerns
1. let patient verbalize feelings
2. acknowledge patient feelings

15. You are caring for Conis, a patient admitted in your unit who is diagnosed with Crohn's disease. She has undergone a barium enema that demonstrated the presence of strictures in her ileum. Based on this finding, you should monitor the client closely for signs of:
Strictures = Narrowing
A. peritonitis.
B. obstruction.
C. malabsorption.
D. fluid imbalance.

UC: affects only the large intestine; inner lining
Crohn's: can affect both small and large intestine' all layers of the intestine

Situation
You are a new nurse assigned to take care of patients with various eye disorders. You use your knowledge to help these patients with their condition.

16. One of the patients in your unit, Pagaya, is diagnosed with glaucoma. Which of the following symptoms should you expect the client to report during your initial assessment with him?
Glaucoma = ↑ IOP
A. Loss of peripheral vision. – Open angle glaucoma
B. Floating spots in the vision. – Retinal detachment
C. A yellow haze around everything. – Digoxin toxicity
D. A curtain coming across vision. – Retinal detachment

17. Pagaya has now been prescribed a miotic cholinergic medication for his glaucoma. Which of the following data indicates that the medication has been effective on Pagaya?
A. No redness or irritation of the eyes

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B. A decrease in intraocular pressure
C. The pupil reacts briskly to light
D. The client denies any type of floaters

18. You are caring for Gan Fall, a postoperative patient, after his retinal detachment surgery. Gas tamponade was used to flatten the patient's retina during the procedure. Which of the following interventions should you implement first?
A. Teach the signs of increased intraocular pressure.
B. Position the client as prescribed by the surgeon.
C. Assess the eye for signs/symptoms of complications.
D. Explain the importance of follow-up visits.

Complications
1. Increase in IOP
2. Infection
3. Another retinal detachment

19. You are caring for Conis, a patient with severe myopia. She is scheduled for a laser assisted in situ keratomileusis (LASIK) surgery. Which of the following instructions should you discuss with Conis prior to her discharge from the surgery?
A. Wear bilateral eye patches for three (3) days.
B. Wear corrective lenses until the follow-up visit.
C. Do not read any material for at least one (1) week.
D. Teach the client how to instill corticosteroid ophthalmic drops. – Decrease inflammation and edema

20. Eneru, a 65 year old male client is complaining of blurred vision, but denies having any type of pain. He reports to you, "I feel like I need to clean my glasses all the time". Which of the following eye disorders should you suspect that Eneru has?
A. Corneal dystrophy
B. Conjunctivitis
C. Diabetic retinopathy
D. Cataracts – opacity of the lenses

Situation
You are a nurse studying the different types of shock and its appropriate nursing interventions. You come across the following patients in your unit. You applied the concepts you've learned to your nursing practice.

21. Foxy is a client admitted to the emergency department. Assessment findings include diaphoresis, pale clammy skin, and a blood pressure reading of 90/70. Which of the following interventions should you implement first?
S/SX of shock
A. Start an IV with an 18-gauge catheter. - Rapid fluid replacement / Transfusion of blood products
B. Administer dopamine intravenous infusion.
C. Obtain arterial blood gases (ABGs).

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D. Insert an indwelling urinary catheter.

22. Porche is a patient diagnosed with neurogenic shock. As a knowledgeable nurse, you expect to note which of the following signs and symptoms in this client?
Neurogenic shock → loss of SNS responses → PNS responses only
A. Cool, moist skin. – dry, warm skin
B. Bradycardia.
C. Wheezing. - anaphylactic
D. Decreased bowel sounds - septic

23. One of the patients in your unit, Hamburg, was diagnosed with septicemia. The following are the orders given by Hamburg's primary physician. Which of these orders will have the highest priority?
Septicemia: systemic/widespread bacterial infection of the blood
A. Provide a clear liquid diet.
B. Initiate IV antibiotic therapy.
C. Obtain a STAT chest x-ray.
D. Perform hourly glucometer checks.

24. You wrote the nursing diagnosis of "alteration in comfort related to chills in fever" in one of your patients who has sepsis. Which of the following interventions would you include in this patient's plan of care?
A. Ambulate the client in the hallway every shift.
B. Monitor urinalysis, creatinine level, and BUN level.
C. Apply sequential compression devices to the lower extremities.
D. Administer an antipyretic medication every four (4) hours PRN.

25. A patient named Chiqicheetah presents themselves in the emergency department complaining of abdominal pain, is pale and clammy, and has a pulse of 110 and a blood pressure reading of 92/60. Chiqicheetah has vertebral fractures, and she reported she has been self-medicating with Ibuprofen, a type of nonsteroidal anti-inflammatory drug (NSAID). Which of the following type of shocks should you expect in patient Chiqicheetah?
Ibuprofen → GI irritant → ulceration in the GIT → bleeding
A. Cardiogenic shock.
B. Hypovolemic shock.
C. Neurogenic shock.
D. Septic shock.

Situation
You are caring for patients in your unit with alterations in their fluid and electrolytes. As a knowledgeable nurse, you apply the concepts of fluid and electrolytes in your nursing practice.

26. As an experienced nurse, you know that client incidence of hypermagnesemia is rare in comparison with hypomagnesemia. A student nurse approached you and asked how hypermagnesemia develops. You answer her correctly by saying that hypermagnesemia generally occurs secondary to:
A. Cardiac contractility.
B. Hypokalemia.

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C. Liver failure.
D. Renal insufficiency. – Excretion of potassium, sodium, magnesium

27. You are assigned to care for Ace, a patient diagnosed to have hypokalemia. As a knowledgeable nurse, you know that the electrolyte that must be corrected in this scenario is:
A. Calcium.
B. Magnesium.
C. Manganese.
D. Zinc.

28. You are caring for a group of patients in the ward. While reviewing each of the patient's charts, you determine which of the following patients is most likely at risk for fluid volume deficit?
A. A client with an ileostomy – stool will not go to large intestine anymore for water reabsorption → FVD
B. A client with heart failure = FVE
C. A client on long-term corticosteroid therapy – increase aldosterone → water retention → FVE
D. A client receiving frequent wound irrigations - FVE

29. You are refreshing your knowledge on sodium imbalances. As a knowledgeable nurse, you know that which of the following patients in the ward is most likely to develop a sodium level at 130 mEq/L (130 mmol/L)?
A. The client who is taking diuretics – potassium, magnesium, sodium wasting → hyponatremia
B. The client with hyperaldosteronism
C. The client with Cushing's syndrome
D. The client who is taking corticosteroids
B, C, D → ↑ aldosterone → H2O and sodium retention → Hypernatremia

30. You are reviewing one of your patient's progress notes. You read that the physician has documented "insensible fluid loss of approximately 800mL daily". As a knowledgeable nurse, you make a notation that insensible fluid loss occurs through which of the following types of excretion?
Occur without the persons awareness → skin. lungs
A. Urinary output
B. Wound drainage
C. Integumentary output
D. The gastrointestinal tract

A, B, D → sensible fluid losses; occurs when a person is aware

Situation
You are a nurse assigned to care for and educate patients in the cancer unit of the hospital you are working on. You apply the concepts you've learned regarding cancer to ensure a safe nursing practice.

31. You are reviewing your notes on cancer. After much reading, you know that cancer prevalence is defined as?
A. The likelihood cancer will occur in a lifetime.
B. The number of persons with cancer at a given point in time.
C. The number of new cancers in a year.

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D. All cancer cases more than 5 years old.

32. Gol is your patient diagnosed to have testicular cancer. He expressed his concerns regarding fertility since him and his partner desires to eventually have a family. As Gol's primary nurse, you discuss the option of sperm banking. You inform Gol and his partner that sperm banking needs to be performed when?
Chemotherapy/Radiation therapy → Infertility
A. Before treatment is started.
B. Once the client is tolerating the treatment.
C. Upon completion of treatment.
D. When tumor markers drop to normal levels.

33. You are working with Bellamy, a client with known risks for lung cancer. He asks you why he is scheduled for a computed tomography (CT) scan as part of his initial workup. You answer Bellamy correctly when you respond by saying:
A. "CT is far superior to magnetic resonance imaging for evaluating lymph node metastasis."
B. "CT is noninvasive and readily available."
C. "CT is useful for distinguishing small differences in tissue density and detecting nodal involvement."
D. "CT can distinguish malignant adenopathy from nonmalignant adenopathy."

34. You are caring for Cricket, a patient with pain related to bone cancer. You conducted an assessment on Cricket in relation to this. You know that which of the following is the most important component of a thorough pain assessment specific for patient Cricket?
Pain is whatever the patient says it is
A. Intensity. – indicative of pain severity → important for evaluation efficacy of pain management
B. Cause.
C. Aggravating factors.
D. Location.

35. Noland is a cancer patient you are tasked to care for. He is receiving the medication vincristine (Oncovin). You plan your health teaching for Noland regarding this medication. Which of the following should you include in your instructions to Nolan?
Vincristine s/e: Constipation
Vincristine a/e: Neurotoxicity
A. Use of loperamide (Imodium).
B. Fluid restriction. – Increase OFI
C. Low fiber, bland diet. – High fiber
D. Bowel regimen.

36. Sarquiss is a 57 year old client receiving chemotherapy that has the potential to cause pulmonary toxicity. Which of the following symptoms would you note in Sarquiss that could indicate a toxic response to the chemotherapy?
Pulmonary toxicity → BLEOMYCIN
A. Decrease in appetite.
B. Drowsiness.
C. Spasms of the diaphragm.
D. Cough and shortness of breath.

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37. Hina is one of the patients you are tasked to care for her in the unit. She is beginning external beam radiation therapy to the right axilla after her lumpectomy for breast cancer. You plan to conduct a health teaching. Which of the following would you include in your education to Hina?
A. Use a heating pad under the right arm.
B. Immobilize the right arm. – Muscle atrophy and contractures
C. Place ice on the area after each treatment.
D. Apply deodorant only under the left arm.
Radiation therapy: Avid extreme in temperature _ Chemical application (e.g deodorant, lotions)

38. Tony Tony is a patient receiving radiation therapy for lung cancer. He complains that he is having difficulty sleeping. After hearing this statement from your patient, you should:
A. Suggest the client stop watching television before bed.
B. Assess the client's usual sleep patterns, amount of sleep, and bedtime rituals.
C. Tell the client sleeplessness is expected with radiation therapy.
D. Suggest that the client stop drinking coffee until the therapy is completed.

39. You are caring for Nico, a patient with cancer who requires a bolus tube feeding. You prepare to administer the bolus tube feeding and as a skilled nurse, which of the following nursing interventions is most appropriate to decrease the risk of aspiration in this patient?
A. Place the client on bed rest with the head of the bed elevated to 60 degrees for 2 hours.
B. Place the client on the left side with the head of the bed at 45 degrees for 15 minutes.
C. Assist the client out of bed to sit upright in a chair for 1 hour.
D. Ask the client to rest in bed with the head of the bed elevated to 30 degrees for 20 minutes.

