Adult Nursing

CREDIT HOURS: 8
LEVEL: UPPER

EXAM CODE: 554
CATALOG NUMBER: NURx310

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www.excelsior.edu/contentguides
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Before You Choose This UExcel Exam

Uses for the Examination

• Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. However, the exam is not applicable toward a nursing degree at Excelsior College.

• Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.

• Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable grade.

Exam-takers who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Exam-takers not enrolled in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

Examination Length and Scoring

The examination consists of approximately 130 questions, most of which are multiple choice; for samples of all the item types on this exam, see the sample items in the back of this guide. Some items are unscored, pretest items. The pretest items are embedded throughout the exam and are indistinguishable from the scored items. You will have three (3) hours to complete the examination. Your score will be reported as a letter grade.

UExcel Exam Resources

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online, at:
www.excelsior.edu/bookstore

UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. Once you register for your UExcel exam, you are eligible to purchase the corresponding practice exam, which can be taken using any computer with a supported Web browser. Each practice exam includes two forms that you may take within a 180-day period.

Excelsior College Library

Enrolled Excelsior College students can access millions of authoritative resources online through the Excelsior College Library. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference
services, and many other resources. Special library pages relate to the nursing degree exams and other selected exams. To access it, visit www.excelsior.edu/library (login is required).

Our library provides:

- 24/7 availability
- The world’s most current authoritative resources
- Help and support from staff librarians

**Online Tutoring**

Excelsior College offers online tutoring through SMARTTHINKING™ to connect with tutors who have been trained in a variety of academic subjects. To access SMARTTHINKING, go to www.excelsior.edu/smarthinking. Once there, you may download a copy of the SMARTTHINKING Student Handbook as a PDF.

**MyExcelsior Community**

MyExcelsior Community enables Excelsior College students and alumni to interact with their peers online. As members, students can participate in real-time chat groups, join online study groups, buy and sell used textbooks, and share Internet resources. Enrolled students have automatic access from their MyExcelsior page. Visit www.excelsior.edu/myexcelsiorcommunity.

**Preparing for UExcel Exams**

**How Long Will It Take Me to Study?**

A UExcel exam enables you to show that you’ve learned material comparable to one or more 15-week, college-level courses. As an independent learner, you should study and review as much as you would for a college course. For a three-credit course in a subject they don’t know, most students would be expected to study nine hours per week for 15 weeks, for a total of 135 hours.

**Study Tips**

Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be active learning:

- **preview or survey** each chapter
- **highlight or underline text** you believe is important
- **write questions or comments** in the margins
- **practice re-stating content** in your own words
- **relate what you are reading** to the chapter title, section headings, and other organizing elements of the textbook
- **find ways to engage** your eyes, your ears, and your muscles, as well as your brain, in your studies
- **study with a partner or a small group** (if you are an enrolled student, search for partners on MyExcelsior Community)
- **prepare your review notes** as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

**Using UExcel Practice Exams**

We recommend taking the first form of the practice exam when you begin studying, to see how much you already know. After taking the first practice exam, check your performance on each question and find out why your answer was right or wrong. This feedback will help you improve your knowledge of the subject and identify areas of weakness that you should address before taking the exam. Take the second form of the practice exam after you have finished studying. Analyze your results to identify the areas that you still need to review.

Although there is no guarantee, our research suggests that students who do well on the practice exams are more likely to pass the actual exam than those who do not do well (or do not take advantage of this opportunity).
About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College is not affiliated with any test preparation firm and does not endorse the products or services of these companies. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student's home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at www.excelsior.edu/testprep.

Preparing for This Exam

Prior Knowledge

A knowledge of concepts learned in an associate degree in nursing is assumed.

Using the Content Outline

Each content area in the outline includes (1) the recommended minimum hours of study to devote to that content area and (2) the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive. You may need to refer to other chapters in the recommended textbooks. Chapter numbers and titles may differ in other editions.

This content outline contains examples that illustrate the types of information you should study. Although these examples are numerous, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

Using the Sample Questions and Rationales

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.

Recommended Resources for the UExcel Exam in Adult Nursing

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 1 of this guide. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Recommended Resources

These textbooks were used by the examination development committee to verify all questions on the exam. These study materials may be purchased from the Excelsior College Bookstore. www.excelsior.edu/bookstore

This text covers general nursing concepts related to the adult client and nursing assessment and management of medical surgical problems. The nursing process is a major organizing theme. The text provides a brief review of anatomy and physiology before describing assessment and common diagnostic studies for each body system. The nursing role in management of diseases and disorders of body systems includes information related to health promotion and maintenance, acute intervention, and ambulatory and home care. Study aids include learning objectives and multiple choice review questions and answers, case studies with critical thinking challenges, and content related to nursing research issues.

OR


This comprehensive text is organized into sections. Charts and tables are used extensively to highlight key information. Each chapter focuses on the nursing process and concludes with critical thinking exercises and an extended list of references and bibliography. The appendix details diagnostic studies and their meaning.

### Reducing Textbook Costs

Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.

### Practice Exam

Available to purchase after registering for the exam.
Content Outline

**General Description of the Examination**

The UExcel Adult Nursing examination is based on material typically taught in an eight-credit, two-semester upper-level sequence of courses in medical-surgical nursing or adult nursing.

The examination measures knowledge and understanding of the health needs and nursing care of young, middle-aged, and older adults. More particularly, it measures knowledge and understanding of the physiological, developmental, psychological, social, cultural, and spiritual dimensions of health and illness in adults, as well as the ability to use the nursing process in a variety of settings to deliver health care to adults with actual or potential health problems.

Those beginning study for the exam should be familiar with concepts taught in an associate degree nursing program.

