



美国CGFNS 护士资格考试 全真模拟与应试指导



北京孚华德国际护士培训中心

美中教育交流协会

王伟 张铁钢 主编



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编者的话

《美国 CGFNS 护士资格考试全真模拟与应试指导》由北京孚华德国际护士培训中心根据美国最新原版 CGFNS 考试教材编写、开发而成。它是《美国 CGFNS 护士资格考试指南》(第五版)的配套书,从理念到宗旨,从内容到形式都针对中国本土考生设计,适合考生考前的集训和自测以及教师的教学参考。

本版教材主要有以下特点:

1. 本教材中的两套全真模拟试题,是严格按照 CGFNS 官方考试机构发布的考试大纲中所规定的出题比例标准,结合中国考生在医护专业以及英语水平上的特点取材、编辑和开发而成。
2. 为了让考生能在做题过程中举一反三,知其然更知其所以然,我们还在试题后增加了试题解析部分,解析中对每道试题的正确选项与错误选项都进行了详细而全面的分析,在满足高水平护士求知欲望的同时,也为教师因材施教提供了参考。
3. 在试题后附有考题中所出现的相关生词和短语,并在多数生词后都加有音标,不但减少了考生查询无门之苦,同时也方便考生诵读,加深记忆。
4. 教材结尾部分还附有医护专业词语中常见的词缀,包括前缀和后缀两部分。旨在帮助考生掌握如何分析词语结构,在考试遇到难词、生词、长词时,适当运用构词法辨析词义。

有关本教材的使用方法,建议如下:

1. 本教材所编选的考题是 CGFNS 考试范围中的梗要部分,使考生能在临考前对护理知识的掌握程度和自我水平有一个较为全面的了解。考生既可以将本教材作为高阶阶段学习和考前冲刺的用书,也可以从本教材开始备考,以求快速掌握 CGFNS 考试的内容梗概、重点和要点,以应考试之需,而后再逐步拓展,慢慢消化。
2. 使用本教材时,若目的为考前模拟自测,则需按照正式考试所要求的时间,计时做题,一气呵成,而后再查询答案和解析;若目的在学习而非考核,则可先熟读题后的单词和短语,再做前面的考题以降低做题难度。产生疑问时可随时查阅相对应的解析,以加深理解和记忆。此外,自测与复习应交叉反复进行,以求温故而知新。
3. 附录部分为常见医护词汇的词缀。该部分采用英英、英汉双语解释法诠释各词缀含义,并在各词缀后附有相关例词及其汉语解释,对考生辨析和猜测长词、生词以及罕见词的词义,扩大词汇量将会大有裨益。

为了提高教材的实用性,我们还将出版一些针对性更强、更适合中国本土、更加权威的教材,并计划将这些系列教材广泛应用于 CGFNS 考试的培训之中,以检验我们所编写的教材在实际培训中的作用,以利下次编写教材,更好地为广大护士服务。

我们将信心满怀地迎接各种挑战,希望能为我国医护卫生事业的发展和我国医护人员走向世界做出应有的贡献。

本教材由于编写时间仓促,纰漏在所难免,诚望各位专家、学者及广大读者批评指正。

本书编委会

2003 年 12 月

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CGFNS Qualifying Examination

