

国际护士资格认证考试(CGFNS)系列教材

CGFNS系列教材之五 CGFNS考试冲刺 试题C、D及答案

美中教育交流协会
美国孚华德国际投资顾问有限公司
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前言

这是美国孚华德国际集团根据美国原版 CGFNS 教材、试题,在此基础上独自开发、编写的 CGFNS(Commission on Graduates of Foreign Nursing Schools)《国际护士资格认证考试系列教材》。

CGFNS 系列教材之一——《医护英语 2000 考前词汇必读》,是学员备考 CGFNS 之前必须要掌握的 2000 必读词汇,是从医护英语数以万计浩瀚的词汇中选编出来的,也是中国学员较为欠缺的重要词汇。它是在实际培训中,经过多次筛选确定的必备词汇。词汇涉及护理学、心理学、婴幼儿护理知识、患者心理学、急诊护理学、医疗器械、保健学、康复知识等专业的常见词汇。

根据在美国本土的实际培训经验,我们编写了 CGFNS 系列教材之二——《医护英语 3000 考试词汇必读》,是整个培训工作的核心。在考试中,考生会遇到的 3000 常见词汇、常见表达法、常用词组,也包括医护基本知识等内容。同时还包括:《常见药名》《常见疾病》《相关手术》《化学成分》和《身体部分》等七个附录。这都更加有助于学员顺利通过 CGFNS 考试。同时,还为有些学员准备进入外国人在华开设的医院、诊所、社区医护中心及条件较好的医院工作打下良好的基础。

CGFNS 系列教材之三——《CGFNS - How to study》即《如何学习 CGFNS》。它会指导学员如何有效地学好 CGFNS 资料,如何把自己所学专业知识和英语知识有效地结合起来。在学习中,学员可以学到纯正的英语表达法、CGFNS 考试的重点,还能学到西方人的护理理念。这对学员准备 CGFNS 考试有很大的帮助。

CGFNS 系列教材之四——《CGFNS 考试模拟试题 A、B 及答案》。目的在于告诉学员如何检验自己所学知识,更加清晰地了解整个考试内容。模拟练习与答案中的试题与 CGFNS 真实试题的题型、题量及难

易程度是一致的,它更接近全真 CGFNS 试题。从而使学员从根本上找到了与 CGFNS 考试之间的差距,学习更加有针对性。它必将对学员成功地通过 CGFNS 考试有着重大的意义。

CGFNS 系列教材之五——《CGFNS 考试冲刺试题 C、D 及答案》,这套试题是在模拟试题的基础上找差补漏,找出教与学存在的问题与不足,全面向 CGFNS 考试的标准冲刺。

CGFNS 系列教材之六——《CGFNS - How to take tests》即《如何应试 CGFNS》,也是一本独家教材,它会指导学员如何应试 CGFNS,如何考好 CGFNS,如何全面检验自己所学专业知识和英语知识,并从中找到差距,全面做好考前准备。

CGFNS 系列教材之四和 CGFNS 系列教材之五,不但有正确答案,还正在开发相关解释。它包括:为什么是正确答案、为什么不是正确答案、西方人的护理理念是什么、英语如何表达等详尽解释。

此书为 CGFNS 系列教材之五《CGFNS 考试冲刺试题 C、D 及答案》。

美国孚华德国际集团不但与美国的 CGFNS 机构有着良好的关系,而且还与美国 30 余个州的医护学会保持着密切的关系。

我们相信,这套教材对各级培训机构会有效地辅导学员学习 CGFNS 并顺利通过考试必会有较大的帮助。

祝各位学有所成,事业成功!

编著者
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CGFNS Qualifying Examination Practice

冲刺试题 Test C

Nursing, Part 1

You will have two hours and 30 minutes to complete Nursing, part 1.

