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PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

RNMS

Registered Nursing Med/Surg

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

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9 practice questions for Elsevier Remotely Proctored Exams **RNMS**, 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.

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QUESTION 1

SINGLE CHOICE

A patient with acute decompensated heart failure is receiving an IV infusion of furosemide. Which assessment finding is most important for the nurse to report to the health care provider immediately?

- ☐ A The patient reports mild dizziness when ambulating to the bathroom.
- ☒ B The urine output over the last hour is 15 mL.
- ☐ C The patient's apical pulse is 92 beats per minute and regular.
- ☐ D The patient's serum potassium level is 4.0 mEq/L (4.0 mmol/L).

ANSWER B

WHY Urine output of 15 mL/hour is below the expected minimum of 30 mL/hour and indicates inadequate response to diuretic therapy and worsening renal perfusion in acute decompensated heart failure. This finding requires immediate provider notification. Mild orthostatic dizziness, a regular apical pulse of 92 bpm, and a normal serum potassium of 4.0 mEq/L do not require urgent reporting.

QUESTION 2

SINGLE CHOICE

A patient with a pulmonary embolism is receiving a continuous heparin infusion. Which laboratory value requires the most immediate nursing intervention?

- ☒ A Activated partial thromboplastin time (aPTT) of 45 seconds.
- ☐ B Platelet count of 180,000/mm³ (180 x 10⁹/L).
- ☐ C International normalized ratio (INR) of 1.2.
- ☐ D Hemoglobin of 13.2 g/dL (132 g/L).

ANSWER A

WHY The therapeutic aPTT goal for a patient receiving a continuous heparin infusion is typically 1.5 to 2.0 times the normal control value, which corresponds to approximately 46 to 70 seconds. An aPTT of 45 seconds is below the lower end of the therapeutic range, indicating the patient is subtherapeutic and at risk for clot extension or new embolic events. The nurse should report this value promptly so the infusion rate can be increased. The platelet count, INR, and hemoglobin are within normal limits and do not require immediate action.

QUESTION 3

SINGLE CHOICE

A patient who had a bowel resection 24 hours ago has a nasogastric tube to low intermittent suction. The patient reports muscle weakness, abdominal cramping, and paresthesias. Which electrolyte abnormality is most likely contributing to these findings?

- ☐ A Hypophosphatemia
- ☐ B Hypercalcemia
- ☒ C Hypomagnesemia
- ☐ D Hypernatremia

ANSWER C

WHY Nasogastric suction removes gastric secretions, which are rich in magnesium. The combination of muscle weakness, abdominal cramping, and paresthesias is a classic presentation of hypomagnesemia. Calcium imbalances can cause neuromuscular symptoms, but hypercalcemia is more likely in hyperparathyroidism or malignancy, not gastric suction. Hypophosphatemia typically presents with muscle weakness and confusion but not paresthesias, and hypernatremia presents with altered mental status, seizures, and thirst rather than cramping and paresthesias.

QUESTION 4

SINGLE CHOICE

A patient with type 1 diabetes mellitus is admitted with diabetic ketoacidosis (DKA). The patient is receiving an IV insulin infusion and a continuous IV infusion of 0.9% sodium chloride. Which assessment finding indicates the patient's condition is improving?

- ☐ A Serum glucose has decreased from 450 mg/dL to 200 mg/dL (24.9 to 11.1 mmol/L).
- ☐ B Urine output has increased from 30 mL/hr to 60 mL/hr.
- ☐ C The serum potassium has increased from 3.0 mEq/L to 3.4 mEq/L (3.0 to 3.4 mmol/L).
- ☒ D The anion gap has decreased from 18 mEq/L to 12 mEq/L.

ANSWER D

WHY Resolution of the anion gap (normal 8 to 12 mEq/L) is the most specific indicator that ketoacid production has stopped and that the patient's DKA is resolving. A drop in serum glucose can simply reflect the effect of insulin without indicating that acidosis has resolved, and a urine output change reflects renal perfusion rather than resolution of the metabolic acidosis. Although the potassium level is increasing toward normal, it is still below the lower limit of 3.5 mEq/L and does not itself indicate resolution of DKA.

QUESTION 5

SINGLE CHOICE

A patient 48 hours after a left total hip arthroplasty reports a sudden, severe headache and has a blood pressure of 196/104 mm Hg and a heart rate of 52 beats per minute. Which postoperative complication does this presentation most likely represent?

- ☒ **A Fat embolism syndrome**
- ☐ B Pulmonary embolism
- ☐ C Deep vein thrombosis
- ☐ D Postoperative anemia

ANSWER A

WHY The combination of sudden severe headache, severe hypertension, and bradycardia (Cushing's triad) following long-bone or orthopedic surgery is highly suggestive of fat embolism syndrome. Cerebral manifestations such as headache, confusion, and seizures are characteristic, along with respiratory distress and a petechial rash. A pulmonary embolism would more typically present with sudden dyspnea, chest pain, tachypnea, and tachycardia rather than severe headache and bradycardia. DVT is generally a quieter, unilateral limb finding, and postoperative anemia would present with pallor, tachycardia, and hypotension rather than hypertension and bradycardia.

