

Hurst Readiness Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. What is the primary nursing intervention for a client taking vancomycin for MRSA infection?**
 - A. Provide food to take with medication**
 - B. Verify BUN and creatinine levels**
 - C. Administer an antiemetic before the drug**
 - D. Request placement of a PICC line**
- 2. What are the typical findings expected in a client with cirrhosis of the liver?**
 - A. Increased ALT and AST levels**
 - B. High serum albumin levels**
 - C. Low platelet count**
 - D. All of the above**
- 3. How should the nurse interpret the statement made by a client with schizophrenia, "My veins have turned to stone and my heart is solid!"?**
 - A. Depersonalization**
 - B. Echopraxia**
 - C. Neologism**
 - D. Concrete thinking**
- 4. A client displaying signs of confusion and motor control issues post-accident may indicate what complication?**
 - A. Meningitis.**
 - B. Transient ischemic attack.**
 - C. Subdural hematoma.**
 - D. Meniere's disease.**
- 5. Which statement by a client indicates a need for further instruction about crutch walking?**
 - A. "I will not alter the height of my crutches."**
 - B. "My body weight should be supported at the hand grips with my elbows flexed at 30 degrees."**
 - C. "When I rise from a chair, I should position my crutches on my unaffected side."**
 - D. "I will not lean on my crutches while standing."**

- 6. If a client shows signs of atrial flutter, which heart rate is expected?**
- A. Approximately 60 bpm**
 - B. About 80 bpm**
 - C. About 300 bpm**
 - D. Ranging from 100 to 200 bpm**
- 7. For a client with dysphagia, what is the most appropriate intervention during meals?**
- A. Encourage fast-paced eating to improve intake.**
 - B. Dissolve medications in water to aid swallowing.**
 - C. Feed the client while lying flat.**
 - D. Position the client upright with a slight chin tuck.**
- 8. Which intervention should the nurse initiate for a client after a liver biopsy?**
- A. Apply direct pressure to the site immediately**
 - B. Assess the puncture site every 15 minutes for 1 hour**
 - C. Position the client on the left side**
 - D. Keep the client NPO for 24 hours**
- 9. Which foot care guideline is appropriate for clients with reduced peripheral circulation?**
- A. Check shoes for rough spots in the lining**
 - B. Cover feet and between toes with creams**
 - C. File toenails in a curved shape**
 - D. Devote time to breaking in new shoes quickly**
- 10. What is the primary treatment focus for a client experiencing a severe infection?**
- A. Fluid balance**
 - B. Antibiotic therapy**
 - C. Pain management**
 - D. IV nutritional support**

Answers

SAMPLE

- 1. B**
- 2. A**
- 3. A**
- 4. C**
- 5. C**
- 6. C**
- 7. D**
- 8. A**
- 9. A**
- 10. B**

SAMPLE

Explanations

SAMPLE

1. What is the primary nursing intervention for a client taking vancomycin for MRSA infection?

- A. Provide food to take with medication**
- B. Verify BUN and creatinine levels**
- C. Administer an antiemetic before the drug**
- D. Request placement of a PICC line**

The primary nursing intervention for a client taking vancomycin for a MRSA infection is to verify BUN and creatinine levels. This is crucial because vancomycin is known to have potential nephrotoxic effects, which means it can adversely affect kidney function. Monitoring blood urea nitrogen (BUN) and creatinine helps assess renal function and ensures that the kidneys can safely process the medication. This intervention is particularly important because vancomycin is often used to treat serious infections, and maintaining the safety of the patient's renal health while on the medication is essential. If BUN and creatinine levels are elevated, it may indicate impaired kidney function, and the healthcare provider may need to adjust the dosage of vancomycin or consider alternative treatments. While the other options may also be relevant in specific contexts, they do not address the immediate and critical need to monitor kidney function in patients receiving vancomycin therapy, which is the primary concern. Providing food with medication is generally not crucial for vancomycin; administering an antiemetic may be beneficial if the patient experiences nausea but is not a primary intervention; and requesting placement of a PICC line, while pertinent for long-term treatment, does not pertain directly

2. What are the typical findings expected in a client with cirrhosis of the liver?

- A. Increased ALT and AST levels**
- B. High serum albumin levels**
- C. Low platelet count**
- D. All of the above**

In a client with cirrhosis of the liver, one of the hallmark findings is an increase in liver enzymes such as alanine aminotransferase (ALT) and aspartate aminotransferase (AST). These enzymes are released into the bloodstream when liver cells are damaged, which is common in cirrhosis due to the progressive scarring of the liver tissue. Conditions that cause liver damage, including cirrhosis, often result in elevated levels of these enzymes, making this a significant clinical finding. While high serum albumin levels indicate good liver function and nutritional status, cirrhosis typically leads to decreased albumin production due to liver dysfunction, resulting in lower serum albumin levels instead. Additionally, as cirrhosis progresses, the liver's capacity to produce various blood components, including platelets, diminishes due to portal hypertension and splenomegaly, which explains the commonly observed low platelet count in patients with cirrhosis. Therefore, recognizing these patterns is crucial in assessing the extent of liver damage and managing a patient diagnosed with cirrhosis.