40. Portgas is a cancer patient receiving chemotherapy. He is experiencing a flare up of pruritus. You are planning to develop a care plan for Portgas. In order to develop the nursing care plan, you should ask him if he has been:
A. Wearing clothes made from 100% cotton. – cotton is least irritating to the skin
B. Sleeping in a cool, humidified room. – comfort + hydration
C. Increasing fluid intake to at least 3,000 mL/ day. - hydration
D. Taking daily baths with a deodorant soap. – Drying and irritating skin

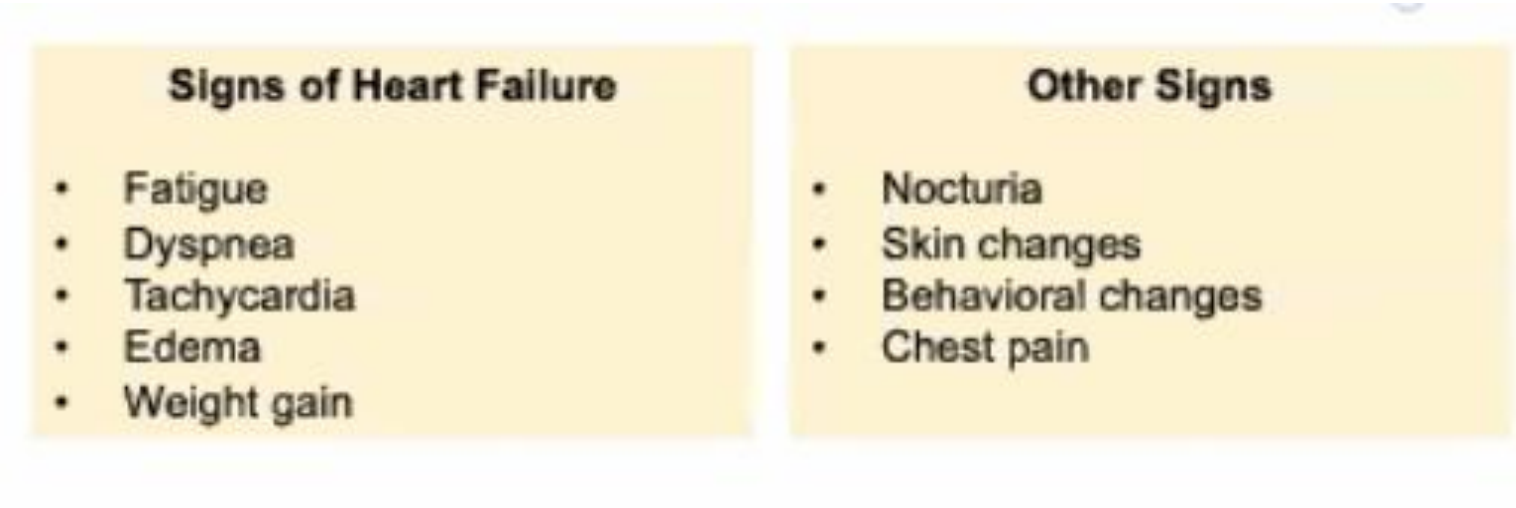
Situation
You are a nurse caring for patients with cardiac complications. You use your knowledge on cardiovascular concepts to help these patients.

41. You are working on the unit with patient Brogy. At 7:30 AM **(TIME ELEMENT)**, you received a verbal order from his primary HCP for a cardiac catheterization to be completed on him by 2:00 PM. Which of the following actions should you initiate first in Brogy?
A. Initiate NPO (nothing per mouth) status for the client. – 6-12 hrs
B. Teach the client about the procedure.
C. Start an intravenous (IV) infusion of 0.9% NaCl.
D. Ask the client to sign a consent form.

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42. You are working with Dorry, a male patient who experienced a myocardial infarction a few days ago. You noted that patient Dorry seems unusually fatigued. Upon your assessment, you find that patient Dorry is dyspneic with activity, has a heart rate of 110 bpm, and has generalized edema. Which of the following actions would be most appropriate for this patient?
Complication of MI: heart failure
A. Administer high-flow oxygen
B. Encourage the client to rest more
C. Continue to monitor the client's heart rhythm
D. Compare the client's admission weight with the client's current weight – weight is the best indicator of fluid volume retention



43. You are caring for patient Whitebeard immediately following an insertion of a permanent pacemaker via his right subclavian vein. As a skilled nurse, you know that the action that can best prevent pacemaker lead dislodgement is:
A. inspecting the incision site dressing for bleeding and the incision for approximation
B. limiting the client's right arm activity and preventing the client reaching above shoulder level
C. assisting the client with getting out of bed and ambulating with a walker
D. ordering a stat chest x-ray following return from the implant procedure

44. You are increasing activity for patient Bon with an admitting diagnosis of acute coronary syndrome. Which of the following symptoms experienced by patient Bon best supports the nursing diagnosis of activity intolerance?
Body is not able to adapt to activity
A. Pulse rate increased by 15 beats per minute during activity
B. Blood pressure (BP) 130/86 mm Hg before activity; BP 108/66 mm Hg during activity
C. Increased dyspnea and diaphoresis relieved when sitting in a chair
D. A mean arterial pressure (MAP) of 80 following activity

45. Cobra is a patient who suffered an inferior septal wall myocardial infarction. Which of the following complications would you suspect in Cobra when you note on your assessment a jugular venous distention and ascites?
A. Left-sided heart failure
B. Pulmonic valve malfunction
C. Right-sided heart failure
D. Ruptured septum

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Situation
You are an emergency nurse tasked to work with patients with medical emergencies. You utilize your knowledge to help these patients.

46. A patient's wife is allowed to be present during resuscitation efforts for a patient in the ICU. Which of the following statements made by you would be the most correct and appropriate?
A. "You can hold your loved one's hand; sometimes a recovering person remembers that touch."
B. "Another staff member will be with you; I will show you where you can stand near your husband." – provide support
C. "Because the resuscitation team needs to work quickly, you need to stay out of their way and not \ interfere." - insensitive
D. "If the resuscitation efforts fail, the health-care provider will ask you if you want to terminate resuscitation efforts." – anticipate failure

47. An apartment fire broke out near the hospital. The injured victims are sent to the emergency department of the hospital. Five families of the injured patients arrived in the ED subsequently to inquire about the health status of their family members. Which of the following is your best action?
A. Take the families to the triage area so they can be with their loved ones
B. Ask the families to wait in the waiting area until information is available
C. Ensure that there is a designated area for family staffed by available social workers or clergy - Support
D. Direct families to a lounge where a receptionist will be keeping families informed

48. Patient Aokiji is a male client that presented themself in the emergency department after vomiting a "large" amount of bright red blood. Which of the following actions should you implement first?
Bright red blood → arterial bleeding → high pressure bleeding → hemorrhage → shock
A. Start an intravenous line with an 18-gauge needle. – rapid fluid replacement / transfusion of blood products
B. Have the UAP take the client's vital signs.
C. Ask the client to provide a stool specimen for blood.
D. Send the client to radiology for an abdominal CT scan.

49. You are working as a triage nurse in a large trauma center. The center has been notified of an explosion in a nearby major chemical manufacturing plant. Which of the following actions should you implement first when the injured patients arrive at the emergency department?
A. Triage the clients and send them to the appropriate areas.
B. Thoroughly wash the clients with soap and water and then rinse.
C. Remove the clients' clothing and have them shower. – Decrease risk of chemical exposure to patients and other health care staff
D. Assume the clients have been decontaminated at the plant.

50. You are attending a seminar on codes. After the session, you recall that which of the following interventions is the most important for you to implement when participating in a code?
Asses the patient first before the machines
A. Elevate the arm after administering medication.
B. Maintain sterile technique throughout the code.

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C. Treat the client's signs/symptoms; do not treat the monitor.
D. Provide accurate documentation of what happened during the code.

Situation
Ms. Hange is the charge nurse of a medical unit. She is responsible for the management and supervision of the unit.

51. Ms. Hange observes that one of the female staff nurses is not performing her duties very well. Which of the following strategies will she implement to assist the staff nurse?
Problem resolution
1. identification of problem or issue
A. Discuss with the staff nurse her performance and ways she can improve.
B. Allow the staff nurse to select own assignment.
C. Assign the staff nurse several clients with various illnesses.
D. Ask the staff nurse to work as an assistant charge nurse.

52. Ms. Hange notes one of the male staff nurse is frequently absent and his absence has adversely affected the quality of care given to the clients unit. Which of the following would be the BEST approach?
A. Talk with the staff nurse regarding the concern and remind him of the standards of the agency.
B. Write the staff nurse a memorandum regarding his absence.
C. Inform the staff nurse that his absence will be a ground for termination.
D. Record the absence of the staff nurse in a log book.

53. Ms. Hange assigns a new staff nurse to administer the medications of a client. Which detail of the client's drug therapy is the staff nurse legally responsible to document? The _____.
A. Peak concentration time of the drug.
B. Safe ranges of the drug.
C. Client's socio-economic status.
D. Client's reaction to the drug.

54. Ms. Hange decides what is best for a recovering client and acts on the decision without consulting the client. Ms. Hange is applying a moral principle which is _____.
A. Paternalism – HCP decided what is best for the patient
B. Beneficence
C. Fidelity
D. Autonomy

Situation
The nurse cares for a female client who is terminally ill and is experiencing pain.

55. The nurse prepares a care plan for the client. The overall goal for the client is _____. The client will:
A. Achieve control of pain and discomfort.
B. Receive adequate cerebral oxygenation and perfusion.
C. Be free from infection.

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D. Receive life sustaining food and liquids.

56. The nurse is aware of the document that expresses a client's wish for life sustaining treatment in the event of terminal illness or permanent unconsciousness. This document is the _____;
A. No-code order - DNR
B. Durable power of attorney – health care proxy
C. Living will
D. Last will and testament - assets

57. The client nears death and requests that no medication be given that would cause a loss of consciousness, including pain medication. The nurse would promote the best end-of-life care for the client by which of the following?
Promotion of clients dignity → respect clients wishes
A. Discuss the request of the dying client with family members and respect their wishes.
B. Comfort is the highest priority in this situation so give medications as ordered.
C. Respect the client's wishes and withhold pain medications and other medications ordered.
D. Be compassionate and give half of dose of the medication ordered.

58. Which of the following statement is TRUE about terminally ill clients?
A. Terminally ill clients require minimum physical care. – some are maximum
B. Health care personnel do not understand their own feelings about death and dying therefore they avoid caring for terminally clients.
C. Terminally ill clients have the right to die with dignity. – treat patient with honor and respect their wishes
D. Terminally ill client's experiences pain most of the time.

59. The dying client wishes to donate her eyes after she dies. Which of the following statements is NOT TRUE about organ donation?
A. Any individual, at least 15 years old of age and of a sound mind may donate a part of his body to take the effect after transplantation needed by the recipient. – 18 yrs old
B. Sharing of human organs or tissues shall be made only through exchange programs duly approved by the Department of Health.
C. The choice to donate an organ must be a written document.
D. Laws do not require the consent of a family members to retrieve organs if the donor has expressed his last wish to donate.

Situation
The nurse in the emergency department admits a 45 year old female for vomiting blood. According to a family member who accompanied the client, the client had a gastric ulcer for several years. The nurse assesses that the client is in shock.

