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Question: 1

Your patient has been diagnosed with ADHD. Which of the following factors in the patient's history supports this diagnosis?
check all answers that apply

- A. increased appetite
- B. diarrhea
- C. mother's drug abuse during pregnancy
- D. being withdrawn

Answer: C

Explanation:

A mother's drug abuse during pregnancy is a factor that increases a child's susceptibility to ADHD. Sleep problems during infancy, restlessness, impulsiveness, and antisocial behavior also indicate ADHD.

Question: 2

An adult patient admits to drinking alcohol on the weekends. He does, however, say in the interview that he is thinking about cutting back on his drinking. What other statement would indicate that the patient is possibly an alcoholic?

- A. His friend tell him he drinks too much.
- B. He wants to cut out drinking on the weekends to reduce calories.
- C. He drinks one beer a night.
- D. He does not drink to alleviate stress.

Answer: A

Explanation:

The question concerns identifying potential signs of alcoholism in an adult patient who admits to drinking alcohol on weekends and is considering reducing his alcohol intake. The correct answer to the question is indicated by the statement that his friend tells him he drinks too much.

This answer is significant because feedback from friends or family regarding an individual's drinking habits can be an important indicator of alcohol-related problems. When friends or family express concern about someone's drinking, it often suggests that they have observed negative patterns or consequences that the drinker may not fully recognize or admit. This external perspective can highlight a discrepancy between the drinker's self-perception and how others perceive their behavior.

The reference to feeling guilty about drinking, as mentioned in the explanation, aligns with one of the components of the CAGE questionnaire, a widely-used method of screening for alcohol problems. The CAGE questionnaire consists of four questions: 1. Have you ever felt you ought to Cut down on your

drinking? 2. Have people Annoyed you by criticizing your drinking? 3. Have you ever felt bad or Guilty about your drinking? 4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye-opener)?

In this context, the friend's comment corresponds to the second question of the CAGE ("Have people Annoyed you by criticizing your drinking?"), pointing to potential issues. If the patient's friends are telling him that he drinks too much, this external concern, combined with his own thoughts about cutting back, suggests that his drinking might be more problematic than he initially perceives.

Other statements provided in the options, such as wanting to cut down on drinking to reduce calorie intake, drinking one beer a night, or not drinking to alleviate stress, do not directly indicate problematic drinking. These statements could be part of normal behavior patterns and do not necessarily suggest alcohol dependence or abuse.

In conclusion, the concern expressed by friends is particularly telling because it suggests visible effects or patterns that are worrying to others, a common characteristic observed in cases of alcohol misuse or dependency. This external feedback is a crucial element in assessing the severity of the drinking issue and deciding on the need for further intervention or evaluation using tools like the CAGE questionnaire.

Question: 3

The examination of a person with a conductive hearing loss would reveal which of the following?
check all answers that apply

- A. person speaks loudly
- B. Rinne: BC > AC in affected ear
- C. Weber lateralizes to the better ear
- D. non-specific Rinne findings
- E. possible wax impaction

Answer: B,E

Explanation:

Rinne: BC > AC in the affected ear and possible wax impaction are things that you might find during the examination of a person with conductive hearing loss. The person usually speaks softly and the Weber lateralizes to the poor ear.

Question: 4

What test would be ordered to determine if a patient has had a stroke or suffers from a brain tumor?

- A. EKG
- B. ECG
- C. EEG
- D. MRI

Answer: D

Explanation:

To determine whether a patient has had a stroke or is suffering from a brain tumor, neuroimaging techniques such as Magnetic Resonance Imaging (MRI) are crucial. An MRI is particularly effective because it provides detailed images of the brain's internal structures using a magnetic field and radio waves. This capability makes it superior for diagnosing conditions that affect brain tissue. The MRI works by aligning hydrogen atoms in the body using a powerful magnetic field. When these atoms are subjected to radio waves, they produce signals that are converted into detailed images by the MRI scanner. These images can show differences between healthy and diseased tissue, making it possible to identify areas affected by strokes or tumors. Unlike X-rays or CT scans, MRIs do not use ionizing radiation, which can be a significant advantage in terms of patient safety, especially for multiple examinations over time.

