

## Free NCLEX Free NCLEX-RN Practice Tests

### NCLEX-RN Practice Questions (1-15)

**1. A nurse is caring for a patient with acute pancreatitis. Which of the following interventions is the priority?**

- A) Administer analgesics as prescribed
- B) Encourage high-protein, low-fat meals
- C) Monitor the patient's blood pressure
- D) Provide oral fluids to the patient

**Answer: A) Administer analgesics as prescribed**

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**2. The nurse is educating a patient diagnosed with tuberculosis (TB). Which statement by the patient indicates a need for further teaching?**

- A) "I will need to continue taking my medication for at least six months."
- B) "I should wear a mask when around others to prevent spreading the infection."
- C) "I can stop taking my medication once I feel better."
- D) "I will have regular follow-up visits with my healthcare provider."

**Answer: C) "I can stop taking my medication once I feel better."**

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**3. The nurse is monitoring a patient who is receiving digoxin. Which of the following findings would require immediate intervention?**

- A) Potassium level of 3.9 mEq/L
- B) Heart rate of 58 beats per minute
- C) Serum digoxin level of 0.6 ng/mL
- D) Serum sodium level of 135 mEq/L

**Answer: B) Heart rate of 58 beats per minute**

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**4. A nurse is caring for a postoperative patient who had a total hip replacement. Which of the following actions should the nurse take to prevent dislocation of the hip joint?**

- A) Place a pillow between the patient's legs while turning.
- B) Allow the patient to bend the affected leg more than 90 degrees.

- C) Place the patient's feet flat on the bed to prevent rotation.
- D) Encourage the patient to sleep on the affected side.

**Answer: A) Place a pillow between the patient's legs while turning.**

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**5. A nurse is caring for a patient with a history of alcohol use disorder. Which of the following symptoms would be expected during alcohol withdrawal?**

- A) Bradycardia and hypotension
- B) Increased appetite and sleepiness
- C) Tachycardia and tremors
- D) Decreased respiratory rate and confusion

**Answer: C) Tachycardia and tremors**

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**6. The nurse is caring for a patient with a new diagnosis of heart failure. Which of the following findings would require immediate attention?**

- A) Weight gain of 2 pounds in 24 hours
- B) Increased blood pressure
- C) Shortness of breath when climbing stairs
- D) Decreased urine output

**Answer: A) Weight gain of 2 pounds in 24 hours**

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**7. A nurse is caring for a patient receiving chemotherapy for breast cancer. The nurse should monitor for which of the following complications?**

- A) Increased risk of infection
- B) Hypertension
- C) Hyperglycemia
- D) Elevated liver function tests

**Answer: A) Increased risk of infection**

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**8. A nurse is caring for a patient with a history of chronic obstructive pulmonary disease (COPD). The patient is experiencing increased shortness of breath and anxiety. Which of the following interventions should the nurse implement first?**

- A) Administer supplemental oxygen
- B) Encourage the patient to cough and deep breathe
- C) Instruct the patient to use pursed-lip breathing
- D) Prepare the patient for a chest X-ray

**Answer: A) Administer supplemental oxygen**

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**9. A nurse is assessing a patient with a suspected deep vein thrombosis (DVT). Which of the following findings would be most concerning?**

- A) Redness and warmth in the calf
- B) Swelling in the affected leg
- C) Complaints of pain when walking
- D) Pain in the calf when the foot is dorsiflexed

**Answer: D) Pain in the calf when the foot is dorsiflexed**

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**10. A nurse is caring for a patient with a history of gout. Which of the following foods should the nurse instruct the patient to avoid?**

- A) Chicken
- B) Low-fat yogurt
- C) Spinach
- D) White bread

**Answer: A) Chicken**

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**11. A nurse is caring for a patient with chronic kidney disease. The nurse should monitor for which of the following electrolyte imbalances?**

- A) Hypokalemia
- B) Hypercalcemia
- C) Hypomagnesemia
- D) Hyperkalemia

**Answer: D) Hyperkalemia**

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**12. A nurse is teaching a patient with diabetes mellitus how to manage blood glucose levels. Which of the following statements by the patient indicates the need for further teaching?**

- A) "I will monitor my blood sugar before meals and at bedtime."
- B) "I should eat snacks regularly to prevent hypoglycemia."
- C) "I can stop taking my insulin if my blood sugar is normal."
- D) "I will follow a balanced meal plan to control my blood sugar."

**Answer: C) "I can stop taking my insulin if my blood sugar is normal."**

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**13. A nurse is caring for a patient who is receiving total parenteral nutrition (TPN). The nurse notices the patient's blood glucose is 200 mg/dL. What should the nurse do first?**

- A) Administer insulin as prescribed
- B) Decrease the rate of TPN
- C) Notify the healthcare provider
- D) Monitor the patient's blood glucose every hour

**Answer: A) Administer insulin as prescribed**

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**14. A nurse is assessing a 2-year-old child with a fever. Which of the following actions is the most appropriate?**

- A) Take the child's temperature orally
- B) Take the child's temperature rectally
- C) Take the child's temperature by ear
- D) Take the child's temperature axillary

**Answer: D) Take the child's temperature axillary**

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**15. A nurse is caring for a patient with a seizure disorder. Which of the following actions should the nurse take during a seizure?**

- A) Restrain the patient to prevent injury
- B) Place a padded tongue blade in the patient's mouth
- C) Protect the patient's head with a pillow or a soft surface
- D) Hold the patient in a sitting position to prevent aspiration

**Answer: C) Protect the patient's head with a pillow or a soft surface**

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**16. A nurse is caring for a patient who has just been diagnosed with type 1 diabetes mellitus. Which of the following statements by the patient indicates the need for further teaching?**

- A) "I will need to take insulin every day."
- B) "I can eat whatever I want, as long as I take my insulin."
- C) "I should check my blood sugar regularly."
- D) "I will need to adjust my insulin based on my food intake and exercise."

**Answer: B) "I can eat whatever I want, as long as I take my insulin."**

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**17. A nurse is caring for a patient with a history of congestive heart failure (CHF). Which of the following findings would be the most concerning?**

- A) Swelling in the lower extremities
- B) Weight gain of 5 pounds in 2 days
- C) Blood pressure of 130/80 mmHg
- D) Ongoing fatigue despite rest

**Answer: B) Weight gain of 5 pounds in 2 days**

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**18. A nurse is caring for a patient who is 24 hours postoperative following a right mastectomy. Which of the following actions should the nurse prioritize?**

- A) Monitor the surgical site for infection
- B) Instruct the patient to avoid using the affected arm
- C) Encourage deep breathing and coughing exercises
- D) Assist the patient with ambulation

**Answer: B) Instruct the patient to avoid using the affected arm**

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**19. The nurse is caring for a patient receiving morphine for pain. Which of the following actions should the nurse take to prevent potential complications of morphine administration?**

- A) Monitor the patient's blood pressure
- B) Assess the patient's respiratory rate

- C) Ensure the patient is consuming a high-fiber diet
- D) Administer morphine in large doses to ensure effectiveness

**Answer: B) Assess the patient's respiratory rate**

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**20. A nurse is caring for a patient with pneumonia. Which of the following signs and symptoms would be most indicative of a worsening condition?**

- A) A productive cough with green sputum
- B) Temperature of 100.2°F (37.9°C)
- C) Respiratory rate of 24 breaths per minute
- D) Oxygen saturation of 88%

**Answer: D) Oxygen saturation of 88%**

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**21. A nurse is educating a patient on the use of an inhaler for asthma. Which of the following instructions should the nurse include?**

- A) "Breathe out through the mouth before inhaling."
- B) "Inhale slowly for 5 seconds after activating the inhaler."
- C) "Hold your breath for 10 seconds after inhaling."
- D) "Use the inhaler only when you experience symptoms."

