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PRACTICE QUESTIONS

American Nurses Credentialing Center Readiness Test

R04

Medical-Surgical Nursing Readiness Test

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Nurses Credentialing Center Readiness Test R04 , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, R04
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A patient with acute decompensated heart failure is receiving continuous IV furosemide. Which laboratory finding requires the most immediate nursing intervention?

- ☐ A Serum potassium of 4.2 mEq/L
- ☐ B Serum sodium of 138 mEq/L
- ☒ C Serum potassium of 2.9 mEq/L
- ☐ D Serum magnesium of 2.0 mEq/L

ANSWER C

WHY Loop diuretics such as furosemide cause significant potassium wasting. A serum potassium of 2.9 mEq/L is critically hypokalemic and predisposes the patient to life-threatening ventricular dysrhythmias, particularly in the setting of an already stressed myocardium from heart failure. Potassium must be replaced promptly per protocol, with continuous cardiac monitoring. Values of 4.2 mEq/L and 138 mEq/L are within normal limits, and a magnesium of 2.0 mEq/L is also within range, so none of those would require immediate intervention.

QUESTION 2

SINGLE CHOICE

A patient with a suspected tension pneumothorax suddenly becomes dyspneic, hypotensive, and tracheally deviated to the unaffected side. What is the priority nursing action?

- ☐ A Obtain a stat chest X-ray to confirm the diagnosis
- ☐ B Administer supplemental oxygen via non-rebreather mask
- ☒ C Prepare for immediate needle decompression
- ☐ D Reposition the patient into high Fowler's position

ANSWER C

WHY Tension pneumothorax is a clinical diagnosis that requires immediate needle decompression (typically at the second intercostal space, midclavicular line) to relieve the trapped air and mediastinal shift, followed by chest tube placement. Waiting for a chest X-ray delays life-saving treatment. Oxygen and repositioning are supportive measures but do not address the underlying, rapidly fatal pathophysiology.

QUESTION 3

SINGLE CHOICE

A patient with type 1 diabetes mellitus is found unresponsive with cool, clammy skin, tachycardia, and a capillary blood glucose reading of 38 mg/dL. What is the priority initial nursing action?

- ☒ **A** Administer IV dextrose 50% per protocol
- ☐ **B** Administer subcutaneous regular insulin
- ☐ **C** Obtain a serum hemoglobin A1C level
- ☐ **D** Encourage the patient to drink orange juice

ANSWER A

WHY Severe hypoglycemia with altered mental status is treated with IV dextrose (typically D50W) because the patient cannot safely swallow oral carbohydrates and is at risk for aspiration. Subcutaneous insulin would worsen the hypoglycemia and is contraindicated. An A1C reflects long-term glycemic control and does not address the acute emergency. Orange juice is appropriate only for a conscious patient who can swallow safely.

QUESTION 4

SINGLE CHOICE

A patient admitted 6 hours ago with a suspected ischemic stroke is now increasingly somnolent, with a Glasgow Coma Scale (GCS) score that has dropped from 14 to 10. Which change in neurological status is the nurse most concerned about?

- ☒ **A** Worsening cerebral perfusion indicating possible hemorrhagic conversion or increasing ischemia
- ☐ **B** Expected fatigue from sleep deprivation in the acute care environment
- ☐ **C** Normal diurnal variation in patients with stroke
- ☐ **D** Resolution of the stroke with expected post-ischemic lethargy

ANSWER A

WHY A decreasing GCS in a stroke patient is an ominous neurologic change that may signal hemorrhagic conversion, increasing cerebral edema, mass effect, or new/expanding infarction, all of which compromise cerebral perfusion. The provider must be notified immediately and the patient prepared for emergent neuroimaging. The other options are clinically implausible explanations for an acute decline in level of consciousness within hours of an ischemic stroke.

QUESTION 5

SINGLE CHOICE

A patient with acute kidney injury has a 24-hour urine output of 75 mL and a rising serum creatinine. Which phase of acute kidney injury is this patient most likely experiencing?

