

MINISTRY OF PUBLIC HEALTH OF UKRAINE

**Department of human resources policy, education and science of MPH of
Ukraine
Testing Board**

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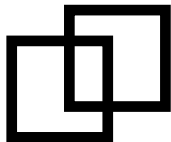
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Variant _____

Test items for licensing examination

Krok M

NURSING



General Instruction

Each of these numbered questions or unfinished statements in this chapter corresponds to answers or statements endings. Choose the answer (finished statements) that fits best and fill in the circle with the corresponding Latin letter on the answer sheet.

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The book includes test items for use at licensing integrated examination “Krok M. Nursing” and further use in teaching.

The book has been developed for students and academic staff of higher medical educational establishments, for teaching of nursing.

Approved by Ministry of Public Health of Ukraine as examination and teaching publication based on expert conclusions.

1. A pebble dropped into a pond causes ripples on the surface of the water. Which part of the nursing diagnosis is most directly related to this concept?

- A. Etiology
- B. Defining characteristics
- C. Outcome criteria
- D. Goal
- E. -

2. The patient asks the nurse, "Why do I have to use mouthwash if I brush my teeth?" The nurse's best response is, Mouthwash:

- A. Helps reduce offensive mouth odors
- B. Minimizes the formation of cavities
- C. Softens debris that accumulate in the mouth
- D. Destroys pathogens that are found in the oral cavity
- E. -

3. When providing morning care for a patient, the nurse identifies crusty debris around the patient's eyes. When cleaning the patient's eyes, the nurse should:

- A. Position the client on the same side as the eye to be cleaned
- B. Wear sterile gloves
- C. Use a tear-free baby soap
- D. Wash the eyes with a cotton ball from the outer canthus to the inner canthus
- E. -

4. The nurse is caring for a patient who is experiencing an increase in symptoms associated with multiple sclerosis. Which term best describes a recurrence of symptoms associated with a chronic disease?

- A. Exacerbation
- B. Adaptation
- C. Variance
- D. Remission
- E. -

5. A patient has dysphagia. Which common nursing action takes priority when feeding this patient?

- A. Checking the mouth for emptying between every bite
- B. Providing verbal cueing to swallow each bite
- C. Medicating for pain before providing meals
- D. Ensuring that dentures are in place
- E. -

6. Which time of day is of most concern for the nurse when trying to protect a patient

with dementia from injury?

- A. Night
- B. Evening
- C. Morning
- D. Afternoon
- E. -

7. The nurse is orienting a newly admitted patient to the hospital. It is most important for the nurse to teach the patient how to:

- A. Notify the nurse when help is needed
- B. Get out of the bed to use the bathroom
- C. Raise and lower the head and foot of the bed
- D. Use the telephone system to call family members
- E. -

8. The nurse must apply a hospital gown to a patient receiving an intravenous infusion in the forearm. The nurse should:

- A. Insert the IV bag and tubing through the sleeve from inside of the gown first
- B. Disconnect the IV at the insertion site, apply the gown, and then reconnect the IV
- C. Close the clamp on the IV tubing no more than 15 seconds while putting on the gown
- D. Don the gown on the arm without the IV, drape the gown over the other shoulder, and adjust the closure behind the neck
- E. -

9. Which is the first action the home care nurse should employ to prevent falls by an older adult living at home?

- A. Conduct a comprehensive risk assessment
- B. Encourage the patient to remove throw rugs in the home
- C. Suggest installation of adequate lighting throughout the home
- D. Discuss with the patient the expected changes of aging that place one at risk
- E. -

10. There are discharge criteria for patients in the Post-Anesthesia Care Unit regardless of the type of anesthesia used and additional criteria for specific types of anesthesia. The criterion specific for the patient who has received spinal anesthesia is:

- A. Motor and sensory function returns
- B. Nausea and vomiting are minimal
- C. Headache is considered tolerable
- D. Oxygen saturation reaches the presurgical baseline
- E. -

11. Cardiac development is fairly complete

by how many weeks of gestation?

- A. 8 weeks
- B. 4 weeks
- C. 12 weeks
- D. 16 weeks
- E. -

12. Adolescents most often lack which of the following types of immunity and need to be immunized because of the danger of acquiring this type of infection through sexual contact?

- A. Hepatitis B
- B. Chlamydia
- C. Hepatitis A
- D. Gonorrhea
- E. -

13. You are working on the medical unit at the hospital. A client says he may have been exposed to diphtheria. The client has a low-grade fever and some nasal discharge. In order to diagnose or rule out diphtheria in this client, the physician will order which of the following tests?