**Answer: C) "Hold your breath for 10 seconds after inhaling."**

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**22. A nurse is assessing a patient with a history of hypertension. Which of the following symptoms would indicate a hypertensive crisis?**

- A) Severe headache
- B) Increased appetite
- C) Dizziness upon standing
- D) Heart palpitations

**Answer: A) Severe headache**

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**23. The nurse is caring for a patient diagnosed with chronic obstructive pulmonary disease (COPD) who is receiving oxygen therapy. Which of the following actions should the nurse take?**

- A) Administer oxygen at a high flow rate
- B) Monitor the patient for signs of oxygen toxicity
- C) Ensure the patient is on a 100% oxygen mask at all times
- D) Encourage the patient to breathe deeply and rapidly

**Answer: B) Monitor the patient for signs of oxygen toxicity**

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**24. A nurse is preparing a patient for a lumbar puncture. Which of the following statements by the nurse is appropriate?**

- A) "You will need to lie on your back after the procedure."
- B) "You should expect to feel sharp pain in your lower back during the procedure."
- C) "You may feel some pressure in your lower back during the procedure."
- D) "You will need to remain standing after the procedure to prevent a headache."

**Answer: C) "You may feel some pressure in your lower back during the procedure."**

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**25. The nurse is assessing a patient who is 3 days postoperative following an abdominal surgery. The patient reports feeling short of breath. Which of the following actions should the nurse take first?**

- A) Increase the oxygen flow rate
- B) Administer a pain medication as prescribed
- C) Ask the patient to cough and deep breathe
- D) Notify the healthcare provider

**Answer: C) Ask the patient to cough and deep breathe**

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**26. A nurse is caring for a patient with a history of seizures. Which of the following interventions should the nurse implement during a seizure?**

- A) Place the patient in a supine position
- B) Insert a bite block into the patient's mouth
- C) Protect the patient's head from injury
- D) Hold the patient's arms to prevent movement

**Answer: C) Protect the patient's head from injury**

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**27. A nurse is educating a patient with a new diagnosis of gout. Which of the following dietary recommendations should the nurse provide?**

- A) Increase the intake of red meat
- B) Drink plenty of fluids
- C) Limit the intake of dairy products
- D) Avoid high-fiber foods

**Answer: B) Drink plenty of fluids**

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**28. A nurse is caring for a patient who is 10 weeks pregnant. Which of the following symptoms should the nurse report to the healthcare provider immediately?**

- A) Tender breasts
- B) Mild nausea
- C) Sudden onset of sharp abdominal pain
- D) Frequent urination

**Answer: C) Sudden onset of sharp abdominal pain**

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**29. The nurse is caring for a patient with a newly placed tracheostomy. Which of the following actions should the nurse take?**

- A) Perform suctioning every 4 hours
- B) Keep the tracheostomy tube tightly secured
- C) Assess for signs of infection at the tracheostomy site
- D) Instruct the patient to cough forcefully after suctioning

**Answer: C) Assess for signs of infection at the tracheostomy site**

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**30. A nurse is caring for a patient with a history of stroke. Which of the following interventions should the nurse implement to reduce the risk of aspiration?**

- A) Position the patient flat in bed while eating
- B) Offer large amounts of water with each meal
- C) Encourage the patient to chew food slowly
- D) Feed the patient quickly to avoid fatigue

**Answer: C) Encourage the patient to chew food slowly**



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**31. A nurse is caring for a patient receiving warfarin. Which of the following lab results would indicate that the patient is at risk for bleeding?**

- A) International normalized ratio (INR) of 1.0
- B) Prothrombin time (PT) of 12 seconds
- C) INR of 3.0
- D) Platelet count of 150,000/mm<sup>3</sup>

**Answer: C) INR of 3.0**

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**32. A nurse is caring for a patient with a history of peptic ulcer disease. Which of the following medications would the nurse expect to be prescribed?**

- A) Corticosteroids
- B) Proton pump inhibitors (PPIs)
- C) Nonsteroidal anti-inflammatory drugs (NSAIDs)
- D) Opioid analgesics

**Answer: B) Proton pump inhibitors (PPIs)**

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**33. The nurse is teaching a patient with asthma about the use of a peak flow meter. Which of the following statements by the patient indicates an understanding of the instructions?**

- A) "I will take the reading before using my inhaler."
- B) "I will take the reading after using my inhaler."
- C) "I will take the reading only when I feel short of breath."
- D) "I will take the reading once a week."

**Answer: A) "I will take the reading before using my inhaler."**

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**34. A nurse is caring for a patient who is receiving an intravenous (IV) infusion of potassium chloride. Which of the following is an appropriate action by the nurse?**

- A) Administer the potassium chloride via a large vein to prevent irritation
- B) Monitor the patient's potassium levels every 12 hours
- C) Never administer potassium chloride as a bolus
- D) Dilute the potassium chloride in 5% dextrose solution before infusion

**Answer: C) Never administer potassium chloride as a bolus**

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**35. The nurse is teaching a patient about self-administering insulin. Which of the following instructions should the nurse include?**

- A) "Inject the insulin into your muscle for rapid absorption."
- B) "Rotate your injection sites to avoid tissue damage."
- C) "Inject the insulin into a vein for quicker effects."
- D) "Use the same injection site each time to increase insulin effectiveness."

**Answer: B) "Rotate your injection sites to avoid tissue damage."**

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**36. A nurse is caring for a patient who has just undergone a colonoscopy. Which of the following findings would require further assessment?**

- A) Abdominal bloating
- B) Mild abdominal cramping
- C) Passing of gas
- D) Bloody stool

**Answer: D) Bloody stool**

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**37. A nurse is caring for a patient with chronic renal failure who is receiving dialysis. Which of the following complications should the nurse be most concerned about?**

- A) Hypokalemia
- B) Hypertension
- C) Peritonitis
- D) Hypercalcemia

**Answer: C) Peritonitis**

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**38. A nurse is caring for a patient who is 8 hours postpartum following a vaginal delivery. Which of the following findings should be immediately reported to the healthcare provider?**

- A) Temperature of 100.4°F (38°C)
- B) Uterine fundus palpable 1 cm above the umbilicus

- C) Heart rate of 120 bpm
- D) Lochia rubra present

**Answer: C) Heart rate of 120 bpm**

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**39. A nurse is caring for a patient with chronic obstructive pulmonary disease (COPD). The nurse should instruct the patient to avoid which of the following activities?**

- A) Performing diaphragmatic breathing
- B) Using a peak flow meter to monitor respiratory function
- C) Participating in strenuous activities that may cause shortness of breath
- D) Engaging in a smoking cessation program

