SINGAPORE NURSING BOARD (SNB) EXAMINATION STUDY MATERIAL FOR RN, EN & RMW

CONTENTS

EFFECTIVE COMMUNICATION

1. Which of the following is not a component of effective communication in nursing?
a) Verbal communication
b) Nonverbal communication
c) Written communication
d) Diagnosis
Answer: d) Diagnosis

2. What is the primary purpose of therapeutic communication in nursing?
a) To entertain patients
b) To establish rapport and trust
c) To save time during patient care
d) To document medical history
Answer: b) To establish rapport and trust

3. Which communication technique involves restating the patient's message to confirm understanding?
a) Reflecting
b) Clarifying
c) Summarizing
d) Paraphrasing
Answer: d) Paraphrasing

4. Nonverbal communication includes which of the following?
a) Spoken words
b) Written notes
c) Facial expressions
d) Phone conversations
Answer: c) Facial expressions

5. When communicating with a non-English-speaking patient, what should you do to enhance understanding?
a) Speak loudly and slowly
b) Use medical jargon
c) Obtain an interpreter if needed
d) Avoid eye contact
Answer: c) Obtain an interpreter if needed

6. What is an essential aspect of active listening in nursing communication?
a) Interrupting the patient frequently
b) Providing immediate solutions to problems
c) Demonstrating empathy and understanding
d) Avoiding eye contact
Answer: c) Demonstrating empathy and understanding

7. Which of the following is an example of nontherapeutic communication?
a) Providing open-ended questions
b) Offering reassurance without facts
c) Using silence to allow the patient to think
d) Using empathy and active listening
Answer: b) Offering reassurance without facts

8. Which communication technique encourages the patient to share more information?
a) Closed-ended questions
b) Probing questions
c) Clarifying questions
d) Reflective questions
Answer: b) Probing questions

9. When delivering bad news to a patient, which communication skill is crucial?
a) Avoiding the topic until later
b) Being overly blunt and direct
c) Using empathy and sensitivity
d) Offering no emotional support
Answer: c) Using empathy and sensitivity

10. What is the purpose of SBAR (Situation, Background, Assessment, Recommendation) communication in nursing?
a) To confuse information during handoffs
b) To promote clear and structured communication
c) To minimize communication with colleagues
d) To avoid patient involvement in their care
Answer: b) To promote clear and structured communication

11. Which communication barrier occurs when a nurse uses medical terminology that the patient doesn't understand?
a) Semantic barrier
b) Cultural barrier
c) Physical barrier
d) Emotional barrier
Answer: a) Semantic barrier

12. When should a nurse use therapeutic touch as a communication technique?
a) Only with patients who request it
b) Whenever the nurse feels like it
c) As a routine part of physical exams
d) When appropriate and with patient consent
Answer: d) When appropriate and with patient consent

13. Which type of communication conveys information through body language and gestures?
a) Verbal communication
b) Written communication
c) Nonverbal communication
d) Telephonic communication
Answer: c) Nonverbal communication

14. What is the primary purpose of the "teach-back" method in nursing communication?
a) To test the patient's knowledge
b) To avoid answering patient questions
c) To save time during patient education
d) To confirm patient understanding
Answer: d) To confirm patient understanding

15. When documenting patient information, which principle of effective communication should be followed?
a) Use abbreviations to save time
b) Document subjective information only
c) Use clear and concise language
d) Avoid documenting care provided
Answer: c) Use clear and concise language

16. Which ethical principle is closely related to informed consent and patient communication?
a) Autonomy
b) Beneficence
c) Non-maleficence
d) Justice
Answer: a) Autonomy

17. What is the purpose of a "handoff" communication in nursing?
a) To avoid communicating with colleagues
b) To promote continuity of care and patient safety
c) To provide entertainment for staff
d) To save time during shift changes
Answer: b) To promote continuity of care and patient safety

18. When dealing with an angry or agitated patient, what communication strategy should be used?
a) Ignore the patient's emotions
b) Escalate the situation by raising your voice
c) Remain calm and empathetic
d) Provide excessive reassurance
Answer: c) Remain calm and empathetic

19. Which of the following is an example of a therapeutic communication technique?
a) Making judgments about the patient's behavior
b) Giving advice without being asked
c) Offering open-ended questions
d) Using derogatory language
Answer: c) Offering open-ended questions

20. In the context of nursing communication, what does "empathy" refer to?
a) Sympathizing with the patient's emotions
b) Ignoring the patient's feelings
c) Showing indifference to the patient's situation
d) Understanding and sharing the patient's emotions
Answer: d) Understanding and sharing the patient's emotions

21. Which communication technique involves using silence to encourage the patient to speak?
a) Paraphrasing
b) Reflecting
c) Active listening
d) Therapeutic use of silence
Answer: d) Therapeutic use of silence

22. What is the primary goal of communication with a patient's family members?
a) To keep them informed about the patient's condition
b) To exclude them from the care process
c) To maintain secrecy about the patient's condition
d) To minimize their involvement in care decisions
Answer: a) To keep them informed about the patient's condition

23. Which communication technique involves repeating the main points of a conversation to ensure clarity?
a) Clarifying
b) Summarizing
c) Reflecting
d) Empathizing
Answer: b) Summarizing

24. What should a nurse do if a patient asks a question they don't know the answer to?
a) Make up a response to reassure the patient
b) Ignore the question and change the topic
c) Promise to find the answer and follow up
d) Tell the patient they don't need to know
Answer: c) Promise to find the answer and follow up

25. What is the first step in the nursing process of communication?
a) Evaluation

b) Assessment
c) Implementation
d) Planning
Answer: b) Assessment

QUALITY IMPROVEMENTS AND HOLISTIC CARE

1. What is the primary goal of holistic nursing care?
   a) Treating only the physical symptoms
   b) Focusing on disease management
   c) Addressing the patient's physical, emotional, social, and spiritual needs
   d) Providing medications for symptom relief
   Answer: c) Addressing the patient's physical, emotional, social, and spiritual needs

2. Which of the following best describes the concept of holism in nursing care?
   a) Emphasizing only medical treatments
   b) Treating the patient as a whole, not just their symptoms
   c) Exclusively using complementary therapies
   d) Focusing solely on the physical aspect of the patient
   Answer: b) Treating the patient as a whole, not just their symptoms

3. A patient expresses feelings of fear and anxiety about an upcoming surgery. Which aspect of holistic care should the nurse prioritize?
   a) Administering sedative medications to alleviate anxiety
   b) Offering emotional support and listening actively to the patient's concerns
   c) Disregarding the emotional aspects and discussing surgical risks only
   d) Encouraging the patient to distract themselves and avoid discussing emotions
   Answer: b) Offering emotional support and listening actively to the patient's concerns

4. In holistic nursing, what does the acronym "CAM" stand for?
   a) Comprehensive And Multidisciplinary
   b) Complementary And Medical
   c) Complementary And Alternative Medicine
   d) Continuous Assessment Model
   Answer: c) Complementary And Alternative Medicine

5. What is an essential aspect of providing holistic end-of-life care?
   a) Focusing solely on pain management
   b) Including family members in care decisions
   c) Avoiding discussions about death and dying
   d) Withholding emotional support to prevent attachment
   Answer: b) Including family members in care decisions

6. A patient is experiencing chronic pain. Which holistic approach can be beneficial in managing their pain?
   a) Administering high doses of pain medications
   b) Encouraging regular exercise and physical therapy
   c) Ignoring the pain to avoid exacerbation
   d) Limiting social interactions to conserve energy
   Answer: b) Encouraging regular exercise and physical therapy

7. The nurse is caring for a patient with spiritual distress. What should be the nurse's initial approach?
   a) Disregard the spiritual aspect and focus on medical needs only
   b) Refer the patient to a psychologist for counseling
   c) Engage in a conversation to explore the patient's spiritual beliefs and values
   d) Request the patient to refrain from discussing spiritual concerns in the hospital setting
   Answer: c) Engage in a conversation to explore the patient's spiritual beliefs and values

8. Which of the following therapies can be considered an example of a complementary therapy?
   a) Antibiotic treatment for an infection
   b) Chemotherapy for cancer management
   c) Acupuncture for pain relief
   d) Surgery for a broken bone
   Answer: c) Acupuncture for pain relief

9. A patient undergoing chemotherapy is experiencing nausea and loss of appetite. What holistic intervention can help alleviate these symptoms?
   a) Encouraging the patient to avoid fluid intake to prevent vomiting
   b) Providing the patient with anti-nausea medication only
   c) Suggesting aromatherapy and herbal teas to ease symptoms
   d) Offering high-calorie foods regardless of the patient's preferences
   Answer: c) Suggesting aromatherapy and herbal teas to ease symptoms

10. In holistic nursing care, what is the significance of self-care for the nurse?
    a) Self-care is a luxury and should be practiced occasionally.
    b) Self-care helps prevent nurse burnout and enhances patient care.
    c) Self-care is unnecessary, as nurses should focus solely on patients' needs.
    d) Self-care is the responsibility of the hospital administration, not the nurse.
    Answer: b) Self-care helps prevent nurse burnout and enhances patient care.

11. What is the primary principle behind holistic nursing assessments?
    a) Focusing only on the patient's physical health
    b) Utilizing advanced medical technology for diagnosis

c) Incorporating the patient's physical, emotional, social, and spiritual dimensions
d) Relying solely on laboratory test results for treatment decisions
Answer: c) Incorporating the patient's physical, emotional, social, and spiritual dimensions

12. A patient with chronic pain refuses pain medication due to concerns about addiction. What holistic approach can the nurse suggest to manage pain?
a) Encouraging the patient to distract themselves constantly
b) Recommending mindfulness-based practices for pain relief
c) Insisting on administering opioid medications despite the patient's objections
d) Disregarding the patient's wishes and providing pain medication anyway
Answer: b) Recommending mindfulness-based practices for pain relief

13. What is the role of therapeutic touch in holistic nursing care?
a) Replacing traditional medical treatments for specific conditions
b) Using massage therapy exclusively for pain management
c) Facilitating the flow of energy to promote healing and relaxation
d) Only providing comfort to patients in palliative care settings
Answer: c) Facilitating the flow of energy to promote healing and relaxation

14. A patient expresses feelings of guilt about their illness. How can the nurse best address this emotional aspect in holistic care?
a) Ignoring the emotional concerns and focusing on medical treatments only
b) Encouraging the patient to suppress these feelings to avoid distress
c) Validating the patient's emotions and exploring coping strategies
d) Avoiding discussions about emotions to maintain a professional boundary
Answer: c) Validating the patient's emotions and exploring coping strategies

15. Which of the following activities represents a holistic nursing intervention to promote social well-being in a hospitalized patient?
a) Isolating the patient to reduce exposure to potential infections
b) Encouraging the patient to participate in group therapy sessions
c) Minimizing visitors to ensure the patient gets sufficient rest
d) Limiting communication to medical updates only
Answer: b) Encouraging the patient to participate in group therapy sessions

16. A patient undergoing chemotherapy has difficulty sleeping due to anxiety. What holistic nursing intervention can be helpful in improving sleep quality?
a) Administering sedatives without discussing alternatives
b) Encouraging the patient to watch television before sleep
c) Providing a warm glass of milk before bedtime
d) Teaching relaxation techniques and mindfulness practices
Answer: d) Teaching relaxation techniques and mindfulness practices

17. How does holistic nursing differ from traditional nursing care?
    a) Holistic nursing disregards the emotional and social aspects of care.
    b) Traditional nursing focuses solely on medical interventions.
    c) Holistic nursing treats the patient's physical symptoms only.
    d) Holistic nursing addresses the whole person, including physical, emotional, social, and spiritual dimensions.
    Answer: d) Holistic nursing addresses the whole person, including physical, emotional, social, and spiritual dimensions.

18. A patient with a chronic illness is experiencing depression. Which of the following is an appropriate holistic intervention?
    a) Dismissing the patient's emotions as a natural reaction to the illness
    b) Prescribing antidepressant medication as the sole treatment
    c) Engaging the patient in counseling or therapy sessions
    d) Encouraging the patient to avoid discussing emotions to prevent distress
    Answer: c) Engaging the patient in counseling or therapy sessions

19. What is the purpose of using guided imagery in holistic nursing care?
    a) Creating an illusion to distract the patient from pain
    b) Assisting the patient in exploring their emotional concerns
    c) Guiding the patient through pleasant sensory experiences to promote relaxation
    d) Encouraging the patient to envision a pain-free life without medical interventions
    Answer: c) Guiding the patient through pleasant sensory experiences to promote relaxation

20. What is the significance of cultural competence in holistic nursing care?
    a) Focusing only on patients from similar cultural backgrounds
    b) Disregarding cultural practices to maintain a neutral approach
    c) Tailoring care to meet the unique cultural needs of each patient
    d) Avoiding discussions about culture to prevent misunderstandings
    Answer: c) Tailoring care to meet the unique cultural needs of each patient

21. A patient is experiencing chronic stress due to work-related issues. Which holistic nursing intervention can help the patient manage stress effectively?
    a) Recommending increased caffeine intake to stay alert at work
    b) Suggesting regular exercise and mindfulness practices
    c) Encouraging the patient to work longer hours to resolve issues
    d) Prescribing anxiety medications to manage stress symptoms
    Answer: b) Suggesting regular exercise and mindfulness practices

22. What is the primary aim of integrative medicine in holistic nursing care?
    a) Exclusively using conventional medical treatments
    b) Ignoring the patient's spiritual needs
    c) Combining traditional and complementary therapies

d) Focusing solely on the patient's physical health
Answer: c) Combining traditional and complementary therapies

23. A patient is struggling with substance abuse and seeking help. What holistic approach can the nurse use to support the patient's recovery?
a) Disregarding the patient's emotional concerns to focus on detoxification
b) Referring the patient only to a substance abuse support group
c) Addressing the patient's physical, emotional, and social needs in treatment
d) Limiting support to medication-assisted treatment only
Answer: c) Addressing the patient's physical, emotional, and social needs in treatment

24. What is the role of nutrition in holistic nursing care?
a) Administering nutritional supplements without assessing dietary habits
b) Addressing only the patient's caloric intake
c) Recognizing the impact of nutrition on overall health and well-being
d) Restricting certain food groups to promote weight loss
Answer: c) Recognizing the impact of nutrition on overall health and well-being

25. How can holistic nursing care positively affect patient outcomes?
a) By ignoring the emotional and spiritual aspects of care
b) By focusing solely on medical interventions
c) By promoting a comprehensive and patient-centered approach
d) By prescribing medication without considering complementary therapies
Answer: c) By promoting a comprehensive and patient-centered approach

HEALTH PROMOTION / CLIENT EDUCATION

1. Which of the following is the primary goal of client education in nursing?
a) To promote client independence and self-care
b) To increase healthcare costs
c) To keep clients in the hospital longer
d) To minimize client involvement in decision-making
Answer: a) to promote client independence and self-care

2. When should client education begin?
a) After discharge from the hospital
b) Only when the client requests it
c) As soon as the client's condition allows
d) Never, as it is the responsibility of the client to seek education
Answer: c) As soon as the client's condition allows

3. The nurse is teaching a client about managing diabetes. Which learning domain is most appropriate for teaching the client how to administer insulin injections?
a) Cognitive domain
b) Affective domain
c) Psychomotor domain
d) Interpersonal domain
Answer: c) Psychomotor domain

4. When providing client education, the nurse should use plain language and avoid medical jargon to ensure:
a) The client feels comfortable asking questions
b) The nurse appears more knowledgeable
c) The client is less likely to comply with instructions
d) The client becomes more reliant on medical professionals
Answer: a) The client feels comfortable asking questions

5. A client with hypertension asks the nurse about reducing salt intake. What dietary recommendation should the nurse provide?
a) Avoid all sources of salt completely
b) Use salt substitutes
c) Limit salt intake to less than 2300 mg per day
d) Consume at least 10 grams of salt daily
Answer: c) Limit salt intake to less than 2300 mg per day

6. The nurse is educating a client about wound care. Which technique is essential for the nurse to demonstrate?
a) Cleaning the wound with hydrogen peroxide
b) Blowing air onto the wound to keep it dry
c) Washing hands before and after dressing changes
d) Applying adhesive bandages tightly to the wound
Answer: c) Washing hands before and after dressing changes

7. The nurse is teaching a client about the side effects of a medication. Which of the following statements indicates the client understands the information?
a) "I will stop taking the medication if I experience any side effects."
b) "I should report any new or unusual symptoms to my healthcare provider."
c) "Side effects are normal, and I don't need to worry about them."
d) "I will take the medication only when I feel I really need it."
Answer: b) "I should report any new or unusual symptoms to my healthcare provider."

8. A client is prescribed a new medication. What information should the nurse include in the client education about the medication?
a) The cost of the medication
b) The brand name of the medication
c) The possible side effects and how to manage them
d) The name of the drug manufacturer
Answer: c) The possible side effects and how to manage them

9. The nurse is teaching a client about preventing pressure ulcers. Which of the following actions should the nurse recommend?
a) Avoid repositioning in bed or chair
b) Use donut-shaped cushions to sit on
c) Keep the skin moist at all times
d) Change positions regularly and use pressure-relieving devices
Answer: d) Change positions regularly and use pressure-relieving devices

10. Which learning strategy is most effective for teaching a visually impaired client?
a) Using written handouts
b) Providing verbal instructions
c) Demonstrating a procedure
d) Using multimedia presentations
Answer: b) Providing verbal instructions

11. When educating clients about medication administration, the nurse should always:
a) Encourage clients to share medications with family members if needed
b) Stress the importance of adhering to the prescribed dosage and schedule
c) Recommend stopping the medication if the side effects are severe
d) Suggest using medications beyond their expiration date if needed
Answer: b) Stress the importance of adhering to the prescribed dosage and schedule

12. A client is diagnosed with a latex allergy. The nurse should educate the client about avoiding latex exposure. Which item should the client avoid?
a) Vinyl gloves
b) Nitrile gloves
c) Latex gloves
d) Cotton gloves
Answer: c) Latex gloves

13. The nurse is teaching a client about managing stress. Which coping mechanism should the nurse encourage?
a) Emotional eating
b) Avoiding social interactions
c) Regular exercise
d) Increased caffeine consumption
Answer: c) Regular exercise

14. A client with heart failure is prescribed a diuretic. What information should the nurse include in the client education about this medication?
a) Limit fluid intake to prevent dehydration
b) Take the medication only when feeling shortness of breath
c) Skip doses if the client experiences low blood pressure
d) Monitor weight daily and report sudden gains
Answer: d) Monitor weight daily and report sudden gains

15. The nurse is providing discharge education to a client with a leg wound. Which statement by the client indicates a need for further education?
a) "I will keep my leg elevated whenever I'm sitting or lying down."
b) "I should apply hydrogen peroxide to the wound every day."
c) "I'll make sure to change the dressing as instructed by my nurse."
d) "I'll contact my healthcare provider if I notice any signs of infection."
Answer: b) "I should apply hydrogen peroxide to the wound every day."

16. A client is prescribed a medication that may cause drowsiness. The nurse should instruct the client to avoid:
a) Drinking caffeinated beverages
b) Engaging in physical activity
c) Operating heavy machinery
d) Taking a multivitamin supplement
Answer: c) Operating heavy machinery

17. The nurse is educating a client about managing constipation. Which dietary recommendation should the nurse provide?
a) Increase intake of processed foods
b) Decrease fiber intake
c) Limit water intake to avoid excessive urination
d) Increase intake of fruits, vegetables, and whole grains
Answer: d) Increase intake of fruits, vegetables, and whole grains

18. The nurse is teaching a client about the importance of hand hygiene. Which of the following is the most effective hand hygiene method?
a) Using water only to clean hands
b) Using hand sanitizer with at least 60% alcohol
c) Washing hands with soap and water for at least 5 seconds
d) Using a cloth to wipe hands
Answer: b) Using hand sanitizer with at least 60% alcohol

19. What is an essential aspect of client education in nursing?
a) Improving nurse-to-patient communication
b) Administering medications
c) Conducting physical assessments
d) Documenting patient history
Answer: a) Improving nurse-to-patient communication

20. Client education in nursing primarily focuses on:
a) Diagnosing medical conditions
b) Providing emotional support
c) Empowering patients to manage their health
d) Billing and insurance procedures
Answer: c) Empowering patients to manage their health

21. The purpose of client education is to:
a) Increase healthcare costs
b) Reduce patient participation in care
c) Enhance patient understanding and engagement
d) Limit patient autonomy
Answer: c) Enhance patient understanding and engagement

22. A nurse is providing education to a patient about their prescribed medication. The nurse should prioritize information about:
a) Potential side effects and adverse reactions
b) The cost of the medication
c) The manufacturer of the medication
d) The nurse's favorite medications
Answer: a) Potential side effects and adverse reactions

23. When developing client education materials, the nurse should ensure they are:
a) Long and detailed to cover all aspects thoroughly
b) Simple, clear, and easy to understand

c) Full of medical jargon to educate patients about medical terms
d) Entertaining to keep patients engaged
Answer: b) Simple, clear, and easy to understand

24. A nurse is teaching a patient how to manage their diabetes. The nurse should focus on educating the patient about:
a) Increasing sugar intake to prevent hypoglycemia
b) Checking blood glucose levels regularly
c) Skipping insulin doses on busy days
d) Avoiding exercise to conserve energy
Answer: b) Checking blood glucose levels regularly

25. What is the best approach for a nurse when educating elderly patients?
a) Use complex medical terminology to ensure accuracy
b) Speak loudly to accommodate potential hearing impairments
c) Provide written materials with small fonts for better retention
d) Use simple language and repeat information if needed
Answer: d) Use simple language and repeat information if needed

SAFE ENVIRONMENT

1. What is the top priority when ensuring a safe environment in a healthcare setting?
a) Efficiency of care delivery
b) Cost-effectiveness of equipment
c) Patient safety and well-being
d) Staff comfort and convenience
Answer: c) Patient safety and well-being

2. Which action by a nurse demonstrates a commitment to creating a safe environment for patients?
a) Ignoring safety protocols to save time
b) Using personal protective equipment (PPE) only when convenient
c) Reporting and addressing safety hazards promptly
d) Minimizing documentation of incidents
Answer: c) Reporting and addressing safety hazards promptly

3. In a healthcare setting, what is the purpose of a fire evacuation plan?
a) To create unnecessary panic among staff and patients
b) To minimize the need for staff training
c) To ensure orderly and safe evacuation during a fire emergency
d) To encourage staff to remain in their assigned areas during a fire

Answer: c) To ensure orderly and safe evacuation during a fire emergency

4. Which intervention is essential for preventing patient falls in a hospital setting?
   a) Encourage patients to get out of bed frequently
   b) Provide non-slip footwear to all patients
   c) Perform regular safety assessments and implement appropriate measures
   d) Keep patients sedated to prevent mobility
   Answer: c) Perform regular safety assessments and implement appropriate measures

5. What is the purpose of the "time-out" procedure before a surgical procedure?
   a) To rush through the surgery to save time
   b) To ensure all surgical instruments are available
   c) To pause and confirm patient identity, procedure, and site
   d) To reduce the surgical team's workload
   Answer: c) To pause and confirm patient identity, procedure, and site

6. Which precaution should a nurse take when administering medications to a patient to ensure safety?
   a) Administer all medications at once to save time
   b) Check the patient's identification after administering the medication
   c) Administer medications without checking for allergies
   d) Follow the five rights of medication administration
   Answer: d) Follow the five rights of medication administration

7. What is the primary goal of the Joint Commission's National Patient Safety Goals (NPSGs)?
   a) Reducing nurse workload
   b) Increasing patient comfort
   c) Improving patient safety and quality of care
   d) Decreasing healthcare costs
   Answer: c) Improving patient safety and quality of care

8. When transferring a patient from a bed to a chair, which safety measure should the nurse prioritize?
   a) Avoid using a gait belt to prevent discomfort for the patient
   b) Make the transfer as quickly as possible to save time
   c) Ensure proper body mechanics and use a gait belt for support
   d) Ask the patient to walk independently to the chair
   Answer: c) Ensure proper body mechanics and use a gait belt for support

9. What is the primary purpose of hand hygiene in a healthcare setting?
   a) To eliminate the need for personal protective equipment
   b) To maintain cleanliness of the healthcare facility

c) To prevent the spread of infection among patients and staff
d) To reduce the need for regular cleaning of surfaces
Answer: c) To prevent the spread of infection among patients and staff

10. Which action by a nurse promotes patient safety during medication administration?
a) Administering medications without explaining them to the patient
b) Crushing all medications and mixing them together for convenience
c) Documenting medication administration after leaving the patient's room
d) Educating the patient about the purpose and potential side effects of each medication
Answer: d) Educating the patient about the purpose and potential side effects of each medication

11. What is the purpose of a fall risk assessment in a healthcare setting?
a) To identify patients who are at a higher risk of falling
b) To encourage patients to engage in high-risk activities
c) To discharge patients as soon as possible to reduce fall risk
d) To limit patient mobility to prevent falls
Answer: a) To identify patients who are at a higher risk of falling

12. When handling hazardous materials in a healthcare setting, what should the nurse prioritize?
a) Minimizing the use of personal protective equipment (PPE)
b) Relying solely on ventilation systems to remove hazardous fumes
c) Following established safety protocols for handling and disposing of materials
d) Ignoring safety labels and signs on hazardous material containers
Answer: c) Following established safety protocols for handling and disposing of materials

13. In a healthcare facility, what is the purpose of a rapid response team (RRT)?
a) To reduce the number of staff in the facility
b) To respond quickly to deteriorating patient conditions
c) To prioritize non-emergency patient care
d) To replace the need for nurse call systems
Answer: b) To respond quickly to deteriorating patient conditions

14. What is the purpose of using wristbands with color coding in a healthcare setting?
a) To identify patients based on their favorite colors
b) To track patient dietary preferences
c) To identify patients with specific allergies or conditions
d) To match patients with staff uniforms
Answer: c) To identify patients with specific allergies or conditions

15. Which action by a nurse promotes a safe environment for pediatric patients?
a) Allowing children to play with small objects in their rooms

b) Using restraints liberally to prevent movement
c) Educating parents and caregivers about childproofing measures
d) Administering adult medications to pediatric patients
Answer: c) Educating parents and caregivers about childproofing measures

16. In a healthcare facility, what is the primary purpose of a code blue team?
a) To organize recreational activities for patients
b) To respond to cardiac and respiratory emergencies
c) To provide security for the facility
d) To coordinate dietary services
Answer: b) To respond to cardiac and respiratory emergencies

17. Which safety measure should the nurse prioritize when caring for a patient with impaired mobility?
a) Encouraging frequent patient ambulation
b) Restricting the patient to bed rest at all times
c) Minimizing communication with the patient
d) Discharging the patient as soon as possible
Answer: a) Encouraging frequent patient ambulation

18. What is the purpose of the "time-out" procedure before a surgical procedure?
a) To rush through the surgery to save time
b) To ensure all surgical instruments are available
c) To pause and confirm patient identity, procedure, and site
d) To reduce the surgical team's workload
Answer: c) To pause and confirm patient identity, procedure, and site

19. What is the primary goal of a rapid response team (RRT)?
a) To replace the need for nurse call systems
b) To prioritize non-emergency patient care
c) To respond quickly to deteriorating patient conditions
d) To reduce the number of staff in the facility
Answer: c) To respond quickly to deteriorating patient conditions

20. Which nursing intervention is essential for preventing healthcare-associated infections (HAIs)?
a) Administering antibiotics prophylactically to all patients
b) Minimizing hand hygiene practices
c) Following infection control protocols and maintaining a clean environment
d) Disregarding isolation precautions for infected patients
Answer: c) Following infection control protocols and maintaining a clean environment

21. What is the primary purpose of disaster preparedness planning in a healthcare facility?
a) To create chaos and confusion during emergencies

b) To allocate all resources to a single department
c) To ensure a coordinated response to emergencies and disasters
d) To minimize communication with emergency responders
Answer: c) To ensure a coordinated response to emergencies and disasters

22. What is the purpose of using the "SBAR" (Situation, Background, Assessment, Recommendation) communication technique in healthcare?
a) To confuse healthcare providers during patient handoffs
b) To minimize communication and information sharing
c) To facilitate clear and effective communication among healthcare providers
d) To promote aggressive and confrontational communication
Answer: c) To facilitate clear and effective communication among healthcare providers

23. In a healthcare facility, what is the purpose of a handoff report?
a) To discourage communication among healthcare providers
b) To provide information about personal matters
c) To transfer patient care information safely and accurately between shifts or departments
d) To avoid discussing patient care plans
Answer: c) To transfer patient care information safely and accurately between shifts or departments

24. Which action by a nurse demonstrates a commitment to maintaining a safe patient environment?
a) Neglecting to assess patients regularly
b) Leaving hazards in patient care areas
c) Using unapproved electrical equipment
d) Reporting safety concerns and incidents promptly
Answer: d) Reporting safety concerns and incidents promptly

25. What is the primary purpose of using restraints in a healthcare setting?
a) To control patient behavior as a form of punishment
b) To ensure patient comfort and convenience
c) To prevent patient falls or harm when less restrictive measures have failed
d) To encourage patient mobility
Answer: c) To prevent patient falls or harm when less restrictive measures have failed

CRITICAL THINKING/PROBLEM-SOLVING SKILLS

1. A patient is receiving multiple medications, and the nurse notices potential interactions between two of the drugs. What is the nurse's best course of action?
a) Ignore the interaction since the medications were prescribed by the physician.
b) Document the observation and continue administering the medications.

c) Inform the physician about the potential interaction and suggest alternatives.
d) Adjust the dosage of one of the medications to mitigate the potential interaction.
Answer: C) Inform the physician about the potential interaction and suggest alternatives.

