



#1 Cloze Question

Nursing		Flow Sheets	Provider	Labs & Diagnostics	MAR	Collaborative Care	Other
		Name: Missy Carrington Health Care Provider: M. McDonald, M.D. Code Status: Full Code		Age: 32 years Allergies: NKDA MRN: 0000458952			
NURSING NOTE							
August 28 th at 1420	Client G2 P1, 34-weeks gestation arrives to the labor and delivery unit accompanied by her husband due to a sudden onset of bleeding that started one hour prior to her arrival at the labor and delivery unit. The client states she was preparing lunch when she noted a 'strange' feeling. The client denies previous leakage of fluids or bleeding. Rates pain a 2 on 0-10 pain scale. Vital signs: Temperature 98.7°F (37.1°C), Pulse 73 beats/minutes, Respirations 22 breaths/minute, Blood Pressure 130/72 mmHg, Oxygen Saturation 98% on room air.						

Complete the following sentence by using the list of options.

The nurse should first (**Drop down box**)

- Collect a health history
- *Determine the amount of bleeding
- Notify the health care provider
- Assess uterine contractions

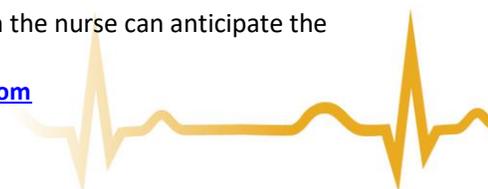
followed by (**Drop down box**)

- Collect blood work
- Perform a digital examination
- *Apply the electronic fetal monitor
- Start lactated ringers intravenously

The nurse will prepare the client for (**Drop down box**) as part of the treatment plan.

- Cesarean delivery
- *Ultrasound examination
- Administration of corticosteroids
- A possible fetal demise

Rationale: Placenta Previa is when the placenta is implanted low in the uterus near the fetal presenting part. Bleeding occurs when the placental villi are torn from the uterine wall, resulting in bleeding from the uterine vessels. A Classic sign of placenta previa in pregnancy is the sudden onset of painless uterine bleeding. The nurse caring for a client suspected of placenta previa should first determine the amount of bleeding and assess the fetal status using a Doppler or electronic fetal monitor. Next, the health care provider should be notified with a report on the client's assessment in which the nurse can anticipate the





health care provider prescribing an ultrasound examination to rule out or confirm placenta previa. Digital examinations should not be avoided when a client is bleeding or suspected of having placenta previa; doing a digital examination can cause additional placenta damage.

Categories: **Concept:** Reproduction; **System:** Reproductive; **Exemplar-Disease:** Placenta Previa; **Bloom's Taxonomy:** Applying; **Nursing Process:** Implementation; **NCLEX Client Needs:** Reduction of Risk Potential; **QSEN:** Evidence-based Practice; **Clinical Judgment Measurement Model:** Take Actions





#2 Cloze Question

The nurse arrives in the acute care unit to start the morning shift and is given the same client care assignment from the previous day. Upon entering a client's room, the nurse sees that the client is restless and hears the client shouting in between breaths, "Hey Mable is that you? You are late! The chickens and pigs need tending to, and you are late!" The client was stable, alert, and oriented the day before and throughout the night, according to the night shift report. Further assessment of the client reveals diminished breath sounds, dyspnea, temperature 101.2°F (38.4°C), respiratory rate 32 breaths/minute, heart rate 112 beats/minute, blood pressure 90/60 mmHg. The area around the lips is cyanotic; oxygenation via nasal cannula at 2 liters/minute, pulse oximetry 82%.

Complete the following sentence by using the list of options.

The nurse suspects the client is experiencing **(Drop down box)**

- An asthma attack.
- Chronic obstructive pulmonary disease (COPD).
- *Acute respiratory distress syndrome (ARDS).
- Pneumonia.

The most common cause of the client's condition may be from **(Drop down box)**

- *Sepsis.
- Immobility.
- Exposure to a toxin.
- Medication adverse reaction.

A primary intervention for the nurse is to **(Drop down box)**

- Provide continuous ECG monitoring for changes that indicate increased hypoxemia.
- Start an IV of Normal Saline to provide adequate fluid management.
- *Maintain oxygenation with continuous positive airway pressure (CPAP).
- Administer the prescribed furosemide, enoxaparin, and prednisolone.

While treating the client, the nurse must be aware of **(Drop down box)** as a potential complication

- Muscle weakness.
- *Pneumothorax.
- Increased intracranial pressure.
- Infection.

