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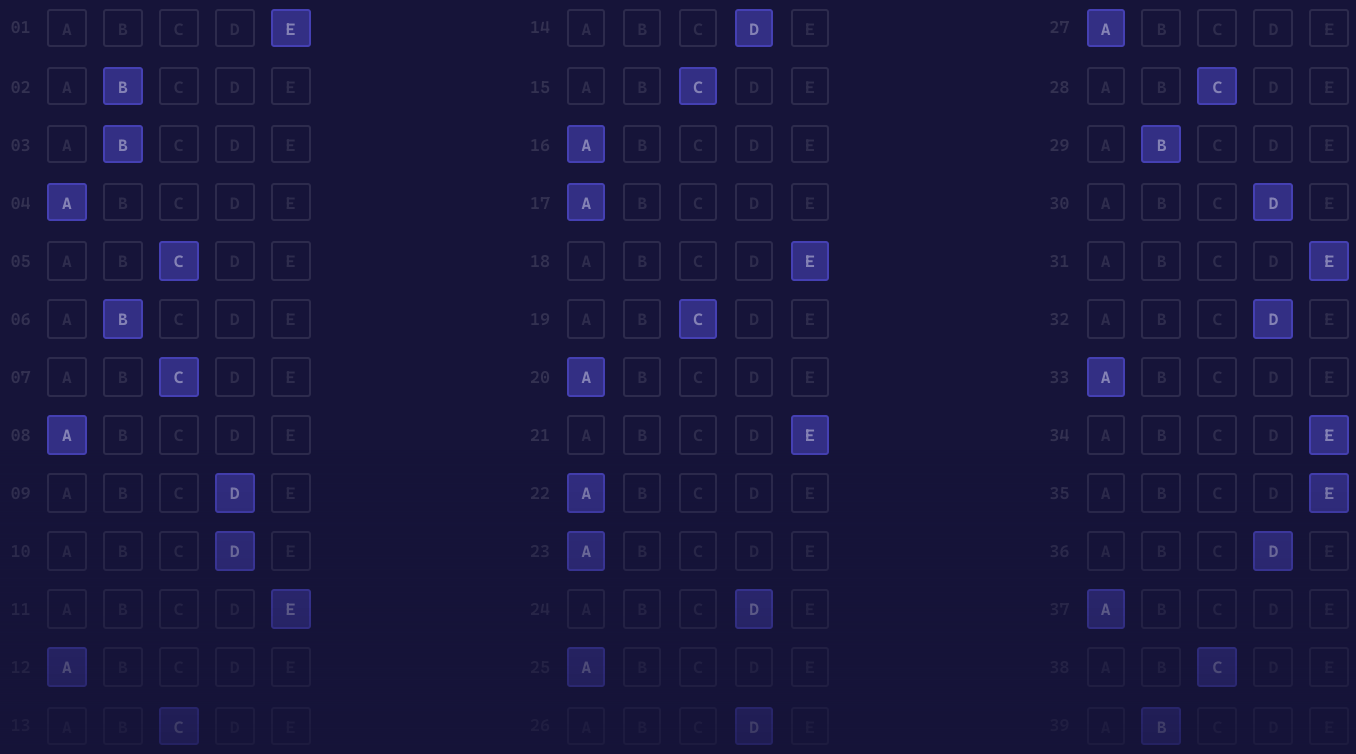

PRACTICE QUESTIONS

Elsevier Test Center Exam

RNHAS

Registered Nursing Health Assessment

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Elsevier Test Center Exam `RNHAS`, 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, `RNHAS`
- the question number
- the email address on your order

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

QUESTION 1 MULTIPLE CHOICE

A nurse is auscultating the heart sounds of an adult client at the aortic area (2nd right intercostal space, right sternal border). Which of the following findings should the nurse expect in a healthy adult? (Choose two.)

A S1 heard louder than S2

B S2 heard louder than S1

C Presence of S3

D Presence of S4

E Inspiratory splitting of S2

ANSWER B · E

WHY At the aortic area, S2 (which represents closure of the aortic and pulmonic valves) should be louder than S1 because the aortic valve closure component of S2 is best heard here. Normal physiologic splitting of S2, in which the pulmonic component (P2) becomes audible during inspiration, is also a normal finding. S3 and S4 are typically abnormal in adults and may indicate heart failure or a stiff, non-compliant ventricle.

QUESTION 2 MULTIPLE CHOICE

Which of the following breath sounds are considered abnormal (adventitious) findings on pulmonary auscultation? (Choose two.)

A Bronchial breath sounds heard over the trachea

B Crackles (rales) heard in the lung bases

C Wheezes heard throughout all lung fields

D Vesicular breath sounds heard over the peripheral lung fields

E Bronchovesicular breath sounds heard between the scapulae

ANSWER **B** · **C**

WHY Bronchial breath sounds over the trachea, vesicular breath sounds over the peripheral lung fields, and bronchovesicular breath sounds between the scapulae are all normal breath sounds. Crackles (rales) heard in the lung bases are adventitious sounds that often indicate fluid or secretions and may suggest heart failure or pneumonia. Wheezes are high-pitched, continuous musical sounds caused by narrowed airways and are associated with asthma, COPD, or airway obstruction.