3. How should the nurse interpret the statement made by a client with schizophrenia, "My veins have turned to stone and my heart is solid!"?

A. Depersonalization

B. Echopraxia

C. Neologism

D. Concrete thinking

The statement "My veins have turned to stone and my heart is solid!" reflects a distorted perception and a lack of connection to reality, which is indicative of depersonalization. In individuals with schizophrenia, depersonalization may manifest as feelings of detachment from their thoughts, body, or sense of identity. This particular phrase suggests that the client may be experiencing altered sensations or perceptions about their physiology and emotions, emphasizing a disconnection from a normal understanding of their own body and emotions. This statement isn't merely a creative expression or wordplay, which would be more closely associated with neologism, where a person invents new words or phrases that may not have a specific meaning to others. It also doesn't illustrate echopraxia, as that refers to the involuntary repetition or imitation of another person's actions, nor is it a clear example of concrete thinking, which is a cognitive style where individuals interpret information literally and rigidly. Instead, the client's vivid imagery and metaphorical language point to a significant alteration in their perception of self, aligning most directly with depersonalization.

4. A client displaying signs of confusion and motor control issues post-accident may indicate what complication?

A. Meningitis.

B. Transient ischemic attack.

C. Subdural hematoma.

D. Meniere's disease.

The indication of confusion and motor control issues in a client following an accident can strongly suggest a subdural hematoma. This condition involves the accumulation of blood between the brain's surface and its outer covering, typically as a result of trauma. When a person suffers an injury, especially to the head, the sudden movement of the brain can lead to blood vessel tearing and the subsequent bleeding. This accumulation of blood can create pressure on the brain, leading to symptoms such as confusion, impaired motor function, headaches, and potentially loss of consciousness. In the context of trauma and the type of symptoms presented, a subdural hematoma is a critical complication to consider, as these symptoms may develop gradually over time after the initial injury. Timely identification is essential for proper intervention, as untreated subdural hematomas can lead to severe neurological deficits or even death if the pressure on the brain becomes too great.

5. Which statement by a client indicates a need for further instruction about crutch walking?
- A. "I will not alter the height of my crutches."
 - B. "My body weight should be supported at the hand grips with my elbows flexed at 30 degrees."
 - C. "When I rise from a chair, I should position my crutches on my unaffected side."**
 - D. "I will not lean on my crutches while standing."

The statement indicating a need for further instruction about crutch walking is the one regarding the positioning of crutches when rising from a chair. The correct behavior involves placing the crutches on the affected side, not the unaffected side. This helps the individual maintain balance and support from the crutches as they rise. When using crutches, the correct positioning is crucial for safety and effective mobility. Placing the crutches on the unaffected side may lead to instability and could result in a fall. It is important for clients to be instructed properly on the use of crutches to ensure proper technique is followed, which enhances mobility and minimizes the risk of injury. The other statements reflect an understanding of proper crutch use. Maintaining the correct height of crutches is essential for safe movement, and supporting body weight at the hand grips with elbows flexed appropriately allows for better control and balance. Furthermore, the recommendation to avoid leaning on crutches while standing encourages correct posture and balance, which are crucial while using crutches to move.

6. If a client shows signs of atrial flutter, which heart rate is expected?
- A. Approximately 60 bpm
 - B. About 80 bpm
 - C. About 300 bpm**
 - D. Ranging from 100 to 200 bpm

In the case of atrial flutter, it is characterized by a rapid and regular atrial contraction, typically resulting in a heart rate that is often around 240 to 300 beats per minute for the atrial activity. While the ventricular rate can vary based on the conduction through the AV node, the hallmark of atrial flutter is this high atrial rate. The expected rate of about 300 bpm arises from the rapid "sawtooth" pattern of the atria, known as "F-waves," seen particularly in atrial flutter types such as type I (typical atrial flutter). This phenomenon is fundamentally different from bradycardia scenarios or rates lower than 100 bpm, which would not align with the typical presentation of atrial flutter. Therefore, identifying a heart rate that reflects approximately 300 bpm aligns with the nature of atrial flutter, making it the appropriate answer to this question.