2. A postoperative patient complains of sudden difficulty breathing and chest pain. Vital signs show increased heart rate and decreased blood pressure. What should the nurse do first?
   a) Administer pain medication to alleviate chest pain.
   b) Document the symptoms and continue to monitor the patient.
   c) Notify the physician immediately and prepare for possible interventions.
   d) Reassure the patient that these symptoms are normal after surgery.
   Answer: C) Notify the physician immediately and prepare for possible interventions.

3. A patient has been diagnosed with diabetes and is learning to self-administer insulin injections. During education, the patient repeatedly asks questions about the process. What is the nurse's best response?
   a) Provide a detailed explanation once, and assume the patient will remember the information.
   b) Give the patient a pamphlet to read and encourage them to ask any remaining questions later.
   c) Demonstrate the insulin injection process and then have the patient perform a return demonstration.
   d) Tell the patient not to worry and that the nursing staff will always be available to administer injections.
   Answer: C) Demonstrate the insulin injection process and then have the patient perform a return demonstration.

4. A patient is receiving a blood transfusion and suddenly starts complaining of chills, fever, and back pain. What is the nurse's initial action?
   a) Administer acetaminophen to reduce fever and pain.
   b) Slow down the rate of the blood transfusion.
   c) Stop the transfusion immediately and disconnect the tubing.
   d) Document the patient's complaints and continue the transfusion.
   Answer: C) Stop the transfusion immediately and disconnect the tubing.

5. A patient is scheduled for surgery and is required to fast for 8 hours prior. The patient's family offers them breakfast, insisting that "a little food won't hurt." How should the nurse respond?
   a) Allow the patient to have a small breakfast to satisfy the family's wishes.
   b) Explain the importance of fasting to both the patient and the family.
   c) Ask the physician if the patient can have a small snack before surgery.
   d) Tell the family that it's okay for the patient to have a light breakfast.
   Answer: B) Explain the importance of fasting to both the patient and the family.

6. A patient is receiving a continuous intravenous (IV) infusion of medication. The infusion pump malfunctions, and the nurse observes that the medication is dripping faster than the prescribed rate. What is the nurse's immediate action?
   a) Ignore the issue since the patient is already receiving the medication.
   b) Document the pump malfunction and monitor the patient closely.
   c) Adjust the pump settings to the prescribed rate and continue monitoring the patient.
   d) Stop the infusion immediately and assess the patient's condition.
   Answer: D) Stop the infusion immediately and assess the patient's condition.

7. A patient with a history of heart failure complains of sudden shortness of breath and severe coughing. The nurse notices that the patient's lips are turning blue. What should the nurse do first?
   a) Offer the patient a glass of water to soothe the cough.
   b) Elevate the head of the bed and administer oxygen if available.
   c) Document the symptoms and continue to monitor the patient.
   d) Provide the patient with a blanket to keep warm.
   Answer: B) Elevate the head of the bed and administer oxygen if available.

8. A patient is scheduled for a complex surgical procedure, and the surgeon explains the risks and benefits. The patient seems confused and unable to make a decision. What should the nurse do?
   a) Assure the patient that the surgeon knows best and proceed with the surgery.
   b) Provide the patient with a pamphlet about the surgery and leave them alone to read it.
   c) Collaborate with the healthcare team to ensure the patient receives additional information and clarification.
   d) Convince the patient that the surgery is necessary and they should proceed with it.
   Answer: C) Collaborate with the healthcare team to ensure the patient receives additional information and clarification.

9. A patient with a history of type 2 diabetes consistently misses scheduled insulin doses. The nurse notices that the patient's blood sugar levels are consistently high. What action should the nurse take?
   a) Ignore the missed doses since it's the patient's responsibility to take medication.
   b) Document the high blood sugar levels and continue to monitor the patient.
   c) Discuss the importance of insulin adherence and potential consequences with the patient.
   d) Administer a higher dose of insulin to compensate for the missed doses.
   Answer: C) Discuss the importance of insulin adherence and potential consequences with the patient.

10. A patient is prescribed a new medication with potential side effects. The patient expresses concerns about taking the medication due to fear of side effects. How should the nurse address the patient's concerns?
    a) Disregard the patient's concerns and explain that the physician knows best.
    b) Provide the patient with information about the potential side effects and answer any questions.
    c) Tell the patient not to worry and that side effects are rare.
    d) Suggest the patient try the medication for a few days to see if they experience any side effects.
    Answer: B) Provide the patient with information about the potential side effects and answer any questions.

11. A patient with a history of allergies is prescribed a new medication. The nurse notices that the prescribed medication is from the same drug class as a medication the patient had a severe allergic reaction to in the past. What is the nurse's immediate action?
    a) Administer the medication since it was prescribed by the physician.
    b) Double-check the patient's allergy history and administer the medication if there's no documentation of the allergy.
    c) Withhold the medication and inform the physician about the patient's allergy history.
    d) Administer the medication but closely monitor the patient for any allergic reactions.
    Answer: C) Withhold the medication and inform the physician about the patient's allergy history.

12. A patient is receiving a blood transfusion and suddenly develops hives, itching, and shortness of breath. The nurse suspects an allergic reaction. What is the nurse's immediate action?
    a) Administer an antihistamine to relieve the symptoms.
    b) Slow down the transfusion rate and monitor the patient closely.
    c) Stop the transfusion and replace the blood with a different unit.
    d) Stop the transfusion immediately and administer prescribed emergency medications.
    Answer: D) Stop the transfusion immediately and administer prescribed emergency medications.

13. A patient is prescribed a new oral medication that requires administration with food. The patient refuses to eat due to nausea. What should the nurse do?
    a) Administer the medication without food to prevent missing a dose.
    b) Offer the patient a small snack to take with the medication.
    c) Withhold the medication until the patient's nausea subsides.
    d) Administer an anti-nausea medication and then give the prescribed medication.
    Answer: B) Offer the patient a small snack to take with the medication.

14. A patient is scheduled for a diagnostic procedure that requires contrast dye. The patient has a known allergy to iodine. What is the nurse's immediate action?
    a) Proceed with the procedure and administer the contrast dye.

b) Notify the physician and suggest using an alternative procedure that doesn't require contrast dye.
c) Give the patient an antihistamine before the procedure to prevent an allergic reaction.
d) Administer corticosteroids to the patient before the procedure to suppress the allergic response.
Answer: B) Notify the physician and suggest using an alternative procedure that doesn't require contrast dye.

15. A patient who had surgery two days ago suddenly complains of severe abdominal pain and distention. The patient's vital signs are stable. What should the nurse do first?
a) Administer pain medication to alleviate the abdominal pain.
b) Document the patient's complaint and continue to monitor.
c) Notify the surgeon immediately and assess the patient's surgical site.
d) Encourage the patient to walk around to relieve abdominal discomfort.
Answer: C) Notify the surgeon immediately and assess the patient's surgical site.

16. A patient with a history of heart disease is prescribed a new medication that has the potential to interact with their current medications. The patient is unaware of the potential interaction. What is the nurse's best course of action?
a) Administer the new medication and continue monitoring the patient's vital signs.
b) Withhold the new medication until the physician clarifies the potential interaction.
c) Document the potential interaction and continue administering the medication as prescribed.
d) Educate the patient about the potential interaction and contact the physician for further guidance.
Answer: D) Educate the patient about the potential interaction and contact the physician for further guidance.

17. A patient with a history of diabetes is admitted to the hospital with extremely high blood sugar levels. The patient's insulin dose is adjusted, but their blood sugar remains elevated. What action should the nurse take?
a) Continue to administer the adjusted insulin dose and monitor the patient's blood sugar.
b) Increase the insulin dose without notifying the healthcare provider.
c) Notify the healthcare provider and discuss the need for further adjustments to the insulin regimen.
d) Withhold insulin until the patient's blood sugar levels decrease naturally.
Answer: C) Notify the healthcare provider and discuss the need for further adjustments to the insulin regimen.

18. A patient is prescribed a medication that requires crushing before administration. The nurse notices that the medication label indicates "do not crush." What should the nurse do?

a) Crush the medication anyway to make it easier for the patient to swallow.
b) Administer the medication as it is and closely monitor the patient for adverse effects.
c) Consult the pharmacist or healthcare provider to determine an appropriate alternative formulation.
d) Document the medication label discrepancy and administer the crushed medication.
Answer: C) Consult the pharmacist or healthcare provider to determine an appropriate alternative formulation.

19. A patient who recently had surgery is complaining of constipation and abdominal discomfort. The patient has been on bed rest and hasn't had a bowel movement in several days. What is the nurse's initial action?
a) Administer a laxative to relieve the constipation immediately.
b) Encourage the patient to drink more fluids and increase fiber intake.
c) Document the patient's complaint and continue to monitor the situation.
d) Notify the healthcare provider about the patient's constipation and discomfort.
Answer: B) Encourage the patient to drink more fluids and increase fiber intake.

20. A patient is receiving intravenous antibiotics and develops a rash and itching. The patient insists on discontinuing the antibiotics due to the reaction. What is the nurse's best response?
a) Discontinue the antibiotics immediately as per the patient's request.
b) Offer the patient an antihistamine to manage the rash and itching.
c) Assess the severity of the reaction and notify the healthcare provider for guidance.
d) Ignore the patient's concerns and continue administering the antibiotics.
Answer: C) Assess the severity of the reaction and notify the healthcare provider for guidance.

21. A patient with a history of heart failure is prescribed a new medication that has a potential diuretic effect. The patient's blood pressure drops significantly after starting the medication. What is the nurse's immediate action?
a) Administer a dose of intravenous fluids to raise the patient's blood pressure.
b) Discontinue the new medication and notify the healthcare provider.
c) Document the blood pressure drop and continue monitoring the patient.
d) Increase the dosage of the new medication to achieve the desired effect.
Answer: B) Discontinue the new medication and notify the healthcare provider.
22. A patient is prescribed pain medication that has a sedative effect. The patient becomes excessively drowsy and difficult to arouse after taking the medication. What is the nurse's priority action?
a) Administer another dose of the pain medication to relieve the patient's pain.
b) Document the patient's response and continue to monitor their level of consciousness.
c) Notify the healthcare provider and discuss the need for alternative pain management options.
d) Encourage the patient to stay awake and active to counteract the sedative effect.

Answer: C) Notify the healthcare provider and discuss the need for alternative pain management options.

23. A patient with a leg injury is prescribed physical therapy. The patient refuses to participate, stating that they are in too much pain. How should the nurse approach this situation?
    a) Respect the patient's decision and discontinue the physical therapy prescription.
    b) Encourage the patient to toughen up and complete the physical therapy sessions.
    c) Discuss the benefits of physical therapy with the patient and address their pain concerns.
    d) Offer the patient pain medication only if they agree to participate in physical therapy.
    Answer: C) Discuss the benefits of physical therapy with the patient and address their pain concerns.

24. A patient is receiving a blood transfusion and suddenly develops a fever, chills, and back pain. What is the nurse's initial action?
    a) Administer acetaminophen to lower the patient's fever.
    b) Stop the transfusion and notify the healthcare provider.
    c) Document the patient's symptoms and continue the transfusion.
    d) Increase the rate of the transfusion to finish it quickly.
    Answer: B) Stop the transfusion and notify the healthcare provider.

25. A patient with a known latex allergy is scheduled for surgery. What steps should the nurse take to ensure the patient's safety?
    a) Document the allergy and proceed with the surgery using standard latex precautions.
    b) Notify the surgical team about the latex allergy and provide latex-free supplies.
    c) Administer an antihistamine to prevent an allergic reaction during surgery.
    d) Advise the patient to postpone the surgery until the latex allergy is resolved.
    Answer: B) Notify the surgical team about the latex allergy and provide latex-free supplies.

PATIENT SAFETY AND COMFORT

1. Which of the following is the primary goal of patient safety in nursing care?
    a) Minimizing patient discomfort
    b) Ensuring patient autonomy
    c) Preventing harm and adverse events
    d) Maximizing patient satisfaction
    Answer - Preventing harm and adverse events

2. To promote patient comfort, a nurse should prioritize:
    a) Providing medication without delay

b) Encouraging adequate rest and sleep
c) Limiting patient-family interactions
d) Reducing communication with the patient
Answer -Encouraging adequate rest and sleep

3. What is the most effective way to prevent falls in a healthcare setting?
a) Keeping the patient's room dimly lit
b) Encouraging the use of personal belongings near the bedside
c) Implementing regular safety rounds
d) Reducing the use of handrails in hallways
Answer -Implementing regular safety rounds

4. Which nursing intervention demonstrates a focus on patient safety during medication administration?
a) Double-checking medication labels with a colleague
b) Administering medications without gloves
c) Crushing medication to ease swallowing
d) Mixing multiple medications in a single syringe
Answer -Double-checking medication labels with a colleague

5. To maintain patient comfort during wound dressing changes, the nurse should:
a) Avoid administering pain relief medications
b) Use a gentle and slow approach
c) Limit communication to reduce anxiety
d) Skip the use of sterile gloves
Answer -Use a gentle and slow approach

6. Which of the following is an essential aspect of infection prevention in patient care?
a) Regularly reusing disposable personal protective equipment
b) Isolating patients only after symptoms worsen
c) Proper hand hygiene before and after patient contact
d) Delaying vaccinations until discharge
Answer -Proper hand hygiene before and after patient contact

7. How can a nurse promote patient comfort during hospitalization?
a) Maintaining a noisy and chaotic environment
b) Encouraging family visits only on weekends
c) Providing a comfortable and clean room
d) Limiting access to entertainment options
Answer -Providing a comfortable and clean room

8. Which of the following nursing actions best reflects a patient-centered approach to care?
a) Ignoring the patient's cultural preferences

b) Making decisions without involving the patient
c) Respecting the patient's autonomy and choices
d) Restricting communication with the patient
Answer -Respecting the patient's autonomy and choices

9. Which measure helps prevent pressure ulcers in bedridden patients?
a) Frequent repositioning and skin inspections
b) Limiting fluid intake to avoid bathroom visits
c) Using petroleum-based creams on pressure points
d) Avoiding pillows and cushions on the bed
Answer -Frequent repositioning and skin inspections

10. How can a nurse best ensure the safety of a patient with impaired mobility?
a) Encouraging the patient to move independently without assistance
b) Leaving the patient unattended for short periods
c) Using assistive devices like handrails and grab bars
d) Discouraging physical therapy and exercises
Answer -Using assistive devices like handrails and grab bars

11. A nurse notices that a patient is experiencing side effects from a medication. What should be the nurse's priority action?
a) Immediately stop the medication without consulting a doctor
b) Report the side effects to the healthcare team
c) Ignore the side effects unless they worsen
d) Advise the patient to continue taking the medication
Answer -Report the side effects to the healthcare team

12. Which nursing intervention is crucial for reducing the risk of healthcare-associated infections?
a) Minimizing the use of hand sanitizers
b) Wearing gloves only when handling bodily fluids
c) Properly disinfecting medical equipment between patients
d) Reusing disposable items when possible
Answer -Properly disinfecting medical equipment between patients

13. How can a nurse promote patient safety during ambulation?
a) Allowing the patient to walk alone without assistance
b) Providing a clear and clutter-free path
c) Discouraging the use of assistive devices like canes or walkers
d) Avoiding supervision during ambulation
Answer -Providing a clear and clutter-free path

14. What is the primary purpose of using patient identifiers in healthcare settings?
a) To track patient movement within the facility

b) To monitor staff performance
c) To ensure the correct patient receives the appropriate care
d) To determine patient satisfaction levels
Answer -To ensure the correct patient receives the appropriate care

15. To prevent the transmission of infections, a nurse should:
a) Use the same pair of gloves for multiple patient tasks
b) Skip hand hygiene if gloves are worn during patient care
c) Wash hands thoroughly with soap and water or use hand sanitizer
d) Wear gloves while touching multiple patients without changing them
Answer -Wash hands thoroughly with soap and water or use hand sanitizer

16. Which of the following is the priority action for a nurse caring for a patient experiencing shortness of breath?
a) Document the patient's condition for future reference
b) Administer medication without consulting a doctor
c) Call for immediate medical assistance
d) Leave the patient alone to rest
Answer -Call for immediate medical assistance

17. How can a nurse provide comfort to a terminally ill patient?
a) Avoid discussing end-of-life concerns with the patient
b) Encourage the patient to focus on life-extending treatments
c) Offer emotional support and active listening
d) Limit family visits to prevent emotional distress
Answer -Offer emotional support and active listening

18. What should a nurse do when delegating tasks to unlicensed assistive personnel (UAP)?
a) Delegate complex medical procedures to enhance skills
b) Provide clear instructions and expectations
c) Delegate only non-essential tasks to save time
d) Delegate tasks without considering the patient's needs
Answer -Provide clear instructions and expectations

19. How can a nurse promote a culture of safety within a healthcare facility?
a) Avoid reporting incidents to prevent administrative burdens
b) Implement punitive measures for staff who make errors
c) Encourage open communication and reporting of near-misses
d) Restrict access to safety guidelines and protocols
Answer -Encourage open communication and reporting of near-misses

20. When caring for an elderly patient, which of the following strategies enhances patient safety?

a) Administering all medications at once to avoid confusion
b) Encouraging independence in activities of daily living (ADLs)
c) Placing unfamiliar objects near the patient's bedside
d) Conducting fall risk assessments regularly
Answer -Conducting fall risk assessments regularly

21. What is the best way for a nurse to ensure patient comfort during a hospital stay?
a) Avoiding pain assessment and management
b) Providing a noisy and chaotic environment
c) Engaging in therapeutic communication and active listening
d) Limiting interactions with the patient
Answer -Engaging in therapeutic communication and active listening

22. Which action by a nurse best demonstrates the promotion of patient safety during medication administration?
a) Administering medications quickly without checking the dosage
b) Relying solely on verbal orders for medication administration
c) Checking medication allergies before administering a new medication
d) Crushing medications to make them easier to swallow
Answer -Checking medication allergies before administering a new medication

23. To promote patient safety, the nurse should:
a) Encourage the patient to self-administer medications to save time
b) Educate the patient about potential risks and hazards
c) Avoid using hand hygiene before and after patient contact
d) Limit the use of safety equipment in patient care
Answer -Educate the patient about potential risks and hazards

24. What is the primary reason for using the SBAR (Situation, Background, Assessment, and Recommendation) communication tool in healthcare settings?
a) To increase medical jargon and complex language use
b) To provide lengthy explanations to patients
c) To facilitate effective and concise communication between healthcare professionals
d) To avoid documentation of patient information
Answer -To facilitate effective and concise communication between healthcare professionals

25. How can a nurse best prevent medication errors during shift changes?
a) Rushing through the handover process to save time
b) Failing to communicate changes in the patient's condition
c) Implementing a structured and standardized handover process
d) Avoiding collaboration with other nurses during handover
Answer -Implementing a structured and standardized handover process

ADMINISTRATION OF MEDICATION & PHARMACOLOGY

1. Which needle gauge is commonly used for intramuscular injections?
   a) 18G
   b) 25G
   c) 30G
   d) 22G
   Answer: a) 18G

2. What is the recommended angle for administering an intradermal injection?
   a) 45 degrees
   b) 90 degrees
   c) 15 degrees
   d) 30 degrees
   Answer: c) 15 degrees

3. When drawing medication from an ampoule, which type of needle is typically used?
   a) Filter needle
   b) Intravenous (IV) needle
   c) Hypodermic needle
   d) Subcutaneous needle
   Answer: a) Filter needle

4. Which of the following injections is typically given into the fatty tissue just beneath the skin?
   a) Intradermal
   b) Intramuscular
   c) Intravenous
   d) Subcutaneous
   Answer: d) Subcutaneous

5. What is the Z-track technique used for in injection administration?
   a) To minimize pain during the injection
   b) To reduce the risk of infection
   c) To prevent leakage of medication into subcutaneous tissue
   d) To ensure accurate measurement of medication
   Answer: c) To prevent leakage of medication into subcutaneous tissue

6. Which of the following is an important step in preparing to administer an injection?
   a) Recap the needle before disposal
   b) Apply pressure to the injection site after the injection
   c) Aspirate to check for blood return

d) Use a larger needle for faster injection
Answer: b) Apply pressure to the injection site after the injection

7. Which medication administration route provides the quickest onset of action?
   a) Intramuscular
   b) Intravenous
   c) Subcutaneous
   d) Intradermal
   Answer: b) Intravenous

8. The nurse is administering an intramuscular injection to a patient. Which site is commonly used for adult patients?
   a) Deltoid
   b) Vastus lateralis
   c) Dorsogluteal
   d) Ventrogluteal
   Answer: d) Ventrogluteal

9. Which of the following is a potential complication of intramuscular injections?
   a) Infiltration
   b) Phlebitis
   c) Hematoma
   d) Erythema
   Answer: c) Hematoma

10. What is the maximum volume of medication recommended for a subcutaneous injection?
    a) 1 mL
    b) 2 mL
    c) 3 mL
    d) 5 mL
    Answer: b) 2 mL

11. When administering an intramuscular injection to a pediatric patient, which site is commonly used?
    a) Deltoid
    b) Vastus lateralis
    c) Dorsogluteal
    d) Ventrogluteal
    Answer: b) Vastus lateralis

12. Which of the following should the nurse do before administering an intravenous injection?

a) Warm the medication to body temperature
b) Apply a cold compress to the injection site
c) Use a longer needle for better access
d) Check the compatibility of the medication with the IV solution
Answer: d) Check the compatibility of the medication with the IV solution

13. When administering an intradermal injection, what angle should the needle be inserted at?
a) 45 degrees
b) 90 degrees
c) 15 degrees
d) 30 degrees
Answer: c) 15 degrees

14. Which of the following is NOT a common site for subcutaneous injections?
a) Abdomen
b) Thigh
c) Dorsogluteal
d) Upper arm
Answer: c) Dorsogluteal

15. Before administering an injection, the nurse should:
a) Recap the needle immediately after use.
b) Wash hands thoroughly with soap and water.
c) Leave the medication vial open to air for a few minutes.
d) Store used needles in an unlocked drawer.
Answer: b) Wash hands thoroughly with soap and water.

16. The Z-track technique is most commonly used for which type of injection?
a) Intravenous
b) Subcutaneous
c) Intramuscular
d) Intradermal
Answer: c) Intramuscular

17. Which type of needle is typically used for administering intravenous injections?
a) 18G
b) 25G
c) 30G
d) 22G
Answer: d) 22G

18. Which of the following is an appropriate action when aspirating during an intramuscular injection?

a) Aspirate vigorously to ensure proper placement.
b) Withdraw the needle immediately if blood appears in the syringe.
c) Continue with the injection regardless of blood in the syringe.
d) Aspirate after the medication has been injected.
Answer: b) Withdraw the needle immediately if blood appears in the syringe.

19. The nurse is preparing to administer an intradermal injection. What size syringe is commonly used for this type of injection?
a) 1 mL
b) 3 mL
c) 5 mL
d) 10 mL
Answer: a) 1 mL

20. Which of the following statements is true regarding the administration of heparin injections?
a) Heparin should be injected into the muscle.
b) Heparin should be given subcutaneously.
c) Heparin injections require aspiration.
d) Heparin should be given intradermally.
Answer: b) Heparin should be given subcutaneously.

21. Which technique should the nurse use to minimize pain and discomfort during an intramuscular injection?
a) Inject the medication slowly
b) Apply a warm compress to the injection site
c) Use a larger needle gauge
d) Administer the injection at a 90-degree angle
Answer: a) Inject the medication slowly

22. What is the purpose of the bevel on a needle?
a) To facilitate medication absorption
b) To prevent the needle from bending
c) To reduce the risk of needlestick injuries
d) To ease the insertion of the needle into the skin
Answer: d) To ease the insertion of the needle into the skin

23. When administering a subcutaneous injection, which site is commonly used for infants?
a) Deltoid
b) Vastus lateralis
c) Dorsogluteal
d) Abdomen

Answer: d) Abdomen

24. Which of the following statements about intradermal injections is correct?
    a) Intradermal injections are typically given at a 90-degree angle.
    b) The nurse should massage the injection site after administration.
    c) Intradermal injections are commonly used for vaccines.
    d) Aspiration is required when giving an intradermal injection.
    Answer: c) Intradermal injections are commonly used for vaccines.

25. Before administering an injection, the nurse should check the medication label how many times?
    a) Once
    b) Twice
    c) Three times
    d) Four times
    Answer: b) Twice

IV FLUIDS

1. What does "IV" stand for in IV fluids?
    a) Intra-vascular
    b) Intravenous
    c) Invasive Vascular
    d) Internal Volume
    Answer: b) Intravenous

2. Which of the following is not a type of IV fluid?
    a) Normal Saline (0.9% NaCl)
    b) Dextrose 5%
    c) Hydrochloric Acid Solution
    d) Lactated Ringer's
    Answer: c) Hydrochloric Acid Solution

3. Which type of IV fluid is commonly used to expand blood volume and treat dehydration?
    a) Dextrose 5%
    b) Hypertonic Saline
    c) Normal Saline (0.9% NaCl)
    d) Potassium Chloride
    Answer: c) Normal Saline (0.9% NaCl)

4. Which IV fluid is used to provide a source of glucose and calories?
    a) Lactated Ringer's

b) Normal Saline (0.9% NaCl)
c) Dextrose 5%
d) Potassium Chloride
Answer: c) Dextrose 5%

5. Which of the following IV fluids is hypertonic?
a) Normal Saline (0.9% NaCl)
b) Dextrose 5%
c) Hypertonic Saline
d) Lactated Ringer's
Answer: c) Hypertonic Saline

6. Lactated Ringer's solution contains which of the following electrolytes?
a) Sodium, Potassium, Chloride
b) Sodium, Calcium, Magnesium
c) Sodium, Potassium, Calcium
d) Sodium, Chloride, Phosphate
Answer: a) Sodium, Potassium, Chloride

7. Which condition is often treated with hypotonic IV fluids?
a) Hypernatremia
b) Diabetic Ketoacidosis
c) Hypertension
d) Cerebral Edema
Answer: d) Cerebral Edema

8. Which IV fluid is used to correct hypokalemia (low potassium levels)?
a) Normal Saline (0.9% NaCl)
b) Dextrose 5%
c) Potassium Chloride
d) Lactated Ringer's
Answer: c) Potassium Chloride

9. Which of the following is a potential complication of administering IV fluids too quickly?
a) Dehydration
b) Electrolyte Imbalance
c) Hypervolemia
d) Acidosis
Answer: c) Hypervolemia

10. Which IV fluid should be avoided in patients with renal failure due to its potential to increase the risk of hyperkalemia?

a) Lactated Ringer's
b) Hypertonic Saline
c) Normal Saline (0.9% NaCl)
d) Dextrose 5% with Potassium
Answer: d) Dextrose 5% with Potassium

11. What is the osmolarity of Normal Saline (0.9% NaCl)?
a) Hypotonic
b) Isotonic
c) Hypertonic
d) Osmolarity varies
Answer: b) Isotonic

12. Which IV fluid is commonly used in the treatment of burns and certain types of shock?
a) Dextrose 5%
b) Hypertonic Saline
c) Lactated Ringer's
d) Colloid Solution
Answer: c) Lactated Ringer's

13. What is the purpose of using colloid solutions as IV fluids?
a) Provide calories and glucose
b) Expand intravascular volume
c) Correct electrolyte imbalances
d) Treat bacterial infections
Answer: b) Expand intravascular volume

14. Which IV fluid is typically used to lower intracranial pressure in cases of brain injury?
a) Hypertonic Saline
b) Normal Saline (0.9% NaCl)
c) Dextrose 5%
d) Lactated Ringer's
Answer: a) Hypertonic Saline

15. Which of the following is a potential complication of using hypotonic IV fluids?
a) Hyperglycemia
b) Hypernatremia
c) Cellular Swelling
d) Hypertension
Answer: c) Cellular Swelling

16. Which type of IV fluid is often used in cases of severe hyponatremia (low sodium levels)?
a) Hypertonic Saline

b) Lactated Ringer's
c) Dextrose 5%
d) Normal Saline (0.9% NaCl)
Answer: a) Hypertonic Saline

17. Which IV fluid is contraindicated in patients with heart failure due to its potential to worsen fluid overload?
a) Normal Saline (0.9% NaCl)
b) Dextrose 5%
c) Hypertonic Saline
d) Lactated Ringer's
Answer: a) Normal Saline (0.9% NaCl)

18. Which electrolyte imbalance is associated with the use of Normal Saline (0.9% NaCl)?
a) Hypernatremia
b) Hypokalemia
c) Hyponatremia
d) Hyperkalemia
Answer: a) Hypernatremia

19. What is the primary purpose of using isotonic IV fluids like Normal Saline (0.9% NaCl)?
a) To provide a source of calories
b) To correct electrolyte imbalances
c) To expand intravascular volume
d) To treat acidosis
Answer: c) To expand intravascular volume

20. Which IV fluid is commonly used for patients with diabetic ketoacidosis to provide insulin and fluid replacement?
a) Lactated Ringer's
b) Dextrose 5%
c) Hypertonic Saline
d) Normal Saline (0.9% NaCl)
Answer: b) Dextrose 5%

21. Which IV fluid is used to provide maintenance fluids for patients who are unable to take oral fluids?
a) Normal Saline (0.9% NaCl)
b) Lactated Ringer's
c) Dextrose 5%
d) Hypertonic Saline
Answer: c) Dextrose 5%

