Med-Surg Success
A Course Review Applying Critical Thinking to Test Taking
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The organs of the male and female reproductive systems are subject to many disorders/diseases. Some are hereditary, some are related to the endocrine system and may involve an underproduction or overproduction of hormones, and still others may be the result of infections or neoplastic growths. Whatever the etiology, the nurse must be well informed about all the possible disorders/diseases and how to monitor and treat them, both independently when allowed or under the direction of an HCP.

KEYWORDS
aneuploid
brachytherapy
chancre
colporrhaphy
DNA ploidy
dysmenorrhea
dyspareunia
nulliparity
pessary
phimosis

ABBREVIATIONS
Absolute Neutrophil Count (ANC)
Acute Respiratory Distress Syndrome (ARDS)
Anterior and Posterior Repair (A & P Repair)
Blood Pressure (BP)
Breast Self Examination (BSE)
Deoxyribonucleic Acid (DNA)
Digital Rectal Examination (DRE)
Deep Vein Thrombosis (DVT)
Health-Care Provider (HCP)
Human Chorionic Gonadotropin (HCG)
Human Immunodeficiency Virus (HIV)
Human Papillomavirus (HPV)
Hormone Replacement Therapy (HRT)
Incision and Drainage (I & D)
International Normalized Ratio (INR)
Intravenous (IV)
Intravenous Piggy Back (IVPB)
Low Malignancy Potential (LMP)
Luteinizing Hormone–Releasing Hormone (LHRH)
Nursing Assistant (NA)
Pelvic Inflammatory Disease (PID)
Prostate-Specific Antigen (PSA)
Prothrombin Time (PT)
Rule Out (R/O)
Sexually Transmitted Disease (STD)
Unlicensed Assistive Personnel (UAP)
Urinary Tract Infection (URI)
White Blood Cells (WBCs)
Breast Disorders

1. The client frequently finds lumps in her breasts, especially around her menstrual period. Which information should the nurse teach the client regarding breast self-care?
   1. This is a benign process that does not need follow-up.
   2. The client should eliminate chocolate and caffeine from the diet.
   3. The client should practice breast self-examination monthly.
   4. This is the way that breast cancer begins and the client needs surgery.

2. The client is diagnosed with breast cancer and is considering whether to have a lumpectomy or a more invasive procedure, a modified radical mastectomy. Which information should the nurse discuss with the client?
   1. Ask if the client is afraid of having general anesthesia.
   2. Determine how the client feels about radiation and chemotherapy.
   3. Tell the client that she will need reconstruction with either procedure.
   4. Find out if the client has any history of breast cancer in her family.

3. The client has undergone a wedge resection for cancer of the left breast. Which discharge instruction should the nurse teach?
   1. Don’t lift more than five (5) pounds with the left hand until released by the HCP.
   2. The cancer has been totally removed and no follow-up therapy will be required.
   3. The client should empty the Hemovac drain about every 12 hours.
   4. The client should arrange an appointment with a plastic surgeon for reconstruction.

4. Which recommendation is the American Cancer Society’s (ACS) guideline for the early detection of breast cancer?
   1. Beginning at age 18 years, have a biannual clinical breast examination by an HCP.
   2. Beginning at age 30, perform monthly breast self-exams.
   3. Beginning at age 40, receive a yearly mammogram.
   4. Beginning at age 50, have a breast sonogram every five (5) years.

5. The client has had a mastectomy for cancer of the breast and asks the nurse about a Tram Flap procedure. Which information should the nurse explain to the client?
   1. The surgeon will insert a saline-filled sac under the skin to simulate a breast.
   2. The surgeon will pull the client’s own tissue under the skin to create a breast.
   3. The surgeon will use tissue from inside the mouth to make a nipple.
   4. The surgeon can make the breast any size the client wants the breast to be.