Other tests like Electrocardiograms (EKGs) and Electroencephalograms (EEGs) are not suitable for diagnosing strokes or brain tumors. An EKG measures electrical activity of the heart and is used to find heart conditions, not brain disorders. Similarly, an EEG records electrical activity in the brain and is primarily used to diagnose epilepsy and other neurological conditions, not structural abnormalities like tumors or evidence of stroke.

In summary, an MRI is the most appropriate and informative test for diagnosing brain tumors and strokes. It provides a clear, detailed view of the brain, allowing healthcare professionals to accurately assess the presence and extent of any abnormalities. This precise imaging helps in planning effective treatment and management strategies for the patient.

Question: 5

Which of the following diagnostic studies would you use to diagnose a corneal abrasion?
check all answers that apply

- A. fluorescein staining
- B. gonioscopy
- C. IOP
- D. Amsler grid test

Answer: A

Explanation:

Fluorescein staining will reveal epithelial disruption on the cornea. A corneal abrasion may arise from a scratch, foreign body, or an object hitting the eye. The Amsler grid test looks for changes in the retina. IOP measures intraocular pressure and a gonioscopy looks at the drainage angle.

Question: 6

When communicating with severely withdrawn persons which of the following interventions would be least appropriate?

- A. Use abstract concepts.
- B. Allow time for a patient to respond to communication.
- C. Listen for covert messages in their communication.
- D. Avoid platitudes.

Answer: A

Explanation:

The question asks about the least appropriate intervention when communicating with severely withdrawn individuals. The answer is "Use abstract concepts." This approach is considered inappropriate because severely withdrawn individuals often have slowed thinking and difficulty concentrating. These cognitive impairments make it challenging for them to understand complex, abstract concepts. Instead, they benefit more from simple, concrete language that is easy to comprehend.

A Nurse Practitioner (NP) or any healthcare professional dealing with a severely withdrawn person should implement strategies that promote clear and effective communication. These may include allowing the patient ample time to respond, avoiding the use of platitudes (i.e., cliché or overused expressions), and paying attention to covert messages in their communication.

Covert messages refer to hidden or indirect messages that might not be easily apparent. They often manifest in non-verbal cues like body language or tone of voice. By being attentive to these covert messages, the NP can gain a deeper understanding of the patient's feelings, thoughts, and needs.

On the other hand, platitudes can be insensitive or dismissive, especially for a person facing mental health challenges. It is, therefore, crucial to avoid them in communication to ensure that the patient feels valued, understood, and respected.

Overall, effective communication with severely withdrawn individuals requires patience, empathy, and the use of simple, clear language. Avoiding abstract concepts and focusing on these strategies can significantly improve the communication process and contribute positively to the patient's recovery journey.

Question: 7

A parent asks which vaccines her child should receive at her 2 month visit. A child should receive all but which of the following vaccines at this age?

- A. Hepatitis B.
- B. Rotavirus.
- C. Diphtheria, tetanus, and pertussis.
- D. Measles, mumps, and rubella.

Answer: D

Explanation:

At a 2-month-old visit, a child is scheduled to receive several vaccines as part of their routine immunization schedule. However, one vaccine that is not administered at this age is the Measles, Mumps, and Rubella (MMR) vaccine.

The MMR vaccine is generally not given until a child is at least 12 months old, primarily because the maternal antibodies, transferred to the baby during pregnancy, can interfere with the immune response to the live viruses in the vaccine if given earlier. Additionally, this schedule allows for the development of a more effective, long-lasting immune response when the vaccine is administered after the first year of life.

