Delmar’s Practice Questions For NCLEX-PN®

Second Edition

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<table>
<thead>
<tr>
<th>Contributors</th>
<th>vii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>ix</td>
</tr>
</tbody>
</table>

**UNIT I**

Overview of Practical/Vocational Nursing 1

1 How to Prepare for NCLEX-PN®
   3
2 Essential Concepts
   11

**UNIT II**

Medical-Surgical Nursing 17

3 The Cardiovascular System
   19
4 The Hematologic System
   27
5 The Respiratory System
   33
6 The Neurosensory System
   39
7 The Gastrointestinal System
   45
8 The Genitourinary System
   53
9 The Musculoskeletal System
   61
10 The Endocrine System
    67
11 The Integumentary System
    73

**UNIT III**

Maternity and Pediatrics 77

12 The Female Reproductive System, Maternity, and Newborns
   79
13 Pediatrics
   103

**UNIT IV**

Special Populations 129

14 The Older Adult Client
   131
15 The Mental Health Client
   135
16 The Perioperative Client
   145
17 The Client with Cancer
   149

**UNIT V**

Health Promotion and Drug Therapy 155

18 Nutrition and Special Diets
   157
19 Pharmacology
   163

**UNIT VI**

Comprehensive Practice Tests 173

Practice Test One
   175
Practice Test Two
   201
Practice Test Three
   225
Practice Test Four
   249
Practice Test Five
   275
Practice Test Six
   301
Practice Test Seven
   325
Practice Test Eight
   351

**Appendices**

Appendix A Symbols and Abbreviations
   380
Appendix B Metric System Equivalents
   382
Appendix C Temperature Conversions
   383
Appendix D Medical Prefixes and Suffixes
   384
Appendix E NANDA International Nursing Diagnoses 2009–2011
   387
Delmar's Practice Questions for NCLEX-PN®, Second Edition was expressly written and developed to help the LPN/LVN nurse graduate practice and prepare for the all-important NCLEX-PN® examination. Success on the NCLEX is a career milestone and the key to beginning a successful practice as a licensed practical nurse. The role the new LPN/LVN is expected to play in the current healthcare system has expanded enormously.

Delmar’s Practice Questions for NCLEX-PN®, Second Edition has more than 4000 test questions that cover all of the topics included on the NCLEX examination. Every question is accompanied by a rationale for both right and wrong choices. All comprehensive test questions have categories that identify the area of the nursing process, client need (from the current test plan), cognitive level, and subject area. This allows the learner to pinpoint areas for further study and to maximize study time.

ACCOMPANYING MATERIALS
The CD-ROM included with this book holds 3000 questions in a robust environment that simulates the NCLEX test-taking experience. Students can test their knowledge in two ways: learning mode and test mode. In learning mode the rationale for the correct and incorrect responses is given immediately after each question is answered. In test mode the learner will receive a score after the test is completed. Questions answered incorrectly may be reviewed with the rationale after completing the test.

In either mode once the test is completed the learner has the option to view the results through bar-graph percentages that represent the areas of the test plan, cognitive levels, and subject area. This element gives the learner a clear, concise visual accounting of important information to help maximize study time.

NEW TO THIS EDITION
- Robust software that generates tests of varying lengths from a pool of 3000 questions, simulating a truer exam experience
- Software includes visual interpretation of data to help pinpoint study areas
- Free PDA downloads of practice questions
- The addition of more than 2700 new and unique questions.

The concept, scope, and design of Delmar’s Practice Questions for NCLEX-PN®, Second Edition represent a commitment to assist the graduate LPN/LVN reach full professional potential. Good luck on your NCLEX-PN® examination!
CHAPTER 19
Pharmacology
SAMPLE QUESTIONS

1. The nurse is administering an intramuscular (IM) injection to a client. When the nurse aspirates, there is a blood return. What is the most appropriate action for the nurse to take?
   1. Continue to administer the medication
   2. Withdraw the needle and administer in another site
   3. Withdraw the needle, discard the medication, and start over
   4. Change the needle before administering the medication in another site

2. The nurse is to administer a subcutaneous (SC) injection. Which technique is correct?
   1. Pull the skin taut. Insert a 21-gauge needle at a 90-degree angle.
   2. Pinch the skin. Insert a 25-gauge needle at a 45-degree angle.
   3. Stretch the skin taut. Insert a 27-gauge needle at a 10-degree angle.
   4. Pinch the skin. Insert a 21-gauge needle at a 60-degree angle.

