“The new gold standard system of checking used by nurses is called the ‘6 Rights’—the right client, right medication, right dose, right route, right time, and the sixth is right documentation.”

—Helen Harkreader and Mary Ann Hogan

PRACTICE QUESTIONS

A Client with an Autoimmune Disease

1. The nurse is administering medications to the clients on a medical unit. Which medication would the nurse question administering?
   1. Atropine, an antimuscarinic, to a client with myasthenia gravis.
   2. Chloroquine, an antimalarial, to a client with a butterfly rash.
   3. Prednisone, a corticosteroid, to a client with polymyalgia rheumatica.
   4. Mestinon, a cholinesterase inhibitor, to a client in a cholinergic crisis.

2. The client diagnosed with systemic lupus erythematosus (SLE) is experiencing an acute exacerbation and the HCP has ordered high doses of glucocorticoid medications. Which statement supports the goal of this therapy?
   1. To provide a permanent cure for lupus.
   2. To allow a peaceful, dignified death.
   3. To help enable the client to maintain weight.
   4. To prevent permanent damage to the organs.

3. The female client diagnosed with systemic lupus erythematosus (SLE) complains to the nurse that she has pain; she is stiff when she gets up in the morning; and she takes ibuprofen, an NSAID, to help ease the pain and stiffness. Which question is most important for the nurse to ask the client?
   1. “How often do you have to take the ibuprofen?”
   2. “Do you take the medication on an empty stomach?”
   3. “Does the medication help with menstrual cramping too?”
   4. “Have you noticed an improvement in the pain and stiffness?”

4. The client diagnosed with multiple sclerosis (MS) is prescribed the intravenous glucocorticoid hydrocortisone (Solu-Cortef). The client has a saline lock. Which procedures should the nurse follow when administering the medication? Rank in order of performance.
   1. Administer the diluted medication intravenously over 1–2 minutes.
   2. Aspirate the syringe to obtain a blood return.
   3. Flush the saline lock with 2 mL of sterile normal saline.
   4. Flush the saline lock again with 2 mL of normal saline.
   5. Check the client’s identification bands against the MAR.
5. The client diagnosed with multiple sclerosis is prescribed baclofen (Lioresal), an antispasmodic. Which data is most important for the nurse to assess?
   1. The client's serum baclofen levels.
   2. The client's urinary output.
   3. The client's pain, muscle rigidity, and range of motion.
   4. The client's BUN and creatinine levels.

6. The nurse is administering 0800 medications on a medical floor. Which medication should the nurse administer first?
   1. Prostigmin, a cholinesterase inhibitor, to a client diagnosed with myasthenia gravis.
   2. Methylprednisolone, a glucocorticoid, to a client diagnosed with lupus erythematosus.
   3. Morphine, a narcotic analgesic, to a client diagnosed with Guillain-Barré syndrome.
   4. Etanercept, a biologic response modifier, to a client with rheumatoid arthritis.

7. The nurse administered edrophonium (Tensilon), a cholinesterase inhibitor, to a client diagnosed with rule-out myasthenia gravis (MG). Which response by the client indicates the client has myasthenia gravis?
   1. The client loses the ability to breathe without mechanical support.
   2. The client's strength improves briefly without signs of fasciculations.
   3. The client cannot gaze at the ceiling for 2 minutes without fatigue.
   4. The client's paroxysmal atrial tachycardia converts to normal sinus rhythm.

8. The client diagnosed with an acute gout attack is prescribed allopurinol (Zyloprim). Which data indicates the medication is effective?
   1. The client has been symptom-free for several days.
   2. The client has developed an aversion reaction to alcohol.
   3. The serum uric acid levels are within normal limits.
   4. The client develops tophi in the joints of the feet.

9. The female client diagnosed with myasthenia gravis complains that the anticholinesterase medication makes her nauseated. Which information should the nurse teach the client?
   1. Decrease the dose of the medication.
   2. Hold the medication and notify the HCP.
   3. Take the medication with milk and crackers.
   4. Take an over-the-counter proton-pump inhibitor.

