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Question: 1

A client with diabetes mellitus visits a health care clinic. The client's diabetes mellitus previously had been well controlled with glyburide daily, but recently the fasting blood glucose level has been 180-200 mg/dL. Which medication, if added to the client's regimen, may have contributed to the hyperglycemia?

- A. Prednisone
- B. Atenolol
- C. Phenelzine
- D. Allopurinol

Answer: A

Question: 2

A nurse working in the emergency department is caring for a client following an acute chest trauma. a. Which of the following findings indicates to the nurse the client is possibly experiencing a tension pneumothorax?

- A. Collapsed neck veins on the affected side
- B. Collapsed neck veins on the unaffected side
- C. Tracheal deviation to the affected side
- D. Tracheal deviation to the unaffected side

Answer: D

Question: 3

A nurse is providing discharge teaching to a client who has diabetes insipidus and a new prescription for desmopressin nasal spray. Which of the following instructions should the nurse include in the teaching?

- A. "Depress the pump once before using the nasal spray for the first time."
- B. "Blow your nose gently prior to using the nasal spray."
- C. "Administer the nasal spray while in a side-lying position."
- D. "Instill the medication four times per day."

Answer: B

Question: 4

A nurse is caring for four clients. Which of the following clients is at greatest risk for pulmonary embolism?

- A. A client who is 48 hr postoperative following a total hip arthroplasty
- B. A client who is 8 hr postoperative following an open surgical appendectomy
- C. A client who is 2 hr postoperative following an open reduction external fixation of the right radius
- D. A client who is 4 hr postoperative following a laparoscopic cholecystectomy

Answer: A

Question: 5

A nurse is evaluating a client who is receiving IV fluids to treat isotonic dehydration. Which of the following lab findings indicates that the fluid therapy has been effective?

- A. BUN 26 mg/dL
- B. Serum sodium 138 mEq/L
- C. Hct 56%
- D. Urine specific gravity 1.035

Answer: B

Question: 6

A nurse in a provider's office is assessing a client who has COPD. Which of the following findings is the priority for the nurse to report to the provider?

- A. Increased anterior-posterior chest diameter
- B. Productive cough with green sputum
- C. Clubbing of the fingers
- D. Pursed-lip breathing with exertion

Answer: B

Question: 7

A nurse is assessing a client who has hyperkalemia

- a. Which of the following findings should the nurse expect?

- A. Decreased muscle strength
- B. Decreased gastric motility
- C. Increased heart rate
- D. Increased blood pressure

Answer: A

Question: 8

The nurse is monitoring a client who is taking propranolol. Which assessment finding indicates a potential adverse complication associated with this medication?

- A. The development of complaints of insomnia
- B. The development of audible expiratory wheezes
- C. A baseline BP of 150/80 mmHg followed by a BP of 138/73 mmHg after 2 doses of the medication
- D. A baseline resting heart rate of 88 bpm followed by a resting heart rate of 72 bpm after 2 doses of the medication

Answer: B

Question: 9

A client is admitted to a hospital with a diagnosis of DK

A. The initial blood glucose level is 950 mg/dL. A continuous IV infusion of short-acting insulin is initiated, along with IV rehydration with normal saline. The serum glucose level is now decreased to 240 mg/dL. The nurse would next prepare to administer which medication?

- A. An ampule of 50% dextrose
- B. NPH insulin subcutaneously
- C. IV fluids containing dextrose
- D. Phenytoin for the prevention of seizures

Answer: C

Question: 10

Glimepiride is prescribed for a client with diabetes mellitus. The nurse instructs the client that which food items are most acceptable to consume while taking this medication? (select all that apply)

- 1) Alcohol
- 2) Red meats
- 3) Whole-grain cereals
- 4) Low-calorie deserts
- 5) Carbonated beverages

A. 3. Diabetes mellitus

Terbutaline is a bronchodilator and is contraindicated in clients with hypersensitivity to sympathomimetics. It should be used with caution in clients with impaired cardiac function, diabetes mellitus, HTN, hyperparathyroidism, or a history of seizures. The medication may increase blood glucose levels

B. 2. Red meats

3. Whole-grain cereals

5. Carbonated beverages

When alcohol is combined with glimepiride, a disulfiram-like reaction may occur. This syndrome includes flushing, palpitations, and nausea. Alcohol can also potentiate the hypoglycemic effects of the medication. Clients need to be instructed to avoid alcohol consumption while taking this medication. Low-calorie deserts should also be avoided. Even though the calorie content may be low, carbohydrate content is most likely high and can affect the blood glucose. The items in options 2, 3, 5 are acceptable to consume

C. 2. Report yellow eyes or skin immediately

Isoniazid is hepatotoxic, and therefore the client is taught to report signs and symptoms of hepatitis immediately, which include yellow skin and sclera. For the same reason, alcohol should be avoided during therapy. The client should avoid intake of Swiss cheese, fish such as tuna, and foods containing tyramine because they may cause a reaction characterized by redness and itching of the skin, flushing, sweating, tachycardia, headache, or lightheadedness. The client can avoid developing peripheral neuritis by increasing the intake of pyridoxine (vitamin B12) during the course of isoniazid therapy

D. b. Serum sodium 138 mEq/L

Isotonic dehydration includes loss of water and electrolytes due to a decrease in oral intake of water and salt. A serum sodium level of 138 mEq/L is within the expected reference range and indicates that the fluid therapy has been effective.

A BUN of 26 mg/dL is above the expected reference range. An elevated BUN is an indication that the client is still dehydrated.

This Hct is above the expected reference range. An elevated Hct is an indication that the client is still dehydrated.

A urine specific gravity of 1.035 is above the expected reference range. An elevated urine specific gravity is an indication that the client is still dehydrated.

Answer: B

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