**Answer: C) Participating in strenuous activities that may cause shortness of breath**

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**40. A nurse is caring for a patient with a total knee replacement. Which of the following interventions should the nurse include in the patient's care plan to prevent venous thromboembolism (VTE)?**

- A) Encourage the patient to remain in bed as much as possible
- B) Apply warm compresses to the legs to improve circulation
- C) Administer low-molecular-weight heparin as prescribed
- D) Restrict fluid intake to prevent fluid retention

**Answer: C) Administer low-molecular-weight heparin as prescribed**

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**41. A nurse is caring for a patient with hyperthyroidism. Which of the following findings should the nurse expect?**

- A) Weight gain and cold intolerance
- B) Fatigue and bradycardia
- C) Heat intolerance and tachycardia
- D) Hypotension and depression

**Answer: C) Heat intolerance and tachycardia**

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**42. The nurse is caring for a patient with a wound infection. Which of the following interventions should the nurse prioritize?**

- A) Administer antibiotics as prescribed
- B) Provide comfort measures to reduce pain
- C) Apply a sterile dressing to the wound
- D) Monitor vital signs for signs of sepsis

**Answer: A) Administer antibiotics as prescribed**

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**43. A nurse is caring for a patient with a history of myocardial infarction. The nurse should monitor for which of the following signs of congestive heart failure (CHF)?**

- A) Hypotension
- B) Pulmonary edema
- C) Increased appetite
- D) Fever

**Answer: B) Pulmonary edema**

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**44. A nurse is caring for a patient with a history of alcohol withdrawal. Which of the following interventions is the priority?**

- A) Administering a benzodiazepine as prescribed
- B) Providing emotional support
- C) Monitoring the patient's blood pressure regularly
- D) Encouraging the patient to participate in group therapy

**Answer: A) Administering a benzodiazepine as prescribed**

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**45. The nurse is caring for a patient with a pressure ulcer. Which of the following is the most important factor in preventing further skin breakdown?**

- A) Turning and repositioning the patient every 4 hours
- B) Maintaining the patient's skin clean and dry
- C) Encouraging the patient to drink at least 2 liters of water daily
- D) Applying a barrier cream to the skin

**Answer: B) Maintaining the patient's skin clean and dry**

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**46. A nurse is assessing a patient who has been receiving corticosteroid therapy. Which of the following findings would indicate a possible complication of this therapy?**

- A) Weight loss
- B) Increased bruising
- C) Increased energy levels
- D) Decreased blood pressure

**Answer: B) Increased bruising**

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**47. A nurse is caring for a patient with a history of seizures. The nurse should prioritize which of the following interventions during a seizure?**

- A) Insert an airway into the patient's mouth to prevent aspiration
- B) Place the patient in a supine position to promote comfort
- C) Protect the patient from injury by clearing the surrounding area
- D) Administer oxygen to the patient during the seizure

**Answer: C) Protect the patient from injury by clearing the surrounding area**

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**48. The nurse is caring for a patient who has just undergone a liver biopsy. Which of the following interventions should the nurse prioritize?**

- A) Monitor the patient for signs of bleeding
- B) Encourage the patient to drink fluids to promote urine output
- C) Instruct the patient to remain in a semi-Fowler's position
- D) Assess for signs of infection at the biopsy site

**Answer: A) Monitor the patient for signs of bleeding**

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**49. A nurse is caring for a patient who is receiving intravenous fluids for dehydration. Which of the following assessments would indicate that the treatment is effective?**

- A) Increased urine output
- B) Elevated blood pressure
- C) Increased respiratory rate
- D) Decreased body temperature

**Answer: A) Increased urine output**

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**50. A nurse is educating a patient who has been prescribed metformin for type 2 diabetes mellitus. Which of the following instructions should the nurse include?**

- A) "Take the medication with food to minimize gastrointestinal upset."
- B) "Monitor your blood sugar levels closely, as metformin can cause hypoglycemia."
- C) "Take the medication at night before bedtime."
- D) "You can skip a dose if you forget to take it."

**Answer: A) "Take the medication with food to minimize gastrointestinal upset."**

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**51. A nurse is caring for a patient with a new diagnosis of hypertension. Which of the following lifestyle changes should the nurse recommend first?**

- A) Increasing physical activity
- B) Reducing dietary sodium intake
- C) Losing weight
- D) Smoking cessation

**Answer: B) Reducing dietary sodium intake**

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**52. The nurse is caring for a patient receiving a blood transfusion. Which of the following symptoms would indicate a possible transfusion reaction?**

- A) Cold, clammy skin
- B) Mild fever
- C) Redness at the infusion site
- D) Shortness of breath and chest pain

**Answer: D) Shortness of breath and chest pain**

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**53. A nurse is caring for a patient with hyperkalemia. Which of the following interventions should the nurse implement?**

- A) Administer potassium-sparing diuretics as prescribed
- B) Monitor the patient's potassium levels regularly
- C) Restrict fluid intake to prevent further potassium accumulation
- D) Provide a high-potassium diet to correct the deficiency

**Answer: B) Monitor the patient's potassium levels regularly**

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**54. A nurse is assessing a patient with a history of chronic alcohol use. Which of the following findings would be most indicative of liver cirrhosis?**

- A) Jaundice
- B) Increased blood pressure
- C) Decreased respiratory rate
- D) Elevated blood glucose levels

**Answer: A) Jaundice**

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**55. A nurse is caring for a patient who is receiving a chemotherapy regimen. Which of the following interventions should the nurse prioritize to reduce the risk of infection?**

- A) Monitor the patient's temperature every 4 hours
- B) Administer the prescribed antibiotics immediately
- C) Encourage deep breathing and coughing exercises
- D) Restrict visitors who are not essential

**Answer: A) Monitor the patient's temperature every 4 hours**

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**56. A nurse is assessing a patient's pain level using a numeric pain scale. The patient rates their pain as 8 out of 10. Which of the following is the nurse's priority intervention?**

- A) Reassure the patient that the pain will go away soon
- B) Ask the patient to rate the pain again after 30 minutes
- C) Administer pain medication as prescribed
- D) Offer the patient a warm compress to alleviate pain

**Answer: C) Administer pain medication as prescribed**

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**57. A nurse is educating a patient on the use of a nasal cannula for oxygen therapy. Which of the following statements by the patient indicates a need for further teaching?**

- A) "I will ensure the nasal cannula is inserted properly in my nostrils."
- B) "I will adjust the flow rate if I feel short of breath."

- C) "I will use a humidifier if the oxygen dries out my nasal passages."
- D) "I will keep the cannula in place even when I am sleeping."

**Answer: B) "I will adjust the flow rate if I feel short of breath."**

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**58. The nurse is caring for a patient with diabetes mellitus. The patient is experiencing hypoglycemia. Which of the following actions should the nurse take first?**

- A) Administer insulin as prescribed
- B) Encourage the patient to eat a carbohydrate snack
- C) Provide an oral glucose solution
- D) Reassess blood glucose levels in 30 minutes

**Answer: C) Provide an oral glucose solution**

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**59. A nurse is teaching a patient with chronic obstructive pulmonary disease (COPD) about pursed-lip breathing. Which of the following statements by the patient indicates an understanding of the technique?**

- A) "I will breathe in quickly and then exhale slowly."
- B) "I will exhale through my nose and inhale through my mouth."
- C) "I will exhale through pursed lips to slow down my breathing."
- D) "I will use this technique only when I am feeling very tired."

