

# 1<sup>ST</sup> NURSE REGISTRY

## ***Nursing Competency Test***

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **A. Coordinated Care**

1. The advanced directive in a patient chart is dated June 10, 1998. The patient's son gives the nurse a new power of attorney for Healthcare dated 2001 that is different from the June 10, 1998 advance directive. A nurse should:
  - a. follow neither until clarified by the nurse manager.
  - b. follow the 1998 version.
  - c. follow the 1998 version because the physician's "code" order is based on it.
  - d. follow the 2001 version.
  
2. The legal age for expressing one's wishes through an advance directive is:
  - a. 23 years.
  - b. 44 years.
  - c. retirement age.
  - d. 18 years
  
3. In acute care setting, who might expect the patient to be an advocate for her/him?
  - a. license nurse
  - b. physical therapist.
  - c. all members of the interdisciplinary team caring for the patient.
  - d. social worker.
  
4. The effect of managed care in the healthcare systems has been to:
  - a. decrease length of stay in hospitals.
  - b. support the increased use of new technology.
  - c. focus care strategies on outcomes of care provision.
  - d. all of the above.

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5. Your patient with schizophrenia would most likely be treated by which consultant?

- a. psychiatrist
- b. psychologist
- c. physiatrist
- d. doctor

### **B. Safety & Infection Control**

1. Acute Hyphema is associated with what type of injury?

- a. eye
- b. orthopedic
- c. prostrate tumor
- d. animal bite

2. The nurse discovers a waste basket fire in the room of a sleeping patient. What action should be taken?

- a. Report the fire
- b. Remove the patient.
- c. Check the patient for breathing and circulation.
- d. Extinguish the fire.

3. The nurse in an emergency situation tries to determine whether a client has an airway obstruction. Which of the following should the nurse assess?

- a. ability to speak.
- b. ability to hear.
- c. oxygen saturation.
- d. adventitious breath sounds.

4. All of the following are causes of vaginal bleeding except.

- a. placenta previa
- b. eclampsia
- c. uterine rupture
- d. abruptio placentae

5. The nurse is preparing to administer IV Vancomycin to the client. Which of the following nursing actions should be taken first?

- a. performing a physical assessment prior to administration
- b. ensuring the client is not allergic to the medication.
- c. reviewing peaks and troughs for the past few days.
- d. obtaining the most recent lab values regarding renal function.

**C. Health Promotion and Maintenance**

1. When observing elders with the swallowing disorders, which of the following signs and symptoms would indicate to the nurse that the client may have aspirated?
  - a. complaint of food caught in the back of the throat
  - b. fever of unknown origin
  - c. request for something to eat or drink.
  - d. lack of functional cough.
  
2. When caring for a dying elder, the nurse should recognize which of the following behaviors as regression?
  - a. acceptance
  - b. denial and projection
  - c. abstract thinking
  - d. full use of speech
  
3. When a client has oral cancer, which of the following medical treatments should the nurse expect to have the greatest negative impact on body image?
  - a. radiation
  - b. chemotherapy
  - c. biopsy and staging
  - d. radical neck dissection
  
4. A client has been taking Lasix to prevent congestive heart failure. What other intervention can the nurse discuss with the client concerning dietary modifications?
  - a. Maintain low sodium intake
  - b. Increase calcium intake.
  - c. Increase fiber intake.
  - d. Maintain low potassium intake.
  
5. While caring for a client with an HIV related illness, the nurse should use what type of precautionary measures?
  - a. standard precautions
  - b. gloves and gowns
  - c. gloves, gowns, and mask
  - d. no precautions.

### D. Psychological Integrity

1. A student nurse is caring for a 75 year old client who is very confused. The student's communication tools should include:
  - a. written directions for bathing.
  - b. speaking very loudly.
  - c. gentle touch while guiding ADL (activities of daily living)
  - d. flat facial expression.
  
2. Mary is a client on the acute care unit. The nurse notices as she talks with Mary that Mary is unable to make and maintain eye contact. She puts her head down and looks at the floor. The nurse's assessment of Mary is:
  - a. nonverbal communication
  - b. mental status
  - c. nursing diagnosis.
  - d. social skill.
  
3. The nurse is caring for a client who is dying of terminal cancer. While assessing the client for signs of impending death, the nurse should observe the client for:
  - a. elevated blood pressure.
  - b. Cheyne - Stokes respiration.
  - c. elevated pulse rate.
  - d. decreased temperature.
  
4. The nurse has informed the family of a terminally ill comatose client about the loss of various senses during imminent death. The nurse determines that the family understands the instructions when one of the family members says that it is believed that the last sense to leave the body is the sense of:
  - a. taste.
  - b. touch.
  - c. smell.
  - d. hearing.
  
5. The nurse assesses for which of the following mental disorders in a child who has experienced abused?
  - a. schizophrenia
  - b. bipolar disorder
  - c. paranoia
  - d. post-traumatic stress disorder

**E. Basic Care & Comfort**

1. The nurse should have the client use appropriate safety measures with care by:
  - a. placing the cane on the affected side.
  - b. placing the cane on the opposite affected side.
  - c. does not matter which side the cane is on.
  - d. choice of cane placement should be the choice of the client.
  
2. A client with major head trauma is receiving bolus enteral feeding. The most important nursing order for this patient is:
  - a. measure intake and output
  - b. check albumin level.
  - c. monitor glucose levels.
  - d. increase enteral feeding.
  
3. Physical examination of the patient regarding mobility should begin with.
  - a. gait.
  - b. oriented to time, place, and person.
  - c. Romberg test.
  - d. Tandem Walk test.
  
4. Pain is primarily a:
  - a. protective mechanism as well as a complex for biopsychosocial phenomenon.
  - b. an emotional response as a part of aging.
  - c. a single disorder with a single component of neuropathic symptoms.
  - d. an emotional response to a decrease intensity.
  
5. Pressure ulcers usually occur:
  - a. when patients are left in one position in bed for extended periods of time.
  - b. when the patient is "thin" (weight)
  - c. when the patient is "heavy" (weight)
  - d. always in both "thin" and "heavy" patients.