6. The nurse is teaching a class on breast health to a group of ladies at a senior citizen’s center. Which is the most important risk factor to emphasize to this group of ladies?
   1. The clients should find out about their family history of breast cancer.
   2. Men at this age can get breast cancer also and should be screened.
   3. Monthly breast self-examination is the key to early detection.
   4. The older a woman gets, the greater the chance of developing breast cancer.

7. The client who is scheduled to have a breast biopsy with sentinel node dissection states, “I don’t understand. What does a sentinel node biopsy do?” Which scientific rationale should the nurse use to base the response?
   1. A dye is injected into the tumor and traced to determine spread of cells.
   2. The surgeon removes the nodes that drain the diseased portion of the breast.
   3. The nodes that can be felt manually will be removed and sent to pathology.
   4. A visual inspection of the lymph nodes will be made while the client is sleeping.

8. The client who is four (4) months pregnant finds a lump in her breast and the biopsy is positive for stage II cancer of the breast. Which treatment would the nurse anticipate the HCP recommending to the client?
   1. A lumpectomy to be performed after the baby is born.
   2. A modified radical mastectomy.
   3. Radiation therapy to the chest wall only.
   4. Chemotherapy only until the baby is born.
Breast Disorders

1. This is symptomatic of benign fibrocystic disease, but follow-up is always needed if the lumps do not go away when the hormone levels change.

2. Some practitioners suggest eliminating caffeine and chocolate from the diet if the breasts become tender from the changes, but there is no research that supports this to be effective in controlling the discomfort associated with fibrocystic breasts.

3. The American Cancer Society no longer recommends breast self-examination (BSE) for all women, but it is advisable that women with known breast conditions perform BSE monthly to detect potential cancer.

4. The client may need a breast biopsy for potential breast cancer at some point, but breast cancer develops when there is an alteration in the DNA of a cell.

TEST-TAKING HINT: The test taker could eliminate option “1” because of the clause “does not need follow-up.” The question is asking about self-care and only two (2) options—“2” and “3”—involve the client doing something. The test taker should choose between these.

2. General anesthesia would be used for either procedure.

2. The client should understand the treatment regimen for follow-up care. A lumpectomy requires follow-up with radiation therapy to the breast and then systemic chemotherapy. If the cancer is in its early stages, this regimen has results that are equal to those with a modified radical mastectomy.

3. A lumpectomy removes only the tumor and a small amount of tissue surrounding the tumor; reconstruction is not needed.

4. A history of breast cancer in the family is immaterial because this client has breast cancer.

TEST-TAKING HINT: The test taker should use the nursing process to answer this question and select an assessment intervention, which would eliminate option “3” as a correct answer. Option “1” uses the word “afraid,” which is an assumption; therefore this option could be eliminated.

3. The client has had surgery on this side of the body. Pressure on the incision should be limited until released by the HCP to perform normal daily activities.

2. This is giving the client false hope. Cancer cells characteristically move easily in the lymph or bloodstream to other parts of the body. Microscopic disease cannot be determined by the naked eye.

3. A client who has a mastectomy might be discharged with a Hemovac, but a wedge resection should not require one.

4. The breast has not been removed; reconstruction is not needed.

TEST-TAKING HINT: If the test taker did not know this answer, option “1” is information that could be provided to any client who has had surgery on the upper chest or arm.

4. Unless there is a personal history of breast cancer or a strong family history, clinical breast exams should begin at age 30 years and should be performed yearly.

2. If the client is going to perform breast self-exam (BSE), it should begin at age 18. The ACS no longer includes monthly BSE as part of its guidelines.

3. The ACS recommends a yearly mammogram for the early detection of breast cancer. A mammogram can detect disease that will not be large enough to feel.

4. Breast sonograms are performed to diagnose specific breast disease when a screening mammogram has shown a suspicious area.

TEST-TAKING HINT: This is a knowledge-based question. The test taker might be swayed by the option about BSE, but the age must be considered.