- ☐ A Initiation phase
- ☒ B Oliguric phase
- ☐ C Diuretic phase
- ☐ D Recovery phase

ANSWER B

WHY The oliguric phase of acute kidney injury is characterized by urine output less than 400 mL/24 hours (often less than 100 mL) along with rising serum creatinine and BUN, fluid retention, electrolyte imbalances (particularly hyperkalemia), and metabolic acidosis. The initiation phase precedes the actual decrease in urine output. The diuretic phase involves return of urine output but continued lab abnormalities. The recovery phase shows normalization of renal function over months.

QUESTION 6

SINGLE CHOICE

A patient who is 2 days post-operative from an abdominal surgery reports sudden, severe abdominal pain and the abdominal assessment reveals a rigid, board-like abdomen with absent bowel sounds. What is the nurse's priority action?

- ☐ A Administer a prescribed opioid analgesic for pain control
- ☐ B Auscultate for 5 full minutes in each quadrant before deciding
- ☒ C Notify the surgeon immediately and prepare for possible emergency intervention
- ☐ D Encourage the patient to ambulate to stimulate peristalsis

ANSWER C

WHY A rigid, board-like abdomen with sudden severe pain and absent bowel sounds in a recent post-operative patient suggests peritonitis, anastomotic dehiscence, or intra-abdominal hemorrhage—all surgical emergencies. The surgeon must be notified immediately; analgesia, ambulation, or prolonged auscultation would delay definitive evaluation and treatment.

QUESTION 7 SINGLE CHOICE

A patient receiving a transfusion of packed red blood cells develops fever, chills, flank pain, and hemoglobinuria 30 minutes into the transfusion. What is the most likely type of transfusion reaction?

- ☐ A Febrile non-hemolytic reaction
- ☐ B Allergic (urticarial) reaction
- ☒ C Acute hemolytic transfusion reaction
- ☐ D Transfusion-related acute lung injury (TRALI)

ANSWER C

WHY Fever, chills, flank/back pain, and hemoglobinuria are hallmark signs of an acute hemolytic transfusion reaction caused by ABO incompatibility. The transfusion must be stopped immediately, the IV line kept open with normal saline, and the blood bank and provider notified. A febrile non-hemolytic reaction typically presents with fever and chills only. An allergic reaction is characterized by urticaria, pruritus, and possibly wheezing. TRALI presents with acute respiratory distress and bilateral pulmonary infiltrates.

QUESTION 8 SINGLE CHOICE

A competent adult patient with terminal cancer refuses a blood transfusion that the health care team believes is essential. What is the most appropriate nursing action?

- ☐ A Obtain a court order to override the patient's refusal
- ☒ B Respect the patient's informed refusal and document the discussion
- ☐ C Administer the blood transfusion while the patient is sedated
- ☐ D Ask a family member to sign the consent form on the patient's behalf

ANSWER B

WHY Competent adult patients have the ethical and legal right to refuse treatment, even when that decision may result in serious harm or death. The nurse's role is to ensure the patient is fully informed, advocate for the patient's wishes, and document the discussion, including notification of the provider. Surrogate consent from family members cannot override a competent adult's refusal, and administering treatment against the patient's will constitutes battery.

QUESTION 9

MULTIPLE CHOICE

A patient with an acute myocardial infarction is being monitored on a telemetry unit. Which nursing interventions are appropriate for this patient? (Choose two.)

- ☐ A Continuous cardiac monitoring for dysrhythmias
- ☒ B Administering aspirin and other prescribed antiplatelet/anticoagulant therapy
- ☐ C Encouraging strenuous physical activity to improve cardiac output
- ☒ D Administering nitroglycerin and morphine as prescribed for ischemic pain
- ☐ E Performing range-of-motion exercises immediately before defibrillation

ANSWER B - D

WHY Antiplatelet/anticoagulant therapy (such as aspirin, heparin, or other agents prescribed per protocol) is a cornerstone of MI management to limit thrombus propagation, and nitroglycerin with morphine (as prescribed) is used to relieve ischemic chest pain, reduce preload, and decrease myocardial oxygen demand. Continuous cardiac monitoring is also essential; however, since the question asks for two interventions from the listed options, the most directly nurse-administered therapeutic interventions from this list are the pharmacologic therapies. Strenuous activity is contraindicated in the acute phase, and range-of-motion exercises would never be performed immediately before defibrillation.