

## نمونه سوالات آزمون پرستاری در عمان

آزمون پرستاری در عمان یک آزمون ضروری برای پرستارانی است که قصد دارند مجوز کار در این کشور را دریافت کنند. این آزمون توسط هیئت تخصصی پزشکی عمان (OMSB) برگزار می‌شود و هدف آن ارزیابی دانش و مهارت‌های پرستاران در زمینه‌های مختلف مراقبت‌های بهداشتی است. آزمون شامل ۱۰۰ سوال چندگزینه‌ای است که در مدت ۲.۵ ساعت باید به آن‌ها پاسخ داده شود. پرستاران می‌توانند این آزمون را تا چهار مرتبه در سال شرکت کنند. قبولی در این آزمون برای دریافت مجوز رسمی کار در عمان الزامی است و هزینه آن معمولاً بین ۱۰۰ تا ۲۰۰ ریال عمانی متغیر است.

برای استخدام در عمان در شغل پرستاری و اطلاع در مورد هزینه‌ها و شرایط مهاجرت، می‌توانید در وب سایت [تهران ویزا](#) نسبت به دریافت مشاوره رایگان اقدام کنید.

**1. A nurse is assessing a client 8 hours after the creation of a colostomy. Which assessment finding should the nurse expect?**

- A. Presence of hyperactive bowel sounds
- B. Absence of drainage from the colostomy
- C. Dusky-colored, edematous-appearing stoma
- D. Red bloody drainage from the nasogastric tube

**2. When admitting a client who is in labor to the birthing unit, a nurse asks the client about her marital status. The client refuses to answer and becomes very agitated, telling the nurse to leave. How should the nurse respond?**

- A. Question the family about the client's marital status.
- B. Try to obtain this information to complete the client's history.
- C. Refer the client to the social service department for counseling.
- D. Ask questions that are restricted to the client's present clinical situation.

**3. A 5-week-old infant is admitted to the hospital with a tentative diagnosis of a congenital heart defect. The infant tires easily and has difficulty breathing and feeding. In what position should the nurse place this infant?**

- A. Supine with the knees flexed
- B. Orthopneic with pillows for support
- C. Side-lying with the upper body elevated
- D. Prone with the head supported by pillows

**4. Three weeks after a kidney transplant, a client develops leukopenia. Which factor should the nurse conclude is the most probable cause of the leukopenia?**

- A. Bacterial infection
- B. High creatinine levels



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- C. Rejection of the kidney
- D. Antirejection medications

**5. A nurse in the prenatal clinic is providing nutritional counseling for a pregnant woman with a cardiac problem. What should the nurse advise the client to do?**

- A. Limit the intake of fat.
- B. Increase sodium in the diet.
- C. Eat a moderate amount of protein.
- D. Control the number of calories consumed.

**6. Control the number of calories consumed.**

- A. Encourage the father's participation in a parenting class.
- B. Provide time for the father to be alone with and get to know the infant.
- C. Offer the father a demonstration on newborn diapering, feeding, and bathing.
- D. Allow time for the father to ask questions after viewing a film about a new infant.

**7. On a 6-week postpartum visit, a new mother tells a nurse she wants to feed her baby whole milk after 2 months because she will be returning to work and can no longer breastfeed. The nurse plans to teach her that she should switch to formula feeding because whole milk does not meet the infant's nutritional requirements for which constituents?**

- A. Fat and calcium
- B. Vitamin C and iron
- C. Thiamine and sodium
- D. Protein and carbohydrates

**8. A client develops kidney damage as a result of a transfusion reaction. What is the most significant clinical response that the nurse should assess when determining kidney damage?**

- A. Glycosuria
- B. Blood in the urine
- C. Decreased urinary output
- D. Acute pain over the kidney

**9. A nurse is caring for a client with chronic kidney failure. What should the nurse teach the client to limit the intake of to help control uremia associated with end-stage renal disease (ESRD)?**