**Learning Outcomes**

After you have successfully worked your way through the recommended study materials, you should be able to demonstrate the following learning outcomes:

1. Apply common theories of adult development and behavior and recognize individual differences in adult health behaviors.
2. Identify the theoretical background, manifestations, and treatment patterns and modalities related to the stress response, and to pain, fluid and electrolyte imbalance, and shock.
3. Use the nursing process (assessment, analysis, planning, implementation, and evaluation) to provide appropriate care for adult medical-surgical patients whose dysfunctions affect the following systems: cardiovascular and hematologic; respiratory; urinary; reproductive; endocrine; gastrointestinal; sensory and neurological; musculoskeletal; immune and integumentary.
Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Adult Nursing examination, the percent of the examination, and the hours to devote to each content area are listed below.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Percent of the Examination</th>
<th>Hours of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Core Concepts</td>
<td>10%</td>
<td>36</td>
</tr>
<tr>
<td>II. Nursing Management of Clients with Cardiovascular System and Hematologic System Dysfunction</td>
<td>10%</td>
<td>36</td>
</tr>
<tr>
<td>III. Nursing Management of Clients with Respiratory System Dysfunction</td>
<td>10%</td>
<td>36</td>
</tr>
<tr>
<td>IV. Nursing Management of Clients with Urinary System Dysfunction</td>
<td>10%</td>
<td>36</td>
</tr>
<tr>
<td>V. Nursing Management of Clients with Reproductive System Dysfunction</td>
<td>10%</td>
<td>36</td>
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<tr>
<td>VI. Nursing Management of Clients with Endocrine System Dysfunction</td>
<td>10%</td>
<td>36</td>
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<tr>
<td>VII. Nursing Management of Clients with Gastrointestinal System Dysfunction</td>
<td>10%</td>
<td>36</td>
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<tr>
<td>VIII. Nursing Management of Clients with Sensory System and Neurological System Dysfunction</td>
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<td>36</td>
</tr>
<tr>
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<td>10%</td>
<td>36</td>
</tr>
<tr>
<td>X. Nursing Management of Clients with Immune System and Integumentary System Dysfunction</td>
<td>10%</td>
<td>36</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

NOTE: Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

I. Core Concepts

| Ch. 6, Individual and Family Homeostasis, Stress, and Adaptation |
| Ch. 11, Health Care of the Older Adult |
| Ch. 12, Pain Management |
| Ch. 14, Fluid and Electrolytes: Balance and Disturbance |
Ch. 15, Shock and Multiple Organ Dysfunction Syndrome
Ch. 21, Respiratory Care Modalities
Ch. 45, Gastrointestinal Intubation and Special Nutritional Modalities

Lewis (2014)
Ch. 4, Patient and Caregiver Teaching
Ch. 5, Chronic Illness and Older Adults
Ch. 8, Stress and Stress Management
Ch. 10, Pain
Ch. 17, Fluid, Electrolyte, and Acid-Base Imbalances
Ch. 40, Nursing Management: Nutritional Problems
Ch. 67, Nursing Management: Shock and Multiple Organ Dysfunction Syndrome
Ch. 68, Nursing Management: Respiratory Failure and Acute Respiratory Distress Syndrome

A. Theories about adulthood — E. Erikson, R.J. Havighurst, D.J. Levinson

B. Individual differences in health behaviors — physical, developmental, psychological, social, cultural, and spiritual dimensions of health and illness

C. Stress response
   1. Physiological response (for example: fight-or-flight response, neuroendocrine response)
   2. Psychological response (for example: anxiety, fear, panic)
   3. Patterns of coping and adaptation

D. Pain
   1. Theories of pain mechanism (for example: specificity theory, gate control theory)
   2. Types of pain (for example: superficial, deep, referred, phantom limb, acute, chronic)
   3. Treatment modalities (for example: medications, imagery, behavior modification, modes of medication administration)

E. Fluid and electrolyte imbalance
   1. Disturbances in homeostasis (for example: fluid overload and deficiencies, metabolic and respiratory acidosis and alkalosis, electrolyte disturbances)
   2. Manifestations (for example: hyperpnea, tetany, confusion, EKG changes)
   3. Treatment modalities (for example: fluid and electrolyte replacement therapy, medications, dietary modifications)

F. Shock
   1. Types — cardiogenic, hypovolemic, distributive
   2. Pathophysiology — compensatory, progressive, refractory
   3. Manifestations (for example: changes in renal function, acid base balance, perfusion, cardiac output, level of consciousness, fluid dynamics)
   4. Treatment modalities (for example: respiratory support, fluids, medications, hemodynamic monitoring, perfusion assistive devices)
   5. Complications (for example: adult respiratory distress syndrome [ARDS], disseminated intravascular coagulation [DIC], prerenal failure)

G. Technology management in the hospital and at home
   1. Respiratory support
   2. Parenteral therapy (for example: central line management, total parenteral nutrition, chemotherapy, vasoactive medication)
   3. Enteral feeding tubes (for example: gastrostomy, nasogastric, jejunostomy)
II. Nursing Management of Clients with Cardiovascular System and Hematologic System Dysfunction

10 PERCENT OF EXAM  |  36 HOURS OF STUDY

This area focuses on topics such as hypertension, ischemic heart disease, congestive heart failure, valvular disorders, thrombophlebitis, peripheral vascular disease, aneurysm, inflammatory and infective heart disease, dysrhythmias, anemias, and blood dyscrasias.

Hinkle

Unit 6, Cardiovascular, Circulatory, and Hematologic Function (Ch. 25–31)

Lewis

Section 6, Problems of Oxygenation: Transport (Ch. 30–31)

Section 7, Problems of Oxygenation: Perfusion (Ch. 32–38)

A. Assessment (for example: identifying cardiovascular risk factors, assessing physical and behavioral manifestations and responses, interpreting laboratory and diagnostic test results, monitoring dysrhythmias, assessing response to surgery and diagnostic procedures)

B. Analysis (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client’s problems, determining appropriate goals and outcome criteria)

C. Planning (for example: formulating specific strategies for decreased cardiac output, activity intolerance, anxiety, fluid volume excess, high risk for infection, impaired tissue integrity, self-esteem disturbance, altered comfort, altered tissue perfusion, and prevention of complications)

D. Implementation (for example: assisting with activities of daily living; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, and risk factor modification; supervising the administration of blood products; implementing the medical plan)

E. Evaluation (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client’s perception of the effectiveness of intervention; evaluating patterns of pain and response to pain therapy; evaluating response to diuretics, cardiotonics, antiarrhythmics, antihypertensives, chemotherapy, thrombolytic therapy, pacemakers, internal defibrillators, cardiac catheterization and related procedures, and surgery)

III. Nursing Management of Clients with Respiratory System Dysfunction

10 PERCENT OF EXAM  |  36 HOURS OF STUDY

This area focuses on topics such as asthma; inflammatory and infective respiratory diseases, such as pneumonia and tuberculosis; pneumothorax; chronic obstructive pulmonary disease; cor pulmonale; pulmonary embolism; acute respiratory failure; sleep apnea; and cancer of the larynx and lung.

