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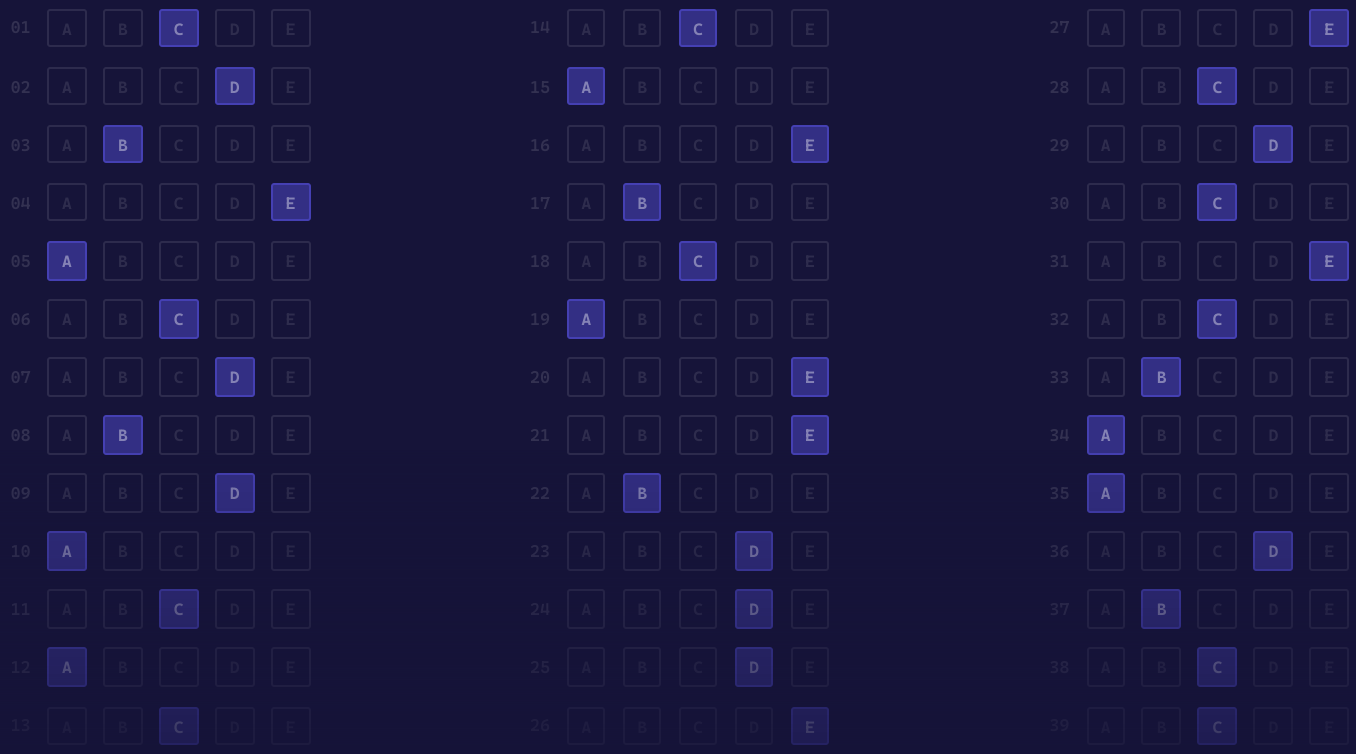

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

PNEV2

PN Exit Exam Version 2

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams `PNEV2`, 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, `PNEV2`
- the question number
- the email address on your order

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

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QUESTION 1 MULTIPLE CHOICE

A client is receiving warfarin (Coumadin) therapy. Which laboratory value should the practical nurse monitor to evaluate the therapeutic effectiveness of this medication? (Choose two.)

A **International Normalized Ratio (INR)**

B Activated partial thromboplastin time (aPTT)

C **Prothrombin time (PT)**

D Platelet count

E Hemoglobin A1C

ANSWER **A · C**

WHY Correct: A (INR) and C (PT). Warfarin is monitored using PT and INR because it affects the extrinsic pathway of coagulation. The therapeutic INR range is typically 2.0-3.0 for most indications. Incorrect: B (aPTT) monitors heparin therapy; D (platelet count) does not measure warfarin effectiveness; E (HbA1C) is used for diabetes management.

QUESTION 2 MULTIPLE CHOICE

A client has a confirmed diagnosis of active pulmonary tuberculosis. Which infection control measures should the practical nurse implement? (Choose two.)

A **Place the client in a negative-pressure isolation room**

B **Wear an N95 respirator when entering the client's room**

C Require all visitors to wear a standard surgical mask only

D Use alcohol-based hand rub only when hands are visibly soiled

E Administer the bacillus Calmette-Guérin (BCG) vaccine to the client

ANSWER **A · B**

WHY Correct: A (negative-pressure room prevents airborne spread) and B (N95 respirator filters airborne particles). TB is transmitted via airborne droplet nuclei. Incorrect: C — surgical masks are insufficient; healthcare workers need N95s. D — alcohol-based hand rub is appropriate when hands are NOT visibly soiled. E — BCG vaccine is not used to treat active TB.