- 1. When planning care for a 14 – year – old female who is pregnant, a nurse should recognize that the adolescent is at risk for**
 - A. glucose intolerance.
 - B. fetal chromosomal abnormalities.
 - C. incompetent cervix.
 - D. iron deficiency anemia.
- 2. The teaching plan for a child who is taking long – term corticosteroid therapy would include which of the following instructions?**
 - A. Dental check – ups every three months to assess for gingival hyperplasia
 - B. Regular physical therapy sessions to prevent muscular hypertrophy
 - C. Eye examinations yearly to assess for cataract formation
 - D. Regular appointments with a registered dietician to prevent malnutrition
- 3. Which of the following criteria would indicate improvement in an outpatient who has anorexia nervosa?**
 - A. The patient identifies the relationship between emotions and eating behaviors.
 - B. The patient develops a plan to control negative feelings.
 - C. The patient reports putting “thin” clothes on display in her room as a reminder to maintain proper weight.
 - D. The patient avoids contact with her dysfunctional family.
- 4. When caring for a patient who is receiving mechanical ventilation with positive end – expiratory pressure (PEEP), which of the following blood test results would indicate to a nurse that the treatment is having the desired effect?**
 - A. PaO_2 , 88 mm Hg
 - B. PC O_2 , 50 mm Hg
 - C. Oxygen saturation, 86%
 - D. HCO_3 20 mEq/L

- 5.** An infant who weighs 11 lb (5 kg) is to receive 750 mg of antibiotic in a 24 – hour period. The liquid antibiotic comes in a concentration of 125 mg per 5 ml. If the antibiotic is to be given three times each day, how many milliliters would the nurse administer with each dose?
- A. 2 B. 5 C. 6.25 D. 10
- 6.** A patient develops stomatitis secondary to radiation therapy for oral cancer. Which of the following nursing instructions would be most helpful?
- A. Gargle with mouthwash and rinse thoroughly after each meal
B. Use ice cold liquids such as tea or cola to relieve discomfort
C. Use a toothbrush soaked in saline to clean the mouth
D. Drink citrus juices and broth
- 7.** A two – month – old infant who was born with Down syndrome, has been recently diagnosed with a ventricular septal defect. Based on a diagnosis of congenital heart disease, the nurse would instruct the parent to report which of the following manifestations in the infant immediately?
- A. Mottling with environmental temperature changes
B. Nasal congestion when recumbent
C. Brow – sweating during feedings
D. Tongue – thrusting during episodes of crying
- 8.** The purpose for giving a woman dinoprostone (Prostin E2) vaginal gel during labor induction is to
- A. lengthen the duration of contractions.
B. dilate the cervix.
C. intensify the force of contractions.
D. efface the cervix.
- 9.** Which of the following observations should be most significant to a nurse when assessing the condition of a six – week – old infant who is suspected of having pyloric stenosis?
- A. Loose stools
B. Hiccoughs
C. Projectile vomiting
D. Distended abdomen
- 10.** The mother of a child who has recently had myringotomy tubes inserted bilaterally calls the ambulatory surgery center and tells a nurse, “My child has a large amount of clear yellow drainage coming from both ears.” Which of the following responses by the nurse is most appropriate?
- A. “Your child may have developed an ear infection.”

- B. "Water may have gotten into your child's ears during bath – time."
- C. "The tubes may already be working their way out."
- D. "This indicates that the tubes are working normally."

11. A nurse is counseling other personnel working in the pediatric department about the nursing care of children who are receiving ribavirin (Virazole). Which of the following instructions is accurate?

- A. This drug may cause conjunctivitis of the eye.
- B. The patient should be on strict isolation while receiving this drug.
- C. The drug must be administered at the same time each day.
- D. Ambient light should be kept to a minimum during administration of this drug.

12. A woman reports all of the following data when giving her history to a nurse. Which one would indicate a risk factor for developing cancer of the cervix?

- A. Diet high in fat
- B. Exposure to pesticides
- C. Menses at age eleven
- D. Multiple sexual partners

13. Nursing care for a patient who has multiple myeloma should focus on preventing which of the following complications?

- A. Pulmonary edema
- B. Venous thrombophlebitis
- C. Peripheral neuropathy
- D. Bone fractures

14. If child abuse is suspected in a family, which of the following approaches would a nurse take when beginning to interview the child?

- A. Speaking to the child by using specific, anatomically – correct terminology
- B. Expressing concern to the child that something like this could have happened
- C. Assuring the child that any information given will be kept confidential
- D. Providing a private place to talk with the child about the incident

15. Immediately after delivery a newborn is given to the nurse. Which of the following interventions would the nurse perform first with the newborn?

