

A nurse is caring for a female client in a provider's office. Exhibit 1 Exhibit 2 Exhibit 3 Nurses' Notes 0900: The client is being seen in the office. The client reports feeling fatigued and having a heavy menstrual cycle the past year. Upon assessment, the client's conjunctiva and mucosal membranes are pale. Provider notified and laboratory samples to be drawn. 2 Days Later: Provider reviewed laboratory results and prescription written. Laboratory Results 0930: Ferritin 7 ng/mL (10 to 150 ng/mL) Iron 45 mcg/dL (60 to 160 mcg/dL) Hemoglobin 8.5 g/dL (12 to 16 g/dL) A nurse is caring for a female client in a provider's office. Exhibit 2 Exhibit 3 Provider Prescription 2 Days Later: Ferrous Sulfate 325 mg PO every other day. To summarize the understanding based on standard advice for Ferrous Sulfate:

1. No understanding
2. Understanding
3. Understanding
4. No understanding (this is a normal side effect, not typically a concern unless there are other symptoms)
5. Understanding

Click to highlight the findings that require immediate follow-up. To deselect a finding, click on the finding again.



Nurses' Notes

Day 1:

Client is seen by provider for routine follow-up after being started on oxcarbazepine 150mg PO twice a day, last week. Client reports no nausea, headache, dizziness, or ataxia. Provider increased oxcarbazepine to 300 mg PO twice a day. Client is to return for a follow-up in 2 weeks.

Day 14:

Client returns for follow-up after increasing oxcarbazepine dosage. Client reports starting to have mild headaches earlier this week. Also states, "Yesterday I was very nauseated and threw up before breakfast." When talking to client they have difficulty remembering the times they are taking their oxcarbazepine. Client reports using oral contraceptives as the only means of birth control.

Laboratory Results

Day 14:

Hct 40% (37% to 47%)

Hgb 13g/dL (12 to 16g/dL)

Sodium 124 mEq/L (136 to 145 mEq/L)

Vitals Signs

Day 14:

Temperature 36.3° C (97.4° F)

Heart rate 86/min

Blood pressure 110/66 mm Hg

Respiratory rate 16/min

A nurse is caring for a female client in a provider's office. Exhibit 1 Exhibit 2 Exhibit 3 Nurses' Notes 0900: The client is being seen in the office. The client reports feeling fatigued and having a heavy menstrual cycle the past year. Upon assessment, the client's conjunctiva and mucosal membranes are pale. Provider notified and laboratory samples to be drawn. 2 Days Later: Provider reviewed laboratory results and prescription written. Laboratory Results 0930: Ferritin 7 $\mu\text{g/L}$ (10 to 150 $\mu\text{g/L}$) Iron 45 $\mu\text{g/dL}$ (60 to 160 $\mu\text{g/dL}$) Hemoglobin 8.5 g/dL (12 to 16 g/dL) A nurse is caring for a female client in a provider's office. Exhibit 2 Exhibit 3 Provider Prescription 2 Days Later: Ferrous Sulfate 325 mg PO every other day.

Answer

The image shows a client education form where a nurse is evaluating a patient's understanding of medication instructions. The form presents a series of

statements related to medication use, and the nurse must assess whether the patient shows an understanding of the teaching provided.

The medication in question is Ferrous Sulfate, commonly prescribed for iron deficiency anemia, as indicated by the lab results showing low levels of ferritin, iron, and hemoglobin. The instructions would generally be related to the optimal absorption and side effects of iron supplements.

Based on typical guidelines for iron supplementation:

1. "I should rinse my mouth after taking this medication." This statement is not commonly associated with iron supplement education. It doesn't demonstrate understanding or misunderstanding specific to the medication, so it may not be applicable.
2. "I should avoid taking antacids while on this medication." Understanding. Iron supplements like ferrous sulfate should not be taken with antacids because antacids can decrease iron absorption.
3. "I should take my medication on an empty stomach." Understanding. Iron is best absorbed on an empty stomach; however, it can cause gastrointestinal upset, so some patients may need to take it with food.
4. "If I experience black stools, I should notify my provider." No understanding. While black stools can be alarming, they are a common side effect of iron supplements due to unabsorbed iron and do not usually necessitate contacting a healthcare provider unless accompanied by other symptoms like abdominal pain or blood.
5. "I should take this medication with orange juice." Understanding. Vitamin C, found in orange juice, can increase the absorption of iron.