60. Which of the following assessment findings indicate hypovolemic shock?
A. Systolic blood pressure is less than 90 mmHg. – later stages of shock when compensatory mechanism fail
B. Pupils are unequally dilated. – brainstem damage
C. Respiratory rate is more than 30 breaths per minute. - tachypnea
D. Pulse is less than 60 beats per minute – tachycardia

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61. In the early stages of shock, the nurse expects the result of arterial blood gas (ABG) analysis to indicate which of the following conditions _____:
Tachypnea;/hyperventilation → more O2 going into the lungs more co2 being breathed out
A. Respiratory alkalosis
B. Respiratory acidosis
C. Metabolic alkalosis
D. Metabolic acidosis

62. The physician orders intravenous infusion of packed red blood cells and normal saline solutions. The nurse assesses the client for which of the following _____:
A. Hypovolemia - hypervolemia
B. Anaphylactic reaction – occurs within the 1st 15mins of blood transfusion
C. Altered level of consciousness
D. Pain

63. The nurse understands that the best indication that fluid replacement for the client in hypovolemic shock is adequate is when the _____:
Goal of fluid replacement: ensure adequate tissue perfusion
A. Systolic blood pressure is above 110 mmHg.
B. Diastolic blood pressure is above 90 mmHg.
C. Urine output of 20- 30 mL/Hour.
D. Urine output is greater than 30 mL/Hour.

64. The physician schedules the client for surgery within six hours. The nurse minimize anxiety of the client by answering the client's questions regarding the surgery in calm manner, keeps the client warm, advise the client to be on bed rest and dims the lights in the room. The reason for these interventions is to _____:
A. Increase comfort of the client and her family.
B. Minimize oxygen consumption.
C. Prevent infection.
D. Stabilize fluid and electrolyte balance.

Situation
A 60 year old male is admitted to the oncology unit. According to the client, he felt a growth during a routine digital prostate examination. He complains of pain on urination and frequent urination.

65. The nurse understands that the function of the prostate gland is primarily to _____;
A. Regulate the acidity and alkalinity environment for proper sperm development.
B. Produce a secretion that aids the nourishment and passage of sperm.
C. Secrete a hormone that stimulates the production and maturation of sperm. - testes
D. Store undeveloped sperm before ejaculation. - epididymis

66. The nurse analyzes the laboratory values and notes that the serum phosphate level is elevated. This finding indicates which of the following:
A. It confirms the diagnosis of prostate cancer. - Biopsy

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B. The progression or regression of prostate cancer. – Blood test or imaging scan
C. The likelihood of metastasis to the bones.
D. There are complications associated with cancer.

67. The nurse knows that hormone therapy is the mode of treatment for a client with prostate cancer. The goal of this form of treatment is to _____:
Prostate cancer Androgen dependent cancer
A. Limit the amount of circulating androgens.
B. Increase prostaglandin level.
C. Increase the amount of circulating androgens.
D. Increase testosterone level.

68. The nurse writes a nursing diagnosis of Fear and Anxiety secondary to the diagnosis of prostate cancer. Which of the following interventions would be BEST for the nurse?
A. Encourage the client to keep his feelings to himself so his family will not be affected. - Verbalization
B. Establish a nurse patient therapeutic relationship.
C. Advise the client to have a positive outlook relationship.
D. Provide spiritual support to the client.

Situation
Nurse Petra works in the oncology unit. She takes care of cancer patients in pain. She is aware that cancer pain management is one of her responsibilities.

69. Nurse Petra plans care for a cancer client experiencing pain. She is aware that an important principle of using medication to manage pain is to:
A. Individualize the medication therapy to the client.
B. Provide the medication as soon as the client requests for it.
C. Discontinue the medications periodically to discourage the development of drug tolerance.
D. Avoid giving client addictive medications.

70. Nurse Petra collaborates with the physician in the development of a drug regimen for the clients. Which of the following medications should be avoided in the treatment of cancer pain?
A. Morphine
B. Acetaminophen (Tylenol) – Non opioid analgesic indicated for mild pain
C. Meperidine (Demerol)
D. Hydrocodone

A, C, D – Opioid analgesic indicated for severe pain

71. When titrating a drug for the client in pain, which of the following actions is MOST appropriate?
A. Ask the physician to include a medication order for breakthrough pain.
B. Follow the physician's order for the first 24 hours.
C. Reassess the client every 8 hours for drug effectiveness.
D. Seek a new order after 2 doses that do not achieve a tolerable level of pain relief. – drugs is ineffective which may caused by drug tolerance

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72. One of the clients experiences severe, intractable pain and complains that the pain medication is not working for him. Which of the following actions is MOST appropriate for Nurse Petra?
A. Suggest to the client to try deep breathing to cope with the pain.
B. Explore the nature of the pain and encourage the client to perceive it in a different way.
C. Support the client emotionally and tell him he will receive the next dose of medication as soon as possible.
D. Refer the client to the attending physician immediately and report that the pain medication is not providing adequate pain relief.

73. Nurse Petra assesses a client complaining of acute pain. The MOST appropriate nursing assessment would include which of the following?
A. The nurses' impression of clients' pain.
B. The clients' pain rating. – severity of the pain → helps with evaluation of pain medications / pain management techniques
C. Nonverbal cues from the client.
D. Pain relief after appropriate nursing interventions.

Situation
Ms. Helen is a nurse supervisor of three departments in hospital X. She attends an orientation seminar on hospital records management.

74. Ms. Helen understands that good client care relies on good record keeping. Which of the following is NOT a purpose of hospital record keeping?
a. Records provide evidence of a hospital's accountability.
b. Records are a key source of data for medical research or statistical reports.
c. Records provide data on health information system.
d. Records provide personal information on the physicians and nurses caring for the clients.

75. Ms. Helen is aware that when a client is readmitted to a hospital, the client's file is retrieved from the _____.
a. physician's file
b. civil service file
c. master patient index file – electronic medical record/ database that maintains a unique [ID for each patient → easier retrieval]
d. hospital library record file

76. Ms. Helen is aware that when a client is readmitted to a hospital, the client's file is retrieved from the_____.
a. Physician's file
b. Civil service file
c. Master patient index file
d. Hospital library record file

77. Ms. Helen is aware that when a client is discharged or dies, the following details should be entered in the client's record which is the_____.
a. Final diagnosis – to get the death cert; reference in case patient is readmitted

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b. Outcomes classification
c. Educational attainment
d. Religion

78. The following statements are true about patients and hospital records EXCEPT:
a. Confidential records must be protected against loss, damage , unauthorized access, modification and disclosure
b. Patients have the right to confidential treatment of information they provide to health professional
c. Health records are the property of community where the patient is treated
d. Hospital records maybe released without the patient's consent when required in investigation for serious criminal offenses

Situation
Ms. Mika is a director of the critical care unit of hospital x. She utilizes the nursing process to communicate care to the client.

79. She is called to the bedside of a client who is scheduled to have laparoscopic cholecystectomy. The client's pulse is slightly irregular. Ms. Mika confers with the primary nurse regarding the client's condition, which step of the nursing process is Ms. Mika applying?
Collaborating for problem solving and decision making
a. Implementation
b. Evaluation
c. Planning
d. Assessment

80. Ms. Mika calls for a conference with the staff members who are attending to the client. They decide to obtain a 12-lead ECG for a more definitive picture. They conclude that the client has no serious cardiac or pulmonary problems. Which step of the nursing process is in effect in this situation?
ECG → provides objective data → assessment
a. nursing diagnosis
b. assessment
c. evaluation
d. planning

81. Ms. Mika consults with the attending physician and the anesthesiologist. She advises the primary nurse to proceed with the preparations and to remain alert for any adverse symptoms. Which step of the nursing process is this?
a. Assessment
b. nursing diagnosis
c. planning
d. evaluation

82. Ms. Mika confers with the client's primary nurse the following morning. Together they determine that the client is ready for surgery. This step of the nursing process is:
Judgement was done → concluded that care rendered in the patient is effective
a. evaluation

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b. planning
c. nursing diagnosis
d. assessment

83. Ms. Mika applies the human relations approach in this situation. She is aware that the key to productivity is _____.
a. the degree of independence allowed
b. meeting the objectives of the critical care unit
c. Firm control of the situation
d. the behavior of people under direction

Situation
A mother with the diagnosis of AIDS states that she has been caring for her baby even though she has not been feeling well.

HIV is transmitted through blood and body fluids including breastmilk.

84. What important information should the nurse determine?
a. is she has kissed the baby
b. if the baby is breastfeeding
c. when the baby last received antibiotics
d. how long she has been caring for the baby

85. The nurse is planning to provide discharge teaching to the family of a client with AIDS. Which statement should the nurse include in the teaching plan?
a. "Wash the dishes in hot soap as you usually do."
b. "Let the dishes soak in hot water overnight before washing."
c. "You should boil the client's dishes for 30 minutes after use."
d. "have the client eat from paper plates so they can be discharged."

86. During an AIDS education class a client states, "Vaseline works great when I use condoms." Which conclusions about the client's knowledge of condom use can the nurse draw this statement?
Vaseline (petroleum jelly) → break down condom integrity → increases risk for condom failure
a. an understanding of safer sex
b. an ability to assume self-responsibility
c. ignorance concerning correct condom use
d. ignorance concerning the transmission of HIV

87. The client with AIDS is experiencing nausea and vomiting. The Nurse would make which of the following dietary alterations for this client to enhance nutritional intake?
a. Avoid dairy products and red meat – dairy, red meat (high in fat) → GI irritant → increase HCl acid secretion in the stomach → reflux
b. Plan large nutritious meals – SFF
c. Add spices to food to enhance flavour – spices → GI irritant → increase HCl → reflux
d. Serve foods while they are warm – warm food = more smell → nausea

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88. The Physician orders a Paracentesis. How should the nurse instruct the client to prepare for the radiograph?
To drain out excess fluid in the peritoneum (e.g. ascites)
a. void before the procedure
b. a laxative the evening before the procedure
c. nothing by mouth for 8 hours before the procedure
d. a low soapsuds enema the morning of the procedure

Situation
In a Medical ward there are clients with potential or actual disorders of fluids and electrolytes disturbance and homeostatic mechanisms.

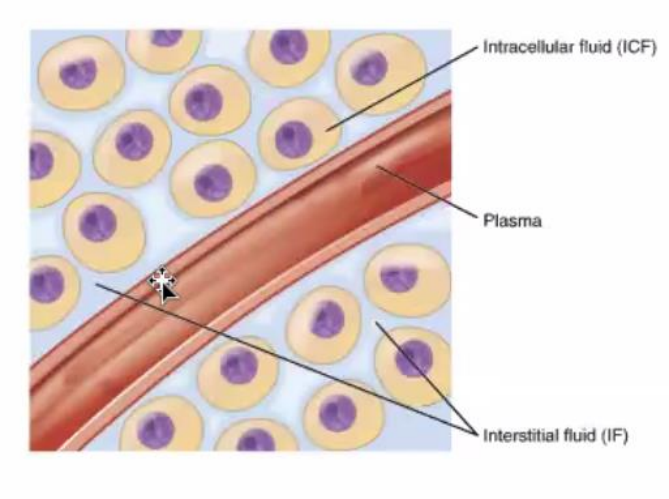
89. The nurse is caring for a client with chronic kidney failure. The nurse understands that ammonia is normally exerted by the kidney to help maintain:
Ammonia (NH_3) → hydrogen ions (acidic in nature)
a. osmotic pressure of the blood
b. acid-base balance of the body
c. low bacterial level in the urine
d. normal red blood cell production

90. Which finding best suggests that nursing interventions for a client with an excess fluid volume have been effective?
FVE→ crackles
a. clear breath sounds
b. positive pedal pulses – hard to palpate
c. normal potassium level – not affected; should be sodium
d. increased urine specific gravity – more solutes; less fluids

91. The nurse understands that a client with albuminuria has edema because of:
Albumin in the urine
a. fall in tissue hydrostatic pressure
b. rise in plasma hydrostatic pressure
c. rise in tissue colloid osmotic pressure
d. fall in plasma colloid oncotic pressure

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92. When the nurse uses the clamp on the administration set to manually adjust the flow of IV fluid into a client by gravity, what change in energy takes place?
a. potential energy is converted to kinetic energy
b. kinetic energy is converted to potential energy
c. chemical energy is converted to kinetic energy
d. potential energy is converted to chemical energy

93. The client with which condition has an increased risk for developing Hyperkalemia?
a. Crohn's disease – diarrhea → loss of potassium → hypokalemia
b. Cushing's syndrome – increase aldosterone → increase excretion of potassium → hypokalemia
c. Chronic heart failure
d. End-stage renal disease – no excretion of potassium

Situation
The nurse assists in the care of a 15 year old female experiencing anaphylaxis due to insect bite by honeybees.