22. Which IV fluid is considered a crystalloid solution?

a) Dextrose 5%
b) Hypertonic Saline
c) Lactated Ringer's
d) Colloid Solution
Answer: c) Lactated Ringer's

23. Which of the following is a potential risk associated with using hypertonic IV fluids?
a) Cellular Swelling
b) Hypovolemia
c) Hypotension
d) Fluid Overload
Answer: d) Fluid Overload

24. Which IV fluid is commonly used for patients with severe electrolyte imbalances and metabolic acidosis?
a) Dextrose 5%
b) Lactated Ringer's
c) Hypertonic Saline
d) Sodium Bicarbonate Solution
Answer: d) Sodium Bicarbonate Solution

25. Which IV fluid is used to replace blood volume and contains a combination of red blood cells, white blood cells, and plasma proteins?
a) Lactated Ringer's
b) Dextrose 5%
c) Hypertonic Saline
d) Colloid Solution
Answer: d) Colloid Solution

FLUID BALANCE

1. Which of the following is the primary regulator of fluid balance in the body?
a) Kidneys
b) Lungs
c) Heart
d) Liver
Answer: a. Kidneys

2. Which of the following is an example of an extracellular fluid compartment?
a) Intravascular fluid
b) Intracellular fluid
c) Interstitial fluid

d) All of the above
Answer: c. Interstitial fluid

3. Which of the following is a characteristic of isotonic fluid imbalance?
a) Excess fluid in the intravascular compartment
b) Dehydration
c) Fluid loss from the intravascular compartment
d) Fluid overload in the interstitial compartment
Answer: c. Fluid loss from the intravascular compartment

4. Which of the following is an example of a hypotonic solution?
a) 0.9% saline (normal saline)
b) 3% saline
c) 5% dextrose in water
d) Lactated Ringer's solution
Answer: c. 5% dextrose in water

5. Which of the following conditions is characterized by an excess of extracellular fluid?
a) Dehydration
b) Hypovolemia
c) Hypervolemia
d) Hyponatremia
Answer: c. Hypervolemia

6. Which of the following is a common symptom of dehydration?
a) Edema
b) Increased urine output
c) Hypertension
d) Weight gain
Answer: b. Increased urine output

7. Which of the following laboratory values indicates fluid overload?
a) Increased hematocrit
b) Decreased blood urea nitrogen (BUN)
c) Normal serum sodium level
d) Decreased urine specific gravity
Answer: a. Increased hematocrit

8. Which of the following is a common cause of hypervolemia?
a) Excessive fluid intake
b) Diarrhea
c) Burns
d) Diuretic use
Answer: a. Excessive fluid intake

9. Which of the following is an early sign of fluid overload in an older adult?
   a) Edema
   b) Confusion
   c) Decreased blood pressure
   d) Dry mucous membranes
   Answer: b. Confusion

10. Which of the following interventions is appropriate for a patient with hypervolemia?
   a) Administering a loop diuretic
   b) Restricting fluid intake
   c) Encouraging oral fluid intake
   d) Elevating the lower extremities
   Answer: a. Administering a loop diuretic

11. Which of the following is a characteristic of hyponatremia?
   a) Low serum sodium level
   b) Excess sodium in the body
   c) Fluid overload
   d) Decreased urine output
   Answer: a. Low serum sodium level

12. Which of the following is a potential cause of hyponatremia?
   a) Excessive sodium intake
   b) Fluid volume deficit
   c) Diabetes insipidus
   d) Cushing's syndrome
   Answer: b. Fluid volume deficit

13. Which of the following interventions is appropriate for a patient with hyponatremia?
   a) Restricting fluid intake
   b) Administering hypotonic intravenous (IV) fluids
   c) Encouraging sodium-rich foods
   d) Elevating the head of the bed
   Answer: c. Encouraging sodium-rich foods

14. Which of the following is a common cause of hypernatremia?
   a) Excessive sodium intake
   b) Diuretic use
   c) Fluid volume overload
   d) Inadequate water intake
   Answer: d. Inadequate water intake

15. Which of the following is a potential complication of hypernatremia?

a) Hypotension
b) Seizures
c) Bradycardia
d) Hypoglycemia
Answer: b. Seizures

16. Which of the following interventions is appropriate for a patient with hypernatremia?
a) Administering a loop diuretic
b) Encouraging fluid intake
c) Restricting sodium intake
d) Monitoring blood glucose levels
Answer: b. Encouraging fluid intake

17. Which of the following is a characteristic of hypokalemia?
a) Low serum potassium level
b) High serum potassium level
c) Metabolic acidosis
d) Increased muscle excitability
Answer: a. Low serum potassium level

18. Which of the following is a potential cause of hypokalemia?
a) Excessive potassium intake
b) Renal failure
c) Cushing's syndrome
d) Hyperparathyroidism
Answer: b. Renal failure

19. Which of the following interventions is appropriate for a patient with hypokalemia?
a) Administering potassium-sparing diuretics
b) Encouraging potassium-rich foods
c) Restricting fluid intake
d) Monitoring serum calcium levels
Answer: b. Encouraging potassium-rich foods

20. Which of the following is a characteristic of hyperkalemia?
a) High serum potassium level
b) Low serum potassium level
c) Metabolic alkalosis
d) Decreased muscle excitability
Answer: a. High serum potassium level

21. Which of the following is a potential cause of hyperkalemia?
a) Excessive potassium intake

b) Addison's disease
c) Metabolic acidosis
d) Hypoparathyroidism
Answer: b. Addison's disease

22. Which of the following interventions is appropriate for a patient with hyperkalemia?
a) Administering calcium gluconate
b) Restricting potassium intake
c) Encouraging fluid intake
d) Monitoring serum phosphate levels
Answer: b. Restricting potassium intake

23. Which of the following is a characteristic of hypocalcemia?
a) Low serum calcium level
b) High serum calcium level
c) Metabolic alkalosis
d) Increased muscle excitability
Answer: a. Low serum calcium level

24. Which of the following is a potential cause of hypocalcemia?
a) Excessive calcium intake
b) Hyperparathyroidism
c) Metabolic acidosis
d) Cushing's syndrome
Answer: b. Hyperparathyroidism

25. Which of the following interventions is appropriate for a patient with hypocalcemia?
a) Administering calcium gluconate
b) Restricting calcium intake
c) Encouraging fluid intake
d) Monitoring serum potassium levels
Answer: a. Administering calcium gluconate

NUTRITION

1. Which of the following is the primary goal of nutritional nursing?
a) Promoting healthy eating habits
b) Providing dietary supplements
c) Preventing malnutrition
d) Administering enteral nutrition
Answer: c) Preventing malnutrition

2. What is the first step in the nutrition assessment process?

a) Conducting a physical examination
b) Collecting dietary history
c) Measuring body weight and height
d) Analyzing laboratory tests
Answer: b) Collecting dietary history

3. Which of the following is an example of a subjective nutrition assessment tool?
a) Body Mass Index (BMI)
b) Dietary recall
c) Serum albumin level
d) Dual-energy X-ray absorptiometry (DEXA) scan
Answer: b) Dietary recall

4. Which dietary assessment method involves documenting all food and fluid intake over a specific period?
a) Food frequency questionnaire
b) 24-hour dietary recall
c) Food diary
d) Nutritional screening tool
Answer: c) Food diary

5. What is the purpose of a nutrition care plan?
a) To provide general nutrition guidelines
b) To monitor fluid balance
c) To address specific nutrition needs
d) To promote physical activity
Answer: c) To address specific nutrition needs

6. Which of the following is an example of a nutrition intervention?
a) Assessing body mass index (BMI)
b) Administering oral nutritional supplements
c) Monitoring blood glucose levels
d) Recording dietary preferences
Answer: b) Administering oral nutritional supplements

7. Which statement best describes enteral nutrition?
a) It involves feeding through the gastrointestinal tract.
b) It is administered intravenously.
c) It is used for patients with dysphagia.
d) It provides nutrients directly to the liver.
Answer: a) It involves feeding through the gastrointestinal tract.

8. Which of the following is a potential complication of enteral nutrition?
a) Dehydration
b) Refeeding syndrome

c) Hyperglycemia
d) Hypokalemia
Answer: b) Refeeding syndrome

9. Which condition is most commonly associated with a feeding tube?
a) Cystic fibrosis
b) Chronic obstructive pulmonary disease (COPD)
c) End-stage renal disease
d) Stroke
Answer: d) Stroke

10. Which of the following is an example of a parenteral nutrition component?
a) Carbohydrates
b) Fiber
c) Protein
d) Calcium
Answer: c) Protein

11. What is the primary goal of parenteral nutrition?
a) To provide long-term nutrition support
b) To promote oral intake
c) To prevent malnutrition
d) To meet nutritional needs when the gastrointestinal tract is not functional
Answer: d) To meet nutritional needs when the gastrointestinal tract is not functional

12. Which of the following is a potential complication of parenteral nutrition?
a) Diarrhea
b) Constipation
c) Catheter-related bloodstream infection
d) Dehydration
Answer: c) Catheter-related bloodstream infection

13. Which term refers to a condition characterized by a deficiency of protein and calories?
a) Marasmus
b) Kwashiorkor
c) Sarcopenia
d) Cachexia
Answer: a) Marasmus

14. What is the primary cause of kwashiorkor?
a) Inadequate calorie intake
b) Protein deficiency
c) Vitamin deficiency
d) Excessive carbohydrate intake

Answer: b) Protein deficiency

15. Which of the following is a sign of vitamin C deficiency?
a) Night blindness
b) Brittle nails
c) Glossitis
d) Xerophthalmia
Answer: b) Brittle nails

16. What is the recommended daily fluid intake for adults?
a) 500 mL
b) 1 liter
c) 2 liters
d) 3 liters
Answer: c) 2 liters

17. Which nutrient is a major source of energy for the body?
a) Carbohydrates
b) Proteins
c) Fats
d) Fiber
Answer: a) Carbohydrates

18. Which of the following is an example of a complete protein source?
a) Rice
b) Lentils
c) Tofu
d) Corn
Answer: c) Tofu

19. Which nutrient is important for the formation and maintenance of healthy bones?
a) Iron
b) Calcium
c) Vitamin D
d) Zinc
Answer: b) Calcium

20. Which of the following vitamins is fat-soluble?
a) Vitamin C
b) Vitamin B12
c) Vitamin D
d) Vitamin B6
Answer: c) Vitamin D

21. What is the recommended daily intake of dietary fiber for adults?

a) 5 grams
b) 10 grams
c) 20 grams
d) 30 grams
Answer: d) 30 grams

22. Which nutrient is essential for the production of red blood cells?
a) Vitamin C
b) Iron
c) Folate
d) Vitamin B12
Answer: b) Iron

23. Which of the following is a characteristic of a healthy diet?
a) Excessive sodium intake
b) High intake of saturated fats
c) Adequate fruit and vegetable consumption
d) Low fiber intake
Answer: c) Adequate fruit and vegetable consumption

24. Which condition is characterized by high blood glucose levels?
a) Hypoglycemia
b) Hyperglycemia
c) Hypocalcemia
d) Hypernatremia
Answer: b) Hyperglycemia

25. What is the primary source of energy during prolonged fasting or starvation?
a) Glucose
b) Glycogen
c) Fatty acids
d) Proteins
Answer: c) Fatty acids

WOUND CARE

1. Which of the following is a primary intention wound?
a) Surgical incision
b) Pressure ulcer
c) Burn
d) Diabetic ulcer
Answer: a) Surgical incision

2. What is the most appropriate initial action for a nurse to take when caring for a bleeding wound?
a) Apply a tourniquet
b) Apply direct pressure
c) Remove any embedded objects
d) Cleanse the wound with antiseptic solution
Answer: b) Apply direct pressure

3. Which of the following is a sign of wound infection?
a) Redness and warmth
b) Serous drainage
c) Granulation tissue formation
d) Absence of pain
Answer: a) Redness and warmth

4. When assessing a wound, which of the following should a nurse document?
a) Size
b) Depth
c) Presence of odor
d) All of the above
Answer: d) All of the above

5. Which type of dressing is most appropriate for a wound with minimal drainage?
a) Hydrocolloid
b) Alginate
c) Transparent film
d) Foam
Answer: c) Transparent film

6. What is the primary purpose of a wet-to-dry dressing?
a) Promote wound healing
b) Control bleeding
c) Prevent infection
d) Debride the wound
Answer: d) Debride the wound

7. Which of the following is a characteristic of a Stage III pressure ulcer?
a) Partial-thickness skin loss
b) Full-thickness skin loss
c) Exposed bone or tendon
d) Non-blanchable erythema
Answer: b) Full-thickness skin loss

8. When removing a wound dressing, the nurse should:
a) Remove the dressing quickly to minimize pain

b) Lift the dressing slowly and gently
c) Pull the dressing off in one swift motion
d) Cut the dressing away to avoid disturbing the wound bed
Answer: b) Lift the dressing slowly and gently

9. Which of the following is a risk factor for impaired wound healing?
a) Young age
b) Adequate nutrition
c) Chronic illness
d) Smoking cessation
Answer: c) Chronic illness

10. What is the best method for measuring wound depth?
a) Probing the wound with a sterile cotton swab
b) Estimating based on wound appearance
c) Measuring the length and width using a ruler
d) Consultation with a wound care specialist
Answer: a) Probing the wound with a sterile cotton swab

11. Which of the following is an appropriate action for a nurse to take when removing sutures from a wound?
a) Cut the suture close to the knot
b) Pull the suture out quickly in one motion
c) Remove every other suture at a time
d) Remove sutures in the order they were placed
Answer: d) Remove sutures in the order they were placed

12. What is the most appropriate method for cleaning a contaminated wound?
a) Irrigate the wound with sterile saline solution
b) Apply an antiseptic solution directly to the wound
c) Gently scrub the wound with a bristle brush
d) Leave the wound open to air for natural cleansing
Answer: a) Irrigate the wound with sterile saline solution

13. A wound that heals by secondary intention:
a) Heals with minimal scarring
b) Requires primary closure with sutures
c) Heals from the bottom up through granulation tissue formation
d) Heals quickly with minimal risk of infection
Answer: c) Heals from the bottom up through granulation tissue formation

14. Which of the following is a common complication of wound healing in a person with diabetes?
a) Hypertrophic scar formation
b) Delayed wound healing

c) Keloid formation
d) Excessive wound contraction
Answer: b) Delayed wound healing

15. What is the purpose of applying a sterile dressing to a clean surgical wound?
a) To promote granulation tissue formation
b) To prevent infection and provide a moist environment
c) To remove excess exudate from the wound
d) To protect the wound from trauma
Answer: b) To prevent infection and provide a moist environment

16. What is the recommended frequency for changing a wound dressing?
a) Once a day
b) Every other day
c) Once a week
d) As needed based on wound condition
Answer: d) As needed based on wound condition

17. When applying a new wound dressing, the nurse should:
a) Use sterile gloves
b) Wash hands with soap and water
c) Use clean gloves
d) Use gloves and an aseptic technique
Answer: d) Use gloves and an aseptic technique

18. Which of the following is an appropriate method for assessing wound pain?
a) Observing facial expressions
b) Measuring wound depth
c) Checking for drainage
d) Assessing wound odor
Answer: a) Observing facial expressions

19. What is the recommended method for preventing pressure ulcers in bedridden patients?
a) a) Frequent repositioning
b) b) Massaging the skin with lotion
c) c) Applying heat packs to bony prominences
d) d) Using a pressure-relieving mattress
e) Answer: a) Frequent repositioning

20. Which of the following is an appropriate action for a nurse to take when caring for a wound with exposed bone?
a) Cover the wound with a sterile dressing
b) Apply antibiotic ointment to the wound
c) Cleanse the wound with hydrogen peroxide

d) Apply a topical corticosteroid to reduce inflammation
Answer: a) Cover the wound with a sterile dressing

21. What is the most appropriate method for measuring wound size?
a) Using a ruler to measure length and width
b) Estimating based on wound appearance
c) Using a wound measurement device
d) Consultation with a wound care specialist
Answer: c) Using a wound measurement device

22. Which of the following is a characteristic of a Stage IV pressure ulcer?
a) Partial-thickness skin loss
b) Full-thickness skin loss
c) Exposed bone or tendon
d) Non-blanchable erythema
Answer: c) Exposed bone or tendon

23. What is the most appropriate action for a nurse to take if a wound begins to bleed while removing a dressing?
a) Apply a tourniquet proximal to the wound
b) Apply direct pressure to the bleeding site
c) Irrigate the wound with sterile saline solution
d) Cover the wound with a clean dressing
Answer: b) Apply direct pressure to the bleeding site

24. Which of the following is an appropriate action for a nurse to take when removing a wound packing?
a) Remove the packing quickly to minimize pain
b) Remove the packing slowly and gently
c) Pull the packing out in one swift motion
d) Cut the packing away to avoid disturbing the wound bed
Answer: b) Remove the packing slowly and gently

25. What is the primary purpose of a hydrogel dressing?
a) Promote wound healing
b) Control bleeding
c) Prevent infection
d) Maintain a moist wound environment
Answer: d) Maintain a moist wound environment

DIABETES CARE

1. What is the primary hormone involved in regulating blood sugar levels?
a) Insulin

b) Glucagon
c) Estrogen
d) Testosterone
Answer: a) Insulin

2. Which type of diabetes is characterized by an absolute deficiency of insulin?
a) Type 1 diabetes
b) Type 2 diabetes
c) Gestational diabetes
d) Pre-diabetes
Answer: a) Type 1 diabetes

3. Which of the following is a symptom of hypoglycemia?
a) Polyuria
b) Hyperactivity
c) Increased thirst
d) Sweating and shakiness
Answer: d) Sweating and shakiness

4. What is the target range for fasting blood glucose levels in a person with diabetes?
a) 70-99 mg/dL
b) 100-125 mg/dL
c) 126-150 mg/dL
d) Above 150 mg/dL
Answer: a) 70-99 mg/dL

5. Which type of insulin has the slowest onset of action?
a) Rapid-acting insulin
b) Short-acting insulin
c) Intermediate-acting insulin
d) Long-acting insulin
Answer: d) Long-acting insulin

6. What is the primary goal of diabetes management?
a) Curing diabetes
b) Controlling blood sugar levels
c) Eliminating insulin injections
d) Promoting weight loss
Answer: b) Controlling blood sugar levels

7. Which of the following is a potential long-term complication of uncontrolled diabetes?
a) Osteoporosis
b) Hypothyroidism

c) Diabetic retinopathy
d) Asthma
Answer: c) Diabetic retinopathy

8. Which type of diabetes is often associated with obesity and sedentary lifestyle?
a) Type 1 diabetes
b) Type 2 diabetes
c) Gestational diabetes
d) LADA (Latent Autoimmune Diabetes in Adults)
Answer: b) Type 2 diabetes

9. What is the recommended frequency for self-monitoring of blood glucose in a person with diabetes?
a) Once a week
b) Once a day
c) Twice a day
d) Before meals and at bedtime
Answer: d) Before meals and at bedtime

10. Which of the following is an oral medication used to lower blood sugar levels in type 2 diabetes?
a) Metformin
b) Glucagon
c) Liraglutide
d) Insulin lispro
Answer: a) Metformin

11. What is the term for abnormally high blood sugar levels?
a) Hyperglycemia
b) Hypoglycemia
c) Hypertension
d) Hyperlipidemia
Answer: a) Hyperglycemia

12. Which type of diabetes is usually diagnosed during childhood or adolescence?
a) Type 1 diabetes
b) Type 2 diabetes
c) Gestational diabetes
d) Prediabetes
Answer: a) Type 1 diabetes

13. Which of the following is a potential symptom of diabetic ketoacidosis (DKA)?
a) Excessive thirst
b) Slow heart rate

c) Low blood pressure
d) Elevated body temperature
Answer: a) Excessive thirst

14. What is the recommended target HbA1c level for most adults with diabetes?
a) Below 5%
b) 5-6%
c) 7-8%
d) Above 8%
Answer: c) 7-8%

15. Which of the following is a short-acting insulin analog?
a) Regular insulin
b) Insulin glargine
c) Insulin detemir
d) Insulin aspart
Answer: d) Insulin aspart

16. Which type of diabetes occurs during pregnancy?
a) Type 1 diabetes
b) Type 2 diabetes
c) Gestational diabetes
d) Latent autoimmune diabetes in adults (LADA)
Answer: c) Gestational diabetes

17. Which of the following is a potential long-term complication of diabetes affecting the feet?
a) Diabetic retinopathy
b) Diabetic nephropathy
c) Diabetic neuropathy
d) Diabetic ketoacidosis
Answer: c) Diabetic neuropathy

18. Which of the following is a common symptom of diabetic nephropathy?
a) Frequent urination
b) Peripheral neuropathy
c) Swelling of the legs and feet
d) Blurred vision
Answer: c) Swelling of the legs and feet

19. What is the term for low blood sugar levels?
a) Hyperglycemia
b) Hypoglycemia
c) Hypertension

d) Hypothyroidism
Answer: b) Hypoglycemia

20. Which type of insulin has the fastest onset of action?
a) Rapid-acting insulin
b) Short-acting insulin
c) Intermediate-acting insulin
d) Long-acting insulin
Answer: a) Rapid-acting insulin

21. Which of the following is a recommended lifestyle modification for diabetes management?
a) Smoking cessation
b) Increased alcohol consumption
c) Sedentary lifestyle
d) High-sugar diet
Answer: a) Smoking cessation

22. Which of the following is an autoimmune disorder that often precedes the development of type 1 diabetes?
a) Lupus
b) Rheumatoid arthritis
c) Hashimoto's thyroiditis
d) Celiac disease
Answer: d) Celiac disease

23. What is the primary source of energy for the body's cells?
a) Protein
b) Carbohydrates
c) Fat
d) Vitamins
Answer: b) Carbohydrates

24. Which of the following is a potential symptom of hyperglycemia?
a) Excessive hunger
b) Cool and clammy skin
c) Rapid heart rate
d) Blurred vision
Answer: d) Blurred vision

25. What is the term for a sudden drop in blood sugar levels?
a) Hyperglycemia
b) Hypoglycemia
c) Hypertension

d) Hyperlipidemia
Answer: b) Hypoglycemia

END OF LIFE / PALLIATIVE CARE

1. Which of the following is the primary goal of palliative care?
a) Cure the disease
b) Provide comfort and improve quality of life
c) Prolong life
d) Prevent further complications
Answer: b) Provide comfort and improve quality of life

2. Palliative care is appropriate for patients with:
a) Terminal illnesses only
b) Any stage of illness, including early diagnosis
c) Chronic illnesses only
d) Non-cancer-related illnesses only
Answer: b) Any stage of illness, including early diagnosis

3. The term "hospice care" refers to:
a) Inpatient palliative care
b) Home-based palliative care
c) Care provided in a hospice facility
d) All of the above
Answer: d) All of the above

4. Which of the following is a physical symptom commonly addressed in palliative care?
a) Depression
b) Anxiety
c) Shortness of breath
d) Fear of death
Answer: c) Shortness of breath

5. Which of the following is not a core principle of palliative care?
a) Holistic approach
b) Effective communication
c) Aggressive treatment
d) Team-based care
Answer: c) Aggressive treatment

6. The process of assessing and managing symptoms in palliative care is known as:
a) Symptomatology
b) Palliation
c) Symptom management

d) Treatment optimization
Answer: c) Symptom management

7. What is the recommended route of administration for breakthrough cancer pain management?
a) Intravenous
b) Oral
c) Subcutaneous
d) Transdermal
Answer: a) Intravenous

8. Which of the following is an example of a non-pharmacological intervention for pain management?
a) Opioid analgesics
b) Nonsteroidal anti-inflammatory drugs (NSAIDs)
c) Relaxation techniques
d) Local anesthetics
Answer: c) Relaxation techniques

9. Which of the following is a common ethical issue in palliative care?
a) Withholding information from patients
b) Encouraging aggressive treatments
c) Ignoring patients' cultural beliefs
d) Focusing solely on physical symptoms
Answer: a) Withholding information from patients

10. The acronym "DNR" stands for:
a) Do Not Regulate
b) Do Not Resuscitate
c) Do Not Remove
d) Do Not React
Answer: b) Do Not Resuscitate

11. The "5 C's" of communication in palliative care include all of the following except:
a) Compassion
b) Collaboration
c) Clarity
d) Control
Answer: d) Control

12. Which of the following is a common psychological symptom in palliative care?
a) Nausea
b) Fatigue
c) Delirium
d) Depression

Answer: d) Depression

13. Which of the following statements about grief in palliative care is true?
a) Grief is always resolved within a fixed time frame
b) Grief only affects family members, not healthcare professionals
c) Grief can manifest as physical, emotional, and cognitive symptoms
d) Grief is best managed by avoiding any discussion of loss
Answer: c) Grief can manifest as physical, emotional, and cognitive symptoms

14. Which of the following is an example of an advance care planning document?
a) Palliative care referral
b) Death certificate
c) Living will
d) Prescription medication
Answer: c) Living will

15. The acronym "POLST" stands for:
a) Palliative Outcome and Symptom Tracking
b) Physicians' Orders for Life-Sustaining Treatment
c) Palliative Oncology and Supportive Therapies
d) Professionals Offering Lifesaving Strategies and Treatments
Answer: b) Physicians' Orders for Life-Sustaining Treatment

16. Which of the following is a common spiritual need in palliative care?
a) Social interaction
b) Financial support
c) Pain relief
d) Sense of meaning and purpose
Answer: d) Sense of meaning and purpose

17. Which of the following is a common gastrointestinal symptom in palliative care?
a) Constipation
b) Hot flashes
c) Hypertension
d) Tachycardia
Answer: a) Constipation

18. Which of the following is an example of a palliative care outcome measure?
a) Pain scale
b) Body mass index (BMI)
c) Blood pressure
d) Lung function test
Answer: a) Pain scale

19. Which of the following is an example of a legal consideration in palliative care?

a) Patient confidentiality
b) Administering high-dose opioids
c) Performing surgery
d) Discontinuing antibiotics
Answer: a) Patient confidentiality

20. Which of the following is a common respiratory symptom in palliative care?
a) Excessive sweating
b) Fever
c) Cough
d) Muscle weakness
Answer: c) Cough

21. Which of the following is not an essential component of a comprehensive pain assessment?
a) Location of pain
b) Onset of pain
c) Patient's ethnicity
d) Intensity of pain
Answer: c) Patient's ethnicity

22. Which of the following is a common neurological symptom in palliative care?
a) Hair loss
b) Blurred vision
c) Weight gain
d) Increased appetite
Answer: b) Blurred vision

23. Which of the following is a common end-of-life symptom in palliative care?
a) Insomnia
b) Weight gain
c) Increased energy levels
d) Terminal agitation
Answer: d) Terminal agitation

24. Which of the following is not a principle of medication management in palliative care?
a) Prescribe the highest possible dose of opioids
b) Monitor and manage side effects
c) Tailor medication regimen to individual needs
d) Regularly review and adjust medications
Answer: a) Prescribe the highest possible dose of opioids

25. Which of the following is a common genitourinary symptom in palliative care?
a) Urinary incontinence

b) Increased appetite
c) Hyperglycemia
d) Impaired wound healing
Answer: a) Urinary incontinence

MENTAL HEALTH

1. What is the primary goal of mental health nursing?

a) Promote physical health
b) Promote mental wellness
c) Manage acute illnesses
d) Provide social support
Answer: b) Promote mental wellness

2. Which therapeutic communication technique demonstrates empathy?

a) Clarification
b) Confrontation
c) Reflection
d) Interpreting
Answer: c) Reflection

3. Which neurotransmitter is commonly associated with mood disorders?

a) Serotonin
b) Dopamine
c) Acetylcholine
d) GABA
Answer: a) Serotonin

4. A patient with schizophrenia is experiencing auditory hallucinations. Which intervention should the nurse prioritize?

a) Encouraging social interaction
b) Administering antipsychotic medication
c) Teaching relaxation techniques
d) Assisting with activities of daily living
Answer: b) Administering antipsychotic medication

5. What is the hallmark symptom of obsessive-compulsive disorder (OCD)?

a) Intrusive thoughts
b) Excessive worry
c) Hallucinations
d) Social withdrawal
Answer: a) Intrusive thoughts

6. Which medication is commonly used to manage symptoms of bipolar disorder?

a) Fluoxetine (Prozac)
b) Lithium carbonate (Eskalith)
c) Alprazolam (Xanax)
d) Methylphenidate (Ritalin)
Answer: b) Lithium carbonate (Eskalith)

7. Which behavior is commonly observed in a person with borderline personality disorder?
a) Grandiosity
b) Apathy
c) Impulsivity
d) Social isolation
Answer: c) Impulsivity

8. When assessing a patient with major depressive disorder, the nurse expects to find:
a) Increased energy levels
b) Elevated mood
c) Poor concentration
d) Hyperactivity
Answer: c) Poor concentration

9. Which is an example of a defense mechanism commonly used by individuals with post-traumatic stress disorder (PTSD)?
a) Rationalization
b) Sublimation
c) Projection
d) Displacement
Answer: d) Displacement

10. A patient with anorexia nervosa is at risk for which complication?
a) Hypertension
b) Hyperglycemia
c) Hypokalemia
d) Hypothyroidism
Answer: c) Hypokalemia

11. Which statement about schizophrenia is accurate?
a) Schizophrenia is a rare mental disorder.
b) Schizophrenia primarily affects older adults.
c) Schizophrenia is characterized by disorganized thinking.
d) Schizophrenia is curable with medication.
Answer: c) Schizophrenia is characterized by disorganized thinking.