10. The male client diagnosed with paranoid schizophrenia has been taking the antipsychotic medication chlorpromazine (Thorazine). The client tells the psychiatric clinic nurse that he has frequent joint pain and stiffness and gets a rash when in the sun. Which statement is the nurse's best response?
    1. “This is part of your illness and will go away if you don’t pay attention.”
    2. “What have your voices said about the aches and pains and rash?”
    3. “Don’t take your medication today, and come in to see the HCP.”
    4. “This is a reaction to medications and you can no longer take medications.”

A Client with Acquired Immunodeficiency Syndrome

11. The clinic nurse is discussing medication compliance with a client diagnosed with acquired immunodeficiency syndrome (AIDS). Which information should the nurse discuss with the client?
    1. The availability of insurance to pay for the medications.
    2. Whether the client wants to try to manage the disease without medications.
    3. Include over-the-counter herbs in the medication regimen.
    4. The importance of taking multiple vitamins at least twice a day.
12. The nurse received a needle stick with a “dirty” needle from a client diagnosed with acquired immunodeficiency syndrome (AIDS). Which medications should the nurse begin within hours of the needle stick?
   1. A combination of antiviral and antifungal medications with an antibiotic.
   2. A combination of a protease inhibitor and nucleoside reverse transcriptase inhibitors.
   4. No medications are recommended to prevent the conversion to HIV positive.

13. The pregnant client’s HIV test is positive. Which medication should the client take to prevent transmission of the virus to the fetus?
   1. Efavirenz (Sustiva), a non-nucleoside reverse transcriptase inhibitor.
   2. Lopinavir (Kaletra), a protease inhibitor.
   3. Zidovudine (AZT), a nucleoside reverse transcriptase inhibitor.
   4. Ganciclovir (Cytovene), an antiviral.

14. The nurse is caring for clients diagnosed with acquired immunodeficiency syndrome (AIDS). Which action by the unlicensed assistive personnel (UAP) warrants immediate action by the nurse?
   1. The UAP uses nonsterile gloves to empty the client’s urinal.
   2. The UAP is taking a glass of grapefruit juice to the client.
   3. The UAP provides a tube of moisture barrier cream to a client.
   4. The UAP fills the client’s water pitcher with ice and water.

15. The client diagnosed with acquired immunodeficiency syndrome (AIDS) is prescribed a combination of a protease inhibitor, a non-nucleoside reverse transcriptase inhibitor, and two nucleoside reverse transcriptase inhibitors. Which statement best describes the scientific rationale for combining these medications?
   1. The combination prevents or delays the client’s complications from HIV infection.
   2. Multiple medications are needed to eradicate all of the HIV infection.
   3. The combination of medications is less expensive than hospitalization for HIV.
   4. Protease inhibitors counteract the side effects of the other medications.

16. The home health nurse is caring for a client diagnosed with HIV infection. Which data suggest the need for prophylaxis with trimethoprim sulfa (Bactrim)?
   1. The client has a positive HIV viral load.
   2. The client’s white blood cell count is 5000/mm$^3$.
   3. The client has a hacking cough and dyspnea.
   4. The client’s CD4 count is less than 300/mm$^3$.

17. The client diagnosed with AIDS is to receive an initial dose of amphotericin B (Fungizone), an antifungal agent. Which intervention should the nurse implement first?
   1. Administer IVPB in 500 mL of D$_5$W over 6 hours.
   2. Administer Demerol 25 mg IVP over 5 minutes.
   3. Administer a test dose of 1 mg over 20 minutes.
   4. Administer acetaminophen (Tylenol) 650 mg orally.

18. The client diagnosed with AIDS and cytomegalovirus retinitis is prescribed the antiviral agent ganciclovir (Cytovene). Which information about the medication should the home health nurse discuss with the client?
   1. The client will have to take the medication for the rest of his or her life.
   2. The client will take the medication for 1 week each month.
   3. The medication should infuse over 1 hour every day.
   4. The medication can run simultaneously with the client’s TPN.
19. The client diagnosed with AIDS has a positive skin test for tuberculosis. Which medication order would the nurse anticipate?
   1. Fluconazole (Diflucan), an antifungal.
   2. Ethambutol (Myambutol), an anti-infective.
   3. Acyclovir (Zovirax), an antiviral.
   4. Enfuvirtide (Fuzeon), an HIV fusion inhibitor.