- A. Fluid
- B. Protein

C. Sodium

D. Potassium

**10. What should the nurse do when caring for a client who is receiving peritoneal dialysis?**

A. Maintain the client in the supine position during the procedure.

B. Position the client from side to side if fluid is not draining adequately.

C. Remove the cannula at the end of the procedure and apply a dry, sterile dressing.

D. Notify the health care provider if there is a deficit of 200 mL in the drainage return.

**11. Children with special needs have the same needs as those without special needs, although their means of satisfying these needs may be limited. What effect should the nurse expect that these limitations will frequently cause in the child?**

A. Frustration

B. Overcompensation

C. Feelings of rejection

D. Emotional dysfunction

**12. A nurse assesses a client recently admitted to an alcohol detoxification unit. What common clinical manifestation should the nurse expect during the initial stage of alcohol detoxification?**

A. Nausea

B. Euphoria

C. Bradycardia

D. Hypotension

**13. After an abdominal cholecystectomy, a client has a T-tube attached to a collection device. On the day of surgery, at 10:30 PM, 300 mL of bile is emptied from the collection bag. At 6:30 AM the next day, the bag contains 60 mL of bile. What should the nurse consider in response to this information?**

A. The T-tube may have to be irrigated.

B. The bile is now draining into the duodenum.

C. Mechanical problems may have developed with the T-tube.

D. Suction must be reestablished in the portable drainage system.

**14. A nurse in the emergency department is assessing a client who was beaten and sexually assaulted. Which is the nurse's priority assessment?**

A. The family's feelings about the attack

B. The client's feelings of social isolation

- C. Disturbance in the client's thought processes
- D. The client's ability to cope with the situation

**15. A health care provider orders oxygen therapy via nasal cannula at 2 L/min for an older, confused client with heart failure. Which nursing action is the priority?**

- A. Maintaining the client on bed rest
- B. Determining whether the client is agitated
- C. Obtaining a cannula of appropriate size for the client
- D. Investigating whether the client has chronic obstructive pulmonary disease

**16. A health care provider orders oropharyngeal suctioning as needed for a client in a coma. Which assessment made by the nurse indicates the need for suctioning?**

- A. Gurgling sounds with each breath
- B. Fine crackles at the base of the lungs
- C. Cyanosis in the nail beds of the fingers
- D. Dry cough at increasingly frequent intervals

**17. A parent of three young children has contracted tuberculosis. Which should the nurse expect the health care provider to prescribe for members of the family who have a positive reaction to the tuberculin skin test and are candidates for treatment?**

- A. Isoniazid (INH)
- B. Multiple puncture tests (MPTs)
- C. Bacille Calmette-Guérin (BCG)
- D. Purified protein derivative (PPD)

**18. A client is diagnosed with varicose veins, and the nurse teaches the client about the pathophysiology associated with this disorder. The client asks, "What can I do to help myself?" What should the nurse respond?**

- A. "Limit walking to as little as possible."
- B. "Reduce fluid intake to one liter of liquid a day."
- C. "Apply moisturizing lotion on your legs several times a day."
- D. "Put on compression hose before getting out of bed in the morning."

**19. A nurse is caring for a newly admitted client with anorexia nervosa. What is the priority treatment for the client at this time?**

- A. Medications to reduce anxiety
- B. Family psychotherapy sessions





- C. Separation from family members
- D. Correction of electrolyte imbalances

**20. A client with acquired immunodeficiency syndrome (AIDS) is receiving a treatment protocol that includes a protease inhibitor. When assessing the client's response to this drug, which common side effect should the nurse expect?**

- A. Diarrhea
- B. Hypoglycemia
- C. Paresthesias of the extremities
- D. Seeing yellow halos around lights

**21. A nurse teaches a client about warfarin (Coumadin). Which juice to avoid identified by the client indicates that the teaching is effective?**

- A. Apple juice
- B. Grape juice
- C. Orange juice
- D. Cranberry juice

**22. Medication is prescribed for a 7-year-old child with attention deficit hyperactivity disorder (ADHD). What information should the school nurse emphasize when discussing this child's treatment with the parents?**

- A. Tutor their child in the subjects that are troublesome.
- B. Monitor the effects of the drug on their child's behavior.
- C. Explain to their child that the behavior can be controlled if desired.
- D. Avoid imposing too many rules because these will frustrate the child.