5. This is done for reconstruction of a breast or augmentation of breast size, but it is not a Tram Flap procedure, which uses the client’s own tissue.

2. The Tram Flap procedure is one in which the client’s own tissue is used to form the new breast. Tissue and fat are pulled under the skin with one end left attached to the body to provide circulation until the body builds collateral circulation in the area.

3. The plastic surgeon can rebuild a nipple from pigmented skin donor sites or can tattoo the nipple in place.

4. This is true of saline implants but not of Tram Flaps.

TEST-TAKING HINT: If the test taker is taking a standard pencil and paper test and was not familiar with this procedure, then skipping the question and returning to it at a later time would be advisable. Another question might give a clue about the procedure. This is not possible on the RN-NCLEX computerized examination.
Most women who develop breast cancer do not have a family history of the disease. Specific genes—BRCA-1 and BRCA-2—that are implicated in the development of breast cancer have been identified, but most women with breast cancer do not have these genes.

Approximately 1000 men are diagnosed every year with breast cancer, but, as with women, it can occur at any age. Breast cancer in men frequently goes undetected because the men consider this a woman’s disease.

Mammograms can detect breast cancer earlier than breast self-examination and are the current recommendation by the American Cancer Society.

The greatest risk factor for developing breast cancer is being female. The second greatest risk factor is being elderly. By age 80, one (1) in every eight (8) women develop breast cancer.

TEST-TAKING HINT: The test taker cannot overlook the age when it is given in a question. “Senior citizen’s center” should alert the test taker to the older age group. The test taker should decide what the age has to do with the answer.

A sentinel node biopsy is a procedure in which a radioactive dye is injected into the tumor and then traced by instrumentation and color to try to identify the exact lymph nodes that the tumor could have shed into.

This is the older procedure in which the surgeon removed the nodes that were thought to drain the tumor. There was no way of knowing that the surgeon was actually removing the affected nodes.

The purpose of the procedure is not to rely on guesswork in determining the extent of tumor involvement.

Microscopic disease cannot be seen by the naked eye.

TEST-TAKING HINT: The test taker would eliminate options “3” and “4” if they were aware of the definition of “sentinel,” which means “to watch over as a sentry.” This might lead the test taker to determine that specific areas would have to be determined.

Waiting until the baby is born would allow the cancer to continue to develop and spread. This might be an option if the client was in the third trimester, but not at this early stage.

A modified radical mastectomy would be recommended for this client because the client would not be able to begin radiation or chemotherapy, which are part of the regimen for a lumpectomy or wedge resection. Many breast cancers that develop during pregnancy are hormone sensitive and would have the ideal grounds for growth. The tumor should be removed as soon as possible.

Radiation therapy cannot be delivered to a pregnant client because of possible harm to the fetus.

Chemotherapy would not be given to the client while she is pregnant because of potential harm to the fetus.

TEST-TAKING HINT: The test taker should eliminate options “3” and “4” because of potential harm to the fetus, but each option has the word “only.” There are very few “onlys” in health care.

A client four (4) years post-mastectomy should be finished with adjuvant therapy, which lasts from six (6) months to one (1) year.

The client may have received Adriamycin, which is a cardiotoxic medication, but knowing this will not change the tests that will be performed or preparation for the tests.

The nurse should post a message at the head of the client’s bed to not use the right arm for blood pressures or lab draws. This client is at risk for lymphedema, and this is a lymphedema precaution.

The chest wall is sometimes involved in breast cancer, but the most important intervention is to prevent harm to the client.

TEST-TAKING HINT: The question is asking for an intervention that is common in the healthcare industry. There are many breast cancer survivors who go on to develop unrelated problems, but the nurse must still be aware of the lingering needs of the client.

It is a common instruction for any client who has had surgery to notify the HCP if a fever develops. This could indicate a postoperative infection.

The client who has had a mastectomy is at risk for lymphedema in the affected arm because the lymph nodes are removed during the surgery. The client should protect the arm from injury and carry heavy objects with the opposite arm.