QUESTION 3 SINGLE CHOICE

In which order should the nurse perform the four techniques of abdominal assessment?

A Palpation, percussion, auscultation, inspection

B Inspection, palpation, percussion, auscultation

C Inspection, auscultation, percussion, palpation

D Auscultation, inspection, percussion, palpation

ANSWER **C**

WHY Unlike most other body systems, abdominal assessment follows the order of inspection, auscultation, percussion, and palpation. Palpation and percussion are performed last because manipulating the abdomen can alter the frequency and character of bowel sounds, leading to inaccurate findings.

QUESTION 4 SINGLE CHOICE

A client comes to the clinic with a chief complaint of headaches. Which component of the health history should the nurse document first as the starting point for the history of present illness (HPI)?

A Family history of similar conditions

B Onset, location, duration, and character of the headaches

C Allergies to medications

D Review of systems from head to toe

ANSWER B

WHY The history of present illness (HPI) begins with the client's chief complaint and is documented using a symptom analysis framework such as OLDCARTS or PQRST, which includes onset, location, duration, character, aggravating/alleviating factors, radiation, and timing. Family history, allergies, and the review of systems are separate components of the full health history.

QUESTION 5 SINGLE CHOICE

When assessing cranial nerve III (oculomotor) in a conscious adult client, which action by the nurse is appropriate?

A Ask the client to read a Snellen chart from 20 feet

B Test the corneal reflex with a wisp of cotton

C Shine a light into the pupils and observe for direct and consensual constriction

D Have the client follow the nurse's finger through the six cardinal fields of gaze

ANSWER C

WHY Cranial nerve III (oculomotor) controls pupillary constriction and eyelid elevation. The appropriate test is shining a light into each pupil and observing for direct (ipsilateral) and consensual (contralateral) pupillary constriction. Reading a Snellen chart tests cranial nerve II (optic), the corneal reflex tests cranial nerve V (trigeminal), and following a finger through the six cardinal fields tests cranial nerves III, IV, and VI together.

QUESTION 6 SINGLE CHOICE

When assessing skin turgor in an older adult client, which action by the nurse is most appropriate?

A Pinch the skin over the client's sternum

B Pinch the skin on the back of the client's hand

C Pinch the skin on the client's abdomen

D Pinch the skin on the client's forehead

ANSWER C

WHY Skin turgor should be assessed by pinching a fold of skin on the forehead, sternum, or back of the hand in children and younger adults, but in older adults the skin on the back of the hand and forehead naturally loses elasticity, so the abdomen or clavicle is the most reliable site. Pinching the skin on the abdomen provides a more accurate assessment of hydration status in older adults because that area retains elasticity better with aging.

QUESTION 7 SINGLE CHOICE

To test muscle strength of the lower extremities in an adult client, the nurse asks the client to push the feet against the nurse's hands while the legs are straightened. This maneuver tests the strength of which muscles?

A Hamstrings

B Gastrocnemius and soleus

C Quadriceps femoris

D Tibialis anterior

ANSWER C

WHY Pushing the feet downward against the examiner's hands with the legs extended tests the quadriceps femoris, which is responsible for extension of the knee and hip. The hamstrings perform knee flexion, the gastrocnemius and soleus perform plantar flexion, and the tibialis anterior performs dorsiflexion.

QUESTION 8 SINGLE CHOICE

An adult client has a resting heart rate of 110 beats per minute. Which term correctly describes this finding?

A Bradycardia

B Tachycardia

C Ectopy

D Bigeminy

ANSWER B

WHY Normal adult resting heart rate ranges from 60 to 100 beats per minute. A heart rate above 100 bpm is termed tachycardia, while a rate below 60 bpm is bradycardia. Ectopy refers to premature or irregular beats originating outside the sinus node, and bigeminy is a specific pattern in which every normal beat is followed by a premature beat.

QUESTION 9 SINGLE CHOICE

During a health history interview, the client begins to cry while describing the recent loss of a spouse. Which response by the nurse is most therapeutic?

A Change the subject to a less emotional topic to ease the client's distress

B Tell the client to stop crying so the interview can continue

C Sit quietly, offer a tissue, and allow the client time to express feelings

D Leave the room to give the client privacy to compose themselves

ANSWER C

WHY When a client becomes emotional during an interview, the therapeutic response is to remain present, acknowledge the emotion, and provide space for the client to express feelings. Sitting quietly, offering a tissue, and allowing time communicates empathy and support. Changing the subject, telling the client to stop crying, or leaving the room are non-therapeutic responses that dismiss the client's emotional experience.