1. All of the statements below are appropriate patient education for a patient starting on an antihypertensive EXCEPT:
   A. "Rise slowly when getting up from a horizontal position"
   B. "You may become light headed or dizzy if you take very hot baths or showers"
   C. "Limit your fluid intake to only 6 glasses per day"
   D. "Don't stand in one spot for a long period of time"

2. A patient is diagnosed with thrombocytopenia due to acute lymphocytic leukemia and needs to be admitted to the hospital. The RN should assign the patient to which of the following type of room?
   A. Private room so that the patient will not infect other patients
   B. Private room so that the patient will not be infected by other patients or health care workers
   C. Semiprivate room so that they will have stimulation while hospitalized
   D. Semiprivate room so that they will have an opportunity to express their feelings about their illness

3. Ventricular tachycardia is:
   A. Sometimes a normal rhythm for athletes
   B. A potentially lethal rhythm
   C. A side effect of Albuterol
   D. Simply a rapid heart rate

4. Which of the following should be used when inserting a nasogastric tube?
   A. Gloves, gown, goggles and surgical cap
   B. Sterile gloves, mask, plastic bag and gown
   C. Gloves, gown, mask and goggles
   D. Double gloves, gown, mask and goggles

5. Which of the following statements is FALSE?
   A. "It is my responsibility to ensure that the consent form has been signed and attached to the patient's chart prior to surgery"
   B. "It is my responsibility to witness the signature of the patient before surgery is performed"
   C. "It is my responsibility to answer questions that the patient may have prior to surgery"
   D. "It is my responsibility to provide a detailed description of the surgery and ask the patient to sign the consent form"

6. You are a RN providing care for a patient experiencing an acute myocardial infarction. Which of the following lab findings would be of most concern for you?
   A. ESR of 10mm/h
   B. HCT of 42%
   C. CK of 350u/ml
   D. Serum glucose of 100 mg/dl

7. Which sign, if positive, may indicate a DVT?
   A. Kernig's sign
   B. Homans's sign
   C. Peace sign
   D. Chvostek's sign
8. Which diagnostic tool would be least invasive for determining hypovolemia as a cause of syncope?
   A. Hematocrit and hemoglobin
   B. Orthostatic vitals
   C. A-Line placement and monitoring
   D. Head CT

9. What is the antidote for heparin sodium?
   A. Dopamine hydrochloride (Intropin, Dopastat)
   B. Vitamin K
   C. Naloxone hydrochloride (Narcan)
   D. Protamine sulfate (Protamine)

10. Which of the following medications should you NOT crush?
    A. Enteric coated aspirin tab
    B. Tylenol tab
    C. Phenobarbital tab
    D. Cimetidine tab (Tagamet)

11. Calcium gluconate comes in a vial of 1 gm/10 mls. The prescription indicates that you should give the patient 320 mgs IV. Calculate the number of mls/dose that your patient should have.
    A. 3.2 mls/dose
    B. 0.032 mls/dose
    C. 320 mls/dose
    D. 3200 mls/dose

12. Your patient has a potassium level of 5.7 mEq/L; you should interpret this result as:
    A. Low
    B. Normal
    C. High
    D. Not a possible value for potassium

13. A 42-year-old male patient has a hematoglobin/hematocrit of 15 g/L and 45% respectfully, this is:
    A. Low
    B. High
    C. Normal
    D. A critical value

14. A lung perfusion scan or V/Q scan is helpful in detecting:
    A. Obstructing tumors
    B. Chronic obstructive pulmonary disease
    C. Pulmonary emboli
    D. Hepatomegaly

15. If a patient is allergic to shellfish, which of the following might they need to avoid?
    A. Tetanus injections
    B. Silk tape
    C. Iodine
    D. Penicillin
16. What is the first action you should take if you suspect a blood transfusion reaction?
   A. Call the blood bank for a transfusion reaction work-up
   B. Call the physician
   C. Stop the transfusion
   D. Administer Benadryl

17. Which values below are indicative of a normal ABG?
   A. pH 7.35, pO2 35, PCO2 45, HCO3 25, O2 sat 85%, BE -2
   B. pH 7.40, pO2 90, PCO2 40, HCO3 24, O2 sat 95%, BE 0
   C. pH 7.65, pO2 89, PCO2 32, HCO3 18, O2 sat 90%, BE 0
   D. pH 7.5, pO2 75, PCO2 30, HCO3 35, O2 sat 50%, BE 0