QUESTION 3 TRUE FALSE

The practical nurse has a legal and ethical duty to report suspected child abuse to the appropriate protective services agency, even when the suspicion is based only on indirect observations.

A **True**

B False

ANSWER **A**

WHY True. Practical nurses are mandated reporters in all U.S. states and most jurisdictions. The duty to report suspected abuse supersedes client confidentiality, and the reporter is protected from liability when reporting in good faith based on reasonable suspicion. Reporting is required whether the evidence is direct or indirect.

QUESTION 4 SINGLE CHOICE

A client who had a myocardial infarction 24 hours ago reports sudden shortness of breath, anxiety, and pink frothy sputum. Lung sounds reveal crackles bilaterally. Which condition should the practical nurse suspect?

A Pulmonary embolism

B **Acute pulmonary edema**

C Pneumothorax

D Cardiac tamponade

ANSWER **B**

WHY Correct: B. Acute pulmonary edema, often from left-sided heart failure post-MI, presents with dyspnea, pink frothy sputum, and bilateral crackles. Incorrect: A — PE typically causes pleuritic chest pain and clear or decreased breath sounds; C — pneumothorax presents with unilaterally diminished or absent breath sounds and tracheal deviation in tension; D — cardiac tamponade presents with Beck's triad (hypotension, muffled heart sounds, JVD) and equalized pressures.

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QUESTION 5 SINGLE CHOICE

A client diagnosed with major depressive disorder states, 'I don't think anyone would care if I disappeared.' What is the priority response by the practical nurse?

A 'Try not to think that way; you have so much to live for.'

B 'Are you having thoughts of harming yourself?'

C 'Let's talk about something more positive right now.'

D 'Why would you say something like that?'

ANSWER B

WHY Correct: B. Direct assessment of suicidal ideation is the priority and is therapeutically appropriate; asking about self-harm does not 'plant' the idea. Incorrect: A — dismissive reassurance; C — changes the subject and avoids the safety issue; D — 'why' questions are non-therapeutic and may increase defensiveness.

QUESTION 6 SINGLE CHOICE

A client with type 1 diabetes mellitus is found unresponsive with cool, clammy skin and a blood glucose reading of 45 mg/dL. Which action should the practical nurse take first?

A Administer insulin subcutaneously per sliding scale

B Administer 15 grams of a fast-acting carbohydrate, such as 4 ounces of juice, if the client is alert enough to swallow

C Administer glucagon intramuscularly

D Administer a 50% dextrose IV push

ANSWER C

WHY Correct: C. An unresponsive hypoglycemic client cannot safely swallow oral carbohydrates (aspiration risk), so glucagon IM is the appropriate PN intervention to rapidly raise blood glucose. Incorrect: A — insulin would worsen hypoglycemia. B — oral carbohydrates are contraindicated in an unresponsive client. D — 50% dextrose IV push is typically administered by an RN or via established IV access per facility policy and is not the first PN action.

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QUESTION 7 SINGLE CHOICE

Eight hours after abdominal surgery, a client reports sudden, severe abdominal pain and the practical nurse notes the abdominal dressing is saturated with bright red blood. What is the priority nursing action?

A Reinforce the dressing and reassess in 15 minutes

B Document the findings and continue monitoring vital signs every 4 hours

C Apply pressure to the site and notify the registered nurse (RN) immediately

D Remove the dressing to assess the surgical wound

ANSWER C

WHY Correct: C. Sudden, severe bleeding postoperatively is a medical emergency. The PN should apply direct pressure to control hemorrhage and immediately notify the RN/physician. Incorrect: A — delays intervention for active hemorrhage. B — underestimates urgency. D — removing the dressing may disrupt clot formation and increase bleeding; assessment is appropriate but pressure and notification are the priority.

QUESTION 8 SINGLE CHOICE

An adult client is found unresponsive with no pulse and no respirations. After calling for help, what is the correct compression-to-ventilation ratio for one-rescuer adult CPR according to current American Heart Association guidelines?

A 15 compressions to 2 ventilations

B 30 compressions to 2 ventilations

C 5 compressions to 1 ventilation

D 10 compressions to 2 ventilations

ANSWER B

WHY Correct: B. Current AHA BLS guidelines specify a 30:2 ratio for single-rescuer adult CPR (and 30:2 for two-rescuer adult CPR). The ratio of 15:2 applies to two-rescuer infant/child CPR. Incorrect: A, C, D do not match current AHA adult BLS recommendations.

QUESTION 9 SINGLE CHOICE

A client with a history of chronic kidney disease has laboratory values reported. Which finding is most consistent with hyperkalemia?

A Serum potassium of 3.0 mEq/L

B Serum potassium of 6.8 mEq/L

C Serum sodium of 145 mEq/L

D Serum calcium of 8.5 mg/dL

ANSWER B

WHY Correct: B. Normal serum potassium is 3.5-5.0 mEq/L; a value of 6.8 mEq/L indicates hyperkalemia, which can cause life-threatening cardiac dysrhythmias and requires immediate intervention. Incorrect: A — 3.0 mEq/L indicates hypokalemia. C — 145 mEq/L is within normal sodium range (135-145). D — 8.5 mg/dL is within normal calcium range (8.5-10.5).

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