**23. A nurse performs preoperative teaching for a client who is to have cataract surgery. Which is most important for the nurse to include concerning what the client should do after surgery?**

- A. Remain flat for 3 hours.
- B. Eat a soft diet for 2 days.
- C. Breathe and cough deeply.
- D. Avoid bending from the waist.

**24. A nurse is supervising a recently hired nursing assistant who is caring for a debilitated, bedbound client. What intervention being implemented necessitates the nurse to intervene?**

- A. Draining the client's urinary collection bag into a measuring container
- B. Taking the client's blood pressure with an electronic sphygmomanometer





- C. Removing boots that kept the client's feet in dorsiflexion before giving a bath
- D. Replacing a dressing on the client's buttocks that was contaminated with fecal material

**25. A client is receiving epoetin (Epogen) for the treatment of anemia associated with chronic renal failure. Which client statement indicates to the nurse that further teaching about this medication is necessary?**

- A. "I realize it is important to take this medication because it will cure my anemia."
- B. "I know many ways to protect myself from injury because I am at risk for seizures."
- C. "I recognize that I may still need blood transfusions if my blood values are very low."
- D. "I understand that I will still have to take supplemental iron therapy with this medication."

**26. Which of the following is the appropriate position for a patient who is suffering from acute asthma attack is:**

- Right lateral
- Supine
- High fowler
- Prone

**27. A patient with COPD is admitted to the hospital. How can the nurse best position the patient to improve gas exchange:**

- A. Sitting up at the bedside in a chair and leaning slightly forward
- B. Resting in bed with the head elevated to 45 to 60 degrees
- C. In the Trendelenburg's position with several pillows behind the head
- D. Resting in bed in a high-Fowler's position with the knees flexed

**28. Following a tympanoplasty, the nurse should maintain the client in which position:**

- A. Fowler's with the operative ear facing down
- B. Low Trendelenburg's with the head in neutral position+
- C. Flat with the head turned to the side with the operative ear facing up
- D. Supine with a small neck roll to allow for drainage

**29. Which of the following is the proper position for a patient undergoing a cardiac surgery:**

- A. Supine
- B. Prone
- C. Lateral





- D. Fowler's

**30. Which of the following is the proper position for a patient undergoing a cardiac surgery:**

- A. Supine
- B. Prone
- C. Lateral
- D. Fowler's

**31. A nurse is caring for a toddler after surgical repair of a cleft palate. The nurse should position the child:**

- A. On his back
- B. On his stomach
- C. On his back with his head slightly elevated
- D. For comfort

**32. The nurse observes that the infant's anterior fontanelle is bulging after placement of a ventriculoperitoneal shunt. The nurse positions this infant:**

- A. Prone, with the head of the bed elevated
- B. Supine, with the head flat
- C. Side-lying on the operative side
- D. In a semi-fowler's position

**33. A nurse is providing care for a client following surgery to remove a cataract from the right eye. In which position should the nurse place the client?**

- A. Right-side lying
- B. Prone
- C. Supine
- D. Trendelenburg's

**34. An adult is admitted for a neurological workup and is scheduled for a spinal tap. When preparing the client for the procedure, the nurse should position the client in which position:**

- A. Prone
- B. On the side with knees drawn up to chest
- C. Lithotomy
- D. Semi-sitting

**35. When suctioning the oropharynx, which of the following is the proper position of the patient:**





- A. Prone
- B. Supine
- C. Semi-Fowler's
- D. Trendelenburg's

**36. To prevent headache after spinal anesthesia the patient should be positioned:**

- A. Semi- fowler's
- B. Flat on bed for 6 to 8 hours
- C. Prone position
- D. Modified Trendelenburg

**37. If a patient develops autonomic hyperreflexia the first action his caring nurse should take is to:**

- A. Elevate head of bed 90 degree (move from supine to sitting)
- B. Make the bed in flat position
- C. Apply ice on the axillary and groin
- D. Put the patient in trendelenburg position

**38. To protect susceptible patients in the hospital from aspiration pneumonia, the nurse will plan to:**

- A. Turn and reposition immobile patients at least every 2 hours.
- B. Position patients with altered consciousness in lateral positions.
- C. Monitor frequently for respiratory symptoms in patients who are immunosuppressed.
- D. Provide for continuous subglottic aspiration in patients receiving enteral feedings.

