ATI NUTRITION PROCTORED EXAM 2019 WITH NGN QUESTIONS 100% VERIFIED CORRECT ANSWERS/A+ GRADE

1. A nurse is caring for a client who expresses a desire to lose weight. Which of the following actions should the nurse take first?
   a. Recommend checking weight once weekly.
   b. Obtain a 24-hr dietary recall.
   c. Assist with creating an exercise plan.
   d. Initiate a plan for diet modification.

2. A nurse is teaching about nutritional requirements for a client who is starting a vegetarian diet. Which of the following information should the nurse include in the teaching?
   a. Consume high-fat cheese to replace meats when on a vegetarian diet.
   b. A vegetarian diet is high in vitamin B12 •
   c. Fewer calories are required when on a vegetarian diet.
   d. Include two servings per day of nuts when on a vegetarian diet.

3. A nurse is caring for a client who has acute inflammatory bowel disease. Which of the following nutritional supplements should the nurse anticipate providing to this client?
   a. Hydrolyzed formula
   b. Polymeric formula
   c. Milk-based supplement formula
   d. Modular product supplement formula

4. A nurse is teaching a client who is newly diagnosed with type 1 diabetes mellitus how to count carbohydrates. Which of the following statements made by the client indicates an understanding of the teaching?
   a. "I am including vegetables as starch items in my carbohydrate count."
   b. "I am limiting the number of carbohydrates to four carbohydrate choices or 60 grams per day."
   c. "I know the serving size can affect the number of carbohydrates I eat."
   d. "I know the carbohydrate count is dependent on the calories in the food item."

5. A nurse is providing dietary teaching for a client who has osteoporosis. The nurse should instruct the client that which of the following foods has the highest amount of calcium?
   a. 1 cup avocado
   b. 2 tablespoons peanut butter
   c. ½ cup roasted sunflower seeds
   d. ½ cup roasted almonds

6. A nurse is discussing dietary factors to assist in blood pressure management for a client who has hypertension. Which of the following client statements indicates an understanding of the teaching?
   a. "I can drink up to three glasses of wine each day."
   b. "I should choose whole grain pastas when selecting my foods."
   c. "I should decrease my consumption of foods high in potassium."

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d. "I can use low-sodium salt substitutes when I cook my food."

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7. A nurse is caring for a client who has a new prescription for parenteral nutrition (PN) containing a mixture of dextrose, amino acids, and lipids. Prior to administration of the PN, the nurse should report which of the following food allergies to the provider?
    a. Gelatin
    b. Peanuts
    c. Shellfish
    d. Eggs

8. A nurse is teaching a client who has chronic kidney disease about limiting dietary calcium intake. Which of the following food choices should the nurse include in the teaching as having the highest amount of calcium?
    a. 1 cup low-fat yogurt
    b. 1 oz cheddar cheese
    c. 1 egg
    d. ½ cup spinach

9. A home health nurse is providing dietary teaching to the guardians of a 3-year-old child. Which of the following statements by the guardians should the nurse identify as understanding of the teaching?
    a. "I will offer my child a cup of peanut butter to dip her celery in."
    b. "I can leave her grapes whole, so she can practice getting them with her fork."
    c. "I can give her popcorn as a snack to provide a serving of whole grains."
    d. "I will put low-fat milk in her cup for her to drink."

10. A nurse is caring for an adolescent who has type 1 diabetes mellitus. Which of the following actions should the nurse take to assess for Somogyi phenomenon?
    a. Monitor blood glucose levels during the night.
    b. Check for urinary ketones at the same time each day for 1 week.
    c. Perform an oral glucose tolerance test after administering a dose of insulin.
    d. Compare current glycosylated hemoglobin level with the level at time of diagnosis

11. A nurse is reviewing the introduction of solid foods with the guardian of a 4-month-old infant. Which of the following statements by the guardian indicates an understanding of the teaching?
    a. "My baby should consume 2 tablespoons of solid food at each feeding."
    b. "The majority of my baby's calories should come from solid food."
    c. "I will give my baby one bottle of fruit juice each day."
    d. "I will introduce a new solid food every 5 days."

12. A nurse in a long-term care facility is monitoring a client during mealtime who has Parkinson's disease. Which of the following findings should the nurse identify as the priority?
    a. The client eats all of their cake and a few bites of bread.
    b. The client drools while eating.
    c. The client's hand trembles when they holds their spoon.
    d. The client chooses to sit alone during the meal.

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13. A home health nurse is reviewing the medical record of a client who had an open reduction internal fixation of the tibia. Which of the following findings should the nurse identify as a risk factor for impaired wound healing?
    a. The client's hemoglobin is 15 g/dl.
    b. The client's peripheral pulses are +3 distal to the affected extremity.
    c. The client consumes 1,000 kcal daily.
    d. The client takes zinc supplements.

14. A nurse is providing teaching to a client who has diabetes mellitus and an HbA1c of 8.7%. Which of the following statements by the client indicates an understanding of this laboratory value?
    a. "I should have gone to my exercise class yesterday."
    b. "This shows that my result is finally within a normal range."
    c. "This shows that I have not been following my diet."
    d. "I should have my blood work done first thing in the morning."

15. A nurse is teaching a client about stress management. Which of the following statements by the client indicates an understanding of the teaching?
    a. "I will take a long walk every evening."
    b. "I will keep a daily diet and activity log."
    c. "I will avoid eating 1 hour before bedtime."
    d. "I will drink a full glass of water with each meal."

16. A nurse is caring for a client who is receiving total parenteral nutrition (TPN) and is prescribed an oral diet. The client asks the nurse why the TPN is being continued since he is now eating. Which of the following responses should the nurse make?
    a. "Your blood glucose levels need to be within a normal range before the parenteral nutrition can be stopped."
    b. You should consume at least 60 percent of your calories orally before the parenteral nutrition can be discontinued."
    c. "You should have a weight gain of at least 1 kilogram per day before the therapy is stopped."
    d. "Your bowel movements need to be regular before the therapy can be discontinued."

17. A nurse is caring for a client who is receiving total parenteral nutrition (TPN) through a peripherally inserted central catheter. The pharmacist informs the nurse that there will be a delay in delivering the next bag of TPN solution. Which of the following actions should the nurse take?
    a. Slow the rate of the current infusion.
    b. Infuse 0.9% sodium chloride when the current infusion ends.
    c. Infuse dextrose 10% in water when the current infusion ends.
    d. Remove the tubing and flush the access device when the current infusion ends

18. A nurse is assessing a client who has diabetes mellitus. Which of the following findings should the nurse identify as a manifestation of hypoglycemia?
    a. Diaphoresis
    b. Bradycardia