20. The intensive care nurse is preparing to administer trimetrexate (Neutrexin) to a client diagnosed with AIDS and *Pneumocystis carinii* pneumonia (PCP). Which intervention is the most important safety consideration for the nurse?
   1. Administer IV via gravity infusion.
   2. Administer concurrently with leucovorin.
   3. Monitor the client's complete blood count.
   4. Monitor the client's liver enzymes.

**A Client with Allergies**

21. The client with allergies is prescribed diphenhydramine (Benadryl), an antihistamine. Which statement indicates the client understands the teaching concerning this medication?
   1. “If I get any ringing in my ears, I should notify my HCP.”
   2. “I will probably get drowsy when I take this medication.”
   3. “It is not uncommon to get a buffalo hump or moon face.”
   4. “I will have to taper off the medications when I quit taking them.”

22. The client has a severe anaphylactic reaction to insect bites. Which priority discharge intervention should the nurse discuss with the client?
   1. Wear an insect repellent on exposed skin.
   2. Keep prescribed antihistamines on their person.
   3. Have an “EpiPen” available at all times.
   4. Wear a MedicAlert identification bracelet.

23. The client with seasonal allergic rhinitis is prescribed fluticasone (Flonase), an intranasal glucocorticosteroid. Which intervention should the nurse implement first?
   1. Instruct the client not to eat licorice.
   2. Explain that this is for short-term use.
   3. Instruct not to use other nasal decongestants.
   4. Assess the nares for excoriation or bleeding.

24. Which client should the nurse question administering the H$_1$ receptor antagonist fexofenadine (Allegra)?
   1. The client who smokes two packs of cigarettes daily.
   2. The athlete who runs 2 miles every day.
   3. The client diagnosed with an antibiotic allergy.
   4. The client experiencing nasal congestion and sneezing.

25. The client is prescribed clemastine (Tavist), an H$_1$ receptor antagonist, prophylactically for allergies. Which statement indicates the client needs more teaching concerning this medication?
   1. “I will suck on hard candy if I have a dry mouth.”
   2. “I will notify my HCP if I take an over-the-counter medication.”
   3. “I will experience some blurred vision when taking Tavist.”
   4. “I need to maintain adequate fluid intake when taking this medication.”
26. The clinic nurse is discussing over-the-counter (OTC) oxymetazoline (Afrin 12 Hour Nasal Spray), a sympathomimetic, with a client experiencing nasal congestion. Which information should the nurse discuss with the client?
1. Do not use the Afrin spray any longer than 3–5 days.
2. Clear the nose immediately after using the nasal spray.
3. Immediately swallow the postnasal medication residue.
4. Take additional nasal sprays if congestion is not relieved.

27. The male client taking a nasal glucocorticoid spray calls the clinic nurse and reports that the medication is not helping his condition. Which question should the nurse ask the client first?
1. “Are you sure you are taking the spray correctly?”
2. “Did you shake the bottle before taking the spray?”
3. “What time of the day are you taking the medication?”
4. “How long have you been using the spray?”

28. Which interventions should the nurse implement for the elderly client receiving antihistamine therapy? Select all that apply.
1. Auscultate the client’s breath sounds.
2. Assess the client’s level of consciousness.
3. Evaluate the client’s intake and output.
4. Encourage the client to ambulate.
5. Provide an acid-ash diet for the client.

29. The health-care provider has prescribed the topical steroid hydrocortisone for a client experiencing allergic dermatitis. Which instruction should the nurse discuss with the client?
1. Wash the inflamed area with soap and water.
2. Apply an adherent dressing after applying the medication.
3. Rub the cream into the irritated and inflamed area.
4. Wash the hands before applying the topical steroid.