3. The nurse is to administer an IM injection to a 6-month-old child. What is the most appropriate site to use?
   1. Vastus lateralis
   2. Dorsal gluteal
   3. Ventral gluteal
   4. Iliac crest

4. Ringer’s lactate is running at 125 mL/hr. The administration set has 15 drops/mL. What should the drip rate be?
   1. 8 drops/min
   2. 31 drops/min
   3. 50 drops/min
   4. 67 drops/min

5. A 2-year-old child who weighs 33 pounds is to receive a total daily dose of 25 mg/kg of a medication. It is to be administered in three evenly divided doses. The label reads 150 mg/mL. How many milliliters will be injected per dose?
   1. 0.5 mL
   2. 0.83 mL
   3. 3.75 mL
   4. 155 mL

6. An adult is receiving gentamicin IV q8h. Which laboratory tests does the nurse expect that the client will have done regularly?
   1. CBC and hemoglobin
   2. BUN and serum creatinine
   3. SGOT and SGPT
   4. Urine and blood cultures

7. Which observation, if reported by a client, is most suggestive of an adverse reaction to gentamicin?
   1. A WBC of 8000
   2. Ringing in the ears
   3. Itching
   4. Nasal stuffiness

8. Penicillin V potassium (Pen-Vee-K) 500 mg PO qid is ordered for an adult client. He reports that he took penicillin for the first time two months ago. What should the nurse do?
   1. Be sure that skin testing for a penicillin allergy has been done
   2. Observe for signs of an allergic response
   3. Withhold the penicillin
   4. Notify the physician

9. The nurse in the physician’s office is instructing an adult about taking penicillin V potassium (Pen-Vee-K) qid. When should the nurse tell him to take the medicine?
   1. With meals and at bedtime
   2. Once a day at 10:00 a.m.
   3. On an empty stomach at six-hour intervals
   4. With orange juice at four-hour intervals

10. A 10-month-old child has been diagnosed as having acute otitis media. The pediatrician prescribed amoxicillin suspension. What instructions should the nurse give the child’s mother?
    1. When your child’s temperature has been normal for two days, discontinue the medicine.
    2. Discard any unused medication.
    3. If your child has symptoms of an ear infection again, start giving her the leftover medication.
    4. Give your child all of the medication in the bottle.

11. Keflex 250 mg PO q6h is ordered for an adult. The nurse notes that the client’s history indicates that she has an allergy to penicillin. What is the most appropriate initial action for the nurse?
    1. Notify the physician
    2. Observe the client carefully after giving the medication
    3. Administer the Keflex IV instead of PO
    4. Ask the client to describe the reaction that she had to penicillin

12. Which of the following persons would be least likely to receive tetracycline?
    1. An adolescent with acne
    2. A woman with chlamydia who is seven months pregnant
    3. A 10-year-old child with Rocky Mountain spotted fever
    4. A 32-year-old man with walking pneumonia

13. An adult is receiving Gantrisin 1 g PO qid for a urinary tract infection. Which statement that she makes indicates a need for more teaching?
    1. “If I get a rash, I will apply calamine lotion.”
    2. “I will take my pills with a full glass of water.”
3. “I will take all the pills even if I feel better.”
4. “I will stay out of the sun while I am taking the pills.”

14. An adult client is seen in the clinic, and sulfisoxazole (Gantrisin) is prescribed. Which information is most appropriate for the nurse to include in the teaching?
1. Limit your fluid intake to four glasses a day.
2. If it upsets your stomach, try taking it with an antacid.
3. Avoid going out in the sun while taking this drug.
4. Take the tablets with orange juice or milk.