The client can attend church services and large gatherings. This client had surgery, not chemotherapy that would increase the potential for developing an infection if exposed to an infected individual.

The client should be taught arm-climbing exercises before leaving the hospital to facilitate maintaining range of motion.

The client has developed a malignancy in
1. The nurse is reviewing the lab data on a male client. Which interpretation should the nurse make regarding the prostate-specific antigen (PSA)?
   1. The client has early-stage prostate cancer.
   2. The client should have more tests.
   3. The client does not have prostate cancer.
   4. The client has benign prostatic hypertrophy.

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<td>6 mcg/L</td>
<td>Male &lt; 4 mcg/L, Female &lt; 0.5 mcg/L</td>
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2. The nurse is performing the admission assessment on a 78-year-old female client and observes bilateral pendulous breasts with a stringy appearance. Which intervention should the nurse implement?
   1. Request a mammogram.
   2. Notify the HCP of the finding.
   3. Continue with the examination.
   4. Assess for peau d’orange skin.

3. The client is scheduled for a right breast biopsy for a mass found in the tail of Spence. While the client is waiting in the holding area, the client asks the nurse, “Which lymph nodes will my surgeon take from my body?” Which area should the nurse identify?
   1. A
   2. B
   3. C
   4. D

4. The client is diagnosed with left mastitis. Which assessment findings would the nurse observe?
   1. Dimpling of the left breast when the client raises the arm.
   2. A round lump in the left breast that is tender during menses.
   3. A dull pain in the left breast and tough, doughy-feeling skin.
   4. Bloody discharge from the nipple and a hard palpable mass.

5. The client has a diagnosis of rule out Paget’s disease. Which test provides a definitive diagnosis of the disease?
   1. A breast biopsy.
   2. A diagnostic mammogram.
   3. Ultrasound of the breast.
   4. Magnetic resonance imaging (MRI).

6. The nurse in the gynecology clinic is assessing the 50-year-old client who has had four (4) children and is complaining of having lower abdominal pressure and fatigue along with some urinary incontinence. Which instruction should the nurse teach the client?
   1. Wear a peri-pad to keep from having an accident.
   2. Try not to laugh or sneeze unless at home.
   3. Discuss the pros and cons of a vaginal hysterectomy.
   4. Instruct to perform Kegel exercises.
1. The client may have cancer of the prostate, but this test does not provide conclusive results. There are several reasons for the PSA to be elevated, not just cancer.

2. The PSA is elevated and more tests should be completed to determine the cause. PSA levels are increased in benign prostatic hypertrophy, urinary retention, prostatic infarct, and prostate cancer.

3. Cancer cannot be eliminated as a diagnosis until other tests have been completed.

4. This may be the actual diagnosis, but the client should undergo more tests to confirm a diagnosis.

5. These are normal findings in a postmenopausal breast and would not require a mammogram. The woman should have a mammogram yearly.

6. These are normal findings in the postmenopausal breast. Glandular tissue is replaced with fibrous tissue, the breasts become pendulous, and the Cooper's ligaments become prominent.

7. Peau d'orange skin occurs in advanced breast cancer.

8. The tail of Spence is the upper outermost part of the breast, which would extend toward the arm. The most likely lymph nodes to biopsy are the axillary nodes.

9. This is the mediastinal node area, which is on the opposite side of the breast.

10. The internal mammary nodes are under the breast, and the tail of Spence is at the top of the breast.

11. The parasternal nodes are on the opposite side of the breast from the tail of Spence.

12. Dimpling of the breast indicates a tumor that has attached itself to the chest wall.

13. This would indicate fibrocystic changes in the left breast.

14. Mastitis is an infection of the breast occurring most often in women who are lactating. The breast becomes red and warm to touch. The skin becomes doughy and tough in consistency, and the client develops a dull pain in the affected breast.