**Answer: C) "I will exhale through pursed lips to slow down my breathing."**

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**60. The nurse is caring for a patient who is 36 weeks pregnant and is experiencing vaginal bleeding. The nurse should prioritize which of the following actions?**

- A) Administer oxygen via mask
- B) Perform a sterile vaginal examination
- C) Palpate the abdomen for signs of uterine tenderness
- D) Obtain a blood sample for hemoglobin and hematocrit levels

**Answer: C) Palpate the abdomen for signs of uterine tenderness**

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**61. A nurse is caring for a patient who is receiving a blood transfusion. The patient develops a fever and chills during the infusion. Which of the following actions should the nurse take first?**

- A) Discontinue the transfusion and notify the healthcare provider
- B) Administer acetaminophen for fever
- C) Increase the infusion rate to flush the blood through
- D) Apply a warm compress to the patient's extremities

**Answer: A) Discontinue the transfusion and notify the healthcare provider**

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**62. The nurse is caring for a patient diagnosed with gout. Which of the following foods should the nurse instruct the patient to avoid?**

- A) Chicken
- B) Eggs
- C) Spinach
- D) Red meat

**Answer: D) Red meat**

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**63. A nurse is assessing a patient who is receiving digoxin. Which of the following findings would indicate digoxin toxicity?**

- A) Heart rate of 90 bpm
- B) Serum potassium level of 3.2 mEq/L
- C) Blood pressure of 120/80 mmHg
- D) Serum calcium level of 9.0 mg/dL

**Answer: B) Serum potassium level of 3.2 mEq/L**

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**64. The nurse is caring for a patient with end-stage liver disease. Which of the following is a priority assessment for this patient?**

- A) Cardiac rhythm
- B) Respiratory status
- C) Fluid and electrolyte balance
- D) Neurological status

**Answer: C) Fluid and electrolyte balance**

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**65. A nurse is caring for a patient with an indwelling urinary catheter. Which of the following actions would reduce the risk of a urinary tract infection (UTI)?**

- A) Use sterile technique when changing the catheter bag
- B) Keep the catheter bag above the level of the bladder
- C) Disconnect the catheter from the drainage system to allow for intermittent drainage
- D) Clean the catheter insertion site with soap and water daily

**Answer: D) Clean the catheter insertion site with soap and water daily**

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**66. A nurse is caring for a patient with schizophrenia. Which of the following interventions would be most effective for promoting therapeutic communication?**

- A) Encourage the patient to share their delusions
- B) Use open-ended questions to encourage the patient to talk
- C) Focus on challenging the patient's delusions to reduce their severity
- D) Avoid interacting with the patient to prevent overwhelming them

**Answer: B) Use open-ended questions to encourage the patient to talk**

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**67. A nurse is educating a patient about the use of a metered-dose inhaler (MDI) for asthma. Which of the following statements by the patient indicates an understanding of the instructions?**

- A) "I should exhale forcefully into the inhaler."
- B) "I will rinse my mouth after using the inhaler to prevent a sore throat."
- C) "I should use the inhaler only during an asthma attack."
- D) "I can store the inhaler in the refrigerator for longer shelf life."

**Answer: B) "I will rinse my mouth after using the inhaler to prevent a sore throat."**

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**68. A nurse is caring for a patient who is 24 hours postoperative after a total hip replacement. Which of the following actions should the nurse take to prevent dislocation of the hip joint?**

- A) Instruct the patient to avoid crossing the legs while sitting
- B) Encourage the patient to sleep on the affected side

- C) Assist the patient to stand up immediately after surgery
- D) Instruct the patient to bend the hip beyond 90 degrees for comfort

**Answer: A) Instruct the patient to avoid crossing the legs while sitting**

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**69. The nurse is assessing a patient who has just been diagnosed with diabetes mellitus type 2. Which of the following findings indicates the need for further teaching?**

- A) "I will check my blood sugar before each meal and at bedtime."
- B) "I will increase my carbohydrate intake to keep my blood sugar stable."
- C) "I will exercise regularly to help control my blood sugar."
- D) "I will take my oral medications exactly as prescribed."

**Answer: B) "I will increase my carbohydrate intake to keep my blood sugar stable."**

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**70. A nurse is providing care for a patient with chronic pain. Which of the following should be the nurse's priority intervention?**

- A) Administer pain medication as prescribed
- B) Assess the patient's pain level regularly
- C) Teach relaxation techniques to reduce pain
- D) Encourage the patient to increase physical activity to reduce pain

**Answer: B) Assess the patient's pain level regularly**

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**71. A nurse is caring for a patient with a fever of 101.5°F (38.6°C). Which of the following interventions is appropriate to reduce the fever?**

- A) Administer acetaminophen as prescribed
- B) Apply cold compresses to the patient's head
- C) Increase room temperature to promote sweating
- D) Encourage the patient to drink hot fluids

**Answer: A) Administer acetaminophen as prescribed**

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**72. A nurse is caring for a patient with a history of asthma. The patient is experiencing wheezing and difficulty breathing. Which of the following interventions is the priority?**

- A) Encourage the patient to perform controlled breathing exercises
- B) Administer the prescribed bronchodilator
- C) Place the patient in a high-Fowler's position
- D) Increase oxygen flow via nasal cannula

**Answer: B) Administer the prescribed bronchodilator**

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**73. A nurse is caring for a patient with a diagnosis of deep vein thrombosis (DVT). Which of the following actions should the nurse avoid?**

- A) Applying compression stockings as prescribed
- B) Massaging the affected leg to increase circulation
- C) Elevating the affected leg to reduce swelling
- D) Administering anticoagulant therapy as prescribed

**Answer: B) Massaging the affected leg to increase circulation**

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**74. The nurse is caring for a patient who is postoperative following a cholecystectomy. Which of the following findings should the nurse report to the healthcare provider immediately?**

- A) Abdominal distention
- B) Dark brown-colored urine
- C) Pain at the surgical site
- D) Vomiting bile

**Answer: D) Vomiting bile**

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**75. A nurse is assessing a patient with chronic obstructive pulmonary disease (COPD) who is using oxygen therapy. Which of the following findings would indicate the need for further intervention?**

- A) The patient is breathing slowly and deeply
- B) The oxygen flow rate is set at 2 L/min
- C) The patient is using the oxygen during sleep
- D) The patient's respiratory rate is 18 breaths per minute

**Answer: C) The patient is using the oxygen during sleep**

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**76. A nurse is caring for a patient who has just had a stroke. Which of the following is the priority assessment during the acute phase of recovery?**

- A) Assess the patient's ability to swallow
- B) Monitor the patient's blood pressure
- C) Evaluate the patient's neurological status
- D) Measure the patient's oxygen saturation levels

**Answer: C) Evaluate the patient's neurological status**

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**77. A nurse is caring for a patient with chronic kidney disease (CKD) who is receiving hemodialysis. Which of the following findings would indicate the need for further intervention?**

- A) Blood pressure of 140/90 mmHg
- B) A slight decrease in urine output
- C) Increased levels of urea and creatinine in the blood
- D) Complaints of dizziness and fatigue

**Answer: C) Increased levels of urea and creatinine in the blood**

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**78. A nurse is caring for a patient who has been prescribed warfarin (Coumadin). Which of the following laboratory results should the nurse monitor to evaluate the effectiveness of the medication?**

- A) Hemoglobin level
- B) Prothrombin time (PT) and international normalized ratio (INR)
- C) Platelet count
- D) Serum potassium level

**Answer: B) Prothrombin time (PT) and international normalized ratio (INR)**

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**79. A nurse is educating a patient who has been prescribed a selective serotonin reuptake inhibitor (SSRI) for depression. Which of the following statements by the patient indicates a need for further teaching?**

- A) "I will take the medication in the morning to avoid insomnia."
- B) "I should expect some improvement in my mood within a few days."
- C) "I will not stop taking the medication suddenly without consulting my doctor."
- D) "I may experience some gastrointestinal upset, but that will go away."

