PROMETRIC Pearson vue بكيج سوالات برستاري Nurse DHA - OMSB

Prometric Exam Collection 2018



Pregnancy makes metabolic control of T1D more difficult. Clients with T1D should begin prenatal care early so that potential complications can be controlled or minimized.

- 83. On discharge from the hospital, the health care provider prescribes lisinopril (Prinvil, Zestril) for a 54-year old male client. Which common side effect should the nurse teach the client?
 - a. Constipation
 - b. Cough
 - c. Hypokalemia
 - d. Hypertension

A common side effect of angiotensin-converting enzyme (ACE) inhibitors is a dry cough. Hyperkalemia, proteinuria, and diarrhea are also frequent side effects of ACE inhibitors. Hypertension is the reason for prescribing the medication.

- 84. The healthcare provider is teaching a youth group about how to avoid acquiring a sexually transmitted disease (STD) if they are sexually active. Which of the following is the best method of prevention?
 - a. Consistent condom use
 - b. Use of spermicidal creams
 - c. Human papillomavirus (HPV) vaccination
 - d. Douching after intercourse

Although not 100% effective, routine condom use is the best way to prevent acquiring a sexually transmitted disease (STD). The HPV vaccination is effective in preventing some strains of the human papillomavirus. Douching disrupts the natural pH and balance of bacteria, and does not prevent STDs. Spermicidal creams may help protect against pregnancy, but not STDs.

- 85. The pediatric nurse is instructing the parents of a 10-year old boy who is newly diagnosed with type 1 diabetes. When teaching about hypoglycemia, which instruction should the nurse provide?
 - a. Check the child's urine four times a day for acetone.
 - b. Always have glucose tablets and subcutaneous glucagon available.
 - c. If the child is active in a sport, the evening dose of NPH insulin can be withheld.
 - d. Contact the health care provider if the child becomes drowsy.

In the event of hypoglycemia, the child should be given 15 grams of a fast-acting carbohydrate: 3-4 glucose tablets, a tube of glucose gel, 4-6 pieces of hard candy, 1/2 cup fruit juice or soda, or 1 cup skim milk. Hypoglycemia can occur quickly, so both the child and parents should be taught to recognize early signs. If the child passes out, a glucagon can be administered IM or SQ. Other early signs include dizziness, confusion, irritability, trembling, weakness, and hunger. Drowsiness is also a sign, but comes later.

- **58.** During the immediate postoperative period, a patient reveals an oxygen saturation level of 91 %. The nurse should
 - a- Position the patient on the left side
 - b- Administer supplemental oxygen
 - c- Continue to provide supportive care
 - d- Lower the temperature of the room
- **59.** An 83 year-old woman lives in a long term care facility. During the past two weeks, she has suffered two falls that resulted in minor injuries and now complains of pain in the left shoulder. On auscultation, bowel sounds are diminished in all four quadrants. On palpation, she has tenderness and guarding over the upper left quadrant and complain of a feeling of fullness. What could be the most likely underlying cause of the finding?
 - a- Constipation
 - b- Liver distention
 - c- Splenic rupture
 - d-Intestinal obstruction
- **60.** In evaluating a patient after a cerebrovascular accident (eVA), which of the following is an expected outcome of the nursing diagnosis of impaired physical mobility related to motor deficits?
 - a- Oriented to person, lace, and time
 - b- Maintains body alignment, no contractures
 - c- Communicates appropriately
 - d- Voids on command at 2-hour intervals
- **61.** A patient who has a diagnosis of multiple sclerosis speaks slowly with long pauses between syllables.

The patient is MOST likely in what stage of multiple sclerosis?