15. Bloody discharge indicates a tumor, benign or malignant.

16. Biopsy of the lesion is the only definitive test for Paget's disease, a form of breast cancer that accounts for about 1% of all breast cancers.

17. Mammography is the only diagnostic test that routinely screens for breast cancer, but a definitive diagnosis is made by tissue identification.

18. Ultrasound of the breasts can diagnose fluid-filled cysts.

19. MRIs can be done to determine the extent of tumor involvement, but tissue identification is the definitive test for tumor diagnosis.

20. The client would have determined the need for protection without the nurse having to tell her to do so.

21. It is unrealistic to tell a client not to laugh or sneeze.

22. The client probably has a cystocele resulting from childbirth. The corrective surgical repair would be a bladder suspension.

23. Kegel exercises help to strengthen the pelvic muscles. They are recommended for all women and should be performed 30–80 times per day.

24. Cleansing douches are prescribed with tepid water, not normal saline.

25. Measures to assist the client to heal without surgical interventions include proper nutrition with a low-residue diet to minimize contamination of the tissues with feces, cleansing douches, enemas, and rest.

26. Warm perineal irrigations and controlled heat-lamp applications promote healing; ice would vasoconstrict the area and delay wound healing.

27. The client should wear perineal pads but not an abdominal binder.

28. The client has an infection and should complete the ordered antibiotics.

29. The client should be taught to expect some drainage from the area because the area has been opened to allow for exudate to escape the body.

30. Routine hygiene is encouraged.

31. The client can assume any position of comfort.

32. Red, painful lesions are symptoms of lichen planus, which is a benign, although uncomfortable, lesion.

33. Cancer of the vulva may be asymptomatic, but the client usually presents with persistent long-term itching.

34. Thin, white vulvar skin indicates lichen sclerosis.

35. Vaginal dryness is not associated with cancer of the vulva.
The immune system, which involves many tissues throughout the body, is subject to several inflammatory disorders. Some involve genetic predisposition, some result from infectious processes, and many are of uncertain etiology. This chapter includes questions on the most common immune disorders—multiple sclerosis, Guillain-Barré syndrome, rheumatoid arthritis, AIDS (acquired immunodeficiency syndrome), systemic lupus erythematosus, and allergies—and on other disorders affecting the body’s immune system.

KEYWORDS
alopecia
arthralgia
astringent
cogwheel rigidity
cutaneous
demyelination
diplopia
dysarthria
dysmetria
eradicated
erythema
exacerbation
hirsutism
ocular
plasmapheresis
polymyositis
pruritus
Raynaud’s phenomenon
rhinitis
scleroderma
scotomas
spasticity
wheat

ABBREVIATIONS
Arterial Blood Gases (ABG)
Activities of Daily Living (ADL)
Acquired Immunodeficiency Syndrome (AIDS)
Apical Pulse (AP)
Blood Pressure (B/P)
Electromyelogram (EMG)
Erythrocyte Sedimentation Rate (ESR)
Guillain-Barré (GB)
Health-Care Provider (HCP)
Human Immunodeficiency Virus (HIV)
Intramuscular (IM)
Intravenous (IV)
Intravenous Piggy Back (IVPB)
Intravenous Push (IVP)
Licensed Practical Nurse (LPN)
Magnetic Resonance Imaging (MRI)
Myasthenia Gravis (MG)
Multiple Sclerosis (MS)
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)
Nothing By Mouth (NPO)
Nurse Practitioner (NP)
Osteoarthritis (OA)
Percutaneous Endoscopic Gastronomy (PEG)
Pneumocystis carinii Pneumonia (PCP)
Respiratory Rate (RR)
Related To (R/T)
Rule Out (R/O)
Subcutaneous (SQ)
Systemic Lupus Erythematosus (SLE)
Ultraviolet (UV)
Multiple Sclerosis

1. The nurse is assessing a 48-year-old client diagnosed with multiple sclerosis. Which clinical manifestation assessed by the nurse would warrant immediate intervention?
   1. The client has scanning speech and diplopia.
   2. The client has dysarthria and scotomas.
   3. The client has muscle weakness and spasticity.
   4. The client has a congested cough and dyspnea.