Hinkle

Unit 5, Gas Exchange and Respiratory Function (Ch. 20–24)

Lewis

Section 5, Problems of Oxygenation: Ventilation (Ch. 26–29)

A. Assessment (for example: identifying respiratory risk factors; assessing physical and behavioral manifestations; interpreting laboratory and diagnostic test results, such as arterial blood gases and pulmonary function tests)

B. Analysis (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client’s problems, determining appropriate goals and outcome criteria)

C. Planning (for example: formulating specific strategies for ineffective airway clearance, ineffective breathing pattern, impaired gas exchange, altered lifestyle, anxiety, activity intolerance, and prevention of complications)
D. Implementation (for example: assisting with maintenance of adequate airway; assisting with activities of daily living; medication management; promoting effective coping strategies; teaching about self-care, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)

E. Evaluation (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client’s perception of the effectiveness of intervention; evaluating response to antibiotics, corticosteroids, bronchodilators, chest tubes, oxygen therapy, and surgery)

IV. Nursing Management of Clients with Urinary System Dysfunction

This area focuses on topics such as cystitis; pyelonephritis; obstructive uropathies, such as benign prostatic hyperplasia; renal calculi; acute and chronic renal failure; renal trauma; urinary incontinence; glomerulonephritis; and cancer of the bladder.

Hinkle

Unit 12, Kidney and Urinary Function (Ch. 53–55)

Lewis

Section 9, Problems of Urinary Function (Ch. 45–47)

A. Assessment (for example: identifying risk factors for urinary and renal dysfunction, assessing physical and behavioral manifestations, interpreting laboratory and diagnostic test results, assessing incontinence patterns)

B. Analysis (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client’s problems, determining appropriate goals and outcome criteria)

C. Planning (for example: formulating specific strategies for fluid and electrolyte imbalance, altered comfort, altered urinary elimination, body image disturbance, and prevention of complications)

D. Implementation (for example: assisting with management of urinary catheters and urinary diversion; assisting with activities of daily living; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)

E. Evaluation (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client’s perception of the effectiveness of intervention; evaluating response to antibiotics, antihypertensives, diuretics, dialysis, and surgery)

V. Nursing Management of Clients with Reproductive System Dysfunction

This area focuses on topics such as sexually transmitted diseases; pelvic inflammatory disease; endometriosis; premenstrual syndrome; perimenopausal problems; impotence; cancer of the ovaries, cervix, endometrium, and breast; and cancer of the testes and prostate.

Hinkle

Unit 13, Reproductive Function (Ch. 56–59)

Lewis

Ch. 51, Nursing Assessment: Reproductive System

Ch. 52, Nursing Management: Breast Disorders

Ch. 53, Nursing Management: Sexually Transmitted Diseases

Ch. 54, Nursing Management: Female Reproductive Problems

Ch. 55, Nursing Management: Male Reproductive Problems

A. Assessment (for example: identifying risk factors for reproductive system dysfunction, assessing for physical and behavioral manifestations, identifying high-risk behaviors for sexually transmitted diseases, interpreting laboratory and diagnostic test results)
VI. Nursing Management of Clients with Endocrine System Dysfunction

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<tr>
<th>10 PERCENT OF EXAM</th>
<th>36 HOURS OF STUDY</th>
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This area focuses on topics such as diabetes mellitus, thyroid dysfunction, parathyroid dysfunction, pituitary dysfunction, and adrenal dysfunction.

Hinkle

Unit 11, Metabolic and Endocrine Function
(Ch. 49–52)

Lewis

Ch. 48, Nursing Assessment: Endocrine System
Ch. 49, Nursing Management: Diabetes Mellitus
Ch. 50, Nursing Management: Endocrine Problems

A. Assessment (for example: identifying risk factors for endocrine system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)

B. Analysis (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client’s problems, determining appropriate outcome criteria)

C. Planning (for example: formulating specific strategies for self-esteem disturbance, body image disturbance, knowledge deficit, altered sexuality patterns, self-protection and protection of partners, altered comfort, and prevention of complications)

D. Implementation (for example: promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; promoting optimal sexual health; implementing the medical plan)

E. Evaluation (for example: evaluating response to intervention or therapy; appraising level of knowledge and adherence to self-monitoring practices; validating the client’s perception of the effectiveness of intervention; evaluating response to hormonal agents, antibiotics, chemotherapy, radiation therapy, and surgery)

VII. Nursing Management of Clients with Gastrointestinal System Dysfunction

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<tr>
<th>10 PERCENT OF EXAM</th>
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This area focuses on topics such as inflammatory and infective disorders of the gastrointestinal tract; constipation; eating and absorption disorders; obesity; bowel obstruction; hiatal hernia; ulcers; cholelithiasis; pancreatitis; cirrhosis; inflammatory bowel disease; hepatitis; abdominal trauma; and cancer of the mouth, esophagus, stomach, pancreas, liver, colon, and rectum.