**Answer: B) "I should expect some improvement in my mood within a few days."**

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**80. A nurse is caring for a patient with a history of hypertension. The patient has recently been prescribed an angiotensin-converting enzyme (ACE) inhibitor. Which of the following side effects should the nurse monitor for?**

- A) Increased heart rate
- B) Orthostatic hypotension
- C) Hyperglycemia
- D) Increased appetite

**Answer: B) Orthostatic hypotension**

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**81. A nurse is caring for a patient with chronic pain and is preparing to administer opioid analgesics. Which of the following should the nurse assess before administering the medication?**

- A) Blood pressure
- B) Pain level
- C) Respiratory rate
- D) Temperature

**Answer: C) Respiratory rate**

---

**82. A nurse is caring for a patient diagnosed with pneumonia. Which of the following interventions would best promote airway clearance?**

- A) Administering an expectorant as prescribed
- B) Encouraging the patient to drink fluids to thin secretions
- C) Positioning the patient flat in bed to facilitate breathing
- D) Restricting activity to promote rest

**Answer: B) Encouraging the patient to drink fluids to thin secretions**

---

**83. The nurse is caring for a patient who is being discharged with a prescription for an antihypertensive medication. Which of the following instructions should the nurse include in the teaching plan?**

- A) "Take the medication only when your blood pressure is elevated."
- B) "Monitor your blood pressure regularly and report any significant changes."
- C) "Increase your fluid intake to prevent dehydration."
- D) "Discontinue the medication if you feel dizzy or lightheaded."

**Answer: B) "Monitor your blood pressure regularly and report any significant changes."**

---

**84. A nurse is caring for a postoperative patient who has been prescribed a deep vein thrombosis (DVT) prophylaxis. Which of the following interventions is most effective for preventing DVT in this patient?**

- A) Ambulating the patient every 4 hours
- B) Administering anticoagulants as prescribed
- C) Elevating the legs to promote venous return
- D) Encouraging the patient to perform range-of-motion exercises

**Answer: B) Administering anticoagulants as prescribed**

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**85. A nurse is caring for a patient with chronic obstructive pulmonary disease (COPD) who is receiving oxygen therapy. The nurse should monitor the patient for which of the following complications?**

- A) Hyperventilation
- B) Hypoxia
- C) Oxygen toxicity
- D) Hypercapnia

**Answer: C) Oxygen toxicity**

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**86. A nurse is providing education to a patient about insulin administration. Which of the following instructions should the nurse provide to the patient?**

- A) "Inject insulin into the same site every time to ensure absorption."
- B) "Rotate injection sites to avoid lipodystrophy."
- C) "Administer insulin through a syringe with a 22-gauge needle."
- D) "Inject insulin into muscle tissue to increase absorption."

**Answer: B) "Rotate injection sites to avoid lipodystrophy."**

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**87. A nurse is caring for a patient who is 12 hours postoperative following abdominal surgery. The nurse observes that the patient has absent bowel sounds. Which of the following is the most appropriate action for the nurse to take?**

- A) Notify the healthcare provider immediately
- B) Encourage the patient to eat a small meal
- C) Monitor the patient's vital signs and reassess the bowel sounds in 12 hours
- D) Administer a laxative as prescribed

**Answer: C) Monitor the patient's vital signs and reassess the bowel sounds in 12 hours**

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**88. A nurse is caring for a patient with a history of alcohol abuse who is experiencing withdrawal symptoms. Which of the following symptoms is most likely to occur during alcohol withdrawal?**

- A) Bradycardia
- B) Hypotension
- C) Seizures
- D) Hyperkalemia

**Answer: C) Seizures**

---

**89. The nurse is caring for a patient with a diagnosis of acute pancreatitis. Which of the following interventions is most appropriate for this patient?**

- A) Encourage oral intake of solid foods to promote healing
- B) Monitor the patient's serum amylase and lipase levels
- C) Administer high-protein, high-fat meals as prescribed
- D) Position the patient in a supine position to reduce pain

**Answer: B) Monitor the patient's serum amylase and lipase levels**

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**90. A nurse is caring for a patient with a history of asthma who is prescribed a corticosteroid inhaler. Which of the following instructions should the nurse provide?**

- A) "Use this inhaler only during an asthma attack."
- B) "You should rinse your mouth after using the inhaler to prevent oral fungal infections."
- C) "You should expect immediate relief of symptoms after using the inhaler."
- D) "This inhaler should be used every 4 hours during the day."



**Answer: B) "You should rinse your mouth after using the inhaler to prevent oral fungal infections."**

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**91. A nurse is caring for a patient with a newly diagnosed diagnosis of tuberculosis (TB). Which of the following precautions should the nurse implement?**

- A) Airborne precautions
- B) Droplet precautions
- C) Contact precautions
- D) Standard precautions

**Answer: A) Airborne precautions**

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**92. A nurse is educating a patient with hypertension who has been prescribed a calcium channel blocker. Which of the following statements by the patient indicates a need for further teaching?**

- A) "I will monitor my blood pressure regularly."
- B) "I may experience some swelling in my feet and ankles."
- C) "I should avoid consuming grapefruit while taking this medication."
- D) "I will stop taking the medication once my blood pressure is normal."

**Answer: D) "I will stop taking the medication once my blood pressure is normal."**

---

**93. A nurse is caring for a patient who is 6 hours postoperative following a total hip replacement. Which of the following actions is the priority for the nurse to take?**

- A) Instruct the patient to perform deep breathing exercises
- B) Administer pain medication as prescribed
- C) Assist the patient to turn and reposition every 2 hours
- D) Monitor the patient's vital signs

**Answer: D) Monitor the patient's vital signs**

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**94. A nurse is caring for a patient who is receiving chemotherapy and is at risk for neutropenia. Which of the following actions should the nurse take to prevent infection?**

- A) Monitor the patient's white blood cell count daily
- B) Restrict visitors to the patient's room
- C) Encourage the patient to drink fluids to prevent dehydration
- D) Administer antibiotics as prescribed

**Answer: B) Restrict visitors to the patient's room**

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**95. A nurse is assessing a patient with a diagnosis of hyperthyroidism. Which of the following symptoms is most characteristic of this condition?**

- A) Weight gain
- B) Cold intolerance
- C) Heat intolerance
- D) Bradycardia

**Answer: C) Heat intolerance**

---

**96. A nurse is caring for a patient who is receiving potassium chloride intravenously. Which of the following actions should the nurse take to ensure safe administration?**