2. The client newly diagnosed with multiple sclerosis (MS) states, “I don’t understand how I got multiple sclerosis. Is it genetic?” The nurse’s response would be based on which scientific rationale?
   1. Genetics may play a role in susceptibility to MS, but the disease may be caused by a virus.
   2. There is no evidence that suggests that there is any chromosomal involvement in developing MS.
   3. Multiple sclerosis is caused by a genetically recessive gene, so both parents had to have the gene for the client to get MS.
   4. Multiple sclerosis is caused by an autosomal dominant gene on the Y chromosome, so only fathers can pass it on.

3. The 30-year-old female client is admitted with complaints of numbness, tingling, a crawling sensation affecting the extremities, and double vision. During the interview the client tells the nurse that she has been admitted twice before for the same complaints but nothing was found and the symptoms went away on their own. Which question would be important for the nurse to ask the client?
   1. “Have you experienced any difficulty with your menstrual cycle?”
   2. “Have you noticed a rash across the bridge of your nose?”
   3. “Do you get tired easily and sometimes have problems swallowing?”
   4. “Are you taking birth control pills to prevent conception?”

4. The nurse enters the room of a client diagnosed with acute exacerbation of multiple sclerosis and finds the client crying. Which statement would be the most therapeutic response for the nurse to make?
   1. “Why are you crying? The medication will help the disease.”
   2. “You seem upset. I will sit down and we can talk for awhile.”
   3. “Multiple sclerosis is a disease that has good times and bad times.”
   4. “I will have the chaplain come and stay with you for a while.”

5. The client diagnosed with multiple sclerosis is scheduled for a magnetic resonance imaging (MRI) scan of the head. Which information should the nurse teach the client about the test?
   1. The client will have wires attached to the scalp and lights will flash off and on.
   2. The machine will be loud and the client must not move the head during the test.
   3. The client will drink a contrast medium 30 minutes to one (1) hour before the test.
   4. The test will be repeated at intervals during a five (5)- to six (6)-hour period.

6. The 45-year-old client is diagnosed with primary progressive multiple sclerosis, and the nurse writes the nursing diagnosis “anticipatory grieving related to progressive loss.” Which intervention should be implemented?
   1. Consult the physical therapist for assistive devices for mobility.
   2. Ask the dietitian to provide thickening on each tray.
   3. Teach the client self-catheterization and bowel management.
   4. Discuss the client’s wishes regarding end-of-life care.
Multiple Sclerosis

1. These are clinical manifestations of multiple sclerosis and would be expected.
2. These are expected clinical manifestations of multiple sclerosis.
3. These are expected clinical manifestations of multiple sclerosis.
4. Dysphagia is a common problem of clients diagnosed with multiple sclerosis and this places the client at risk for aspiration pneumonia. Some clients diagnosed with multiple sclerosis eventually become immobile and are at risk for pneumonia.

TEST-TAKING HINT: This question is asking the test taker to identify the assessment data that are unexpected for the disease process. Respiratory problems are high priority according to Maslow and often warrant immediate intervention.

2. 1. The exact cause of MS is not known, but there is a theory that a slow virus is partly responsible. A failure of a part of the immune system may also be at fault. A genetic predisposition involving chromosomes 2, 3, 7, 11, 17, 19, and X may be involved.
2. There is some evidence that there is a genetic component involved in developing MS.
3. A specific gene has not been identified to know if the gene is recessive or dominant.
4. The X chromosome, not the Y chromosome, may be involved.

TEST-TAKING HINT: Answer option “2” has the word “no” in it. Unless the test taker has absolute knowledge that this is true, then an absolute word such as “no,” “never,” “all,” or “always” should rule out the option.