18. What 3 signs are evaluated by the Glasgow Coma Scale?
   A. Eyes open, posture and respiratory rate
   B. Motor response, verbal response and eyes open
   C. Mental status, vital signs and motor response
   D. Verbal response, vital signs and motor response

19. A nurse assesses a patient who has just received morphine sulfate. The patient's blood pressure is 90/50 mmHg, pulse 58 bpm, respiratory rate 4 bpm. What drug should the nurse prepare to administer?
   A. Flumazenil (Romazicon)
   B. Naloxone Hydrochloride (Narcan)
   C. Doxacurium (Nuromax)
   D. Remifentanil (Ultiva)

20. The most reliable measure of a patient's pain is:
   A. Vital signs
   B. Nonverbal behaviors
   C. Actual amount of tissue damage
   D. Patient self reporting

21. What are the signs of IV infiltration?
   A. Swelling, blanching and coolness of skin
   B. Absence of blood return in IV catheters
   C. Flushed skin
   D. A and B

22. The only solution that is compatible with blood is:
   A. D5 1/2 NS
   B. D5W
   C. 0.9% Saline
   D. Ringers Lactate

23. An example of a task that could be appropriately delegated to a CNA by an RN would be:
   A. Assessing lung sounds
   B. Teaching insulin injections
   C. Obtaining a urine specimen
   D. Planning for home health nurse visits
24. Pressure ulcers are one of the most common complications in the hospitalized patient primarily due to:
   A. Unrelieved pressure
   B. Friction and shearing
   C. Immobility
   D. All of the above

25. Which of the following are appropriate patient education instructions for the patient taking medication sublingually?
   A. Drink a full glass of water after swallowing it
   B. Rinse your mouth with medication, but do not swallow it
   C. Chew the medication thoroughly before swallowing it
   D. Hold the medication under your tongue until it is dissolved

26. The most DANGEROUS side effect of morphine sulfate is:
   A. Ability to disorient patients
   B. Ability to induce sleep
   C. Effect on inducing seizures
   D. Depressing effect on the respiratory center

27. Patients with heart failure are prone to Atrial Fibrillation. During the physical assessment, a nurse would suspect A-Fib when palpation of the radial pulse reveals:
   A. 2 regular beats followed by one irregular beat
   B. An irregular pulse rhythm
   C. A weak, thready pulse
   D. A pulse below 60 bpm

28. A nurse is admitting a 69-year-old man to the telemetry unit. The patient has a history of left ventricular enlargement. During the assessment, the nurse notes +3 pitting edema of the ankles bilaterally. The patient does not have chest pain. The nurse observes that the patient has dyspnea at rest. The nurse infers that the patient may have:
   A. Arteriosclerosis
   B. CHF
   C. Chronic Bronchitis
   D. Acute MI

29. Essential Hypertension would be diagnosed in a 40-year-old man whose BP readings were consistently at or above which of the following?
   A. 120/80
   B. 80/40
   C. 140/90
   D. 180/90

30. A 74-year-old woman is admitted to the telemetry unit for placement of a permanent pacemaker for sinus bradycardia. A priority goal for the patient within 24 hours after insertion of a permanent pacemaker would be to:
   A. Maintain skin integrity
   B. Maintain cardiac conduction stability
   C. Decrease cardiac output
   D. Increase activity level
31. The nurse teaches a patient with angina about the common side effects of nitroglycerin, which would include:
   A. Headache
   B. High blood pressure
   C. Shortness of breath
   D. Stomach cramps

32. The physician orders a heparin drip to infuse at 900 units/hr. Your IV has 25,000 units of heparin in 250 mls D5W. How many mls/hr will you set the pump for?
   A. 9
   B. 12
   C. 17
   D. 20

33. The antihypertensive Tenormin (Atenolol) 50 mg daily, has been previously ordered for a patient. Today, the physician increased the order to 100 mg daily. Which is the most appropriate action for the nurse before administering this medication?
   A. Monitor the patient's PT/PTT
   B. Monitor the I/C
   C. Monitor the serum creatinine
   D. Monitor the blood pressure

