

Healthcare NACE-I-FN

**Nursing Acceleration Challenge Exam I Foundations of
Nursing (NACE I FN)**

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Question: 1

An 83-year-old man is brought into the emergency room from a nursing home complaining of knee pain. The nurse notices that the man has several bruises on his back that he refuses to discuss with the nurse. After taking all of the necessary steps to address his knee complaint, what should the nurse's next step be?

- A. Notify the patient's family about the unexplained bruises.
- B. Contact the social services unit to report the unexplained bruises.
- C. Discuss the patient with her supervisor.
- D. Press the patient for more information.

Answer: B

Explanation:

When an elderly patient presents with unexplained bruises, especially if they are reluctant to discuss their origin, healthcare providers must consider the possibility of elder abuse. Elder abuse can manifest in various forms, including physical, emotional, or even financial harm. It's crucial that healthcare workers remain vigilant and proactive in identifying signs that might indicate abuse, as elderly individuals may be vulnerable due to their age, health status, or living conditions.

In the scenario described, the 83-year-old man's evasiveness about his bruises raises a red flag. As a nurse, one of the fundamental responsibilities is to advocate for the patient's health and safety. This advocacy includes ensuring that any signs of potential harm are thoroughly investigated.

The appropriate next step for the nurse in this situation is to contact the social services unit. This action is critical because social services are equipped with the expertise and legal authority to conduct a thorough investigation into the possibility of abuse. They can assess the patient's living conditions, health status, and overall safety in the nursing home or any other living arrangement.

While it may also be important to inform the patient's family, the attending physician, and the nursing supervisor about the observed bruises, these steps should follow the involvement of social services.

Informing the family and other medical professionals is crucial for transparency and collaborative care, but it does not substitute for the specialized investigation that social services can provide.

Furthermore, pressing the patient for more information might not yield truthful or complete answers, especially if the patient is fearful of potential repercussions from abusers. Therefore, involving professionals who are trained to handle sensitive situations like potential abuse is essential.

Ultimately, the nurse's immediate action to contact social services reflects a commitment to the patient's well-being and safety, adhering to the ethical duty to protect those who may not be able to protect themselves. This approach ensures that any suspicion of abuse is appropriately and sensitively handled, providing the patient with the best possible support and intervention.

Question: 2

A covered entity is required to obtain an individual's written authorization for any use and/or disclosure of PHI that is what?
check all answers that apply

- A. Not for treatment.
- B. For payment.
- C. Not for health care operation.
- D. For treatment.
- E. Not for payment.

Answer: A,C,E

Explanation:

Under the Privacy Rule, certain use or disclosure of PHI requires written authorization by the individual. This authorization is not needed for treatment, payment, or health care operations. The authorization must be written in specific terms.

Question: 3

The nurse wants to obtain a comprehensive medical history on a client. What is important for the nurse to do?

- A. Have a family member present
- B. Ask the hardest questions first
- C. Document events and dates in a chronologic order
- D. Ask the client about the family dynamics.

Answer: C

Explanation:

To ensure a comprehensive medical history is obtained, it is crucial for the nurse to incorporate several key practices during the assessment. Here is an expanded explanation of what the nurse should do:

****Document events and dates in chronological order:**** Documenting medical events and key health-related dates in chronological order is fundamental. This helps in understanding the progression of any illnesses or medical conditions over time. It provides a clear timeline of when specific symptoms appeared, when diagnoses were made, and when treatments were administered. This chronological mapping can reveal patterns or triggers that are crucial for future medical interventions and ongoing management of the client's health.

****Have a family member present:**** While not always necessary, having a family member present can be beneficial, especially if the client has difficulty remembering their medical history or is dealing with cognitive impairments. A family member can also provide additional insights into the family's medical history, which might be relevant for genetic conditions or hereditary diseases.

****Ask the hardest questions first:**** This approach can be strategic in some contexts, particularly if the client might become fatigued or uncomfortable during a lengthy interview. By addressing the most challenging questions early on, the nurse ensures that critical information is not overlooked or forgotten as the session progresses.

