## ATI RN Fundamentals

- 1. a nurse in a clinical is caring for a middle age adult who states, "the doctor says that since I am at an average risk for colon cancer, I should have a routine screening. what does that involve?" which of the following responsesshould the nurse make?
  - A. "I'll get a blood sample from you and send it for a screening test."
  - B. "beginning at age 60, you should have a colonoscopy."
  - C. "you should have a decal occult blood test every year."
  - D. "the recommendation is to have a sigmoidoscopy every 10 years."

"You should have a fecal occult blood test every year."

Colorectal cancer screening for clients at average risk begins at age 50. One option for screening is a fecal occult blood test annually.

- 2. a nurse is caring for a client who is having difficulty breathing. the client is laying in bed with a nasal cannula delivering oxygen. which of the following intervention should the nurse take first?
  - A. suction the client's airway
  - **B.** administer a bronchodilator
  - C. increase the humidity in the client's room
  - **D.** assist the client to an upright position

## assist the client to an upright position

When providing client care, the nurse should first use the least invasive intervention. Therefore, the nurse should elevate the head of the client's bed tothe semi-Fowler's or high Fowler's position to facilitate maximal chest expansion. Sitting upright improves gas exchange and prevents pressure on the diaphragm from abdominal organs.

- 3. a nurse is preparing to administer 0.5 mL of oral single-dose liquid medication to a client. which of the following actions should the nurse take?
  - ${f A.}$  gently shake the container of medication prior to administration
  - ${f B.}$  transfer the medication to a medicine cup
  - ${f C}_{f \cdot}$  place the client in a semi-fowlers position to medication administration
  - ${f D}_{f \cdot}$  verify the dosage by measuring the liquid before administering it

Gently shake the container of medication prior to administration.

The nurse should gently shake the liquid medication to ensure the medication ismixed.

- 4. a nurse is planning care to improve self-feeding for a client who has visionloss. which of the following interventions should the nurse include in the plan of care?
  - A. tell the client which food she should eat first
  - ${\bf B}_{ullet}$  provide small-handle utensils for the client
  - C. thicken liquids on the client's tray

 ${f D}_{f \cdot}$  use a clock pattern to describe food on the client's plate

## Use a clock pattern to describe food on the client's plate.

Use a clock pattern to describe food on the client's plate.MY ANSWERDescribing the location of the food on the plate by using a clock patternallows the client to have greater independence during meals.

- 5. a nurse is teaching an older adult client who is at risk for osteoporosis aboutbeginning a program of regular physical activity. which of the following types of activity should the nurse recommend?
  - **A.** walking briskly
  - **B.** riding a bicycle
  - C. performing isometric exercises
  - D. engaging in high-impact aerobics

## walking briskly

Weight-bearing exercises are essential for maintaining bone mass, which helps toprevent osteoporosis. Walking engages older adult clients in this preventive and therapeutic strategy.

- 6. a nurse is assessing a client's readiness to learn about insulin administration. which of the following statements should the nurse identify as an indication that the client is ready to learn?
  - A. "I can concentrate best in the morning."
  - B. "it is difficult to read the instructions because my glasses are at home."
  - C. "I'm wondering why I need to learn this."
  - D. "you will have to talk to my wife about this."

"I can concentrate best in the morning."

The client's statement indicates a readiness to learn because he is verbalizing thebest time for him to learn.

- 7. a nurse is giving discharge instructions to a client who will require oxygen therapy at home. which of the following statements should the nurse identifyas an indication that the client understands how to manage this therapy at home?
  - A. "I'll make sure that, when my friend comes by, she smokes at least 6 feetaway from my oxygen tank."
  - B. "I'll use a woolen blanket if I get chilly while I'm using my oxygen."
  - ${f C}_{\:\raisebox{1pt}{\text{\circle*{1.5}}}}$  'I'll check the wires and cables on my TV to make sure they are in goodworking order."