QUESTION 6

SINGLE CHOICE

A patient has a Salem sump nasogastric tube in place following abdominal surgery. Which finding requires the most immediate intervention by the nurse?

- ☐ A The patient reports a sore throat and difficulty swallowing.
- ☒ B The tube is draining bright red blood at a rate of 200 mL over the last hour.
- ☐ C The patient complains of dry mouth and thirst.
- ☐ D The blue air vent (pigtail) is positioned above the level of the stomach.

ANSWER B

WHY Bright red drainage of 200 mL in one hour from a nasogastric tube following abdominal surgery suggests active upper GI bleeding, which is a medical emergency requiring immediate provider notification. A sore throat, dry mouth, and thirst are common discomforts from NGT placement and can be addressed with routine comfort measures. The blue air vent (pigtail) of a Salem sump should be kept above the level of the stomach to prevent gastric contents from leaking out; this is normal positioning and not a complication.

QUESTION 7

MULTIPLE CHOICE

A nurse is caring for a patient with a confirmed *Clostridioides difficile* (C. difficile) infection in a private room. Which infection-control measures are appropriate for this patient? (Choose two.)

- ☒ **A** Place the patient on Contact Precautions in addition to Standard Precautions.
- ☐ **B** Use an alcohol-based hand rub as the primary method of hand hygiene after patient contact.
- ☒ **C** Perform hand hygiene with soap and water after contact with the patient or the patient's environment.
- ☐ **D** Wear a surgical mask when entering the room regardless of the patient's respiratory status.
- ☐ **E** Dedicate noncritical patient-care equipment (such as a stethoscope and blood pressure cuff) for use only on this patient.

ANSWER A - C

WHY Contact Precautions plus Standard Precautions are required for patients with C. difficile infection. Hand hygiene must be performed with soap and water because alcohol-based hand rubs do not effectively inactivate C. difficile spores; the physical friction of soap and water is required. Dedication of noncritical patient-care equipment to the patient prevents spore transmission to other patients. Surgical masks are required for Droplet or Airborne Precautions, not for C. difficile, which is spread by contact with spores.

QUESTION 8

MULTIPLE CHOICE

A postoperative patient is receiving IV morphine via patient-controlled analgesia (PCA). Which nursing interventions are appropriate for this patient? (Choose two.)

- ☒ **A** Assess the patient's level of sedation and respiratory status every 2 hours and more frequently as needed.
- ☐ **B** Encourage the patient to use the PCA pump only when pain is severe (greater than 7 on a 0 to 10 scale).
- ☐ **C** Teach the patient that pushing the button when drowsy will not cause oversedation.
- ☒ **D** Obtain a baseline and ongoing assessment of pain using a standardized pain scale.
- ☐ **E** Administer a prescribed opioid antagonist (such as naloxone) routinely every 4 hours to prevent respiratory depression.

ANSWER A - D

WHY Patients receiving opioid PCA must be assessed frequently for sedation level and respiratory status because oversedation and respiratory depression are the most serious adverse effects. Pain must be assessed with a standardized scale before and after interventions to evaluate effectiveness. Patients should be taught to use the pump before pain becomes severe, since severe pain is harder to control. Naloxone is not given prophylactically; it is reserved for documented opioid overdose. Teaching that PCA use when drowsy cannot cause oversedation is dangerous and incorrect.

QUESTION 9

SINGLE CHOICE

A patient with acute kidney injury (AKI) has a serum potassium level of 6.8 mEq/L (6.8 mmol/L). Which finding is the nurse most likely to assess on cardiac monitoring?

- ☐ A Sinus bradycardia with first-degree atrioventricular (AV) block.
- ☐ B Shortened PR interval and tall, peaked T waves.
- ☒ C Wide QRS complexes with a sine wave pattern.
- ☐ D Prolonged QT interval with prominent U waves.

ANSWER C

WHY Severe hyperkalemia (≥ 6.5 mEq/L) produces progressive ECG changes beginning with peaked T waves, then PR prolongation, QRS widening, and ultimately a sine wave pattern that precedes ventricular fibrillation or asystole. Tall, peaked T waves are the earliest classic finding, but the most ominous finding requiring immediate intervention in a patient with a potassium of 6.8 mEq/L would be the wide QRS and sine wave pattern. Sinus bradycardia with first-degree AV block is more characteristic of beta-blocker toxicity or increased vagal tone. A prolonged QT with U waves is characteristic of hypokalemia.