12. A patient with Alzheimer's disease is experiencing agitation. Which intervention should the nurse implement first?

a) Administering a sedative medication
b) Providing a structured and calm environment
c) Encouraging social interaction with peers
d) Engaging in physical exercise

Answer: b) Providing a structured and calm environment

13. Which therapeutic communication technique can help build trust with a client who has trust issues?

a) Offering reassurance
b) Using humor
c) Active listening
d) Providing advice

Answer: c) Active listening

14. Which personality disorder is characterized by a pervasive pattern of disregard for and violation of the rights of others?

a) Narcissistic personality disorder
b) Borderline personality disorder
c) Antisocial personality disorder
d) Avoidant personality disorder

Answer: c) Antisocial personality disorder

15. A client with bipolar disorder is in the manic phase. Which intervention should the nurse prioritize?

a) Providing an environment with low stimulation
b) Encouraging participation in group activities
c) Administering a sedative medication
d) Engaging in cognitive-behavioral therapy

Answer: a) Providing an environment with low stimulation

16. What is the first-line treatment for generalized anxiety disorder (GAD)?

a) Benzodiazepines
b) Antipsychotic medications
c) Selective serotonin reuptake inhibitors (SSRIs)
d) Stimulant medications

Answer: c) Selective serotonin reuptake inhibitors (SSRIs)

17. A patient is experiencing delusions of persecution. Which nursing intervention is appropriate?

a) Encouraging the patient to confront their fears
b) Challenging the patient's beliefs

c) Providing a safe and supportive environment
d) Ignoring the patient's delusions
Answer: c) Providing a safe and supportive environment

18. Which symptom is characteristic of attention-deficit/hyperactivity disorder (ADHD)?
a) Excessive sleepiness
b) Hyperactivity
c) Compulsive rituals
d) Apathy
Answer: b) Hyperactivity

19. Which intervention is most effective in preventing suicide in patients with depression?
a) Promoting socialization
b) Administering antidepressant medications
c) Encouraging the patient to express feelings
d) Providing a safe environment
Answer: d) Providing a safe environment

20. What is the primary purpose of using antipsychotic medications in the treatment of schizophrenia?
a) To enhance mood and alleviate depression
b) To reduce anxiety and promote relaxation
c) To manage positive symptoms such as hallucinations and delusions
d) To improve cognitive functioning
Answer: c) To manage positive symptoms such as hallucinations and delusions

21. Which statement accurately describes electroconvulsive therapy (ECT)?
a) ECT is a type of psychotherapy.
b) ECT is only used as a last resort in severe cases.
c) ECT is contraindicated in the treatment of depression.
d) ECT involves the application of an electric current to induce a controlled seizure.
Answer: d) ECT involves the application of an electric current to induce a controlled seizure.

22. What is the primary focus of crisis intervention in mental health nursing?
a) Exploring childhood experiences
b) Resolving long-standing conflicts
c) Providing immediate support and stabilization
d) Promoting insight and self-awareness
Answer: c) Providing immediate support and stabilization

23. A patient with borderline personality disorder engages in self-harming behaviors. Which nursing intervention is appropriate?

a) Ignoring the behavior to discourage attention-seeking
b) Implementing a strict behavioral contract
c) Providing a safe environment and promoting alternative coping strategies
d) Administering punishment as a consequence for the behavior

Answer: c) Providing a safe environment and promoting alternative coping strategies

24. Which defense mechanism is commonly associated with individuals with substance use disorders?

a) Regression
b) Denial
c) Reaction formation
d) Intellectualization

Answer: b) Denial

25. A client is experiencing alcohol withdrawal symptoms. Which medication is commonly used to manage alcohol withdrawal?

a) Diazepam (Valium)
b) Haloperidol (Haldol)
c) Bupropion (Wellbutrin)
d) Methylphenidate (Ritalin)

Answer: a) Diazepam (Valium)

RESPIRATORY CARE

1. Which of the following is not a symptom of respiratory distress?

a) Shortness of breath
b) Cyanosis
c) Elevated blood pressure
d) Use of accessory muscles for breathing

Answer: c) Elevated blood pressure

2. Which respiratory condition is characterized by the inflammation and narrowing of the airways, leading to wheezing and difficulty breathing?

a) Pneumonia
b) Asthma
c) Chronic obstructive pulmonary disease (COPD)
d) Emphysema

Answer: b) Asthma

3. What is the most appropriate nursing intervention for a patient experiencing a severe asthma attack?

a) Administering a bronchodilator
b) Providing supplemental oxygen
c) Placing the patient in a high-Fowler's position
d) Initiating chest compressions
Answer: a) Administering a bronchodilator

4. A patient with chronic bronchitis is prescribed oxygen therapy. Which device delivers a precise and fixed concentration of oxygen?

a) Nasal cannula
b) Venturi mask
c) Non-rebreather mask
d) Simple face mask
Answer: b) Venturi mask

5. What is the primary purpose of incentive spirometry for postoperative patients?

a) Improving oxygen saturation
b) Promoting coughing and deep breathing
c) Preventing pneumonia
d) Enhancing vocal cord function
Answer: b) Promoting coughing and deep breathing

6. Which of the following statements about arterial blood gas (ABG) analysis is true?

a) ABG measures the oxygen content in venous blood.
b) It is a non-invasive procedure.
c) ABG provides information about acid-base balance and oxygenation.
d) The sample is usually drawn from a peripheral vein.
Answer: c) ABG provides information about acid-base balance and oxygenation.

7. What is the standard precautionary measure for preventing the transmission of respiratory infections in a healthcare setting?

a) Hand hygiene
b) Wearing gloves
c) Using a surgical mask
d) Wearing a gown
Answer: c) Using a surgical mask

8. A patient with acute respiratory distress syndrome (ARDS) requires mechanical ventilation. What mode of ventilation provides both inspiratory and expiratory support?

a) Assist-control ventilation (ACV)
b) Synchronized intermittent mandatory ventilation (SIMV)

c) Continuous positive airway pressure (CPAP)
d) Bi-level positive airway pressure (BiPAP)
Answer: a) Assist-control ventilation (ACV)

9. Which of the following is a potential complication of long-term oxygen therapy in COPD patients?
a) Hypoxemia
b) Respiratory alkalosis
c) Carbon dioxide retention
d) Asthma exacerbation
Answer: c) Carbon dioxide retention

10. During chest physiotherapy, the patient should be positioned:
a) Prone with the head elevated
b) Supine with the head elevated
c) Lying on the unaffected side
d) Lying on the affected side
Answer: c) Lying on the unaffected side

11. Which of the following lung volumes represents the maximum amount of air a person can exhale after taking the deepest breath possible?
a) Tidal volume (TV)
b) Residual volume (RV)
c) Inspiratory reserve volume (IRV)
d) Vital capacity (VC)
Answer: d) Vital capacity (VC)

12. The nursing priority when caring for a patient with a chest tube drainage system is to:
a) Keep the drainage system below the level of the patient's chest.
b) Clamp the chest tube when transporting the patient.
c) Empty the drainage collection chamber once a day.
d) Change the dressing around the insertion site daily.
Answer: a) Keep the drainage system below the level of the patient's chest.

13. What nursing action is essential when caring for a patient receiving mechanical ventilation?
a) Providing frequent oral care with lemon-glycerin swabs
b) Administering sedatives to promote rest and comfort
c) Monitoring blood pressure every 8 hours
d) Assessing breath sounds and ventilator settings regularly
Answer: d) Assessing breath sounds and ventilator settings regularly

14. Which of the following is a potential complication of oxygen therapy?
a) Hypoxemia
b) Hyperventilation
c) Atelectasis
d) Respiratory alkalosis
Answer: c) Atelectasis

15. The nurse is caring for a patient with pneumonia. Which positioning technique is effective in improving oxygenation in this patient?
a) Trendelenburg position
b) Supine position with the head flat
c) High-Fowler's position
d) Lateral recumbent position
Answer: c) High-Fowler's position

16. Which statement about chronic obstructive pulmonary disease (COPD) is true?
a) COPD is primarily caused by bacterial infections.
b) Long-term smoking is a significant risk factor for COPD.
c) COPD only affects the bronchi, not the alveoli.
d) COPD is reversible with appropriate treatment.
Answer: b) Long-term smoking is a significant risk factor for COPD.

17. Which of the following is a common early sign of hypoxia in a patient?
a) Hyperactivity
b) Flushed skin
c) Restlessness
d) Hypotension
Answer: c) Restlessness

18. A patient with acute respiratory failure is prescribed non-invasive positive pressure ventilation (NPPV). Which of the following devices is commonly used for NPPV?
a) Venturi mask
b) High-flow nasal cannula
c) Endotracheal tube
d) BiPAP machine
Answer: d) BiPAP machine

19. The nurse is caring for a patient who underwent a thoracentesis. Which position should the nurse place the patient in during the procedure?
a) Supine with the head elevated
b) Trendelenburg position
c) Lateral recumbent position on the affected side
d) Sitting upright and leaning forward

Answer: d) Sitting upright and leaning forward

20. What is the primary purpose of pursed-lip breathing in patients with chronic lung conditions?

a) Improving speech and vocalization
b) Preventing aspiration
c) Enhancing oxygen intake
d) Promoting slow and controlled exhalation
Answer: d) Promoting slow and controlled exhalation

21. Which of the following chest X-ray findings is characteristic of pneumothorax?

a) Infiltrates in the lung fields
b) Pleural effusion
c) Flattened diaphragm
d) Air in the pleural space
Answer: d) Air in the pleural space

22. A patient with chronic respiratory insufficiency is prescribed long-term oxygen therapy. Which oxygen delivery system provides a precise oxygen concentration by mixing oxygen with room air?

a) Venturi mask
b) Nasal cannula
c) Simple face mask
d) Partial rebreather mask
Answer: a) Venturi mask

23. Which nursing intervention is essential when caring for a patient with a chest tube connected to a water-seal drainage system?

a) Strip the chest tube to maintain patency.
b) Keep the drainage collection chamber full at all times.
c) Change the chest tube dressing daily.
d) Ensure that the chest tube is free of dependent loops.
Answer: d) Ensure that the chest tube is free of dependent loops.

24. A patient with acute respiratory distress syndrome (ARDS) is experiencing decreased lung compliance and severe hypoxemia. What ventilatory mode is commonly used to minimize lung injury in this condition?

a) Assist-control ventilation (ACV)
b) Pressure support ventilation (PSV)
c) High-frequency oscillatory ventilation (HFOV)
d) Synchronized intermittent mandatory ventilation (SIMV)
Answer: c) High-frequency oscillatory ventilation (HFOV)

25. The nursing management of a patient with a tracheostomy includes all of the following except:

a) Regularly clean the inner cannula.
b) Change the tracheostomy ties every shift.
c) Provide humidification to the tracheostomy tube.
d) Keep an obturator at the bedside.

Answer: b) Change the tracheostomy ties every shift.

INFECTION CONTROL

1. The nurse is talking with a client about primary and secondary prevention of cancer. Which statements are examples of primary prevention? Select all that apply.

a) removing colon polyps to prevent colon cancer
b) limiting alcohol to no more than 1 ounce per day
c) colonoscopy at age 50 years and then every 10 years
d) yearly mammogram for all women older than 40 years
e) getting vaccinated against human papilloma virus (HPV)
f) eating a low-fat diet high in fiber, including fruits and Vegetables

Answer : a,b,d,e

2. The nurse is reviewing the facility's emergency preparedness plan. Which statement is true regarding emergency preparedness?

a) Nurses play supporting roles during and after a disaster or emergency.
b) The critical incident stress debriefing team analyzes what went wrong and what went right with the plan.
c) The administrative review meets with team members shortly after the event to promote effective coping strategies to staff.
d) Without stress management and intervention during and after an event, staff members are at risk of developing post-traumatic stress disorder (PTSD).

Answer : d

3. The nurse is educating a client on meningitis. Which statements would the nurse include in the teaching? Select all that apply.

a) The CDC recommends an initial vaccine at age 6 or upon entering first grade.
b) Immunocompromised clients and older adults are at increased risk of meningitis.
c) Viral meningitis is the most common type; typically, no organisms are isolated from CSF cultures.
d) Young preschool-age children have the highest rates of infection from life-threatening meningococcal infection.
e) A booster vaccine is given at age 11 or 12 to children living in crowded spaces, such as group homes or summer camps.

Answer : b,c

4. A nurse is preparing a sterile field for a client who is having a central venous catheter placed for IV therapy. Which action reflects a break in the sterile field?

a) The nurse uses sterile gloves to place objects on the sterile field.
b) The nurse stays near the sterile field at all times without turning away from it.
c) The nurse removes a sterile syringe from the sterile field using clean gloves but does not touch the sterile field itself.
d) The nurse opens a syringe, carefully peeling the wrapper away from the syringe without touching it so that it can be removed by a clinician wearing sterile gloves.

Answer : c

5. The nurse is caring for a client with limited mobility and rightsided paralysis. The nurse needs to pull the client up in the bed. Which statement reflects correct performance of this action?

a) The nurse stands behind the head of the bed, places her hands under the client's axillae, and pulls him up.
b) The nurse rolls the client to his left side, stands behind the head of the bed, and pulls the client up with the draw sheet.
c) The nurse places the bed in the Trendelenburg position and alternates pulling on each side of the draw sheet, maneuvering the client up in the bed.
d) The nurse calls for another nurse, places the client supine with arms folded across his chest, and each nurse pulls client up using both sides of the draw sheet at the same time.

Answer : d

6. The nurse sees a small fire in a trash can at the nurses' station. She retrieves the fire extinguisher. Which is the correct method to put out the fire?

a) pull the pin, squeeze the handles, aim at the top of the fire, and sweep downward to contain the flames
b) squeeze the handles firmly, aim hose at the top of the fire, and then spray downward in a sweeping motion until flames are extinguished
c) pull the pin, aim hose at the outside of the trash can, and coat it thoroughly to contain the fire before spraying flames inside trash can
d) pull the pin, aim the hose at the fire's base, squeeze the handles, and sweep from side to side slowly to ensure even coverage and extinguish flames

Answer : d

7. The nurse is preparing to administer Protonix 40 mg PO to a client. The medication dispenser system is out of the tablets, but the nurse realizes that he can override and pull out IV Protonix instead. The client has a patent IV, and the nurse decides this will save time instead of calling the pharmacy for the missing medication. Which of the six rights of medication administration has the nurse violated?

a) right dose

b) right time
c) right route
d) right patient
e) right medication
f) right documentation
Answer : c

8. The nurse is caring for a client with influenza. Which precautions would the nurse expect to be in place for this client?

a) contact
b) droplet
c) airborne
d) protective environment
Answer : b

9. A nurse is preparing to administer IV Rocephin for infection to a client. The client has a central venous line infusing blood but no other IV access. The blood still has 30 minutes left to infuse. The Rocephin is due now. How should the nurse proceed?

a) hold the Rocephin since it will be too late to give it after the blood completes infusing
b) draw up the Rocephin in a syringe after reconstitution and inject it into the blood bag so it can infuse with the blood
c) stop the blood, flush the line with 0.9% NS, administer the Rocephin, and then flush the line with the NS before restarting blood
d) allow the blood to finish infusing before giving Rocephin; the Rocephin will be administered during an acceptable time frame for "on time" administration
Answer : d

10. The nurse is setting up a room for an admission. Which equipment would the nurse remove from service and then notify maintenance? Select all that apply.

a) a bed that is missing a rail but is still usable
b) an IV pump with a current safety inspection sticker
c) a rolling recliner with all wheels in the fully locked position
d) a new extension cord for a radio that a previous client left behind
e) a feeding pump with a frayed electrical cord and a current safety inspection sticker
Answer : a,d,e

11. The nurse is caring for a client who is paralyzed on the left side due to a stroke. The unlicensed assistive personnel (UAP) is assisting the nurse with a bed bath. Which action by the UAP requires intervention by the nurse?

a) The UAP places dirty linen on the floor during the bed change.
b) The UAP first washes his hands and dons gloves before beginning the bath.
c) The UAP drapes the client for privacy and warmth during the course of the bath.
d) The UAP asks the client if she needs to use the bedpan before beginning the bath.

Answer : a

12. The nurse is preparing to perform suctioning on a client with a tracheostomy who is not on a mechanical ventilator. Which of the following actions by the nurse are appropriate? Select all that apply.

a) The nurse instills normal saline into the airway before suctioning.
b) The nurse applies intermittent suction for 15 seconds while pulling the catheter straight out.
c) The nurse hyperoxygenates the client with the manual resuscitation bag before suctioning.
d) The nurse quickly inserts the catheter during inspiration until resistance is met or the client coughs.
e) The nurse quickly inserts the catheter during expiration until resistance is met or the client coughs.
f) The nurse applies intermittent suction for 10 seconds while rotating the catheter back and forth between the dominant thumb and forefinger.

Answer : c,d

13. The nurse has given a client an injection and then notes that the sharps container is full. Which is the correct action by the nurse?

a) exchange the full container for a new one
b) place the syringe on top of the container so it will not roll off
c) force the syringe into the top of the container as well as it will fit
d) put the syringe into her pocket and dispose of it in another room

Answer : a

14. The nurse is caring for a client with a left pneumothorax and a water-seal chest tube. Which of the following indicates a need for further action by the nurse? Select all that apply.

a) The client is resting in a semi-Fowler's position.
b) The client is resting in a Trendelenburg's position.
c) The suction control chamber has constant gentle bubbling.
d) Constant bubbling is present in the water seal after clamping off suction.
e) Tidaling is present in the water seal chamber and corresponds to respiration.

Answer : b,d

15. The nurse is caring for a client who just returned from a supratentorial craniotomy, during which a large tumor was removed. Which of the following interventions by the nurse are appropriate for this client? Select all that apply.

a) elevate the head of the bed 30 degrees
b) elevate the head of the bed 90 degrees
c) monitor neurological status every 2 hours
d) monitor for signs of increased intracranial pressure

e) apply antiembolism stockings to the client once he is alert
f) turn the client every 2 hours from the operative side to the nonoperative side
Answer : a,d

16. The nurse is caring for a client with an internal cervical radiation implant. When performing morning care, the nurse notes the implant lying on the bed. Which nursing action should be done first ?

a) notify the health care provider
b) apply gloves and attempt to reinsert the implant
c) retrieve the implant with long-handled forceps and place into a lead container
d) don a lead apron and retrieve the implant with long handled forceps and place into a lead container
Answer : c

17. The nurse is supervising the unlicensed assistive personnel (UAP) while providing care for a client with an internal radioactive implant. Which action by the UAP requires immediate intervention by the nurse?

a) The UAP assists the client in setting up the meal tray.
b) The UAP wears a dosimeter badge while performing client care.
c) The UAP closes the door to the room upon entering and exiting.
d) The UAP places soiled linen in a laundry cart and takes it to the soiled utility area.
Answer : d

18. The nurse is preparing to administer metoprolol (Lopressor) to a new client. Which of the following actions by the nurse are correct? Select all that apply.

a) hold for a heart rate greater than 80 bpm
b) check the client's blood pressure and apical pulse
c) check the client's allergies before giving any Medications
d) verify the client's identity using two patient identifiers
e) tell the client not to take the medication with grapefruit Juice
Answer : b,c,d

19. The nurse is caring for a client with Guillain-Barre syndrome. Due to paralysis, the client is unable to press the call button with his finger. The nurse must make accommodations for this client to be able to call for help. Which action by the nurse is correct?

a) leave the client's door open and instruct him to yell loudly for help
b) ask a family member to stay around the clock so she can call for the client
c) round on the client as often as possible since there are no alternatives
d) utilize a call light adapter that will allow the client to call for help by turning his head to activate a special button
Answer : d

20. A nurse is educating a group of student nurses about proper body mechanics to prevent injury to the nurse. Which of the following would the nurse include in her teaching?

a) bend over from the waist to pick up objects
b) hold weight as close to the body as possible when carrying something heavy
c) when pulling a client up in bed, position the bed as low as possible to the floor
d) try to lift clients with only one nurse to assist to avoid taking too many nurses off the floor

Answer : b

21. A nurse is preparing to start an IV on a client. Which action by the nurse increases the risk of infection in this client?

a) The nurse washes his hands and applies gloves before starting the IV.
b) After placing the IV, the nurse removes his gloves and washes his hands.
c) The nurse prepares strips of tape to secure the IV and sticks them to the tray table.
d) The nurse cleans the area with alcohol or another approved skin cleanser and allows it to dry.

Answer : c

22. The nurse is teaching a group of parents with infants and toddlers about poisoning. Which information would the nurse include in her teaching? Select all that apply.

a) place all chemicals on a high shelf out of reach
b) do not induce vomiting if the child is unconscious
c) call the Poison Control Center before inducing vomiting
d) keep the number of the Poison Control Center near the phone
e) if the child ingests household cleaners or grease, induce vomiting

Answer : b,c,d

23. A home health nurse is visiting a client who is due for a dressing change for a diabetic foot ulcer. While at the client's home, the nurse notes open cleaning products sitting on the counter next to a plate of chicken. Which is the best response by the nurse?

a) notify the health care provider about the hazardous conditions found in the client's home
b) explain to the client that this situation is unsafe, then offer to check her home for other hazards she may not be aware of
c) perform the dressing change without commenting on the chemicals, then notify social services to intervene
d) do not say anything; the nurse is there to address the client's dressing change and not criticize the client's housekeeping

Answer : b

24. The nurse is teaching a family about safety from poisons. The nurse would include which statements in her teaching? Select all that apply.

a) "If someone accidentally ingests poison, try to induce vomiting unless the person is unconscious."
b) "If the person vomits, save the vomitus in case it is requested by the Poison Control Center or emergency department."
c) "Post the phone number of the Poison Control Center near the phone if you have small children."
d) "If the Poison Control Center recommends going to the hospital, drive as fast as you can safely do so."
e) "Older adults are at risk of accidentally overdosing on prescription medications due to poor eyesight or memory loss."

Answer : b,c,e

25. A nurse in the emergency department is notified that several critically injured clients will be coming in following the collapse of a high-rise apartment building. Which action by the nurse is the priority ?

a) notify the charge nurse to call in extra staff
b) activate the facility's emergency response plan
c) check the crash cart supplies and restock extra items
d) determine which current clients can be sent back to the waiting area

Answer : b

MOBILITY / AMBULATION

1. What is the primary goal of nursing care related to mobility?

a) Promote immobility to conserve energy
b) Prevent all patient movement to avoid injury
c) Facilitate safe and independent movement for patients
d) Restrict patients to bed rest at all times

Answer: c) Facilitate safe and independent movement for patients

2. Which factor can contribute to decreased mobility in patients?

a) Regular exercise
b) Adequate nutrition
c) Pain and discomfort
d) Hydration

Answer: c) Pain and discomfort

3. What does the Braden Scale assess in relation to mobility?

a) Nutritional status
b) Risk for pressure ulcers
c) Range of motion

d) Cognitive function
Answer: b) Risk for pressure ulcers

4. What is the purpose of range-of-motion (ROM) exercises in nursing care?
a) To restrict joint movement to prevent injury
b) To maintain or improve joint flexibility and prevent contractures
c) To immobilize patients completely
d) To promote independence in ambulation
Answer: b) To maintain or improve joint flexibility and prevent contractures

5. When assisting a patient with ambulation, what should the nurse do first?
a) Ask the patient to walk independently
b) Provide a gait belt for support and safety
c) Call for assistance from other healthcare providers
d) Instruct the patient to remain in bed
Answer: b) Provide a gait belt for support and safety

6. What is the purpose of a gait belt in ambulation?
a) To restrain the patient's movements
b) To provide privacy during ambulation
c) To assist in lifting and transferring patients
d) To promote stability and prevent falls
Answer: d) To promote stability and prevent falls

7. When should a nurse use proper body mechanics during patient handling and ambulation?
a) Only during emergencies
b) Only for patients who are critically ill
c) Always, to prevent injury to the nurse and patient
d) Never, as it is not essential in nursing care
Answer: c) Always, to prevent injury to the nurse and patient

8. Which nursing intervention is essential for a patient who is at risk for falls due to mobility issues?
a) Restrict the patient to bed rest
b) Administer sedative medications
c) Implement fall prevention strategies
d) Discharge the patient home immediately
Answer: c) Implement fall prevention strategies

9. What is the purpose of a walker as an assistive device for ambulation?
a) To prevent all patient movement
b) To provide a seat for resting during ambulation

c) To support the patient's weight and balance
d) To replace the need for a gait belt
Answer: c) To support the patient's weight and balance

10. Which healthcare team member is responsible for assessing and addressing a patient's mobility needs?
a) Physician only
b) Nurse only
c) Interdisciplinary team, including nurses, physical therapists, and occupational therapists
d) Family members only
Answer: c) Interdisciplinary team, including nurses, physical therapists, and occupational therapists

11. When turning a patient in bed, what principle of body mechanics should the nurse follow?
a) Keep the feet close together
b) Bend at the waist when lifting
c) Use the back muscles to lift
d) Pivot at the hips and use leg muscles
Answer: d) Pivot at the hips and use leg muscles

12. Which statement is true about proper body mechanics when lifting or transferring patients?
a) Bending at the waist is recommended for lifting.
b) Keep the feet far apart to maintain stability.
c) Use the back muscles to bear the weight.
d) Keep the patient close to your body when lifting.
Answer: d) Keep the patient close to your body when lifting.

13. What is the purpose of the "get up and go" test in assessing a patient's mobility?
a) To measure the patient's heart rate
b) To assess the patient's cognitive function
c) To evaluate the patient's risk of falls during ambulation
d) To assess the patient's lung capacity
Answer: c) To evaluate the patient's risk of falls during ambulation

14. When using a cane for ambulation, which side of the body should the nurse instruct the patient to hold the cane?
a) The same side as the affected limb
b) The opposite side of the affected limb
c) Either side, as it does not matter
d) Both sides simultaneously

Answer: b) The opposite side of the affected limb

15. What is the primary purpose of a powered or motorized wheelchair for patients with mobility impairments?
a) To eliminate the need for healthcare providers
b) To restrict the patient's movement
c) To provide exercise for the patient
d) To promote independence and mobility
Answer: d) To promote independence and mobility

16. When teaching a patient about safe ambulation, which technique should be emphasized for ascending stairs?
a) Leading with the stronger leg
b) Leading with the weaker leg
c) Skipping steps for efficiency
d) Holding onto the railing for support
Answer: b) Leading with the weaker leg

17. What is the primary purpose of a patient's use of crutches for ambulation?
a) To provide a seat for resting
b) To restrict movement completely
c) To support the patient's weight
d) To replace the need for a gait belt
Answer: c) To support the patient's weight

18. Which nursing intervention is essential for a patient in bed for an extended period to prevent complications?
a) Limiting fluid intake to reduce the need for bathroom breaks
b) Frequent repositioning and turning to prevent pressure ulcers
c) Encouraging the patient to remain in a static position
d) Administering sedatives to promote sleep
Answer: b) Frequent repositioning and turning to prevent pressure ulcers

19. What is the primary purpose of physical therapy in mobility and ambulation?
a) To discourage all patient movement
b) To provide emotional support only
c) To assess and improve the patient's physical mobility and function
d) To replace the need for assistive devices
Answer: c) To assess and improve the patient's physical mobility and function

20. What is the primary goal of fall risk assessments in nursing care?
a) To identify patients who can be left unattended
b) To predict the exact timing of patient falls

c) To implement interventions to prevent patient falls
d) To encourage patients to engage in risky activities
Answer: c) To implement interventions to prevent patient falls

21. Which patient is at the highest risk for falls and mobility issues?
a) A young and healthy adult
b) An older adult with a history of falls and impaired balance
c) A patient who refuses to use assistive devices
d) A patient who is ambulating independently
Answer: b) An older adult with a history of falls and impaired balance

22. What is the primary purpose of a sit-to-stand lift or mechanical lift in patient care?
a) To transport patients long distances within the facility
b) To restrict patient mobility
c) To promote safe patient transfers and prevent injury
d) To eliminate the need for healthcare providers
Answer: c) To promote safe patient transfers and prevent injury

23. Which assessment finding should alert the nurse to the need for immediate intervention to prevent falls?
a) The patient reports feeling tired
b) The patient's blood pressure is within normal limits
c) The patient has a history of falls and is unsteady on their feet
d) The patient is sitting in a chair
Answer: c) The patient has a history of falls and is unsteady on their feet

24. How can the nurse promote patient independence in mobility and ambulation?
a) Encourage the patient to remain in bed at all times
b) Limit the use of assistive devices
c) Provide education and support for safe self-mobility
d) Disregard the patient's preferences and beliefs
Answer: c) Provide education and support for safe self-mobility

25. What is the primary role of the nurse when assisting patients with mobility and ambulation?
a) Restrict patient movement to avoid injury
b) Promote patient independence and safety
c) Avoid discussing mobility issues with patients
d) Administer sedative medications to keep patients in bed
Answer: b) Promote patient independence and safety

ELIMINATION CARE

1. What is the primary function of the urinary system?

a) Regulation of body temperature
b) Production of hormones
c) Elimination of waste products from the body
d) Absorption of nutrients
Answer: c) Elimination of waste products from the body

2. Which organ is responsible for filtering waste products from the blood to form urine?

a) Liver
b) Kidneys
c) Lungs
d) Pancreas
Answer: b) Kidneys

3. Which condition occurs when the kidneys are unable to filter waste and excess fluids from the blood adequately?

a) Diabetes
b) Hypertension
c) Renal failure
d) Liver cirrhosis
Answer: c) Renal failure

4. What is the normal color of urine in a healthy individual?

a) Red
b) Yellow
c) Green
d) Clear
Answer: b) Yellow

5. Which of the following factors can influence urine color?

a) Emotional state
b) Height
c) Heart rate
d) Blood pressure
Answer: a) Emotional state

6. Which term describes the involuntary loss of urine?

a) Incontinence
b) Retention
c) Anuria
d) Oliguria

Answer: a) Incontinence

7. A patient is experiencing urinary retention. What does this mean?
a) The patient has excessive urine output.
b) The patient cannot empty the bladder completely.
c) The patient has blood in the urine.
d) The patient is unable to produce urine.
Answer: b) The patient cannot empty the bladder completely.