Rationale: Acute respiratory distress syndrome (ARDS) occurs when fluid builds up in the lungs' alveoli, preventing oxygen from reaching the bloodstream. ARDS occurs typically in clients who are already ill. A major cause of ARDS is sepsis. A primary intervention in treating ARDS is treating the underlying condition; however, in the meantime, the nurse must ensure the client is maintaining adequate oxygenation. Although infection and blood clots are complications associated with ARDS, the nurse must be aware of developing a pneumothorax due to the use of a CPAP ventilator/mechanical ventilation.

Categories: Concept: Gas Exchange; **System:** Respiratory; **Exemplar-Disease:** Acute Respiratory Distress Syndrome; **Bloom's Taxonomy:** Analyzing; **Nursing Process:** Analysis; **NCLEX Client Needs:** Management of Care; **QSEN:** Patient-Centered Care; **Clinical Judgment Measurement Model:** Prioritize Hypotheses



**#3 Extended Multiple Response (10 Responses)**

A client with a new diagnosis of seizures and epilepsy prepares for discharge home. The nurse plans teaching to help the client prevent frequent reoccurrence of seizure activity. During the teaching session, which statements made by the client are concerning to the nurse as a trigger factor for seizures? **Select all that apply.**

- A. "If I miss my daily noon nap, I am very cranky."
- B. *"I am not big on sweets, but I try to have a few pieces of chocolate every day."
- C. *"I tend not to do much drinking during the week but on Fridays, you bet I'm picking up a 6 pack of beer."
- D. "I've been told I need to eat a healthy diet that is rich in fruits and vegetables."
- E. "I try to avoid strenuous physical activity."
- F. *"It's a good thing I work two jobs, I am sure my medical bills will be outrageous after this hospital visit."
- G. "Sometimes I get so thirsty, I wonder if my blood sugar is high."
- H. *"Lately, I have been feeling more tired than usual because I cannot sleep at night."
- I. *"I've noticed that certain patterns and bright lights hurt my eyes."
- J. "I know now I need to avoid public places and large crowds."

Rationale: Trigger factors related to seizures include excessive caffeine intake such as chocolate, acute alcohol ingestion such as beer every weekend, stress such as working two job and worrying about this current hospital visit cost, fatigue such as feeling tired and not sleeping well at night, and exposure to flashing lights. Other trigger factors include increased physical activity, hyperventilation, substances such as cocaine or aerosols; some female clients report menstrual cycle changes, allergies from pets, and taking certain medications.

Categories: **Concept:** Intracranial Regulation; **System:** Neurological; **Exemplar-Disease:** Seizures; **Bloom's Taxonomy:** Analyzing; **Nursing Process:** Analysis; **NCLEX Client Needs:** Management of Care; **QSEN:** Patient-Centered Care; **Clinical Judgment Measurement Model:** Analyze Cues





Question #4 Grouped Multiple Response

A client arrives to the health care clinic with suspected hyperthyroidism. **Select one correct response from each of the following categories.**

Categories	Answer Choices
Assessment/Cues related to hyperthyroidism	*Weight loss and insomnia.
	Lethargy and lack of energy.
	Edema and numbness in the arms and legs.
	Constipation and muscle weakness.
Priority Goal for the Client	Return of normal bowel function.
	Increased participation in activity.
	*Improved nutritional status.
	Acceptance of the prescribed medication regime.
Anticipated Health Care Provider Prescriptions	Levothyroxine
	*Methimazole
	Bromocriptine
	Desmopressin

Rationale: Clients with hyperthyroidism usually report signs of weight loss, insomnia, hair loss tremors, mood swings, and protruding eyeballs. Being lethargic, lack of energy, edema and numbness in the arms and legs, constipation and muscle weakness are all associated with hypothyroidism. A goal for the client with hyperthyroidism is improving the nutritional status. The other goals listed are associated with hypothyroidism. A common medication used to treat hyperthyroidism is methimazole, levothyroxine is used to treat hypothyroidism, bromocriptine is used to treat pituitary tumors, and desmopressin is used to treat diabetes insipidus.

Categories: Concept: Hormonal Regulation; **System:** Endocrine **Exemplar-Disease:** Hyperthyroidism; **Bloom’s Taxonomy:** Applying; **Nursing Process:** Assessment; **NCLEX Client Needs:** Management of Care; **QSEN:** Patient-Centered Care; **Clinical Judgment Measurement Model:** Recognize Cues