94. Upon assessment, the nurse observes the client reacting to the insect bites. The following are common reactions to an insect sting EXCEPT:
a. Swelling
b. Redness
c. Appearance of lesions
d. Pain

Situation
Nurse Gab is a staff nurse in the oncology unit of a tertiary hospital. An activity in the unit for continuing professional development is to disseminate information among the personnel and staff in the unit regarding trends and treatment for cancer. Nurse Gab read an article entitled "Understanding Colorectal Cancer" which was recently published in a national newspaper.

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95. According to the Philippine Cancer Facts and Estimates for 2010, one of the most common cancer among men is colorectal cancer. It ranks _____ among all the diseases:
a. First
b. Fourth
c. Second
d. Third

RANK	BOTH	MALES	FEMALES
1	Breast Cancer	Lung Cancer	Breast Cancer
2	Lung Cancer	Colorectal Cancer	Cervix/Uterine Cancer
3	Colorectal Cancer	Prostate Cancer	Colorectal Cancer
4	Liver Cancer	Liver Cancer	Lung Cancer
5	Prostate Cancer	Leukemia	Ovarian Cancer

Situation
A 21 year old male is admitted to the burn unit of x hospital. He sustained burns on the chest, abdomen, right arm and right leg.

96. The nurse assigned to his care anticipates that the client would be particularly susceptible to which of the following fluid and electrolyte imbalances during the emergent phase of burn case.
a. Metabolic acidosis – burn injury → damage of cells → release of component into the circulation → metabolites, potassium
b. Hypernatremia - hyponatremia
c. Hypokalemia -hyperkalemia
d. Metabolic alkalosis

97. The nurse assesses the client for fluid shifting. During the emergent phase of a burn injury, shifts occur due to fluid moving from the_____.
a. Extracellular to intracellular space.
b. Intracellular to extracellular space.
c. Vascular to interstitial space. – due to increase inflammatory mediators → increase permeability of blood vessels
d. Interstitial to vascular space

98. The nurse understands that the fluid shift results from an increase in the_____.:
a. Total volume of intravascular plasma
b. Total volume of circulating whole blood
c. Permeability of capillary walls
d. Permeability of the kidney tubules

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99. The client receives fluid resuscitation therapy. The nurse adjusts the infusion rate by evaluating the client's _____:
Goal of fluid resuscitation therapy: adequate tissue perfusion
a. Hourly urine output – best indicator of fluid replacement/fluid resuscitation
b. Daily body weight – best indicator of fluid retention
c. Hourly urine specific gravity
d. Hourly body temperature

100. The client receives total parenteral nutrition (TPN). The nurse understands this therapy will help the client_____.
Hypermetabolic state → increase metabolism → they need more calories and proteins
a. Provide adequate nutrition
b. Ensure adequate caloric and protein intake
c. Correct water and electrolyte imbalances – IV fluid
d. Allow the gastrointestinal tract to rest – Gastric decompression

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Recalls 7 NP5

Situation
You are a mental health nurse dealing with patients currently experiencing a crisis. You use your knowledge on crisis management to help these patients. The following questions apply.

1. In the rape crisis center, a woman is being seen a few days after she was raped. She reports that she has not had any appetite, she is experiencing anxiety and depression, and that she has been having nightmares. You as the nurse make an assessment on the woman to determine if it is appropriate for her to be admitted to the hospital. Which of the following priority questions should the nurse ask the woman?
A. The client's reaction to the event, including any suicidal thoughts. – safety and scurity
B. The client's perceptions of her current skills for coping with the event.
C. The availability of the client's personal support systems.
D. The effect of the event on other aspects of the client's life.

2. An anxious, sobbing 19 year old is brought to the crisis shelter for an interview. She says, "I think I am pregnant but I don't know what to do!" Which of the following nursing interventions is most appropriate for her situation at this time?
A. Ask the client about the type of things that she had thought of doing.
B. Give the client some ideas about what to expect to happen next.
C. Recommend a pregnancy test after acknowledging the client's distress.
D. Question the client about her feelings and possible parental reactions.

3. You're the nurse on duty when you saw an anxious 41-year-old client say that she would "rather die than be pregnant." Which of the following responses by the nurse is most helpful?
A. "Try not to worry until after the pregnancy test."
B. "You know, pregnancy is a normal event."
C. "You're only 40 years old and not too old to have a baby."
D. "I see you're upset. Take some deep breaths to relax a little." – acknowledge

4. You were doing some charts when a client comes to the crisis center in a very distressed state. He tells you that he just cannot get over being fired from his job last week. He says that he already asked for help and talked to friends. He says, "I've tried everything to get through this, but nothing is working. Please, help me!" Which of the following should you, as the nurse, use as the initial crisis intervention strategy?
A. Referral for counseling.
B. Support system assessment.
C. Emotion management. – letting patient to express his/her feelings
D. Unemployment assistance.

5. Getting the client's significant others involved in helping with the immediate crisis as soon as possible is one of the major roles in crisis intervention. You as the nurse determine that the support persons are prepared to help when they verbalize which of the following?
A. The name and phone number of the client's physician.
B. Emergency resources and when to use them.
C. The coping strategies they are using.
D. Long-term solutions they plan to tell the client to use.

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Situation
You are a nurse tasked to work with patients coping with their illnesses.

6. A client was diagnosed with an acute cardiac illness. The nurse should determine that the client lacks understanding of her illness and her ability to make changes in her lifestyle when they verbalize which of the following statements?
A. "I already have my airline ticket, so I won't miss my meeting tomorrow."
B. "These relaxation tapes sound okay; I'll see if they help me."
C. "No more working 10 hours a day for me unless it's an emergency."
D. "I talked with my husband yesterday about working on a new budget together."

7. You just admitted a 19-year-old client who was recently diagnosed with leukemia. What is the most appropriate short term goal for the nurse and the client to establish?
1. let the patient verbalize feelings
2. acknowledge patient feelings
A. Accepting his death as imminent.
B. Expressing his angry feelings to the nurse.
C. Decreasing interaction with peers to conserve energy.
D. Gaining an intellectual understanding of the illness.

8. The client hospitalized for diagnosis and treatment of atrial fibrillation states to the nurse, "Please hand me the telephone. I need to check on my stocks and bonds." Which of the following responses by the nurse is most therapeutic?
A. "You will get more upset if you make that call."
B. "You have atrial fibrillations. Let's talk about what that means."
C. "You really don't care about the fact that you're sick, do you?"
D. "Do you realize you have a life-threatening condition?"

9. The colostomy club made arrangements to meet with a client who will undergo a bowel surgery. Which of the following is accomplished when a representative of the colostomy club visits the client preoperatively?
A. Letting the client know that he has resources in the community to help him.
B. Providing support for the physician's plan of therapy for the client.
C. Providing the client with support and realistic information on the colostomy.
D. Convincing the client that he will not be disfigured and can lead a full life.

10. One of your patients in the ward directs profanities at you, the nurse, then abruptly hangs his head and pleads to you, "Please forgive me. Something came over me. Ugh, why do I say those things?" As a knowledgeable nurse, you interpret this as which of the following?
A. Neologism – using a word when it can have 2 or more meanings; play on words
B. Confabulation – replacing memory loss by fantasy to hide confusion; uncosiousAlzheimers
C. Flight of ideas – jumping from one topic to another that is only superficially related
D. Emotional lability – readily changeable or unstable emotional affect

Situation

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You are a nurse tasked to care for patients experiencing stress and anxiety. You are to apply the nursing concepts you've learned about this topic to effectively care for these patients.

11. You are a nurse tasked to care for patients experiencing stress and anxiety. You are to apply the nursing concepts you've learned about this topic to effectively care for these patients.
Lack of information → stress/anxiety levels
A. Telling her to distract himself with games and television
B. Reassure her that she will come through the surgery without incident
C. Explaining to her what happens before and after surgery
D. Asking the surgeon to refer her to a psychiatrist who can work with her to diminish her anxiety

12. You are discussing the concept of anxiety to the student nurses in your unit. You explain that anxiety occurs in degrees, from a level that stimulates productive problem solving to a level that is severely debilitating. The students respond correctly when you ask that at a mild, productive level of anxiety, one will expect to see which of the following cognitive characteristics of mild anxiety?
A. Slight muscle tension. - motor
B. Occasional irritability. - emotional
C. Accurate perceptions.
D. Loss of contact with reality

13. You followed up a question to the student nurses. They answered you correctly when they stated that as a client's anxiety level increases to a debilitating degree, they would expect which of the following psychomotor behavior indicating the panic level of anxiety:
A. Suicide attempts or violence.
B. Desperation and rage. - emotional
C. Disorganized reasoning. - cognitive
D. Loss of contact with reality. - cognitive

14. You admitted a patient dealing with personal issues and painful feelings. Which of the following is a crucial goal of therapeutic communication when helping this client?
A. Communicating empathy through gentle touch
B. Conveying client respect and acceptance even if not all of the client's behaviors are tolerated
C. Mutual sharing of information, spontaneity, emotions, and intimacy
D. Guaranteeing total confidentiality and anonymity for the client

15. You are doing a follow up visit to the home of a client diagnosed with Alzheimer's disease. You are assessing the stress level of the patient's spouse, the primary caregiver. Which of the following questions is most appropriate for assessing the spouse's level of stress?
A. "So, what is a typical day like for you?" – open ended question → exploration
B. "What do you do to relieve stress for yourself?"
C. "May I arrange for some part-time help for you?"
D. "Being a full-time caregiver must be very stressful, isn't it?"

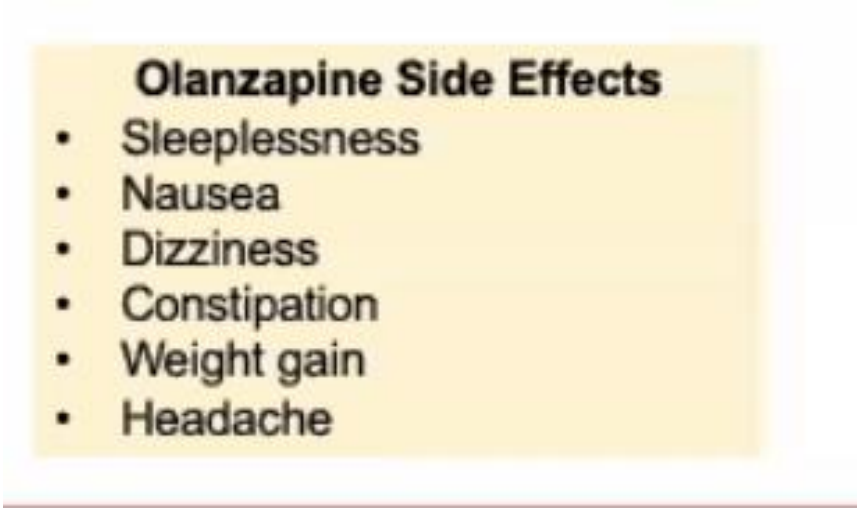
Situation
You are a nurse tasked to care for patients with schizophrenia. You use your knowledge on this concept to effectively and safely care for your patients.