**39. Which nursing action is essential when providing continuous enteral feeding?**

- A. Elevating the head of the bed
- B. Positioning the patient on the left side
- C. Warming the formula before administrating it
- D. Hanging a full day's worth formula at one time

**40. Which of the following positions is appropriate for the patient who has hypovolemic shock:**

- A. Prone
- B. Supine
- C. Semi-fowler's





- D. Flat with elevating the feet

**41. When caring for a patient admitted post-stroke (CVA) who has altered consciousness, the nurse should place the patient in which position:**

- A. Side-lying
- B. Supine
- C. Supine
- D. Prone

**42. A nurse is providing instructions to a client and the family regarding home care after right eye cataract removal. Which statement by the client would indicate an understanding of the instructions:**

- A. "I should not sleep on my left side."
- B. "I should not sleep on my right side."
- C. "I should not sleep with my head elevated."
- D. "I should not wear my glasses at any time."

**43. The day after an amputation, the client begins to haemorrhage from his stump. What action should the nurse take first:**

- A. Apply a pressure dressing to the stump
- B. Place a tourniquet above the stump
- C. Notify the physician
- D. Apply an ice pack to the stump

**44. A 72-year-old male client has a total hip replacement for long-standing degenerative bone disease of the hip. When assessing this client postoperatively, the nurse considers that the most common complication of hip surgery is:**

- A. Pneumonia
- B. Wound infection
- C. Hemorrhage
- D. Pulmonary embolism

**45. The nurse is caring for a client who had a right below-the-knee amputation three days ago. The client complains of pain in the right foot and asks for pain medication. What nursing action is appropriate initially?**

- A. Elevate the stump
- B. Administer a placebo
- C. Administer ordered medications





- D. Encourage the client to discuss his feelings

**46. During the assessment of an injury for a possible fracture, which of the following manifestations would make you suspicious that a fracture has occurred:**

- A. Impaired sensation
- B. Loss of function
- C. Hotness
- D. Pointed tenderness

**47. A client who has had an above-the-knee amputation develops a dime-sized bright red spot on the dressing after 45 minutes in the postanesthesia recovery unit. The nurse should:**

- A. Elevate the stump
- B. Reinforce the dressing
- C. Call the surgeon
- D. Draw a mark around the site

**48. How you will interfere to relieve swelling of the lower extremity in a cast for 3 days now:**

- A. Change the cast
- B. Call the doctor
- C. Elevate the extremity
- D. Call the doctor

**49. The nurse is developing a bowel-retraining plan for a client with multiple sclerosis. Which measure is likely to be least helpful to the client:**

- A. Limiting fluid intake to 1000mL per day
- B. Providing a high-roughage diet
- C. Elevating the toilet seat for easy access
- D. Establishing a regular schedule for toileting

**50. A diabetic patient with foot gangrene undergone above knee amputation, while the nurse changing the dressing he complains of pain on the same knee which was amputated. What should the nurse do:**

- A. Inform physician about it
- B. Re-do dressing to Assess the wound
- C. Psychiatry consultation to the patient because he wound above knee
- D. Give analgesic as needed



**51. A diabetic patient with foot gangrene undergone above knee amputation he complain of pain and swelling at the wound site which is oozing pus and has a bad odor, the physician ordered cephalexin and metronidazole. Which of the following you should do immediately:**

- A. Give cephalexin direct first action
- B. Give metronidazole direct first action
- C. Do wash on wound with N/Sand put bacitracin
- D. Do wash on wound with N/Sand put hydrocortisone

**52. The physician has prescribed a cleansing enema to a client scheduled for colon surgery. The nurse would place the client:**

- A. Prone
- B. Supine
- C. Leftsim's ( left lateral )
- D. Dorsal recumbent

**53. At which side of the patient will the nurse stand when inserting a rectal enema:**

- A. Right side
- B. Left side
- C. Any side
- D. Both sides

**54. While undergoing a soapsuds enema, the client complains of abdominal cramping. The nurse should:**

- A. Immediately stop the infusion
- B. Lower the height of the enema container
- C. Advance the enema tubing 2 to 3 inches
- D. Clamp the tubing

