

## HESI PSYCH MENTAL HEALTH TEST BANK 2023-2024 ACTUAL EXAM 800 REAL EXAM QUESTIONS AND CORRECT DETAILED ANSWERS WITH RATIONALES (VERIFIED ANSWERS) |ALREADY GRADED A+

The RN is planning client teaching for a 35-year-old client with alcoholic cirrhosis. Which self-care measure should the RN emphasize for the client's recovery?

- A. Support group meetings.
- B. Vitamin B and multivitamin supplements.
- C. Diet with adequate calories and protein.
- D. Alcohol abstinence. - ANSWER- D**

A teenager has lost 20 pounds in the last three months is admitted to the hospital with hypotension and tachycardia. The client reports irregular menses and hair loss. Which intervention is most important for the RN to include in the client's plan of care?

- A. Implement behavioral modification therapy.
- B. Initiate caloric and nutritional therapy.**
- C. Evaluate the client for low self-esteem.
- D. Record daily weights and growth trend. - ANSWER- B

While interviewing a client, the nurse takes notes to assist with accurate documentation later. Which statement is most accurate regarding note-taking during an interview?

- A. The client's comfort level is increased when the RN breaks eye contact to take notes.

B. The interview process is enhanced with note taking and allows the client to speak at a normal pace.

C. Taking notes during an interview is a legal obligation of examining RN.

**D. The RN's ability to directly observe the client's non-verbal communication is limited**

with note taking. - ANSWER- D

A client is receiving substitution therapy during withdrawal from benzodiazepines. Which expected outcome statement has the highest priority when planning nursing care?

a. Client will not demonstrate cross addiction.

b. Co-dependent behaviors will be decreased.

**c. CNS stimulation will be reduced.**

d. Client's level of consciousness will increase. - ANSWER- C

A client who is being treated with lithium carbonate for manic depression begins to develop diarrhea, vomiting, and drowsiness. What action should the nurse take?

a. Notify the physician immediately and force fluids.

**b. Prior to giving the next dose, notify the physician of the symptoms.**

c. Record the symptoms and continue medication as prescribed.

d. Hold the medication and refuse to administer additional amounts of the drug. - ANSWER- B

While caring for an older client, the RN observes multiple bruises in Over the client's legs, arms, back, and gluteal areas. When the client Contact, the RN suspects elder abuse. What action should the RN take?

A. Report family conversations and anger towards the client when visiting.

B. Ask the client specific questions about someone causing the bruising.

C. Question the family members and caregiver how the bruising occurred.

**D. Measure and document size, shape and color of the bruised areas.** - ANSWER- D

The RN is performing intake interviews at a psychiatric clinic. A female client with a known history of drug abuse reports that she had a heart attack four years ago. Use of which substance places the client at highest risk for myocardial infarction?

A. Benzodiazepine

B. Alcohol

**C. Methamphetamine**

D. Marijuana - ANSWER- C

After receiving treatment for anorexia, a student asks the school RN for permission to work in the school cafeteria as part of the school's work study program. What action should the RN take?

A. Suggest that the student work in the athletic department.

B. Determine the parent's opinion of the work assignments.

C. Refer the student to a psychiatrist for further discussion.

**D. Recommend assignment to the receptionist's office.** - ANSWER- D

A client who is homeless is diagnosed with schizophrenia and admitted on an involuntary basis to a mental health hospital 4 days ago. The client stopped taking prescribed antipsychotic drugs approximately one month ago. Since hospitalization the client continues to have poor judgment and refuses all medications. What action should the RN take?

A. Encourage the client to stay in the hospital so the client does not have to be homeless.

B. Provide the client with medication if the client presents an imminent risk to self and

others.

C. Administer a long acting antipsychotic medication so that the client can be discharged to a shelter.

D. Describe to the client treatment options provided at the community mental health clinics. - ANSWER- B

A male client comes to the emergency center because he has an erection that will not resolve. The client reports that he is taking trazodone (Desyrel) for insomnia. Which information is most important for the nurse ask the client?

A. When was the last time you drank alcoholic beverage?

B. Have you taken any medications for erectile dysfunction?

C. Are you having any other sexual dysfunctions or problems?

D. Do you have a history of angina or high blood pressure? - ANSWER- B

## learnexams

On admission to the mental health unit, a client diagnosed with schizophrenia tells the RN that he is the son of god. Based on this statement, which intervention should the RN include in this client's plan of care?

A. Lead the client by his arm to the seclusion room.

B. Ensure the client's environment is safe.

C. Schedule activity therapy twice a week.

D. Confront his delusion as not consistent with reality. - ANSWER- D

The RN on the day shift receive report about a client with depression who was in bed most of the weekend. The RN walks into the client's room in the morning and finds the client in bed. What intervention is best for the RN to implement?

A. Monitor the client's appetite and pattern of sleep.