15. An adult client has pulmonary tuberculosis. He is receiving isoniazid (INH) 300 mg PO, ethambutol 1 g PO daily, and streptomycin 1 g IM three times a week. When he comes in for a checkup, he tells the nurse that he hates getting shots and his ears ring most of the time. What is the best interpretation for the nurse to make regarding the client’s complaints?
1. He may be receiving too much ethambutol.
2. He should be evaluated for adverse reaction to streptomycin.
3. Tuberculosis may have spread to the brain.
4. He is experiencing a reaction commonly seen when INH and streptomycin are given at the same time.

16. An adult client has pulmonary tuberculosis. He is receiving INH 300 mg PO, ethambutol 1 g PO daily, and streptomycin 1 g IM three times a week. When he comes in for a checkup, he tells the nurse that he hates getting shots and his ears ring most of the time. What advice does the nurse expect will be given to this client?
1. Take pyridoxine daily.
2. Expect red-colored urine and feces.
3. Stop the medications when your cough is gone.
4. Take streptomycin by mouth instead of by injection.

17. An adult client is being treated for genital herpes with acyclovir (Zovirax) tablets. Which statement she makes indicates that she understands her therapy?
1. “It is safe now to have sexual relations.”
2. “I will stay home from work until the blisters are gone.”
3. “This medicine will cure the herpes infection.”
4. “If the blisters come back, I will start taking the pills immediately.”

18. The clinic nurse is teaching an adult male who has AIDS. He is receiving zidovudine. Which statement he makes indicates that he understands the medication regimen?
1. “If I get a sore throat and it is hard to swallow my capsules, I can empty the capsule into applesauce.”
2. “I am hopeful that this drug will get rid of this awful disease.”
3. “I understand I might need a transfusion.”
4. “I should take acetaminophen (Tylenol), not aspirin, if I get a fever.”

19. An adult client has been diagnosed as having rheumatoid arthritis and is started on piroxicam (Feldene) 20 mg daily. Two days later, the client calls the nurse and says that her joints still hurt. What is the best response for the nurse to make?
1. “It may take up to two weeks before results are seen with Feldene.”
2. “Take aspirin with the Feldene. It has an additive effect.”
3. “Come in to see the physician. You should have pain relief by now.”
4. “You may need more medication. Take one additional pill each day.”

20. A 13-month-old child is admitted to the emergency room with salicylate poisoning. Her mother found her beside the empty bottle of adult aspirin. She says there were “about 10” aspirin left in the bottle. What manifestations would the nurse most expect to see in the child?
1. Bradypnea and pallor
2. Hyperventilation and hyperpyrexia
3. Subnormal temperature and bleeding
4. Melena and bradycardia

21. A toddler who has swallowed several adult aspirin is admitted to the emergency room. When admitted, the child is breathing but is difficult to arouse. What is the immediate priority of care?
1. Administration of syrup of ipecac
2. Cardiopulmonary resuscitation
3. Ventilatory support
4. Gastric lavage

22. An adult client is on call for the operating room. The preoperative medication order is for meperidine HCl (Demerol) 100 mg IM and atropine 0.4 mg IM. The operating room calls at 11:00 A.M. and requests that the client be medicated. The nurse notes that the client last received meperidine for pain at 10:00 A.M. What is the most appropriate action for the nurse to take?
1. Give the preoperative medication as ordered
2. Give half the dose of meperidine and all of the atropine
3. Check with the anesthesiologist before administering the medication
4. Withhold both the meperidine and the atropine

23. An adult client had an abdominal hysterectomy this morning. Meperidine HCl (Demerol) 75 mg IM q3–4h PRN for pain is ordered. At 9:00 P.M., she complains of lower abdominal pain. She was last medicated at 5:45 P.M. What is the most appropriate initial action for the nurse to take?
1. Offer her a bed pan and a back rub
2. Reposition her
3. Administer meperidine HCl 75 mg IM
4. Encourage her to perform relaxation and breathing exercises

24. An adult client has rheumatoid arthritis. Aspirin 975 mg q4h PRN is ordered for pain. At 2:00 P.M., the client requests pain medication. Aspirin was last given at 9:30 A.M. What is the most appropriate initial action for the nurse to take? 
   1. Give the aspirin as ordered 
   2. Question the order because it is a higher than normal dosage 
   3. Attempt to divert the client’s attention from the pain 
   4. Assess the nature of the pain