- a- Prodromal
- b- Early
- c- Middle
- d- Late

32.6 The nurse is checking lab values on a client who has just had a hemodialysis treatment. Which of the following would indicate to the nurse that the client's renal dialysis was effective? a. an increase in hemoglobin level b. a decrease in white cell count c. a decrease in potassium level d. an increase in serum creatinine	Answer: d Analysis Assessment Physiological Integrity: Physiological Adaptation
32.7 The nurse monitors a client receiving peritoneal dialysis for signs of peritonitis. Which of the following assessment findings should be reported to the physician? a. Skin is pale and dry. b. Abdomen is tender to palpation. c. Dialysate return is cloudy and yellow. d. Temperature is 36.8°C.	Answer: c Rationale: Cloudy dialysate fluid is indicative of peritonitis; the fluid should be clear and pale yellow. The abdomen may be tender due to distention from the fluid; severe pain would be a concern. Application Assessment Physiological Integrity: Physiological Adaptation
32.8 Following an intravenous pyelogram (IVP) the nurse encourages fluid intake, recognizing this is necessary to prevent which of the following renal complications? a. glomerulonephritis b. acute renal failure c. chronic renal failure d. polycystic kidney disease	Answer: b Rationale: The contrast media used in the IVP can precipitate prerenal failure; increasing fluids promotes excretion of the dye. Application Implementation Physiological Integrity: Reduction of Risk Potential
32.9 When caring for a client with chronic renal failure (CRF) the nurse should plan to administer which of the following medications? a. antidiarrheals b. folic acid supplements c. opioid analgesics d. antiarrhythmic agents	Answer: b Rationale: Folic acid is given to stimulate red blood cell production since clients with CRF are often anemic. Clients tend to be constipated, not have diarrhea. Opioid analgesics and antiarrhythmics are not routinely needed. Analysis Planning Physiological Integrity: Pharmacological and Parenteral Therapies
 32.10 The nurse is giving discharge instructions to a client treated for renal calculi. The nurse explains that the stones can be prevented in many cases by: a. engaging in frequent aerobic exercise. b. restricting protein and acid foods in the diet. c. taking urinary antiseptic agents to prevent urinary tract infections. d. drinking 8 to 10 glasses of water daily. 	Answer: d Rationale: High fluid intake keeps urine dilute and prevents stasis of urine. Stone analysis must be done for specific dietary restrictions to be appropriate. Application Implementation Physiological Integrity: Reduction of Risk Potential

CHAPTER 33

33.1 When a client calls to schedule a mammogram, the nurse informs the client the following preparation is necessary:

- a. Avoid having sexual intercourse for 24 hours prior to the exam.
- Wear a loose-fitting top and bra that opens in the front.
- Jewelry worn above the waist may need to be removed.
- d. Do not use any aluminum-containing deodorants.

Answer: c

Rationale: Jewelry may interfere with adequate reading of the exam. Sexual abstinence is not necessary. The client is given a hospital gown, so clothing will be removed. It is recommended to avoid all deodorants and powders, not just those containing aluminum.

Application Implementation

Health Promotion and Maintenance: Prevention and Early Detection of Disease

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Prometric MCQ
Nursing MCQs

DESCRIPTION WHY GET A SUBSCRIPTION?

Nursing Prometric Exam Questions (MCQs) to prepare for

- DHA Exam Dubai (Dubai Health Authority)
- DHCC Exam Dubai (Dubai Healthcare City Authority)
- Haad Exam Abu Dhabi (Health Authority-Abu Dhabi)
- MOH Exam UAE (Ministry of Health)
- SCFHS Exam Saudi Arabia (Saudi Commission for Health Specialti
- SMLE Exam Saudi Arabia (Saudi Medical Licensing Exam)
- OMSB Exam Oman (Oman Medical Specialty Board)
- QCHP Exam Qatar (Qatar Council for Healthcare Practitioners)
- NHRA Exam Bahrain (National Health Regulatory Authority)

Unoccupied bed making means:

	Changing linen when the patient remains in the bed.
	Changing linen when the bed empty. (Correct Answer)
	State in which a person is relieved of distress
•	None of the above

Which is most important for the nurse to do when providing care to a client who has had a transurethral resection of the prostate?

0	Maintain patency of the cystostomy tube.
0	Ensure patency of the indwelling catheter.
0	Keep the abdominal dressing clean and dry.
•	Observe the wound for hemorrhage and infection.

a stooped posture, a shuffling gait, a masklike facial appearance, drooling, tremors, and pill-rolling motions of the fingers. Hyperpyrexia is characteristic of the extrapyramidal side effect of neuroleptic malignant syndrome. Motor restlessness, aphasia, muscle weakness, and decreased salivation are not characteristic of pseudoparkinsonism.

Test-Taking Strategy: Focus on the **subject**, signs/symptoms of pseudoparkinsonism. Recalling the characteristics of Parkinson's disease will direct you to the correct option.

Priority Nursing Tip: Antipsychotic medications improve the thought processes and the behavior of the client with psychotic symptoms, especially clients with schizophrenia.

Reference: Varcarolis (2017), p. 266.

- **179**. A client who is taking tranylcypromine sulfate requests information about foods that are acceptable to eat while taking the medication. Which foods are safe to consume while taking this medication?
 - 1. Yogurt
 - 2. Raisins
 - 3. Oranges
 - 4. Smoked fish

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Clinical Judgment/Cognitive Skills: Generate solutions

Integrated Process: Teaching and Learning

Content Area: Pharmacology: Psychotherapeutics: Monoamine

Oxidase Inhibitors (MAOIs)

Health Codes: Mental Health: Mood Disorders Priority Concepts: Client Education; Safety

Answer: 3

Rationale: Tranylcypromine sulfate is classified as a monoamine oxidase inhibitor (MAOI); as such, tyramine-containing food should

be avoided. Oranges are permissible. Types of food to be avoided include—but are not limited to—yogurt, raisins, and smoked fish. Additionally, beer, wine, caffeinated beverages, pickled meats, yeast preparations, avocados, bananas, and plums are to be avoided.