- A. Sputum culture
- B. Gastric analysis
- C. Nose and throat cultures
- D. Blood and stool cultures
- E. -

14. A preschooler is admitted to the pediatric unit with a febrile illness. The nurse is aware that acetylsalicylic acid should not be administered to a preschooler, because doing so may result in which of the following conditions?

- A. Renal insufficiency
- B. Reye's syndrome
- C. Raynaud's disease
- D. Hepatitis B
- E. -

15. A child recently received the diphtheria, tetanus, and pertussis (DTaP) immunization. Which of the following would represent a reaction that would be considered a contraindication to receiving the immunization again?

- A. Encephalopathy
- B. Upper respiratory infection
- C. Otitis media
- D. Emesis and diarrhea
- E. -

16. The nurse administering liquid medication to children would teach the caregivers to give the medicine at home using which of the following utensils?

- A. A kitchen tablespoon
- B. An ordinary teaspoon from the family kitchen
- C. Kitchen measuring spoons
- D. A calibrated medication spoon, dropper, or syringe
- E. -

17. Upon assessment, the nurse identifies that a pediatric client's blood pressure is 120/76 in the right arm and 92/60 in the right leg. Based upon the assessment findings, the nurse suspects which of the following conditions?

- A. Possible coarctation of the aorta
- B. A normal finding in the pediatric client
- C. Possible cardiac tamponade
- D. Possible systemic venous congestion
- E. -

18. The nurse is working with a mother who is breastfeeding her 2-month-old infant with blood-loss anemia. The blood loss has been stopped, and efforts are made to increase the infant's supply of iron. The nurse will advise the mother to:

- A. Give only mother's breast milk
- B. Feed formula with iron and iron-fortified cereal
- C. Feed half formula with iron and half breast milk
- D. Switch to a formula high in iron
- E. -

19. The nurse is assigned to work with a child who has a urinary tract infection. The child is having bladder spasms. Which of the following interventions would be best initially to try to relieve the bladder spasms?

- A. Warm, moist heat if it does not increase fever
- B. Pain medication
- C. Bladder massages
- D. Ice packs, provided they do not induce chills
- E. -

20. The family of a baby who has just had a surgical repair for esophageal atresia with tracheoesophageal fistula asks the nurse when the oral feedings will begin. The nurse's best response is that the feeding usually begins at which of the following times?

- A. About 8 to 10 days after surgery
- B. As soon as the anesthesia has worn off
- C. In 24 hours after surgery
- D. As soon as the child can tolerate clear water
- E. -

21. The nurse is talking with parents about the prevention of otitis media. Which of the following would the nurse identify as preventive measures?

- A.** Immunizations and breastfeeding
- B.** Daily vitamin and mineral supplement
- C.** Providing the child with adequate calories and a balanced diet
- D.** Side-lying position for sleep
- E.** -

22. An expectant woman, 40 years old, undergoes an amniocentesis to detect the presence of Down syndrome. The fetal chromosomes are arranged and photographed to facilitate diagnosis. The picture is called a:

- A.** Genotype
- B.** Phenotype
- C.** Chromosome type
- D.** All above
- E.** -

23. A nurse instructed a female client regarding self-examination of the external genitalia. Which of the statements made by the client will require further instruction? I will:

- A.** Use the examination to determine when I should get medications at the pharmacy for yeast infections
- B.** Perform this examination at least once a month especially if I change sexual partners or am sexually active
- C.** Become familiar with how my genitalia look and feel so that I will be able to detect changes
- D.** Wash my hands thoroughly before and after I examine myself
- E.** -

24. A 50-year-old woman asks the nurse practitioner about how often she should be assessed for the common health problems women of her age could experience. The nurse would recommend:

- A.** A fecal occult blood test annually
- B.** An endometrial biopsy every 3 to 4 years
- C.** A mammogram every other year
- D.** Bone mineral density testing annually
- E.** -

25. During an early bird prenatal class a nurse teaches a group of newly diagnosed pregnant women about their emotional reactions during pregnancy. Which of the following should the nurse discuss with the women?

- A.** A quiet period of introspection is often experienced around the time a woman feels her baby move for the first time
- B.** Sexual desire (libido) is decreased throughout pregnancy
- C.** A referral for counseling should be sought if a woman experiences conflicting feelings about her pregnancy especially in the first trimester
- D.** The need to seek safe passage and prepare for birth begins early in the second trimester
- E.** -

26. Which of the following methods of prepared childbirth advocate environmental modification?

- A.** Bradley method
- B.** Psychoprophylactic method
- C.** Lamaze method
- D.** Grantly Dick-Read method
- E.** -

27. The primary expected outcome of participation in childbirth preparation classes would be:

- A.** Enhanced ability to cope with pain and to remain in control
- B.** Pain-free childbirth
- C.** Family members present to observe the birth
- D.** No pharmacologic measures used for pain relief
- E.** -

28. Changes occur as a woman progresses through labor. Which of the following maternal adaptations would be expected during labor?

