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39	A	B	C	D	E

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

RNEV5

RN Exit Exam Version 5

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams **RNEV5**, 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, **RNEV5**
- 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 caring for a client with left-sided heart failure. Which assessment finding would the nurse expect?

- ☒ **A Crackles in the lung bases**
- ☐ B Jugular vein distention
- ☐ C Peripheral pitting edema
- ☐ D Hepatomegaly

ANSWER A

WHY Left-sided heart failure causes blood to back up into the pulmonary circulation, producing pulmonary congestion and crackles. Jugular vein distention, peripheral edema, and hepatomegaly are signs of right-sided heart failure.

QUESTION 2

SINGLE CHOICE

A client is receiving intravenous heparin for deep vein thrombosis. Which laboratory value should the nurse monitor to evaluate the therapeutic effect of this medication?

- ☐ A Prothrombin time (PT)
- ☒ **B Activated partial thromboplastin time (aPTT)**
- ☐ C International normalized ratio (INR)
- ☐ D Platelet count only

ANSWER B

WHY aPTT is used to monitor the therapeutic effect of unfractionated heparin. PT and INR are used to monitor warfarin therapy.

QUESTION 3

TRUE/FALSE

A boggy, poorly contracted uterus after delivery increases the client's risk for postpartum hemorrhage.

☒ **A** True

☐ **B** False

ANSWER A

WHY A boggy uterus indicates uterine atony, the most common cause of postpartum hemorrhage, because the uterus is not contracting adequately to compress the blood vessels at the placental site.

QUESTION 4

SINGLE CHOICE

A nurse is caring for an infant diagnosed with bronchiolitis caused by respiratory syncytial virus (RSV). Which intervention is the priority?

☐ **A** Placing the infant on standard precautions only

☒ **B** Administering contact and droplet precautions

☐ **C** Encouraging oral intake of thickened formula

☐ **D** Positioning the infant flat and supine

ANSWER B

WHY RSV is highly contagious and spread through contact with respiratory secretions and droplets, so contact and droplet precautions are required in addition to standard precautions.

QUESTION 5

MULTIPLE CHOICE

A nurse is planning care for a client who is experiencing a major depressive episode. Which interventions are appropriate? (Choose two.)

- ☒ **A** Assess the client directly for suicidal ideation and a specific plan
- ☐ **B** Encourage the client to make major life decisions during this time
- ☒ **C** Provide structured, simple activities that promote a sense of accomplishment
- ☐ **D** Discourage verbalization of feelings to prevent rumination
- ☐ **E** Leave the client alone for extended periods to allow rest

ANSWER A - C

WHY Directly assessing for suicidal ideation is essential for safety, and structured simple activities build a sense of accomplishment without overwhelming the client. Major decisions should be postponed, feelings should be encouraged to be expressed, and clients with depression should not be left isolated for extended periods due to safety concerns.

QUESTION 6

SINGLE CHOICE

Which action by the nurse best demonstrates proper use of standard precautions?

- ☐ **A** Wearing gloves only when handling blood, not other body fluids
- ☒ **B** Performing hand hygiene before and after every client contact
- ☐ **C** Reusing gloves between clients if visibly clean
- ☐ **D** Wearing a mask only when the client has a known respiratory infection

ANSWER B

WHY Standard precautions require hand hygiene before and after contact with every client, regardless of diagnosis, to prevent the transmission of infection.

QUESTION 7

SINGLE CHOICE

A client with type 1 diabetes mellitus reports feeling shaky, diaphoretic, and confused. The client's blood glucose is 52 mg/dL. Which action should the nurse take first?

- ☐ A Administer regular insulin subcutaneously
- ☒ B Give the client 15 grams of a fast-acting carbohydrate
- ☐ C Call the healthcare provider to report the finding
- ☐ D Encourage the client to lie down and rest

ANSWER B

WHY The client is exhibiting signs of hypoglycemia. The immediate priority is to treat with 15 grams of a fast-acting carbohydrate following the rule of 15, then recheck glucose in 15 minutes.

QUESTION 8

SINGLE CHOICE

Which task is appropriate for the nurse to delegate to an unlicensed assistive personnel (UAP)?

- ☒ A Assisting a stable client with ambulation
- ☐ B Assessing a client's postoperative surgical dressing
- ☐ C Administering a scheduled oral medication
- ☐ D Teaching a client how to use an incentive spirometer

ANSWER A

WHY Assisting a stable client with ambulation is within the scope of a UAP. Assessment, medication administration, and client teaching require licensed nursing judgment and cannot be delegated to a UAP.

QUESTION 9

MULTIPLE CHOICE

A nurse is caring for a client with hyperkalemia. Which findings would the nurse expect to observe? (Choose two.)

- ☒ **A** Peaked T waves on the ECG
- ☒ **B** Muscle weakness
- ☐ **C** Hyperactive deep tendon reflexes
- ☐ **D** Constipation
- ☐ **E** Positive Trousseau sign

ANSWER A - B

WHY Hyperkalemia commonly causes peaked T waves on ECG and skeletal muscle weakness due to altered neuromuscular excitability. Constipation and Trousseau sign are associated with hypokalemia and hypocalcemia, respectively, not hyperkalemia.