25. A 68-year-old man has been diagnosed as having Parkinson’s disease. He is started on Cogentin 0.5 mg PO daily. Which nursing action is most essential at this time? 
   1. Monitor his BP and pulse 
   2. Encourage cold beverages and hard candies 
   3. Observe for rashes 
   4. Monitor his stools for fluid loss

26. A young adult, 20 years old, who is hospitalized for the first time with schizophrenia, is receiving chlorpromazine (Thorazine) 75 mg PO tid. The client is to go home for a weekend pass. Which statement that the client makes indicates a need for nursing intervention? 
   1. “I won’t drink any alcohol this weekend.” 
   2. “It will be good to taste home-cooked food again.” 
   3. “We plan to go dancing.” 
   4. “I’m looking forward to a relaxing weekend at the beach.”

27. An adult client is receiving lithium 600 mg PO tid for the treatment of bipolar disorder. The client should be taught that it is important to have adequate amounts of which substance? 
   1. Potassium 
   2. Sodium 
   3. Calcium 
   4. Magnesium

28. An elderly adult is scheduled for repair of a fractured femur this morning. The nurse goes in to administer the preoperative medication of Demerol 75 mg and atropine 0.4 mg IM. The client asks the nurse if he should take his eye drops before surgery. What is the best initial response for the nurse to make? 
   1. “You can take them when you get back from surgery.” 
   2. “I’ll give them to you now.” 
   3. “Let me check with your physician.” 
   4. “What kind of eye drops are you taking?”

29. A 68-year-old client was admitted with congestive heart failure, has been digitalized, and is now taking a maintenance dose of digoxin 0.25 mg PO daily. The client is to be discharged soon. Which assessment is of most immediate concern to the nurse? 
   1. The client’s apical pulse is 66. 
   2. The client says that he is nauseous and has no appetite. 
   3. The client says that he will take his pill every morning. 
   4. The client has lost 8 lb since his admission one week ago.

30. An adult has angina and is to be discharged on transdermal nitroglycerin. Which statement by the client indicates that the client needs additional teaching? 
   1. “I am glad that I can continue walking.” 
   2. “I will change the site each day.” 
   3. “I will be able to continue to drink alcoholic beverages.” 
   4. “I will need to get up slowly.”

31. A 48-year-old man is in the emergency room. He has crushing substernal pain and is diaphoretic, apprehensive, and ashen gray in color. The cardiac monitor shows runs of premature ventricular contractions. Which drug is most likely to be given to this client? 
   1. Lidocaine 
   2. Verapamil 
   3. Digitalis 
   4. Nitroglycerin

32. A 60-year-old client has been hospitalized for deep vein thrombosis. The client is to be discharged on warfarin (Coumadin) 5 mg PO daily. Which statement that the client makes indicates the best understanding of the medication routine? 
   1. “I will take aspirin for my arthritis.” 
   2. “I love to eat spinach salads.” 
   3. “I will get a blood test next week.” 
   4. “I made an appointment to have my teeth pulled.”

33. A 67-year-old client is to be discharged from the hospital. The client is taking digoxin and furosemide daily. Which instruction is most essential for the nurse to give this client? 
   1. Take your medicine early in the day. 
   2. Be sure to drink orange juice and eat bananas or melons every day. 
   3. Avoid foods that are high in sodium. 
   4. Drink plenty of milk.

34. An adult client who has been taking furosemide (Lasix) 40 mg PO every day for several weeks is complaining of muscle weakness and lethargy. Which test will be of greatest value in assessing the client’s condition? 
   1. Serum electrolytes 
   2. Urinalysis 
   3. Serum creatinine 
   4. Five-hour glucose tolerance test
35. An adult receives NPH insulin at 7:00 A.M. When is a hypoglycemic reaction most apt to develop?
1. Mid morning
2. Mid afternoon
3. During the evening
4. During the night

36. A 17-year-old client has been recently diagnosed as having diabetes mellitus Type 1. Insulin is prescribed. The client asks why insulin can’t be taken by mouth. What is the best answer for the nurse to give?
1. “Insulin is irritating to the stomach.”
2. “Oral insulin is too rapidly absorbed.”
3. “Gastric juices destroy insulin.”
4. “You can take it by mouth when the acute phase is over.”