- A.** Slight increase in temperature, pulse, and respiration findings
- B.** Increase in both systolic and diastolic blood pressure during uterine contractions in the first stage of labor
- C.** Decrease in white blood cell count
- D.** Increase in gastric motility leading to vomiting especially during the latent and active phases of the first stage of labor
- E.** -

29. Duration of labor varies from woman to woman and is often influenced by a woman's obstetric history including parity. An expected duration for a nulliparous woman's stages of labor would be:

- A.** First stage of labor: up to 20 hours for full dilatation to be achieved
- B.** Second stage of labor: average of 20 minutes or less
- C.** Third stage of labor: 45 to 60 minutes
- D.** Fourth stage of labor: 6 to 8 hours
- E.** -

30. The use of ataractics can potentiate the action of analgesics. An ataractic the nurse could expect to give to a laboring woman would be:

- A.** Hydroxyzine (Vistaril)
- B.** Butorphanol tartrate (Stadol)
- C.** Fentanyl (Sublimaze)
- D.** Naloxone (Narcan)
- E.** -

31. A vaginal examination is performed on a multiparous woman who is in labor. The results of the examination were documented as: 4 cm, 75%, +2, LOT. An accurate interpretation of this data would be:

- A.** Presentation is vertex
- B.** Lie is transverse
- C.** Woman is in the latent phase of the first stage of labor
- D.** Station is 2 cm above the ischial spines
- E.** -

32. A mucousy baby is being left with the parents for the first time after delivery. Which of the following should the nurse teach the parents regarding use of the bulb syringe?

- A.** Dispose of the drainage in a tissue or a cloth
- B.** Suction the nostrils before suctioning the mouth
- C.** Make sure to suction the back of the throat
- D.** Insert the syringe before compressing the bulb
- E.** -

33. Why are hemoglobin levels in older adult clients generally lower than those of younger adults?

- A.** Many older adults have an iron-deficient diet
- B.** Red blood cells are more fragile and more easily broken in the older adult client
- C.** Older adults require less hemoglobin because they lead more sedentary life styles
- D.** Blood cell volume of older adults is decreased as a result of decreased total body water
- E.** -

34. Which hematologic problem would the

nurse expect the client with liver failure to have?

- A.** Prolonged bleeding after IM injections
- B.** Elevated blood pressure from hypercellularity
- C.** Increased formation of thromboses in deep veins
- D.** Spontaneous bleeding from the gums and mucous membranes
- E.** -

35. Which statement, made by the client who is taking warfarin (Coumadin) daily to prevent blood clots from forming in deep veins, indicates a need for further discussion regarding this therapy?

- A.** "I have been eating more salads and other green, leafy vegetables to prevent constipation."
- B.** "I have two pairs of antiembolic stockings so that one pair can be washed each day."
- C.** "Instead of a safety razor, I have been using an electric shaver to shave."
- D.** "On hot days, I make sure I drink at least two quarts of water."
- E.** -

36. The client is in atrial fibrillation following cardiac surgery. Which of the following assessment parameters should the nurse monitor for complications associated with this dysrhythmia?

- A.** Assess for shortness of breath
- B.** Measure urinary output
- C.** Assess pulse oximetry every hour
- D.** Measure blood pressure in the lying and sitting positions
- E.** -

37. A client is preparing to undergo an intravenous cholangiography. What instructions should be given to the client before the procedure?

- A.** "You will feel a warm or flushing sensation when the contrast medium is injected."
- B.** "The entire test will take less than 30 minutes."
- C.** "You may feel the urge to defecate during the procedure."
- D.** "The examination table will be tilted in several different positions to facilitate passage of the contrast medium."
- E.** -

38. Which is the priority assessment in the client experiencing regurgitation?

- A. Auscultation for crackles
- B. Inspection of the oral cavity
- C. Palpation of the cervical lymph nodes
- D. Culture of the throat for bacterial infection
- E. -

39. Which client response to Bernstein's test would confirm the diagnosis of esophagitis?

- A. The client reports heartburn during the test
- B. The client reports dysphagia during the test
- C. The client reports no symptoms during the test
- D. The client reports painful swallowing during the test
- E. -

40. In caring for a client with a rolling hernia, the nurse should be alert for which potential complication?

- A. Obstruction
- B. Reflux
- C. Vomiting
- D. Pneumonia
- E. -

41. Which of the following complications would the nurse expect to observe in the client with progressive dysphagia and a history of achalasia?