- A) Administer the potassium chloride rapidly to increase its effectiveness
- B) Dilute the potassium chloride in a large volume of fluid and infuse slowly
- C) Administer potassium chloride through a peripheral IV only
- D) Increase the infusion rate if the patient reports a burning sensation

**Answer: B) Dilute the potassium chloride in a large volume of fluid and infuse slowly**

---

**97. A nurse is caring for a patient who is receiving a blood transfusion and begins to experience chills, fever, and back pain. Which of the following is the nurse's priority action?**

- A) Administer acetaminophen to reduce the fever
- B) Slow the transfusion rate and notify the healthcare provider
- C) Continue the transfusion at the current rate
- D) Apply a warm compress to the patient's back

**Answer: B) Slow the transfusion rate and notify the healthcare provider**

---

**98. A nurse is caring for a patient with diabetic ketoacidosis (DKA). Which of the following laboratory findings is most likely in this patient?**

- A) Decreased blood glucose
- B) Elevated serum bicarbonate
- C) Decreased serum potassium
- D) Decreased pH (metabolic acidosis)

**Answer: D) Decreased pH (metabolic acidosis)**

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**99. A nurse is teaching a patient with asthma how to use a peak flow meter. Which of the following instructions is most important for the nurse to include in the teaching?**

- A) "Exhale forcefully into the peak flow meter for three seconds."
- B) "Take the measurement when you are feeling short of breath."
- C) "Use the peak flow meter before using your bronchodilator."
- D) "Blow into the peak flow meter as hard as you can without inhaling first."

**Answer: A) "Exhale forcefully into the peak flow meter for three seconds."**

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**100. A nurse is caring for a patient who is receiving morphine for pain management. Which of the following assessments should be the priority for the nurse to monitor?**

- A) Respiratory rate
- B) Blood pressure
- C) Oxygen saturation
- D) Heart rate

**Answer: A) Respiratory rate**

---

**101. A nurse is caring for a patient who has been prescribed a proton pump inhibitor (PPI) for gastroesophageal reflux disease (GERD). Which of the following statements by the patient indicates an understanding of the medication?**

- A) "I will take the medication with food to improve absorption."
- B) "I should take the medication 30 minutes before eating."
- C) "I will only take the medication when I feel heartburn symptoms."
- D) "I should take the medication at bedtime for best results."

**Answer: B) "I should take the medication 30 minutes before eating."**

---

**102. A nurse is assessing a patient who is receiving morphine via patient-controlled analgesia (PCA). Which of the following is the priority assessment?**

- A) Pain level
- B) Respiratory rate
- C) Blood pressure
- D) Level of consciousness

**Answer: B) Respiratory rate**

---

**103. A nurse is caring for a patient with a history of stroke and hypertension. The nurse understands that the most important goal of hypertension treatment in this patient is to:**

- A) Increase the patient's heart rate
- B) Decrease the risk of another stroke
- C) Maintain the patient's blood pressure above 120/80 mmHg
- D) Improve the patient's ability to perform activities of daily living

**Answer: B) Decrease the risk of another stroke**

---

**104. A nurse is assessing a patient with a suspected myocardial infarction (MI). Which of the following findings is most characteristic of this condition?**

- A) Sharp, stabbing chest pain that worsens with movement
- B) Pain that radiates to the left arm or jaw
- C) Pain relieved by lying flat
- D) Mild, intermittent shortness of breath

**Answer: B) Pain that radiates to the left arm or jaw**

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**105. A nurse is caring for a patient who has recently undergone bariatric surgery. Which of the following findings should the nurse report to the healthcare provider immediately?**

- A) Complaints of nausea and vomiting
- B) Dark brown-colored urine
- C) Fever of 100.2°F (37.9°C)
- D) Pain at the surgical site

**Answer: B) Dark brown-colored urine**

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**106. A nurse is caring for a patient who is receiving chemotherapy for cancer. The nurse should monitor for which of the following complications related to chemotherapy?**

- A) Hypoglycemia
- B) Dehydration
- C) Leukopenia
- D) Hyperkalemia

**Answer: C) Leukopenia**

---

**107. A nurse is assessing a 3-year-old child who is suspected of having a respiratory infection. Which of the following is the most appropriate action for the nurse to take?**

- A) Take the child's temperature orally
- B) Encourage the child to drink fluids
- C) Perform a focused respiratory assessment
- D) Obtain a sputum sample for culture

**Answer: C) Perform a focused respiratory assessment**

---

**108. A nurse is caring for a patient with a history of deep vein thrombosis (DVT). Which of the following actions should the nurse take to prevent further complications?**

- A) Encourage bed rest and elevation of the legs
- B) Apply warm compresses to the affected leg
- C) Administer anticoagulants as prescribed
- D) Massage the affected leg to promote circulation

**Answer: C) Administer anticoagulants as prescribed**

---

**109. A nurse is caring for a patient with a fractured femur who is in traction. Which of the following interventions is a priority to ensure proper alignment and prevent complications?**

- A) Assess the patient's neurovascular status every 4 hours
- B) Encourage the patient to turn and reposition every 2 hours

- C) Maintain the traction weight freely hanging
- D) Encourage the patient to perform deep breathing exercises every hour

**Answer: C) Maintain the traction weight freely hanging**

---

**110. A nurse is caring for a patient with diabetes mellitus who is receiving insulin therapy. Which of the following statements by the patient indicates the need for further teaching?**

- A) "I will carry a source of sugar with me in case my blood sugar drops too low."
- B) "I will rotate my insulin injection sites to avoid tissue damage."
- C) "I will stop taking my insulin if I am feeling sick and unable to eat."
- D) "I will check my blood sugar levels regularly to monitor for changes."

**Answer: C) "I will stop taking my insulin if I am feeling sick and unable to eat."**

---

**111. A nurse is caring for a patient who has just been diagnosed with congestive heart failure (CHF). Which of the following findings indicates worsening heart failure?**

- A) Decreased heart rate
- B) Weight gain of 3 pounds in one day
- C) Increased urine output
- D) Clear breath sounds on auscultation

**Answer: B) Weight gain of 3 pounds in one day**

---

**112. A nurse is caring for a patient who has undergone a hip replacement surgery. Which of the following interventions is a priority in the immediate postoperative period?**

- A) Encourage deep breathing and coughing exercises
- B) Administer pain medication as prescribed
- C) Assess for signs of deep vein thrombosis (DVT)
- D) Keep the patient in a supine position to prevent hip dislocation

**Answer: A) Encourage deep breathing and coughing exercises**

---

**113. A nurse is teaching a patient who has been prescribed a glucocorticoid inhaler for asthma management. Which of the following instructions should the nurse provide?**

- A) "Use the inhaler only during an asthma attack."
- B) "Rinse your mouth after using the inhaler to prevent oral infections."
- C) "You can use the inhaler as often as needed for relief."
- D) "The inhaler will work immediately to relieve symptoms."