Test-Taking Strategy: The food items in options 1, 2, and 4 are comparable or alike as they have high levels of tyramine. These are food items that are either processed or that contain some type of additive. The only natural food is oranges. Remember that, although bananas, avocados, and plums are natural foods, they are not permitted while taking an MAOI.

Priority Nursing Tip: Instruct the client taking an antipsychotic medication to report signs/symptoms of agranulocytosis, including sore throat, fever, and malaise.

Reference: Ignatavicius, Workman, Rebar (2018), p. 871.

180. The nurse is performing an assessment on a 3-year-old child with chickenpox. The child's mother tells the nurse that the child keeps scratching at night, and the nurse teaches the mother about measures that will prevent an alteration in skin integrity. Which statement by the mother indicates that teaching was **effective?**

- 1. "I need to place white gloves on my child's hands at night."
- 2. "I will apply generous amounts of a cortisone cream to prevent itching."
- 3. "I will give my child a glass of warm milk at bedtime to help my child sleep."
- 4. "I need to keep my child in a warm room at night so that the covers will not cause my child to scratch."

Level of Cognitive Ability: Evaluating

Client Needs: Health Promotion and Maintenance

Clinical Judgment/Cognitive Skills: Evaluate outcomes

Integrated Process: Nursing Process/Evaluation

Content Area: Pediatrics: Infectious and Communicable Diseases *Health Codes:* Pediatric-Specific: Infectious/Communicable Diseases

Priority Concepts: Client Education; Tissue Integrity

Answer: 1

Rationale: Gloves will keep the child from causing an alteration in skin integrity from scratching. Generous amounts of any topical cream can lead to medication toxicity. Warm milk will have no effect on itching. A warm room will increase the child's skin temperature and make the itching worse.

Test-Taking Strategy: Note the **strategic word**, *effective*. Note the **subject**, preventing an alteration in skin integrity in a 3-year-old child with chickenpox. Eliminate the warm room first because this action will promote itching. Consuming warm milk is eliminated next because it is unrelated to skin integrity. From the remaining options, the words *generous amounts* in option 2 should provide you with a clue that this option is incorrect.

Priority Nursing Tip: Isolate high-risk children, such as children who have immunosuppressive disorders, from a child with a communicable disease.

Reference: Hockenberry, Wilson, Rodgers (2017), p. 163.

181. The nurse is providing instructions to a client with peptic ulcer disease about symptom management. Which statement by the client indicates that teaching was **effective?**

- 1. "I should eat a snack at bedtime."
- 2. "I can take aspirin to relieve gastric pain."
- 3. "I should take my antacid and famotidine at the same time."
- 4. "It is important that I eat slowly and chew my food thoroughly."

Level of Cognitive Ability: Evaluating

Client Needs: Health Promotion and Maintenance

Clinical Judgment/Cognitive Skills: Evaluate outcomes

Integrated Process: Nursing Process/Evaluation *Content Area:* Adult Health: Gastrointestinal

Health Codes: Adult Health: Gastrointestinal: Peptic Ulcer Disease

Priority Concepts: Client Education; Health Promotion

Answer: 4

Rationale: Eating slowly and chewing thoroughly helps prevent overdistention and reflux. Bedtime snacks are avoided because they can promote nighttime acid secretion. Acetaminophen is administered for routine pain relief during treatment. All nonsteroidal anti-inflammatory drugs and aspirin are avoided. Antacids will interfere with the absorption of famotidine, a histamine-2 (H2) receptor antagonist, and should therefore not be taken concurrently.

Test-Taking Strategy: Note the **strategic word**, *effective*. Focus on the **subject**, peptic ulcer disease and client teaching about the disorder. Use the concepts related to digestion to direct you to option 4.

Priority Nursing Tip: Famotidine is an H2 receptor antagonist that suppresses the secretion of gastric acid, alleviates the symptoms of heartburn, and assists in preventing the complications associated with peptic ulcer disease.

Reference: Heuther & McCance (2017), pp. 915-916.

182. A client with a hiatal hernia asks the nurse about fluids that are safe to drink and that will not irritate the gastric mucosa. What fluid would the nurse tell the client to drink?

- 1. Apple juice
- 2. Orange juice
- 3. Tomato juice
- 4. Grapefruit juice

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance *Clinical Judgment/Cognitive Skills:* Take action

Integrated Process: Nursing Process/Implementation *Content Area:* Foundations of Care: Therapeutic Diets *Health Codes:* Adult Health: Gastrointestinal: Hernias

Priority Concepts: Nutrition; Tissue Integrity

Answer: 1

Rationale: Substances that are irritating to the client with hiatal hernia include tomato products and citrus fruits, which should be avoided.

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