3. 1. These are clinical manifestations of MS and can go undiagnosed for years because of the remitting relapsing nature of the disease. MS does not affect the menstrual cycle.
2. A rash across the bridge of the nose would suggest systemic lupus erythematosus.
3. These are clinical manifestations of MS and can go undiagnosed for years because of the remitting relapsing nature of the disease. Fatigue and difficulty swallowing are other symptoms of MS.
4. Taking birth control medications should not produce these symptoms or the pattern of occurrence.

TEST-TAKING HINT: This stem is somewhat involved. The test taker must be sure to understand the important parts, which are client’s age, complaints, and occurrence of complaints.

This should cause the reader to think about what these have in common.

4. 1. “Why” is requesting an explanation, and the client does not owe the nurse an explanation.
2. This is stating a fact and offering self. Both are therapeutic techniques for conversations.
3. The client did not ask about the nature of MS. The client needs to be able to verbalize feelings.
4. This is passing the buck. Therapeutic communication is an integral part of nursing.

TEST-TAKING HINT: The question is asking for a therapeutic response. Therapeutic responses address feelings.

5. 1. This describes an evoked potential electroencephalogram (EEG).
2. MRI scans require the client to lie still and not move the body; the client should be warned about the loud noise.
3. The client does not drink any contrast medium. If contrast is used it will be given IVP or CT scan.
4. The test is performed at one time.

TEST-TAKING HINT: The test taker must be knowledgeable about different tests and procedures and be able to teach about them to the client. There are no test-taking hints to help remember protocols for procedures and tests.

6. 1. The problem is grieving R/T loss of functioning. Assistive devices will not prevent loss of functioning and do not address grieving.
2. Thickening when used in liquids addresses the inability to swallow, not grieving.
3. Self-catheterization and bowel training do not address grieving.
4. The client should make personal choices about end-of-life issues while it is possible to do so. This client is progressing toward immobility and all the issues that attend this problem.

TEST-TAKING HINT: This is a psychological problem requiring a psychological answer. Options “1,” “2,” and “3” are physical interventions and therefore should be eliminated as correct answers.

7. 1. This client could wait to be seen; a missed feeding is not life threatening.
2. The nurse should see this client when the nurse can spend time with the client and make sure the client has all the information about MS the client needs to make this decision.
3. The nurse should see this client first and determine if the client has a plan to carry
1. The client is prescribed a prick epicutaneous test to determine the cause of hypersensitivity reactions. Which result indicates the client is hypersensitive to the allergen?
   1. The client complains of shortness of breath.
   2. The skin is dry, intact, and without redness.
   3. The pricked blood tests positive for allergens.
   4. A pruritic wheal and erythema occurs.

2. Which area of the body would the nurse assess to identify symptoms to support the early diagnosis of Guillain-Barré syndrome?

   1. A
   2. B
   3. C
   4. D

3. Which referral would be appropriate for a client with severe multiple allergies?
   1. Registered dietician.
   2. Occupational therapist.
   3. Recreational therapist.
   4. Social worker.

4. The client diagnosed with an anaphylactic reaction is admitted to the emergency room. Which assessment data indicate the client is not responding to the treatment?
   1. The client has a urinary output of 120 mL in two (2) hours.
   2. The client has an AP of 110 and a BP of 90/60.
   3. The client has clear breath sounds and an RR of 26.
   4. The client has hyperactive bowel sounds.

5. Which signs/symptoms would the nurse expect to assess in the client diagnosed with Sjögren's syndrome?
   1. Complaints of dry mouth and eyes.
   2. Complaints of peripheral joint pain.
   3. Complaints of muscle weakness.

6. Which intervention should the nurse implement for the client diagnosed with systemic sclerosis (scleroderma)?
   1. Instill artificial tears four (4) times a day.
   2. Apply moisturizers to the skin frequently.
   3. Instruct the client on how to apply braces.
   4. Encourage the client to decrease smoking.