30. The nurse administers a dose of an intravenous antibiotic to the client. Twenty minutes later the client is complaining of shortness of breath, itching, and difficulty swallowing. Which action should the nurse implement first?
1. Prepare to administer subcutaneous epinephrine.
2. Discontinue the client’s intravenous antibiotic.
3. Assess the client’s apical pulse and blood pressure.

A Client with Rheumatoid Arthritis

31. The client with rheumatoid arthritis is prescribed hydroxychloroquine sulfate (Plaquenil), a disease-modifying antirheumatic drug (DMARD). Which statement indicates the client needs more teaching concerning the medication?
1. “I will get my eyes checked every 6 months.”
2. “I should not drink alcohol while taking this drug.”
3. “It is important to take this medication with milk.”
4. “I will call my HCP if the pain is not relieved in 2 weeks.”

32. The client diagnosed with rheumatoid arthritis is taking the disease-modifying antirheumatic drug (DMARD) leflunomide (Arava). Which comment by the client would warrant intervention by the nurse?
1. “I have noticed that I am starting to lose my hair.”
2. “I sometimes get dizzy and drowsy.”
3. “My spouse and I are trying to start a family.”
4. “I will not get any vaccines while taking this medication.”
33. Which instruction should the nurse discuss with the client diagnosed with rheumatoid arthritis who is prescribed methotrexate, a disease-modifying antirheumatic drug (DMARD)?
   1. Use a soft-bristled toothbrush when brushing teeth.
   2. Wear warm clothes when it is less than 40°F.
   3. Gargle with mouthwash at least four times a day.
   4. Use a sunscreen with an SPF 15 or lower when outside.

34. The client with rheumatoid arthritis is taking phenylbutazone (Butazolidin), a pyrazolone nonsteroidal anti-inflammatory drug (NSAID). Which statement would make the nurse question administering this medication?
   1. “I have had a sore throat and fever the last few days.”
   2. “I have not had a bowel movement in more than 3 days.”
   3. “I can’t believe I have gained 3 pounds in the last month.”
   4. “I have been having trouble sleeping at night.”

35. The client with rheumatoid arthritis has been taking methotrexate, a disease-modifying antirheumatic drug (DMARD), for 2 weeks. Which laboratory data would warrant intervention by the nurse?
   1. A serum creatinine level of 0.9 mg/dL.
   2. A red blood cell count of 2.5 million/mm.
   3. A white blood cell count of 9000 mm.
   4. A hemoglobin of 14.5 g/dL and hematocrit of 43%.

36. Which assessment data would the nurse expect for the client with rheumatoid arthritis who is taking sulfasalazine (Azulfidine), an antirheumatic medication?
   1. Orange or yellowish discoloration of the urine.
   2. Ulcers and irritation of the mouth.
   3. Ecchymosis of the lower extremities.
   4. A red, raised skin rash over the back.

37. The client recently diagnosed with rheumatoid arthritis is prescribed 4 grams of aspirin daily. Which statement indicates the client needs more teaching concerning the medication?
   1. “I will decrease my dose for a few days if my ears start ringing.”
   2. “I should take my aspirin with meals, food, milk, or antacids.”
   3. “I need to take the entire aspirin dose at night before going to bed.”
   4. “If I have any stomach upset, I will take enteric-coated aspirin.”

38. The client with rheumatoid arthritis is prescribed prednisone, a glucocorticoid, for an acute episode of pain. The client asks the nurse, “Why can’t I be on this forever since it helps the pain so much?” Which statement would be the nurse’s best response?
   1. “The medication will cause you to have a buffalo hump or moon face.”
   2. “The medication has long-term side effects, such as osteoporosis.”
   3. “If you continue taking the medication, it may cause an Addisonian crisis.”
   4. “There are other medications that can be prescribed to help the pain.”

39. The client with rheumatoid arthritis is prescribed capsaicin (Zostrix), a topical analgesic. Which information should the nurse discuss with the client?
   1. Apply the cream as needed for severe arthritic pain.
   2. Notify the HCP if burning of the skin occurs after application.
   3. It may take up to 3 months for the medication to become effective.
   4. Rub the cream into skin until no cream is left on the surface.