Hinkle

Unit 10, Digestive and Gastrointestinal Function
(Ch. 44–48)

Lewis

Section 8, Problems of Ingestion, Digestion, Absorption, and Elimination (Ch. 39–44)

A. Assessment (for example: identifying risk factors for gastrointestinal system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
B. Analysis (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client’s problems, determining appropriate goals and outcome criteria)

C. Planning (for example: formulating specific strategies for preparation for diagnostic testing, altered comfort, fluid volume deficit, altered nutrition, altered bowel elimination, impaired skin integrity, knowledge deficit, self-esteem disturbance, and prevention of complications)

D. Implementation (for example: assisting with activities of daily living; helping clients manage ostomy care; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; providing nutritional support; implementing the medical plan)

E. Evaluation (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to anticholinergic agents, histamine receptor inhibitors, antacids, antiemetics, antidiarrheals, cathartics, enteral and parenteral nutrition, diagnostic or therapeutic endoscopic procedures, surgery)

VIII. Nursing Management of Clients with Sensory System and Neurological System Dysfunction

This area focuses on topics such as glaucoma, cataracts, retinal detachment, corneal disorders, inner ear dysfunction, Meniere’s disease, otosclerosis, headaches, cerebrovascular accident, intracranial aneurysms, degenerative neurological diseases, brain and spinal cord trauma, seizure disorders, Guillain-Barré syndrome, inflammatory neurological disease, Lyme disease, Parkinson’s disease, multiple sclerosis, Alzheimer’s disease, myasthenia gravis, and brain tumors.

Hinkle

Unit 15, Sensory Function (Ch. 63–64)

Unit 16, Neurologic Function (Ch. 65–70)

Lewis

Ch. 21, Nursing Assessment: Visual and Auditory Systems

Ch. 22, Nursing Management: Visual and Auditory Problems

Ch. 56, Nursing Assessment: Nervous System

Ch. 57, Nursing Management: Acute Intracranial Problems

Ch. 58, Nursing Management: Stroke

Ch. 59, Nursing Management: Chronic Neurologic Problems

Ch. 60, Nursing Management: Alzheimer’s Disease, Dementia, and Delirium

Ch. 61, Nursing Management: Peripheral Nerve and Spinal Cord Problems

A. Assessment (for example: identifying risk factors for sensory system and neurological system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)

B. Analysis (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client’s problems, determining appropriate goals and outcome criteria)
C. Planning (for example: formulating specific strategies for impaired physical mobility, visual and auditory impairment, self-esteem disturbance, risk for injury, impaired skin integrity, impaired swallowing, altered elimination, sensory/perceptual alteration, impaired verbal communication, altered thought processes, self-care deficit, and prevention of complications)

D. Implementation (for example: assisting with activities of daily living and rehabilitation; promoting effective coping strategies for client and family; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; helping client achieve optimal level of functioning; providing a safe environment; implementing the medical plan)

E. Evaluation (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client’s perception of the effectiveness of intervention; evaluating antispasmodics, anticholinergics, analgesics, anticholinesterase inhibitors, miotic agents, osmotic diuretics, corticosteroids, anticonvulsants, and surgery)

IX. Nursing Management of Clients with Musculoskeletal System Dysfunction

This area covers topics such as fractures, rheumatoid arthritis, osteoarthritis, osteomyelitis, osteoporosis, cervical and lumbar disc disease, carpal tunnel syndrome, amputations, osteogenic sarcoma, and metastatic lesions.

Hinkle
Unit 9, Musculoskeletal Function (Ch. 40–43)

Lewis
Ch. 62, Nursing Assessment: Musculoskeletal System
Ch. 63, Nursing Management: Musculoskeletal Trauma and Orthopedic Surgery
Ch. 64, Nursing Management: Musculoskeletal Problems
Ch. 65, Nursing Management: Arthritis and Connective Tissue Diseases

A. Assessment (for example: identifying risk factors for musculoskeletal system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)

B. Analysis (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client problems, determining appropriate goals and outcome criteria)

C. Planning (for example: formulating specific strategies for impaired physical mobility, risk for injury, risk for falls, knowledge deficit, altered lifestyle, body image disturbance, altered comfort, self-care deficit, sleep pattern disturbance, and prevention of complications)

D. Implementation (for example: assisting with activities of daily living and rehabilitation; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; helping with exercises, transfer techniques, cast care, prostheses, traction, supportive devices, and assistive devices for mobilization; implementing the medical plan)
X. Nursing Management of Clients with Immune System and Integumentary System Dysfunction

10 PERCENT OF EXAM | 36 HOURS OF STUDY

This area covers topics such as allergies; immunological deficiencies, such as acquired immunodeficiency syndrome (AIDS); systemic lupus erythematosus; tissue transplantation and rejection; inflammatory and infective dermatological disorders; burns; wounds and ulcers; and skin cancers.

Hinkle
   Unit 8, Immunologic Function (Ch. 35–39)
   Unit 14, Integumentary Function (Ch. 60–62)

Lewis
   Ch. 14, Genetics, Altered Immune Responses, and Transplantation
   Ch. 15, Infection
   Ch. 23, Nursing Assessment: Integumentary System
   Ch. 24, Nursing Management: Integumentary Problems
   Ch. 25, Nursing Management: Burns

A. Assessment (for example: identifying risk factors for immune system and integumentary system dysfunction, assessing for physical and behavioral manifestations, assessing wound characteristics, assessing stages of wound healing, interpreting laboratory and diagnostic test results)

B. Analysis (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client’s problems, determining appropriate goals and outcome criteria)

C. Planning (for example: formulating specific strategies for anxiety, ineffective breathing pattern, altered elimination, risk for infection, impaired tissue integrity, fluid volume deficit, knowledge deficit, anticipatory grieving, social isolation, impaired social interactions, body image disturbance, and prevention of complications)

D. Implementation (for example: assisting with activities of daily living; medication management; assisting with environmental control and avoidance of allergens; assisting with prevention of infection; assisting with therapeutic baths, soaks, and topical medications; promoting effective coping strategies; promoting optimal sexual health; teaching about self-care, self-monitoring techniques, and lifestyle changes; implementing the medical plan)

E. Evaluation (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client’s perception of the effectiveness of intervention; evaluating response to antihistamines, immunotherapy, antibiotics, immunosuppressants, skin care regimens, grafting, and reconstructive surgery)
Sample Questions

The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 19–23 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. Which finding indicates adequate fluid volume in a client with hypovolemic shock?
   1) urinary output of at least 0.5 ml/kg/hr
   2) urine pH greater than 7.5
   3) urine specific gravity of 1.090
   4) negative urine glucose

2. Which factor is likely to contribute to the development of diarrhea in a client on continuous tube feeding via jejunostomy?
   1) rapid rate of feeding
   2) excess water in feeding
   3) improper tube placement
   4) low-fiber formula