7. For a client with dysphagia, what is the most appropriate intervention during meals?

- A. Encourage fast-paced eating to improve intake.**
- B. Dissolve medications in water to aid swallowing.**
- C. Feed the client while lying flat.**
- D. Position the client upright with a slight chin tuck.**

Positioning a client with dysphagia in an upright position with a slight chin tuck is crucial for ensuring safe swallowing. This position aids in optimizing the swallowing mechanism by aligning the throat and esophagus, thereby reducing the risk of aspiration. The slight chin tuck helps to close off the airway, which can protect the lungs from food or liquid entering inadvertently during the swallowing process. Proper positioning significantly enhances the client's ability to swallow safely while allowing better overall management of their condition. This approach not only supports the physiological aspects of swallowing but also promotes a more comfortable meal experience for the individual. In contrast, encouraging fast-paced eating can actually increase the risk of choking and aspiration, as it does not focus on safety. Dissolving medications in water may not be suitable for all medications and doesn't address the fundamental issues related to swallowing. Feeding a client while lying flat is counterproductive, as it increases the risk of aspiration due to gravity working against the natural swallowing reflex. Thus, the upright position with a slight chin tuck is the most appropriate intervention during meals for clients with dysphagia.

8. Which intervention should the nurse initiate for a client after a liver biopsy?

- A. Apply direct pressure to the site immediately**
- B. Assess the puncture site every 15 minutes for 1 hour**
- C. Position the client on the left side**
- D. Keep the client NPO for 24 hours**

After a liver biopsy, the priority intervention is to apply direct pressure to the biopsy site. This is crucial because the liver is a highly vascular organ, and there is a risk of bleeding after the procedure. By applying direct pressure to the site, the nurse helps to minimize bleeding and promote clot formation, which is vital for the patient's safety and recovery. While assessing the puncture site regularly is indeed important for monitoring for complications, it does not provide immediate intervention for potential bleeding. Positioning the client on the left side can help with some interventions post-biopsy, but it is not as critical as addressing the risk of bleeding directly. Keeping the patient NPO for an extended period after a liver biopsy is generally unnecessary unless there are other specific complications that warrant it. Thus, prioritizing direct pressure at the site is a key nursing action following this procedure.

9. Which foot care guideline is appropriate for clients with reduced peripheral circulation?

- A. Check shoes for rough spots in the lining**
- B. Cover feet and between toes with creams**
- C. File toenails in a curved shape**
- D. Devote time to breaking in new shoes quickly**

The guideline regarding checking shoes for rough spots in the lining is particularly important for clients with reduced peripheral circulation because these individuals are at a higher risk for foot injuries. Reduced peripheral circulation can lead to decreased sensation and impaired healing, making any rubbing or pressure points from shoes potentially dangerous. By ensuring that shoes are free from rough spots, clients can prevent blisters, sores, or other injuries that could escalate due to their compromised circulation. Keeping footwear well-fitted and comfortable is essential to maintain foot health in these clients, as they may not notice injuries as quickly as those with normal circulation. The other options may not provide the same level of protection. For example, while moisturizing is important for skin care, excessive cream between the toes can lead to moisture build-up, increasing the risk of fungal infections. Filing toenails in a curved shape could also lead to ingrown toenails, which are problematic for those with compromised circulation. Finally, breaking in new shoes too quickly can cause discomfort and injury, which needs to be avoided in this population.

10. What is the primary treatment focus for a client experiencing a severe infection?

- A. Fluid balance**
- B. Antibiotic therapy**
- C. Pain management**
- D. IV nutritional support**

The primary treatment focus for a client experiencing a severe infection is antibiotic therapy. This is because antibiotics are specifically designed to target and eliminate bacterial pathogens that cause infections, which is crucial in managing and resolving the condition. Initiating appropriate antibiotic treatment can help to reduce the severity of the infection, prevent complications, and improve the overall outcome for the patient. While fluid balance, pain management, and IV nutritional support are all important aspects of patient care in various contexts, they are not the central focus when addressing an acute severe infection. Fluid balance can be relevant in managing hydration and preventing sepsis-related complications, pain management may be necessary if the infection causes discomfort, and nutritional support might be important in a broader care plan, especially if the patient is unable to eat. However, they do not directly address the underlying cause of the infection in the same way that antibiotic therapy does.