

# *Nursing*

NLN-NACE  
*NACE I: Foundations of Nursing*



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## Question: 1

If a patient has been diagnosed with early osteoporosis, which of the following lifestyle changes may be most important?

- A. Weight loss
- B. High protein diet
- C. Smoking cessation
- D. Decreasing stress

**Answer: C**

Explanation:

If a patient has been diagnosed with early osteoporosis, the lifestyle change that may be most important is smoking cessation because smoking negatively impacts bone cells and leads to decreased bone density and increase risk of fractures. Treatment includes increased calcium and adequate vitamin D intake and regular exercise. Medications may include bisphosphonates.

## Question: 2

Which of the following is the first-line drug for the relief of discomfort associated with osteoarthritis?

- A. NSAIDS (ibuprofen, naproxen)
- B. Acetaminophen (Tylenol@)
- C. Selective COX-2 inhibitors (celecoxib)
- D. Corticosteroids (prednisone)

**Answer: B**

Explanation:

The first-line drug for the relief of discomfort associated with osteoarthritis is acetaminophen (Tylenol@), especially for patients who are at risk of GI bleeding. If pain is moderate to severe, then NSAIDs may be taken or acetaminophen and an NSAID combined. If the other drugs are not tolerated or are ineffective, selective COX-2 inhibitors (celecoxib) may be administered, but these drugs are associated with cardiovascular risk. Intraarticular injections (corticosteroid, hyaluronidase) may provide extended relief.

## Question: 3

When administering a tube feeding per a PEG tube, in what position should the nurse

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place the patient?

- A. Supine, flat
- B. Low Fowler's, 20°
- C. Semi-Fowler's, 45°
- D. High Fowler's, 90°

**Answer: C**

Explanation:

When administering a tube feeding per a PEG tube, the nurse should place the patient in Semi-Fowler's position at 45° in order to prevent aspiration. Feedings should be at room temperature because refrigerated foods/formula may cause stomach discomfort. The tubing should be flushed with 30 mL lukewarm (not hot) water before and after feedings, and feedings should be allowed to flow by gravity rather than push.

### Question: 4

If a stroke patient has difficulty dressing himself or carrying out activities of daily living, which of the following therapies is most indicated?

- A. Occupational therapy
- B. Physical therapy
- C. Recreational therapy
- D. Mindfulness therapy

**Answer: A**

Explanation:

If a stroke patient has difficulty dressing himself or carrying out activities of daily living, the therapy that is most indicated is occupational therapy. The occupational therapist can assess the patient's functional abilities and help the patient to compensate for areas of weakness and can suggest assistive devices, such as grabbers and elastic shoe laces, that can make the patient's life easier.

### Question: 5

If a patient with a spinal cord injury exhibits signs of autonomic dysreflexia, what position should the patient be placed in?

- A. Trendelenburg
- B. Flat
- C. Low Fowler's
- D. High Fowler's

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**Answer: D**

Explanation:

If a patient with a spinal cord injury exhibits signs of autonomic dysreflexia, the patient should be placed in high Fowlers to decrease blood pressure. Autonomic dysreflexia is a complication of central cord lesions at or above T6. Causes include urinary infection, bladder distention, kidney stones, fecal impaction, or other stressors, such as ingrown toenail, pressure ulcers, sunburns, sexual intercourse, or tight clothing. Symptoms include hypertension with increase of 20-40 mm Hg systolic blood pressure, vasoconstriction, pallor, piloerection below lesion, severe pounding headache, nasal congestion, restlessness, and apprehension.

### Question: 6

If a patient is hospitalized with kidney stones, what does the nurse anticipate doing?

- A. Maintaining contact precautions
- B. Limiting fluid intake
- C. Straining urine
- D. Catheterizing patient

**Answer: C**

Explanation:

If a patient is hospitalized with kidney stones, the nurse should anticipate straining the urine to tell when the patient passes a kidney stone and to have a stone available for laboratory examination to determine the type of kidney stone. Kidney stones may form when substances that prevent crystallization of urine are deficient and urine is concentrated. Concentrations of calcium oxalate, calcium phosphate, and uric acid promote precipitation and formation of stones (calculi). Stones may occur from the kidney to the bladder.