3. The nurse should suspect hypocalcemia when the client exhibits which signs?
   1) tingling of the fingers, muscle spasms, and tetany
   2) night blindness, tachycardia, and weakness
   3) pale mucous membranes, shortness of breath, and lethargy
   4) bleeding tendencies, thirst, and hypotension

4. Which abnormal heart sound in a client recovering from a myocardial infarction should lead the nurse to suspect the onset of heart failure?
   1) split S1
   2) gallop rhythm
   3) ejection click
   4) pericardial friction rub

5. Which finding in a client’s lower extremities should lead the nurse to suspect venous insufficiency?
   1) pallor
   2) tenderness to touch
   3) swollen joints
   4) leathery skin texture
6. The nurse assesses that a client with lung cancer is exhibiting prolonged bleeding at a venipuncture site. The nurse should suspect that the client is developing which complication?
   1) anemia  
   2) acute respiratory failure  
   3) metastasis to the lymph nodes  
   4) disseminated intravascular coagulation

7. The nurse teaches a client with venous insufficiency how to prevent the recurrence of venous stasis ulcers. Which client comment at the next clinic visit indicates an understanding of the nurse’s teaching?
   1) “Support hose with the same pressure gradient on the entire leg are the best kind for me.”
   2) “When I sit down, I try to alternate pressure by crossing and uncrossing my legs.”
   3) “I take walks often and go swimming at least three times a week.”
   4) “My support hose keep creeping down, so I hold them up with round garters.”

8. Which data indicate a possible pneumothorax in a client who has had a thoracentesis?
   1) diminished breath sounds and dyspnea  
   2) blood-tinged sputum and dullness on percussion  
   3) flail chest and crackles on auscultation  
   4) paradoxical chest movement and inspiratory stridor

9. A client receiving preoperative instructions about a total laryngectomy asks the nurse to explain esophageal speech. Which information should the nurse include?
   1) The client can start to learn esophageal speech immediately after the surgery.
   2) The client starts learning esophageal speech by practicing controlled belching.
   3) Esophageal speech is clearly understandable from the beginning.
   4) Esophageal speech is easy to learn and most clients are proficient by discharge.

10. The nurse teaches a client’s family how to administer oxygen to the client prior to nasotracheal suctioning. The nurse can conclude that the teaching was effective if a family member states which reason for giving oxygen first?
    1) It will decrease the discomfort of suctioning.
    2) It will make it easier to cough and get secretions out during the procedure.
    3) It will replace what is suctioned out when the tube is in the lungs.
    4) It will provide an extra supply so there is enough in the bloodstream during suctioning.

11. Which data should the nurse expect when taking a health history from a client diagnosed as having acute pyelonephritis?
    1) recent urethral catheterization  
    2) long-standing hypertension  
    3) chronic urinary tract infections  
    4) recent influenza

12. Which measure should the nurse implement when a client is experiencing respiratory difficulty during peritoneal dialysis?
    1) Slow the flow rate and elevate the head of the client’s bed.
    2) Maintain the client in a supine position and encourage coughing and deep breathing.
    3) Drain the fluid immediately and assess the client’s vital signs.
    4) Provide oxygen as needed and encourage the client to perform relaxation exercises.

13. The nurse teaches a client with acute renal failure about follow-up care. Which client statement indicates that the nurse’s teaching was successful?
    1) “I need to take antibiotics to avoid infections.”
    2) “I need to decrease my protein intake to protect my kidneys.”
    3) “I will have periodic laboratory tests to monitor my progress.”
    4) “I will drink at least one gallon of fluid per day.”
14. A female client who has a vaginal yeast infection complains of itching and burning of the vulva and perineum. What should the nurse suggest to the client to promote comfort?
   1) Apply antibiotic cream.
   2) Empty the bladder frequently.
   3) Wear cotton underwear.
   4) Douche every morning.

15. When assessing the nutritional status of a client with premenstrual syndrome, the nurse should ask the client about her intake of which of the following?
   1) supplemental fat-soluble and water-soluble vitamins
   2) natural diuretics, such as grapefruit
   3) foods high in protein and low in fat
   4) coffee, tea, and chocolate

16. The nurse is teaching a client who has had a vaginal hysterectomy. Which is a common complication that the client should know how to manage?
   1) difficulty in voiding
   2) loss of appetite
   3) gastrointestinal upset
   4) excessive fatigue

17. Which instruction should the nurse include in a discharge plan to prevent lymph edema in a client who has had a mastectomy?
   1) Sleep on the affected side or on your back for eight weeks.
   2) Measure arm circumference weekly at four inches above and four inches below the elbow.
   3) Use your hand, arm, and shoulder on the operative side to perform activities of daily living.
   4) Follow a diet low in sodium and take a diuretic every day.

18. Which is an appropriate short-term goal for a client with Cushing’s syndrome?
   The client will
   1) gain weight.
   2) restrict activity.
   3) allow others to assist with hygiene.
   4) avoid people with colds or the flu.

19. The nurse has begun discharge planning with an active adolescent client who has been newly diagnosed with diabetes requiring insulin therapy. Which concept should the nurse include in the teaching plan?
   1) The client should eat more food during periods of increased exercise.
   2) It is not necessary to monitor glucose levels before and after strenuous exercise.
   3) The client should choose the thigh site for insulin injections prior to exercise.
   4) The client should use a higher than usual dose of insulin before aerobic exercise.

20. Which finding indicates the effective maintenance of fluid balance in a client with diabetes insipidus?
   1) urinary output of 3–4 L/day
   2) urine specific gravity of 1.010
   3) pulse rate of 100–110
   4) blood pressure of 90/64

21. Which findings should the nurse expect when assessing a client with hyperthyroidism?
   1) lethargy and constipation
   2) dry scaly skin and cold extremities
   3) weight loss and increased appetite
   4) periorbital pallor and frequent blinking

22. What is the primary purpose of administering histamine antagonists to a client with gastritis?
   1) to neutralize gastric acids
   2) to inhibit acid production by the gastric mucosa
   3) to relieve pain caused by gastric inflammation
   4) to decrease inflammation of the gastric mucosa
23. Which strategy for dietary management should the nurse include in a home care plan for a client who has had a gastric resection?
   1) Maintain a fat-free diet for bowel regularity.
   2) Promote liberal intake of fluids with and between meals.
   3) Increase carbohydrate intake with meals.
   4) Serve six small high-protein meals per day.