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16. You are caring for a patient diagnosed with paranoid schizophrenia. The patient reports hearing a voice saying "Do not remove your cap or they will be able to read your mind." Which of the following responses is the most therapeutic for this patient?
A. "Who are 'they'?"
B. "Why would someone want to read your mind?"
C. "I do not believe that anyone can read another's mind."
D. "It must be very frightening to believe that someone can read your mind."

17. A patient diagnosed with a history of paranoid schizophrenia and chronic alcohol abuse was admitted to your unit. The patient has been taking Olanzapine for 14 days and has not consumed alcohol in the last 5 days. They report shaky hands and trouble sleeping because of frequent nightmares. The patient verbalized their concern that olanzapine may be causing these problems. Which of the following is your most therapeutic response to this patient?
Alcohol withdrawal
A. "These are not typical side effects for that drug."
B. "Just ignore the symptoms. They will go away in just a few days."
C. "These symptoms are more likely a result of not drinking alcohol for 5 days."
D. "It is possible, since this medication is contraindicated in those who abuse alcohol."



18. A patient with a history of violent command hallucinations was observed to be mumbling erratically while making threatening gestures directed toward a particular staff member. Which of the following interventions is most appropriate when caring for patients with violent command hallucinations?
A. Ask the client to explain the cause of anger. - verbalization
B. Place the client in seclusion to help de-escalate anger.
C. Inform the client of pending restraint if behavior does not subside.
D. Observe the client for signs of escalating agitation.

19. A patient diagnosed with paranoid schizophrenia was admitted to your unit. You include the nursing diagnosis of Disturbed thought processes secondary to paranoia in the patient's care plan. Which of the following approaches is most appropriate for this patient?
A. Avoid laughing or whispering in front of the client.
B. Begin to identify social support in the community.
C. Encourage the client to interact with others on the unit.
D. Have the client sign a written release of information form.

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20. The mother of a client diagnosed with paranoid schizophrenia visiting her son 2 days after his admission to the psychiatric unit approaches a nurse and states, “He is still talking about how the government is controlling his thoughts.” What is the most accurate nursing appraisal of the mother’s statement?
Antipsychotic drugs: 5-9 days
A. The mother’s expectations of her son are realistic.
B. The mother’s concern is reasonable.
C. The mother should request a medication adjustment.
D. The mother requires further education regarding the client’s diagnosis.

Situation
You are tasked to care for Zoro, a patient newly diagnosed with obsessive compulsive disorder. You use your knowledge to effectively and safely care for the patient.

21. Zoro is utilizing a defense mechanism commonly used by patients with obsessive compulsive disorder. Which of the following defense mechanisms is this?
A. Suppression.- voluntary blocking
B. Repression. – involuntary blocking
C. Undoing.
D. Denial.

22. You start your assessment on Zoro. Which behavioral symptom would you expect to assess in this patient?
A. The client uses excessive hand washing to relieve anxiety.
B. The client rates anxiety at 8/10.
C. The client uses breathing techniques to decrease anxiety. – behavioral intervention
D. The client exhibits diaphoresis and tachycardia. - physiological

23. Which cognitive symptom would you expect to assess in Zoro who has obsessive compulsive disorder?
A. Compulsive behaviors that occupy more than 4 hours per day.
B. Excessive worrying about germs and illness.
C. Comorbid abuse of alcohol to decrease anxiety.
D. Excessive sweating and an increase in blood pressure and pulse.

24. Zoro is leaving his home for the first time in a year. He arrived in the unit wearing a surgical mask and white gloves. He states, “The germs in here are going to kill me”. Which correctly written nursing diagnosis addresses Zoro’s problem?
A. Social isolation R/T fear of germs AEB continually refusing to leave the home.
B. Fear of germs R/T obsessive-compulsive disorder.
C. Ineffective coping AEB dysfunctional isolation R/T unrealistic fear of germs.
D. Anxiety R/T the inability to leave home, resulting in dysfunctional fear of germs.

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Health problem → **Etiology or cause** (R/T) → **Signs and symptoms** (AEB)

25. Zoro has been in your care in the psychiatric unit for 4 days now for the treatment of their OCD. Which outcome takes priority for the patient at this time?
A. The client will use a thought-stopping technique to eliminate obsessive and/or compulsive behaviors.
B. The client will stop obsessive and/or compulsive behaviors in order to focus on activities of daily living.
C. The client will seek assistance from the staff to decrease obsessive and/or compulsive behaviors.
D. The client will use one relaxation technique to decrease obsessive and/or compulsive behaviors.

Situation
You apply your knowledge on concepts of psychosocial health to patients assigned to you in the ward.

26. You are attending a seminar regarding coping skills. You were asked about the beneficial effects of humor. You respond to the question appropriately based on which of the following documented beneficial effects of humor?
A. Lessened depression
B. Increased relaxation
C. Reduced aggression
D. Improved sleep

27. As a knowledgeable nurse, you know that body image is the subjective view an individual has about his or her physical appearance including body shape, size, weight, and proportions. Which of the following conditions would put a patient at risk for disturbed body image?
A. Urinary tract infection
B. Hyperlipidemia
C. Rheumatoid arthritis
D. High blood pressure

28. You are a preoperative nurse preparing a client for an upcoming surgery. While you're preparing this patient, you inform them of what they can expect after surgery and how their pain will be controlled postoperatively. Which of the following stress management techniques is being utilized in this scenario?
A. Relaxation
B. Guided imagery
C. Progressive muscle relaxation
D. Anticipatory guidance

29. An elderly patient you're caring for is about to be discharged. Which of the following statements, if made by the patient, would indicate that they lack a support system at home?
A. "My sister and her husband are taking me home today."
B. "My church members have been sending cards and letters while I have been in the hospital."
C. "I am not sure how I am going to get to the grocery store after I get home."

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D. “My neighbor is retired. We visit and have our meals together every day.”

30. You are to assess a newly admitted patient regarding their health care practices. As a culturally competent nurse, which of the following factors would you include in your assessment?

I. Health-seeking behaviors

II. Responsibility for health care

III. Folklore practices

IV. Barriers to health care

A. I
B. III
C. I, II, IV
D. I, II, III, IV

Situation
You are caring for various patients with substance abuse disorder of methamphetamines. You utilize your knowledge to help care for these patients.

31. You are assessing a patient diagnosed with substance abuse disorder. They stated, “My wife causes me to abuse methamphetamines. She uses methamphetamine and she also expects me to.” As a knowledgeable nurse, you know that the patient is using which of the following defense mechanisms?
A. Rationalization.
B. Denial.
C. Minimization.
D. Projection.

32. The mother of one of your patients who are newly admitted to the mental health unit expresses her concern that his son may be using methamphetamine. Which physical examination findings are consistent with methamphetamine abuse by the client?
Methamphetamine = stimulant
A. Hypotension and bradycardia
B. Bruises and scrapes on the extremities – gait alterations because of alcohol intoxication
C. Constricted pupils and fatigue – dilation of pupils
D. Anorexia and recent weight loss

33. One of the patients you’re caring for in the unit is in methamphetamine withdrawal. When caring for this patient, the most appropriate intervention by the nurse should be to?
A. Administer sedatives routinely to prevent seizures.
B. Allow the client to sleep and eat as desired.
C. Administer antipsychotic medications to manage hallucinations.
D. Encourage involvement in the treatment milieu.

34. You are assessing one of the patients in your unit who abuses methamphetamine. The patient appears not to be willing to give up the usage of the drug, as evidenced by their statement, “I do not plan to quit

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meth. I can work for days when I am high." Which of the following is your best response to the patient's statement?
A. "You'll exhaust yourself doing that."
B. "You can't see the real problem yet because you are in denial."
C. "You think using drugs helps you?" – Restatement → assist the patient in reexamining their thought process
D. "Good point. You probably work long hours while you are on meth."

35. One of your patients regularly uses projection to protect themselves against the negative realities resulting from their methamphetamine use. Which of the following statements will the nurse most likely document when the patient uses projection as a coping mechanism?
A. "My dad and I don't get along because he thinks that I'm a failure."
B. "I can't go back to work. I'd be so embarrassed for anyone to find out I've been in treatment."
C. "I'm not giving up alcohol, just the methamphetamine. I never had a problem with alcohol."
D. "Everything will be all right again if I can just stop using drugs."

Situation
You are caring for Robin, a patient diagnosed with Multiple Sclerosis. The following questions apply.

36. Robin is scheduled for a magnetic resonance imaging (MRI) scan of the head. Which of the following information should you relay to Robin about the test?
A. The client will have wires attached to the scalp and lights will flash off and on. - EEG
B. The machine will be loud and the client must not move the head during the test.
C. The client will drink a contrast medium 30 minutes to one (1) hour before the test. – e.g Pyelogram, Angiography
D. The test will be repeated at intervals during a five (5)- to six (6)-hour period.

37. Robin stated her frustration regarding her recent diagnosis of MS. She states, "I do not understand how I got this disease. Is it genetic?" On which statement should you base your response?
A. Genetics may play a role in susceptibility to MS, but the disease may be caused by a virus.
B. There is no evidence suggesting there is any chromosomal involvement in developing MS.
C. Multiple sclerosis is caused by a recessive gene, so both parents had to have the gene for the client to get MS.
D. Multiple sclerosis is caused by an autosomal dominant gene on the Y chromosome, so only fathers can pass it on.

38. Which of the following issues presented by Robin is of most importance to you at this time as her primary nurse?
A. She refuses to have a gastrostomy feeding.
B. She wants to discuss if she should tell her fiancé.
C. She tells the nurse life is not worth living anymore. – safety and security
D. She needs the flu and pneumonia vaccines.

39. Robin stated that she has been investigating alternative therapies to treat her disease. Which of the following interventions is most appropriate?
E.g. Massages, relaxation techniques

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A. Encourage the therapy if it is not contraindicated by the medical regimen.
B. Tell the client only the health-care provider should discuss this with him.
C. Ask how his significant other feels about this deviation from the medical regimen.
D. Suggest the client research an investigational therapy instead.

40. You enter Robin's room after her diagnosis of acute exacerbation of MS. You find her crying. Which of the following statements is the most therapeutic response you can make as her nurse?
A. "Why are you crying? The medication will help the disease."
B. "You seem upset. I will sit down and we can talk for awhile." – acknowledge + offer self
C. "Multiple sclerosis is a disease that has good times and bad times."
D. "I will have the chaplain come and stay with you for a while."

Situation
You are caring for patient Luffy who has seizures. You apply your knowledge on concepts of seizures to better assess, diagnose, plan, and evaluate their condition.

41. Luffy is sitting in the chair when suddenly, his entire body went rigid with his arms and legs contracting and relaxing. He is not aware of what's going on and is making guttural sounds. Which of the following actions should you implement first?
A. Push aside any furniture.
B. Place the client on his side.
C. Assess the client's vital signs.
D. Ease the client to the floor.

