

The nurse assumes care of a postoperative adult client with type 2 diabetes mellitus and learns that the client has a current blood glucose level of 750 mg/dL. When assessing the client, what is the **priority**?

- A Assess for signs of fluid volume deficit.
- B Observe wound drainage characteristics.
- C Measure the level of acute pain.
- D Determine when the client last ate.

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A male client tells the nurse that he is concerned that he may have a stomach ulcer, because he is experiencing heartburn and a dull gnawing pain that is relieved when he eats. Which is the **best** response by the nurse?

- A Encourage the client to obtain a complete physical exam, since these symptoms are consistent with an ulcer.
- B Assure the client that his symptoms may only reflect reflux, since ulcer pain is not relieved with food.
- C Instruct the client that these mild symptoms can generally be controlled with changes in his diet.
- D Advise the client that he needs to seek immediate medical evaluation and treatment of these symptoms.

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A male client with stomach cancer returns to the unit following a total gastrectomy. He has a nasogastric tube to suction and is receiving Lactated Ringer's solution IV. One hour after admission to the unit, the nurse notes 300 mL of blood in the suction canister, the client's heart rate is 155 beats/minute, and his blood pressure is 88/50 mmHg. In addition to reporting the findings to the surgeon, which action should the nurse implement **first**?

- A Measure and document the client's urinary output.
- B Request the client's reserved unit of packed red blood cells.
- C Prepare for placement of a central venous catheter.
- D Increase the infusion rate of Lactated Ringer's solution.