**Answer: B) "Rinse your mouth after using the inhaler to prevent oral infections."**

---

**114. A nurse is caring for a patient who is recovering from a stroke and has hemiparesis. Which of the following interventions should the nurse prioritize?**

- A) Encourage the patient to participate in activities of daily living independently
- B) Assist the patient with passive range-of-motion exercises to the affected side
- C) Perform dressing changes on the affected side to improve circulation
- D) Apply restraints to the affected side to prevent injury

**Answer: B) Assist the patient with passive range-of-motion exercises to the affected side**

---

**115. A nurse is assessing a patient with a possible diagnosis of appendicitis. Which of the following findings is most characteristic of this condition?**

- A) Abdominal distention and bloating
- B) Severe, localized pain in the lower right abdomen
- C) Nausea with relief after vomiting
- D) Dull, generalized abdominal discomfort

**Answer: B) Severe, localized pain in the lower right abdomen**

---

**116. A nurse is caring for a patient with acute pancreatitis. Which of the following actions is the priority?**

- A) Administering prescribed pain medication
- B) Encouraging the patient to drink fluids
- C) Administering insulin to control hyperglycemia
- D) Monitoring the patient's vital signs and laboratory results

**Answer: A) Administering prescribed pain medication**

---

**117. A nurse is caring for a patient who is receiving warfarin therapy. Which of the following laboratory tests should the nurse monitor to assess the effectiveness of the medication?**

- A) Hemoglobin
- B) Platelet count
- C) Prothrombin time (PT) and international normalized ratio (INR)
- D) Serum potassium level

**Answer: C) Prothrombin time (PT) and international normalized ratio (INR)**

---

**118. A nurse is caring for a patient with chronic obstructive pulmonary disease (COPD) who is using a home oxygen therapy system. Which of the following interventions should the nurse include in the teaching plan?**

- A) "You can increase the oxygen flow rate if you feel short of breath."
- B) "Make sure the oxygen tubing is kept free of kinks to ensure proper flow."
- C) "It is okay to use the oxygen therapy while smoking, as long as you are outside."
- D) "Keep the oxygen therapy equipment near a heat source to prevent any leaks."

**Answer: B) "Make sure the oxygen tubing is kept free of kinks to ensure proper flow."**

---

**119. A nurse is assessing a patient with a suspected urinary tract infection (UTI). Which of the following findings should the nurse anticipate?**

- A) Painful urination and frequent urination
- B) Decreased urine output and dark urine
- C) Hemorrhagic rash and joint pain
- D) Pale and dry skin

**Answer: A) Painful urination and frequent urination**

---

**120. A nurse is educating a patient with type 2 diabetes on how to manage the condition. Which of the following statements indicates that the patient understands the teaching?**

- A) "I should check my blood glucose level only when I feel symptoms of high blood sugar."
- B) "I will eat three large meals a day and skip snacks."
- C) "I will engage in regular physical activity to help control my blood sugar."
- D) "I can avoid insulin if I keep my blood glucose level normal with diet alone."



**Answer: C) "I will engage in regular physical activity to help control my blood sugar."**

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**121. A nurse is caring for a patient with a history of chronic renal failure who is receiving hemodialysis. The nurse should monitor for which of the following complications?**

- A) Hypokalemia
- B) Hyperglycemia
- C) Hypotension
- D) Hypercalcemia

**Answer: C) Hypotension**

---

**122. A nurse is caring for a patient who is on a ventilator and is developing signs of ventilator-associated pneumonia (VAP). Which of the following interventions is most appropriate?**

- A) Administer broad-spectrum antibiotics as prescribed
- B) Increase the ventilator settings to improve oxygenation
- C) Wean the patient off the ventilator immediately
- D) Initiate positive end-expiratory pressure (PEEP)

**Answer: A) Administer broad-spectrum antibiotics as prescribed**

---

**123. A nurse is educating a patient who is prescribed an inhaled corticosteroid. Which of the following statements indicates the patient understands the teaching?**

- A) "I will use the inhaler only during an asthma attack."
- B) "I should rinse my mouth after using the inhaler."
- C) "This medication will work immediately to relieve symptoms."
- D) "I will take the medication once in the morning before breakfast."

**Answer: B) "I should rinse my mouth after using the inhaler."**

---

**124. A nurse is caring for a patient who has a history of alcohol abuse and presents with confusion, tremors, and seizures. Which of the following is the priority intervention?**

- A) Administering thiamine as prescribed
- B) Initiating seizure precautions

- C) Monitoring for signs of liver failure
- D) Encouraging fluid intake to prevent dehydration

**Answer: A) Administering thiamine as prescribed**

---

**125. A nurse is teaching a patient about a low-sodium diet for the management of hypertension. Which of the following foods should the nurse recommend?**

- A) Canned soup
- B) Fresh fruits and vegetables
- C) Processed cheese
- D) Cured meats

**Answer: B) Fresh fruits and vegetables**

---

**126. A nurse is caring for a patient who is experiencing an acute asthma attack. Which of the following medications should the nurse anticipate being administered first?**

- A) Oral corticosteroids
- B) Beta-agonists (e.g., albuterol)
- C) Leukotriene modifiers
- D) Anticholinergics

**Answer: B) Beta-agonists (e.g., albuterol)**

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**127. A nurse is assessing a patient with a suspected myocardial infarction (MI). Which of the following symptoms should the nurse expect to find?**

- A) Severe chest pain radiating to the left arm
- B) Shortness of breath and a cough
- C) Decreased heart rate and blood pressure
- D) Abdominal pain and nausea

**Answer: A) Severe chest pain radiating to the left arm**

---

**128. A nurse is caring for a patient who is 12 hours postoperative following a cholecystectomy. Which of the following actions should the nurse take to prevent complications?**

- A) Encourage the patient to cough and deep breathe every hour
- B) Ambulate the patient immediately to prevent blood clots
- C) Monitor the patient's blood pressure every 2 hours
- D) Administer pain medication every 4 hours regardless of pain level

**Answer: A) Encourage the patient to cough and deep breathe every hour**

---

**129. A nurse is caring for a patient who is prescribed a calcium channel blocker for the management of hypertension. The nurse should monitor for which of the following potential side effects?**

- A) Hyperkalemia
- B) Bradycardia
- C) Hypoglycemia
- D) Weight loss

**Answer: B) Bradycardia**

---

**130. A nurse is caring for a patient with a history of asthma who is prescribed a leukotriene receptor antagonist. Which of the following is the most important instruction for the nurse to provide to the patient?**

- A) "Take the medication during an asthma attack."
- B) "Take the medication at night before bedtime."
- C) "Take the medication with food for better absorption."
- D) "Monitor your blood pressure regularly while taking this medication."

**Answer: B) "Take the medication at night before bedtime."**

---

**131. A nurse is caring for a patient who has been diagnosed with peptic ulcer disease. The nurse should instruct the patient to avoid which of the following substances?**

- A) Calcium-rich foods
- B) Spicy foods
- C) Fiber-rich foods
- D) Lean meats

**Answer: B) Spicy foods**

---

**132. A nurse is caring for a patient who is receiving digoxin for atrial fibrillation. Which of the following findings should prompt the nurse to withhold the medication and notify the healthcare provider?**

- A) Serum potassium level of 4.5 mEq/L
- B) Heart rate of 58 beats per minute
- C) Blood pressure of 130/80 mmHg
- D) Serum creatinine level of 0.8 mg/dL

**Answer: B) Heart rate of 58 beats per minute**

---

**133. A nurse is teaching a patient with diabetes mellitus about self-injection of insulin. Which of the following statements by the patient indicates the need for further teaching?**

- A) "I will rotate my injection sites to avoid tissue damage."
- B) "I will check my blood sugar before every injection."
- C) "I will administer insulin into the same site to improve absorption."
- D) "I will discard needles in a proper sharps container."

