

## **PRE-EMPLOYMENT TEST:**

### **REGISTERED NURSE / LPN/LVN** **(circle the letter in front of the correct answer)**

**1. A nurse is making monthly home health supervisory visits. Which of the following statements by the nurse would provide the best directions to help home health aides complete their tasks correctly?**

- a. "The client with right-sided hemiparesis needs to walk while holding the three-prong cane in the left hand."
- b. "Make sure that the client with urinary incontinence is assisted to the bathroom several times this shift."
- c. "The client with diabetes mellitus needs to get a snack between breakfast and lunch."
- d. "The client with dysphagia needs someone present while eating or drinking fluids."

**2. The nurse is talking with a client recently diagnosed with breast cancer. The client states, "I don't believe these test results. I feel just fine." Which of the following statements would be appropriate for the nurse to make?**

- a. "I understand how you feel."
- b. "The results were confirmed."
- c. "Let me get our grief counselor."
- d. "This must be a shock to you."

**3. A 70-year-old client with mild Alzheimer's disease lives with his adult child in a one-level home. Which of the following statements by the client should increase the nurse's suspicion of elder abuse and require further investigation?**

- a. "I get purple spots on my hands for no known reason."
- b. "I am home alone every morning during the week."
- c. "My nails were cut over one week ago."
- d. "My meals are served to me in my bedroom."

**4. A client who has a 30 pack-year history of tobacco use and is 13.6 kg (30 lb) over the ideal body weight, had a total hip arthroplasty one day ago. The client reports a sudden onset of chest pain with deep breathing. The client's respiratory rate is 28 and oxygen saturation level via pulse oximetry is 88% on room air. The nurse understands that the client may have:**

- a. a pulmonary embolism
- b. atelectasis
- c. acute bronchitis
- d. aspiration pneumonia

**15. The nurse is collecting data from a client who takes prescribed furosemide (Lasix). Which of the following statements by the client may indicate that the client is experiencing an adverse effect and would require follow-up?**

- a. "My weight is unchanged."

- b. "I have ringing in my ears."
- c. "My urine looks like pale lemonade."
- d. "I have greenish-colored bowel movements."

**6. The nurse is discussing with a client who is having elective surgery today. The client says to the nurse, "I have heard some information about advance directives but do not really understand why an advance directive is needed." Which of the following statements would be appropriate for the nurse to make initially?**

- a. "Someone else will discuss this with you."
- b. "It sounds like you are nervous about your scheduled surgical procedure."
- c. "Let me check your vital signs before I answer that question."
- d. "This document tells your caregivers what to do if you are not able to communicate with your choices."

**7. The nurse is checking the vital signs of a 75-year-old client. The nurse should recognize that which of the following vital signs is within the age-based normal range?**

- a. blood pressure, 160/80 mm Hg
- b. oral temperature, 37.3°C (99.2°F)
- c. apical pulse, 70
- d. respirations, 24

**8. After an initial assessment, the nurse is writing the plan of care for a client with chronic obstructive pulmonary disease (COPD). The client looks thin and has lost about 5 kg (11 lb) during the past two months without any attempt to lose weight. Which of the following should the nurse recommend to help the client maintain or gain weight?**

- a. adding butter to steamed vegetables
- b. adding an uncooked egg to an instant liquid breakfast beverage
- c. eating sugar-free gelatin as a between-meal snack
- d. eating toasted whole grain muffins

**9. The nurse is scheduled to do initial assessment for clients with chronic diseases. The nurse should recognize that the risk for developing pneumonia is increased if a client has which of the following diagnoses?**

- a. diabetes mellitus
- b. diverticulosis
- c. angina pectoris
- d. hypothyroidism

**10. The nurse has attended a staff development conference regarding diabetes mellitus. Which of the following statements by the nurse would indicate a correct understanding of diabetes mellitus?**

- a. "Type 1 diabetes mellitus may be associated with an autoimmune process."
- b. "Type 1 diabetes mellitus is caused by the cell's resistance to insulin."
- c. "Type 2 diabetes mellitus is more common in low socioeconomic groups."

d. "Type 2 diabetes mellitus may be treated with transplanted pancreatic cells."