- A. Weight loss
- B. Pneumothorax
- C. Esophageal varices
- D. Aneurysm
- E. -

42. The nurse is working in the pediatric developmental clinic. Which of the children requires continued follow-up because of behaviors suspicious of cerebral palsy?

- A. A 6-month-old who always reaches for toys with the right hand
- B. A 1-month-old who demonstrates the startle reflex when a loud noise is heard
- C. A 14-month-old who has not begun to walk
- D. A 2-year-old who has not yet achieved bladder control during waking hours
- E. -

43. A 2-month-old infant is brought to the emergency room after experiencing a seizure. The nurse notes that the infant appears lethargic with very irregular respirations and periods of apnea. The parents report that the child is no longer interested in feeding and that, prior to the seizure, the infant rolled off the couch. What additional testing should the nurse immediately

prepare for?

- A. Computed tomography scan of the head and dilation of the eyes
- B. Computed tomography scan of the head and EEG
- C. Close monitoring of vital signs
- D. X-rays of all long bones
- E. -

44. An infant with CHF is receiving digoxin to enhance myocardial function. What should the nurse assess prior to administering the medication?

- A. Apical pulse rate
- B. Yellow sclera
- C. Cough
- D. Liver function test
- E. -

45. The nurse is caring for a child with sickle cell disease who is scheduled to have a splenectomy. What information should the nurse explain to the parents regarding the reason for a splenectomy?

- A. To prevent splenic sequestration
- B. To decrease potential for infection
- C. To prevent sickling of red blood cells
- D. To prevent sickle cell crisis
- E. -

46. Which of the following analgesics is most effective for a child with sickle cell pain crisis?

- A. Morphine
- B. Demerol
- C. Aspirin
- D. Excedrin
- E. -

47. Which of the following laboratory tests will be ordered for an infant whose parent is human immunodeficiency virus-positive in order to determine the presence of the human immunodeficiency virus antigen?

- A. p24 antigen assay
- B. CD4 cell count
- C. Western blot
- D. IgG levels
- E. -

48. The nurse is administering Prilosec to a 3-month-old with gastroesophageal reflux. The child's parents ask the nurse how the medication works. Select the nurse's best response.

- A.** "Prilosec decreases stomach acid, so it will not be as irritating when your child spits up."
- B.** "Prilosec is a proton pump inhibitor that is commonly used for reflux in infants."
- C.** "Prilosec helps food move through the stomach quicker, so there will be less chance for reflux."
- D.** "Prilosec relaxes the pressure of the lower esophageal sphincter."
- E.** -

49. The nurse is caring for an infant with biliary atresia who is scheduled for a Kasai procedure. Which of the following is an accurate description of this surgery?

- A.** A palliative procedure in which a bile duct is attached to a loop of bowel to assist with bile drainage
- B.** A curative procedure in which a connection is made between a bile duct and a loop of bowel to assist with bile drainage
- C.** A curative procedure in which a bile duct is banded to prevent bile leakage
- D.** A palliative procedure in which a bile duct is banded to prevent bile leakage
- E.** -

50. The school nurse notices that a 14-year-old who used to be an excellent student and very active in sports is losing weight and acting very nervous. The teen was recently checked by the primary care provider, who noted the teen had a very low level of TSH. The nurse recognizes that the teen has which condition?

- A.** Graves disease
- B.** Hashimoto thyroid disease
- C.** Hypothyroidism
- D.** Juvenile autoimmune thyroiditis
- E.** -

51. The nurse is instructing a family on the side effects of cortisone. What aspects of administering the medication should the nurse emphasize?

- A.** Taking the medication with food to decrease gastric irritation
- B.** Weight gain and dietary management
- C.** Bitterness of the taste of the medication
- D.** Excitability and sleepiness resulting from the medication
- E.** -

52. The nurse is caring for a 10-year-old post parathyroidectomy. Discharge teaching should include which of the following?

- A.** The importance of supplemental calcium in the diet
- B.** How to administer injectable growth hormone
- C.** The importance of increasing folic acid in the diet
- D.** How to administer subcutaneous insulin
- E.** -

53. Select the numbers of inches lateral to the heel where a crutch should be placed:

- A.** 6 to 8
- B.** 1 to 3
- C.** 4 to 5
- D.** 9 to 10
- E.** -

54. A 13-year-old with osteosarcoma is going to have an amputation of the affected limb. Which of the following is most important to discuss with a teenage patient?

- A.** Body image
- B.** Pain
- C.** Spirituality
- D.** Lack of coping
- E.** -

55. The nurse is circulating on a cesarean delivery of a G5P4004. All of the client's previous children were delivered via cesarean section. The physician declares after delivering the placenta that it appears that the client has a placenta accreta. Which of the following maternal complications would be consistent with this diagnosis?