37. An adult received regular insulin at 7:00 A.M. At 10:00 A.M., she is irritable and sweaty, but her skin is cool. What is the most appropriate action for the nurse to take?
1. Have her lie down for a rest
2. Give her a cola drink
3. Give ordered insulin
4. Encourage exercise

38. A woman who is taking cortisone for an acute exacerbation of rheumatoid arthritis is upset about the fat face she has developed. She says to the nurse, “I’m going to quit taking that cortisone.” The nurse’s response should be based on which understanding?
1. Cortisone does not cause a fat face.
2. The symptoms will lessen as her body adjusts to the medication.
3. The drug should be immediately discontinued when adverse effects occur.
4. Cortisone should never be abruptly discontinued.

39. An adult woman has been diagnosed as having hypothyroidism. She is taking Cytomel (liothyronine sodium) 50 mcg daily. Which of the following side effects should the nurse be especially alert for?
1. Angina
2. Fatigue
3. Rash
4. Gastritis

40. A 19-year-old woman has just started taking birth control pills. She calls the clinic nurse to say that her breasts are tender and she is nauseous. The nurse’s response is based on which understanding?
1. These are serious side effects.
2. These effects usually decrease after three to six cycles.
3. Taking the pill in the morning reduces its side effects.
4. Taking the pills every other day reduces its side effects.

41. A young woman delivered a 7-lb, 8-oz baby boy spontaneously. Ergotrate 0.4 mg q6h for five days is ordered. A half-hour after the nurse administers the first dose, she complains of abdominal cramping. The nurse’s best response is based on which understanding?
1. Cramping indicates a serious adverse reaction.
2. Cramping can be reduced by abdominal breathing.
3. The medication is having the desired effect.
4. The dosage needs to be reduced.

42. Aluminum hydroxide gel (Amphojel) is ordered for an adult who has acute renal failure. What is the primary reason for administering this drug to this client?
1. To prevent the development of Curling’s ulcers
2. To bind phosphates
3. To maintain normal pH
4. To prevent diarrhea

43. An adult is hospitalized for an acute attack of gout. Which medication should the nurse expect to administer?
1. Morphine
2. Colchicine
3. Allopurinol
4. Acetaminophen

44. An adult is scheduled for a left cataract extraction. Homatropine and Cyclogyl eye drops are ordered. What is the expected action of these drops?
1. Mydriasis
2. Miotic effects
3. Relaxation of eye muscles
4. Prevention of infection

45. When administering eye drops, the nurse should administer the drops into which location?
1. The pupil
2. The conjunctival sac
3. The inner canthus
4. The cornea

46. Ear drops have been ordered for a 10-month-old child. How should the nurse teach the mother to pull the baby’s ear to straighten the ear canal?
1. Down and back
2. Down and forward
3. Up and forward
4. Up and back

47. A client who has Hodgkin’s disease receives a weekly IV dose of nitrogen mustard. Which nursing order is most appropriate for this client?
1. Encourage mouth care with an astringent mouthwash and dental floss after every meal
2. Encourage organ meats and dried beans and peas
3. Monitor vital signs daily
4. Encourage fluid intake to 3000 cc
48. A woman who is receiving cancer chemotherapy exhibits all of the following. Which is most indicative of bone marrow depression?
   1. Alopecia
   2. Petechiae
   3. Stomatitis
   4. Constipation

49. A 6-year-old child is seen in the emergency room after stepping on a rusty nail. He has received no immunizations. What should the nurse expect to give him immediately to prevent a tetanus infection?
   1. Tetanus toxoid
   2. DTaP
   3. Immune serum globulin
   4. Penicillin

50. A woman is two months pregnant when her 5-year-old child develops rubella. What is most likely to be given to her?
   1. Immune serum globulin
   2. MMR
   3. RhoGam
   4. Rubella antitoxin

ANSWERS AND RATIONALES

1. 3. The nurse should not inject medication that has blood in it. Blood may interact with the medication and cause an adverse response.