****Ask the client about family dynamics:**** Understanding family dynamics can provide additional context that may affect the client's health. For instance, stressors within the family, such as ongoing conflicts or caregiving responsibilities, can impact mental and physical health. Additionally, knowing the family dynamics helps in planning interventions that consider the client's support system. By integrating these practices, the nurse not only gathers a detailed and accurate medical history but also builds a rapport with the client, fostering a trusting and communicative healthcare relationship. This comprehensive approach ensures that all relevant factors are considered, leading to better management of the client's health.

Question: 4

The following statement is most likely the mission statement for which of the following?
National, state, and local partners in the field will be fully prepared to ensure that older Americans will live with dignity, integrity, independence, and without abuse, neglect, and exploitation.

- A. American Nurses Association.
- B. National Student Nurses' Association.
- C. National Center on Elder Abuse.
- D. Emergency Nursing Association.

Answer: C

Explanation:

The mission statement in question is strongly aligned with the goals and focus of an organization that is dedicated to the welfare and protection of older Americans. It emphasizes preparation and collaboration among national, state, and local partners to ensure that the elderly live with dignity, integrity, independence, and are protected against abuse, neglect, and exploitation. Given the options provided: 1. ****American Nurses Association**** – While this organization is involved in broader aspects of health care and advocacy for all age groups, including the elderly, its mission is not solely focused on elder abuse or exclusively on the elderly demographic. 2. ****National Center on Elder Abuse (NCEA)**** – This choice fits the statement perfectly. The NCEA specifically focuses on preventing the mistreatment of the elderly by providing resources, information, and fostering a national dialogue about how to act against abuse and neglect. Their efforts to ensure a dignified, abuse-free life for older Americans aligns closely with the mission statement. 3. ****National Student Nurses' Association**** – This organization primarily supports and mentors students in nursing; thus, its main focus is not specifically on elder abuse or elder care, although related topics might be covered within the broader educational scope. 4. ****Emergency Nursing Association**** – This association deals with the specialization within nursing that focuses on emergency care, which isn't specifically targeted towards elder abuse or exclusively the elderly demographic. Considering these descriptions, the ****National Center on Elder Abuse (NCEA)**** is the most likely organization behind the mission statement provided. The NCEA's commitment to the prevention of elder mistreatment and its proactive approach in educating and partnering with various stakeholders to protect older Americans underscores the essence of the mission statement. This alignment makes it the best match among the options presented.

Question: 5

A 66-year-old female is admitted for a myocardial infarction (MI). The nurse observes that the client has a low blood pressure, a weak pulse and her urine output has decreased. Which of the following indicates the most likely complication of (MI) for the client?

- A. cardiogenic shock
- B. pericardial effusion
- C. arrhythmia
- D. diaphoresis

Answer: A

Explanation:

The correct answer to the question regarding the most likely complication in a 66-year-old female admitted for a myocardial infarction (MI), who is exhibiting low blood pressure, a weak pulse, and decreased urine output, is cardiogenic shock.

Cardiogenic shock is a severe complication that can occur following a myocardial infarction. It happens when the heart is damaged to the extent that it can no longer supply sufficient blood to the organs of the body. This lack of adequate blood flow results in organ dysfunction and severe hypotension (low blood pressure).

The signs of cardiogenic shock include sustained low blood pressure despite intervention, a weak and rapid pulse indicating the heart's struggle to pump blood, and reduced urine output, which is a sign of decreased kidney perfusion. These symptoms arise because the heart's pumping capacity is compromised, leading to poor circulation and reduced delivery of oxygen and nutrients to the body's tissues.

Additional symptoms of cardiogenic shock can include rapid breathing, cold and clammy skin due to poor circulation, and altered mental status, such as confusion or loss of consciousness, which occur due to reduced blood flow to the brain.

The management of cardiogenic shock involves stabilizing the patient's hemodynamics with medications such as inotropes and vasopressors, which help to improve heart contractility and blood pressure. Other interventions might include mechanical support devices like intra-aortic balloon pumps or ventricular assist devices that aid in maintaining heart function and circulation. Prompt and effective treatment is crucial to improve outcomes, as cardiogenic shock can be fatal if not aggressively managed.