- A.** Blood loss of 2000 mL
- B.** Shortened prothrombin time
- C.** Jaundice skin color
- D.** Blood pressure of 160/110
- E.** -

56. A postpartum client has been diagnosed with deep vein thrombosis. For which of the following additional complications is this client high risk?

- A.** Stroke
- B.** Hemorrhage
- C.** Endometritis
- D.** Hematoma
- E.** -

57. A client is receiving IV heparin for deep vein thrombosis. Which of the following medications should the nurse obtain from the pharmacy to have on hand in case of heparin overdose?

- A. Protamine
- B. Mannitol
- C. Vitamin E
- D. Vitamin K
- E. -

58. A nurse massages the atonic uterus of a woman who delivered 1 hour earlier. The nurse identifies the nursing diagnosis: Risk for injury related to uterine atony. Which of the following outcomes indicates that the client's condition has improved?

- A. Moderate lochia flow
- B. Fundus above the umbilicus
- C. Stable blood pressure
- D. Decreased pain level
- E. -

59. A woman has just had a low forceps delivery. For which of the following should the nurse assess the woman during the immediate postpartum period?

- A. Heavy lochia
- B. Rectal abrasions
- C. Bloody urine
- D. Infection
- E. -

60. A nurse is assessing a 1 day-postpartum client who had a spontaneous vaginal delivery over an intact perineum. The fundus is firm at the umbilicus, lochia moderate, and perineum edematous. One hour after receiving ibuprofen 600 mg po, the client is complaining of perineal pain at level 9 on a 10 point scale. Based on this information, which of the following is an appropriate conclusion for the nurse to make about the client?

- A. She should be assessed by her doctor
- B. She needs a narcotic analgesic
- C. She may have a hidden laceration
- D. She should have a sitz bath
- E. -

61. A woman arrives for evaluation of her symptoms, which include: a missed period, adnexal fullness, tenderness, and dark red vaginal bleeding. Upon examination, the nurse notices an ecchymotic blueness around the woman's umbilicus. The nurse recognizes this assessment finding as:

- A. Cullen's sign associated with a ruptured ectopic pregnancy
- B. Normal integumentary changes associated with pregnancy
- C. Turner sign associated with appendicitis
- D. Chadwick sign associated with early pregnancy
- E. -

62. A primary nursing responsibility when caring for a woman experiencing an obstetric hemorrhage associated with uterine atony is to:

- A. Fundal massage
- B. Establish venous access
- C. Catheterize the bladder
- D. Prepare the woman for surgical intervention
- E. -

63. A nurse is interviewing a prenatal client. Which of the following factors in the client's history should the nurse highlight for the health care practitioner?

- A. That she owns a cat and a dog
- B. That she eats peanut butter every day
- C. That she works as an airline pilot
- D. That she is eighteen years old
- E. -

64. Which nursing task can the nurse delegate to the unlicensed nursing assistant (NA)?

- A. Assist the client to remove clothing and jewelry
- B. Complete the preoperative checklist
- C. Assess the client's preoperative vital signs
- D. Teach the client about coughing and deep breathing
- E. -

65. Which situation demonstrates the circulating nurse acting as the client's advocate?

- A. Keeps the operating room door closed at all times
- B. Plays the client's favorite audio book during surgery
- C. Keeps the family informed of the findings of the surgery
- D. Calls the client by the first name when the client is recovering
- E. -

66. The client is complaining of left shoulder pain. Which response would be best for the nurse to assess the pain?

- A. Request that the client describe the pain
- B. Inquire if the pain is intense, throbbing, or stabbing
- C. Ask if the client wants pain medication
- D. Instruct the client to complete the pain questionnaire
- E. -

67. The nurse is discussing cancer statistics with a group from the community. Which information about death rates from lung cancer is accurate?

- A.** Lung cancer is the number-one cause of cancer deaths in both men and women
- B.** Lung cancer is the number-two cause of cancer deaths in both men and women
- C.** Lung cancer deaths are not significant in relation to other cancers
- D.** Lung cancer deaths have continued to increase in the male population
- E.** -

68. The nurse is assessing a client with complaints of vague upper abdominal pain that is worse at night but is relieved by sitting up and leaning forward. Which assessment question should the nurse ask next?

- A.** "Does the pain get worse when you eat a meal or snack?"
- B.** "Have you noticed a yellow haze when you look at things?"
- C.** "Have you had your amylase and lipase checked recently?"
- D.** "How much weight have you gained since you saw the HCP?"
- E.** -

69. The nurse is caring for clients in a long-term care facility. Which is a modifiable risk factor for the development of pressure ulcers?