24. The nurse has taught the family of a client with pancreatitis about home care related to total parenteral nutrition (TPN). Which activity by a family member indicates an understanding of how to prevent the most common complication of this therapy?
   1) washing the hands carefully
   2) testing for protein in the urine
   3) recording daily weights
   4) troubleshooting mechanical problems in the pump

25. A client is being discharged following a corneal transplant. The nurse should instruct the client and caregivers to report which early manifestation of graft rejection?
   1) blind spot in the visual field
   2) decrease in vision
   3) diplopia
   4) excess tearing in the eye

26. The nurse teaches a client with multiple sclerosis strategies to enhance bladder control. Which statement by the client indicates that the nurse’s teaching was effective?
   1) “I’ll reduce my fluid intake.”
   2) “I’ll take my antihistamine medication as scheduled.”
   3) “I’ll catheterize myself several times a day.”
   4) “I’ll eat a diet high in protein.”

27. Which action should the nurse take to prevent hip dislocation in a client who has had a total hip replacement?
   1) Turn the client to the affected side.
   2) Keep the client’s hip in abduction.
   3) Maintain hip flexion of the affected leg to less than 30˚.
   4) Use a two-person lift when getting the client out of bed.

28. The assessment of pallor, pulselessness, and paresthesia in the affected extremity of a client in skeletal traction should alert the nurse to which possible complication?
   1) fat embolus
   2) neurovascular damage
   3) osteomyelitis
   4) deep venous thrombosis

29. Which finding should the nurse expect in the health history of a female client diagnosed with osteoporosis?
   1) recent weight gain
   2) prolonged immobility
   3) taking an estrogen replacement
   4) increased calcium in the diet

30. The nurse is reviewing the results of laboratory tests for a client who has AIDS. Which finding should alert the nurse that the client is at risk for a serious opportunistic infection?
   1) negative polymerase chain reaction
   2) decreased amount of human immunodeficiency virus
   3) 2:1 ratio of T-helper cells to T-suppressor cells
   4) CD4+ lymphocyte count of 350–450 cells/µl

31. If a client who has had a renal transplant develops fever, elevated BUN level, hypertension, and graft tenderness, the nurse should suspect which complication?
   1) infection
   2) renal failure
   3) kidney rejection
   4) fluid overload
32. The nurse is teaching a client how to prevent the spread of pediculosis capitis to other family members. Which strategy would be the most effective?
   1) Wash the bedclothes daily.
   2) Use antibacterial soap and shampoo.
   3) Use topical corticosteroids to control pruritus.
   4) Do not share hats and scarves.

33. When providing emergent treatment for an open skin wound, the nurse should use which substance to clean the wound?
   1) warm tap water
   2) sterile isotonic solution
   3) half-strength hydrogen peroxide
   4) alcohol swabs
Rationales

1. (IF4)
   *1) Urinary output of at least .05 ml/kg/hr indicates adequate fluid volume.
   2) Urine pH is not related to fluid volume.
   3) Elevated urine specific gravity indicates fluid volume depletion.
   4) Normal negative urine glucose is not related to fluid volume.

2. (IG3)
   *1) Rapid rate of feeding can cause diarrhea due to distention and increased osmolarity.
   2) Excess water in feeding will decrease osmolarity, decrease diarrhea, and increase urinary output.
   3) Improper tube placement could lead to respiratory complications or vomiting.
   4) Low-fiber formula is more likely to lead to constipation.

3. (IE2)
   *1) Tingling of the fingers, muscle spasms, and tetany are indicative of decreased calcium. Calcium is needed for nerve transmission and muscle contraction.
   2) Night blindness, tachycardia, and weakness are not related to calcium deficit.
   3) Pale mucous membranes, shortness of breath, and lethargy are not related to calcium deficit.
   4) Bleeding tendencies, thirst, and hypotension are not related to calcium deficit.

4. (IIA)
   1) A split S1 is a rare finding and does not indicate congestive heart failure (CHF).
   *2) Gallop rhythm (presence of an S3) is indicative of fluid volume overload and CHF.
   3) An ejection click is indicative of valvular disease.
   4) A pericardial friction rub is indicative of pericarditis.

5. (IIA)
   1) Pallor is a symptom of an arterial obstruction, not of venous insufficiency.
   2) Tenderness to touch is not a symptom of venous insufficiency.
   3) Swollen joints are a symptom of inflammatory joint problems, not of venous insufficiency.
   *4) Leathery skin texture is typical of the chronic skin changes in venous insufficiency.

6. (IIB)
   1) Although prolonged bleeding may result in anemia, it is not a sign of anemia.
   2) Bleeding is not a sign of acute respiratory failure.
   3) Although lung cancer may metastasize to the lymph nodes, prolonged bleeding is not a sign of metastasis.
   *4) Disseminated intravascular coagulation with resultant clotting abnormalities is frequently secondary to malignancy.

*correct answer
7. (IIE)
1) Support hose with the same pressure gradient will not promote venous return.
2) Crossing the legs even for short periods of time decreases venous return and should be avoided.
*3) Exercise such as walking and swimming improves the effect of the skeletal muscle pump on venous return.
4) Round garters may seriously decrease venous return and should not be used.

8. (IIIA)
*1) Diminished breath sounds and dyspnea result from air in the pleural cavity and indicate a possible pneumothorax.
2) Air in the pleural cavity does not cause blood-tinged sputum; dullness on percussion is due to fluid in the chest cavity.
3) Flail chest occurs in an open chest; crackles result from delayed reopening of the small airways.
4) Paradoxical chest movement occurs with an open chest and inspiratory stridor is caused by airway obstruction.