**Answer: C) "I will administer insulin into the same site to improve absorption."**

---

**134. A nurse is caring for a patient with a diagnosis of schizophrenia who has been prescribed clozapine. Which of the following side effects should the nurse monitor for in this patient?**

- A) Weight loss
- B) Tardive dyskinesia
- C) Agranulocytosis
- D) Hypertension

**Answer: C) Agranulocytosis**

---

**135. A nurse is caring for a patient who has been prescribed a selective serotonin reuptake inhibitor (SSRI) for depression. Which of the following statements by the patient indicates a need for further teaching?**

- A) "I should not take this medication with alcohol."
- B) "I will take the medication at the same time every day."
- C) "I can stop the medication once I feel better."
- D) "I should expect to see improvement in a few weeks."

**Answer: C) "I can stop the medication once I feel better."**

---

**136. A nurse is caring for a patient who is receiving total parenteral nutrition (TPN). Which of the following actions is the priority for the nurse to perform?**

- A) Monitor the patient's blood glucose level
- B) Administer medications through the TPN line
- C) Change the TPN infusion site daily
- D) Ensure the TPN bag is infusing at a steady rate

**Answer: A) Monitor the patient's blood glucose level**

---

**137. A nurse is caring for a patient with a diagnosis of cirrhosis. The nurse should be most concerned about which of the following findings?**

- A) Positive Chvostek's sign
- B) Increased urine output
- C) Mild jaundice
- D) Presence of ascites

**Answer: D) Presence of ascites**

---

**138. A nurse is caring for a patient who is receiving opioid analgesics for pain management. Which of the following interventions should the nurse implement to prevent constipation?**

- A) Encourage the patient to drink coffee regularly
- B) Provide the patient with a high-fiber diet
- C) Administer stool softeners only when the patient reports pain
- D) Increase the patient's fluid intake and activity level

**Answer: B) Provide the patient with a high-fiber diet**

---

**139. A nurse is educating a patient who is scheduled for a colonoscopy. Which of the following statements indicates that the patient understands the teaching?**

- A) "I can eat a light meal before the procedure."
- B) "I will need to stop taking my blood pressure medication for 24 hours before the test."

- C) "I should drink only clear liquids for 24 hours before the procedure."
- D) "I will need to fast for 12 hours before the procedure."

**Answer: C) "I should drink only clear liquids for 24 hours before the procedure."**

---

**140. A nurse is assessing a patient who has a chest tube in place after thoracic surgery. Which of the following findings should the nurse report immediately?**

- A) Continuous bubbling in the water seal chamber
- B) Blood-tinged drainage in the collection chamber
- C) Increased drainage in the collection chamber
- D) An occlusive dressing over the chest tube insertion site

**Answer: A) Continuous bubbling in the water seal chamber**

---

**141. A nurse is caring for a patient with a fractured femur who is receiving traction. The nurse should monitor for which of the following complications?**

- A) Hypoglycemia
- B) Pulmonary embolism
- C) Deep vein thrombosis
- D) Hypercalcemia

**Answer: C) Deep vein thrombosis**

---

**142. A nurse is caring for a patient who has recently undergone a right-sided mastectomy. Which of the following interventions is most important to include in the patient's plan of care?**

- A) Encourage the patient to avoid using the affected arm for lifting heavy objects
- B) Teach the patient to elevate the affected arm to prevent swelling
- C) Instruct the patient to wear a compression bandage on the affected arm
- D) Advise the patient to perform range-of-motion exercises on the affected arm immediately

**Answer: B) Teach the patient to elevate the affected arm to prevent swelling**

---

**143. A nurse is caring for a patient who is receiving intravenous (IV) fluids. The nurse notices that the IV site is swollen and cool to the touch. What should the nurse do first?**

- A) Remove the IV catheter and apply a warm compress
- B) Increase the IV infusion rate to promote circulation
- C) Apply a cold compress to the site to reduce swelling
- D) Document the findings and continue to monitor the site

**Answer: A) Remove the IV catheter and apply a warm compress**

---

**144. A nurse is caring for a patient with hypothyroidism. The nurse should monitor the patient for which of the following signs of myxedema coma?**

- A) Agitation and confusion
- B) Bradycardia and hypothermia
- C) Hypertension and fever
- D) Hyperreflexia and tremors

**Answer: B) Bradycardia and hypothermia**

---

**145. A nurse is teaching a patient with diabetes about foot care. Which of the following statements by the patient indicates the need for further teaching?**

- A) "I should wash my feet with hot water every day."
- B) "I should avoid tight-fitting shoes."
- C) "I should inspect my feet daily for cuts and blisters."
- D) "I should avoid walking barefoot, even indoors."

**Answer: A) "I should wash my feet with hot water every day."**

---

**146. A nurse is caring for a patient with a history of asthma who is receiving a short-acting beta-agonist for acute exacerbation. Which of the following actions is most important?**

- A) Monitor the patient for tachycardia
- B) Provide a sedative to relieve anxiety
- C) Encourage the patient to rest in bed
- D) Administer oxygen as prescribed

**Answer: A) Monitor the patient for tachycardia**

---

**147. A nurse is caring for a patient who is receiving an anticoagulant for a deep vein thrombosis (DVT). Which of the following findings should the nurse report to the healthcare provider immediately?**

- A) Increased bruising on the patient's arms
- B) Petechiae on the patient's legs
- C) Sudden onset of shortness of breath and chest pain
- D) Mild swelling in the affected leg

**Answer: C) Sudden onset of shortness of breath and chest pain**

---

**148. A nurse is caring for a patient who is recovering from a stroke and has dysphagia. Which of the following interventions should the nurse implement first to ensure safe swallowing?**

- A) Offer the patient small sips of water with each bite of food
- B) Place the patient in a high-Fowler's position during meals
- C) Use a thickening agent to modify liquids to a safe consistency
- D) Instruct the patient to swallow twice after each bite

**Answer: B) Place the patient in a high-Fowler's position during meals**

---

**149. A nurse is caring for a patient who is receiving chemotherapy and is at risk for neutropenia. Which of the following precautions should the nurse implement?**

- A) Place the patient in a private room with positive airflow
- B) Restrict visitors and limit patient contact with others
- C) Administer antibiotics and antivirals as prophylaxis
- D) Encourage the patient to consume raw vegetables for nutrition

**Answer: B) Restrict visitors and limit patient contact with others**

---

**150. A nurse is caring for a patient with chronic obstructive pulmonary disease (COPD) who is prescribed supplemental oxygen. Which of the following interventions should the nurse prioritize?**

- A) Monitor oxygen saturation levels using pulse oximetry
- B) Instruct the patient to use the oxygen therapy only when feeling short of breath
- C) Encourage the patient to decrease fluid intake to prevent fluid retention
- D) Place the oxygen delivery system on the highest setting at all times



**Answer: A) Monitor oxygen saturation levels using pulse oximetry**