- A.** Constant perineal moisture
- B.** Ability of the clients to reposition themselves
- C.** Decreased elasticity of the skin
- D.** Impaired cardiovascular perfusion of the periphery
- E.** -

70. The client diagnosed with stage IV infected pressure ulcers on the coccyx is scheduled for a fecal diversion operation. The nurse knows that client teaching has been effective when the client makes which statement?

- A.** "Stool will come out an opening in my abdomen so it won't get in the sore."
- B.** "This surgery will create a skin flap to cover my wounds."
- C.** "This surgery will get all the old black tissue out of the wound so it can heal."
- D.** "The surgery is important to allow oxygen to get to the tissue for healing to occur."
- E.** -

71. Which client is at the greatest risk for the development of skin cancer?

- A.** The client with fair complexion who cannot get a tan
- B.** The African American male who lives in the northeast
- C.** The elderly Hispanic female who moved from Mexico as a child
- D.** The client who has a family history of basal cell carcinoma
- E.** -

72. When assessing the wound of a client who had a total hip replacement, the nurse finds small, fluid-filled lesions on the right side of the dressing. What explanation is the most probable rationale for this occurrence?

- A.** These are blisters from the tape used to anchor the dressing
- B.** These were caused by the cautery unit in the operating room
- C.** These are papular wheals from herpes zoster
- D.** These macular lesions are from a latex allergy
- E.** -

73. When preparing the client for the transition to home rehabilitation after having a total knee replacement, which information regarding discharge teaching would the nurse include?

- A.** Modify the home for altered mobility
- B.** Deep breathe and cough every two (2) hours
- C.** Procedure for emptying Jackson-Pratt drainage
- D.** Burning or frequency of urination is expected
- E.** -

74. The nurse is caring for the client who had a total knee replacement (TKR). Which data would the nurse observe to determine if the nursing interventions are effective?

- A.** The client participates in self-care activities
- B.** The client's lungs have bilateral crackles
- C.** The client's knee has flexion of 45 degrees
- D.** The client's knee has flexion of 90 degrees
- E.** -

75. The nurse is working on an orthopedic floor. Which client should the nurse assess first after the change of shift report?

- A.** The 64-year-old female who had a left total knee replacement with confusion
- B.** The 84-year-old female with a fractured right femoral neck in Buck's traction
- C.** The 88-year-old male who had a right total hip replacement with an abduction pillow
- D.** The 50-year-old postoperative client who has a continuous passive motion (CPM) device
- E.** -

76. Which intervention has priority for the nurse in the surgical holding area?

- A.** Verify the surgical checklist
- B.** Prepare the client's surgical site
- C.** Assist the client to the bathroom
- D.** Restrain the client on the surgery table
- E.** -

77. Which client problem would be appropriate for the client in the intraoperative phase of the surgery?

- A.** Risk for injury
- B.** Alteration in comfort
- C.** Disuse syndrome
- D.** Altered gas exchange
- E.** -

78. The client has been placed in the lithotomy position during surgery. Which nursing intervention should be implemented to decrease the risk of developing hypotension?

- A.** Lower one leg at a time
- B.** Increase the intravenous fluids
- C.** Raise the foot of the stretcher
- D.** Administer epinephrine, a vasopressor
- E.** -

79. The client's serum sodium level is 128 mEq/L and serum potassium level is 2,8 mEq/L. Which hormonal problem is most likely to have caused this clinical situation?

- A.** Increased ADH secretion
- B.** Increased aldosterone secretion
- C.** Decreased aldosterone secretion
- D.** Decreased ADH secretion
- E.** -

80. The client is taking a medication for an endocrine problem that inhibits aldosterone secretion and release. For what complications of this therapy should the nurse be alert?

- A.** Dehydration, hyperkalemia
- B.** Dehydration, hypokalemia
- C.** Overhydration, hyponatremia
- D.** Overhydration, hypernatremia
- E.** -

81. Which laboratory result would require immediate intervention by the nurse for the client scheduled for surgery?

- A.** Potassium 2,4 mEq/L
- B.** Calcium 9,2 mg/dL
- C.** Bleeding time 2 minutes
- D.** Hemoglobin 15 gm/dL
- E.** -

82. Which nursing intervention has the highest priority when preparing the client for a surgical procedure?

- A.** Apply soft restraint straps to the extremities
- B.** Pad the client's elbows and knees
- C.** Prepare the client's incision site
- D.** Document the temperature of the room
- E.** -

83. The postoperative client is transferred from the PACU to the surgical floor. Which action should the nurse implement first?