40. The client with rheumatoid arthritis is taking etodolac (Lodine), a nonsteroidal anti-inflammatory drug (NSAID). The client is complaining of a headache. Which action should the nurse implement?
   1. Administer two aspirins to the client.
   2. Administer an additional dose of Lodine.
   3. Administer one oral narcotic analgesic.
   4. Administer two acetaminophen (Tylenol).
A Child Receiving Immunizations

41. The nurse in the pediatrician’s office is recording a child’s immunizations. Which information is the nurse required to document?
   1. The vaccinations that the client should have received.
   2. Centers for Disease Control Guidelines for the client.
   3. The vaccination type, manufacturer, and lot number.
   4. The date the next required vaccination should be administered.

42. The mother of a child scheduled to receive a measles, mumps, and rubella vaccination asks the nurse, “What could happen to my child if I don’t let you give the vaccination?” Which statement is the nurse’s best response?
   1. “If your child gets one of the diseases, it could lead to serious complications.”
   2. “Your child will not be allowed to attend any public school in the country.”
   3. “Nothing can happen to you or the child if you don’t get the vaccination.”
   4. “You sound worried. Have you heard of problems associated with the shot?”

43. The parent of a child who received an immunization for varicella earlier in the day calls the clinic and tells the nurse that the child now has chickenpox because the child has a fever of 101°F. Which statement is the nurse’s best response?
   1. “You signed a permit knowing this might happen as a result.”
   2. “You need to take the child to the emergency department now.”
   3. “Has the child been exposed to any illness recently?”
   4. “This is a reaction to the injection, but it is not chickenpox.”

44. To which client would the nurse question administering a live virus vaccine?
   1. The child who is afraid of needles and health-care personnel.
   2. The child who lives with a grandparent undergoing chemotherapy.
   3. The child who has not received an immunization previously.
   4. The child whose parent’s religion is Jehovah’s Witness.

45. The nurse is preparing to administer measles, mumps, and rubella vaccinations to a 15-month-old child. Which description is the correct administration procedure?
   1. Inject the medication into the dorsogluteal muscle.
   2. Use the deltoid muscle for the injection.
   3. Administer the medication into the vastus lateralis muscle.

46. At which age is it considered safe to administer the hepatitis B vaccine?
   1. At birth.
   2. At age 12 months.
   3. At age 6 years.
   4. At age 18 years.

47. The clinic nurse is discussing immunizations with the parent of a male child diagnosed with Type 1 diabetes mellitus. Which information should the nurse teach the client?
   1. The child should not receive immunizations because of the diabetes.
   2. The child is at greater risk of complications from immunizations.
   3. The child will not mind the injections because he is used to them.
   4. The child should receive a flu vaccination every year.

48. The 14-year-old adolescent has not received the varicella vaccine, and the HCP cannot determine that the teen has ever had chickenpox. Which statement indicates the correct administration procedures?
   1. Administer the single-dose injection as soon as possible.
   2. Administer two injections at least 4 weeks apart.
   3. Administer a series of three injections over 6 months.
   4. Do not administer the vaccine because by age 13 the client is considered immune to varicella.
49. The parent of a child about to receive the intramuscular polio vaccine, inactivated poliovirus vaccine (IPV), asks the nurse “Why can’t my child get the oral vaccine like I took when I was a child?” Which statement by the nurse is the best explanation to give the client?
1. “I don’t know why, but the manufacturer has stopped making the oral drug.”
2. “There were some cases of polio that developed from the oral vaccine.”
3. “I will check with your health-care provider and see about changing the order.”
4. “The intramuscular route is more effective in preventing polio than the oral route.”

50. The clinic nurse has administered several recommended vaccinations to a 2-month-old infant. Which discharge instructions should the nurse give to the parents?
1. Notify the health-care provider if the infant develops a low-grade fever.
2. Use a humidifier in the infant’s room to reduce congestion.
3. Give the infant the prescribed amount of acetaminophen for comfort.
4. Keep the infant in the parents’ room at night for a few days.