**55. The nurse must administer an enema to an adult patient with constipation. Which of the following would be a safe and effective distance for the nurse to insert the tubing into the patient's rectum:**

- A. 1:2 cm
- B. 3:4 cm
- C. 5.5:6.5 cm
- D. 6.5:8 cm



**56. The nurse is caring for a patient receiving IV furosemide (Lasix) 40 mg and Enalapril (Vasotec) 5 mg PO bid for ADHF with severe orthopnea. When evaluating the patient response to the medications, the best indicator that the treatment has been effective is:**

- A. Weight loss of 2 pounds overnight.
- B. Improvement in hourly urinary output.
- C. Reduction in systolic bp.
- D. Decreased dyspnea with the head of the bed at 30 degrees.

**57. The nurse in preparing to insert RYLE'S tube (NGT) into an infant, the nurse knows that the length of the tube should be taken as following:**

- A. From the nose down to the chin and then to the umbilicus
- B. From the nose to the earlobe and then to the xiphoid process
- C. From the nose to the mouth to the xiphoid process
- D. From the nose to the earlobe to the umbilicus

**58. The nurse is caring for a client who has had a chest tube inserted and connected to water seal drainage. The nurse determines the drainage system is functioning correctly when which of the following is observed:**

- A. Continuous bubbling in the water seal chamber
- B. Fluctuation in the water seal chamber
- C. Suction tubing attached to a wall unit
- D. Vesicular breath sounds throughout the lung fields

**59. The nurse is caring for a client who has just had a chest tube attached to a water seal drainage system. To ensure that the system is functioning effectively the nurse should:**

- A. Observe for intermittent bubbling in the water seal chamber
- B. Flush the chest tubes with 30-60 ml of NSS every 4-6 hours
- C. Maintain the client in an extreme lateral position
- D. Strip the chest tubes in the direction of the client

**60. The nurse enters the room of a client who has a chest tube attached to a water seal drainage system and notices the chest tube is dislodged from the chest. The most appropriate nursing intervention is to:**

- A. Notify the physician
- B. Insert a new chest tube
- C. Cover the insertion site with petroleum gauze



- D. Instruct the client to breathe deeply until help arrives

**61. which type of isolation category is indicated for patient with tuberculosis:**

- A. Airborne isolation
- B. Strict isolation
- C. Reverse isolation
- D. Contact isolation

**62. While attempting to get out of bed, a patient accidentally disconnects the chest tube from the Pleur-evac drainage system. Which of the following actions should the nurse take first?**

- A. Insert the end of the chest tube in a container of sterile solution
- B. Clamp the chest tube near the Pleur-evac drainage system
- C. Raise the end of the chest tube above the level of the insertion of the chest tube
- D. Apply pressure dressing to the chest tube insertion site

**63. which type of isolation category is indicated for a burn patient:**

- A. Airborne isolation
- B. Strict isolation
- C. Reverse isolation
- D. No isolation required

**64. which type of isolation category is indicated for patient with diphtheria:**

- A. Airborne
- B. Droplet
- C. Blood
- D. Contact

**65. A 68-years-old woman diagnosed with thrombocytopenia due to acute lymphocytic leukemia is admitted to the hospital. The nurse should assign the patient to a:**

Add description here!

- A. To a private room so she will not infect other patients and health care workers.
- B. To a private room so she will not be infected by other patients and health care workers.
- C. To a semiprivate room so she will have stimulation during her hospitalization.
- D. To a semiprivate room so she will have the opportunity to express her feelings about her illness.