2. 2. The skin should be pinched, and a 25-gauge needle should be inserted at a 45-degree angle. Answer 1 describes an IM injection. Answer 3 describes an intradermal injection.

3. 1. Infants and small children do not have enough muscle in the gluteal area to use that site. The vastus lateralis is the appropriate site. The iliac crest is a site used for SC injections, not IM.

4. 2. Divide 125 mL/hr by 60 min/hr and multiply by 15 drops/mL.

5. 2. Break the problem down into steps. First, determine the child’s weight in kilograms. Divide the number of pounds by 2.2, obtaining 15 kg. Then, multiply 15 kg by 25 mg/kg and obtain 375 mg. Next, divide 375 mg by three daily doses, coming up with 125 mg/dose. The last step is to perform a desired-over-have calculation to determine the dose. Divide the desired dose (125 mg) by the have-on-hand amount (150 mg), obtaining 0.83 mL.

6. 2. BUN and serum creatinine are tests of renal function. Gentamicin is nephrotoxic. All persons receiving gentamicin should have these tests done regularly to assess for toxicity. Elevated levels indicate toxicity. CBC and hemoglobin tests are done to indicate anemia or bone marrow suppression. SGOT and SGPT are liver function tests. Cultures are done before and after antibiotic treatments, not during treatment.

7. 2. Gentamicin is ototoxic (ears). Ringing in the ears suggests possible damage to the eighth cranial nerve, the auditory nerve. A WBC of 8000 is normal.

8. 2. The client does not have a history of allergic response to penicillin, so there is no need to skin test or withhold the medication. However, the nurse knows that allergic responses rarely occur with the first administration of a medication. Most allergic responses occur following the second or later dose. In the United States, routine skin testing for penicillin allergy is not done. Skin testing is done when there is a question about whether the person has really had an allergic response.

9. 3. Penicillin V potassium (Pen-Vee-K) should be taken on an empty stomach at six-hour intervals.

10. 4. The nurse should tell the mother to give the child all of the medication in the bottle. The bottle contains the prescribed amount. Stopping the medication when the child begins to feel better is likely to cause antibiotic-resistant strains of the microorganism to develop. There should be no unused medication. The amoxicillin suspension is only good for two weeks.

11. 4. The nurse knows that there is often a cross-allergy between penicillin and the cephalosporins, such as Keflex. The initial response by the nurse should be to determine what type of reaction the client had. The nurse should then notify the physician and describe the reaction. Reactions such as nausea or diarrhea are not allergic responses. A reaction such as hives or anaphylaxis would prevent giving Keflex.

12. 2. Tetracycline causes gray tooth syndrome in children under 8 years of age. Tooth buds are developing during the third trimester of pregnancy and can be damaged if the mother takes tetracycline then. Tetracycline is effective for chlamydia but should not be given because the woman is pregnant. Tetracycline is often given to adolescents with acne. Tetracycline is effective against Rocky Mountain spotted fever. Note that the child is older than 8 years. Walking pneumonia is probably a Mycoplasma infection; tetracycline is effective against Mycoplasma.

13. 1. The client should be taught that a rash might be an adverse reaction to Gantrisin, and it should be reported to the physician, not self-medicated. Gantrisin is a sulfon medication and should be taken with a full glass of water. Photosensitivity is common; the client should stay out of the sun. All antimicrobials should be taken for the full course of treatment even if the person feels better.
14. Sulfas drugs are very likely to cause a rash when the client goes out in the sun. The client should avoid the sun. The client should have 3 to 4 L of fluid per day. The medication should be taken with a full glass of water to prevent urine crystals. The client should report an upset stomach to the physician.

15. A major toxic response to streptomycin is damage to the eighth cranial nerve, the auditory nerve. Ringing in the ears suggests streptomycin toxicity. Ethambutol might cause color blindness.

16. Persons who are taking INH should also be taking pyridoxine (vitamin B₆) daily to prevent peripheral neuritis. Rifampin causes red-colored urine and feces. This client is not on rifampin. A person with active tuberculosis will be on medication for a year or more. Streptomycin is not available in an oral form because it is not systemically absorbed when given orally.