8. A nurse is assessing a patient with oliguria. What does this term refer to?
a) Frequent urination
b) Painful urination
c) Scanty or reduced urine output
d) Blood in the urine
Answer: c) Scanty or reduced urine output

9. A patient with polyuria may experience:
a) Frequent urination
b) Painful urination
c) Difficulty initiating urination
d) Complete lack of urine output
Answer: a) Frequent urination

10. What is nocturia?
a) Complete lack of urine output
b) Blood in the urine
c) Painful urination
d) Excessive urination at night
Answer: d) Excessive urination at night

11. Which condition refers to the inflammation of the bladder?
a) Pyelonephritis
b) Cystitis
c) Glomerulonephritis
d) Nephrolithiasis
Answer: b) Cystitis

12. What is the most common cause of urinary tract infections (UTIs)?
a) Viruses
b) Fungi
c) Bacteria
d) Parasites
Answer: c) Bacteria

13. A patient is diagnosed with nephrolithiasis. What is this condition?
a) Inflammation of the kidneys
b) Kidney stones
c) Infection of the bladder
d) Urinary incontinence
Answer: b) Kidney stones

14. A nurse is caring for a patient with end-stage renal disease (ESRD). What treatment is commonly required for ESRD?
a) Kidney transplant
b) Antibiotic therapy
c) Urinary catheterization
d) IV fluids
Answer: a) Kidney transplant

15. Which action should the nurse take when a patient has a urinary catheter in place?
a) Change the catheter daily to prevent infection.
b) Secure the catheter tubing to the patient's leg to prevent dislodgment.
c) Maintain a continuous drainage bag above the level of the bladder.
d) Encourage the patient to drink minimal fluids to reduce catheter use.
Answer: c) Maintain a continuous drainage bag above the level of the bladder.

16. A patient with chronic kidney disease may require dietary restrictions. What nutrient is often limited in the diet for such patients?
a) Protein
b) Fat
c) Carbohydrates
d) Fiber
Answer: a) Protein

17. Which of the following statements regarding urinary incontinence is true?
a) Urinary incontinence is a normal part of aging.
b) All types of incontinence can be treated the same way.
c) Lifestyle modifications rarely improve urinary incontinence.
d) Urinary incontinence can significantly impact a person's quality of life.
Answer: d) Urinary incontinence can significantly impact a person's quality of life.

18. A nurse is providing education to a patient with stress urinary incontinence. What type of exercises can help strengthen the pelvic floor muscles?
a) Jogging
b) Weightlifting
c) Kegel exercises
d) High-impact aerobics

Answer: c) Kegel exercises

19. Which nursing intervention can help promote urinary continence in elderly patients?

a) Encouraging the use of incontinence products at all times
b) Limiting fluid intake to reduce the risk of incontinence
c) Scheduling regular toileting times for the patient
d) Encouraging the use of indwelling urinary catheters
Answer: c) Scheduling regular toileting times for the patient

20. A nurse is caring for a patient with urinary incontinence. Which environmental modification can help prevent falls related to incontinence?

a) Keeping the patient's room dark to promote sleep
b) Placing throw rugs on the floor to improve comfort
c) Keeping the bathroom door closed to maintain privacy
d) Installing grab bars near the toilet and in the shower
Answer: d) Installing grab bars near the toilet and in the shower

21. Which intervention should the nurse implement for a patient with urinary retention?

a) Administering diuretics to increase urine output
b) Encouraging the patient to avoid toileting for extended periods
c) Inserting an indwelling urinary catheter to drain the bladder
d) Encouraging the patient to consume large quantities of caffeine
Answer: c) Inserting an indwelling urinary catheter to drain the bladder

22. A patient with chronic kidney disease is experiencing electrolyte imbalances. What electrolyte should the nurse closely monitor in this patient?

a) Sodium
b) Calcium
c) Potassium
d) Magnesium
Answer: c) Potassium

23. What is the primary function of the gastrointestinal (GI) system?

a) Filtration of waste products from the blood
b) Regulation of body temperature
c) Absorption of nutrients and water
d) Production of hormones
Answer: c) Absorption of nutrients and water

24. Which of the following conditions is characterized by inflammation of the liver?

a) Hepatitis

b) Cholecystitis
c) Pancreatitis
d) Cirrhosis
Answer: a) Hepatitis

25. A patient with cirrhosis may experience:
a) Increased appetite and weight gain
b) Jaundice and fluid retention
c) Elevated blood sugar levels
d) Hyperactivity and restlessness
Answer: b) Jaundice and fluid retention

ELDER CARE

1. Which term refers to the physical, emotional, and financial support provided to older adults in need?
a) Neonatal care
b) Pediatric care
c) Elder care
d) Adolescent care
Answer: C) Elder care

2. What is the primary goal of geriatric nursing?
a) Treating pediatric patients
b) Providing care for young adults
c) Promoting health and well-being in older adults
d) Focusing on mental health exclusively
Answer: C) Promoting health and well-being in older adults

3. What is a common cognitive disorder among the elderly, characterized by memory loss and cognitive decline?
a) Schizophrenia
b) Depression
c) Dementia
d) Bipolar disorder
Answer: C) Dementia

4. Which type of care is aimed at providing relief to primary caregivers of elderly individuals?
a) Respite care
b) Palliative care

c) Hospice care
d) Long-term care
Answer: A) Respite care

5. What is the best approach when communicating with an older adult who has hearing impairment?

a) Speak loudly and quickly
b) Use complex medical terminology
c) Face them and speak clearly and slowly
d) Avoid eye contact to reduce stress
Answer: C) Face them and speak clearly and slowly

6. Which is a common nutritional concern for the elderly population?

a) High calorie intake
b) Excessive caffeine consumption
c) Inadequate fluid intake
d) Low sodium diet
Answer: C) Inadequate fluid intake

7. What is a common age-related musculoskeletal disorder characterized by the thinning of bones and increased fracture risk?

a) Osteoarthritis
b) Rheumatoid arthritis
c) Osteoporosis
d) Gout
Answer: C) Osteoporosis

8. Which assessment tool is commonly used to determine cognitive function and screen for dementia in older adults?

a) ECG (Electrocardiogram)
b) MRI (Magnetic Resonance Imaging)
c) MMSE (Mini-Mental State Examination)
d) CBC (Complete Blood Count)
Answer: C) MMSE (Mini-Mental State Examination)

9. Which of the following is an important consideration when preventing pressure ulcers in older adults?

a) Keeping the skin moist at all times
b) Frequent rubbing to improve blood circulation
c) Repositioning regularly
d) Applying adhesive tapes directly to the skin
Answer: C) Repositioning regularly

10. What is the appropriate method for assisting an older adult with compromised mobility to walk safely?

a) Walk quickly to reach the destination faster
b) Hold their arm and walk slightly behind them
c) Use a wheelchair whenever possible to prevent falls
d) Allow them to walk independently without any assistance
Answer: B) Hold their arm and walk slightly behind them

11. What is the term for a sudden and significant decline in an older adult's cognitive abilities and function over a short period?

a) Dementia
b) Normal aging
c) Sundowning
d) Delirium
Answer: D) Delirium

12. Which of the following is a common age-related vision disorder characterized by the gradual loss of central vision?

a) Glaucoma
b) Cataracts
c) Macular degeneration
d) Retinopathy
Answer: C) Macular degeneration

13. What is the recommended approach for preventing falls in the elderly population?

a) Encourage high-intensity exercise
b) Keep the environment cluttered for mental stimulation
c) Use assistive devices, such as canes or walkers
d) Avoid hydration to prevent frequent bathroom trips
Answer: C) Use assistive devices, such as canes or walkers

14. Which of the following is an essential aspect of providing culturally sensitive care to older adults?

a) Ignoring cultural practices to maintain professionalism
b) Treating all patients the same regardless of cultural background
c) Understanding and respecting cultural differences
d) Avoiding communication about cultural beliefs
Answer: C) Understanding and respecting cultural differences

15. Which interdisciplinary team member specializes in helping patients manage and overcome speech and communication disorders?

a) Occupational therapist
b) Physical therapist

c) Speech-language pathologist
d) Social worker
Answer: C) Speech-language pathologist

16. What is the term for the comprehensive approach that focuses on managing pain and improving quality of life for patients with serious illnesses, including the elderly?
a) Palliative care
b) Curative care
c) Acute care
d) Preventive care
Answer: A) Palliative care

17. Which type of elder abuse involves the improper use of an older adult's funds, assets, or property without their consent?
a) Emotional abuse
b) Physical abuse
c) Financial abuse
d) Neglect
Answer: C) Financial abuse

18. What is the purpose of an advance directive in elder care?
a) To predict the exact future health status of the individual
b) To provide specific medical treatments without question
c) To outline the individual's wishes regarding medical care
d) To mandate invasive procedures at all times
Answer: C) To outline the individual's wishes regarding medical care

19. Which approach should be used to communicate with an older adult with cognitive impairment?
a) Speak loudly and use complex language
b) Avoid communication to prevent frustration
c) Use simple and familiar language with visual cues
d) Engage in lengthy discussions to stimulate memory
Answer: C) Use simple and familiar language with visual cues

20. Which type of elder care facility provides a higher level of medical care than assisted living but is not as intensive as a hospital?
a) Hospice care
b) Adult day care
c) Nursing home
d) Skilled nursing facility
Answer: D) Skilled nursing facility

21. Which assessment tool is commonly used to evaluate the risk of pressure ulcers in older adults?

a) Glasgow Coma Scale
b) Braden Scale
c) Katz Index of Independence in Activities of Daily Living
d) Barthel Index
Answer: B) Braden Scale

22. Which psychological disorder among the elderly is characterized by persistent feelings of sadness, hopelessness, and loss of interest?

a) Schizophrenia
b) Bipolar disorder
c) Depression
d) Anxiety disorder
Answer: C) Depression

23. What is the primary goal of hospice care?

a) To provide curative medical treatment
b) To offer short-term rehabilitation services
c) To manage pain and provide comfort in the final stages of life
d) To focus solely on psychological support
Answer: C) To manage pain and provide comfort in the final stages of life

24. Which strategy is effective for preventing medication errors in older adults with multiple medications?

a) Using unfamiliar drug brands to prevent interactions
b) Keeping medications in a single container to save space
c) Using a medication organizer with compartments for different times
d) Taking all medications at once in the morning
Answer: C) Using a medication organizer with compartments for different times

25. What is the purpose of an interprofessional care team in elder care?

a) To avoid collaboration between different healthcare professionals
b) To minimize the role of nurses in patient care
c) To improve coordination and communication among healthcare providers
d) To focus solely on medical interventions
Answer: C) To improve coordination and communication among healthcare providers

ASSESSMENT AND MONITORING

1. What is the primary purpose of a nursing assessment?

a) To bill the patient for healthcare services
b) To provide a diagnosis for the patient's condition
c) To identify the patient's health needs and formulate a care plan
d) To determine the patient's financial status
Answer: c) To identify the patient's health needs and formulate a care plan

2. Which type of data is considered subjective in a nursing assessment?

a) Vital signs
b) Laboratory results
c) Patient's complaints and feelings
d) Physical examination findings
Answer: c) Patient's complaints and feelings

3. What is the primary purpose of obtaining a patient's medical history during an assessment?

a) To determine the patient's financial status
b) To establish a diagnosis
c) To identify potential health risks and current health conditions
d) To bill the patient for healthcare services
Answer: c) To identify potential health risks and current health conditions

4. Which assessment technique involves tapping the patient's body to assess underlying structures and fluids?

a) Palpation
b) Percussion
c) Inspection
d) Auscultation
Answer: b) Percussion

5. When assessing a patient's respiratory rate, which range is considered normal for an adult at rest?

a) 10-20 breaths per minute
b) 20-30 breaths per minute
c) 30-40 breaths per minute
d) 40-50 breaths per minute
Answer: a) 10-20 breaths per minute

6. Which assessment method involves listening to internal body sounds, such as heart and lung sounds, using a stethoscope?

a) Palpation

b) Percussion
c) Inspection
d) Auscultation
Answer: d) Auscultation

7. What is the primary purpose of assessing a patient's pain level?
a) To determine the patient's financial status
b) To bill the patient for healthcare services
c) To evaluate the effectiveness of pain management interventions
d) To establish a diagnosis
Answer: c) To evaluate the effectiveness of pain management interventions

8. During a physical examination, which of the following is an example of an objective finding?
a) Patient's description of pain as "sharp and stabbing"
b) Patient's report of feeling anxious
c) Heart rate of 80 beats per minute
d) Patient's statement of "I have a headache."
Answer: c) Heart rate of 80 beats per minute

9. Which assessment method involves visually inspecting the patient's body and surroundings for physical signs and abnormalities?
a) Palpation
b) Percussion
c) Inspection
d) Auscultation
Answer: c) Inspection

10. Which of the following is an example of a nursing diagnosis?
a) Diabetes mellitus
b) Hypertension
c) Risk for impaired skin integrity
d) Pneumonia
Answer: c) Risk for impaired skin integrity

11. During a neurological assessment, which tool is commonly used to assess a patient's level of consciousness?
a) Otoscope
b) Snellen chart
c) Glasgow Coma Scale
d) Sphygmomanometer
Answer: c) Glasgow Coma Scale

12. Which of the following is NOT a component of the ABCDE assessment used in emergency nursing?

a) Airway
b) Breathing
c) Circulation
d) Disability
e) Endocrine
Answer: e) Endocrine

13. What is the primary purpose of a head-to-toe physical assessment?

a) To assess the patient's ability to pay for healthcare services
b) To establish a medical diagnosis
c) To identify any physical abnormalities or changes in the patient's condition
d) To determine the patient's insurance coverage
Answer: c) To identify any physical abnormalities or changes in the patient's condition

14. Which of the following is an example of a psychosocial assessment question?

a) "Do you have a history of heart disease?"
b) "Are you experiencing any pain?"
c) "How do you cope with stress?"
d) "What is your blood pressure reading?"
Answer: c) "How do you cope with stress?"

15. What is the primary purpose of assessing a patient's nutritional status?

a) To determine the patient's financial status
b) To bill the patient for healthcare services
c) To identify any nutritional deficiencies or excesses
d) To establish a medical diagnosis
Answer: c) To identify any nutritional deficiencies or excesses

16. During an abdominal assessment, which assessment technique involves listening for bowel sounds using a stethoscope?

a) Palpation
b) Percussion
c) Inspection
d) Auscultation
Answer: d) Auscultation

17. What is the primary purpose of assessing a patient's urine output?

a) To determine the patient's financial status
b) To bill the patient for healthcare services
c) To assess renal function and fluid balance
d) To establish a medical diagnosis
Answer: c) To assess renal function and fluid balance

18. During a musculoskeletal assessment, which assessment technique involves asking the patient to move their joints through a range of motions?

a) Palpation
b) Percussion
c) Inspection
d) Range of motion (ROM) testing
Answer: d) Range of motion (ROM) testing

19. Which assessment method involves gently touching and feeling the patient's body to assess for tenderness, masses, or abnormalities?

a) Palpation
b) Percussion
c) Inspection
d) Auscultation
Answer: a) Palpation

20. What is the primary purpose of assessing a patient's vital signs?

a) To determine the patient's financial status
b) To bill the patient for healthcare services
c) To monitor the patient's physiological status and overall health
d) To establish a medical diagnosis
e) Answer: c) To monitor the patient's physiological status and overall health

21. During a respiratory assessment, which assessment technique involves tapping the patient's chest to assess for lung density and resonance?

a) Palpation
b) Percussion
c) Inspection
d) Auscultation
Answer: b) Percussion

22. What is the primary purpose of assessing a patient's skin integrity?

a) To determine the patient's financial status
b) To bill the patient for healthcare services
c) To identify the risk of pressure ulcers or skin breakdown
d) To establish a medical diagnosis
Answer: c) To identify the risk of pressure ulcers or skin breakdown

23. During a cardiovascular assessment, which assessment technique involves listening for heart sounds using a stethoscope?

a) Palpation
b) Percussion

c) Inspection
d) Auscultation
Answer: d) Auscultation

24. What is the primary purpose of a focused assessment in nursing?
a) To determine the patient's financial status
b) To bill the patient for healthcare services
c) To gather specific information related to a particular health concern or system
d) To establish a medical diagnosis
Answer: c) To gather specific information related to a particular health concern or system

25. During a neurological assessment, which assessment technique involves assessing the patient's ability to follow commands, such as squeezing your hand or sticking out the tongue?
a) Palpation
b) Percussion
c) Inspection
d) Assessment of cranial nerves
Answer: d) Assessment of cranial nerves

ACTIVITIES OF DAILY LIVING (ADL)

1. What are ADLs in nursing?
a) Advanced Diagnostic Lab tests
b) Activities of Daily Living
c) Acute Disease Lifestyles
d) Aging Developmental Limitations
Answer: b) Activities of Daily Living

2. Which of the following is an example of an instrumental activity of daily living (IADL)?
a) Bathing
b) Dressing
c) Grocery shopping
d) Eating
Answer: c) Grocery shopping

3. What is the purpose of assessing a patient's ability to perform ADLs?
a) To determine the patient's age
b) To identify areas of independence and dependence
c) To diagnose medical conditions

d) To administer medication
Answer: b) To identify areas of independence and dependence

4. Which ADL involves the ability to safely move from a sitting to a standing position?
a) Bathing
b) Dressing
c) Transferring
d) Grooming
Answer: c) Transferring

5. Which of the following is a basic ADL?
a) Doing laundry
b) Managing finances
c) Feeding oneself
d) Using a telephone
Answer: c) Feeding oneself

6. What is the purpose of assessing a patient's ADLs in a nursing care plan?
a) To bill insurance companies
b) To determine the patient's favorite activities
c) To identify interventions to meet the patient's needs
d) To discharge the patient from the hospital
Answer: c) To identify interventions to meet the patient's needs

7. Which ADL includes activities such as brushing teeth and combing hair?
a) Bathing
b) Dressing
c) Grooming
d) Toileting
Answer: c) Grooming

8. Which of the following is an example of a cognitive impairment that may affect a patient's ability to perform ADLs?
a) Arthritis
b) Diabetes
c) Alzheimer's disease
d) Hypertension
Answer: c) Alzheimer's disease

9. In the Katz Index of Independence in Activities of Daily Living, how many areas of functioning are assessed?
a) 2
b) 5

c) 7
d) 10
Answer: b) 5

10. Which ADL involves the ability to get in and out of a bed or chair?
a) Bathing
b) Dressing
c) Transferring
d) Toileting
Answer: c) Transferring

11. What is the purpose of using assistive devices in ADL care?
a) To decrease patient independence
b) To minimize caregiver involvement
c) To promote patient safety and independence
d) To increase healthcare costs
Answer: c) To promote patient safety and independence

12. Which ADL involves the ability to control bowel and bladder functions?
a) Bathing
b) Dressing
c) Toileting
d) Grooming
Answer: c) Toileting

13. In the Lawton-Brody Instrumental Activities of Daily Living Scale (IADL), how many activities are typically assessed?
a) 2
b) 5
c) 7
d) 8
Answer: d) 8

14. Which ADL involves the ability to dress and undress, including putting on shoes and socks?
a) Bathing
b) Dressing
c) Toileting
d) Grooming
Answer: b) Dressing

15. What is the primary goal of rehabilitation in relation to ADLs?
a) To maximize independence and function

b) To keep patients bedridden
c) To restrict mobility
d) To decrease social interactions
Answer: a) To maximize independence and function

16. Which ADL includes the ability to wash the face, hands, and body?
a) Bathing
b) Dressing
c) Toileting
d) Grooming
Answer: a) Bathing

17. Which of the following is an example of an assistive device that can aid in bathing for individuals with limited mobility?
a) Toothbrush
b) Shower chair
c) Hairbrush
d) Nail clippers
Answer: b) Shower chair

18. Which ADL involves the ability to prepare and consume food?
a) Bathing
b) Dressing
c) Feeding
d) Toileting
Answer: c) Feeding

19. In ADL assessments, what does "mobility" refer to?
a) Ability to use a mobile phone
b) Ability to walk or move
c) Ability to use public transportation
d) Ability to access the internet
Answer: b) Ability to walk or move

20. Which ADL involves the ability to maintain personal hygiene after toileting?
a) Bathing
b) Dressing
c) Toileting
d) Grooming
Answer: d) Grooming

21. What is the purpose of assessing ADLs in geriatric nursing?
a) To discriminate against elderly patients
b) To promote independence and quality of life

c) To administer vaccines
d) To prevent ADLs
Answer: b) To promote independence and quality of life

22. In the Lawton-Brody IADL Scale, which activity assesses the ability to use the telephone?

a) Preparing meals
b) Managing medications
c) Handling finances
d) Using the telephone
Answer: d) Using the telephone

23. Which ADL involves the ability to bathe the lower body and feet, including washing between the toes?

a) Bathing
b) Dressing
c) Toileting
d) Grooming
Answer: a) Bathing

24. What is the primary purpose of an ADL flow sheet in nursing documentation?

a) To record the patient's favorite activities
b) To track changes in the patient's ADL status over time
c) To order assistive devices
d) To bill insurance companies
Answer: b) To track changes in the patient's ADL status over time

25. Which ADL involves the ability to eat independently, including using utensils?

a) Bathing
b) Dressing
c) Toileting
d) Feeding
Answer: d) Feeding

BEHAVIOURAL SCIENCES

1. Which of the following is NOT a component of the triadic reciprocal causation model?

a) Behavior
b) Environment
c) Genetics
d) Cognition
e) Answer: c) Genetics

2. Which theory suggests that behavior is learned through associations between stimuli and responses?

a) Operant conditioning
b) Social learning theory
c) Cognitive-behavioral theory
d) Classical conditioning
e) Answer: d) Classical conditioning

3. According to Abraham Maslow, which of the following is the highest level of need in his hierarchy of needs?

a) Safety needs
b) Love and belongingness needs
c) Esteem needs
d) Self-actualization needs
e) Answer: d) Self-actualization needs

4. Which of the following is an example of an extrinsic motivation?

a) Enjoyment of the task
b) Personal fulfillment
c) Internal satisfaction
d) Monetary reward
e) Answer: d) Monetary reward

5. The tendency to attribute one's successes to internal factors and failures to external factors is known as:

a) Self-serving bias
b) Fundamental attribution error
c) Halo effect
d) Confirmation bias
e) Answer: a) Self-serving bias

6. Which of the following brain structures is responsible for regulating emotions, especially fear and aggression?

a) Hypothalamus
b) Amygdala
c) Hippocampus
d) Prefrontal cortex
e) Answer: b) Amygdala

7. According to Erik Erikson's psychosocial development theory, which stage occurs during adolescence?

a) Trust vs. mistrust

b) Autonomy vs. shame and doubt
c) Initiative vs. guilt
d) Identity vs. role confusion
e) Answer: d) Identity vs. role confusion

8. What type of memory is responsible for storing information for a short period of time, typically lasting only a few seconds?
a) Sensory memory
b) Short-term memory
c) Long-term memory
d) Episodic memory
e) Answer: b) Short-term memory

9. The process of forming a close emotional bond between an infant and their primary caregiver is known as:
a) Socialization
b) Maturation
c) Assimilation
d) Attachment
e) Answer: d) Attachment

10. Which of the following is NOT one of the Big Five personality traits?
a) Extraversion
b) Neuroticism
c) Agreeableness
d) Intuition
e) Answer: d) Intuition

11. According to the Stanford Prison Experiment, what factor influenced participants to engage in abusive behavior?
a) Authoritarian personalities
b) Observational learning
c) Cognitive dissonance
d) Situational factors
e) Answer: d) Situational factors

12. Which of the following is an example of a defense mechanism identified by Sigmund Freud?
a) Self-actualization
b) Rationalization
c) Unconditional positive regard
d) Classical conditioning
e) Answer: b) Rationalization

13. Who is known for his research on obedience to authority and the Milgram experiment?

a) Stanley Milgram
b) Philip Zimbardo
c) Albert Bandura
d) B. F. Skinner
e) Answer: a) Stanley Milgram

14. Which of the following is NOT a primary color according to the subtractive color model?

a) Red
b) Green
c) Blue
d) Yellow
e) Answer: d) Yellow

15. According to Albert Bandura's social cognitive theory, which of the following factors plays a crucial role in observational learning?

a) Reinforcement
b) Punishment
c) Modeling
d) Extinction
e) Answer: c) Modeling

16. Which of the following is an example of a fixed-ratio schedule of reinforcement?

a) Getting paid for every hour worked
b) Winning a prize after every 10th attempt
c) Checking your phone randomly for new messages
d) Playing a slot machine at a casino
e) Answer: b) Winning a prize after every 10th attempt

17. The tendency to conform to a group's norms or expectations, even if it goes against one's own beliefs or values, is known as:

a) Obedience
b) Compliance
c) Groupthink
d) Conformity
e) Answer: d) Conformity

18. Which of the following is an example of a positive reinforcement?

a) Removing an unpleasant stimulus to increase a behavior
b) Adding an unpleasant stimulus to decrease a behavior

c) Adding a pleasant stimulus to increase a behavior
d) Removing a pleasant stimulus to decrease a behavior
e) Answer: c) Adding a pleasant stimulus to increase a behavior

19. According to Jean Piaget's theory of cognitive development, which stage is characterized by the ability to think logically and understand abstract concepts?
a) Sensorimotor stage
b) Preoperational stage
c) Concrete operational stage
d) Formal operational stage
e) Answer: d) Formal operational stage

20. The tendency to favor information that confirms our existing beliefs or hypotheses is known as:
a) Confirmation bias
b) Availability heuristic
c) Anchoring bias
d) Hindsight bias
e) Answer: a) Confirmation bias

21. Which of the following brain structures is involved in the formation and consolidation of long-term memories?
a) Hypothalamus
b) Cerebellum
c) Prefrontal cortex
d) Hippocampus
e) Answer: d) Hippocampus

22. Which of the following is an example of an intrinsic motivation?
a) External rewards
b) Fear of punishment
c) Personal interest in the task
d) Social approval
e) Answer: c) Personal interest in the task

23. According to Lawrence Kohlberg's theory of moral development, which stage is characterized by an emphasis on following the laws and rules set by authority figures?
a) Preconventional morality
b) Conventional morality
c) Postconventional morality
d) Preoperational morality
e) Answer: b) Conventional morality

24. The tendency to attribute the behavior of others to internal characteristics rather than external factors is known as:

a) Self-serving bias
b) Fundamental attribution error
c) Confirmation bias
d) Halo effect
e) Answer: b) Fundamental attribution error

25. According to Erik Erikson, which of the following stages occurs during early adulthood?

a) Trust vs. mistrust
b) Autonomy vs. shame and doubt
c) Generativity vs. stagnation
d) Identity vs. role confusion
e) Answer: c) Generativity vs. stagnation

BIOLOGICAL SCIENCES

1. Which of the following is the correct order of the cell cycle phases?

a) G1, S, G2, M
b) G1, G2, S, M
c) M, G1, S, G2
d) S, G1, G2, M
Answer: a) G1, S, G2, M

2. Which organelle is responsible for protein synthesis?

a) Mitochondria
b) Nucleus
c) Golgi apparatus
d) Ribosome
Answer: d) Ribosome

3. Photosynthesis primarily occurs in which part of a plant cell?

a) Nucleus
b) Mitochondria
c) Chloroplast
d) Vacuole
Answer: c) Chloroplast

4. Which of the following is responsible for breaking down cellular waste and debris?

a) Lysosomes

b) Endoplasmic reticulum
c) Golgi apparatus
d) Peroxisomes
Answer: a) Lysosomes

5. Which of the following is not a type of RNA?
a) Messenger RNA (mRNA)
b) Transfer RNA (tRNA)
c) Ribosomal RNA (rRNA)
d) Deoxyribonucleic acid (DNA)
Answer: d) Deoxyribonucleic acid (DNA)

6. Which of the following is an example of a monosaccharide?
a) Glucose
b) Sucrose
c) Lactose
d) Starch
Answer: a) Glucose

7. Which of the following is responsible for carrying oxygen in the bloodstream?
a) Red blood cells
b) White blood cells
c) Platelets
d) Plasma
Answer: a) Red blood cells

8. Which of the following is an example of an excretory organ in humans?
a) Liver
b) Stomach
c) Pancreas
d) Kidneys
Answer: d) Kidneys

9. Which of the following is the smallest unit of classification in biology?
a) Species
b) Genus
c) Kingdom
d) Phylum
Answer: a) Species

10. Which of the following is responsible for carrying genetic information in a cell?
a) RNA
b) Protein
c) DNA

d) Carbohydrate
Answer: c) DNA

11. Which of the following is an example of a renewable energy source?
a) Coal
b) Natural gas
c) Solar power
d) Nuclear power
Answer: c) Solar power

12. Which of the following is a function of the respiratory system?
a) Regulation of body temperature
b) Transport of oxygen
c) Digestion of food
d) Regulation of water balance
Answer: b) Transport of oxygen

13. Which of the following is responsible for the transmission of nerve impulses?
a) Neurons
b) Hormones
c) Antibodies
d) Enzymes
Answer: a) Neurons