**66. A nurse who begins to administer medications to a client via a nasogastric feeding tube suspects that the tube has become clogged. The nurse should take which safe action first:**

- A. Aspirate the tube
- B. Flush the tube with warm water
- C. Prepare to remove and replace the tube
- D. Flush with a carbonated liquid such as cola

**67. Which of the following instructions is appropriate for the nurse to give to a female client who complains of abdominal upset after cholecystectomy operation:**

- A. Increase fluid intake
- B. Avoid fatty meals
- C. Increase protein intake
- D. Daily exercise

**68. Which of the following pulses should be checked before administrating Digoxin:**

- A. Apical pulse
- B. Radial pulse
- C. Femoral pulse
- D. Dorsalispedis pulse

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- C. Femoral pulse
- D. Dorsalispedis pulse

**70. which of the following interventions must the nurse take when administrating digoxin to the patient:**

- A. Give him the medication with a glass of orange juice
- B. Check him for signs of hypokalemia before giving the medication
- C. Instruct him to place the medication under the tongue
- D. Withhold the medication if his pulse is less than 60 beats/ minute

**71. The nurse must withhold Digoxin from a patient if his pulse rate is:**

- A. Less than 45/m





- B. More than 60/m
- C. Less than 60/m
- D. More than 100/m

**72. The nurse is assessing the client for possible evidence of digitalis toxicity. The nurse acknowledges that which is included in the signs and symptoms for digitalis toxicity:**

- A. Pulse (heart) rate of 100 beats/min
- B. Pulse of 72 with an irregular rate
- C. Pulse greater than 60 beats/min and irregular rate
- D. Pulse below 60 beats/min and irregular rate

**73. A newly admitted client takes digoxin 0.25 mg/day. The nurse knows that the serum therapeutic range for digoxin is:**

- 0.1 to 1.5 ng/mL
- 0.5 to 2.0 ng/mL
- 1.0 to 2.5 ng/mL
- 2.0 to 4.0 ng/mL

**74. A patient complains of severe pain which he stated to be 9/10, the physician ordered morphine 50 mg IV every 4 hours, the last dose was given 2 hours ago, what is the best action his caring nurse would take:**

- A. Give another dose of morphine
- B. Inform the doctor to change the order
- C. Distract the patient by TV, radio or games for 2 hour
- D. Ignore the patient completely

**75. The nurse is caring for a patient admitted 1 week ago with an acute spinal cord injury. Which of the following assessment findings would alert the nurse to the presence of autonomic dysreflexia (hyperreflexia)?**

- A. Tachycardia
- B. Hypotension
- C. Hot, dry skin
- D. Throbbing headache

**76. Which of the following is the best way for long term feeding for a patient experiencing severe dysphagia:**

- A. NGT



- B. Naso-dudenal tube
- C. Gastrostomy
- D. Parenteral

77.

Patient records are as following, he had 650cc of IV fluid (n/s), 50 ml of orange Juice in the NG tube, 100 water with the medications, and urinate 500 cc, and 100 cc collected in the NG bag. What is the total intake for this patient?

- A. 800 cc
- B. 650 cc
- C. 200 cc
- D. 600 cc

78. The physician ordered to give the patient 10,000 unit of heparin, the preparation available is 40,000/ml. how much would the nurse give this patient:

- A. 4 ml
- B. 2.5 ml
- C. 0.25 ml
- D. 25 ml

79. The nurse is caring for a client with a fracture. The client develops a deep vein thrombosis in the opposite extremity. Physician orders include a heparin drip of D5W 250 mL with heparin 12,500 units at 16 mL/hr. How many units of heparin is this client receiving per hour:

- 200 unit/h
- 400 unit/h
- 600 unit/h
- 800 unit/h

80. A patient suffers from diarrhea and muscle weakness, the nurse would assess this patient for which of the following abnormal laboratory blood tests:

- A. Blood calcium
- B. Blood magnesium
- C. Blood potassium
- D. Blood sodium

81. When assessing for therapeutic effects of mannitol, the nurse would expect to see:



- A. Decreased intracranial pressure
- B. Decreased excretion of therapeutic medications
- C. Increased urine osmolality
- D. Decreased serum osmolality

**82. Which drug would be used to treat a patient who has increased intracranial pressure (ICP) resulting from head trauma after an accident:**

- A. Mannitol
- B. Atropine sulfate
- C. Epinephrine hydrochloride
- D. Sodium bicarbonate

**83. Which of the following is the drug of choice for treatment of cerebral edema:**

- A. Mannitol
- B. Atropine sulfate
- C. Epinephrine hydrochloride
- D. Sodium bicarbonate