42. Luffy is scheduled for an electroencephalogram (EEG) to help diagnose a seizure disorder. Which of the following preprocedure teaching should you implement?
Sleep deprivation → induce seizures → during EEG patient will have seizures → diagnosis of seizure disorder
A. Tell the client to take any routine antiseizure medication prior to the EEG. – will alter
B. Tell the client not to eat anything for eight (8) hours prior to the procedure. – decrease blood sugar → alter brain wave patterns
C. Instruct the client to stay awake for 24 hours prior to the EEG.
D. Explain to the client that there will be some discomfort during the procedure.

43. Luffy just had a 3 minute seizure. He has no apparent injuries, is oriented to name, place, and time but he is very lethargic and just wants to sleep. Which of the following interventions should you implement?
A. Perform a complete neurological assessment.
B. Awaken the client every 30 minutes.
C. Turn the client to the side and allow the client to sleep.
D. Interview the client to find out what caused the seizure

44. Which statement by Luffy indicates that he understands factors that may precipitate his seizure activity?
A. "It is all right for me to drink coffee for breakfast." – avoid stimulants
B. "My menstrual cycle will not affect my seizure disorder." – onset of menses → induce seizures
C. "I am going to take a class in stress management." – stress → induce seizures

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D. “I should wear dark glasses when I am out in the sun.” – avoid bright light (e.g. television only)

45. Luffy is prescribed the anticonvulsant phenytoin (Dilantin) for his seizure disorder. Which statement indicates that Luffy understands the discharge teaching regarding this medication?
Phenytoin s/e: Gingival hyperplasia
A. “I will brush my teeth after every meal.”
B. “I will check my Dilantin level daily.”
C. “My urine will turn orange while on Dilantin.”
D. “I won’t have any seizures while on this medication.”

Situation
You are a new nurse assigned in the operating room. You will apply your knowledge on perioperative nursing to effectively and safely handle patients in this area.

46. You are preparing your patient for an upcoming surgery. Which of the following interventions should you implement first?
A. Check the permit for the spouse’s signature.
B. Take and document intake and output.
C. Administer the sedative.
D. Complete the preoperative checklist.

47. You are conducting an interview with the surgical patient in the holding area. Which of the following information should you report to the anesthesiologist? Select all that apply.

I. The client has loose, decayed teeth.

II. The client is experiencing anxiety.

III. The client smokes two (2) packs of cigarettes a day.

IV. The client has had a chest x-ray which does not show infiltrates.

V. The client reports using herbs.

A. I, II, III, IV
B. II, III
C. I, III, V
D. III, V

48. The circulating nurse intervenes when she notices which of the following violations of surgical asepsis?
A. Surgical supplies were cleaned and sterilized prior to the case.
B. The circulating nurse is wearing a long sleeve sterile gown.
C. Masks covering the mouth and nose are being worn by the surgical team.
D. The scrub nurse setting up the sterile field is wearing artificial nails. – artificial nails → harbor mircoorganisms

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49. The following statements are not an expected outcome for the postoperative client who had a general anesthesia, except?
A. The client will be able to sit in the chair for 30 minutes.
B. The client will have a pulse oximetry reading of 97% on room air.
C. The client will have a urine output of 30 mL per hour.
D. The client will be able to distinguish sharp from dull sensations. – spinal anesthesia/block

50. Which of the following problems should you identify as the priority for a patient who one day postoperative?
A. Potential for hemorrhaging. – first 24hrs
B. Potential for injury.
C. Potential for fluid volume excess. - deficit
D. Potential for infection. – occur in 2-3 days

51. Antibiotics have limited use in the actual treatment of Mastoiditis because_____.
a. Tissue destruction is extensive
b. It is a long-term treatment
c. Antibiotics do not easily penetrate the infected bony structure of the mastoid
d. Culture has to be done to identify which antibiotic is most effective for the treatment of Mastoiditis

Situation
You are a staff nurse in a government hospital being transferred to the Psychiatric Unit. You were required to equip yourself by attending the enhancement program on Crisis Intervention. To assess your knowledge and skills on the subject you were given a pre-test.

52. A crisis that is acute but temporary and due to an external source is_____.
a. Developmental
b. Transitional – ex. healthy → chronic/terminal illness
c. Traumatic – ex. Rape war
d. Dispositional – ex. House fire

53. The MAIN objective of crisis intervention is to_____
a. Make the person realize his/her mistakes
b. Ensure patient's safety
c. Return the person to the root of the crisis to identify the cause
d. Eliminate the stressor

54. Which of the following is NOT an assumption in the concept of crisis?
a. Crisis is acute and resolved within a short period of time – 4-6 weeks
b. All individuals experience a crisis
c. Crisis is a growth-retarding factor to the emotional development of a person – psychological growth of a person
d. Specific identifiable events precipitate a crisis

55. Which of the following nursing interventions is the most appropriate for a client who is in the early state of crisis?
a. Encourage client to express feeling and emotions related to crisis

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b. Require client to be actively involved in establishing goals
c. Encourage client to begin the development of insight
d. Ask client to evaluate the situation

1. let patient verbalize feelings
2. acknowledge patient feelings

Situation
In the PGH Ear Unit, the staff nurse is attending to several outpatient clients seeking follow-up care.

56. In administering ear drops, the nurse observes which of the following principles?
a. In a child, pull pinna upward and backward.
b. Let the ear drops fall on the middle space of the canal. – may cause injury; only in sides
c. Lie on the unaffected side to facilitate absorption.
d. Position unaffected ear uppermost.

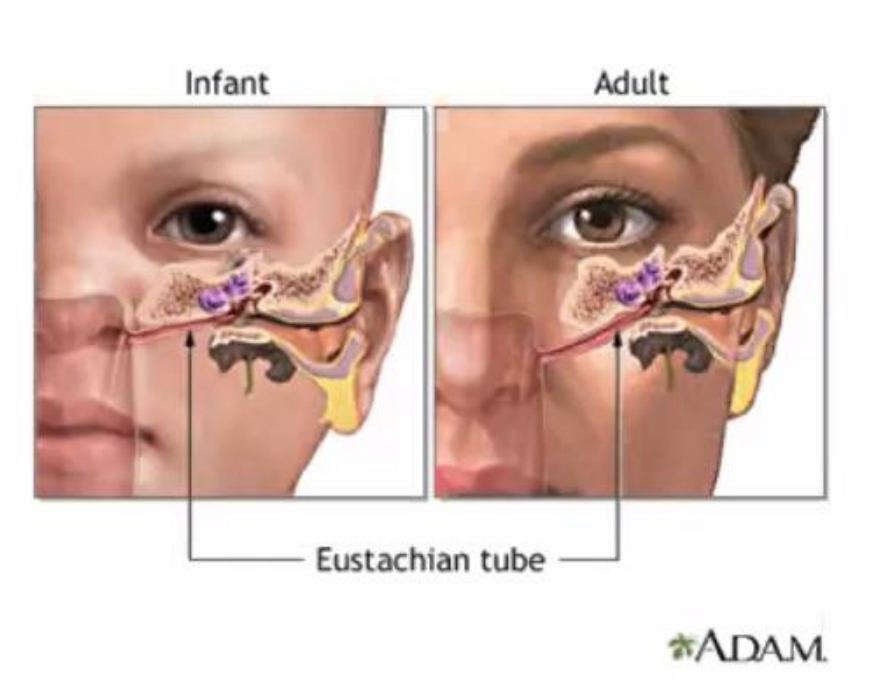


57. The nurse assists in an ear irrigation. Which of the following statements by the nurse is correct?
a. "Tilt the head towards the unaffected ear."
b. "Direct the stream of irrigate at the sides of the ear canal."
c. "After the procedure, lie on the unaffected side to allow the irrigate to soften any hardened mass."
d. "This procedure is allowed for otitis media to clean the canal."

58. What makes children more predisposed to chronic otitis media?
a. Shorter Eustachian tube
b. Horizontal orientation of the ear canal
c. Primary diaphragmatic breathing

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d. Both A and B



59. The Psychiatrist orders "Restraints PRN" for a client who has a history of violent behavior. Nurse Poppy should:
A. Utilize the restraint order if the client begins to act-out
B. Ask the psychiatrist to clarify the type of restraint order
C. Ensure that the entire staff is aware of the restraint order
D. Recognize that PRN orders for restraints are unacceptable – high risk for abuse

60. Which of the following is a characteristic sign of acute otitis media in children?
a. Jumping in pain
b. Ear tugging
c. Painless inflammation
d. Difficulty awakening

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Situation
Addiction disorders are unnecessarily common in the modern lifestyle of Filipinos, especially with the rise of establishments selling products with caffeine. Because of the various "improvements" in performance, this industry is still unwavering.

61. Caffeine greatly affects which part of the heart, as reflected in an ECG?
High doses of caffeine → dysrhythmia → atrial fibrillations
a. Atrium
b. Ventricles
c. Purkinje fibers
d. Interventricular septum

62. Which of the following do not have the potential of addiction, if consumed frequently and in large amounts?
a. Chocolate-flavored Cola – caffeine
b. Apple juice
c. Green tea - caffeine
d. Common cold preparations – codeine, DXM

63. In the previous situation of the young professional intoxicated with caffeine, he suddenly was unable to take any caffeine source for 24 hours already. The nurse expects to note the following findings, except?
Caffeine withdrawal
a. Headache
b. Difficulty in stimulating - Irritability
c. Nausea and vomiting
d. Muscle pain

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64. The nurse suspects caffeine intoxication in a young professional if he notes which finding?
Caffeine = stimulant
a. Decreased flow of thought and speech
b. Psychomotor agitation
c. Urinary retention – diuretic effect → diuresis
d. Pale face – warm, flushed face

65. The following are the reasons why many people abuse caffeine. Choose the exception.
a. Relieve fatigue
b. Increase mental alertness
c. Both A and B
d. Neither A nor B

Situation
The student nurse is reviewing for his admission exam for a prestigious hospital in Taguig City. He is answering questions related to eye disorders.

66. In the clinic, the school health nurse is conducting a vision screening to incoming Grade 1 and Grade 4 students. One of the students was able to read at 10 ft, what a normal eye sees at 20 feet. She documents this finding as:
"**M**e before **O**thers"
Me → Patient → Numerator
Others → Normal, healthy eye → Denominator
a. 10/20
b. 20/10
c. 2/1
d. 1/2

67. A student was not able to read the letters in the 20/20 level. How should the nurse proceed with the visual assessment?
a. Document this finding as visual impairment.
b. Allow the student to come nearer at a distance of 10 ft.
c. Ask the student to squint, and try reading the level again. – Pinhole occluder
d. Remind the student to avoid guessing at letters to have an accurate finding.