- A.** Assess the client's vital signs
- B.** Apply anti-embolism hose to the client
- C.** Attach the drain to 20 cm suction
- D.** Listen to the report from the anesthesiologist
- E.** -

84. The client diagnosed with oat cell carcinoma of the lung tells the nurse, "I am so tired of all this. I might as well just end it all." Which should be the nurse's first response?

- A.** Find out if the client has a plan to carry out suicide
- B.** Respond by saying, "This must be hard for you. Would you like to talk?"
- C.** Tell the HCP of the client's statement
- D.** Refer the client to a social worker or spiritual advisor
- E.** -

85. The nurse has been assigned to care for a client diagnosed with peptic ulcer disease. When the nurse is evaluating care, which assessment data require further intervention?

- A.** A decrease in systolic BP of 20 mm Hg from lying to sitting
- B.** Bowel sounds auscultated fifteen (15) times in one (1) minute
- C.** Belching after eating a heavy and fatty meal late at night
- D.** A decreased frequency of distress located in the epigastric region
- E.** -

86. Which assessment data would indicate to the nurse that the client's gastric ulcer

has perforated?

- A.** Rigid, boardlike abdomen with rebound tenderness
- B.** Complaints of sudden, sharp, substernal pain
- C.** Frequent, clay-colored, liquid stool
- D.** Complaints of vague abdominal pain in the right upper quadrant
- E.** -

87. The client with a history of peptic ulcer disease has been admitted into the hospital intensive care unit with frank gastric bleeding. Which priority intervention should the nurse implement?

- A.** Insert a nasogastric tube and begin saline lavage
- B.** Maintain a strict record of intake and output
- C.** Assist the client with keeping a detailed calorie count
- D.** Provide a quiet environment to promote rest
- E.** -

88. Five hours after attending a family reunion picnic, three members of a family are admitted to an emergency department with nausea, vomiting, and abdominal cramping. A nurse asks a series of questions as part of the admission assessment. Which should be the nurse's priority question?

- A.** "What food was served at the reunion?"
- B.** "How many people were at the reunion?"
- C.** "Was anyone sick when they came to the reunion?"
- D.** "What is the relationship of the family members who are sick?"
- E.** -

89. Which assessment finding in a postoperative client indicates to the nurse that the interventions to prevent hypovolemia need to be re-evaluated?

- A.** The urine output decreases from 40 to 10 mL/hour
- B.** The blood pressure changes from 136/80 to 122/80 mm Hg
- C.** The client cannot count backward from 100 by threes
- D.** The client's temperature has changed from 100.2° to 100.4°F
- E.** -

90. In checking the neurologic status of the client just admitted to the PACU, the nurse notes that the right eye pupil is dilated more than the left pupil. What is the nurse's best first action?

- A.** Check the client's chart to compare these findings to the client's baseline neurologic assessment
- B.** Raise the head of the bed up to a 30-degree angle and administer oxygen
- C.** Test the client's deep tendon reflexes on all four extremities
- D.** Notify the physician and document the finding
- E.** -

91. Which client is at greatest risk for respiratory complications after surgery under general anesthesia?

- A.** 35-year-old man who smokes two packs of cigarettes daily
- B.** 65-year-old woman taking a calcium channel blocker for hypertension
- C.** 55-year-old man with chronic allergic rhinitis
- D.** 45-year-old woman with diabetes mellitus type 1
- E.** -

92. The nurse is transcribing the HCP's orders for a client who is scheduled for an emergency appendectomy and who is being transferred from the emergency department (ED) to the surgical unit. Which order should the nurse implement first?

- A.** Obtain the client's informed consent
- B.** Administer IV morphine 2 mg, every 4 hours, prn
- C.** Shave the lower right abdominal quadrant
- D.** Administer the on-call IVPB antibiotic
- E.** -

93. The HCP writes an order for the client with a fractured right hip to ambulate with a walker four times per day. Which action should the nurse implement?

- A.** Request a referral to the physical therapy department
- B.** Tell the UAP to ambulate the client with the walker
- C.** Obtain a walker that is appropriate for the client's height
- D.** Notify the social worker of the HCP's order for a walker
- E.** -

94. A client returns from the recovery room at 9 am alert and oriented, with an IV infusing. His pulse is 82, blood pressure is 120/80, respirations are 20, and all are within normal range. At 10 am and at 11 am, his vital signs are stable. At noon, however, his pulse rate is 94, blood pressure is 116/74, and respirations are 24. What nursing action is most appropriate?

- A. Take his vital signs again in 15 minutes
- B. Take his vital signs again in an hour
- C. Place the patient in shock position
- D. Notify his physician
- E. -

95. A student nurse is assigned to a client who has a diagnosis of thrombophlebitis. Which action by this team member is most appropriate?