To summarize the understanding based on standard advice for Ferrous Sulfate:

1. No understanding
2. Understanding
3. Understanding

4. No understanding (this is a normal side effect, not typically a concern unless there are other symptoms)
5. Understanding

A

A nurse is caring for a female client in an outpatient clinic. Exhibit 1 Emmi: 2 Ex'ribi: 3 Vital Siglfi Day 1: Temperature 36.9° C (98.4° F) Heart rate 78/min Blood pressure 118/76 mm Hg Respiratory rate 18/min % Day 14: Temperature 36.3° C (97.4° F) Heart rate 86/min Blood pressure 110/66 mm Hg Respiratory rate 16/min Nurses' Notes Day 1: Client is seen by provider for routine follow-up after being started on oxcarbazepine 150 mg PO twice a day. last week. Client reports no nausea, headache, dizziness, or ataxia. Provider increased oxcarbazepine to 300 mg PO twice a day. Client is to return for a follow-up in 2 weeks. Day 14: Client returns for follow-up after increasing oxcarbazepine dosage. Client reports starting to have mild headaches earlier this week. Also states, "Yesterday I was very nauseated and threw up before breakfast." When talking to client they have difficulty remembering the times they are taking their oxcarbazepine. Client reports using oral contraceptives as the only means of birth control. \3 Laboratog Results Day 1: Hct 41% (37% to 47%) Hgb 14g/dL (12 to 16g/dL) Sodium 140 mEq/L (136 to 145 mEq/L) Day 14: Hct 40% (37% to 47%) Hgb 13g/dL (12 to 16g/dL) Sodium 124 mEq/L (136 to 145 mEq/L)

Answer

The findings that require immediate follow-up are the client's symptoms and laboratory results on Day 14. The client's reported nausea and vomiting, along with difficulty remembering when to take medication, may indicate issues with medication adherence or side effects from the increased dosage of oxcarbazepine. Additionally, the decrease in sodium levels to 124 mEq/L from a previously normal value could suggest the development of hyponatremia, a known side effect of oxcarbazepine. This electrolyte imbalance can be serious and warrants prompt medical attention.

A

Please bold phrases to highlight

Answer

Client's symptoms and laboratory results on Day 14
Nausea and vomiting
Difficulty remembering when to take medication
Decrease in sodium levels to 124 mEq/L
Potential development of hyponatremia

**Side effects from increased dosage of oxcarbazepine
Prompt medical attention required**

A

Answer

Client reports starting to have mild headaches earlier this week. Also states, "Yesterday I was very nauseated and threw up before breakfast." When talking to client they have difficulty remembering the times they are taking their oxcarbazepine. Client reports using oral contraceptives as the only means of birth control.

Laboratory Results

Day 14:
Hct 40% (37% to 47%)
Hgb 13g/dL (12 to 16g/dL)
Sodium 124 mEq/L (136 to 145 mEq/L)

A

Highlight

Answer

Highlighted selections from the provided text:

- **"Yesterday I was very nauseated and threw up before breakfast."**
- **"When talking to client they have difficulty remembering the times they are taking their oxcarbazepine."**
- **"Client reports using oral contraceptives as the only means of birth control."**
- **"Sodium 124 mEq/L (136 to 145 mEq/L)"**

A

A nurse is preparing to administer a medication to a client. Using the rights of medication administration, which of the following actions should the nurse take to ensure the right medication is administered to the client? Document the full name of the prescribed medication after administration. Use two client identifiers prior to administering the medication. Verify a written order with the medication administration record. Ask another nurse to check the medication dosage prior to administration. A

Answer

To ensure the right medication is administered to the client, the nurse should:

- **Use two client identifiers prior to administering the medication.**

A

A nurse is assessing a client who has a prescription for cefaclor. Which of the following findings should the nurse recognize as an indication of an allergic reaction? Pruritus slurred speech Tremor Hematuria