34. During administration of Heparin via IV drip, which of the following labs may be ordered as frequently as q6 hours?
   A. H/H
   B. Partial thromboplastin time (PTT)
   C. Serum fibrinogen
   D. Sedimentation rate

35. Name the following rhythm.

A. Asystole
B. Sinus Bradycardia
C. Third degree heart block
D. Normal Sinus Rhythm

36. A 64-year-old male is admitted to the tele unit with unstable angina. He is actively having chest pain and you have just given him the 3rd NTG 0.04 mg tab SL. He has a Hепlock and O2 @ 4 L/min per NC. Which of the following would be the most appropriate action?
   A. Administer ativan for his nurse and give another SL NTG
   B. Give Morphine Sulfate 2-4 mg IV and notify the physician if pain is not relieved in 3-5 min
   C. Provide quiet room and monitor
   D. Do nothing; this is the expected symptoms associated with this diagnosis

37. Your patient has a change in their rhythm; what will be your next nursing intervention?
   A. Document rhythm change in notes and place a strip on chart
   B. Notify the charge nurse and physician
   C. Send an unlicensed, assistive personnel to check patient
   D. Assess patient's pulse, BP, and any symptoms patient may be having
38. Identify the following rhythm:

![ECG Image]

A. Sinus rhythm  
B. Sinus rhythm with ST elevation  
C. 3rd degree block  
D. SVT

39. Identify the following rhythm:

![ECG Image]

A. First degree heart block  
B. Second degree heart block Type I (Wenckebach)  
C. Second degree heart block Type II  
D. Third degree heart block

40. A classic EKG change in myocardial infarction is:

A. Inverted Q wave  
B. ST segment elevation  
C. Frequent PVC's  
D. Prolonged P-R interval

41. Identify the following rhythm:

![ECG Image]

A. First degree heart block  
B. Second degree heart block Type I (Wenckebach)  
C. Second degree heart block Type II  
D. Third degree heart block

42. Identify the following rhythm:

![ECG Image]

A. V-tach  
B. Sinus rhythm with elevated ST segment  
C. 1st degree heart block  
D. Ventricular fibrillation
43. The treatment of choice for Torsade de Pointes is which of the following?
   A. Digoxin
   B. Potassium Chloride
   C. Epinephrine
   D. Magnesium Sulfate

44. Identify the following rhythm.

![ECG strip]

   A. Normal sinus rhythm
   B. Sinus bradycardia
   C. 2nd degree heart block
   D. Paced rhythm

45. Identify the following rhythm:

![ECG strip]

   A. Normal sinus rhythm
   B. Atrial flutter
   C. Dual chamber paced
   D. V-fib

46. Identify the following rhythm:

![ECG strip]

   A. Sinus arrhythmia
   B. Normal sinus rhythm
   C. Sinus tachycardia
   D. SVT

47. Identify the following rhythm:

![ECG strip]

   A. Ventricular Paced Rhythm
   B. Sinus Bradycardia
   C. Idoventricular Rhythm
   D. Junctional Rhythm
48. Identify the following rhythm:

A. Atrial Fibrillation with Rapid Ventricular Rate
B. Supraventricular Tachycardia
C. Ventricular Tachycardia
D. Sinus Tachycardia

49. Identify the following rhythm:

A. Complete (Third Degree) Heart Block
B. Second Degree Heart Block, Type 1
C. Second Degree Heart Block, Type 2
D. Sinus Bradycardia

50. Identify the following rhythm:

A. Torsade De Pointes
B. Ventricular Fibrillation
C. Ventricular Tachycardia
D. Pulseless Electrical Activity

51. Identify the following rhythm:

A. Sinus Bradycardia
B. Second Degree Heart Block, Type 2
C. Complete Heart Block (Third Degree)
D. Sinus Rhythm with First Degree AV Block
52. Identify the following rhythm:

A. Sinus Arrhythmia  
B. Normal Sinus Rhythm  
C. Second Degree Heart Block, Type 1  
D. Sinus Bradycardia

53. Identify the following rhythm:

A. Normal Sinus Rhythm  
B. Idioventricular Rhythm  
C. Atrial Fibrillation  
D. Accelerated Junctional