- A. Dry thoroughly
- B. Obtain the weight
- C. Apply an identification band
- D. Check the number of umbilical vessels

16. While working on the adolescent psychiatric unit, the nurse overhears a patient mentioning the name of another resident while he is talking on the telephone. The best

response by the nurse would be to

- A. intervene immediately to remind the patient of confidentiality.
- B. ignore the incident but re – emphasize confidentiality at the next community meeting.
- C. talk with the patient after the phone call is finished.
- D. insist that the patient terminate the telephone call immediately.

17. Which of the following nursing actions would be most effective when encouraging a depressed patient to be less socially isolated?

- A. Move the patient to a room closer to the nurses' station
- B. Ask a more stable patient to accompany the patient to activities
- C. Assign a psychiatric technician to monitor the patient's activity
- D. Explain to the patient that continued isolation may delay discharge

18. To help a mother anticipate the safety needs of her nine – year – old son who is learning to ride a bicycle, the nurse would teach that

- A. a helmet will reduce his risk of head injury.
- B. the child must never ride without a friend nearby.
- C. a formal course of instruction is recommended.
- D. the child must ride on the sidewalk.

19. Which of the following menus would best meet the nutritional requirements of a patient who has major burns?

- A. Cottage cheese, fruit salad, a roll and tea
- B. Spaghetti with meatless sauce, green salad, garlic bread and coffee
- C. Roast beef, mashed potatoes with gravy, green beans, fruit salad and milk
- D. Pork chops, French fries, applesauce and iced tea

20. Which of the following nursing strategies would most likely encourage an ill child to eat?

- A. Feed the child to be sure she eats all food on the tray
- B. Take the child to the playroom for all meals
- C. Offer the child foods and fluids she likes
- D. Withhold dessert until intake is adequate

21. A newborn is given an Apgar score of 8 at one minute after birth. The nurse would expect the newborn to have which of the following findings?

- A. Heart rate of 96 beats/min, weak cry, pale color and flaccid posture
- B. Heart rate of 110 beats/min, weak cry, acrocyanosis and some flexion of the extremities
- C. Heart rate of 120 beats/min, lusty cry, acrocyanosis and minimal flexion of the extremities
- D. Heart rate of 140 beats/min, vigorous cry, pink trunk and extremities and well – flexed posture

28. A nurse should teach parents that transmission of the rabies virus occurs by contact with the

- A. skin of undomesticated animals.
- B. carcasses of dead animals.
- C. excrement of warm – blooded animals.
- D. saliva of infected animals.

29. Which of the following actions by a nurse would be considered punitive?

- A. Escorting a patient to a seclusion room following an aggressive hostile act
- B. Confiscating a suicidal patient's scissors
- C. Telling a patient that he will get an intramuscular injection if his hostile outburst continues.
- D. Inspecting a patient's personal belongings upon admission

30. Which of the following statement, if made by a patient who has iron deficiency anemia, would indicate that the patient understands the medication instructions?

- A. "I will report any clay – colored stools."
- B. " I will keep the tablets in the refrigerator."
- C. " I will take the pills with orange juice."
- D. " I will expect my urine to become red – tinged."

31. A teenager with acne says to the nurse in the physician's office, "Look at my face! No matter how often I clean my face, I still get pimples." The nurse should explain to the teenager that a contributing cause of acne in adolescents is

- A. eating a large amount of foods high in fat.
- B. eating foods that are high in complex carbohydrates.
- C. an increase in secretions of the sebaceous glands.
- D. an increase in secretions of the adrenal glands.

32. In which of the following ways should the nurse intervene when a patient repeatedly talks about the past?

- A. Help the patient to establish goals for the future.
- B. Give the patient a diversional activity
- C. Ask the patient to think of recent pleasures
- D. Encourage the patient to share memories.

33. A patient who has a spinal cord transaction is in spinal shock. On assessment, the nurse would expect the patient to describe which of the following findings in the lower extremities?