17. Persons with recurrent genital herpes should start taking their prescription acyclovir tablets at the first sign of an infection. This shortens the outbreak and makes it less severe. The client should avoid sexual relations whenever lesions are present. There is no need to stay home from work with genital herpes. The medicine shortens the outbreaks and makes them less severe but does not cure herpes infections.

18. Zidovudine causes such a decrease in red blood cell (RBC) count that transfusions are often necessary. The capsules should not be opened. Zidovudine does not cure AIDS. The client should not take over-the-counter medications such as acetaminophen when taking zidovudine.

19. It takes up to two weeks for Feldene to reach therapeutic levels. The other options are not appropriate nursing interventions.

20. Aspirin overdose causes an increase in metabolic rate and metabolic acidosis. The child will have an increased temperature (hyperpyrexia) from the increased metabolic rate. The pulse will be up. Compensation for metabolic acidosis is hyperventilation to blow off the acid. The child will be warm, flushed, tachycardic, and hyperventilating. The child is at risk for bleeding. Melena (blood in the stools) is unlikely at this time. Enough time has not elapsed for a GI bleed and hidden blood in the stool.

21. The child is breathing, so cardiopulmonary resuscitation (CPR) and ventilatory support are not needed. Once the child is breathing, the first priority is to remove the poison. The child is difficult to arouse, so gastric lavage is used, not syrup of ipecac, which induces vomiting. Syrup of ipecac is rarely used today.

22. The client was medicated one hour ago. It is too soon to give meperidine again. The nurse should call the physician for instructions.

23. The client has pain in the operative area and the time interval is appropriate, so medicate her. A back rub, repositioning, and relaxation and breathing exercises are not likely to relieve pain on the day of surgery.

24. The client asked for pain medication, but there is no indication of where the client hurts. The nurse cannot assume that the pain is arthritis pain without asking. The aspirin dose is not high for someone with rheumatoid arthritis. The nurse should not divert attention from pain without first assessing.

25. Cogentin can affect the blood pressure and pulse. The nurse must monitor vital signs. The client probably will also have a dry mouth as a result of taking Cogentin, and cold beverages and hard candies are also indicated. However, they are not the priority intervention. Rashes are not a common side effect of Cogentin. He is likely to be constipated.

26. Photosensitivity is a common side effect of Thorazine. The client should not drink alcohol. MAO inhibitors have food contraindications. There is no contraindication to dancing.

27. Lithium is excreted from the body as a sodium salt. The client should be taught to have adequate amounts of sodium and water so that lithium can be excreted in the urine and not cause toxicity.

28. The nurse knows that atropine is contraindicated in persons who have glaucoma. The client is elderly and takes eye drops. The nurse should determine the type of eye drops and the reasons for them before administering the preoperative medication.

29. Anorexia and nausea are signs of digoxin toxicity. A pulse of less than 60 indicates toxicity. The client should take his pill every morning. Digoxin does not have a diuretic effect, but the increase in pumping effectiveness of the heart will help to pump the accumulated fluid from congestive heart failure to the kidneys for excretion. A weight loss is normal when starting on digoxin.

30. The client who is taking nitroglycerin should not drink alcohol. He should be able to walk. The site should be changed daily. He will need to get up slowly because orthostatic hypotension is a common reaction to the vasodilating effects of nitroglycerin.

31. The client is having premature ventricular contractions (PVCs). Lidocaine is the drug of...
choice for frequent PVCs. Verapamil is a calcium channel blocker and is not the drug of choice for PVCs during a myocardial infarction (MI). Digitalis is used for congestive heart failure (CHF) and atrial dysrhythmias. Nitroglycerin is used to treat angina. This client more likely has an MI.

32. Persons who are taking Coumadin must have prothrombin times done on a regular basis. This indicates understanding. Aspirin is an anticoagulant and should not be taken by the person who is taking Coumadin unless specifically ordered as part of the anticoagulant regimen. Spinach is high in vitamin K, a coagulant and the antidote for Coumadin. Spinach should not be eaten in large amounts. The person who is taking anticoagulants should not have any teeth removed because of the possibility of hemorrhage.