Other complications from myocardial infarction, such as pericardial effusion, arrhythmias, and diaphoresis (excessive sweating), are significant but present differently and usually have different primary treatments or implications. For instance, pericardial effusion involves fluid accumulation around the heart, arrhythmias involve irregular heartbeats, and diaphoresis is more of a symptom rather than a standalone complication. In the scenario described, the combination of symptoms strongly points towards cardiogenic shock as the most likely complication.

Question: 6

Which of the following procedures requires sedation?

- A. pulse oximetry
- B. bronchoscopy
- C. chest x-ray
- D. polysomnography

Answer: B

Explanation:

The question asks which among the listed procedures requires sedation. bronchoscopy. This procedure is indeed distinct from the others listed—pulse oximetry, chest x-ray, and polysomnography—in that it typically necessitates the use of sedation.

Bronchoscopy involves the examination of the airways and lungs using a bronchoscope, which is a flexible tube equipped with a light and camera. It's inserted through the nose or mouth and down the throat into the trachea and lungs. Because this can be uncomfortable and potentially distressing for the patient, sedation is commonly administered to relax the patient, minimize discomfort, and suppress the gag reflex, facilitating a smoother and more effective procedure.

In contrast, the other procedures listed do not usually require sedation. Pulse oximetry, for example, is a simple, non-invasive test that measures oxygen saturation levels in the blood using a sensor attached to the fingertip or earlobe. This procedure is painless and quick, hence sedation is not necessary.

Chest x-rays are another non-invasive diagnostic tool that uses minimal doses of radiation to create images of the structures inside the chest, including the heart, lungs, and bones. The procedure is quick, typically taking only a few minutes, and involves the patient standing still while the image is taken. There is no discomfort associated with the x-ray itself, thus sedation is not required.

Lastly, polysomnography, commonly known as a sleep study, monitors various body functions during sleep such as brain activity, eye movement, heart rate, and blood pressure. Although this study takes place over several hours during which the patient is sleeping, it is generally conducted in a comfortable setting designed to promote natural sleep, and sedation is not used as it would alter the natural sleep patterns and results of the study.

In summary, among the options provided, bronchoscopy is the only procedure that routinely requires sedation due to its invasive nature and the potential discomfort involved. The other procedures, being non-invasive and typically painless, do not necessitate the use of sedation.

Question: 7

A male client with arthritis is purchasing a pair of orthopedic shoes. The client should shop for orthopedic shoes

- A. during the morning
- B. during the evening
- C. at any time of the day
- D. only through an orthopedic surgeon's office

Answer: B

Explanation:

The correct answer to the question about when a male client with arthritis should shop for orthopedic shoes is "during the evening." This recommendation is based on the natural physiological changes in the body where an individual's feet typically swell towards the end of the day, especially in the evening.

Feet swelling can be more pronounced in individuals with certain medical conditions such as arthritis or those prone to edema. By shopping for shoes in the evening, when the feet are at their largest due to

swelling, the client ensures that the orthopedic shoes will fit comfortably throughout the day, regardless of any changes in foot size due to swelling.

Purchasing shoes that fit well when the feet are swollen helps in avoiding discomfort and potential injuries such as skin irritation or exacerbation of pain. This is particularly important for clients with arthritis, as poorly fitting shoes can increase joint stress and discomfort. Thus, buying shoes during the evening when the feet are most swollen can lead to better fitting footwear that accommodates the size fluctuations comfortably.

It is also beneficial to choose orthopedic shoes that offer good support and cushioning, as they are designed to provide relief from foot pain and improve mobility. In this regard, while the timing of the purchase is important, the quality and features of the orthopedic shoes also play a crucial role in ensuring optimal comfort and support for individuals dealing with foot-related conditions.

Question: 8

Two hours after delivery of a newborn, the client's fundus is boggy and has risen in the abdomen. The first action the nurse would take is what?

- A. massage the fundus until firm.
- B. express retained clots.
- C. increase the intravenous solution.
- D. call the physician.