68. A patient is due to undergo tonometry for confirmation of the diagnosis of glaucoma. The nurse advises the patient against which of the following, except: (+)
Glaucoma = INC IOP
a. Squinting – increase IOP
b. Breathing through open glottis
c. Coughing – increase intrathoracic pressure
d. Bending at the hips – increase intraabdominal pressure

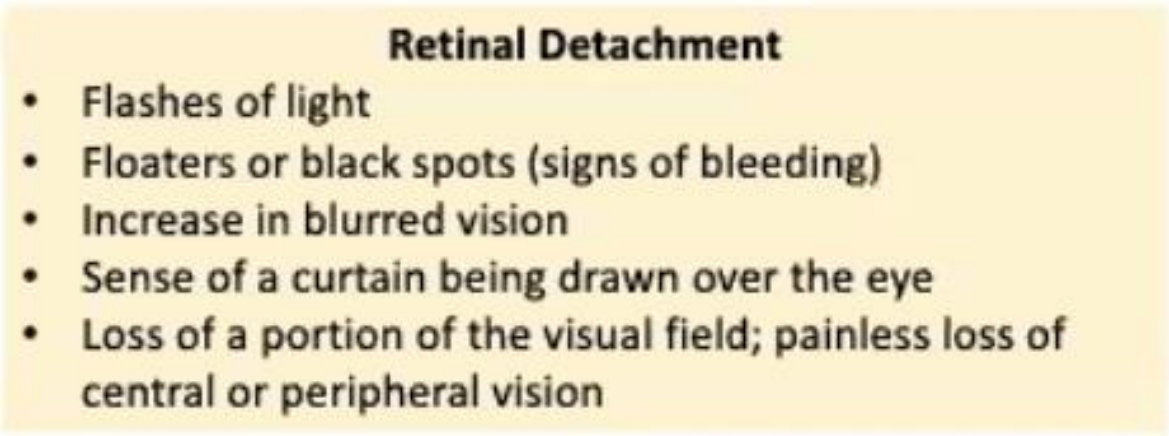
69. The nurse is caring for a client following enucleation. The nurse notes the presence of bright red drainage on the dressing. Which nursing action is appropriate?

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Bright red drainage → arterial bleed → high pressure bleeding → hemorrhage → shock
a. Notify the physician.
b. Document the finding.
c. Continue to monitor the drainage.
d. Mark the drainage on the dressing and monitor for any increase in bleeding.

70. The nurse is performing an admission assessment on a client with a diagnosis of detached retina. Which of the following is associated with this eye disorder?
a. Total loss of vision - blindness
b. Pain in the affected eye – close angle glaucoma
c. A yellow discoloration of the sclera - jaundice
d. A sense of a curtain falling across the field of vision



Situation
The diverse Neurologic disorders present unique challenges of nursing care. The Nurse must have a clear understanding of the pathologic processes for appropriate nursing management. Nurse Jeremy is attending to clients in the ward with Multiple Sclerosis.

71. A recently hospitalized client with Multiple Sclerosis is concerned about generalized weakness and a fluctuating physical status. What is the priority nursing intervention for this client?
a. encourage bed rest – muscle atrophy
b. space activities throughout the day
c. teach the limitations imposed by the disease
d. have one of the client's relatives stay at the bedside

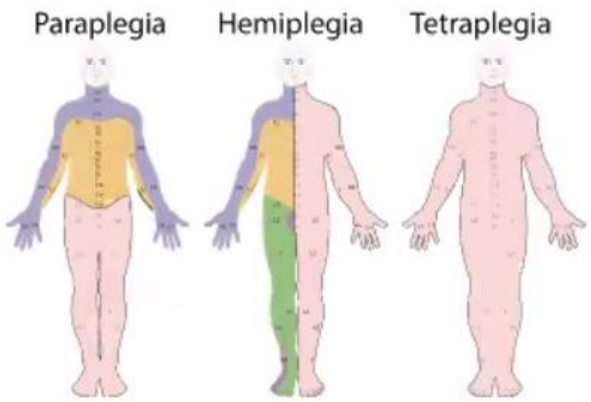
72. Which clinical indicator does Nurse Jeremy identify when assessing a client with hemiplegia?
a. paresis of both lower extremities
b. paralysis of one side of the body
c. paralysis of both lower extremities
d. paresis of upper and lower extremities

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D. paresis of upper and lower extremities

Hemi-: One side of the body
Para-: Lower extremities
Tetra-/Quadri-: Upper & Lower extremities

-plegia: Paralysis
-paresis: Weakness



73. Which statement by a client with Multiple Sclerosis indicates to Nurse Jeremy that the client needs further teaching?
a. "I use a straw to drink liquids." – decrease risk of aspiration
b. "I will take a hot bath to help relax my muscles." – decrease sensations → increase risk of injury
c. "I plan to use an incontinence pad when I go out." – weakness of the bladder
d. "I may be having a rough time now, but I hope tomorrow will be better." – MS → remissions and exacerbations

74. Mr. Dela Cruz a 48 year old client carpenter admitted after a spinal cord injury and the Physician indicates that a client is a Paraplegic. The family asks Nurse Jeremy what this means. What explanation should the nurse give to the family?
a. upper extremities are paralyzed
b. lower extremities are paralyzed
c. one side of the body is paralyzed
d. both lower and upper extremities are paralyzed

75. Jeremy is excited to be assigned to a Neuro –Ward after his extensive training. He is preparing to conduct a Neurologic examination. What nursing intervention is anticipated for a client in the plateau phase of Guillain-Barre syndrome?
GBS: paralysis that start in the lower extremities
a. providing a straw to stimulate the facial muscles (GALING BABA SYNDROME)
b. inserting an indwelling catheter to monitor urinary output – bladder paralysis
c. encouraging aerobic exercises to avoid muscle atrophy
d. administering antibiotic medication to prevent pneumonia

Situation
In the Psychiatric ward nurses are discussing the other factors that caused Alzheimer's disease (AD). And they all agree that it is a degenerative disease of the brain caused by gradual death and loss of brain cells resulting to progressive and irreversible Dementia.

76. The Nurse develops a nursing diagnosis of self care deficit for an older client with Dementia. Which of the following is the most appropriate goal for this client?
Dementia: decrease intellectual functioning
a. The client will be admitted to a long care facility to have activities of daily living needs met

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b. The client will function at the highest level of independence possible – instill self-esteem; increase self-worth
c. The client will complete all activities of daily living independently within one (1) hour time frame
d. The Nursing staff will attend to all the client's activities of daily living needs during the hospitalization

77. The nurse recognizes that Dementia of the Alzheimer's type is characterized by:
a. aggressive acting-out behavior
b. periodic remissions and exacerbations
c. hypoxia of selected areas of brain tissue
d. areas of brain destruction called senile plaques

78. When attempting to understand the behavior of an older adult diagnosed with Vascular Dementia, the nurse recognizes that the client is probably:
Dementia: decrease intellectual functioning
a. not capable of using any defense mechanisms
b. using one method of defense for every situation
c. making exaggerated use of old, familiar mechanism
d. attempting to develop new defense mechanism to meet the current situation.

79. Which of the following nursing intervention is most helpful in meeting the needs of an older adult hospitalized with the diagnosis of Dementia of the Alzheimer's type?
a. providing a nutritious diet high in carbohydrates and protein
b. simplifying the environment as much as possible while eliminating the need for choices
c. developing a consistent nursing plan with fixed time schedules to provide for emotional needs – continuous
d. providing an opportunity for many alternative choices in the daily schedule to stimulate interest

80. A 75-year-old man with the diagnosis of Dementia has been cared for by his wife for 5 years. For the past 2 years he has not spoken and incontinent of urine and feces. During the last month he has changed from being placid and easygoing to agitated and aggressive. He is admitted to a Psychiatric hospital for treatment with Psychopharmacology. Which is the priority nursing care while this client is in the psychiatric facility?
a. managing his behavior
b. preventing further deterioration
c. focusing on the needs of the wife
d. establishing on the needs of the wife

Situation
The ICU nurse assigned to a 60-year old acutely ill client with Parkinson's disease who was hospitalized frequently. The initial confinement was due to electrolyte imbalance. The following confinement was due to injury sustained from fall, he became to have incontinent of stools that further lead to development of skin irritation and breakdown. Currently he was admitted due to respiratory infection.

Stresses / stimuli

81. The review of literature does not only include published research studies but also theory. In this case which theory is least related to the study?

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a. Neuman's system model
b. Lazarus' theory of stress and coping
c. Nightingale's environmental theory – act of utilizing the environment to assist patient I his/her recovery
d. Roy's theory of adaptation

82. Related literature included case situations similar to the case of the client. The nurse is interested in gaining further knowledge that can help the client at risk for fecal incontinence. The nurse should use which of the following methods to strengthen this report?
a. Historical research method – past issues
b. Qualitative research method – phenomenon/experience
c. Experimental research method – administration of manipulation/interventions: cause and effect of variables
d. Quantitative research method – causal or correlational relationship of 2 variables

83. The patient also reports multiple lumbar muscle strains, thus is also looking at using alternative therapies to reduce the pain. The client seeks advice from the nurse as to what type of alternative therapy would provide the best pain relief. How should the nurse respond?
a. "I have seen many individuals with your type of pain be relieved of pain through the use of acupuncture."
b. "These types of therapies are more than just therapies; they are really a mind over matter type of event or game."
c. "Some of my other clients swear by magnet therapy to reduce pain as it is very small and very easy to use."
d. "You need to choose the alternative therapy that is right for you based on research that supports the intervention." – or e.g. according to evidence based practice (latest finding)

84. While the nurse was able to identify the cases that were studied, it is important to understand the phenomenological experience of the client. This approach includes the following except:
Exploration: bigger picture
a. Exploring the idea expressed by the person
b. Getting the whole picture of fecal incontinence and its associated factors
c. Focusing interview on fecal incontinence
d. Interviewing and using of questionnaire on client's responses to his situation

85. Which of the following can the nurse use in protecting the safety of the subjects undergoing the research study?

i. Code for Nurses

ii. Nightingale's pledge

iii. Patient's Bill of Rights

iv. Human Rights Guidelines

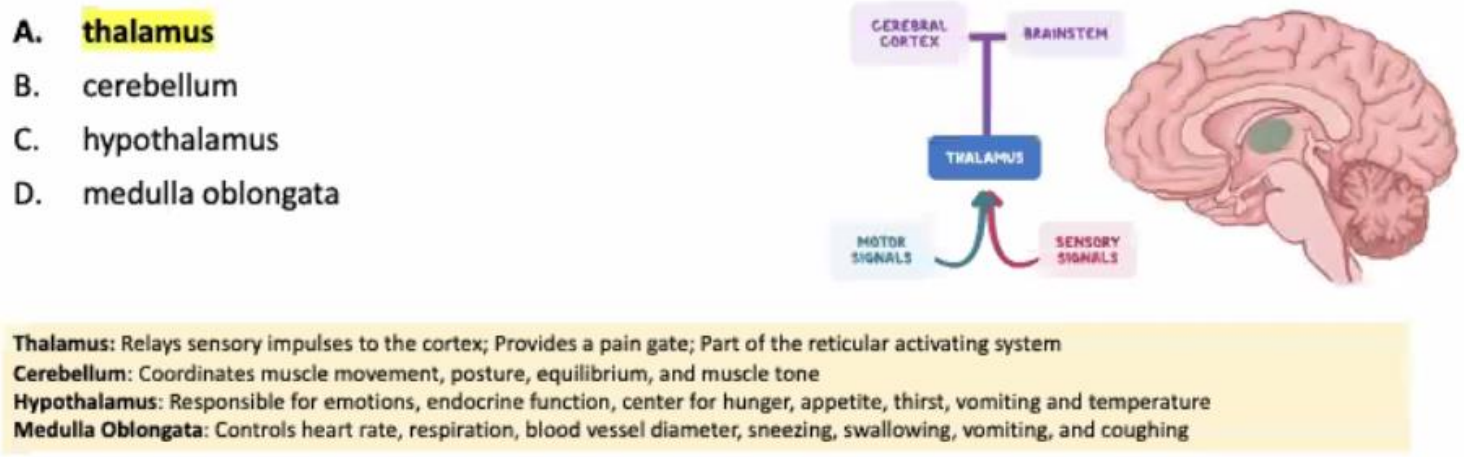
a. 1, 2, 3, 4
b. 1, 3
c. 1, 2
d. 3 only

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Situation
In a Nursing Practice you are directly involved in conducting a comprehensive physical assessment especially to older clients with sensory limitations.