### Question: 7

Which of the following is generally the underlying cause of respiratory alkalosis?

- A. Hypoventilation
- B. Hyperventilation
- C. Elevated fever
- D. Dehydration

**Answer: B**

Explanation:

The underlying cause of respiratory alkalosis is generally hyperventilation. Thus, any condition that causes hyperventilation may result in respiratory alkalosis, which occurs when carbon dioxide levels in the blood decrease below normal resulting in the pH level of the blood

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increasing, causing the blood to become alkaline. Symptoms of respiratory alkalosis include dizziness, confusion, and numbness in the hands and feet.

### Question: 8

If a patient is prescribed short-term oxygen at 3 L per minute, what oxygen delivery device is most appropriate?

- A. Nasal cannula
- B. Face mask
- C. Oxygen conserving cannula
- D. Non-rebreather mask

**Answer: A**

Explanation:

If a patient is prescribed short-term oxygen at 3 L per minute, the oxygen delivery device that is most appropriate is a nasal cannula. The nasal cannula can be used with flow rates of 1-6 L/min for those patients needing low concentrations of oxygen. The patient is able to breathe through the mouth or nose and there is little discomfort if the nasal cannula is fitted properly. Humidification is generally unnecessary if the flow rate is less than 4 L/min.

### Question: 9

What hemoglobin A1c level is recommended by the American Diabetes Association for most patients with diabetes mellitus type 2?

- A. 5%
- B. 6%
- C. 7%
- D. 8%

**Answer: C**

Explanation:

The American Diabetic Association (ADA) recommends that most patients with diabetes mellitus type 2 maintain the A1c at 7% although the ADA suggests that some patients may target the A1c at 6.5% if they can do so without the therapy causing significant adverse effects or if they are younger and have an extended life expectancy. Additionally, if patients have a history of developing severe hypoglycemia and limited life expectancy or multiple chronic health problems, the recommended A1c may be 8%.

### Question: 10

What oxygen saturation level indicates hypoxemia?

- A. <96/%
- B. <94/%
- C. < 92/%
- D. <90/%

**Answer: D**

Explanation:

The oxygen level that indicates hypoxemia is below 90%. Symptoms associated with hypoxemia include dyspnea, restlessness, anxiety, headache, and confusion. Hypoxemia may be associated with cardiopulmonary disease, asthma, pneumonia, sleep apnea, and medications (such as narcotics, which depress respirations). Treatment for hypoxemia is the administration of oxygen. Normal oxygen saturation levels range from 96% to 100%. Exceptions to this threshold include COPD patients who can have an acceptable oxygenation saturation at 88%.

### Question: 11

If a patient who receives chemotherapy has severe side effects, but the medication is justified because it provides more good than it does harm, this supports which of the following ethical principles?

- A. Justice
- B. Beneficence
- C. No maleficence
- D. Veracity

**Answer: C**

Explanation:

If a patient who receives chemotherapy has severe side effects, but the medication is justified because it provides more good than it does harm. this supports the ethical principle of no maleficence. Healthcare providers are charged with not harming the patient, but many treatments have adverse effects that cause harm, so the good that the patient receives from the treatment must be balanced against these when determining whether a treatment is appropriate for a patient. For this reason, patients must always be advised of the pros and cons of treatments.

### Question: 12

Which of the following is a normal change associated with aging?

- A. Cognitive impairment
- B. Increased excretion of urine at night
- C. Anemia
- D. Heart disease

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<b>Answer: B</b>
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Explanation:

Increased excretion of fluids, such as urine, and electrolytes at night is a normal change associated with aging. For this reason, as people age, they tend to develop nocturia. Nephrons are lost with age (up to 40% by age 85) although the kidneys can still function fairly efficiently unless disease processes and medications impair the kidneys and increase the risk of kidney failure. The kidneys also lose some of the ability to regulate the concentration of urine, increasing the risk of dehydration.

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