Practice Test One

Nursing, Part 1

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

1. Which of the following symptoms would a nurse expect to identify when assessing a patient who has chronic obstructive pulmonary disease (COPD)?
 - A. Increased anterior-posterior chest diameter.
 - B. Decreased residual lung volume.
 - C. Bronchovesicular breath sounds.
 - D. Kussmaul respirations.
2. A patient with cholelithiasis and obstruction of the common bile duct would most likely exhibit which of the following manifestations?
 - A. Straw-colored urine.
 - B. Yellow sclera.
 - C. Dark brown stools.
 - D. Bright red tongue.
3. Which of the following conditions, if reported in a patient's history, should a nurse recognize as a contributing factor to the development of metabolic alkalosis?
 - A. Chronic obstructive pulmonary disease (COPD).
 - B. Type 1 diabetes mellitus.
 - C. Cushing's syndrome.
 - D. Raynaud's disease.
4. 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.
5. 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.
6. 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?
- “Your child may have developed an ear infection.”
 - “Water may have gotten into your child’s ears during bath time.”
 - “The tubes may already be working their way out.”
 - “This indicates that the tubes are working normally.”
7. The nurse should expect to prepare a patient who has bleeding esophageal varices for which of these procedures initially?
- Nasogastric tube feedings.
 - Normal saline lavage.
 - Electrocauterization.
 - Chest x-ray.
8. Which of the following stressors would a nurse recognize as having the greatest impact on a hospitalized adolescent?
- Separation from family.
 - Fear of death.
 - Loss of academic standing.
 - Physical disfigurement.
9. Which of the following findings in a 12-hour-old infant boy would require the nurse to investigate further?
- The newborn has voided one time.
 - The foreskin on the newborn’s penis is not retractable.
 - The newborn has lost 12 % of his birth weight.
 - The newborn is excreting milky-looking fluid from his breasts.
10. Which of the following manifestations, in a woman who delivered a newborn 36 hours ago, would lead a nurse to suspect the woman may be experiencing postpartum depression?
- Expressing concern about taking the infant home.
 - Delaying her morning shower.
 - Exhibiting prolonged periods of fatigue.
 - Asking repeated questions about infant care.
11. The patient with cirrhosis would have which of the following laboratory results?
- Increased serum albumin.
 - Elevated serum transaminase.
 - Normal prothrombin time.
 - Increased serum magnesium.
12. Which of the following conditions, reported to a nurse by a 20-year-old male patient, would indicate a risk for development of testicular cancer?
- Genital herpes.
 - Undescended testicle.
 - Measles.
 - Hydrocele.
13. A nurse should recognize that a patient who has been severely burned is at risk for developing which of the following electrolyte disturbances?
- Hyperkalemia.

- B. Hypomagnesemia.
 - C. Hypochloremia.
 - D. Hypercalcemia.
- 14. Following a prostatectomy, the pathology report reveals that the patient has cancer of the prostate. Which of the following blood test results would support this diagnosis?**
- A. Decreased uric acid.
 - B. Decreased creatinine.
 - C. Elevated bicarbonate.
 - D. Elevated acid phosphatase.
- 15. By the eighth week of pregnancy, a nurse would expect to observe which of the following changes in a woman's physical examination?**
- A. Bluish-purple hue to the cervix.
 - B. Loss of abdominal muscle tone.
 - C. Fundal height at the symphysis pubis.
 - D. Milky white discharge from the breasts.
- 16. A patient who is admitted for treatment of an eating disorder displays controlling behaviors, takes responsibility for others' actions, and has difficulty identifying feelings. These manifestations suggest**
- A. learned helplessness.
 - B. manipulation.
 - C. dependency.
 - D. codependency.
- 17. A nurse is taking the history from a patient who is suspected of having Hodgkin's disease. Which of the following questions should the nurse ask to support the diagnosis?**
- A. "Do you wake up sweating during the night?"
 - B. "Do you urinate more frequently?"
 - C. "Have you noticed recent memory lapses?"
 - D. "Have you experienced visual changes lately?"
- 18. Which of the following manifestations would be indicative of hyperglycemia in a patient who is receiving prednisone (Deltasone)?**
- A. Increased appetite.
 - B. Muscle twitching.
 - C. Tachypnea.
 - D. Diaphoresis.
- 19. To promote optimal function in a patient who has rheumatoid arthritis, which of the following instructions should a nurse include in the patient's rehabilitation plan?**
- A. Apply ice to affected joints.
 - B. Massage joints when inflamed.
 - C. Perform daily weight-bearing exercises.
 - D. Immobilize painful joints.
- 20. A hospitalized patient who has a spinal cord injury reports an acute, pounding headache. Which of the following actions should the nurse take first?**
- A. Suction the patient.
 - B. Raise the head of the bed.

