

tervals, usually with one glass of water following each tablet. The number of tablets prescribed will vary, because it is based on the weight of the patient.

**NP:I; CN:PH; CA:M; CL:C**

83. (3) The patient should be taught not to do any activities or wear anything that could interfere with the free flow of blood through the arteriovenous fistula.

**NP:E; CN:PH; CA:M; CL:A**

84. (2) Cyanosis is a result of impaired oxygen-carbon dioxide exchange at the alveolar level. Advent of the gallop (S3, S4) rhythm indicates that the patient is in HF. Cerebral/mental changes (4) often occur but they are due to hypoxia rather than edema. Changes in the lungs (1, 3) occur because of increased fluid that expands in the interstitial spaces and decreased oxygen transport, not because of airway changes.

**NP:D; CN:PH; CA:M; CL:A**

85. (1) Before moving the patient, dangling at the bedside is important. This procedure stabilizes the patient and allows the nurse time to assess whether he develops vertigo from a drop in blood pressure.

**NP:I; CN:PH; CA:M; CL:C**

86. (3) An NG tube insertion is the most appropriate intervention because it will determine the presence of active gastrointestinal bleeding. A Miller-Abbott tube (1) is a weighted, mercury-filled ballooned tube used to resolve bowel obstructions. There is no evidence of shock or fluid overload in the patient; therefore, an arterial line (2) is not appropriate at this time, and an IV (4) is optional.

**NP:I; CN:PH; CA:M; CL:A**

87. (4) The patient must have the correct carbohydrates, fats, and proteins determined by the specific diet plan so a new tray should come from the kitchen. Substituting food may not provide the correct balance.

**NP:I; CN:PH; CA:M; CL:A**

88. (3) Mechanical ventilation may cause stress ulcers, so checking the pH to maintain it above 5 will yield information about whether or not the patient requires antacids. Below 5, the pH would be too acidic and this condition could cause a stress ulcer.

**NP:P; CN:PH; CA:M; CL:AN**

89. (2) Two to three stools/day indicates that the lactulose is working to acidify the colon contents and reduce blood ammonia. If watery diarrhea occurs (1), there is a drug overdose.

**NP:E; CN:PH; CA:M; CL:AN**

90. (2) Normal capillary refill time is 3 seconds or less. Prolonged refill time is indicative of circulatory impairment.

**NP:D; CN:PH; CA:S; CL:C**

91. The second bag should be hung at 6 PM/1800 hours. Each bag will cover 8 hours of a 24-hour order.

**NP:P; CN:PH; CA:M; CL:A**

92. (1) Denial is the first stage in the grief process. The patient does not yet fully comprehend the loss that has occurred. He is protecting himself from painful feelings.

**NP:E; CN:PS; CA:S; CL:A**

93. (1) Vitamin B<sub>12</sub> comes from animal products. Patients with pernicious anemia have a B<sub>12</sub> deficiency. Patients either need frequent B<sub>12</sub> injections or they must drastically increase the foods that provide B<sub>12</sub> in sufficient quantity.

**NP:E; CN:H; CA:M; CL:A**

94. (1) Because the patient cannot feel sensory stimuli, a blockage of the nerves between the central nervous system and the peripheral system is suspected.

**NP:D; CN:PH; CA:S; CL:C**

95. (2) Raw apples are high in potassium, while white enriched and French bread (4), dry cereal (3), and pasta (1) are foods low in potassium.

**NP:E; CN:PH; CA:M; CL:C**

96. (3) Urecholine stimulates the parasympathetic nervous system. It increases the tone and motility of the smooth muscles of the urinary tract. It is used frequently following a TUR when the patient has a lack of muscle tone and is unable to void. Bladder spasms can be relieved with belladonna or opium suppositories.

**NP:E; CN:PH; CA:S; CL:AN**

97. The answer is 1.0 mL. Dose on hand is in 10 mL, so to calculate the amount to give, divide the dose desired by the dose on hand and multiply by 10 mL. Example:  $0.5 \text{ g} \div 5 \text{ g} = 0.1$ , then  $\times 10 = 1 \text{ mL}$ .

**NP:P; CN:PH; CA:M; CL:C**

98. (2) The patient requires treatment for shock. Vital signs are monitored (1) after placing the patient in the shock position; then the physician is called for orders (3).

**NP:I; CN:PH; CA:M; CL:A**