14. Which of the following is an example of a dominant trait in humans?
a) Blue eyes
b) Attached earlobes
c) Brown hair
d) Blood type O
Answer: c) Brown hair

15. Which of the following is not a type of symbiotic relationship?
a) Mutualism
b) Parasitism
c) Commensalism
d) Predation
Answer: d) Predation

16. Which of the following is responsible for the breakdown of glucose to produce energy in cells?
a) Glycolysis
b) Photosynthesis
c) Krebs cycle
d) Electron transport chain

Answer: a) Glycolysis

17. Which of the following is an example of an endocrine gland in the human body?
a) Liver
b) Stomach
c) Thyroid
d) Lungs
Answer: c) Thyroid

18. Which of the following is responsible for the production of antibodies?
a) B cells
b) T cells
c) Red blood cells
d) Platelets
Answer: a) B cells

19. Which of the following is an example of a vestigial structure in humans?
a) Appendix
b) Heart
c) Lungs
d) Liver
Answer: a) Appendix

20. Which of the following is a characteristic of a prokaryotic cell?
a) Presence of a nucleus
b) Complex internal membrane system
c) Larger size compared to eukaryotic cells
d) Absence of membrane-bound organelles
Answer: d) Absence of membrane-bound organelles

21. Which of the following is a renewable natural resource?
a) Natural gas
b) Coal
c) Petroleum
d) Wind energy
Answer: d) Wind energy

22. Which of the following is an example of a decomposer in an ecosystem?
a) Grasshopper
b) Snake
c) Mushroom
d) Hawk
Answer: c) Mushroom

23. Which of the following is responsible for the synthesis of proteins in a cell?
a) Ribosomes
b) Endoplasmic reticulum
c) Golgi apparatus
d) Lysosomes
Answer: a) Ribosomes

24. Which of the following is a type of asexual reproduction?
a) Meiosis
b) Mitosis
c) Fertilization
d) Gametogenesis
Answer: b) Mitosis

25. Which of the following is the primary function of the urinary system?
a) Production of hormones
b) Regulation of body temperature
c) Elimination of waste products
d) Transport of oxygen
Answer: c) Elimination of waste products

MEDICAL EMERGENCY

1. Which of the following is a life-threatening condition characterized by the sudden cessation of effective breathing and circulation?
a) Myocardial infarction
b) Pulmonary embolism
c) Cardiac arrest
d) Stroke
Answer: c) Cardiac arrest

2. What is the first step in the management of a patient with suspected cardiac arrest?
a) Administering oxygen
b) Initiating cardiopulmonary resuscitation (CPR)
c) Checking for a pulse
d) Applying a defibrillator
Answer: b) Initiating cardiopulmonary resuscitation (CPR)

3. In CPR, what is the recommended compression-to-ventilation ratio for adults?
a) 30:2
b) 15:2
c) 10:1

d) 5:1
Answer: a) 30:2

4. Which medication is commonly administered during cardiac arrest to restore spontaneous circulation?
a) Aspirin
b) Nitroglycerin
c) Epinephrine
d) Atropine
Answer: c) Epinephrine

5. A patient experiencing anaphylaxis should be treated immediately with:
a) Intramuscular epinephrine
b) Intravenous antihistamines
c) Oral corticosteroids
d) Nebulized bronchodilators
Answer: a) Intramuscular epinephrine

6. The most common cause of upper airway obstruction in adults is:
a) Epiglottitis
b) Foreign body aspiration
c) Acute tonsillitis
d) Laryngeal edema
Answer: d) Laryngeal edema

7. When providing care for a patient in respiratory distress, the nurse should prioritize:
a) Administering supplemental oxygen
b) Assessing vital signs
c) Performing a respiratory assessment
d) Obtaining a detailed medical history
Answer: a) Administering supplemental oxygen

8. What is the primary goal of treatment for a patient with a suspected myocardial infarction?
a) Controlling pain
b) Preventing further myocardial damage
c) Restoring normal cardiac rhythm
d) Reducing blood pressure
Answer: b) Preventing further myocardial damage

9. Which medication is commonly administered to dissolve blood clots in patients with acute ischemic stroke?
a) Heparin

b) Warfarin
c) Alteplase
d) Aspirin
Answer: c) Alteplase

10. A sudden, severe headache, often described as the "worst headache of my life," is a characteristic symptom of:
a) Migraine headache
b) Cluster headache
c) Tension headache
d) Subarachnoid hemorrhage
Answer: d) Subarachnoid hemorrhage

11. Which of the following is an early sign of increased intracranial pressure (ICP)?
a) Dilated pupils
b) Decreased blood pressure
c) Bradycardia
d) Confusion
Answer: d) Confusion

12. Which of the following is a common medication used to reduce seizure activity in patients with epilepsy?
a) Phenytoin
b) Nitroglycerin
c) Metoprolol
d) Insulin
Answer: a) Phenytoin

13. In a patient with severe traumatic brain injury, which intervention is most important for preventing secondary brain injury?
a) Elevating the head of the bed
b) Administering osmotic diuretics
c) Maintaining adequate oxygenation
d) Applying ice packs to the head
Answer: c) Maintaining adequate oxygenation

14. Hypovolemic shock is characterized by:
a) Low blood pressure and high heart rate
b) High blood pressure and low heart rate
c) High blood pressure and high heart rate
d) Low blood pressure and low heart rate
Answer: a) Low blood pressure and high heart rate

15. A patient with septic shock is most likely to present with:
a) Hypothermia
b) Hypertension
c) Bradycardia
d) Hyperthermia
Answer: d) Hyperthermia

16. Which of the following is a classic sign of compartment syndrome?
a) Pitting edema
b) Pallor
c) Absent pulses
d) Severe pain out of proportion to injury
Answer: d) Severe pain out of proportion to injury

17. What is the initial treatment for a patient with a suspected tension pneumothorax?
a) Chest tube insertion
b) Needle decompression
c) Administration of supplemental oxygen
d) High-flow nasal cannula
Answer: b) Needle decompression

18. In a patient with acute coronary syndrome, which symptom is most concerning for an impending myocardial infarction?
a) Chest pain radiating to the left arm
b) Mild indigestion
c) Occasional shortness of breath
d) Fatigue after exertion
Answer: a) Chest pain radiating to the left arm

19. Which of the following is a potential complication of deep vein thrombosis (DVT)?
a) Pulmonary embolism
b) Myocardial infarction
c) Meningitis
d) Acute kidney injury
Answer: a) Pulmonary embolism

20. A patient with diabetic ketoacidosis (DKA) is most likely to present with:
a) Hypoglycemia
b) Acidosis
c) Hypernatremia
d) Hypotension
Answer: b) Acidosis

21. The primary treatment for anaphylactic shock includes:

a) Intravenous fluids
b) Inhaled bronchodilators
c) Antibiotics
d) Epinephrine
Answer: d) Epinephrine

22. Which of the following is a common cause of upper gastrointestinal bleeding?
a) Peptic ulcer disease
b) Diverticulosis
c) Crohn's disease
d) Cirrhosis
Answer: a) Peptic ulcer disease

23. The most common arrhythmia associated with sudden cardiac arrest is:
a) Ventricular fibrillation
b) Atrial fibrillation
c) Sinus bradycardia
d) Atrioventricular block
Answer: a) Ventricular fibrillation

24. Which of the following is an early sign of hypovolemic shock?
a) Tachycardia
b) Hypertension
c) Flushed skin
d) Increased urine output
Answer: a) Tachycardia

25. What is the first-line treatment for a patient with symptomatic bradycardia?
a) Atropine
b) Adenosine
c) Amiodarone
d) Epinephrine
Answer: a) Atropine

ONCOLOGY CARE

1. What is the most common type of cancer in women worldwide?
a) Breast cancer
b) Lung cancer
c) Colorectal cancer
d) Cervical cancer
Answer: a) Breast cancer

2. Which of the following is a warning sign of skin cancer?
a) Persistent cough
b) Unexplained weight loss
c) Change in mole size or color
d) Abdominal pain
Answer: c) Change in mole size or color

3. Which chemotherapy drug is commonly used to treat breast cancer?
a) Paclitaxel
b) Cyclophosphamide
c) Methotrexate
d) Vinblastine
Answer: a) Paclitaxel

4. What is the primary purpose of radiation therapy in cancer treatment?
a) To shrink tumors before surgery
b) To relieve cancer-related pain
c) To kill cancer cells
d) To prevent cancer recurrence
Answer: c) To kill cancer cells

5. Which of the following is a common side effect of chemotherapy?
a) Hypertension
b) Hyperglycemia
c) Diarrhea
d) Anemia
Answer: c) Diarrhea

6. Which organ is primarily affected by chronic lymphocytic leukemia (CLL)?
a) Liver
b) Lungs
c) Bone marrow
d) Kidneys
Answer: c) Bone marrow

7. What is the main purpose of palliative care in oncology nursing?
a) Cure cancer
b) Provide emotional support to patients
c) Manage pain and symptoms
d) Conduct cancer screenings
Answer: c) Manage pain and symptoms

8. Which of the following is a modifiable risk factor for developing cancer?
a) Age

b) Gender
c) Family history
d) Smoking
Answer: d) Smoking

9. Which of the following is a non-modifiable risk factor for developing cancer?
a) Physical inactivity
b) Exposure to radiation
c) Obesity
d) Genetic predisposition
Answer: d) Genetic predisposition

10. What is the recommended screening test for cervical cancer?
a) Mammogram
b) Colonoscopy
c) Pap smear
d) Prostate-specific antigen (PSA) test
Answer: c) Pap smear

11. Which of the following is a common side effect of radiation therapy?
a) Hair loss
b) Nausea and vomiting
c) Peripheral neuropathy
d) Neutropenia
Answer: a) Hair loss

12. What is the main purpose of a central venous catheter in oncology patients?
a) Administration of chemotherapy drugs
b) Monitoring blood pressure
c) Drainage of pleural effusion
d) Assessment of cardiac output
Answer: a) Administration of chemotherapy drugs

13. What is the primary cause of lung cancer?
a) Human papillomavirus (HPV)
b) Exposure to asbestos
c) Genetic mutations
d) Chronic obstructive pulmonary disease (COPD)
Answer: b) Exposure to asbestos

14. Which of the following is an early sign of prostate cancer?
a) Blood in urine
b) Difficulty urinating
c) Erectile dysfunction

d) Bone pain
Answer: b) Difficulty urinating

15. What is the purpose of a bone marrow transplant in cancer treatment?
a) To remove cancerous cells from the bone marrow
b) To stimulate the production of red blood cells
c) To replace diseased bone marrow with healthy stem cells
d) To prevent metastasis to the bones
Answer: c) To replace diseased bone marrow with healthy stem cells

16. Which of the following is a common side effect of immunotherapy?
a) Alopecia
b) Neuropathy
c) Hypothyroidism
d) Hypertension
Answer: c) Hypothyroidism

17. Which cancer is associated with the presence of Reed-Sternberg cells?
a) Hodgkin lymphoma
b) Non-Hodgkin lymphoma
c) Multiple myeloma
d) Leukemia
Answer: a) Hodgkin lymphoma

18. What is the primary symptom of bladder cancer?
a) Hematuria (blood in urine)
b) Abdominal pain
c) Jaundice
d) Swollen lymph nodes
Answer: a) Hematuria (blood in urine)

19. Which of the following is a primary prevention measure for skin cancer?
a) Regular self-examinations
b) Wearing sunscreen
c) Getting a mammogram
d) Genetic testing
Answer: b) Wearing sunscreen

20. Which of the following is a nursing intervention for a patient experiencing chemotherapy-induced nausea and vomiting?
a) Encouraging fluid intake during meals
b) Providing small, frequent meals
c) Administering antiemetic medications
d) Encouraging high-fat foods

Answer: c) Administering antiemetic medications

21. Which of the following is a common side effect of hormonal therapy in breast cancer patients?
a) Hot flashes
b) Peripheral neuropathy
c) Pulmonary fibrosis
d) Thrombocytopenia
Answer: a) Hot flashes

22. What is the primary purpose of a lumpectomy in breast cancer treatment?
a) To remove the entire breast
b) To remove the lymph nodes
c) To remove a small portion of the breast
d) To reconstruct the breast
Answer: c) To remove a small portion of the breast

23. What is the main purpose of sentinel lymph node biopsy in cancer treatment?
a) To determine the stage of cancer
b) To assess the response to treatment
c) To remove cancerous lymph nodes
d) To identify the first lymph node that cancer is likely to spread to
Answer: d) To identify the first lymph node that cancer is likely to spread to

24. Which of the following is a late sign of colorectal cancer?
a) Rectal bleeding
b) Change in bowel habits
c) Abdominal pain
d) Unexplained weight loss
Answer: d) Unexplained weight loss

25. Which of the following is an appropriate nursing intervention for a patient experiencing chemotherapy-induced neutropenia?
a) Encouraging physical activity
b) Avoiding fresh fruits and vegetables
c) Administering prophylactic antibiotics
d) Encouraging contact with individuals who are sick
Answer: c) Administering prophylactic antibiotics

ORTHOPAEDICS NURSING

1. What is the primary focus of orthopedic nursing?

a) Cardiovascular care
b) Respiratory care
c) Musculoskeletal care
d) Gastrointestinal care
Answer: c) Musculoskeletal care

2. Which type of fracture occurs when the bone penetrates the skin?
a) Closed fracture
b) Greenstick fracture
c) Compound fracture
d) Comminuted fracture
Answer: c) Compound fracture

3. When caring for a patient with a fracture, what is the first priority for the nurse?
a) Administering pain medication
b) Immobilizing the affected limb
c) Assessing for neurovascular compromise
d) Documenting the injury
Answer: c) Assessing for neurovascular compromise

4. What is the primary purpose of traction in orthopedic nursing care?
a) To immobilize the patient completely
b) To provide exercise for the patient
c) To prevent the patient from moving
d) To reduce and align fractures or dislocations
Answer: d) To reduce and align fractures or dislocations

5. What is the term for a break in a bone that has weakened due to underlying disease?
a) Greenstick fracture
b) Stress fracture
c) Pathologic fracture
d) Closed fracture
Answer: c) Pathologic fracture

6. Which assessment finding is concerning in a patient with a cast?
a) Skin around the cast is warm and dry
b) Capillary refill time is less than 2 seconds
c) The cast is snug but not too tight
d) The patient complains of numbness or tingling in the extremity
Answer: d) The patient complains of numbness or tingling in the extremity

7. What is the purpose of a splint in orthopedic nursing care?
a) To provide padding for comfort
b) To immobilize and support injured body parts

c) To promote free movement of the injured area
d) To encourage patients to bear weight on the injury
Answer: b) To immobilize and support injured body parts

8. Which type of cast is often used for fractures involving the wrist and forearm?
a) Short arm cast
b) Long arm cast
c) Short leg cast
d) Long leg cast
Answer: a) Short arm cast

9. What is the primary goal of postoperative nursing care for a patient who has undergone joint replacement surgery?
a) Immobilization of the joint
b) Promoting ambulation and rehabilitation
c) Administering high doses of pain medication
d) Restricting fluid intake
Answer: b) Promoting ambulation and rehabilitation

10. Which complication is a concern in patients who have undergone joint replacement surgery?
a) Improved joint function
b) Blood pressure normalization
c) Surgical site infection
d) Reduced mobility
Answer: c) Surgical site infection

11. What is the primary nursing intervention to prevent deep vein thrombosis (DVT) in postoperative orthopedic patients?
a) Immobilization of the affected limb
b) Administering anticoagulant medications
c) Restricting fluid intake
d) Avoiding any limb movement
Answer: b) Administering anticoagulant medications

12. What is the term for the surgical realignment of bones and joints?
a) Osteotomy
b) Arthroscopy
c) Amputation
d) Fracture reduction
Answer: a) Osteotomy

13. Which position is typically used for a patient recovering from hip replacement surgery?

a) Supine
b) Prone
c) Trendelenburg
d) Semi-Fowler's
Answer: a) Supine

14. What is the primary concern in a patient with a suspected hip fracture?

a) Respiratory function
b) Neurological status
c) Pain management
d) Maintaining hip joint mobility
Answer: c) Pain management

15. What is the primary purpose of an external fixator in orthopedic nursing care?

a) To provide padding for comfort
b) To immobilize and support injured body parts
c) To promote free movement of the injured area
d) To stabilize fractured bones and promote healing
Answer: d) To stabilize fractured bones and promote healing

16. Which type of orthopedic device is often used to treat scoliosis?

a) Cervical collar
b) Spica cast
c) Brace or orthosis
d) External fixator
Answer: c) Brace or orthosis

17. What is the primary goal of immobilization techniques in orthopedic nursing care?

a) To restrict the patient's mobility completely
b) To provide comfort and pain relief
c) To promote healing and prevent further injury
d) To encourage patients to bear weight on the injury
Answer: c) To promote healing and prevent further injury

18. When caring for a patient with a dislocated joint, what is the nurse's priority?

a) Applying heat to the joint
b) Administering pain medication
c) Reducing the joint and providing pain relief
d) Immobilizing the joint in its current position
Answer: c) Reducing the joint and providing pain relief

19. What is the primary purpose of a knee immobilizer in orthopedic nursing care?

a) To restrict all knee movement
b) To encourage unrestricted knee movement
c) To provide exercise for the knee
d) To immobilize and support the knee after injury or surgery
Answer: d) To immobilize and support the knee after injury or surgery

20. Which assessment finding indicates a possible musculoskeletal injury?
a) Clear breath sounds on auscultation
b) Soft and regular bowel sounds
c) Swelling, deformity, or bruising at the injury site
d) Normal blood pressure
Answer: c) Swelling, deformity, or bruising at the injury site

21. What is the primary goal of a continuous passive motion (CPM) machine in postoperative knee surgery?
a) To immobilize the knee
b) To promote active knee movement
c) To reduce pain after surgery
d) To restrict knee range of motion
Answer: b) To promote active knee movement

22. Which condition is characterized by the wearing away of joint cartilage, leading to joint pain and stiffness?
a) Osteoporosis
b) Osteomyelitis
c) Osteoarthritis
d) Rheumatoid arthritis
Answer: c) Osteoarthritis

23. What is the primary goal of joint aspiration in orthopedic nursing care?
a) To inject pain medication into the joint
b) To assess for joint infection or inflammation
c) To encourage patients to bear weight on the joint
d) To promote joint mobility
Answer: b) To assess for joint infection or inflammation

24. What is the term for a condition in which the bone loses density and becomes fragile?
a) Osteomyelitis
b) Osteoporosis
c) Osteoarthritis
d) Rheumatoid arthritis
Answer: b) Osteoporosis

25. What is the primary nursing intervention to prevent complications in a patient with a newly applied cast?

a) Applying pressure to the cast to speed up drying
b) Elevating the casted limb to reduce swelling
c) Cutting off the cast to assess the injury
d) Immobilizing the adjacent joints with splints
Answer: b) Elevating the casted limb to reduce swelling

POST-OPERATIVE CARE

1. Which of the following is the primary goal of post-operative care?

a) Prevent infection
b) Minimize pain
c) Promote wound healing
d) All of the above
Answer: d) All of the above

2. When should the nurse perform the initial post-operative assessment?

a) Within 2 hours after surgery
b) Within 24 hours after surgery
c) As soon as the patient is transferred to the recovery room
d) 48 hours after surgery
Answer: c) As soon as the patient is transferred to the recovery room

3. A post-operative patient suddenly develops shortness of breath, chest pain, and a drop in blood pressure. The nurse suspects a pulmonary embolism. What should be the immediate action?

a) Notify the physician
b) Elevate the legs
c) Administer pain medication
d) Place the patient in Trendelenburg position
Answer: a) Notify the physician

4. A patient who underwent abdominal surgery complains of constipation. What intervention can the nurse implement to alleviate this problem?

a) Administer a laxative without consulting the physician
b) Encourage the patient to ambulate and increase fluid intake
c) Restrict the patient's diet to clear liquids
d) Apply a warm compress to the abdomen
Answer: b) Encourage the patient to ambulate and increase fluid intake

5. Which of the following is the most common complication of post-operative patients, particularly in the elderly?

a) Pneumonia
b) Urinary tract infection
c) Wound dehiscence
d) Delirium
Answer: d) Delirium

6. A post-operative patient with a surgical wound is experiencing severe pain. What pain assessment scale is commonly used for patients who are unable to communicate effectively?

a) Numeric Rating Scale (NRS)
b) Visual Analog Scale (VAS)
c) Wong-Baker FACES Pain Rating Scale
d) FLACC Pain Scale
Answer: d) FLACC Pain Scale

7. When assessing a post-operative patient's incision site, the nurse notes redness, warmth, swelling, and purulent drainage. These are indicative of:

a) Normal healing process
b) Dehiscence
c) Infection
d) Seroma formation
Answer: c) Infection

8. What should the nurse do to prevent venous thromboembolism (VTE) in a post-operative patient?

a) Apply cold compresses to the lower extremities
b) Encourage leg exercises and early ambulation
c) Limit fluid intake to prevent edema
d) Elevate the legs above the heart level
Answer: b) Encourage leg exercises and early ambulation

9. A post-operative patient has a nasogastric tube in place. What is the primary purpose of a nasogastric tube after surgery?

a) To administer medication
b) To prevent vomiting and aspiration
c) To provide nutrition
d) To monitor blood glucose levels
Answer: b) To prevent vomiting and aspiration

10. A post-operative patient is receiving opioid pain medication and develops respiratory depression. What is the appropriate nursing intervention in this situation?

a) Increase the opioid dosage to control pain

b) Encourage the patient to take deep breaths
c) Administer naloxone (Narcan) as ordered
d) Place the patient in a supine position
Answer: c) Administer naloxone (Narcan) as ordered

11. A post-operative patient is prescribed anticoagulant medication (e.g., heparin) to prevent deep vein thrombosis (DVT). What should the nurse monitor closely while the patient is on anticoagulant therapy?
a) Blood pressure
b) Blood glucose levels
c) Platelet count
d) Signs of bleeding or hemorrhage
Answer: d) Signs of bleeding or hemorrhage

12. In post-operative care, what is the purpose of incentive spirometry?
a) To assess lung sounds and respiratory effort
b) To measure oxygen saturation levels
c) To prevent pneumonia and atelectasis
d) To evaluate the patient's lung capacity
Answer: c) To prevent pneumonia and atelectasis

13. A patient who underwent knee surgery is prescribed continuous passive motion (CPM) therapy. What is the main benefit of CPM?
a) Enhancing wound healing
b) Promoting early ambulation
c) Reducing pain and swelling
d) Strengthening the unaffected leg
Answer: c) Reducing pain and swelling

14. After a post-operative patient has been on bed rest for an extended period, the nurse should prioritize interventions to prevent which common complication?
a) Orthostatic hypotension
b) Deep vein thrombosis (DVT)
c) Hypertension
d) Hyperglycemia
Answer: b) Deep vein thrombosis (DVT)

15. A post-operative patient develops a fever on the third day after surgery. What is the most likely cause of the fever during this time frame?
a) Surgical site infection
b) Atelectasis
c) Normal post-operative response
d) Urinary tract infection

Answer: a) Surgical site infection

16. The nurse is caring for a post-operative patient who is at risk of developing pressure ulcers. Which intervention should the nurse implement to prevent pressure ulcers?

a) Massage the skin with lotion every 4 hours
b) Use a pressure-relieving mattress or cushion
c) Encourage the patient to sit for extended periods
d) Apply heating pads to bony prominences

Answer: b) Use a pressure-relieving mattress or cushion

17. What should the nurse teach a post-operative patient about the importance of early ambulation?

a) To reduce the risk of pneumonia and improve lung function
b) To minimize wound healing time
c) To increase the appetite and promote digestion
d) To avoid developing deep vein thrombosis (DVT)

Answer: a) To reduce the risk of pneumonia and improve lung function

18. A post-operative patient is experiencing persistent nausea and vomiting. What medication can the nurse administer to relieve these symptoms?

a) An antiemetic
b) An analgesic
c) An antipyretic
d) An anticoagulant

Answer: a) An antiemetic

19. A post-operative patient has a Jackson-Pratt drain in place. What is the purpose of this drain?

a) To drain urine from the bladder
b) To monitor intracranial pressure
c) To drain excess fluid from the surgical site
d) To monitor cardiac output

Answer: c) To drain excess fluid from the surgical site

20. A post-operative patient is prescribed a medication to promote bowel movements after abdominal surgery. What type of medication is most likely prescribed for this purpose?

a) Antihypertensive
b) Anticoagulant
c) Laxative
d) Antibiotic

Answer: c) Laxative

21. A post-operative patient is experiencing severe pain, and the physician has prescribed a narcotic analgesic. What should the nurse assess before administering the medication?

a) Blood pressure
b) Respiratory rate
c) Capillary refill time
d) Deep tendon reflexes
Answer: b) Respiratory rate

22. A post-operative patient is at risk of developing post-operative pneumonia. What nursing intervention can help prevent this complication?

a) Limiting fluid intake to reduce the risk of aspiration
b) Encouraging coughing and deep breathing exercises
c) Keeping the patient in a supine position to promote lung expansion
d) Administering oxygen only during ambulation
Answer: b) Encouraging coughing and deep breathing exercises

23. A post-operative patient is being discharged with a prescription for oral antibiotics. What should the nurse include in the discharge teaching about antibiotics?

a) Finish the entire course of antibiotics, even if symptoms improve
b) Stop taking antibiotics if gastrointestinal upset occurs
c) Take antibiotics with an empty stomach to enhance absorption
d) Double the dose if a dose is missed to catch up
Answer: a) Finish the entire course of antibiotics, even if symptoms improve

24. A patient who had a total hip replacement is being transferred from the bed to a chair. What is the correct nursing technique to safely perform this task?

a) Lift the patient alone to maintain proper body mechanics
b) Use a gait belt and assistive devices, if necessary, to help the patient stand up
c) Ask the patient to stand on one leg to minimize pressure on the surgical site
d) Move the patient quickly to prevent muscle stiffness
Answer: b) Use a gait belt and assistive devices, if necessary, to help the patient stand up

25. A post-operative patient is prescribed a blood thinner (e.g., warfarin) to prevent blood clots. What important teaching should the nurse provide regarding this medication?

a) Avoid foods high in vitamin K
b) Take the medication with a high-protein meal
c) Discontinue the medication if bruising occurs
d) Crush the tablets for easier administration
Answer: a) Avoid foods high in vitamin K

PRE-OPERATIVE CARE

1. The preoperative nurse is caring for a patient scheduled for surgery. Which of the following is the highest priority action for the nurse to take?

a) Administer preoperative medications as ordered.
b) Verify the patient's identity and surgical site.
c) Ensure the patient has signed the informed consent.
d) Assess the patient's vital signs.
Answer: b) Verify the patient's identity and surgical site.

2. During the preoperative assessment, the nurse notes that the patient has a history of latex allergy. What is the priority action by the nurse?

a) Notify the surgeon and anesthesia provider about the allergy.
b) Document the allergy in the patient's medical record.
c) Implement measures to prevent exposure to latex during surgery.
d) Assess the patient for symptoms of an allergic reaction.
Answer: a) Notify the surgeon and anesthesia provider about the allergy.

3. A patient scheduled for surgery is anxious and asks the nurse about the risks and benefits of the procedure. What is the nurse's best response?

a) "It's best not to worry about the risks. Focus on the benefits of the surgery."
b) "I will find the information for you and provide a detailed explanation."
c) "The surgeon will explain everything to you before the procedure."
d) "You shouldn't worry about the risks. The surgery is very safe."
Answer: b) "I will find the information for you and provide a detailed explanation."

4. The nurse is assessing a patient's preoperative laboratory results. Which result should be immediately reported to the healthcare provider?

a) Hemoglobin level of 12 g/dL
b) Platelet count of 250,000/mm^3
c) Potassium level of 3.8 mEq/L
d) International normalized ratio (INR) of 1.2
Answer: d) International normalized ratio (INR) of 1.2

5. A patient is scheduled for abdominal surgery in the morning. What is the appropriate nursing action regarding the patient's oral intake?

a) Allow the patient to have a light breakfast.
b) Allow the patient to have clear liquids up to 2 hours before surgery.
c) Withhold all oral intake after midnight.
d) Allow the patient to have a full meal up to 6 hours before surgery.
Answer: c) Withhold all oral intake after midnight.

6. The preoperative nurse is assessing a patient scheduled for surgery. Which of the following findings would require immediate intervention?

a) Blood pressure of 130/80 mmHg
b) Respiratory rate of 18 breaths per minute
c) Capillary refill time of 3 seconds
d) Temperature of 99.5°F (37.5°C)

Answer: c) Capillary refill time of 3 seconds

7. A patient scheduled for surgery expresses concerns about postoperative pain. What is the most appropriate nursing response?

a) "You won't feel any pain after the surgery."
b) "The doctor will order pain medication if you need it."
c) "Don't worry about the pain; it will be manageable."
d) "We'll work together to keep your pain under control."

Answer: d) "We'll work together to keep your pain under control."

8. During the preoperative assessment, the nurse identifies that the patient is on anticoagulant medication. What is the priority action by the nurse?

a) Hold the anticoagulant medication until after the surgery.
b) Notify the surgeon and anesthesia provider about the medication.
c) Administer the anticoagulant medication as scheduled.
d) Document the medication in the patient's medical record.

Answer: b) Notify the surgeon and anesthesia provider about the medication.

9. The preoperative nurse is teaching a patient about deep breathing exercises. Which statement by the patient indicates a need for further instruction?

a) "I should inhale through my nose and exhale through my mouth."
b) "I will perform the deep breathing exercises every hour."
c) "Taking deep breaths will help prevent pneumonia."
d) "I should cough forcefully after each deep breath."