- A. Loss of sensation
- B. Complaints of tingling
- C. Excessive diaphoresis

D. Constant tremors

34. If a four – year – old child’s growth and development is age – appropriate, a nurse would expect to observe which of the following behaviors?

- A. Talking with an imaginary playmate
- B. Drawing a stick figure with at least six parts
- C. Walking down stairs, one step at a time
- D. Counting backwards from the number 10

35. When a woman who is at 34 weeks gestation has non – reactive results to successive nonstress tests, a nurse would prepare the woman for

- A. an emergency cesarean delivery.
- B. induction of labor.
- C. internal fetal monitoring.
- D. a biophysical profile.

36. A patient who has had an ileostomy says to the nurse, “I will have to be isolated for the rest of my life because no one will be able to stand this terrible odor.” Which of the following responses by the nurse would most likely be reassuring?

- A. “The odor will gradually become less noticeable.”
- B. “I can understand your concern, but remaining in isolation does not reduce the odor.”
- C. “There are techniques that can reduce the odor.”
- D. “The odor is an normal part of your condition and will not offend people.”

37. Because a woman is receiving magnesium sulfate for pregnancy – induced hypertension it is essential for the nurse to assess the woman’s

- A. urine chemistry.
- B. platelet count.
- C. apical heart rate.
- D. respiratory rate.

38. When a patient who has diabetes mellitus experiences peripheral neuropathy, the priority nursing diagnosis should be

- A. altered health maintenance
- B. altered urinary elimination
- C. risk for impaired skin integrity
- D. noncompliance

39. A patient is taking theophylline (Theo – Dur) for the management of asthma. A nurse would advise the patient to report which of the following symptoms?

- A. Weight gain
- B. Excessive thirst

- C. Red – orange urine
- D. Heart palpitations

40. Which of the following medications would a nurse have available when administering an injection of heparin sodium to a patient?

- A. Naloxone hydrochloride (Narcan)
- B. Protamine sulfate
- C. Phytonadione (Aquamephyton)
- D. Phentolamine mesylate (Regitine)

41. When obtaining vital signs on a sleeping three – month – old infant, which of the following assessments would a nurse obtain first?

- A. Respiratory rate
- B. Apical pulse
- C. Axillary temperature
- D. Blood pressure

42. A nurse performs a physical assessment of a two – month – old infant. Which of the following findings would require further investigation?

- A. Closed anterior fontanel
- B. Bilateral strabismus
- C. Multiple Mongolian spots
- D. Prominent extrusion reflex

43. Which of the following clients would the nurse prepare for an emergency cesarean delivery?

- A. A woman who has a prolapsed cord
- B. A woman with a twin gestation
- C. A woman who has meconium – stained amniotic fluid
- D. A woman who has a nonreactive nonstress test

44. Which of the following statements, if made by a four – year – old child whose brother just died of cancer, would be age – appropriate?

- A. “I know I’ll never see my brother again.”
- B. “I’m glad my brother isn’t crying anymore.”
- C. “I can’t wait to go get pizza with my brother.”
- D. “I know where my brother is buried.”

45. To which of the following nursing diagnoses would a nurse give priority in caring for a patient who has myasthenia gravis?

- A. Ineffective individual coping
- B. Situational low self – esteem
- C. Ineffective thermoregulation
- D. Risk for aspiration

46. A patient who is receiving a digitalis preparation should be observed for symptoms of toxicity, which include

- A. hypertension.
- B. oliguria.
- C. tinnitus.
- D. vomiting

47. A pregnant woman has varicosities of her legs and is instructed about wearing elastic stockings. Which of the following comments, if made by the woman, indicates that she understood the instructions?

- A. "I put the stockings on when my legs begin to swell."
- B. "I put the stocking on before I get out of bed in the morning."
- C. "I remove the stockings if I get cramps in my legs or feet."
- D. "I remove the stockings only when I bathe."

48. A patient who has hyperthyroidism is taking methimazole (Tapazole) and attends the clinic regularly. To evaluate the effectiveness of Tapazole therapy, the nurse should consider which of the following questions?

- A. Has the patient's vision improved?
- B. Has the patient's appetite improved?
- C. Has the patient's need for sleep decreased?
- D. Has the patient's pulse rate decreased?