7. Which diagnostic test would confirm the diagnosis of fibromyalgia?
   1. There is no diagnostic test to confirm fibromyalgia.
   2. A positive antinuclear antibody test.
   3. A magnetic resonance imaging (MRI) shows fibrosis.
   4. A negative erythrocyte sedimentation rate (ESR).
1. This is a sign of an anaphylactic reaction to an allergen and will not happen during this test because of the small amount of allergen used. This would indicate a negative test and that the client is not sensitive to the allergen. The skin reaction, not the blood that is pricked, indicates a positive or negative test. During this test, a drop of diluted allergenic extract is placed on the skin and then punctured through the drop. A positive test causes a localized pruritic wheal and erythema, which occurs in five (5) to twenty (20) minutes.

2. 1. The presenting symptom of a client with Guillain-Barré syndrome is ascending paralysis that starts in the lower extremities.
2. Abdominal symptoms would not be found early in the diagnosis.
3. Chest symptoms would not be found early in the diagnosis.
4. Head symptoms would not be found early in the diagnosis.

3. 1. A dietitian could help the client with any necessary dietary changes for food allergies and with ways to continue to meet nutritional needs.
2. An occupational therapist addresses the client's ability to perform activities of daily living.
3. A recreational therapist works in a psychiatric setting or rehabilitation setting and assists with the client's therapeutic recreational activities.
4. A social worker addresses the client's financial needs.

4. 1. A urinary output of greater than 30 mL/hour is within normal limits and would indicate the client is responding to treatment.
2. These vital signs indicate shock, which is a medical emergency and would require an immediate intervention.
3. Clear breath sounds indicate response to treatment, and although the RR is increased, this could be the result of anxiety or fear.
4. The client's bowel sounds would not be significant data to determine the client's response to treatment.

5. 1. Sjögren's syndrome is an autoimmune disorder that causes inflammation and dysfunction of exocrine glands throughout the body. Dry mouth and eyes are some of the signs/symptoms.
2. Peripheral joint pain may be a symptom of rheumatoid arthritis.
3. Muscle weakness is a symptom of a variety of disease processes and syndromes but not of Sjögren's syndrome.
4. Severe itching is not a symptom of this syndrome.

6. 1. Artificial tears would be appropriate for a client diagnosed with Sjögren's syndrome.
2. Nursing care addresses measures to maintain skin integrity and moisturizers help prevent dryness and cracking; once skin elasticity is lost, it cannot be regained.
3. Braces are not prescribed for the client with scleroderma.
4. The client should stop smoking, not just decrease smoking, because of the vasoconstrictive effect of nicotine and the respiratory effects of the disease.

7. 1. The diagnosis of fibromyalgia is based on the history and physical assessment. There is no laboratory or diagnostic test for fibromyalgia. However, tests may be performed to rule out other diagnoses.
2. This test is not used to diagnose fibromyalgia.
3. An MRI is not used to diagnose fibromyalgia.
4. An ESR does not support the diagnosis of fibromyalgia.

8. 1. An apical heart rate of less than 60 would warrant intervention if the primary nurse gave the medication.
2. A blood pressure of less than 90/60 would warrant intervention if the primary nurse gave the medication.
3. These medications must be administered exactly on time so that increased strength can occur during activity such as eating or grooming. There are very few medications that must be administered exactly on time, but this is one of them.
4. The client with AIDS receives prophylactic treatment for pneumocystis carinii pneumonia (PCP) when the CD4 count is less than 200–300.

9. 1. HIV is transmitted via sexual activity.
2. HIV is transmitted via sexual activity, and the client may have been HIV positive for up to a year and not aware of it, so all past sexual partners should be informed of the HIV status.
3. Blood donations are screened and excluded for this virus, as are organs/tissues from a client with HIV because the virus can be transmitted to clients receiving the organ or tissue.
4. HIV can be transmitted to the fetus from the pregnant woman with HIV.