- C. Institute seizure precautions.
 - D. Administer an analgesic as ordered.
- 21. Which of the following topics would be given priority in the teaching plan for a woman who is attending childbirth education classes at 10 weeks of pregnancy?**
- A. Breastfeeding techniques.
 - B. Relaxation methods for labor.
 - C. Management of pregnancy discomforts.
 - D. Routine infant care measures.
- 22. When preparing a teaching plan for a patient who has recently tested positive for the human immunodeficiency virus (HIV), a nurse would include which of the following statements?**
- A. "You should encourage your current and past sexual partners to be tested."
 - B. "You will not need to take special precautions at this time."
 - C. "You do not have to reveal your condition to anyone."
 - D. "You should refrain from physical contact with everyone."
- 23. A patient is taking theophylline (Theo-Dur) for the treatment of asthma. Which of the following responses indicates the medication is effective?**
- A. Increased peak-flow rate.
 - B. Increased residual volume.
 - C. Decreased surfactant levels.
 - D. Decreased antigen-antibody response.
- 24. When assessing a patient who has anorexia nervosa, a nurse would expect to observe**
- A. hypotension.
 - B. heat sensitivity.
 - C. tachycardia.
 - D. dysmenorrhea.
- 25. An adolescent has a diagnosis of conduct disorder. A nurse should expect the adolescent to demonstrate which of the following behaviors?**
- A. Difficulty organizing tasks, distractibility and impulsivity.
 - B. Aggression, destruction of property and deceitfulness.
 - C. Argumentativeness, vindictiveness and loss of temper.
 - D. Autistic thinking, repetitive motor movements and lack of spontaneity.
- 26. When teaching a community group about estrogen replacement therapy, a nurse should discuss which of the following potential benefits?**
- A. Decreased risk of breast cancer.
 - B. Reduced risk of osteoporosis.
 - C. Increased respiratory capacity.
 - D. Enhanced reproductive fertility.
- 27. 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.

- 28. Which of the following actions would a nurse take prior to changing the dressings of a patient who has sustained a large partial-thickness burn?**
- A. Administering the patient's prescribed analgesic.
 - B. Obtaining the patient's pulse and blood pressure.
 - C. Checking the patient's hematocrit and hemoglobin levels.
 - D. Determining whether the patient has signed a consent for this procedure.
- 29. A patient who has a diagnosis of schizophrenia, paranoid type would most likely make which of the following statements?**
- A. "The police follow me night and day."
 - B. "I'm too depressed to live."
 - C. "I'm the most important person here."
 - D. "I have something growing in me."
- 30. Which of the following topics would be given priority in the teaching plan for a woman who is attending childbirth education classes at 30 weeks of pregnancy?**
- A. Expected signs of labor onset.
 - B. Management of pregnancy discomforts.
 - C. Infant feeding patterns.
 - D. Coping with postpartum blues.
- 31. A woman who frequently abuses cocaine during pregnancy is at risk for developing which of the following complications?**
- A. Incompetent cervix.
 - B. Abruptio placentae.
 - C. Gestational diabetes.
 - D. Hyperemesis gravidarum.
- 32. A six-year-old child who is experiencing a high fever and sore throat has a negative rapid culture for streptococcal infection. Based on this finding, which of the following tests should a nurse expect to be performed next?**
- A. Chest x-ray.
 - B. Throat culture.
 - C. Lateral neck x-ray.
 - D. Blood culture.
- 33. A patient expresses many physical complaints during the first two weeks on the alcoholic rehabilitation unit. The results of physical examinations have been negative. The patient frequently approaches staff members to request medication for her discomfort. Based on the patient's behavior, which of these interpretations is correct?**
- A. The patient is trying to make the staff feel guilty.
 - B. The patient is attempting to relieve her anxiety.
 - C. The patient is experiencing organic pain from alcohol withdrawal.
 - D. The patient is using a more mature way to meet the needs that alcohol met.
- 34. A patient is brought into the emergency department after sustaining a stab wound of the chest. If the nurse obtains all of the following findings when assessing the patient, which one would require immediate attention?**
- A. Blood pressure, 120/70 mm Hg.