Answer: A

Explanation:

When a nurse finds that a new mother's fundus (the upper part of the uterus) is boggy and has risen in the abdomen just two hours after childbirth, this situation typically indicates uterine atony, a condition where the uterus fails to contract effectively after delivery. Proper contraction of the uterus post-delivery is critical as it helps to control and prevent excessive bleeding. A boggy uterus is soft and lacks the necessary tone to compress the blood vessels at the site where the placenta was attached, hence increasing the risk of postpartum hemorrhage.

The first and immediate action to take in case of a boggy fundus is to massage the uterus until it firms up. This manual stimulation encourages the uterus to contract, helping to stop the bleeding by compressing the blood vessels. To perform uterine massage, the nurse should place a hand just above the pubic bone to support the lower uterus and use the other hand to gently but firmly massage the uterine fundus in a circular motion.

As the uterus contracts and becomes firmer, it will help reduce and control any bleeding. During the massage, the nurse should also monitor for the expulsion of any large blood clots, which could be blocking the cervix and preventing the uterus from contracting effectively. If large clots are present, they should be gently removed to allow the uterus to contract fully.

If the uterus does not respond to massage and remains boggy, or if the bleeding does not decrease, it is crucial to escalate the situation. The next steps may involve additional interventions such as administering medications to stimulate uterine contractions or increasing intravenous fluids to support blood pressure and circulation. It is at this point that the physician should be notified, as further medical or surgical interventions may be required to manage the situation effectively.

In summary, the immediate massage of the boggy fundus is a critical first step in managing a potential postpartum hemorrhage. This response not only aids in preventing severe blood loss but also stabilizes the patient's condition while preparing for any additional necessary medical interventions.

Question: 9

A client receives 20 mg of Buspar twice each day. After taking the first two doses, the client tells the nurse that the Buspar upsets her stomach. The nurse should instruct the client to do what?

- A. "take the medication an hour before bedtime."
- B. "take the medication with 8 ounces of grape fruit juice."
- C. "take the medication three hours after breakfast."
- D. "take the medication with food."

Answer: D

Explanation:

Buspar, also known as buspirone, is a medication commonly prescribed to treat anxiety. It works by affecting certain natural substances in the brain (neurotransmitters) to help manage symptoms of anxiety. Like many medications, Buspar can cause side effects, one of which includes gastrointestinal irritation such as nausea or an upset stomach.

When a client reports that taking Buspar results in an upset stomach, it is important for healthcare providers to offer practical advice to help mitigate this discomfort. The recommended strategy in this situation is to instruct the client to take Buspar with food. Eating food can help buffer the stomach lining and decrease the direct irritating effects of the medication on the stomach, thereby reducing nausea and discomfort.

Other suggestions, such as taking the medication with 8 ounces of grapefruit juice, or at specific times relative to sleep or meals (e.g., an hour before bedtime or three hours after breakfast), are less advisable. Grapefruit juice, in particular, can alter the metabolism of many medications, including Buspar, potentially leading to increased side effects or decreased effectiveness of the medication. Moreover, grapefruit juice is acidic, which could exacerbate stomach irritation when taken on an empty stomach.

Instructing the client to take the medication well after meals or before sleep without any food could also potentially increase stomach irritation as the medication would come into more direct contact with the stomach lining.

Therefore, the best advice for a client experiencing stomach upset from Buspar is to take the medication with food. This approach helps to minimize gastric irritation while ensuring the effectiveness of the medication is maintained. Ensuring a client's comfort and adherence to their medication regimen is crucial in the management of their condition.

Question: 10

To help a patient meet bowel elimination needs you might do all of the following EXCEPT:
check all answers that apply

- A. Encourage intake of 2000 to 3000 mL/day of fluid unless otherwise indicated.

- B. Encourage the maximum amount of physical activity.
- C. Discourage roughage in the diet.
- D. Provide adequate time for elimination.

Answer: C

Explanation:

You would want to encourage roughage in the diet in order to meet bowel elimination needs of the patient. You can encourage the patient to respond to the urge to defecate and provide access to call signal and toilet tissue with opportunity for handwashing after elimination.

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