Answer

An indication of an allergic reaction to cefaclor would be:

- Pruritus**



A nurse is reviewing the laboratory data of a client who is receiving filgrastim. Which of the following laboratory values should the nurse monitor to evaluate the effectiveness of the treatment? WBC count SUN INR Potassium level

Answer

To evaluate the effectiveness of filgrastim treatment, the nurse should monitor the:

- WBC count**



A nurse is assessing a client who has started taking theophylline. Which of the following client findings should indicate to the nurse that the medication is effective? Increased level of consciousness Decreased wheezing Decreased urine output Increased blood pressure

Answer

The finding that should indicate to the nurse that theophylline is effective is:

- Decreased wheezing**



A

A nurse is caring for a client who is receiving ondansetron IV. Which of the following findings is an indication that the ondansetron is effective? Absence of peripheral neuropathy Decreased nausea Reduced dizziness Increased urinary output

Answer

The indication that ondansetron is effective is:

- **Decreased nausea.**

A

A nurse is caring for a client who has a gonococcal infection and has been prescribed an IM injection of ceftriaxone. The client refuses the medication because they are afraid of needles. Which of the following responses should the nurse make? "Refusing the injection means will not get better." "I will discuss other treatments options with r provider." " must take this medication because there is no other option to treat this infection." " should not feel anything more than a minor sting from the injection."

Answer

The nurse should respond with:

- **"I will discuss other treatment options with r provider."**

A

A nurse is preparing to administer a scheduled dose of warfarin to a client. Which of the following laboratory tests should the nurse review prior to administration? Total iron-binding capacity wbc PTT PT

2 / 2

Answer

The nurse should review the:

A nurse is taking a medication history from a client who has a new prescription for levothyroxine. The nurse should instruct the client to wait 4 hr after taking levothyroxine before taking which of the following supplements? Ginkgo biloba Vitamin C Calcium Zinc

Answer

The nurse should instruct the client to wait 4 hours after taking levothyroxine before taking:

- **Calcium.**



A nurse is caring for a client who is receiving parenteral nutrition and identifies that the client has hypoglycemia. Which of the following actions should the nurse take? Obtain arterial blood gasses. Warm formula to room temperature. Discontinue the infusion. Administer IV dextrose.

Answer

The nurse should:

- **Administer IV dextrose.**



A nurse is assessing a client who is taking phenelzine and reports eating aged cheese. Which of the following is a manifestation of an interaction between the medication and the food? Somnolence Diarrhea Hypertension Bradycardia

Answer

A manifestation of an interaction between phenelzine and aged cheese is:

- **Hypertension.**

A

A nurse is assessing a client who has received oxycodone. The nurse notes that the client's respiratory rate is 8/min. The nurse should identify that which of the following is the pathophysiology for the client's respiratory rate?

- Oxycodone promotes vasodilation of cranial arteries.
- Oxycodone blocks the sodium channel suspending nerve conduction.
- Oxycodone causes central nervous system depression.
- Oxycodone inhibits prostaglandin synthesis.

Answer

The nurse should identify that the pathophysiology for the client's respiratory rate is:

- Oxycodone causes central nervous system depression.**

A

A nurse is teaching a client who has a new prescription for captopril. Which of the following information should the nurse include in the teaching?

- "Monitor r pulse rate before taking medication."
- "Increase the amount of sodium in r diet."
- "Take a daily potassium supplement."
- "Exercise caution when changing positions."

KU

A nurse is teaching a client who has a new prescription for captopril. Which of the following information should the nurse include in the teaching?

- "Monitor r pulse rate before taking medication."
- "Increase the amount of sodium in r diet."
- "Take a daily potassium supplement."
- "Exercise caution when changing positions."

Answer

Answer

When providing teaching for a client with a new prescription for captopril, which is an angiotensin-converting enzyme (ACE) inhibitor commonly used to treat hypertension and certain types of heart failure, it's important to include the following advice:

A nurse in an emergency department is administering naloxone to a client who is experiencing opioid toxicity. Following administration of the medication, which of the following should the nurse assess first? Breath sounds Heart rate Blood pressure Pain level

Answer

Answer
Breath sounds.