9. (IIID)
1) The surgical site must be significantly healed before the speech therapist can help the client learn esophageal speech.
*2) Practicing controlled belching is the first step toward learning esophageal speech. Air is swallowed and trapped in the esophagus. When the trapped air is released in a controlled belch, the pharyngoesophageal segment vibrates and produces sound.
3) Due to the difficulty of controlling the sound produced, esophageal speech is usually difficult to understand.
4) Only about 10% of clients will develop fluent esophageal speech.

10. (IIIE)
1) Administering oxygen is not related to the comfort of suctioning.
2) Administering oxygen has no effect on the effort required to cough.
3) Administering oxygen before suctioning will not replace oxygen that is in the lungs.
*4) Administering oxygen before suctioning increases the amount of oxygen in the bloodstream. The client will be better able to tolerate the decrease in oxygen flow that occurs during suctioning.

11. (IVA)
1) Pyelonephritis is not related to bladder catheterization.
2) Pyelonephritis is not related to hypertension.
*3) Pyelonephritis is an infection of the kidney that most commonly is secondary to repeated bladder infections.
4) Pyelonephritis is most commonly bacterial, not viral.

12. (IVD)
*1) Slowing the infusion rate of the dialysate and raising the head of the bed allow the fluid to distend the lower abdomen. Taking pressure off the diaphragm provides more time for the client to become accustomed to the increased abdominal pressure.
2) Placing the client in a supine position would increase upward pressure and increase the respiratory difficulty.
3) Draining the fluid is an emergency measure taken only if the client was experiencing severe respiratory difficulty.
4) Providing oxygen and encouraging relaxation will not decrease pressure on the diaphragm, which is causing the respiratory difficulty.
13. (IVE)  
1) Prophylactic antibiotic therapy is not appropriate.  
2) Severe reduction in protein intake is not necessary and may cause catabolism of body proteins, especially if enough calories are provided.  
*3) Periodic laboratory tests are done to monitor recovery of renal function and to ensure appropriate further treatment.  
4) Drinking one gallon of water daily would severely tax the impaired kidneys’ ability to maintain water balance and would place the client at high risk for hypervolemia.

14. (VD)  
1) Antibiotic therapy is a risk factor for the development of yeast infections.  
2) Emptying the bladder will not affect a vaginal yeast infection.  
*3) Cotton underwear decreases the risk of developing specific vaginal infections by keeping the perineum cool and dry.  
4) Frequent douching is a risk factor for the development of vaginal infections.

15. (VA)  
1) Intake of supplemental vitamins may actually decrease premenstrual syndrome.  
2) Intake of natural diuretics may alleviate the premenstrual symptom of water retention.  
3) High-protein, low-fat diets have not been linked to symptoms of premenstrual syndrome.  
*4) Coffee, tea, and chocolate contain caffeine, which has been implicated in premenstrual syndrome.

16. (VD)  
*1) Difficulty in voiding is a common complication of a vaginal hysterectomy.  
2) Loss of appetite is not a common or expected complication.  
3) GI upset is not a common or expected complication.  
4) Excessive fatigue is not a common or expected complication.

17. (VC)  
1) Sleeping on the affected side promotes pooling of lymphatic fluid and should be avoided.  
2) Measuring arm circumference will monitor the development or progression of lymphedema but will not prevent its development.  
*3) Passive and active range of motion promotes lymphatic drainage and will help to prevent the development of lymphedema.  
4) Use of diuretics will not alter lymphatic drainage.

18. (VIB)  
1) The client is likely to have gained weight due to water retention and fat deposition. Weight loss or stabilization is a more appropriate goal.  
2) Activity restriction is not recommended as it can lead to further muscle wasting.  
3) The client should be encouraged to provide her own self-care needs. Moderate activity decreases the complications of immobility and helps improve self-esteem.  
*4) The client should avoid people with colds or the flu. High levels of circulating corticosteroids cause an immunosuppressive effect, placing the client at high risk for infection.

19. (VIC)  
*1) Exercise improves insulin utilization and glucose uptake by muscles; therefore, without additional glucose sources, the client may develop hypoglycemia. Eating extra food during periods of increased activity will provide the required glucose.  
2) It is very important for the client to monitor glucose levels before and after strenuous exercise, to maintain glucose levels in the optimal range.  
3) The client should avoid using the thigh for insulin injections prior to exercise because the increased muscle activity will increase the absorption rate of insulin.  
4) Increasing the insulin dose before exercise will cause more rapid depletion of the body’s glucose levels and may lead to hypoglycemia.

*correct answer
20. (VIE)
1) Urinary output of 3 - 4 L/day is excessive and may be indicative of fluid volume deficit.

*2) Urine specific gravity of 1.010 is normal and provides evidence that the kidneys are concentrating urine appropriately.

3) A pulse rate of 100 - 110 is a compensatory mechanism and may be the result of hypokalemia related to diabetes insipidus.

4) A blood pressure of 90/64 is low and may be the result of hypokalemia related to diabetes insipidus.

21. (VIA)
1) Lethargy and constipation are signs of hypothyroidism.

2) Dry, scaly skin and cold extremities are signs of hypothyroidism.

*3) Weight loss and increased appetite are signs of hyperthyroidism.

4) Periorbital pallor and frequent blinking are not associated with hyperthyroidism.

22. (VIIB)
1) Histamine antagonists do not neutralize gastric acid; they inhibit the secretion of gastric acid.

*2) The major action of histamine antagonists is inhibiting acid production by the gastric mucosa.

3) Histamine antagonists do not treat gastric inflammation.

4) See 3).

23. (VIID)
1) A fat-free diet will further limit absorption of fat-soluble vitamins and is not advised.

2) Fluids taken with meals can increase gastric distention and the “dumping” of hypertonic fluid into the intestine, initiating the symptoms of dumping syndrome.

3) Increased carbohydrate intake with meals can lead to postprandial hypoglycemia and is contraindicated.

*4) Serving six small high-protein meals daily decreases the volume of food that enters the intestine and decreases the risk of dumping syndrome, especially if meals are eaten without drinking fluids.

24. (VIIIE)
*1) Handwashing is the single most effective means of preventing infection, which is the most common complication of central lines and total parenteral nutrition (TPN).

