

ATI PN ADULT MEDICAL SURGICAL 2023 TEST BANK 250 REAL EXAM QUESTIONS AND CORRECT DETAILED ANSWERS WITH RATIONALES (VERIFIED ANSWERS ALREADY GRADED A+

A nurse is planning care for a client who is receiving radiation therapy to treat throat cancer and reports a change in the taste of food. Which of the following interventions should the nurse include in the plan of care?

- a) Offer artificial saliva frequently.
- b) Add honey to sweeten fruit smoothies.
- c) **Heat food before serving.**
- d) Provide three large meals daily. - ANSWER- C. Heat food before serving.

Rationale:

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Radiation therapy can inhibit the salivary glands and taste buds. This is why the patient is experiencing a change in taste.

Option B it can help food taste better, but it is likely that taste is still impaired as taste buds are affected in radiation therapy.

Option D can cause nausea and vomiting especially in patients undergoing radiation therapy.

A nurse working the night shift is caring for an older adult client who has dementia and is at risk for falls. Which of the following actions should the nurse take?

- a) Raise all four side rails while the client is in bed.
- b) Apply a motion sensor mat to the client's bed.**
- c) Leave the television on in the client's room.
- d) Move the overbed table away from the bed. - ANSWER- B. Apply a motion sensor mat to the client's bed.

Rationale:

The nurse should apply a motion sensor mat to the client's bed. This will alert the nurse if the client tries to get out of bed and will help prevent falls.

Option A raising all four side rails while the client is in bed is not recommended because it can be considered a restraint and can lead to injury or death.

Option C leaving the television on in the client's room is not recommended because it can be overstimulating and can interfere with sleep.

Option D moving the overbed table away from the bed is not recommended because it can increase the risk of falls.

A nurse is reinforcing teaching with a client about increasing her intake of fiber. Which of the following foods should the nurse encourage the client to eat?

- a) Cheese
- b) Pears**
- c) Yogurt
- d) Eggs - ANSWER- B. Pears

Rationale:

Only pear has fiber out of 4 choices.

A nurse is reviewing the medical record of a client who reports his urine is red-orange. The nurse should identify which of the following medications can cause this adverse effect?

- a) Isoniazid
- b) Metoprolol
- c) Furosemide
- d) **Rifampin** - ANSWER- D. Rifampin

Rationale:

associated with **Red Man syndrome** (bodily fluids like urine appear red-orange in color)

A nurse is collecting data from a client who is taking metoprolol. Which of the following findings should the nurse expect?

- Increased blood pressure
- Decreased heart rate**
- Decreased Bronchospasm
- Increased blood glucose level - ANSWER- Decreased heart rate

Rationale:

Metoprolol blocks stimulation to beta1-adrenergic receptors without usually affecting beta2-adrenergic receptors. Decrease effects of the sympathetic nervous system: decreases speed of conduction which slows heart rate and decreases contraction force causing less cardiac output and decreased BP.

A nurse is caring for a client in hospice care who is dying. The client's partner expresses concern that the client is sleeping more than in the previous week. Which of the following is an appropriate response by the nurse?

- a) "Encourage your partner to wake up to interact with family members."
 - b) "Sitting quietly near the bedside can provide comfort and support."**
 - c) "I will call the provider to discuss your concerns."
 - d) "I can ask the provider to prescribe a medication that will minimize drowsiness."
- ANSWER- B. "Sitting quietly near the bedside can provide comfort and support."

Rationale:

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This action shows therapeutic technique of offering self which can be verbal and non-verbal. Just being with the patient's side having your presence shows comfort and support specially as the patient is nearing its death.

A nurse is reinforcing teaching with a client who is postoperative following a tympanoplasty. Which of

the following information should the nurse include?

- a) Drink fluids through a straw.
- b) Plan to shampoo hair in 1 week.**
- c) Resume exercising in 10 days.