

ATI Cardiovascular Targeted Exam\\ ATI Cardiovascular Targeted Exam COMPREHENSIVE EXIT EXAM RETAKE 2023- 2024 WITH NGN QUESTIONS (ACTUAL EXAM)

A nurse is caring for a client who is being treated for heart failure and has a prescription for furosemide. The nurse should plan to monitor for which of the following as an adverse effect of this medication?

- Shortness of breath
- Lightheadedness
- Dry cough
- Metallic taste - ✓✓ANSWER✓✓>>Lightheadedness

Furosemide can cause a substantial drop in blood pressure, resulting in lightheadedness or dizziness.

A nurse is caring for a client who is receiving heparin therapy and develops hematuria. Which of the following actions should the nurse take if the client's aPTT is 96 seconds?

- Increase the heparin infusion flow rate by 2 mL/hr
- Continue to monitor the heparin infusion as prescribed
- Request a prothrombin time (PT)
- Stop the heparin infusion - ✓✓ANSWER✓✓>>Stop the heparin infusion.

The nurse should identify that the client's aPTT is above the critical value and the client is displaying manifestations of bleeding. Therefore, the nurse should discontinue the heparin infusion immediately and notify the provider to reduce the risk of client injury.

A nurse is caring for a client who is scheduled for a coronary artery bypass graft (CABG) in 2 hr. Which of the following client statements indicates a need for further clarification by the nurse?

- "My arthritis is really bothering me because I haven't taken my aspirin in a week."

- "My blood pressure shouldn't be high because I took my blood pressure medication this morning."

- "I took my warfarin last night according to my usual schedule."

- "I will check my blood sugar because I took a reduced dose of insulin this morning." -

✓✓ANSWER✓✓>>"I took my warfarin last night according to my usual schedule."

Clients who are scheduled for a CABG should not take anticoagulants, such as warfarin, for several days prior to the surgery to prevent excessive bleeding.

A nurse is caring for a client who was admitted for treatment of left-sided heart failure with intravenous loop diuretics and digitalis therapy. The client is experiencing weakness and an irregular heart rate. Which of the following actions should the nurse take first?

- Obtain client's current weight

- Review serum electrolyte values

- Determine the time of the last digoxin dose

- Check the client's urine output - ✓✓ANSWER✓✓>>Review serum electrolyte values.

Weakness and irregular heart rate indicate that the client is at the greatest risk for electrolyte imbalance, an adverse effect of loop diuretics. The first action the nurse should take is to review the client's electrolyte values, particularly the potassium level, because the client is at risk for dysrhythmias from hypokalemia.

A nurse is caring for a postoperative client 1 hr following an aortic aneurysm repair. Which of the following findings can indicate shock and should be reported to the provider?

- Serosanguineous drainage on dressing

- Severe pain with coughing

- Urine output of 20 mL/hr

- Increase in temperature from 36.8 C (98.2 F) to 37.5C (99.5 F) -

✓✓ANSWER✓✓>>Urine output of 20 mL/hr

Urine output less than 30 mL/hr is a manifestation of shock. Urine output is decreased due to a compensatory decreased blood flow to the kidneys, hypovolemia, or graft thrombosis or rupture.

A nurse is monitoring a client's ECG monitor and notes the client's rhythm has changed from normal sinus rhythm to supraventricular tachycardia. The nurse should prepare to assist with which of the following interventions?

- Delivery of a precordial thump

- Vagal stimulation

- Administration of atropine IV

- Defibrillation - ✓✓ANSWER✓✓>>Vagal stimulation.

The nurse should identify that vagal stimulation might temporarily convert the client's heart rate to normal sinus rhythm. The nurse should have a defibrillator and resuscitation equipment at the client's bedside because vagal stimulation can cause bradycardias, ventricular dysrhythmias, or asystole.

A nurse is planning a presentation for a group of clients who have hypertension. Which of the following lifestyle modifications should the nurse include? (select all that apply.)

- Limited alcohol intake
- Regular exercise program
- Decreased magnesium intake
- Reduced potassium intake
- Tobacco cessation - ✓✓ANSWER✓✓>>Limit alcohol intake.
Regular exercise program.
Tobacco cessation.

A nurse in an emergency department is caring for a client who had an anterior myocardial infarction. The client's history reveals she is 1 week postoperative following an open cholecystectomy. The nurse should recognize that which of the following interventions is contraindicated?

- Administering IV morphine sulfate
- Administering oxygen at 2 L/min via nasal cannula
- Helping the client to the bedside commode
- Assisting with thrombolytic therapy - ✓✓ANSWER✓✓>>Assisting with thrombolytic therapy

The nurse should recognize that major surgery within the previous 3 weeks is a contraindication for thrombolytic therapy.

A nurse in an emergency department is caring for a client who has a blood pressure of 254/139 mmHg. The nurse recognizes that the client is in a hypertensive crisis. Which of the following actions should the nurse take first?

- Initiate seizure precautions
- Tell the client to report vision changes
- Elevate the head of the client's bed
- Start a peripheral IV - ✓✓ANSWER✓✓>>Elevate the head of the client's bed.

The greatest risk to this client is organ injury due to severe hypertension. Therefore, the first action the nurse should take is to elevate the head of the client's bed to reduce blood pressure and promote oxygenation.

A nurse in an emergency room is assessing a client who has a bradycardia. Which of the following findings should the nurse monitor for?

- Confusion
- Friction rub
- Hypertension
- Dry skin - ✓✓ANSWER✓✓>>Confusion

Bradycardia can cause decreased systemic perfusion, which can lead to confusion.

A nurse is admitting a client who has a leg ulcer and a history of diabetes mellitus. The nurse should use which of the following focused assessments to help differentiate between an arterial ulcer and a venous stasis ulcer?

- Explore the client's family history of peripheral vascular disease
- Note the presence or absence of pain at the ulcer site
- Inquire about the presence or absence of claudication
- Ask if the client has had a recent infection - ✓✓ANSWER✓✓>>Inquire about the presence or absence of claudication

Clients who have arterial ulcers experience claudication, but those who have venous ulcers do not.

A nurse is assessing a client who has a history of deep-vein thrombosis and is receiving warfarin. The nurse should identify that which of the following findings indicates the medication is effective?

- Hemoglobin 14 g/dL
- Minimal bruising of extremities
- Decreased blood pressure
- INR 2.0 - ✓✓ANSWER✓✓>>INR 2.0

The nurse should identify that an INR of 2.0 is within the desired reference range of 2.0 to 3.0 for a client who has a deep-vein thrombosis and is receiving warfarin to reduce the risk of new clot formation and a stroke.

A nurse is assessing a client who has dilated cardiomyopathy. Which of the following findings should the nurse expect?

- Dyspnea on exertion
- Tracheal deviation
- Pericardial rub
- Weight loss - ✓✓ANSWER✓✓>>Dyspnea on exertion