33. Furosemide (Lasix) is a potassium-depleting diuretic. The client who is also taking digoxin is at greater risk for digoxin toxicity when the serum potassium is low. The person must replace the potassium lost by eating foods high in potassium and possibly by taking a potassium supplement. The client should also be told to take the diuretic early in the day to prevent diuresing during the night and interfering with sleep. However, potassium replacement is of greater importance and takes priority. The client will also probably be told to avoid high-sodium foods but that is not the highest priority. There is no need to tell the client to drink milk.

34. The symptoms suggest hypokalemia. The client is at risk for hypokalemia because he is taking furosemide, a potassium-depleting diuretic. A urinalysis is used for many things, including picking up urinary tract infections. There is no indication of that in this client. Serum creatinine is the blood test for renal failure. There is no indication of that in this client. Serum creatinine is therefore not the definitive test for diagnosing diabetes. There is no indication for that in this question.

35. Hypoglycemic reactions are most likely to occur at peak action times, when the insulin is taking the glucose out of the bloodstream into the cells. Peak action time of NPH is six to eight hours after the dose. That would be 1:00 to 3:00 P.M. Mid afternoon is the best answer. Regular insulin would be mid morning.

36. Gastric juices break down insulin, which is a protein.

37. The symptoms suggest hypoglycemia. The peak action of regular insulin is two to four hours after administration, and the client took regular insulin three hours ago. The treatment for hypoglycemia is to administer sugar in some form, such as fruit juice, milk, or cola drinks. Insulin would make her worse.

38. When high doses of cortisone are taken, the body decreases its own production. If the client abruptly stopped the cortisone, she would develop addisonian crisis. Cortisone does cause a moon face. The symptoms will not disappear until she stops the medication. Cortisone should never be abruptly discontinued.

39. Angina is a frequent side effect when thyroid medication is started. Thyroid increases the metabolic rate and the heart rate. Persons with hypothyroidism are also likely to have atherosclerosis. When the heart rate increases, angina may result. Clients starting on thyroid medication should be instructed to call the physician if they develop chest pain or dysrhythmias.

40. Breast tenderness and nausea are common side effects of the progesterone in birth control pills. These effects usually decrease after three to six cycles. Taking the pill at night reduces the nausea. If the client is sleeping, she is not aware of it. The pill must be taken to be effective. Skipping doses renders the regimen ineffective.

41. Ergotrate is an oxytocic and is given to cause uterine contractions or cramping and prevent postpartum bleeding.

42. Aluminum hydroxide gel binds phosphates when given to a client in renal failure. It can also help prevent the development of Curling’s (stress) ulcers and is used as an antacid. Constipation is a side effect.

43. Colchicine is given for acute gout. Allopurinol is given to prevent recurring attacks of gout. Morphine and acetaminophen are not indicated.

44. Homatropine and Cyclogyl are mydriatic drugs; that is, they dilate the pupil. Cyclogyl paralyzes the ciliary muscles so that the pupil cannot constrict.

45. Eye drops should be placed into the conjunctival sac.

46. For infants and small children, the ear should be pulled down and back to straighten the ear canal. For older children and adults, the ear should be pulled up and back.

47. The client should drink plenty of fluids and empty her bladder frequently to prevent hemorrhagic cystitis. Mouth care with an astringent mouthwash and dental floss is contraindicated because of mouth sores and the risk of bleeding with cancer chemotherapeutic agents. Organ meats and dried peas and beans are high in folic acid. The drug antagonizes folic acid. Daily vital signs are not often enough.
48. **2.** Bone depression causes a decrease of white blood cells, red blood cells, and platelets. Petechiae (small, pinpoint bruises) are indications of bleeding and a decrease in platelets.

49. **3.** A person who has stepped on a rusty nail is at risk for tetanus infection. He has received no immunizations. He needs immune serum globulin to give him an immediate, passive immunity. Later, he will receive tetanus toxoid to help him develop antibodies for future needs. Penicillin will not prevent tetanus.

50. **1.** Immune serum globulin will give her a passive immunity and help keep her from developing rubella, which can have devastating effects on the unborn child. MMR is a live virus and is not given to pregnant women. RhoGam prevents anti-Rh antibody development. There is no such thing as rubella antitoxin.