49. A patient whose ventilation is inadequate should be observed for early symptoms of hypoxia, which include

- A. pallor.
- B. restlessness.
- C. mottling of the extremities.
- D. disorientation.

50. A patient who has had a total gastrectomy is given instructions on measures to prevent the development of dumping syndrome. Which of the following statements, if made by the patient, would indicate a correct understanding of the instructions?

- A. "I will have a bedtime snack."
- B. "I will rest one hour before each meal."
- C. "I will avoid concentrated sugars."
- D. "I will include high - fiber foods in my diet."

51. A 12 - year - old child who has been diagnosed with scoliosis is to be treated with a Milwaukee brace. To which of the following nursing diagnoses would a nurse give priority?

- A. Skin integrity
- B. Self - care deficit

- C. Impaired gas exchange
- D. Sleep pattern disturbance

52. A patient who has autism demonstrates a high level of anxiety following the rearrangement of furniture in the room. A nurse should understand that the patient's behavior is the result of a need for

- A. trust.
- B. privacy.
- C. constancy.
- D. independence.

53. A nurse should teach a patient who is taking chlorpromazine hydrochloride (Thorazine) to avoid

- A. exposure to the sun.
- B. swimming in a chlorinated pool.
- C. drinking fluids high in sodium.
- D. eating foods such as chocolate and aged cheese.

54. Which of the following statements, if made by a patient who has tuberculosis, would indicate a correct understanding of disease transmission?

- A. "The disease can be acquired from breast milk."
- B. "The disease does not spread beyond the lungs."
- C. "I contracted the disease through bird droppings."
- D. "I can be infected more than once with this disease."

55. Which of the following nursing diagnoses would be given priority in the care plan of a newborn at one hour of age?

- A. Risk for infection
- B. Altered nutrition
- C. Ineffective thermoregulation
- D. Impaired skin integrity

56. A nurse observes a mother administering eardrops to her four – year – old child who has acute right – sided otitis media. Which of the following actions, if taken by the mother, indicates the administration was performed correctly?

- A. Removing wax in the affected ear with a cotton swab prior to the procedure
- B. Pulling the pinna of the affected ear upward and back when administering the drug
- C. Placing the ear drop container undercool. Running water prior to the procedure
- D. Placing the child in a recumbent position for several minutes after the procedure

57. Which of the following findings in a patient taking levothyroxine sodium (Synthroid) for hypothyroidism would indicate that the medication is producing the desired effect?

- A. Weight gain
- B. Slowed pulse
- C. Increased alertness

D. Decreased salivation

58. Which of the following responses by a 16 – year – old boy, who has acute streptococcal pharyngitis, indicates he understands the nurse's instructions?

- A. "I won't get close to my girlfriend until I finish taking all of my medication."
- B. "I will not take any over – the – counter pills while I am taking the antibiotics."
- C. "I will have to take these antibiotic pills until all the medicine is finished."
- D. "I'll rest in bed for the first two days while taking this medication."

59. A nurse would assess a three – year – old child who has Hirshsprung disease for

- A. prolapsed rectum and mucous stools.
- B. tight rectal sphincter and watery stools.
- C. periumbilical pain and clay – colored stools.
- D. abdominal distention and ribbon like stools.

60. Spasms of the neck muscles develop in a patient who is taking phenothiazine (Nemazine). Which of the following p.r.n. medications should the nurse administer?

- A. Hydroxyzine hydrochloride (Vistaril)
- B. Acetaminophen (Tylenol)
- C. Acetylsalicylic acid (Aspirin)
- D. Benztropine mesylate (Cogentin)

61. A patient with a laryngectomy who is being discharged should be cautioned about using which of the following personal care items?

- A. Deodorant soap
- B. Aftershave lotion
- C. Talcum powder
- D. Mouthwash

62. A nurse assesses a patient who may have a flail chest injury. Which of the following findings would support this diagnosis?

- A. Cough productive of sputum
- B. Pulse oximeter reading of 95 %
- C. Respirations of 20/min
- D. Asymmetrical expansion of the thorax

63. A patient has completed inpatient detoxification for heroin and will be returning home. Which of the following nursing diagnoses would be basic to planning for community living?