**11. The nurse knows that droplet precautions are required if a client has:**

- a. impetigo contagiosa
- b. varicella
- c. acute gastroenteritis
- d. viral pneumonia

**12. The nurse is reinforcing teaching with a client who has primary hypertension and diabetes mellitus. The client has new prescriptions for valsartan (Diovan) and metformin (Glucophage). Which of the following statements would be correct for the nurse to make?**

- a. "Glucophage must be taken on an empty stomach."
- b. "A common side effect of Diovan is constipation."
- c. "Glucophage can cause a temporary metallic taste in the mouth."
- d. "Diovan has been associated with vision changes."

**13. The nurse is reinforcing teaching with a client who has a prescription to begin metoprolol (Toprol XL). Which of the following should the nurse reinforce with the client?**

- a. "You should try to eat a consistent amount of food that contains vitamin K."
- b. "When you awaken in the morning, sit on the side of the bed for a while before standing."
- c. "Avoid taking this medication at the same time that you take any antacids."
- d. "If your pulse is less than seventy beats a minutes, do not take this medication."

**14. The nurse is talking with a client with bipolar disorder. The nurse should understand that the client is likely to report episodes of**

- a. auditory hallucinations
- b. catatonia
- c. euphoria
- d. waxy flexibility

**15. The nurse is completing the intake and output record of a client. The client reports the following intake for breakfast: 1/2 cup of oatmeal, 1 pint of milk, 8 ounces of coffee, 4 ounces of orange juice, and 1/4 cup of a soft scrambled egg. Which of the following amounts should the nurse document as the client's liquid intake for breakfast?**

- a. 1040 ml
- b. 980 ml
- c. 860 ml
- d. 600 ml

**16. The nurse is teaching a newly diagnosed diabetic client proper insulin self-administration. The client is preparing insulin lispro (Humalog) for injection. The nurse should ask the client to stop if the nurse observes the client**

- a. holding the syringe at a 90 degree angle to the abdomen
- b. obtaining a vial of insulin that looks cloudy
- c. recapping the needle after the syringe is filled
- d. injecting air into the vial before withdrawing the insulin

**17. An adult client recently diagnosed with type 2 diabetes mellitus asks the nurse what should be done if the client develops pain in the left arm that radiates into the jaw. The nurse should reinforce that the client should first**

- a. contact the local emergency medical service (EMS)
- b. take an aspirin tablet
- c. check the blood glucose level
- d. lay flat

**18. The nurse is preparing to administer amoxicillin 300 mg to a client as prescribed. The available amoxicillin is labeled 125 mg/ml. Which of the following amounts should the nurse administer to the client?**

- a. 0.4 ml
- b. 2.0 ml
- c. 2.4 ml
- d. 3.0 ml

**19. A nurse is completing a visit to a home with four clients. It would be most appropriate for the nurse to assign which of the following tasks to the home health aide?**

- a. removing a fecal impaction digitally from a client with hemorrhoids
- b. feeding a client with a recent onset of dysphagia
- c. completing a tub bath for a client with rheumatoid arthritis
- d. obtaining a urine specimen using a straight catheter from a client with paraplegia

**20. The home health nurse is assigned to visit the following postsurgical adult clients. The nurse has been advised that the assigned clients have not had any complications since their surgical procedures. The nurse should first check the client with:**

- a. primary hypertension who had a Nissen fundoplication 12 hours ago
- b. mild dementia who had a total knee arthroplasty 12 hours ago
- c. diabetes mellitus (type 2) who had a partial thyroidectomy 24 hours ago
- d. chronic obstructive pulmonary disease (COPD) who had a prostatectomy 24 hours ago