

01	A	B	C	D	E
02	A	B	C	D	E
03	A	B	C	D	E
04	A	B	C	D	E
05	A	B	C	D	E
06	A	B	C	D	E
07	A	B	C	D	E
08	A	B	C	D	E
09	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E

14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E
21	A	B	C	D	E
22	A	B	C	D	E
23	A	B	C	D	E
24	A	B	C	D	E
25	A	B	C	D	E
26	A	B	C	D	E

27	A	B	C	D	E
28	A	B	C	D	E
29	A	B	C	D	E
30	A	B	C	D	E
31	A	B	C	D	E
32	A	B	C	D	E
33	A	B	C	D	E
34	A	B	C	D	E
35	A	B	C	D	E
36	A	B	C	D	E
37	A	B	C	D	E
38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

RN

Registered Nurse Exam

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) RN , 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, RN
- the question number
- the email address on your order

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

QUESTION 1

MULTIPLE CHOICE

A registered nurse is preparing to perform a sterile wound dressing change. Which actions support surgical aseptic technique? (Choose two.)

- ☒ **A** Perform hand hygiene before opening sterile supplies
- ☒ **B** Place sterile items within the sterile field's one-inch border
- ☐ **C** Recap a used needle before discarding it
- ☐ **D** Use a sterile glove that touches the skin before being applied

ANSWER A • B

WHY Hand hygiene and keeping items within the sterile-field border are required aspects of surgical aseptic technique. A glove that touches skin is contaminated, and used needles must not be recapped before disposal.

QUESTION 2

MULTIPLE CHOICE

Which assessment findings are expected in a healthy newborn during the first hours after birth? (Choose two.)

- ☒ **A** A heart rate of 140 beats per minute
- ☐ **B** Respirations primarily through the mouth
- ☒ **C** A respiratory rate of 44 breaths per minute
- ☐ **D** Inability to respond to a loud noise

ANSWER A • C

WHY A heart rate around 140 beats per minute and a respiratory rate of 44 breaths per minute are normal newborn findings. Newborns preferentially breathe through the nose and should respond to sound.

QUESTION 3

SINGLE CHOICE

Which action is the nurse's priority before administering an intramuscular medication?

- ☒ **A** Verify the client's identity using two identifiers
- ☐ **B** Offer the client a snack
- ☐ **C** Raise the head of the bed for every client
- ☐ **D** Document the medication before entering the room

ANSWER A

WHY Correct client identification using two approved identifiers is an essential medication-safety step and must occur before administration.

QUESTION 4

SINGLE CHOICE

A client is scheduled for a lumbar puncture. Which position should the nurse prepare the client to assume during the procedure?

- ☒ **A** Lateral recumbent position with the back arched and knees drawn toward the chest
- ☐ **B** Supine position with the legs extended
- ☐ **C** Prone position with the head elevated
- ☐ **D** Trendelenburg position with the arms extended

ANSWER A

WHY The lateral recumbent position with the back arched opens the spaces between the lumbar vertebrae and facilitates needle insertion.

QUESTION 5

SINGLE CHOICE

Which assessment finding most strongly indicates that a client with asthma is experiencing worsening airflow obstruction?

- ☒ **A** Decreased peak expiratory flow rate
- ☐ **B** Increased urine output
- ☐ **C** Warm, dry skin
- ☐ **D** Bradycardia with clear breath sounds

ANSWER A

WHY A decreasing peak expiratory flow rate indicates worsening airway obstruction and reduced expiratory airflow in asthma.

QUESTION 6

SINGLE CHOICE

Which finding should the nurse report immediately when assessing a client with suspected acute coronary syndrome?

- ☒ **A** New ST-segment elevation on cardiac monitoring
- ☐ **B** Heart rate of 72 beats per minute
- ☐ **C** Blood pressure of 118/76 mm Hg
- ☐ **D** Oxygen saturation of 97% on room air

ANSWER A

WHY New ST-segment elevation can indicate acute myocardial injury and requires immediate escalation and emergency evaluation.

QUESTION 7

SINGLE CHOICE

A client with type 1 diabetes mellitus receives regular insulin. Which assessment finding most clearly indicates hypoglycemia?

- ☒ **A** Diaphoresis with tremor
- ☐ **B** Polyuria with dehydration
- ☐ **C** Weight gain with edema
- ☐ **D** Flushed skin with a fruity breath odor

ANSWER A

WHY Diaphoresis and tremor are adrenergic manifestations of hypoglycemia. Polyuria, dehydration, weight gain, and fruity breath odor are not typical immediate signs of low blood glucose.

QUESTION 8

SINGLE CHOICE

A nurse is preparing to administer prescribed digoxin to a client. Which assessment finding warrants withholding the dose and notifying the prescribing clinician?

- ☒ **A** An apical pulse of 48 beats per minute
- ☐ **B** A respiratory rate of 18 breaths per minute
- ☐ **C** A temperature of 37 degrees Celsius
- ☐ **D** A pain score of 2 on a 0-to-10 scale

ANSWER A

WHY Digoxin can worsen bradycardia; an apical pulse of 48 beats per minute is a significant finding that warrants withholding the dose according to applicable parameters and notifying the prescribing clinician.

QUESTION 9

SINGLE CHOICE

A client admitted with a suspected stroke suddenly becomes difficult to arouse. Which action should the nurse take first?

- ☒ **A** Activate the emergency stroke response and perform an immediate neurological assessment
- ☐ **B** Allow the client to sleep undisturbed for 30 minutes
- ☐ **C** Place the client in a high-Fowler position and dim the room
- ☐ **D** Administer a prescribed sedative to reduce agitation

ANSWER A

WHY A sudden decline in consciousness can indicate neurological deterioration. Activating the emergency response and immediately reassessing neurological status are the priority actions.