Answer: d) "I should cough forcefully after each deep breath."

10. A patient is scheduled for a morning surgery. When providing preoperative teaching, the nurse instructs the patient to do which of the following?

a) Remove all jewelry before coming to the hospital.
b) Shower with antibacterial soap the night before surgery.
c) Brush the teeth and rinse with mouthwash on the morning of surgery.
d) Apply lotion to the surgical site on the day of the surgery.

Answer: b) Shower with antibacterial soap the night before surgery.

11. Which of the following is an important nursing intervention to prevent surgical site infections (SSIs) during the preoperative phase?

a) Administering prophylactic antibiotics as ordered.

b) Applying a warm compress to the surgical site.
c) Encouraging the patient to cough and deep breathe.
d) Monitoring the patient's blood glucose levels.
Answer: a) Administering prophylactic antibiotics as ordered.

12. The nurse is preparing a patient for surgery. Which action is essential for maintaining patient safety during the preoperative phase?
a) Ensuring the patient is NPO (nothing by mouth) as ordered.
b) Applying compression stockings to prevent deep vein thrombosis.
c) Administering a sedative to help the patient relax.
d) Providing preoperative teaching about the surgical procedure.
Answer: a) Ensuring the patient is NPO (nothing by mouth) as ordered.

13. A patient is scheduled for surgery. Which laboratory result requires immediate nursing intervention?
a) Sodium level of 140 mEq/L
b) Hemoglobin level of 12 g/dL
c) Potassium level of 4.2 mEq/L
d) Platelet count of 200,000/mm^3
Answer: d) Platelet count of 200,000/mm^3

14. The preoperative nurse is assessing a patient's medical history. Which condition is a contraindication for a surgical procedure?
a) Hypertension controlled with medication
b) Diabetes managed with oral hypoglycemics
c) History of allergic reactions to latex
d) Asthma well-controlled with inhalers
Answer: c) History of allergic reactions to latex

15. A patient is anxious about undergoing surgery. Which nursing intervention is most appropriate to alleviate the patient's anxiety?
a) Encouraging the patient to express their fears and concerns.
b) Providing the patient with detailed information about the surgical risks.
c) Administering an anxiolytic medication before surgery.
d) Minimizing communication about the surgery to reduce stress.
Answer: a) Encouraging the patient to express their fears and concerns.

16. Which of the following is an appropriate nursing action when preparing a patient for surgery?
a) Encouraging the patient to eat a heavy meal the night before surgery.
b) Administering anticoagulant medication just before the surgery.
c) Removing dentures or other removable oral devices before surgery.
d) Allowing the patient to wear jewelry and accessories during surgery.

Answer: c) Removing dentures or other removable oral devices before surgery.

17. A patient scheduled for surgery has a history of obstructive sleep apnea. What is the priority nursing action?

a) Assess the patient's oxygen saturation levels.
b) Monitor the patient's blood glucose levels.
c) Administer prophylactic antibiotics.
d) Encourage the patient to perform deep breathing exercises.
Answer: a) Assess the patient's oxygen saturation levels.

18. During the preoperative assessment, the nurse discovers that the patient is taking herbal supplements. What is the appropriate nursing action?

a) Continue to monitor the patient's vital signs.
b) Document the use of herbal supplements in the patient's medical record.
c) Instruct the patient to discontinue all herbal supplements immediately.
d) Inform the surgeon and anesthesia provider about the use of herbal supplements.
Answer: d) Inform the surgeon and anesthesia provider about the use of herbal supplements.

19. A patient is scheduled for surgery. Which preoperative teaching should the nurse provide regarding pain management?

a) "You may experience severe pain during the surgery."
b) "Pain medication will be withheld until after you're fully awake."
c) "You should avoid using any pain medication after the surgery."
d) "We will work together to manage your pain after the surgery."
Answer: d) "We will work together to manage your pain after the surgery."

20. The nurse is preparing a patient for surgery. Which action is essential to prevent perioperative hypothermia?

a) Administering antipyretic medication.
b) Providing warm blankets or a warming device.
c) Increasing the room temperature.
d) Restricting fluid intake.
Answer: b) Providing warm blankets or a warming device.

21. The preoperative nurse is caring for a patient who is at risk for deep vein thrombosis (DVT). Which intervention is essential for DVT prevention?

a) Administering prophylactic antibiotics.
b) Assisting the patient with early ambulation.
c) Applying cold compresses to the lower extremities.
d) Encouraging the patient to perform isometric exercises.
Answer: b) Assisting the patient with early ambulation.

22. The preoperative nurse is conducting a health history assessment. Which information is crucial to report to the surgical team?

a) The patient's history of seasonal allergies.
b) The patient's preference for a private hospital room.
c) The patient's recent travel to a foreign country.
d) The patient's dietary restrictions for religious reasons.
Answer: c) The patient's recent travel to a foreign country.

23. A patient scheduled for surgery asks the nurse about the risks and benefits of the procedure. What is the nurse's best response?

a) "The surgeon will discuss the risks and benefits with you."
b) "You don't need to worry about the risks; the procedure is safe."
c) "I can provide you with information about the risks and benefits."
d) "You should focus on the benefits and not dwell on the risks."
Answer: c) "I can provide you with information about the risks and benefits."

24. During the preoperative assessment, the nurse finds that the patient has an elevated blood pressure reading. What is the appropriate nursing action?

a) Administer prescribed antihypertensive medication.
b) Document the finding and recheck the blood pressure in 15 minutes.
c) Inform the surgeon and anesthesiologist about the blood pressure reading.
d) Withhold fluids until the blood pressure returns to normal.
Answer: c) Inform the surgeon and anesthesiologist about the blood pressure reading.

25. A patient is scheduled for surgery. Which instruction should the nurse provide regarding the removal of contact lenses before the procedure?

a) Remove the contact lenses right before entering the operating room.
b) Remove the contact lenses at home before coming to the hospital.
c) Remove the contact lenses once inside the operating room.
d) Wear the contact lenses during the surgery, if preferred.
Answer: b) Remove the contact lenses at home before coming to the hospital.

ANTENATAL CARE

1. What is the primary goal of antenatal nursing care?

a) Promoting infant feeding options
b) Preventing postpartum complications
c) Promoting maternal and fetal well-being
d) Educating parents about child development
Answer: c. Promoting maternal and fetal well-being

2. Which trimester of pregnancy is typically associated with the greatest weight gain for the mother?

a) First trimester
b) Second trimester
c) Third trimester
d) All trimesters equally
Answer: c. Third trimester

3. During a prenatal assessment, the nurse measures the fundal height. What is the fundal height used to assess?

a) Maternal weight gain
b) Fetal age and growth
c) Maternal blood pressure
d) Fetal heart rate
Answer: b. Fetal age and growth

4. Which prenatal screening test is performed around the 16th to 20th week of pregnancy to assess for neural tube defects and chromosomal abnormalities?

a) Amniocentesis
b) Chorionic villus sampling (CVS)
c) Nonstress test (NST)
d) Maternal serum alpha-fetoprotein (MSAFP) test
Answer: d. Maternal serum alpha-fetoprotein (MSAFP) test

5. Which of the following is a common discomfort experienced by pregnant women and is characterized by swelling of the hands and feet due to fluid retention?

a) Preterm labor
b) Gestational diabetes
c) Preeclampsia
d) Edema
Answer: d. Edema

6. What is the purpose of the Group B Streptococcus (GBS) screening test during pregnancy?

a) To assess for fetal abnormalities
b) To determine the baby's blood type
c) To identify a bacterial infection that can affect the newborn
d) To assess fetal lung maturity
Answer: c. To identify a bacterial infection that can affect the newborn

7. Which position is often recommended for pregnant women to sleep in to improve blood flow to the fetus and decrease the risk of supine hypotensive syndrome?

a) Supine

b) Right lateral
c) Left lateral
d) Prone
Answer: c. Left lateral

8. What is the purpose of administering Rh immune globulin (RhoGAM) to Rh-negative pregnant women?
a) To prevent maternal infections
b) To prevent Rh incompatibility and hemolytic disease of the newborn
c) To promote fetal growth
d) To relieve maternal discomfort
Answer: b. To prevent Rh incompatibility and hemolytic disease of the newborn

9. During a prenatal visit, a woman reports experiencing rhythmic contractions that are irregular and do not cause cervical dilation. What term is used to describe these contractions?
a) Braxton Hicks contractions
b) True labor contractions
c) Active labor contractions
d) Transition contractions
Answer: a. Braxton Hicks contractions

10. What is the typical schedule for prenatal visits during a low-risk pregnancy?
a) Every week during the first trimester, every two weeks during the second trimester, and every month during the third trimester
b) Every two weeks during the first trimester, every three weeks during the second trimester, and every week during the third trimester
c) Every month during the first trimester, every week during the second trimester, and every two weeks during the third trimester
d) Every three weeks during the first trimester, every month during the second trimester, and every two weeks during the third trimester
Answer: a. Every week during the first trimester, every two weeks during the second trimester, and every month during the third trimester

11. What is the purpose of the nuchal translucency ultrasound screening test during the first trimester of pregnancy?
a) To assess fetal lung maturity
b) To measure amniotic fluid volume
c) To screen for Down syndrome and other chromosomal abnormalities
d) To monitor uterine contractions
Answer: c. To screen for Down syndrome and other chromosomal abnormalities

12. Which hormone is responsible for maintaining the corpus luteum during early pregnancy, which in turn helps maintain the uterine lining and support the pregnancy?

a) Human chorionic gonadotropin (hCG)
b) Estrogen
c) Progesterone
d) Prolactin

Answer: a. Human chorionic gonadotropin (hCG)

13. A pregnant woman reports feeling a sudden gush of clear, watery fluid from her vagina. What should the nurse suspect based on this description?

a) Early labor
b) Urinary incontinence
c) Rupture of membranes (amniotic sac)
d) Vaginal infection

Answer: c. Rupture of membranes (amniotic sac)

14. Which prenatal vitamin and mineral supplement is commonly recommended to prevent neural tube defects in the developing fetus?

a) Iron
b) Calcium
c) Folate (folic acid)
d) Magnesium

Answer: c. Folate (folic acid)

15. What is the term for the procedure in which a healthcare provider collects a small sample of the amniotic fluid for genetic testing or assessment of fetal lung maturity?

a) Chorionic villus sampling (CVS)
b) Nonstress test (NST)
c) Amniocentesis
d) Fetal monitoring

Answer: c. Amniocentesis

16. A pregnant woman complains of sudden, severe pain and vaginal bleeding. The nurse should suspect which obstetric emergency?

a) Ectopic pregnancy
b) Placental abruption
c) Placenta previa
d) Preterm labor

Answer: b. Placental abruption

17. Which condition involves high blood pressure during pregnancy, along with proteinuria and edema, and can lead to serious complications for both the mother and baby?

a) Preeclampsia
b) Gestational diabetes
c) Eclampsia
d) Hyperemesis gravidarum
Answer: a. Preeclampsia

18. What is the primary purpose of the biophysical profile (BPP) ultrasound during the third trimester of pregnancy?

a) To determine fetal gender
b) To assess fetal movement and breathing
c) To diagnose maternal conditions
d) To estimate fetal weight
Answer: b. To assess fetal movement and breathing

19. What is the recommended daily intake of iron for pregnant women to prevent iron-deficiency anemia?

a) 5 mg
b) 10 mg
c) 18 mg
d) 30 mg
Answer: c. 18 mg

20. Which prenatal education topic is essential to teach pregnant women to reduce the risk of sudden infant death syndrome (SIDS)?

a) Breastfeeding techniques
b) Safe sleep practices
c) Neonatal resuscitation
d) Postpartum exercise routines
Answer: b. Safe sleep practices

21. What is the primary purpose of the Nonstress Test (NST) during pregnancy?

a) To monitor fetal heart rate and uterine contractions
b) To assess fetal lung maturity
c) To screen for gestational diabetes
d) To determine fetal gender
Answer: a. To monitor fetal heart rate and uterine contractions

22. During a prenatal visit, a pregnant woman reports severe abdominal pain and vaginal bleeding. The nurse should suspect which condition?

a) Ectopic pregnancy

b) Normal pregnancy discomfort
c) Fetal movement
d) Postpartum hemorrhage
Answer: a. Ectopic pregnancy

23. What is the purpose of the Glucose Tolerance Test (GTT) during pregnancy?
a) To assess fetal growth
b) To monitor amniotic fluid volume
c) To screen for gestational diabetes
d) To evaluate fetal lung maturity
Answer: c. To screen for gestational diabetes

24. A pregnant woman is Rh-negative and her partner is Rh-positive. What intervention is typically recommended to prevent Rh isoimmunization?
a) Early induction of labor
b) Administration of Rh immune globulin (RhoGAM)
c) Fetal monitoring
d) Maternal bed rest
Answer: b. Administration of Rh immune globulin (RhoGAM)

25. Which term is used to describe the process of the fetus moving into the birth canal in preparation for delivery?
a) Lightening
b) Braxton Hicks contractions
c) Crowning
d) Quickening
Answer: a. Lightening

INTRANATAL CARE

1. What is the primary goal of intrapartum nursing care?
a) Ensuring a comfortable birthing experience
b) Promoting postpartum bonding
c) Promoting maternal and fetal well-being during labor and childbirth
d) Monitoring neonatal reflexes
Answer: c. Promoting maternal and fetal well-being during labor and childbirth

2. What is the primary nursing intervention to promote adequate oxygenation for both the mother and the fetus during labor?
a) Encouraging the mother to hold her breath during contractions
b) Administering oxygen to the mother
c) Administering oxygen directly to the fetus

d) Applying cold compresses to the mother's forehead
Answer: b. Administering oxygen to the mother

3. During labor, the nurse observes meconium-stained amniotic fluid. What action should the nurse take immediately?

a) Document the finding in the medical record
b) Encourage the mother to push harder during contractions
c) Notify the healthcare provider and the neonatal team
d) Administer an epidural to relieve pain
Answer: c. Notify the healthcare provider and the neonatal team

4. Which stage of labor includes the birth of the baby and typically lasts from the complete dilation of the cervix to the birth of the baby?

a) First stage
b) Second stage
c) Third stage
d) Fourth stage
Answer: b. Second stage

5. What is the primary purpose of the Apgar score, which is assigned to a newborn shortly after birth?

a) To assess maternal well-being
b) To evaluate the baby's appearance and reflexes
c) To predict future developmental delays
d) To determine the baby's blood type
Answer: b. To evaluate the baby's appearance and reflexes

6. During the first stage of labor, contractions are measured in terms of frequency, duration, and intensity. What is the term for the period of time between the beginning of one contraction and the end of the same contraction?

a) Frequency
b) Duration
c) Intensity
d) Interval
Answer: b. Duration

7. Which labor position is often recommended to facilitate the descent and rotation of the baby through the birth canal and is associated with reduced pain and improved maternal-fetal outcomes?

a) Supine position
b) Lying on the back with legs elevated
c) Upright or hands-and-knees position
d) Semi-sitting position

Answer: c. Upright or hands-and-knees position

8. What is the primary nursing intervention to promote maternal comfort during the second stage of labor?

a) Administering pain medication
b) Encouraging the mother to push continuously
c) Offering relaxation techniques and pain management strategies
d) Administering oxygen to the mother
Answer: c. Offering relaxation techniques and pain management strategies

9. What is the term for the surgical incision made in the perineum to widen the vaginal opening during childbirth?

a) C-section incision
b) Episiotomy
c) Cesarean section
d) Epidural
Answer: b. Episiotomy

10. What is the primary nursing intervention during the third stage of labor, which begins immediately after the birth of the baby and ends with the expulsion of the placenta?

a) Administering pain medication
b) Monitoring fetal heart rate
c) Aiding in controlled cord traction and placental delivery
d) Encouraging the mother to push
Answer: c. Aiding in controlled cord traction and placental delivery

11. During labor, a nurse assesses the fetal heart rate patterns. What is considered a normal fetal heart rate range during labor?

a) 60-100 beats per minute
b) 100-120 beats per minute
c) 120-160 beats per minute
d) 160-180 beats per minute
Answer: c. 120-160 beats per minute

12. What is the primary purpose of continuous electronic fetal monitoring (EFM) during labor?

a) To measure contractions
b) To assess maternal vital signs
c) To monitor fetal heart rate patterns
d) To assess cervical dilation
Answer: c. To monitor fetal heart rate patterns

13. A laboring woman experiences a sudden gush of clear fluid from her vagina. What should the nurse suspect?

a) Uterine rupture
b) Placental abruption
c) Amniotic fluid rupture
d) Ectopic pregnancy
Answer: c. Amniotic fluid rupture

14. What is the primary nursing intervention to reduce the risk of perineal trauma during childbirth?

a) Administering epidural anesthesia
b) Performing an episiotomy
c) Encouraging the mother to push forcefully
d) Providing perineal support and controlled pushing
Answer: d. Providing perineal support and controlled pushing

15. During the second stage of labor, a woman experiences a strong urge to bear down. What is the term for this instinctual urge to push?

a) Crowning
b) Transition phase
c) Fetal ejection reflex
d) False labor
Answer: c. Fetal ejection reflex

16. Which medication may be administered during labor to relax the uterine muscles and slow down contractions in cases of preterm labor or fetal distress?

a) Oxytocin (Pitocin)
b) Magnesium sulfate
c) Epidural anesthesia
d) Terbutaline
Answer: d. Terbutaline

17. A laboring woman has been pushing for an extended period without progress. What intervention might the healthcare provider recommend to assess and possibly assist with fetal descent?

a) Cesarean section (C-section)
b) Vacuum extraction
c) Forceps delivery
d) Internal fetal monitoring
Answer: b. Vacuum extraction

18. What is the term for the softening and thinning of the cervix during labor to allow the passage of the baby?

a) Effacement
b) Dilation
c) Engagement
d) Station
Answer: a. Effacement

19. During labor, the nurse observes late decelerations on the fetal heart rate monitor. What should the nurse do first?
a) Administer oxygen to the mother
b) Document the findings
c) Change the mother's position
d) Notify the healthcare provider
Answer: c. Change the mother's position

20. In what position should the mother be placed immediately after childbirth to promote uterine contractions and prevent postpartum hemorrhage?
a) Upright or hands-and-knees position
b) Supine position
c) Semi-sitting position
d) Prone position
Answer: a. Upright or hands-and-knees position

21. A laboring woman is experiencing severe back pain and pressure. The nurse suspects that the baby is in what position?
a) Left occiput anterior (LOA)
b) Right occiput anterior (ROA)
c) Occiput posterior (OP)
d) Occiput transverse (OT)
Answer: c. Occiput posterior (OP)

22. During labor, the nurse notes bright red vaginal bleeding between contractions. What condition should the nurse suspect?
a) Normal variation in pregnancy
b) Placental abruption
c) Rupture of membranes
d) Ectopic pregnancy
Answer: b. Placental abruption

23. A laboring woman requests an epidural for pain relief. What is the primary nursing consideration before administering an epidural?
a) Assessing fetal heart rate
b) Obtaining informed consent
c) Monitoring maternal blood pressure

d) Providing oxygen supplementation
Answer: b. Obtaining informed consent

24. What is the primary nursing intervention to promote effective uterine contractions during labor?
a) Encouraging the mother to walk around
b) Administering tocolytic medications
c) Providing intravenous (IV) fluids
d) Maintaining hydration and electrolyte balance
Answer: d. Maintaining hydration and electrolyte balance

25. A laboring woman is experiencing frequent contractions but minimal cervical dilation. What term is used to describe this condition, which can prolong labor?
a) Precipitous labor
b) Prodromal labor
c) Hypertonic uterine dysfunction
d) Hypotonic uterine dysfunction
Answer: d. Hypotonic uterine dysfunction

POST NATAL CARE

1. What is the typical duration of the postnatal period?
a) 2 weeks
b) 4 weeks
c) 6 weeks
d) 8 weeks
Answer: C) 6 weeks

2. Which hormone stimulates milk production in the postpartum period?
a) Progesterone
b) Estrogen
c) Prolactin
d) Oxytocin
Answer: C) Prolactin

3. Which vital sign should be monitored closely in the postpartum period due to the risk of hemorrhage?
a) Blood pressure
b) Heart rate
c) Respiratory rate
d) Temperature
Answer: B) Heart rate

4. What is the primary purpose of fundal height measurement in postnatal care?
a) Assessing bladder distention
b) Evaluating uterine involution
c) Monitoring fetal heart rate
d) Determining postpartum depression risk
Answer: B) Evaluating uterine involution

5. A new mother complains of severe perineal pain. What intervention should the nurse recommend?
a) Apply ice packs to the perineum
b) Massage the perineum with warm oil
c) Administer oral pain medication
d) Perform perineal exercises
Answer: A) Apply ice packs to the perineum

6. When should the nurse encourage a new mother to initiate breastfeeding?
a) Within 12 hours of delivery
b) After 24 hours of delivery
c) After 48 hours of delivery
d) After 72 hours of delivery
Answer: A) Within 12 hours of delivery

7. What is the most common postpartum infection?
a) Mastitis
b) Endometritis
c) Cystitis
d) Ovarian abscess
Answer: B) Endometritis

8. Which of the following contraceptive methods is not recommended immediately after childbirth?
a) Intrauterine device (IUD)
b) Oral contraceptives
c) Condoms
d) Tubal ligation
Answer: B) Oral contraceptives

9. What is the purpose of the Rubella vaccination during the postnatal period?
a) Preventing neonatal infections
b) Boosting maternal immunity
c) Preventing rubella in future pregnancies
d) Reducing postpartum bleeding

Answer: C) Preventing rubella in future pregnancies

10. Which assessment finding in a postpartum woman should be reported immediately to the healthcare provider?

a) Lochia serosa on day 2 postpartum
b) Fundus palpable at the umbilicus on day 1 postpartum
c) Blood pressure of 130/80 mm Hg
d) Respiratory rate of 20 breaths per minute
Answer: B) Fundus palpable at the umbilicus on day 1 postpartum

11. Which postnatal complication is characterized by sudden-onset, severe headache, visual disturbances, and hypertension?

a) Postpartum depression
b) Puerperal sepsis
c) Preeclampsia
d) Postpartum hemorrhage
Answer: C) Preeclampsia

12. Which of the following is a potential sign of postpartum depression?

a) Increased appetite
b) Euphoria
c) Insomnia
d) High energy levels
Answer: C) Insomnia

13. When should the first postpartum check-up with a healthcare provider typically occur?

a) 2 weeks postpartum
b) 4 weeks postpartum
c) 6 weeks postpartum
d) 8 weeks postpartum
Answer: C) 6 weeks postpartum

14. What is the primary purpose of perineal care in the postnatal period?

a) Preventing urinary incontinence
b) Reducing vaginal infections
c) Promoting comfort and hygiene
d) Facilitating sexual activity
Answer: C) Promoting comfort and hygiene

15. Which condition is characterized by redness, warmth, and pain in the breast, often accompanied by fever and flu-like symptoms?

a) Mastitis

b) Engorgement
c) Plugged milk duct
d) Breast abscess
Answer: A) Mastitis

16. A postpartum woman complains of intense itching on the palms of her hands and the soles of her feet. Which condition should the nurse suspect?
a) Postpartum depression
b) Intrahepatic cholestasis of pregnancy (ICP)
c) Mastitis
d) Postpartum hemorrhage
Answer: B) Intrahepatic cholestasis of pregnancy (ICP)

17. Which postpartum exercise is effective for strengthening the pelvic floor muscles?
a) Jogging
b) Sit-ups
c) Kegel exercises
d) Jumping jacks
Answer: C) Kegel exercises

18. Which type of lochia is expected to be red or pink and last for 3-4 days after childbirth?
a) Lochia alba
b) Lochia rubra
c) Lochia serosa
d) Lochia purulenta
Answer: B) Lochia rubra

19. When assessing a postpartum woman's fundus, where should the nurse expect to find it on the first day after delivery?
a) 1 cm above the umbilicus
b) At the level of the umbilicus
c) 1 cm below the umbilicus
d) 2 cm below the umbilicus
Answer: A) 1 cm above the umbilicus

20. What is the primary purpose of administering Rh immunoglobulin (RhIg) to Rh-negative mothers after childbirth?
a) Preventing postpartum infection
b) Reducing postpartum bleeding
c) Preventing Rh isoimmunization
d) Promoting milk production
Answer: C) Preventing Rh isoimmunization

21. Which of the following actions is essential for preventing postpartum hemorrhage?
a) Encouraging ambulation as soon as possible
b) Administering a diuretic to reduce fluid retention
c) Delaying the administration of oxytocin
d) Discouraging breastfeeding in the first 24 hours
Answer: A) Encouraging ambulation as soon as possible

22. What should the nurse recommend to a postpartum woman experiencing constipation?
a) High-fiber diet and increased fluid intake
b) Restricting fluid intake to prevent water retention
c) Avoiding fruits and vegetables
d) Laxative use for immediate relief
Answer: A) High-fiber diet and increased fluid intake

23. When teaching postnatal care to a new mother, which behavior indicates a need for further instruction?
a) Proper handwashing before handling the newborn
b) Allowing the newborn to sleep on their back
c) Using a rear-facing car seat for transportation
d) Placing the infant to sleep on a soft surface
Answer: D) Placing the infant to sleep on a soft surface

24. What is the primary nursing intervention for preventing postpartum infection?
a) Administering prophylactic antibiotics
b) Encouraging the use of scented soap for bathing
c) Promoting hand hygiene among healthcare providers
d) Limiting visitors to the postpartum unit
Answer: C) Promoting hand hygiene among healthcare providers

25. Which postpartum complication is characterized by excessive bleeding within the first 24 hours after childbirth?
a) Preeclampsia
b) Placental abruption
c) Postpartum hemorrhage
d) Puerperal sepsis
Answer: C) Postpartum hemorrhage

CARE OF NEW BORN

1. What is the recommended position for placing a newborn to sleep to reduce the risk of sudden infant death syndrome (SIDS)?

a) Prone (on the stomach)
b) Supine (on the back)
c) Left lateral
d) Right lateral
Answer: B) Supine (on the back)

2. Which assessment finding in a newborn requires immediate medical attention?
a) Respiratory rate of 40 breaths per minute
b) Heart rate of 140 beats per minute
c) Cyanosis of the hands and feet
d) Weight loss of 5% in the first few days of life
Answer: A) Respiratory rate of 40 breaths per minute

3. What is the primary purpose of administering vitamin K to a newborn shortly after birth?
a) Promoting brain development
b) Preventing neonatal infections
c) Reducing the risk of bleeding disorders
d) Enhancing growth and development
Answer: C) Reducing the risk of bleeding disorders

4. What is the expected normal range for a newborn's heart rate?
a) 60-80 beats per minute
b) 100-120 beats per minute
c) 140-160 beats per minute
d) 180-200 beats per minute
Answer: C) 140-160 beats per minute

5. Which action is essential when providing thermoregulation for a newborn?
a) Keeping the room temperature above 80°F (27°C)
b) Keeping the newborn in a diaper only
c) Placing the newborn on a cold surface for short periods
d) Ensuring skin-to-skin contact with the mother
Answer: D) Ensuring skin-to-skin contact with the mother

6. What is the primary reason for delayed cord clamping in the immediate postpartum period?
a) To prevent infection
b) To promote bonding between the mother and newborn
c) To increase the risk of jaundice
d) To allow for placental blood transfusion
Answer: D) To allow for placental blood transfusion

7. Which newborn reflex involves the baby's toes spreading out when the sole of the foot is touched?

a) Rooting reflex
b) Babinski reflex
c) Moro reflex
d) Grasp reflex
Answer: B) Babinski reflex

8. What is the primary nursing intervention to prevent hyperbilirubinemia (jaundice) in a breastfed newborn?

a) Encourage the use of pacifiers
b) Limit breastfeeding to once every 4 hours
c) Promote frequent breastfeeding
d) Avoid skin-to-skin contact with the mother
Answer: C) Promote frequent breastfeeding

9. When should the first bowel movement (meconium) typically occur in a newborn?

a) Within the first 24 hours after birth
b) Within 48-72 hours after birth
c) After the first week of life
d) After the first month of life
Answer: B) Within 48-72 hours after birth

10. What is the primary purpose of the Apgar score assessment for newborns?

a) Determining the newborn's gender
b) Assessing the newborn's respiratory status and overall condition
c) Evaluating the newborn's weight and length
d) Measuring the newborn's head circumference
Answer: B) Assessing the newborn's respiratory status and overall condition

11. Which condition is characterized by yellowing of the skin and eyes in a newborn due to elevated bilirubin levels?

a) Anemia
b) Hypoglycemia
c) Jaundice
d) Dehydration
Answer: C) Jaundice

12. What is the primary purpose of vitamin D supplementation for breastfed newborns?

a) Promoting weight gain
b) Preventing allergies
c) Enhancing brain development
d) Preventing rickets

Answer: D) Preventing rickets

13. How often should a newborn be fed in the first few days of life?
a) Every 6 hours
b) Every 8 hours
c) On demand, approximately 8-12 times per day
d) Once a day
Answer: C) On demand, approximately 8-12 times per day

14. Which assessment finding in a newborn may indicate a congenital heart defect?
a) Pink lips and tongue
b) Rapid weight gain
c) Cyanosis of the lips and nail beds
d) Active rooting reflex
Answer: C) Cyanosis of the lips and nail beds

15. What is the primary nursing intervention for preventing newborn abduction in the hospital?
a) Keep the nursery door locked at all times.
b) Allow unrestricted access to the maternity ward.
c) Match the baby's identification band with the mother's identification band.
d) Do not use identification bands to avoid distressing the baby.
Answer: C) Match the baby's identification band with the mother's identification band.

