
get pdf at learnexams.com
HESI EXIT RN V5 EXAM 2022
REAL [NEW]

This file has a full exam of HESI EXIT RN V5 EXAM 2022
REAL [NEW] questions are all answered. email me if
questions are not clear so I could send a clearer copy to
you, or a my inquiries
my email is donc8246@gmail.com

[learnexams](https://learnexams.com)

[LEARNEXAMS.COM](https://learnexams.com)

get pdf at [learnexams.com](https://www.learnexams.com)

HESI *iNet*

1 of 160

After placing a 36-week-gestation newborn in an isolette and drying the infant with several blankets, what should the nurse implement next?

- A Administer the vitamin K injection.
- B Remove the wet blankets and linens from the isolette.
- C Place erythromycin ophthalmic ointment in both eyes.
- D Open the isolette door to assess the infant's vital signs.

learnexams

HESI EXIT 2022 V5 WITH 160
QUE & ANS

[LEARNEXAMS.COM](https://www.learnexams.com)

2 of 160

A client in the third trimester of pregnancy complains of frequent nasal stuffiness and occasional nosebleeds. Her chest circumference has increased by 5 cm during the pregnancy, and she uses thoracic breathing. Her diaphragm is elevated and she has an increased costal angle. Which intervention should the nurse implement?

- A Ask a nurse with more experience to validate the costal angle finding.
- B Ask the healthcare provider to evaluate the client's respiratory status.
- C Examine the client for signs of tissue anoxia, such as pallor.
- D Record the respiratory finding in the client's record as normal.

learnexams

HESI EXIT 2022 V5
WITH QUE & ANS

3 of 160

A terminally ill male hospice client who is at home is showing decreased awareness of his surroundings. His appetite is poor and he often refuses oral intake of solids and liquids. For the past several days he has been unable to get out of bed. Which action should the hospice nurse implement?

- A Ask family to remain nearby, but in another room.
- B Encourage family to speak often with the client.
- C Teach family how to assist the client to a wheelchair.
- D Instruct family to offer client only soft bland foods.

learnexams
HESI EXIT 2022 V5
WITH
QUE & ANS

4 of 160

A woman was admitted yesterday afternoon with severe abdominal pain. Her pregnancy test and ultrasound were negative, so an exploratory laparotomy was completed during the night. When coffee ground material is observed in the drainage from the nasogastric tube (NGT), which intervention should the nurse implement?

- A Verify correct placement of the nasogastric tube.
- B Perform gastroccult test on the nasogastric drainage.
- C Listen for evidence of diminished bowel sounds.
- D Irrigate the nasogastric tube with water until clear.

learnexams

rnslugherb.1rn@gmail.com
HESI EXIT 2022 V5 WITH
QUE & ANS

5 of 160

The nurse is reviewing the laboratory values for a client with acute pancreatitis who reports of the abdominal pain is not as severe as it was on admission. Which laboratory test should the nurse review to evaluate the client's clinical recovery?

- A Lipase.
- B Creatinine.
- C Bilirubin.
- D Glucose.

learnexams.com
HESI EXIT 2022 V5 WITH QUE
& ANS
HESI RN 2022 V5

6 of 160

While assessing a client who had a laparotomy the previous day, the nurse notices that 300 mL of dark red fluid has drained from the nasogastric tube in the last hour. Which action should the nurse take **first**?

- A Determine the client's vital signs.
- B Monitor urinary output hourly.
- C Notify the surgeon immediately.
- D Assess the client's level of pain.

learnexams

7 of 160

The nurse is reviewing the recommended preventive care for clients with asthma, chronic bronchitis, and emphysema. Which health care measure is most important for the nurse to recommend to these clients?

- A Ensure supplemental oxygen and respiratory medications are available at all times.
- B Use nasal or cough tissues followed by handwashing at all times.
- C Get annual flu and Pneumococcal vaccine polyvalent (PPSV23) vaccines.
- D Avoid large crowded areas during the colder months of the year.

8 of 160

The mother of a one-month-old infant calls the clinic to report that the back of her infant's head is flat. How should the nurse respond?

- A Position the infant on the stomach occasionally when awake and active.
- B Turn the infant on the left side braced against the crib when sleeping.
- C Prop the infant in a sitting position with a cushion when not sleeping.
- D Place a small pillow under the infant's head while lying on the back.