- B. Decreased level of consciousness.
 - C. Tracheal deviation.
 - D. Crepitus around the wound.
- 35. A daycare center recently had several children diagnosed with ascariasis (common roundworms). Which of the following actions should a visiting nurse suggest to the center staff as a means of preventing further infection?**
- A. Avoid serving raw fruits and vegetables to the children.
 - B. Maintain thorough hand-washing for the staff and children.
 - C. Isolate affected children from the general population.
 - D. Treat all children and staff with antihelminthic medication.
- 36. A nurse is giving a patient preoperative instructions about the use of patient-controlled analgesia (PCA). Which of the following statements, if made by the patient, would indicate a correct understanding of the instructions?**
- A. "I can only give myself the pain medication every hour."
 - B. "I am concerned that I may take too much pain medication."
 - C. "I will have no restriction on the amount of pain medication I can take."
 - D. "I will not have to ask the nurse for pain medication."
- 37. When teaching self-care measures to a patient who has Raynaud's disease, the nurse should emphasize the need to avoid**
- A. exposure to cold.
 - B. sunburns.
 - C. acetylsalicylic acid (Aspirin).
 - D. caffeine.
- 38. Which of the following instructions, if given to a group of healthy senior citizens, would be most effective for preventing the development of pneumonia?**
- A. "Have an annual flu shot."
 - B. "Keep a prophylactic antibiotic prescription available."
 - C. "Take a daily multivitamin."
 - D. "Increase your daily caloric intake."
- 39. A school nurse provided a seminar about acne to a tenth grade class. Which of the following statements, if made by a student, would indicate a correct understanding of this condition?**
- A. "Acne can be prevented by staying away from chocolate and fat."
 - B. "Acne bumps should not be squeezed unless my hands are well washed."
 - C. "Acne can be cleared up by using fragrance-free soap."
 - D. "Acne is caused by clogged sebaceous glands."
- 40. A patient is scheduled for exploratory abdominal surgery. When doing preoperative teaching, the nurse should emphasize to the patient the need to**
- A. cough and deep breathe on a regular schedule.
 - B. ask for pain medication when the pain becomes severe.
 - C. assume a high-Fowler's position while in bed.
 - D. perform leg exercises twice each day.
- 41. Two weeks after teaching an injury prevention seminar to parents in the community, a nurse makes a home visit to follow up with the parents of 14-month-old triplets. Which of the following observations in the**

home would indicate that the parents need further teaching?

- A. The thermostat on the hot water heater is set at 110°F (43.3°C).
- B. The lid is missing from the top of a wooden toy box.
- C. Safety gates are in place at the top and bottom of the staircase.
- D. Cleaning supplies are clearly labeled in new containers and located in a high cabinet over the kitchen sink.

42. A patient is given instructions prior to having a lung scan. Which of the following statements, if made by the patient, would indicate a correct understanding of the purpose of the procedure?

- A. "It will show if there is a blockage in the blood flow to my lungs."
- B. "It will show if my lung has collapsed."
- C. "It will show if the airway passages in my lungs are open."
- D. "It will show if I have an infection in my lung."

43. Which of the following factors should the nurse evaluate first when planning for the discharge of a suspicious and hostile patient.

- A. Professional opportunities available to the patient.
- B. Recommendations of the treatment team for the patient.
- C. The patient's goals for him/herself.
- D. The degree of independence the patient had achieved before his/her illness.

44. During a home visit to a patient who is receiving theophylline (Theo-Dur), the patient tells the nurse, "I've been feeling nauseated for the past two days." The nurse should make which of the following responses?

- A. "Take your medication with an antacid."
- B. "Try taking your medication with your meals."
- C. "Notify the physician who ordered the medication."
- D. "Stop taking your medication for a few days."

45. A patient who has complete heart block would be expected to have which of the following symptoms?

- A. Double vision.
- B. Muscle cramps.
- C. Dizziness.
- D. Tinnitus.

46. A patient who is admitted to the hospital with a diagnosis of chronic renal failure should be assessed for symptoms of the disease, such as

- A. hypotension.
- B. fatigue.
- C. flushed skin.
- D. dysuria.

47. A woman who is dependent on alcohol is admitted to the detoxification unit. The answer to which of these questions is essential for the nurse to obtain from the patient immediately?

- A. "Who will be your primary support system?"
- B. "At what time did you have your last drink?"
- C. "How does your family feel about your drinking?"
- D. "When did you last eat?"

48. Which of the following findings, if identified in a patient in the immediate postoperative period following

coronary artery bypass grafting (CABG), would indicate the need for immediate flow-up by the nurse?

- A. Chest tube drainage of 75 ml/hr.
- B. Urinary output of 100 ml/hr.
- C. Blood pressure of 124/60 mm Hg.
- D. Oxygen saturation of 92 % .

49. A mother in the well-baby clinic makes the following comments about her eight-month-old son. Which comment should the nurse discuss with the mother?

- A. "His four-year-old sister helps me to diaper him."
- B. "He enjoys feeding himself crackers."
- C. "He is drooling a lot lately."
- D. "He likes to take his naps in our bed."

50. A patient is experiencing an acute dystonic reaction. All of the following p. r. n. medications are pre-scribed. Which medication should the nurse administer?

- A. Chlorpromazine hydrochloride (Thorazine).
- B. Lorazepam (Ativan).
- C. Diphenhydramine hydrochloride (Benadryl).
- D. Alprazolam (Xanax).

51. A patient tells the nurse, "I really don't want to have these shock treatments but my doctor insists." Which of the following responses by the nurse would be therapeutic?