KU

A nurse is receiving a verbal phone prescription from a provider during an emergency. Which of the following actions should the nurse take? Tell the provider that verbal prescriptions are not accepted. Use trailing zeros for prescription clarification. Use shorthand when transcribing. Repeat the prescription to the provider.

Answer

Answer
Repeat the prescription to the provider.

KU

A nurse is caring for a group of clients. Which of the following situations requires an incident report? A client receives their meal tray 20 min late. A client vomits after receiving an oral medication. A client receives their insulin 1 hr before scheduled. A client experiences a seizure.

Answer

Answer
A client receives their insulin 1 hr before scheduled.

KU

A nurse is reviewing laboratory results for a client who is receiving IV furosemide. Which of the following results indicates a therapeutic response to the medication? Decreased liver enzymes Increased calcium level Increased serum sodium level Decreased urine specific gravity

A nurse is providing teaching to a client who has a prescription for total parenteral nutrition (TPN). Which of the following information should the nurse include in the teaching? " require TPN because r glucose is too high." " will receive TPN for the next 6 months." " will receive TPN through a central vein." " require TPN because have a low platelet count."

Answer

Answer

" will receive TPN through a central vein."



A nurse is caring for a client who is receiving diazepam for moderate (conscious) sedation. Which of the following actions should the nurse take to assess for an adverse reaction to the medication? Monitor the client for seizure activity. Auscultate the client's bowel sounds. Monitor the client's oxygen saturation. Check the client's urinary output.

Answer

Answer

Monitor the client's oxygen saturation.



A nurse is caring for a client who is receiving phenytoin. Which of the following conditions should the nurse identify as an indication for this medication? Seizures Kidney transplant Endocarditis Liver failure

Answer

Answer

Seizures.



A nurse is assessing a client who has septic shock and is receiving dopamine by continuous IV infusion. Which of the following findings indicates that the nurse should increase the rate of infusion?

A nurse is preparing to administer heparin subcutaneously to a client. Which of the following actions should the nurse plan to take to minimize bleeding following the injection? Grasp skin between thumb and forefinger throughout the injection. Use the Z-track method to administer the medication. Aspirate the syringe prior to injecting the heparin. Gently massage the site following the injection.

Answer

Answer

Grasp skin between thumb and forefinger throughout the injection.



A nurse is providing teaching to a client who has a new prescription for carbamazepine for the treatment of seizures. The nurse should instruct the client to monitor for which of the following adverse effects? Tachypnea Blurred vision Metallic taste Insomnia

Answer

Answer

Blurred vision.



A nurse is caring for a client in a clinic. Exhibit 1 Exhibit 2 Exhibit 3 Nurses' Notes 1000: Client presents to the clinic with regions of headache, lethargy, and sore throat for the past 3 days. Client states, "I have been unable to eat or do anything except lie in bed all day." Client reports taking ibuprofen every 6 hr for the past 3 days for headache and sore throat relief. The nurse notifies the provider of the findings. Vital Signs 1000: Temperature 37° C (98.6° F) Heart rate 86/min Respiratory rate 16/min Blood pressure 126/86 mm Hg History and Physical 1015: Client awake, alert, and oriented to person, place, and time. Lung sounds clear and equal bilaterally. Heart rhythm regular, no peripheral edema, capillary refill less than 3 seconds in all extremities. Abdomen soft and nondistended. Client has past medical history of acute myocardial infarction 4 weeks ago. Client is taking warfarin 8 mg PO once daily.

Answer

Answer

Upon analyzing the assessment findings, the nurse identifies that the client is at risk for deep vein thrombosis due to the activity level.