2) Testing the urine for protein evaluates kidney function but does not prevent complications of TPN.

3) Recording daily weights helps to evaluate the effectiveness of TPN but does not prevent complications.

4) Troubleshooting mechanical problems in the pump does not prevent infection.

25. (VIIID)
1) A blind spot is not related to graft rejection.

*2) Decrease in vision is often the first sign of graft rejection.

3) Diplopia is not related to graft rejection.

4) Excessive tearing is not related to graft rejection.

26. (VIIIE)
1) Reducing fluid intake will not alter bladder control, but may increase constipation and risk of urinary tract infections due to stagnant urine in the bladder.

2) Antihistamines will not alter bladder control.

*3) Self-catheterization several times daily will ensure complete emptying of the bladder to prevent urinary retention and bladder atony in multiple sclerosis.

4) A high-protein diet will have no effect on bladder control.

*correct answer
27.(IXD)
1) The client should not lie on the affected side without the surgeon’s approval, generally several weeks after surgery.
*2) The affected hip must remain in an abducted position to prevent prosthesis dislocation.
3) Hip flexion should not be less than 45–60 degrees.
4) One person is needed to help the client protect the affected side when getting out of bed.

28.(IXA)
1) Fat emboli result in damage and symptoms to other organs, not to the affected extremity.
*2) Pallor, pulselessness, and paresthesia are signs of neurovascular damage.
3) Fever and increased white blood cells are signs of osteomyelitis.
4) Pain, swelling, and localized warmth are signs of deep vein thrombosis.

29.(IXA)
1) Recent weight gain is not associated with osteoporosis.
*2) Prolonged immobility is a risk factor for osteoporosis.
3) Estrogen replacement decreases the risk of osteoporosis.
4) High calcium intake decreases the risk of osteoporosis.

30.(XB)
1) A positive polymerase chain reaction indicates HIV activity.
2) Decreased amount of HIV indicates a decreased risk of opportunistic infection.
3) A 2:1 ratio of T-helper to T-suppressor cells is the normal healthy ratio and does not indicate risk for opportunistic infection.
*4) A CD4+ count below 500 places the body at risk for opportunistic infection.

31.(XB)
1) Hypertension and graft tenderness are not signs of infection.
2) Fever and graft tenderness are not signs of renal failure.
*3) Fever, elevated BUN, hypertension, and graft tenderness are indicators of renal graft rejection.
4) Fever and graft tenderness are not signs of fluid overload.

32.(XB)
1) Washing bedclothes daily will not affect the spread of pediculosis capitis to other family members.
2) Using antibiotic soap and shampoo will not affect pediculosis; a special shampoo containing pyrethrin or benzene hexachloride is needed.
3) Topical steroids may help the pruritus briefly but will not kill the pediculi or prevent their spread.
*4) The sharing of headgear (hats and scarves) is the prime means of spreading pediculosis. Headwear should never be shared with others.

33.(XD)
1) Warm tap water is not sterile and may introduce chemicals such as chlorine or bacteria. It is also hypotonic and may cause further damage to the wound.
*2) A sterile isotonic solution will promote washing away of debris or bacteria and will not further damage the tissue.
3) Half-strength hydrogen peroxide is too strong an oxidizing agent to use on an open wound.
4) Alcohol swabs are drying and may also further damage the tissue.
Section Five

Taking the Exam

Registering for Your Exam

Register Online

www.excelsior.edu/examregistration
Follow the instructions and pay by Visa, MasterCard, American Express, or Discover Card.

Examination Administration

Pearson VUE Testing Centers serve as the administrator for all Excelsior College computer-delivered exams. The Disability Services office at Excelsior College is responsible for considering requests for reasonable accommodations (exceptions for individual students with documented disabilities). If you are requesting an accommodation due to a disability, download and complete a Request for Accommodation form that can be accessed by visiting the Excelsior College website at www.excelsior.edu/disability-services.

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You will take the exam by computer, entering your answers using either the keyboard or the mouse. The system is designed to be as user-friendly as possible, even for those with little or no computer experience. On-screen instructions are similar to those you would see in a paper examination booklet.

We strongly encourage you to use the online tutorial before taking your exam at Pearson VUE Testing Centers. To access the tutorial, go to www.pearsonvue.com/ueexcel and click on the Pearson VUE Tutorial link on the right hand side of the page.

On the Day of Your Exam

On the Day of Your Exam

Remember to:

• dress comfortably: the computer will not mind that you're wearing your favorite relaxation outfit
• arrive at the test site rested and prepared to concentrate for an extended period
• allow sufficient time to travel, park, and locate the test center
• be prepared for possible variations in temperature at the test center due to weather changes or energy conservation measures
• bring your ID, but otherwise, don’t weigh yourself down with belongings that will have to be kept in a locker during the test.

Academic Honesty Nondisclosure Statement

• All test takers must agree to the terms of the Excelsior College Academic Honesty Policy before taking an examination. The agreement will be presented on screen at a Pearson Testing Center before the start of your exam.

• Once the test taker agrees to the terms of the Academic Honesty Nondisclosure Statement, the exam will begin.

If you choose not to accept the terms of the agreement

• your exam will be terminated
• you will be required to leave the testing center
• you will not be eligible for a refund. For more information, review the Student Policy Handbook at www.excelsior.edu/studentpolicyhandbook.

Student behavior is monitored during and after the exam. Electronic measures are used to monitor the security of test items and scan for illegal use of intellectual property. This monitoring includes surveillance of Internet chat rooms, websites, and other public forums.

Information About UExcel Exams for Colleges and Universities

A committee of teaching faculty and practicing professionals determines the learning outcomes to be tested on each exam. Excelsior College Center for Educational Measurement staff oversee the technical aspects of test construction in accordance with current professional standards. To promote fairness in testing, we take special care to ensure that the language used in the exams and related materials is consistent, professional, and user friendly. Editorial staff perform systematic quantitative and qualitative reviews to ensure accuracy, clarity, and compliance with conventions of bias-free language usage.

Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. However, the exam is not applicable toward a nursing degree at Excelsior College. See the exam listing on the back cover for baccalaureate-level exams that are part of the College program. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score.

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