For a 2-month visit, the typical vaccines administered include: 1. **Hepatitis B** - If the first dose was not given at birth, it would typically be administered at the 1 or 2 month visit. 2. **Rotavirus** - This vaccine protects against rotavirus, which is a major cause of severe diarrhea in young children. The first dose is given at 2 months. 3. **DTaP** (Diphtheria, Tetanus, and Pertussis) - This combo vaccine protects against three bacterial diseases: diphtheria, tetanus, and pertussis (whooping cough). 4. **Hib** (Haemophilus influenzae type b) - This vaccine protects against Hib disease, which can lead to severe swelling in the throat or meningitis. 5. **PCV** (Pneumococcal conjugate vaccine) - This vaccine protects against pneumococcal disease, which can cause infections in the lungs (pneumonia), the blood (bacteremia), and the covering of the brain and spinal cord (meningitis). 6. **IPV** (Inactivated Poliovirus Vaccine) - This vaccine protects against polio, a disease that can cause paralysis or death. Thus, the correct answer to the question "A child should receive all but which of the following vaccines at this age?" is the Measles, Mumps, and Rubella vaccine. This vaccine is scheduled for later in childhood, specifically starting at 12 months of age, to ensure effective immunization and compliance with established pediatric vaccination guidelines.

Question: 8

Your patient has acute gastroenteritis. You might recommend the BRATY diet when it is appropriate. Which of the following foods is NOT part of the BRATY diet?
check all answers that apply

- A. bran flakes
- B. rice
- C. applesauce
- D. tofu
- E. yogurt

Answer: A,D

Explanation:

Bran flakes and tofu are not part of the BRATY diet. The diet consists of: bananas, rice, applesauce, toast, and yogurt.

Question: 9

Which of the following is the second step in the Nurses' ethical decision-making process?

- A. Collect, analyze and interpret data.
- B. State the dilemma.
- C. Consider the choices of action.
- D. Analyze the advantages and disadvantages of each course of action.

Answer: B

Explanation:

The second step in the Nurses' ethical decision-making process is "State the dilemma." This step is critical as it involves clearly identifying and articulating the ethical issue or conflict involved in the situation. Before this step, the first phase involves collecting, analyzing, and interpreting data relevant to the situation. This initial gathering of information is essential to understand the context and the facts surrounding the ethical concern.

Once the data is collected, the second step—stating the dilemma—ensures that the ethical problem is explicitly recognized and defined. This is crucial because a well-defined dilemma allows for a focused discussion and analysis of the ethical issues at stake. It sets the stage for the subsequent steps in the decision-making process.

After the dilemma has been stated, the third step involves considering the possible choices of action. This means looking at the various options available to address the ethical issue. Each option is then scrutinized in step four, where the advantages and disadvantages of each course of action are analyzed. This analysis is critical as it helps in evaluating the implications of each option on the involved parties and determining the most ethical course of action.

Finally, the fifth step is making the decision. This is where the nurse decides on the best course of action based on the analysis conducted in the previous steps. This decision should align with professional ethical standards and ideally balance the needs and rights of all parties involved.

Overall, the ethical decision-making process in nursing is designed to ensure that nurses make thoughtful and principled decisions. By following these steps, nurses can navigate complex ethical situations effectively, upholding both their professional responsibilities and the trust placed in them by their patients and society.

Question: 10

How many ml's would be equivalent to 1 household cup?

- A. 120-140 ml
- B. 50-60 ml
- C. 240-250 ml
- D. 500 ml

Answer: C

Explanation:

In measuring volumes in different contexts, such as cooking or medicine, it's important to use the appropriate unit of measurement. In the United States, a standard household measuring cup holds 8 fluid ounces. This is a common measurement used in recipes and daily cooking.

The metric equivalent of 8 fluid ounces is approximately 240 milliliters (ml). This conversion is essential for translating recipes between the imperial system (used primarily in the United States) and the metric system, which is used by most other countries. Thus, when a recipe calls for 1 cup, it is referring to an 8-ounce volume, which can be measured as 240-250 ml in the metric system.

It's important to note that this conversion specifically applies to liquid measurements. Household cups that are used for measuring dry ingredients might slightly vary in their weight-to-volume ratio, depending on the density of the ingredient. However, for liquids, the 1 cup to 240-250 ml conversion holds true.

Additionally, in apothecary measurements, which are no longer commonly used but might still be referenced in some contexts, 1 fluid ounce is equivalent to 30 ml. Therefore, 8 fluid ounces, or 1 cup,

would equal 240 ml. Understanding these conversions is crucial for accurate measurements in recipes, medication dosing, and other precise liquid measurements.



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