KU

A nurse is caring for a client in a provider's office. Exhibit 1 Exhibit 2 Exhibit 3 Nurses' Notes 3 days ago: Client presents with reports of intermittent spotting between menstrual cycles. Pelvic examination and swabs for sexually transmitted infections obtained by the provider. Medications include a combined oral contraceptive. Today: Client returns to office to discuss results of laboratory testing. Education provided on newly obtained prescriptions. A nurse is caring

for a client in a provider's office. Exhibit 2 Exhibit 3 Laboratory Results 1 day ago: Sexually transmitted infection testing positive (Expected: negative) for chlamydia Provider Prescriptions Today: Doxycycline 100 mg PO twice a day for 7 days Which of the following statements should the nurse include in the teaching about the new medication? Select the 2 statements the nurse should include in the teaching. C] " should take this medication with dairy products." E] "This medication may cause constipation." I: "It is common to experience headache or blurred vision while taking this medication." D " should avoid the sun while taking this medication." C] " should use an alternate form of birth control while taking this medication."

Answer

Answer

The nurse should include the following statements in the teaching about the new medication:

- " should avoid the sun while taking this medication."
- " should use an alternate form of birth control while taking this medication."



A nurse is caring for a client in a provider's office. Exhibit 1 Exhibit 2 Exhibit 3 Vital Signs Day 1: Temperature 36.2° C (97.2° F) Respiratory rate 18/min Heart rate 74/min Blood pressure 118/68 mm Hg SpO₂ 96% on room air Day 7: Temperature 36.9° C (98.4° F) Heart rate 86/min Respiratory rate 18/min Blood pressure 98/66 mm Hg SpO₂ 97% on room air I: Provider Prescription Day 1: Levodopa 250 mg/Carbidopa 25 mg 1 tablet daily Day 7: Levodopa 250 mg/Carbidopa 25 mg 2 tablets daily Nurses' Notes Day 1: Client presents for evaluation of neurological changes, including stiffness of lower extremities and shaking of hands. Client is married, has no known allergies, and no surgical history. Client is a retired airline pilot and the parent of five adult children. Day 7: Client reports having trouble sleeping due to nightmares and states, "I'm not sure this medication is doing what it's supposed to do." Client reports daily nausea. Which of the following statements should the nurse include when teaching the client about the prescribed medication? Select all that apply. I:] "The medication can cause nausea, so take with a meal." C] " can experience vivid nightmares." I:] " may notice that urine becomes lighter in color." E]

"Consumption of a high protein meal can reduce the effectiveness of the medication." D " may initially notice an increase in involuntary movements." D "This medication can make light-headed if stand up too quickly from a seated or lying position."

Answer

Answer

When teaching the client about the prescribed medication, Levodopa/Carbidopa, the nurse should include the following statements:

- "The medication can cause nausea, so take with a meal."
- " can experience vivid nightmares."
- "Consumption of a high protein meal can reduce the effectiveness of the medication."
- " may initially notice an increase in involuntary movements."
- "This medication can make light-headed if stand up too quickly from a seated or lying position."



A nurse is caring for a client in the clinic. Exhibit 1 Exhibit 2 Vital Sigfi 1 week ago: Temperature 37° C (986° F) Heart rate 64/min Respiratory rate 12/min Blood pressure 118/72 mm Hg Today: Temperature 37.2° C (989° F) Heart rate 82/min h Respiratory rate 16/min Blood pressure 110/68 mm Hg Nurses' Notes 1 week ago: Client presents to the clinic for an infusion of methotrexate for Non-Hodgkin lymphoma. Client premedicated with ondansetron prior to administration. Client tolerated infusion well. Client educated on adverse effects of medication. Today: Client returns to the clinic with reports of mouth pain. Oral mucosa is dry with lesions noted in buccal mucosa. Client educated on interventions for stomatitis. Which of the following client statements indicates to the nurse the teaching was effective? Select all that apply. D "I will avoid consuming alcoholic beverages." D "I will rinse with saline every 2 hours while awake." "I will perform oral hygiene using a firm-bristle toothbrush." D "I will consume foods that are soft or semisolid." "I will avoid taking folic acid supplements while aw this medication."

Answer

Answer

The client statements that indicate the teaching was effective are:

- "I will avoid consuming alcoholic beverages."
- "I will rinse with saline every 2 hours while awake."
- "I will consume foods that are soft or semisolid."