16. Which newborn reflex involves the baby turning its head and mouth toward any cheek that is stroked?
a) Rooting reflex
b) Babinski reflex
c) Moro reflex
d) Grasp reflex
Answer: A) Rooting reflex

17. What is the primary purpose of the fontanelles (soft spots) on a newborn's head?
a) To allow for head growth and flexibility
b) To regulate body temperature
c) To facilitate breastfeeding
d) To protect the brain from injury
Answer: A) To allow for head growth and flexibility

18. When is it safe to introduce solid foods to a newborn's diet?
a) At 1 month of age
b) At 3 months of age
c) At 6 months of age

d) At 9 months of age
Answer: C) At 6 months of age

19. What is the primary purpose of the vernix caseosa on a newborn's skin?
a) To provide insulation
b) To facilitate breathing
c) To protect the skin from infection
d) To promote bonding with the mother
Answer: C) To protect the skin from infection

20. How can a nurse assist a breastfeeding mother with engorgement?
a) Encourage the mother to skip breastfeeding sessions.
b) Apply ice packs to the breasts before breastfeeding.
c) Advise the mother to express milk between feedings.
d) Recommend formula feeding to relieve engorgement.
Answer: C) Advise the mother to express milk between feedings.

21. Which condition is characterized by abnormal or difficult breathing patterns in a newborn?
a) Meconium aspiration syndrome
b) Sepsis
c) Hypoglycemia
d) Anemia
Answer: A) Meconium aspiration syndrome

22. What is the primary purpose of the heel-stick test (heel-prick) performed on newborns?
a) To assess the baby's respiratory status
b) To check for congenital heart defects
c) To screen for metabolic and genetic disorders
d) To determine the baby's blood type
Answer: C) To screen for metabolic and genetic disorders

23. Which newborn reflex involves the baby's arms and legs extending outward when startled?
a) Rooting reflex
b) Babinski reflex
c) Moro reflex
d) Grasp reflex
Answer: C) Moro reflex

24. What is the primary goal of neonatal resuscitation?
a) Promoting rapid weight gain

b) Maintaining a warm environment
c) Supporting the baby's transition to extrauterine life
d) Ensuring a quiet and stress-free environment
Answer: C) Supporting the baby's transition to extrauterine life

25. When should a newborn's first bath typically be given?
a) Immediately after birth
b) Within the first hour after birth
c) On the second day after birth
d) On the third day after birth
Answer: C) On the second day after birth

OBSTETRIC EMERGENCIES

1. What is the primary clinical manifestation of placenta previa?
a) Uterine atony
b) Severe abdominal pain
c) Vaginal bleeding
d) Hypertension
Answer: C) Vaginal bleeding

2. Which condition is characterized by a sudden, severe headache, visual disturbances, and elevated blood pressure during pregnancy?
a) Ectopic pregnancy
b) Preeclampsia
c) Placental abruption
d) Gestational diabetes
Answer: B) Preeclampsia

3. What is the immediate nursing priority when caring for a pregnant woman with an umbilical cord prolapse?
a) Administering pain medication
b) Elevating the woman's legs
c) Placing the woman in a Trendelenburg position
d) Reducing umbilical cord compression
Answer: D) Reducing umbilical cord compression

4. Which condition is characterized by severe pelvic pain, heavy bleeding, and a uterus that is firm and tender?
a) Placental abruption
b) Preeclampsia
c) Uterine rupture

d) Ectopic pregnancy
Answer: A) Placental abruption

5. What is the primary intervention for a woman with eclampsia?
a) Administering anticoagulants
b) Administering magnesium sulfate
c) Providing intravenous (IV) fluids
d) Initiating labor induction
Answer: B) Administering magnesium sulfate

6. Which maternal condition can lead to the development of disseminated intravascular coagulation (DIC) during pregnancy?
a) Preeclampsia
b) Gestational diabetes
c) Placenta previa
d) Ectopic pregnancy
Answer: A) Preeclampsia

7. What is the primary goal in the management of a pregnant woman with an ectopic pregnancy?
a) Administering antibiotics
b) Administering oxytocin
c) Surgical removal of the ectopic pregnancy
d) Administering anticoagulants
Answer: C) Surgical removal of the ectopic pregnancy

8. Which condition is characterized by a severe, persistent headache, blurred vision, and epigastric pain in pregnancy?
a) Placental abruption
b) Ectopic pregnancy
c) Preeclampsia
d) Gestational diabetes
Answer: C) Preeclampsia

9. What is the primary intervention for a pregnant woman with uterine rupture?
a) Administering pain medication
b) Preparing for immediate cesarean section
c) Elevating the woman's legs
d) Administering anticoagulants
Answer: B) Preparing for immediate cesarean section

10. Which obstetric emergency requires immediate delivery of the baby?
a) Ectopic pregnancy

b) Gestational diabetes
c) Placenta previa
d) Cord prolapse
Answer: D) Cord prolapse

11. What is the primary clinical manifestation of placenta previa?
a) Severe abdominal pain
b) Vaginal bleeding
c) Uterine atony
d) Hypertension
Answer: B) Vaginal bleeding

12. Which condition is characterized by a sudden, severe headache, visual disturbances, and elevated blood pressure during pregnancy?
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b) Placental abruption
c) Preeclampsia
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14. Which condition is characterized by severe pelvic pain, heavy bleeding, and a uterus that is firm and tender?
a) Placental abruption
b) Preeclampsia
c) Uterine rupture
d) Ectopic pregnancy
Answer: A) Placental abruption

15. What is the primary intervention for a woman with eclampsia?
a) Administering anticoagulants
b) Administering magnesium sulfate
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d) Initiating labor induction
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16. Which maternal condition can lead to the development of disseminated intravascular coagulation (DIC) during pregnancy?

a) Preeclampsia
b) Gestational diabetes
c) Placenta previa
d) Ectopic pregnancy
Answer: A) Preeclampsia

17. What is the primary goal in the management of a pregnant woman with an ectopic pregnancy?

a) Administering antibiotics
b) Administering oxytocin
c) Surgical removal of the ectopic pregnancy
d) Administering anticoagulants
Answer: C) Surgical removal of the ectopic pregnancy

18. Which maternal condition can lead to the development of gestational diabetes during pregnancy?

a) Preeclampsia
b) Hypothyroidism
c) Family history of diabetes
d) Placental abruption
Answer: C) Family history of diabetes

19. What is the primary intervention for a pregnant woman with uterine rupture?

a) Administering pain medication
b) Preparing for immediate cesarean section
c) Elevating the woman's legs
d) Administering anticoagulants
Answer: B) Preparing for immediate cesarean section

20. Which obstetric emergency requires immediate delivery of the baby?

a) Ectopic pregnancy
b) Gestational diabetes
c) Placenta previa
d) Cord prolapse
Answer: D) Cord prolapse

21. What is the primary intervention for a woman with an amniotic fluid embolism?

a) Administering antibiotics
b) Administering anticoagulants
c) Initiating cardiopulmonary resuscitation (CPR)
d) Administering magnesium sulfate

Answer: C) Initiating cardiopulmonary resuscitation (CPR)

22. Which condition is characterized by a sudden, sharp abdominal pain and cessation of fetal movement?

a) Uterine rupture
b) Placental abruption
c) Preeclampsia
d) Ectopic pregnancy

Answer: B) Placental abruption

23. What is the primary intervention for a woman with a ruptured ovarian cyst during pregnancy?

a) Administering antibiotics
b) Administering oxytocin
c) Surgical removal of the cyst
d) Administering anticoagulants

Answer: C) Surgical removal of the cyst

24. Which condition is characterized by a sudden, severe headache, visual disturbances, and epigastric pain in pregnancy?

a) Placental abruption
b) Ectopic pregnancy
c) Preeclampsia
d) Gestational diabetes

Answer: C) Preeclampsia

25. What is the primary intervention for a woman with a uterine inversion?

a) Administering antibiotics
b) Administering anticoagulants
c) Initiating cardiopulmonary resuscitation (CPR)
d) Replacing the uterus to its normal position

Answer: D) Replacing the uterus to its normal position

NEONATAL EMERGENCIES

1. Which condition is characterized by respiratory distress, tachypnea, grunting, and retractions in a newborn?

a) Neonatal sepsis
b) Transient tachypnea of the newborn (TTN)
c) Congenital heart defect
d) Neonatal jaundice

Answer: B) Transient tachypnea of the newborn (TTN)

2. What is the primary nursing intervention for a newborn with hypoglycemia?
a) Administering intravenous (IV) fluids
b) Encouraging breastfeeding or formula feeding
c) Administering oxygen therapy
d) Initiating phototherapy
Answer: B) Encouraging breastfeeding or formula feeding

3. Which neonatal emergency requires immediate evaluation for sepsis, antibiotics, and admission to the neonatal intensive care unit (NICU)?
a) Neonatal jaundice
b) Respiratory distress syndrome (RDS)
c) Neonatal sepsis
d) Hypoglycemia
Answer: C) Neonatal sepsis

4. What is the primary intervention for a newborn with a congenital heart defect?
a) Administering antibiotics
b) Administering surfactant therapy
c) Initiating cardiopulmonary resuscitation (CPR)
d) Providing supplemental oxygen
Answer: D) Providing supplemental oxygen

5. Which condition is characterized by yellowing of the skin and sclera in a newborn due to elevated bilirubin levels?
a) Anemia
b) Hypoglycemia
c) Jaundice
d) Dehydration
Answer: C) Jaundice

6. What is the primary intervention for a newborn with neonatal abstinence syndrome (NAS)?
a) Administering anticoagulants
b) Administering surfactant therapy
c) Initiating phototherapy
d) Providing supportive care and medication as needed
Answer: D) Providing supportive care and medication as needed

7. Which condition is characterized by a heart murmur, cyanosis, and poor feeding in a newborn?
a) Neonatal sepsis
b) Transient tachypnea of the newborn (TTN)
c) Congenital heart defect

d) Neonatal jaundice
Answer: C) Congenital heart defect

8. What is the primary intervention for a newborn with respiratory distress syndrome (RDS)?
a) Administering antibiotics
b) Administering surfactant therapy
c) Initiating phototherapy
d) Providing supplemental oxygen
Answer: B) Administering surfactant therapy

9. What is the primary intervention for a newborn with meconium aspiration syndrome?
a) Administering antibiotics
b) Administering surfactant therapy
c) Initiating cardiopulmonary resuscitation (CPR)
d) Suctioning the airway to remove meconium
Answer: D) Suctioning the airway to remove meconium

10. Which of the following is a common cause of neonatal respiratory distress syndrome (NRDS)?
a) Maternal smoking
b) Late preterm birth
c) Meconium aspiration
d) Neonatal sepsis
Answer: B) Late preterm birth

11. What is the primary goal of initial resuscitation in a newborn with bradycardia?
a) Administer epinephrine
b) Provide positive pressure ventilation
c) Assess the airway
d) Check the temperature
Answer: B) Provide positive pressure ventilation

12. A term neonate presents with signs of cyanosis, respiratory distress, and a loud systolic murmur. What is the likely diagnosis?
a) Transient tachypnea of the newborn
b) Patent ductus arteriosus
c) Meconium aspiration syndrome
d) Neonatal pneumonia
Answer: B) Patent ductus arteriosus

13. Which of the following is a common sign of neonatal sepsis?
a) Jaundice

b) Hypoglycemia
c) Hyperbilirubinemia
d) Bradycardia
Answer: A) Jaundice

14. In a newborn with hypoglycemia, what is the preferred initial treatment?
a) IV administration of 10% dextrose solution
b) Oral glucose gel
c) Breastfeeding
d) Intramuscular glucagon
Answer: A) IV administration of 10% dextrose solution

15. A newborn with grunting, nasal flaring, and intercostal retractions is exhibiting signs of:
a) Respiratory distress syndrome
b) Meconium aspiration syndrome
c) Transient tachypnea of the newborn
d) Neonatal pneumonia
Answer: A) Respiratory distress syndrome

16. Which of the following is a major risk factor for sudden infant death syndrome (SIDS)?
a) Prematurity
b) Overheating
c) Breastfeeding
d) Pacifier use
Answer: B) Overheating

17. Which vital sign should be closely monitored during neonatal resuscitation?
a) Blood pressure
b) Respiratory rate
c) Heart rate
d) Oxygen saturation
Answer: C) Heart rate

18. What is the recommended position for neonatal intubation to optimize airway alignment?
a) Neutral neck position
b) Hyperextended neck position
c) Flexed neck position
d) Laterally rotated neck position
Answer: A) Neutral neck position

19. Which condition is characterized by a "stork bite" or "angel kiss" on a newborn's skin?

a) Hemangioma
b) Port-wine stain
c) Nevus flammeus
d) Erythema toxicum
Answer: D) Erythema toxicum

20. What is the most common cause of severe jaundice in the neonatal period?
a) Hemolysis
b) Neonatal hepatitis
c) Physiologic jaundice
d) ABO incompatibility
Answer: D) ABO incompatibility

21. Which medication is commonly used to treat persistent pulmonary hypertension of the newborn (PPHN)?
a) Albuterol
b) Nitric oxide
c) Acetaminophen
d) Furosemide
Answer: B) Nitric oxide

22. What is the recommended way to administer surfactant to a premature neonate with respiratory distress syndrome (RDS)?
a) Intravenous injection
b) Nasal continuous positive airway pressure (CPAP)
c) Endotracheal tube
d) Subcutaneous injection
Answer: C) Endotracheal tube

23. A neonate with poor feeding, vomiting, and a "olive-like" mass in the upper abdomen may have:
a) Gastroesophageal reflux disease
b) Hirschsprung's disease
c) Pyloric stenosis
d) Intussusception
Answer: C) Pyloric stenosis

24. Which of the following conditions is commonly associated with maternal use of tobacco during pregnancy?
a) Cleft palate
b) Neural tube defects
c) Low birth weight
d) Down syndrome
Answer: C) Low birth weight

25. What is the leading cause of neonatal mortality worldwide?
a) Premature birth complications
b) Sepsis
c) Birth asphyxia
d) Neonatal tetanus
Answer: A) Premature birth complications

26. Which screening test is commonly used to identify congenital hypothyroidism in newborns?
a) PKU test
b) TSH test
c) Hemoglobin electrophoresis
d) Neonatal bilirubin test
Answer: B) TSH test

27. A newborn presents with excessive drooling, respiratory distress, and a "thumbprint sign" on a lateral neck X-ray. What is the likely diagnosis?
a) Laryngomalacia
b) Bronchiolitis
c) Pneumonia
d) Croup
Answer: A) Laryngomalacia

28. Which congenital heart defect often presents with a "machinery" or "continuous" murmur in a newborn?
a) Tetralogy of Fallot
b) Atrial septal defect (ASD)
c) Coarctation of the aorta
d) Patent ductus arteriosus (PDA)
Answer: D) Patent ductus arteriosus (PDA)

29. What is the recommended temperature range for maintaining a neonate in the neonatal intensive care unit (NICU)?
a) 36-37°C
b) 34-35°C
c) 37-38°C
d) 32-33°C
Answer: A) 36-37°C

30. What is the most common cause of neonatal seizures?
a) Hypoglycemia
b) Hypocalcemia
c) Hypoxia
d) Hyperbilirubinemia

Answer: C) Hypoxia

ETHICAL NURSING PRACTICE

1. What is the primary goal of ethical nursing practice?

a) Maximizing profits for healthcare institutions
b) Providing high-quality care while respecting ethical principles
c) Minimizing patient involvement in care decisions
d) Following rules and regulations without question
Answer: b) Providing high-quality care while respecting ethical principles

2. Which ethical principle involves treating all patients fairly and without discrimination?

a) Autonomy
b) Beneficence
c) Non-maleficence
d) Justice
Answer: d) Justice

3. When is informed consent typically obtained from a patient?

a) After the procedure has already begun
b) Before providing any information about the procedure
c) After the patient has been discharged
d) Before any medical intervention or procedure
Answer: d) Before any medical intervention or procedure

4. What should a nurse do if a patient refuses a treatment that is deemed medically necessary?

a) Administer the treatment anyway
b) Respect the patient's autonomy and explore alternatives
c) Inform the patient that they have no choice in the matter
d) Convince the patient that the treatment is necessary
Answer: b) Respect the patient's autonomy and explore alternatives

5. Which ethical principle emphasizes the duty to do no harm to patients?

a) Autonomy
b) Beneficence
c) Non-maleficence
d) Justice
Answer: c) Non-maleficence

6. What is the role of a nurse in advocating for a patient's rights?

a) Ignore the patient's concerns to avoid conflict
b) Ensure that the patient complies with all medical recommendations
c) Speak up on behalf of the patient and protect their rights
d) Focus solely on providing physical care
Answer: c) Speak up on behalf of the patient and protect their rights

7. What is the purpose of the Nurse Practice Act in ethical nursing practice?
a) To limit the scope of nursing practice
b) To regulate nurses' personal lives
c) To provide guidelines for ethical nursing practice
d) To protect healthcare institutions from liability
Answer: c) To provide guidelines for ethical nursing practice

8. Which action is considered a breach of patient confidentiality?
a) Sharing patient information with authorized healthcare providers
b) Discussing a patient's case with a colleague in a private setting
c) Sharing a patient's medical history on social media
d) Seeking informed consent before sharing patient information
Answer: c) Sharing a patient's medical history on social media

9. What is the primary purpose of the American Nurses Association (ANA) Code of Ethics for Nurses?
a) To regulate nursing licensure
b) To provide legal guidelines for nurses
c) To establish uniform nursing practices
d) To guide ethical decision-making in nursing
Answer: d) To guide ethical decision-making in nursing

10. Which of the following is a violation of the principle of beneficence?
a) Providing necessary pain relief to a patient
b) Administering a medication the patient is allergic to
c) Respecting a patient's right to refuse treatment
d) Discussing a patient's case with their family
Answer: b) Administering a medication the patient is allergic to

11. What should a nurse do if they witness another healthcare provider making an error that could harm a patient?
a) Ignore the error to avoid conflict
b) Document the error and report it to the supervisor
c) Wait for the patient to report the error
d) Confront the healthcare provider publicly
Answer: b) Document the error and report it to the supervisor

12. Which ethical principle is associated with a patient's right to make their own healthcare decisions?

a) Autonomy
b) Beneficence
c) Non-maleficence
d) Justice
Answer: a) Autonomy

13. What does "fidelity" refer to in ethical nursing practice?

a) Providing care to the best of one's ability
b) Honoring commitments and promises to patients
c) Prioritizing personal interests over patient care
d) Disregarding patient preferences
Answer: b) Honoring commitments and promises to patients

14. When does an ethical conflict in nursing practice arise?

a) Only in emergency situations
b) When there is a clear right and wrong answer
c) When two or more ethical principles or values are in conflict
d) Never, as nurses always follow established guidelines
Answer: c) When two or more ethical principles or values are in conflict

15. What is the role of an ethics committee in healthcare institutions?

a) To enforce strict rules and regulations
b) To make all medical decisions for patients
c) To provide guidance and support in resolving ethical dilemmas
d) To prioritize the interests of healthcare providers
Answer: c) To provide guidance and support in resolving ethical dilemmas

16. Which action demonstrates respect for a patient's autonomy?

a) Making decisions for the patient without their input
b) Providing clear information about treatment options
c) Forcing the patient to comply with medical recommendations
d) Ignoring the patient's wishes and preferences
Answer: b) Providing clear information about treatment options

17. What should a nurse do if they believe that an assigned task is outside their scope of practice?

a) Ignore their concerns and attempt the task
b) Seek guidance and clarification from a supervisor or qualified colleague
c) Refuse to perform any tasks for the patient
d) Inform the patient that the task cannot be done
Answer: b) Seek guidance and clarification from a supervisor or qualified colleague

18. Which ethical principle involves doing what is in the best interest of the patient?
a) Autonomy
b) Beneficence
c) Non-maleficence
d) Justice
Answer: b) Beneficence

19. What is the primary purpose of the Patient's Bill of Rights in healthcare?
a) To limit patient access to healthcare services
b) To establish guidelines for healthcare providers
c) To protect and promote the rights of patients
d) To prioritize the interests of healthcare institutions
Answer: c) To protect and promote the rights of patients

20. When is it appropriate for a nurse to breach patient confidentiality?
a) When discussing the patient's case with friends and family
b) When sharing information with healthcare providers involved in the patient's care
c) When the nurse believes the information is not relevant to patient care
d) Never, unless required by law or to protect the patient's safety
Answer: d) Never, unless required by law or to protect the patient's safety

21. What is the primary responsibility of a nurse when caring for a patient who is making an end-of-life decision?
a) Convince the patient to continue aggressive treatment
b) Respect and support the patient's decision and provide comfort
c) Ignore the patient's wishes and follow standard protocols
d) Consult with the healthcare institution's legal team
Answer: b) Respect and support the patient's decision and provide comfort

22. Which ethical principle involves keeping promises and commitments to patients?
a) Autonomy
b) Beneficence
c) Fidelity
d) Justice
Answer: c) Fidelity

23. What is the role of the nurse in addressing cultural competence in ethical nursing practice?
a) Ignore the patient's cultural background to avoid bias
b) Respect and integrate the patient's cultural beliefs and practices into care
c) Force the patient to assimilate into the dominant culture
d) Disregard cultural differences to maintain neutrality
Answer: b) Respect and integrate the patient's cultural beliefs and practices into care

24. What is the primary goal of whistleblowing in healthcare?
a) Protecting the reputation of healthcare institutions
b) Reporting any wrongdoing that may harm patients or the organization
c) Ensuring that nurses are never held accountable for their actions
d) Promoting a culture of secrecy within the healthcare system
Answer: b) Reporting any wrongdoing that may harm patients or the organization

25. What is the purpose of the Code of Ethics for Nurses with Interpretive Statements published by the American Nurses Association (ANA)?
a) To provide legal guidelines for nurses
b) To dictate specific nursing procedures
c) To guide nurses in ethical decision-making and practice
d) To establish a hierarchy among nurses
Answer: c) To guide nurses in ethical decision-making and practice

CULTURALLY APPROPRIATE CARE

1. What does culturally appropriate nursing care primarily aim to achieve?
a) Assimilation of patients into the dominant culture
b) Delivering care that respects and is sensitive to cultural differences
c) Ignoring cultural backgrounds to maintain neutrality
d) Prioritizing one's own cultural beliefs and practices
Answer: b) Delivering care that respects and is sensitive to cultural differences

2. Which of the following is NOT a key component of culturally competent care?
a) Cultural awareness
b) Cultural knowledge
c) Cultural imposition
d) Cultural skills
Answer: c) Cultural imposition

3. What is cultural humility in nursing care?
a) A sense of superiority regarding one's own culture
b) A commitment to lifelong learning about different cultures
c) Encouraging patients to assimilate into the dominant culture
d) Avoiding interactions with culturally diverse patients
Answer: b) A commitment to lifelong learning about different cultures

4. Which communication skill is vital in providing culturally appropriate care?
a) Speaking only in the patient's native language
b) Using medical terminology to ensure clarity
c) Acknowledging and respecting cultural differences in communication styles

d) Avoiding eye contact to show respect
Answer: c) Acknowledging and respecting cultural differences in communication styles

5. What should a nurse do if a patient refuses a certain treatment due to cultural or religious beliefs?
a) Ignore the patient's beliefs and administer the treatment anyway
b) Respect the patient's beliefs and seek alternative solutions
c) Persuade the patient to change their cultural or religious views
d) Discharge the patient from care
Answer: b) Respect the patient's beliefs and seek alternative solutions

6. What is cultural competency training for healthcare providers designed to do?
a) Promote one's own cultural beliefs and practices
b) Reduce diversity in healthcare settings
c) Increase awareness and understanding of diverse cultures
d) Standardize all healthcare practices to one cultural norm
Answer: c) Increase awareness and understanding of diverse cultures

7. What is the role of cultural assessments in nursing practice?
a) To impose the nurse's cultural beliefs on the patient
b) To stereotype patients based on their cultural background
c) To identify and address cultural influences on health and healthcare decisions
d) To avoid discussions of cultural topics with patients
Answer: c) To identify and address cultural influences on health and healthcare decisions

8. When providing culturally appropriate nursing care, what should a nurse consider about the concept of time?
a) Always prioritize efficiency and speed
b) Recognize that cultural attitudes toward time may differ
c) Insist on rigid scheduling for all patients
d) Avoid discussing time-related topics
Answer: b) Recognize that cultural attitudes toward time may differ

9. Which cultural factor may influence a patient's dietary preferences and restrictions?
a) Personal space
b) Religion
c) Eye contact
d) Pain tolerance
Answer: b) Religion

10. What is the term for the tendency to view one's own cultural beliefs and practices as superior to others?

a) Cultural competence
b) Ethnocentrism
c) Cultural humility
d) Multiculturalism
Answer: b) Ethnocentrism

11. How can a nurse enhance their cultural competence in patient care?
a) Avoid working with patients from diverse cultural backgrounds
b) Learn about and respect the cultural beliefs and practices of patients
c) Assume that all patients have the same cultural preferences
d) Prioritize their own cultural beliefs in patient care
Answer: b) Learn about and respect the cultural beliefs and practices of patients

12. What is the purpose of providing interpreter services in healthcare for patients with limited English proficiency?
a) To avoid communication with these patients
b) To maintain confidentiality of patient information
c) To facilitate effective communication and understanding
d) To discourage patients from seeking healthcare
Answer: c) To facilitate effective communication and understanding

13. What is cultural relativism?
a) The belief that one culture is superior to all others
b) The idea that cultural practices should never be questioned
c) The understanding that cultural beliefs and practices are context-dependent and should be evaluated within their cultural context
d) The belief that all cultures should conform to a single standard
Answer: c) The understanding that cultural beliefs and practices are context-dependent and should be evaluated within their cultural context

14. What is the significance of cultural congruence in nursing care?
a) It emphasizes the importance of uniform healthcare practices for all patients.
b) It means aligning patient care with the nurse's cultural beliefs.
c) It involves providing care that is consistent with the patient's cultural beliefs and values.
d) It promotes cultural assimilation of patients into the dominant culture.
Answer: c) It involves providing care that is consistent with the patient's cultural beliefs and values.

15. What should a nurse do if they encounter a cultural practice or belief that conflicts with ethical principles or legal regulations?
a) Disregard the patient's culture and follow the law
b) Respect the cultural practice, even if it violates ethics or laws
c) Report the situation to the nursing supervisor

d) Document the cultural conflict and do nothing
Answer: c) Report the situation to the nursing supervisor

16. What role does cultural safety play in nursing practice?
a) It focuses on enforcing one's own cultural norms on patients.
b) It prioritizes the safety of healthcare providers over patients.
c) It ensures that the patient feels safe and respected in their cultural context.
d) It eliminates cultural diversity in healthcare settings.
Answer: c) It ensures that the patient feels safe and respected in their cultural context.

17. What is the purpose of providing culturally tailored patient education materials?
a) To reinforce ethnocentrism
b) To simplify healthcare information for all patients
c) To address language barriers
d) To enhance patient understanding and adherence to care plans
Answer: d) To enhance patient understanding and adherence to care plans

18. In culturally appropriate care, what is the significance of using the patient's preferred name and titles?
a) It demonstrates respect for the patient's culture and identity.
b) It avoids addressing the patient directly.
c) It minimizes the importance of cultural differences.
d) It promotes ethnocentrism.
Answer: a) It demonstrates respect for the patient's culture and identity.

19. What is the term for the process of integrating cultural knowledge, awareness, and sensitivity into nursing practice?
a) Ethnocentrism
b) Cultural humility
c) Cultural competence
d) Multiculturalism
Answer: c) Cultural competence

20. What is the primary goal of culturally appropriate nursing care when providing emotional support to patients and families?
a) To discourage emotional expression based on cultural norms
b) To maintain cultural neutrality in all emotional interactions
c) To respect and respond to cultural differences in emotional expression
d) To encourage all patients to adopt a single emotional response
Answer: c) To respect and respond to cultural differences in emotional expression

21. What is the significance of understanding a patient's cultural perspective on pain and suffering?

a) It allows the nurse to downplay the patient's pain.
b) It helps the nurse avoid discussing pain management.
c) It informs the nurse's approach to pain assessment and management.
d) It encourages the nurse to disregard the patient's pain.
Answer: c) It informs the nurse's approach to pain assessment and management.

22. In culturally appropriate nursing care, what should a nurse do if they lack knowledge about a patient's specific cultural background?
a) Make assumptions based on common stereotypes
b) Provide care without considering cultural factors
c) Seek guidance, resources, or consultation to learn about the culture
d) Disregard the patient's cultural background
Answer: c) Seek guidance, resources, or consultation to learn about the culture

23. Which of the following is NOT a cultural determinant of health?
a) Socioeconomic status
b) Geographic location
c) Biological factors
d) Healthcare provider's cultural background
Answer: d) Healthcare provider's cultural background

24. What is the role of cultural brokers or interpreters in healthcare settings?
a) To enforce cultural norms on patients
b) To act as intermediaries between healthcare providers and patients from different cultures
c) To discourage patients from seeking healthcare
d) To prioritize the healthcare provider's cultural beliefs
Answer: b) To act as intermediaries between healthcare providers and patients from different cultures

25. How can nurses promote cultural competence in the workplace?
a) Avoid discussing cultural issues with colleagues
b) Encourage diversity and inclusion in the healthcare team
c) Isolate themselves from colleagues with different cultural backgrounds
d) Avoid working with culturally diverse patients
Answer: b) Encourage diversity and inclusion in the healthcare team