86. The client with head injury is having problems with several sensory functions. Nurse Ymir should understand that the structure that acts as a relay center for sensory impulses is the:
A. thalamus
B. cerebellum
C. hypothalamus
D. medulla oblongata



87. When formulating nursing care plans for older adults, Nurse Ymir should include special measures to accommodate for age-related sensory losses such as:
A. difficulty in swallowing - motor
B. increased sensitivity to heat - decreases
C. diminished sensation of pain
D. heightened response to stimuli

88. After a brain attack a client remains unresponsive to sensory stimulation. Nurse Ymir understands general sensations such as heat, cold, pain, and touch are registered in the:
A. frontal lobe
B. parietal lobe
C. occipital lobe
D. temporal lobe

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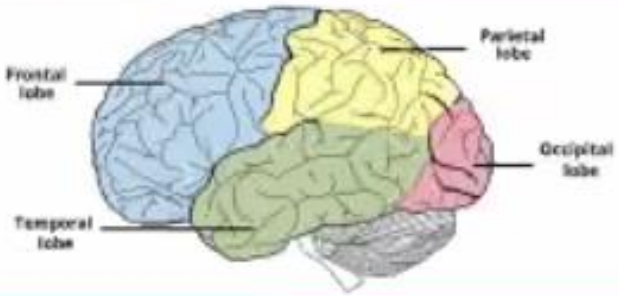
BOX 59.1 Cerebral Cortex

Frontal Lobe
- Broca's area for production of speech
- Morals, emotions, reasoning and judgment, concentration, abstraction, and memory retention

Parietal Lobe
- Interpretation of taste, pain, touch, temperature, and pressure
- Spatial perception

Temporal Lobe
- Auditory center
- Wernicke's area for comprehension of speech

Occipital Lobe
- Visual area



89. Visual Acuity declines with age. Presbyopia is a progressive decline in:
A. Distinguishing between blues and greens and among pastel shades
B. Ability to see in darkness
C. The ability of the eyes to accommodate for close detailed work
D. Adaptation to abrupt changes from dark areas to light areas

90. The novice nurse who is administering a beta blocker asks the Senior Staff Nurse about its effect on the Autonomic Nervous System. When formulating a response the nurse should understand which common misconception about the Autonomic Nervous System?
A. both sympathetic and parasympathetic impulses continually affect most visceral effectors
B. the autonomic nervous systems is regulated by impulses from the hypothalamus and other parts of the brain
C. sympathetic impulses stimulate while parasympathetic impulses inhibit the functioning of any visceral effector
D. visceral effectors (e.g., cardiac muscle, smooth muscle, glandular epithelial tissue) receive impulses only via autonomic neurons

SNS → inhibit → GIT, bladder → constipation, urinary retention
PNS → stimulate → GIT, bladder → diarrhea, diuresis

Situation

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Poppy a Psychiatric Nurse responds in a variety setting to different clients with Personality disorders.

91. The Psychiatrist orders "Restraints PRN" for a client who has a history of violent behavior. Nurse Poppy should:
A. Utilize the restraint order if the client begins to act-out
B. Ask the psychiatrist to clarify the type of restraint order
C. Ensure that the entire staff is aware of the restraint order
D. Recognize that PRN orders for restraints are unacceptable – High risk for abuse

92. Strict toilet and too early training to a toddler child will cause problems in personality development because at this age a child is learning to:
Toddlerhood: autonomy vs shame and doubt
A. Satisfy own needs
B. Identify own needs
C. Satisfy parents' needs
D. Live up to society's expectations

93. The nurse encourages a client to join a self-helping group after being discharged from a Mental health facility. The purpose of having people work in a group is to provide:
A. Support
B. Confrontation
C. Psychotherapy
D. Self-awareness

94. As Depression begins to lift, a client is asked to join a small discussion group that meets every evening on the unit. The client is reluctant to join because, "I have nothing to talk about." What is the best response by the nurse?
A. "Maybe tomorrow you will feel more like talking."
B. "Could you start off by talking about your family?"
C. "A person like you has a great deal to offer the group."
D. "You feel you will not be accepted unless you have something to say?" – reflective statement → allow client to validate or correct the nurse

95. A client on the Psychiatric unit asks Nurse Poppy about Psychiatric Advance Directives (PAD). The nurse explains that these advances directives:
A. Make the appointment of a surrogate decision maker unnecessary
B. Permit the client to dictate what treatments will be given during future hospitalization
C. Eliminate the need for involuntary admissions when the client is a threat to self or others
D. Allow the client, while having the capacity, to consent or refuse potential psychiatric treatments in the event of a future incapacitating mental health crisis

Situation
The fundamental assumption of theory of life cycle theories is that development occurs in successive stages. The different life cycle theories try to explain personality development as well as development of Psychiatric disorders. The following questions refer to this situation.

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96. The nurse understands that problems with dependence versus independence develop during the stage of growth and development known as:
Toddlerhood: autonomy vs shame and doubt
A. Infancy
B. School age
C. Toddlerhood
D. Preschool age

Erikson's Psychosocial Stages

Stage	Basic Conflict	Virtue	Description
Infancy 0–1 year	Trust vs. mistrust	Hope	Trust (or mistrust) that basic needs, such as nourishment and affection, will be met
Early childhood 1–3 years	Autonomy vs. shame/doubt	Will	Develop a sense of independence in many tasks
Play age 3–6 years	Initiative vs. guilt	Purpose	Take initiative on some activities—may develop guilt when unsuccessful or boundaries overstepped
School age 7–11 years	Industry vs. inferiority	Competence	Develop self-confidence in abilities when competent or sense of inferiority when not
Adolescence 12–18 years	Identity vs. confusion	Fidelity	Experiment with and develop identity and roles
Early adulthood 19–29 years	Intimacy vs. isolation	Love	Establish intimacy and relationships with others
Middle age 30–64 years	Generativity vs. stagnation	Care	Contribute to society and be part of a family
Old age 65 onward	Integrity vs. despair	Wisdom	Assess and make sense of life and meaning of contributions

97. When planning to teach about the stages of growth and development, what stage does the nurse indicate as basically concerned with role identification?
A. Oral stage
B. Genital stage
C. Oedipal stage
D. Latency stage

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Freudian stages of personality development						
#	Stage	Age Bracket	Erogenous Zone	Issues Caused Due to Fixation	Complexes	Activities
1	Oral	0 – 1 years	Mouth	Smoking, gum chewing, and nail biting, etc	Not Applicable	Tasting and sucking, they like to put everything in their mouth
2	Anal	2 – 3 years	Bowel and Bladder	Rigidity, orderliness, and obsessiveness, etc	Not Applicable	Peeing and pooping, potty training begins
3	Phallic	3 – 6 years	Genitals	Pride, vanity and exhibitionism, etc	Oedipus Complex and Electra Complex	Excessive attachment to the parent of the opposite sex
4	Latency	6 years onward, up until puberty	None, sexual feelings are inactive	Not Applicable	Penis Envy	Most of the time is spent in interacting with peer and role models from the same sex
5	Genital	Puberty and onwards	Matured sexual interests	Not Applicable	Not Applicable	Sexual attractions begin

98. The nurse understands that Freud's phallic stage of psychosexual development, which compares with Erikson's psychosocial phase of initiative versus guilt, is seen best at:
A. adolescent
B. 6 to 12 years
C. 3 to 51/2 years
D. birth to 1 year

Approximate Age	Freud's Psychosexual Stages	Erikson's Psychosocial Stages (Crisis – Psychosexual Modes)
Infancy (First year or so)	**Oral Stage:** Psychic energy (libido) is centered on (cathected to) the mouth, lips, and tongue; pleasure is derived from sucking and breast or bottle-feeding.	**Basic Trust vs. Basic Mistrust – Oral, respiratory, sensory, kinesthetic:** Basic trust depends on successful bonding with the mother, and nurturance needs being well met. Basic mistrust comes from lack of acceptable care or maternal inconsistency.
Toddlerhood (About 1 to 3 years)	**Anal Stage:** Cathexis is on the anus; pleasure comes from retaining or releasing feces.	**Autonomy vs. Shame and Doubt – Anal, urethral, muscular:** Young children gain control over bodily functions (toilet control), feeding themselves, learning to talk and walk, and development of other motor skills. Shame comes from lack of sufficient parental support in learning these skills.
Early Childhood (About 3 to 6 years)	**Phallic Stage:** Boys develop castration fears (Oedipus complex); girls have penis envy (Elektra complex).	**Initiative vs. Guilt – Genital, locomotor** Children identify with parents as role models. They learn to imitate adults. If parents do not support or excessively criticize their efforts a sense of guilt results.
Late Childhood (About 7 to 11 years)	**Latency Stage:** Psychic energy focuses on non-sexual aspects of development: Notably academic and physical skills. It is a relatively calm time, psychologically, compared to earlier stages and adolescence.	**Industry vs. Inferiority – "Latency":** As with Freud, the child learns physical and academic, as well as social skills: The basic competencies of life. But the frustrated child feels inferior.
Adolescence (About 11 to 18 years)	**Genital Stage:** Concern is again with the genitals and associated pleasures. Heterosexual identity further develops as do sexual relationships.	**Identity vs. Role Confusion – Puberty:** Adolescence is a time of struggle and strife, in which teens learn to acquire adult identities and value systems of their own. Fragmentation and role confusion result from incomplete resolution.
Young Adulthood (Late teens to early twenties)	(Freud did not delineate further stages.)	**Intimacy vs. Isolation – Genitality:** Greater intimacy with opposite sex partners develops (and many people marry and begin families). Unsuccessful relationships are sterile and unfulfilling, or loneliness occurs if relationship needs cannot be met.
Middle Years (Defining ages vary greatly)		**Generativity vs. Stagnation – Procreativity:** Meaningful work and/or rearing children contribute to a successful life and there is a concern for the next generation. Unsuccessful resolution results in self-absorption or self-centeredness.
Later Years (Defining age varies)		**Integrity vs. Despair – Generalization of sexual modes:** The successful senior accepts his/her life and achievements; despair results from a sense of failure in life.

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99. A 3 year old boy was brought to a Pediatric clinic for indifferent behavior. About a month after their toddler is diagnosed as moderately retarded, the parents discuss the toddler's future, reflecting specifically on plans for their child's independent functioning. The nurse recognizes that the parents:
A. Are using denial
B. Accept the child's diagnoses
C. Are using intellectualization
D. Accept their child's limitation

DEGREES OF MENTAL RETARDATION

Level	Typical Intelligence Scores	Percentage of Persons with Retardation	Adaptation to Demands of Life
Mild	50–70	85%	May learn academic skills up to sixth-grade level. Adults may, with assistance, achieve self-supporting social and vocational skills.
Moderate	35–49	10%	May progress to second-grade level academically. Adults may contribute to their own support by laboring in sheltered workshops.
Severe	20–34	3–4%	May learn to talk and to perform simple work tasks under close supervision but are generally unable to profit from vocational training.
Profound	Below 20	1–2%	Require constant aid and supervision.

100. The nurse utilizes play when interacting with children based on the understanding that play for the preschool-age child is necessary for the emotional development of:
A. Projection
B. Introjection
C. Competition – school age
D. Independence – influence by the environment

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