**84. The nurse would assess which laboratory value to determine the effectiveness of intravenous heparin:**

- A. Complete blood count (CBC)
- B. Activated partial thromboplastin time (aPTT)
- C. Prothrombin time (PT)
- D. BUN

**85. The antidote to heparin is:**

- A. Aspirin
- B. Vitamin k
- C. Warfarin
- D. Protamine sulfate

**86. How do we monitor the effectiveness of Coumadin (Warfarin):**

- A. Monitor vital signs
- B. PT/INR





- C. Weight
- D. Ask the patient how they feel

**87. Which medication is used to treat a patient suffering from severe adverse effects of a narcotic analgesic:**

- A. Naloxone (Narcan)
- B. Acetylcysteine (Mucomyst)
- C. Methylprednisolone (Solu-Medrol)
- D. Protamine sulfate

**88. A patient who has been anticoagulated with warfarin (Coumadin) is admitted with gastrointestinal bleeding. The nurse will anticipate administering which substance**

- A. Vitamin E
- B. Vitamin K
- C. Protamine sulfate
- D. Calcium gluconate

**89. While admitting a patient for treatment of an acetaminophen overdose, the nurse prepares to administer which of the following medications to prevent toxicity:**

- A. Naloxone (Narcan)
- B. Acetylcysteine (Mucomyst)
- C. Methylprednisolone (Solu-Medrol)
- D. Vitamin K

**90. If the nurse gave a patient antihypertensive drug that is prescribed for another patient, what should she do:**

- A. Ignore what she has done
- B. Call urgent CPR
- C. Document that in nursing report
- D. Inform doctor after 2 days

**91. When a physician orders an arterial blood gas, which artery is the appropriate one to use to obtain the specimen:**

- A. Cerebral artery
- B. Radial artery
- C. Carotid artery





- D. Ulnar artery
- 92. A client has an order to have a set of arterial blood gases (ABG's) drawn. The intended site is the radial artery. The nurse ensures that which of the following is positive before the ABGs are drawn**
  - A. Homan's sign
  - B. Brudzinski's sign
  - C. Babinski reflex
  - D. Allen's test
- 93. A client is scheduled for blood to be drawn from the radial artery for an ABG determination. A nurse assists with performing Allen's test before drawing the blood to determine the adequacy of the:**
  - A. Ulnar circulation
  - B. Carotid circulation
  - C. Femoral circulation
  - D. Brachial circulation
- 94. A nurse has administered approximately half of an enema solution to a preoperative client when the client complains of pain and cramping. Which nursing action is the most appropriate:**
  - A. Raise the enema bag so that the solution can be instilled quickly.
  - B. Clamp the tubing for 30 seconds and restart the flow at a slower rate.
  - C. Reassure the client and continue the flow.
  - D. Discontinue the enema and notify the physician
- 95. When caring for a client who is receiving total parenteral nutrition (TPN), which of the following complications would be most important for the nurse to assess:**
  - A. Chest pain
  - B. Hemorrhage and air embolus
  - C. Pneumonia and hyperglycemia
  - D. Electrolyte imbalance and sepsis
- 96. A client has a nasogastric tube after a gastric resection. The nurse should expect to observe:**
  - A. Vomiting
  - B. Gastric distention
  - C. Intermittent periods of diarrhea
  - D. Bloody drainage for the first 12 hours





**97. While assessing a client with hypoparathyroidism, the nurse taps the client's facial nerve and observes twitching of the mouth and tightening of the jaw. The nurse would document this finding as which of the following:**

- A. Positive Troussseau's sign
- B. Positive Chvostek's sign
- C. Tetany
- D. Hyperactive deep tendon reflex

**98. Which of the following clinical manifestations of type 2 diabetes occurs if glucose levels are very high:**

- A. Hyperactivity
- B. Blurred vision
- C. Oliguria
- D. Increased energy

**99. Which of the following would the nurse expect to find in a client with severe hyperthyroidism:**

- A. Tetany
- B. Buffalo hump
- C. Exophthalmos
- D. Striae

**100. A client is receiving long-term treatment with high-dose corticosteroids. Which of the following would the nurse expect the client to exhibit:**

- A. Weight loss
- B. Pale thick skin
- C. Hypotension
- D. Moon face