- A. "We should cancel the procedure until you feel better."
- B. "Have you talked to your doctor about your fears?"
- C. "It's normal to feel concerned."
- D. "This procedure is the best treatment for your condition."

52. To which of the following nursing diagnoses would a nurse give priority when caring for a patient who has syndrome of inappropriate secretion of antidiuretic hormone (SIADH)?

- A. Decreased cardiac output.
- B. Altered nutrition.
- C. Urinary incontinence.
- D. Fluid volume excess.

53. A nurse would recognize that a child who is hospitalized in the acute phase of nephrotic syndrome is at risk for developing which of the following types of shock?

- A. Cardiogenic.
- B. Hypovolemic.
- C. Septic.
- D. Distributive.

54. While working on the adolescent psychiatric unit, the nurse overhears a patient mentioning the name of another resident while he is taking 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.

55. 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.
- 56. 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.
- 57. Which of the following topics would be given priority in the teaching plan for a woman who is attending childbirth education classes at 30 weeks of pregnancy?**
- A. Expected signs of labor onset.
 - B. Management of pregnancy discomforts.
 - C. Infant feeding patterns.
 - D. Coping with postpartum blues.
- 58. A patient who has received thrombolytic therapy following a myocardial infarction is at risk for developing which of the following complications?**
- A. Epistaxis.
 - B. Headache.
 - C. Anemia.
 - D. Jaundice.
- 59. A nurse is caring for a patient who underwent a transurethral resection of the prostate (TURP) several hours ago. The patient experiences nausea, confusion, elevated blood pressure and decreased pulse rate. The nurse would most likely suspect which of the following conditions to develop in the patient?**
- A. Bladder spasms
 - B. Hyponatremia.
 - C. Dehydration.
 - D. Sepsis.
- 60. A patient who had an excision of an anal fistula has sitz baths ordered. The nurse should instruct the patient that the purpose of the sitz bath is to**
- A. prevent infection.
 - B. relax the anal sphincter.
 - C. localize the drainage.
 - D. promote comfort.
- 61. A preterm newborn would receive surfactant (Exosurf) for which of the following purposes?**
- A. To stimulate digestive enzymes.
 - B. To minimize the effects of jaundice.
 - C. To prevent intracranial hemorrhage.
 - D. To improve respiratory function.
- 62. A nurse is preparing a community education program about early detection of prostate cancer. The nurse should emphasize that**
- A. an elevated serum prostate-specific antigen level is the definitive diagnostic test for prostate cancer.

- B. a digital rectal exam is recommended annually to screen for prostate cancer in men aged more than 40 years.
 - C. changes in patterns of elimination can be an early indicator of prostate cancer.
 - D. frequent urinary tract infections may indicate a high risk for prostate cancer developing.
- 63. Which of the following statements should the nurse include when teaching a patient about the transmission of tuberculosis (TB)?**
- A. "TB can be transmitted by coughing."
 - B. "TB can be transmitted through sexual contact."
 - C. "TB can be transmitted by improper food handling."
 - D. "TB can be transmitted through contact with stool."
- 64. The nurse provides information to a depressed patient and his family about electroconvulsive therapy (ECT). Which of the following statements would the nurse include in the teaching?**
- A. "The patient will have minimal muscle twitching during treatment."
 - B. "The patient must be in restraints following the treatment."
 - C. "The patient will remain awake and alert during treatment."
 - D. "The patient must remain flat on his back for one hour after treatment."
- 65. A woman is eight hours postpartum after a vaginal delivery. The fundus is at the level of the umbilicus and displaced to the right. Which of the following actions would a nurse take first?**
- A. Assist the woman to the toilet.
 - B. Encourage the woman to drink fluids.
 - C. Massage the woman's uterus.
 - D. Straight catheterize the woman.
- 66. A woman phones the psychiatric department nurses' station and tells a nurse that her husband was brought to the hospital yesterday after taking an overdose of Aspirin. The woman asks the nurse how her husband is doing. The most appropriate action of the nurse is to**
- A. explain to the woman that she cannot release information about psychiatric patients.
 - B. tell the patient that a woman who says she is his wife is on the phone and ask him if he wants the nurse to talk to her.
 - C. give the wife a brief accurate report on her husband's condition.
 - D. report the woman to the patient's primary doctor.
- 67. A schizophrenic patient says to a nurse, "You are wearing a pretty red dress. Tomatoes are red. Vegetables make you healthy. I am not healthy." A nurse should recognize that these statements are an example of**
- A. echolalia.
 - B. confabulation.
 - C. neologisms.
 - D. looseness of association.
- 68. Which of the following behaviors is most indicative of impairment due to substance abuse in a nurse?**
- A. Patients report that the nurse is always distracted and tired during the shift.
 - B. Patients report experiencing pain despite documented administration of pain medication.
 - C. Patients report that valuables are missing
 - D. Patients report rude treatment by the nurse
- 69. A nurse should expect a six-month-old infant who has iron-deficiency anemia to have which of the follow-**

ing findings?

