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39	A	B	C	D	E

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

RNEV4

RN Exit Exam Version 4

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams **RNEV4**, 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, **RNEV4**
- 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 nurse is assigned to four clients at the start of the shift. Which client should the nurse assess first?

- ☐ A A client with a chest tube who reports pain at the insertion site
- ☐ B A client 2 days post-op who has a temperature of 38.1°C (100.6°F)
- ☒ C A client with a new tracheostomy who is showing signs of restlessness and stridor
- ☐ D A client with type 2 diabetes whose fingerstick glucose is 180 mg/dL

ANSWER C

WHY Restlessness and stridor in a new tracheostomy client suggest airway obstruction, an immediate life-threatening emergency requiring first assessment (ABC priority).

QUESTION 2

SINGLE CHOICE

A nurse is caring for a client with hyperkalemia. Which finding on the electrocardiogram (ECG) would the nurse expect to see?

- ☐ A Flattened T waves
- ☐ B Prominent U waves
- ☒ C Peaked T waves
- ☐ D Prolonged QT interval

ANSWER C

WHY Peaked, tall T waves are a classic early ECG change associated with hyperkalemia; flattened T waves and U waves are associated with hypokalemia.

QUESTION 3 SINGLE CHOICE

A prescriber orders 500 mg of an oral medication. The medication is supplied as 250 mg per tablet. How many tablets should the nurse administer?

- ☐ A 0.5 tablet
- ☐ B 1 tablet
- ☒ C 2 tablets
- ☐ D 4 tablets

ANSWER C

WHY 500 mg divided by 250 mg per tablet equals 2 tablets.

QUESTION 4 MULTIPLE CHOICE

A nurse is caring for a client following a cardiac catheterization via the femoral artery. Which findings require immediate nursing intervention? (Choose two.)

- ☒ A Expanding hematoma at the insertion site
- ☐ B Pedal pulse of 2+ bilaterally
- ☒ C Absent pulse and coolness in the affected extremity
- ☐ D Client reports mild soreness at the insertion site
- ☐ E Urine output of 50 mL/hr

ANSWER A - C

WHY An expanding hematoma suggests active bleeding, and an absent pulse with coolness indicates arterial occlusion; both require immediate intervention. The other findings are normal or expected.

QUESTION 5

SINGLE CHOICE

A nurse is caring for a client with chronic obstructive pulmonary disease (COPD) who is receiving oxygen therapy. Which oxygen flow rate is most appropriate to prevent suppression of the hypoxic drive?

- ☒ **A** 1 to 2 L/min via nasal cannula
- ☐ **B** 6 L/min via nasal cannula
- ☐ **C** 10 L/min via simple face mask
- ☐ **D** 15 L/min via non-rebreather mask

ANSWER A

WHY Clients with chronic COPD may rely on hypoxic drive to stimulate breathing; low-flow oxygen (1 to 2 L/min) is used to avoid suppressing this drive while still correcting hypoxemia.

QUESTION 6

TRUE FALSE

A nurse should wear an N95 respirator when entering the room of a client on airborne precautions for suspected pulmonary tuberculosis.

- ☒ **A** True
- ☐ **B** False

ANSWER A

WHY Airborne precautions for tuberculosis require use of a fit-tested N95 or higher-level respirator to protect against small airborne particles.

QUESTION 7

SINGLE CHOICE

A nurse is teaching a pregnant client about warning signs to report immediately during the third trimester. Which finding should the client be instructed to report right away?

- ☐ A Increased vaginal discharge without odor
- ☐ B Braxton Hicks contractions that resolve with rest
- ☒ C Blurred vision and a severe headache
- ☐ D Mild ankle swelling at the end of the day

ANSWER C

WHY Blurred vision and severe headache are warning signs of preeclampsia and should be reported immediately; the other findings are common, expected changes in the third trimester.

QUESTION 8

SINGLE CHOICE

A client recently diagnosed with a terminal illness says to the nurse, 'I don't know why this is happening to me.' Which response by the nurse is most therapeutic?

- ☐ A 'Everything happens for a reason, try to stay positive.'
- ☒ B 'Tell me more about what you're feeling right now.'
- ☐ C 'You should talk to the chaplain about this.'
- ☐ D 'Many people feel that way, you'll get used to it.'

ANSWER B

WHY Open-ended responses that invite the client to express feelings are therapeutic and client-centered; the other options dismiss, minimize, or redirect the client's feelings inappropriately.

QUESTION 9

MULTIPLE CHOICE

A nurse is caring for a client experiencing diabetic ketoacidosis (DKA). Which findings would the nurse expect to assess? (Choose two.)

- ☒ **A** Fruity breath odor
- ☒ **B** Kussmaul respirations
- ☐ **C** Bradycardia
- ☐ **D** Hypoglycemia
- ☐ **E** Weight gain

ANSWER A • B

WHY DKA presents with fruity (acetone) breath odor and Kussmaul respirations as the body attempts to compensate for metabolic acidosis; tachycardia, hyperglycemia, and weight loss are expected, not bradycardia, hypoglycemia, or weight gain.