

Questions COPYRIGHT F.A. Davis, Philadelphia 2020  
Prioritization and Clinical Judgment for NCLEX

1. The home health nurse is caring for a female client who needs her indwelling urinary catheter changed. After explaining the procedure to the client and performing hand hygiene, which interventions should the nurse implement? **Rank in order of performance.**
  1. Don sterile gloves.
  2. Insert the lubricated urinary catheter.
  3. Spread the labia and cleanse the urinary meatus.
  4. Inflate the catheter balloon using a prefilled syringe.
  5. Open the sterile catheter set.
2. The home health nurse is caring for a client with a central venous access device in the subclavian vein. The nurse must perform a central line dressing change. Which interventions should the nurse implement? **Rank in order of performance.**
  1. Don sterile gloves and arrange sterile field.
  2. Remove old dressing and assess needle insertion site.
  3. Allow area to dry and cover with transparent dressing.
  4. Scrub insertion site using a back and forth motion.
  5. Document date and time of the dressing change.
3. The home health nurse is teaching the home health aide how to perform a colostomy irrigation for the client with a sigmoid colostomy. After explaining the procedure to the client and performing hand hygiene, which interventions should the nurse implement? **Rank in order of performance.**
  1. Lubricate cone tip of tubing, insert into the stoma opening, begin inflow of water.
  2. Fill the irrigation bag with 1,000 mL of warm tap water and hang at shoulder height.
  3. Put irrigation sleeve over the stoma and place outflow into toilet above the water line.
  4. Cleanse stoma site and apply a new colostomy pouch over the stoma.
  5. Allow evacuation of feces and water; may take 30 minutes to 1 hour.
4. The home health nurse must draw an International Normalized Ratio (INR) for a client who is taking warfarin daily. Which interventions should the nurse implement? **Rank in order of performance.**
  1. Hold skin taut and insert needle with bevel up at 30° angle.
  2. Place tourniquet 4 to 6 inches above the client's elbow.
  3. With vacutainer system, insert blood collection tube into plastic adapter.
  4. Remove needle from vein, cover site with gauze, and apply pressure.
  5. Cleanse antecubital fossa with antimicrobial wipe.

5. The home health nurse must insert a nasogastric (N/G) tube for a client receiving tube feedings for 1 month. Which interventions should the nurse implement? **Rank in order of performance.**
  1. Elevate the head of the bed and assess the nares for patency.
  2. Have the client swallow or sip water while inserting tube to predetermined mark.
  3. Measure the N/G tube from tip of client's nose to earlobe to xiphoid process.
  4. Have client extend head, then insert tube through nostril to back of throat.
  5. Lubricate the end of the tube with water-soluble lubricant.
  
6. The home health nurse is teaching the male client how to perform a midstream urine specimen collection. Which instructions should the nurse provide? **Rank in order of performance.**
  1. Urinate into the toilet then place sterile container under urine stream.
  2. Replace cap on the specimen container.
  3. Fill cup with 30 to 60 mL of urine then remove before stopping urine stream.
  4. Open specimen cup, place cap inside surface up, do not touch inside of container.
  5. Cleanse penis with antiseptic wipe using a circular motion from center out.

7. The home health nurse must administer a cleansing enema to a client. Which interventions should the nurse implement? **Rank in order of performance.**
  1. Assist the client to the toilet or bedpan to expel the total volume of the enema.
  2. Fill the container with 750 to 1,000 mL of lukewarm water and soap as ordered.
  3. Lubricate the tip, gently spread the client's buttocks, and insert tubing 3 to 4 inches.
  4. Instruct the client to hold fluid for at least 10 to 15 minutes or longer.
  5. Hold the tubing in place and infuse the solution slowly.
8. The home health nurse is teaching the client's spouse how to transfer the client from the bed to the chair. Which instructions should the nurse provide? **Rank in order of performance.**
  1. Assist the client to dangle at the side of the bed and apply the gait belt.
  2. Instruct the client to move back in chair until client's back is flush with chair back.
  3. Have the client reach for the arms of the chair, flex hips and knees, and lower slowly.
  4. Position a chair at the side of the bed and apply nonslip footwear on the client.
  5. Have the spouse stand facing the client; client stands and pivots with back to chair.
9. The home health nurse is teaching the client how to administer 20 units of 70% insulin isophane and 30% regular insulin mixture in a bottle. Which instructions should the nurse provide? **Rank in order of performance.**
  1. Expose the abdomen and identify an area 2 inches from the umbilicus.
  2. Insert 20 units of air into the bottle in upright position, invert, and withdraw 20 units.
  3. Discard needle safely and do not reuse.
  4. Holding the syringe similar to a dart, insert needle at 45° or 90° angle.
  5. Slowly administer the insulin, then remove needle from skin.
10. The home health nurse must apply a hydrocolloid dressing to a client's wound. Which interventions should the nurse implement? **Rank in order of performance.**
  1. With the backing in place, cut the hydrocolloid dressing to desired shape.
  2. Cleanse the wound as directed and allow to dry completely.
  3. Peel the backing from one edge of the dressing and apply to the skin with a rolling motion.
  4. Apply skin prep to area around the wound bed, approximately 1 to 2 inches.
  5. Smooth the dressing and hold in place for several seconds.