- A. Weight for length at the 25th percentile.
- B. Pale, chubby appearance.
- C. History of a fractured clavicle at birth.
- D. Delayed eruption of primary teeth.

70. Which of the following indicators would provide a nurse with the most reliable evidence that a patient's hemodialysis treatment has been effective?

- A. Body weight.
- B. Abdominal girth.
- C. Breath sounds.
- D. Pedal pulses.

71. Which of the following clinical manifestations would support a nursing diagnosis of ineffective airway clearance in a patient who has chronic bronchitis?

- A. Viscous sputum production.
- B. Bibasilar crackles.
- C. Substernal retractions.
- D. Laryngeal hoarseness.

72. Which of the following goals would be given priority in the care plan of a two-year-old child who has acute gastroenteritis?

- A. Promote hydration.
- B. Reduce lethargy.
- C. Preserve skin integrity.
- D. Maintain comfort.

73. A patient has a nasogastric tube which is draining large amounts of fluid. To which of the following nursing diagnoses would a nurse give priority?

- A. Diarrhea.
- B. Risk for infection.
- C. Ineffective thermoregulation.
- D. Risk for fluid volume deficit.

74. Which of the following nursing measures would be most appropriate for a patient who has ascites?

- A. Withholding fluids.
- B. Measuring abdominal girth.
- C. Encouraging ambulation.
- D. Monitoring for pedal edema.

75. When assessing a patient who has hypothyroidism, a nurse should expect the patient to report which of the following manifestations?

- A. Intolerance to cold.
- B. Increased appetite.
- C. Frequent stools.
- D. Rapid heart rate.

76. A nurse is teaching a community group about the prevention of osteoporosis. Which of the following actions would the nurse emphasize?

- A. Lap swimming.

- B. Eliminating smoking.
 - C. Restricting sodium intake.
 - D. Minimizing sun exposure.
- 77. Which of the following findings in a five-year-old child who has Kawasaki disease would be most helpful in establishing a nursing diagnosis of impaired skin integrity?**
- A. Altered platelet count.
 - B. Decreased oral intake.
 - C. Lethargy and prostration.
 - D. Desquamation of the palms and soles.
- 78. A nurse has instructed a patient about the use of a transdermal nitroglycerin (Nitro-Dur) patch. Which of these statements, if made by the patient, would indicate that the patient needs further instruction?**
- A. "I need to change positions slowly."
 - B. "I will keep a record of any anginal attacks."
 - C. "I need to remove the patch when I bathe."
 - D. "I will put the patch on a non-hairy area."
- 79. Under which of the following circumstances is direct questioning appropriate when a nurse is assessing a patient on a psychiatric unit?**
- A. The patient accuses the nurse of plotting with the authorities.
 - B. The nurse observes that the patient is pacing and mumbling.
 - C. The patient praises the nurse and accuses other staff members of poor practice.
 - D. The nurse suspects that the patient is suicidal.
- 80. A female patient who has rheumatoid arthritis would understand her exercise program if she performs which of these exercises of her unaffected joints?**
- A. Walking.
 - B. Active range-of-motion.
 - C. Isometric.
 - D. Resistive.
- 81. A nurse could independently implement a primary prevention strategy for which of the following community mental health issues?**
- A. Depression management.
 - B. Parenting education classes.
 - C. Infantile autism.
 - D. Elderly depression.
- 82. When taking the history from a patient who has a diagnosis of pyelonephritis, a nurse should expect the patient to report which of the following symptoms?**
- A. Pain referred to the left shoulder.
 - B. Low back pain.
 - C. Flank pain.
 - D. Right upper quadrant pain.
- 83. An infant is scheduled to receive a dose of diphtheria, tetanus and pertussis (DTP) vaccine. Which of these findings in the infant should prompt a nurse to withhold the vaccine at this time?**
- A. The infant's family has been exposed to varicella.
 - B. The infant is nasally congested.