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39	A	B	C	D	E

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

RNEV6

RN Exit Exam Version 6

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams **RNEV6**, 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, **RNEV6**
- 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 client receiving intravenous heparin has an activated partial thromboplastin time (aPTT) of 110 seconds (control 30 seconds). What is the nurse's priority action?

- ☐ A Increase the heparin infusion rate per protocol
- ☒ B Notify the health care provider and anticipate a decrease in the heparin dose
- ☐ C Document the finding as an expected therapeutic result
- ☐ D Administer a dose of vitamin K immediately

ANSWER B

WHY An aPTT of 110 seconds is more than 3 times the control, indicating supratherapeutic anticoagulation and increased bleeding risk. The provider should be notified so the heparin dose can be reduced or held; vitamin K reverses warfarin, not heparin.

QUESTION 2

SINGLE CHOICE

A client taking lithium carbonate for bipolar disorder reports nausea, coarse hand tremors, and slurred speech. The nurse recognizes these findings as signs of which condition?

- ☒ A Lithium toxicity
- ☐ B Serotonin syndrome
- ☐ C Neuroleptic malignant syndrome
- ☐ D Expected therapeutic response to lithium

ANSWER A

WHY Coarse tremors, slurred speech, and gastrointestinal symptoms are classic signs of lithium toxicity, which occurs because lithium has a narrow therapeutic range. The nurse should hold the dose and obtain a serum lithium level.

QUESTION 3

MULTIPLE CHOICE

A client is diagnosed with active pulmonary tuberculosis. Which infection control measures should the nurse implement? (Choose two.)

- ☒ **A** Place the client in a negative-pressure airborne infection isolation room
- ☒ **B** Wear an N95 or higher-level respirator when entering the room
- ☐ **C** Wear a standard surgical mask when entering the room
- ☐ **D** Keep the client's door open to promote airflow
- ☐ **E** Place the client in a room with positive-pressure ventilation

ANSWER A - B

WHY Tuberculosis requires airborne precautions: a negative-pressure isolation room with the door closed and an N95 or higher respirator worn by anyone entering the room, to prevent spread of airborne droplet nuclei.

QUESTION 4

SINGLE CHOICE

The nurse is assessing a 9-month-old infant during a well-child visit. Which finding should the nurse expect as appropriate for this age?

- ☒ **A** The infant can sit unsupported and pulls to a standing position
- ☐ **B** The infant walks independently across the room
- ☐ **C** The infant uses two-word sentences
- ☐ **D** The infant has achieved bowel and bladder control

ANSWER A

WHY By 9 months, infants typically sit without support and can pull themselves to standing. Independent walking and two-word sentences occur later (12-18 months and 18-24 months), and toilet training is not achieved in infancy.

QUESTION 5

SINGLE CHOICE

A client with heart failure has a serum potassium level of 6.2 mEq/L. Which finding should the nurse identify as consistent with this laboratory value?

- ☒ **A** Peaked T waves on the electrocardiogram
- ☐ **B** Flattened T waves and prominent U waves
- ☐ **C** Positive Chvostek's and Trousseau's signs
- ☐ **D** Shortened QT interval

ANSWER A

WHY Hyperkalemia (potassium above 5.0 mEq/L) classically produces peaked, tall T waves on ECG. Flattened T waves and U waves are associated with hypokalemia, and Chvostek's/Trousseau's signs indicate hypocalcemia.

QUESTION 6

TRUE FALSE

When a client says, 'I feel like nobody cares about me,' the nurse's best therapeutic response is to say, 'I'm sure that's not true, everyone here cares about you.'

- ☐ **A** True
- ☒ **B** False

ANSWER B

WHY This response gives false reassurance, which blocks therapeutic communication. A better response would explore the client's feelings, such as 'Tell me more about why you feel that way.'

QUESTION 7

SINGLE CHOICE

A client who had a stroke has dysphagia confirmed by a swallow evaluation. Which action should the nurse include in the client's plan of care?

- ☒ **A** Thicken liquids to the consistency recommended by the speech-language pathologist
- ☐ **B** Encourage the client to drink thin liquids through a straw to strengthen swallowing muscles
- ☐ **C** Have the client tilt the head back while swallowing to ease passage of food
- ☐ **D** Feed the client rapidly to prevent fatigue during the meal

ANSWER A

WHY Thickening liquids per the speech-language pathologist's recommendation reduces aspiration risk in clients with dysphagia. Thin liquids, head-tilting back, and rapid feeding all increase aspiration risk.

QUESTION 8

SINGLE CHOICE

Which task is most appropriate for the RN to delegate to a nursing assistive personnel (NAP)?

- ☒ **A** Obtaining a routine set of vital signs on a stable client
- ☐ **B** Assessing a new client's admission history
- ☐ **C** Administering a scheduled oral medication
- ☐ **D** Teaching a client how to self-administer insulin

ANSWER A

WHY Obtaining routine vital signs on a stable client is within the scope of nursing assistive personnel. Assessment, medication administration, and client teaching require the education and licensure of an RN or LPN and cannot be delegated to NAP.

QUESTION 9

SINGLE CHOICE

A client returns to the unit after a total hip replacement. Which instruction should the nurse include to prevent hip dislocation?

- ☒ **A** Avoid crossing the legs and avoid flexing the hip beyond 90 degrees
- ☐ **B** Sit in low, soft chairs to reduce pressure on the incision
- ☐ **C** Cross the legs at the ankles only, not at the knees, when sitting
- ☐ **D** Internally rotate the operative leg when turning in bed

ANSWER A

WHY After total hip replacement, clients must avoid hip flexion beyond 90 degrees, adduction (crossing legs), and internal rotation to prevent prosthesis dislocation. Low chairs increase hip flexion and should be avoided.