- A. Social isolation related to avoidance of former associates.
- B. Ineffective individual coping related to physiological dependence on drugs
- C. Altered thought processes related to a lifestyle of substance abuse
- D. Anxiety related to forced abstinence

64. A patient who is taking digoxin (Lanoxin) has a serum potassium of 2.8mEq \ L. To

which of the following nursing interventions would a nurse give priority?

- A. Hold the medication and notify the physician
- B. Encourage the patient to drink a glass of orange juice
- C. Tell the patient to double the dose of the medication
- D. Administer sodium polystyrene sulfonate (Kayexalate) to the patient

65. A patient who has anorexia nervosa says to the nurse. "I feel so fat and ugly." Which of the following response by the nurse would be most therapeutic?

- A. "Don't be so hard on yourself."
- B. "It sounds as if you're feeling bad about your body."
- C. "You look fine to me."
- D. "I'd love to be your size."

66. Which of the following foods is allowed in the diet of a patient with gout?

- A. Cheese
- B. Beef
- C. Sardines
- D. Liver

67. Non – pharmacological pain management measures for toddlers include

- A. applying protective devices
- B. limiting visitors
- C. playing hand – held video games
- D. blowing soap bubbles

68. A nurse observes the development of clots in the continuous bladder irrigation tubing of a patient who had a transurethral resection of the prostate (TURP) four hours ago. Which of the following actions would the nurse take first?

- A. Offer oral fluids frequently
- B. Discontinue the continuous bladder irrigation
- C. Increase the flow rate of the intravenous solution
- D. Increase the flow rate of the irrigation solution

69. A four – year – old child who has multiple trauma is brought to the emergency department in hypovolemic shock. The child's blood type is known to be A – positive. The blood bank sends O – negative blood for replacement therapy. The nurse should administer the O – negative blood because

- A. individuals with any blood type can receive O – negative blood
- B. severe volume depletion is an indication to administer whichever blood is available in an emergency
- C. a child this age has not yet developed antibodies against O – negative blood
- D. any blood type can be given in an emergency if resuscitative drugs are available

70. Which of the following statements, if made by a woman who is 13 weeks pregnant, would be essential for a nurse to further evaluate?

- A. "I thought I wanted to be pregnant but now I don't know"
- B. "My husband is angry because I got pregnant."
- C. "Being pregnant makes me feel very tired."
- D. "I don't want to get too fat while I'm pregnant."

71. The nurse would instruct the parents of a four – month – old infant who weighs 16 lb (7.3kg) to place the infant in a car seat in which of the following positions?

- A. Rear – facing in the front passenger seat
- B. Rear – facing in the center back seat
- C. Front – facing in the front passenger seat
- D. Front – facing in the center back seat

72. A female patient reports to the clinic nurse that she tends to have stools that are hard. The woman makes all of these statements about measures that she takes to prevent the problem. Which of these statements should the nurse definitely discuss with her?

- A. "I eat a concentrated, high – fiber cereal almost every morning."
- B. "I drink about eight large glasses of water a day."
- C. "I take one or two tablespoons of mineral oil after breakfast almost every day."
- D. "I drink a four – ounce glass of prune juice at bedtime if I have not had a bowel movement for a day or so."

73. A patient is admitted involuntarily to the psychiatric unit. Which of the following patient actions would have indicated the need for involuntary rather than voluntary admission?

- A. The patient stated that voices were telling him to end his life.
- B. The patient tried to harm his wife.
- C. The patient made threatening remarks to his neighbor.
- D. The patient tried to stop traffic outside his home.

74. After successfully performing the Heimlich maneuver on an 18 – month – old child, a nurse would advise the child's parent to perform which of the following measures?

- A. Monitor the child carefully for signs of abdominal bruising
- B. Give the child only liquids to drink for the next 24 hours
- C. Take the child to a health care facility for a thorough examination
- D. Check the child's breathing every two hours at night

75. Which of the following types of activity would be therapeutic for a patient who is acutely psychotic?

- A. Task – oriented
- B. Creative
- C. Independent