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PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

RNADN

Registered Nursing PN-ADN

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams **RNADN**, 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, **RNADN**
- 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 practical nurse is caring for a client who is enrolled in a Medicare Advantage (Part C) plan. Which of the following best describes this type of plan?

- ☐ A A federally administered program that provides hospital insurance for individuals 65 years and older
- ☒ B A private insurance alternative that combines Part A, Part B, and usually Part D coverage
- ☐ C A state-run program for low-income individuals who lack health insurance
- ☐ D A supplemental insurance plan that covers the out-of-pocket costs of Original Medicare

ANSWER B

WHY Medicare Advantage (Part C) is offered by private insurance companies approved by Medicare and typically bundles Part A (hospital), Part B (medical), and usually Part D (prescription drug) coverage into one plan. Original Medicare (Parts A and B) is federally administered, Medicaid is the state-federal program for low-income individuals, and Medigap is supplemental insurance for Original Medicare.

QUESTION 2

SINGLE CHOICE

A client who is alert and oriented refuses to take a prescribed morning dose of warfarin. Which action by the practical nurse is most appropriate?

- ☒ A Document the refusal and notify the prescribing provider
- ☐ B Administer the medication because the provider ordered it
- ☐ C Hide the medication in the client's food to ensure it is taken
- ☐ D Tell the client that the medication must be taken or the client will be discharged

ANSWER A

WHY Competent adult clients have the right to refuse treatment. The nurse must respect the client's decision, document the refusal in the medical record, and notify the prescribing provider. Administering medication against the client's will, hiding medication in food, or coercing the client violates client rights and the principle of informed consent.

QUESTION 3

MULTIPLE CHOICE

A client with a new diagnosis of terminal cancer tells the practical nurse, 'I don't want my family to know how serious this is.' Which nursing interventions are appropriate? (Choose two.)

- ☒ **A** Respect the client's wishes regarding disclosure of health information
- ☐ **B** Encourage the client to share the diagnosis with at least one family member
- ☐ **C** Immediately inform the spouse so they can prepare for end-of-life care
- ☒ **D** Document the client's stated preference regarding information sharing
- ☐ **E** Conceal the diagnosis from the client's designated surrogate decision-maker

ANSWER A • D

WHY Clients have the right to keep their health information private. The nurse must respect the client's decision and document the preference in the medical record. Coercing the client to disclose, sharing information without consent, or concealing information from a legally designated surrogate are violations of client confidentiality and HIPAA.

QUESTION 4

SINGLE CHOICE

During assessment, a practical nurse identifies that a postoperative client is grimacing, guarding the surgical site, and has a respiratory rate of 24/min. The client rates the pain as 8 on a 0-to-10 scale. Which step of the nursing process does this represent?

- ☐ **A** Diagnosis
- ☐ **B** Planning
- ☐ **C** Implementation
- ☒ **D** Assessment

ANSWER D

WHY Collecting subjective and objective data, including pain ratings, vital signs, and behavioral cues, is part of the assessment phase of the nursing process. Diagnosis involves analyzing the data to identify a problem, planning involves setting goals and outcomes, and implementation involves carrying out interventions.

QUESTION 5

SINGLE CHOICE

A practical nurse is preparing to administer digoxin 0.125 mg PO to an adult client. The client's apical heart rate is 52 beats per minute. Which action is most appropriate?

- ☐ A Administer the medication and document the apical rate
- ☒ B Hold the medication and notify the prescribing provider
- ☐ C Administer half the dose and recheck the rate in 30 minutes
- ☐ D Hold the medication and encourage the client to perform coughing exercises

ANSWER B

WHY Digoxin is withheld if the adult apical heart rate is below 60 beats per minute because of the risk of further bradycardia and digoxin toxicity. The nurse should hold the dose and notify the provider for further orders.

QUESTION 6

SINGLE CHOICE

A practical nurse is preparing to perform a sterile dressing change. Which action best maintains surgical asepsis?

- ☐ A Reaching across the sterile field to retrieve supplies
- ☐ B Opening the sterile package by peeling back the cover toward the nurse
- ☒ C Keeping sterile objects in view at all times
- ☐ D Talking over the sterile field to keep the client informed

ANSWER C

WHY Sterile objects must remain in view of the nurse; turning away, reaching across, or dropping hands below waist level contaminates the field. The sterile package should be opened away from the nurse, and talking over a sterile field should be avoided because droplets can contaminate it.

QUESTION 7

SINGLE CHOICE

A practical nurse is teaching a group of parents about injury prevention for toddlers. Which statement by a parent indicates an understanding of the teaching?

- ☐ A 'I will leave the kitchen cabinet under the sink unlocked to make cleanup easier.'
- ☐ B 'I will keep small coins and buttons on the low table so they are within reach.'
- ☐ C 'I will place car seats in the back seat facing forward as soon as my child is 12 months old.'
- ☒ D 'I will secure the television and heavy furniture to the wall to prevent tip-overs.'

ANSWER D

WHY Toddlers are at risk for injuries from tip-over accidents, and anchoring heavy furniture and televisions to the wall reduces this risk. Cleaning products must be locked away, small objects that are choking hazards must be kept out of reach, and toddlers should remain in rear-facing car seats until they reach the highest weight or height allowed by the manufacturer, typically well beyond 12 months.

QUESTION 8

SINGLE CHOICE

A practical nurse is providing hygiene care to an unconscious client who is at risk for impaired skin integrity. Which intervention is most important to include in the plan of care?

- ☐ A Bathing the client every other day with hot water and perfumed soap
- ☐ B Massaging reddened bony prominences during repositioning
- ☒ C Performing frequent turning and repositioning at least every 2 hours
- ☐ D Keeping the client's skin moist at all times by avoiding drying after baths

ANSWER C

WHY Frequent turning and repositioning, at minimum every 2 hours, relieves pressure over bony prominences and is a cornerstone of pressure injury prevention. Hot water and harsh soap can dry skin, massage of reddened areas can cause further tissue damage, and skin should be patted dry and kept clean and dry rather than constantly moist.

QUESTION 9

MULTIPLE CHOICE

A practical nurse is assessing a client who has had a stroke and now has difficulty swallowing. Which findings are early indicators of dysphagia that the nurse should monitor for? (Choose two.)

- ☒ **A** Coughing during or after drinking thin liquids
- ☒ **B** A wet-sounding voice after swallowing
- ☐ **C** Increased appetite and request for larger meals
- ☐ **D** Sudden elevation in blood pressure after meals
- ☐ **E** Strong, forceful voice projection during conversation

ANSWER **A - B**

WHY Coughing during or after swallowing and a wet, gurgly, or hoarse voice after swallowing are classic signs of dysphagia and risk for aspiration. Clients with dysphagia typically have decreased appetite and fear of eating, and aspiration often causes a drop, not elevation, in oxygen saturation. A weak, not strong, voice may accompany neuromuscular dysphagia.