- A. Instruct the client about the need for bed rest
- B. Apply a heating pad to the involved site
- C. Elevate the client's legs 90 degrees
- D. Provide active range-of-motion exercises to both legs at least twice every shift
- E. -

96. On discharge, the nurse teaches the patient to observe for signs of surgically induced hypothyroidism. The nurse would know that the patient understands the teaching when she states she should notify the MD if she develops:

- A. Progressive weight gain
- B. Insomnia and excitability
- C. Dry skin and fatigue
- D. Intolerance to heat
- E. -

97. If a client has severe burns on the upper torso, which item would be a primary concern?

- A. Frequently observing for hoarseness, stridor, and dyspnea
- B. Establishing a patent IV line for fluid replacement
- C. Administering antibiotics
- D. Debriding and covering the wounds
- E. -

98. Contractures are among the most serious long-term complications of severe burns. If a burn is located on the upper torso, which nursing measure would be least effective to help prevent contractures?

- A. Helping the client to rest in the position of maximal comfort
- B. Avoiding the use of a pillow for sleep, or placing the head in a position of hyperextension
- C. Encouraging the client to chew gum and blow up balloons
- D. Changing the location of the bed or the TV set, or both, daily
- E. -

99. The nurse is caring for clients in the ICU. Which task would be most appropriate for the nurse to delegate to a UAP?

- A. Ask the UAP to transfer the client from the ICU to the medical unit
- B. Change the surgical dressing on the client with a Syme amputation
- C. Request the UAP to double check a unit of blood that is being hung
- D. Instruct the UAP to empty the client's chest tube drainage
- E. -

100. A client with burns on the chest has periodic episodes of dyspnea. The position that would provide for the greatest respiratory capacity would be the:

- A. Orthopneic position
- B. Semi-fowler's position
- C. Sims' position
- D. Supine position
- E. -

101. Forty-eight hours after a burn injury, the physician orders for the client 2 liters of IV fluid to be administered q12 h. The drop factor of the tubing is 10 gtt/ml. The nurse should set the flow to provide:

- A. 28 gtt/min
- B. 18 gtt/min
- C. 32 gtt/min
- D. 36 gtt/min
- E. -

102. The client diagnosed with liver failure is experiencing pruritus secondary to severe jaundice. Which action by the unlicensed assistant warrants intervention by the primary nurse?

- A. Assisting the client to take a hot soapy shower
- B. Applying an emollient to the client's legs and back
- C. Patting the client's skin dry with a clean towel
- D. Putting mittens on both hands of the client
- E. -

103. A nurse completes a difficult day at work and feels satisfaction in performing well and helping others. According to Freud, this feeling of satisfaction is associated with what part of the personality?

- A. Libido
- B. Ego
- C. Fixation
- D. Superego
- E. -

104. The nurse identifies that the behavior in an adult that indicates an unresolved developmental conflict associated with adolescence is:

- A. Failing to set goals in life
- B. Being overly concerned about following daily routines
- C. Requiring excessive attention from others
- D. Relying on oneself rather than others
- E. -

105. The nurse is providing dietary teaching to a group of adolescents recently diagnosed with diabetes mellitus. The nurse understands that many foods are ingested by the adolescent because of:

- A. Pressure
- B. Taste
- C. Routine
- D. Preference
- E. -

106. When the nurse assesses patients in the following age groups, the nurse understands that the age group that has the greatest potential to demonstrate regression when ill is:

- A. Toddlers
- B. Infants
- C. Adolescents
- D. Young adults
- E. -

107. Which patient should the nurse identify is at the greatest risk when taking a drug that has a high teratogenic potential?

- A. Pregnant woman
- B. Older adult man
- C. Four-year-old child
- D. One-month-old baby
- E. -

108. The nurse identifies which word as being unrelated to principles of growth and development?

- A. Unpredictable
- B. Sequential
- C. Integrated
- D. Complex
- E. -

109. A patient tells the nurse about experiencing problems with sleep and requests sleeping medication. Which concept associated with drug therapy and quality of sleep is important for the nurse to understand when planning nursing care for this patient?

- A. Sedatives are not well tolerated by older adults
- B. Antianxiety drugs are the least helpful to support sleep
- C. Effectiveness of hypnotics increases with prolonged use
- D. Melatonin is the drug of choice for long-term use in sleep disorders
- E. -

110. Which concept should the nurse understand is reflective of Erikson's Theory of Personality Development?

- A. Achievement of developmental goals is affected by the social environment
- B. Defense mechanisms help to cope with anxiety
- C. Moral maturity is a central theme in all stages of development
- D. Two continual processes, assimilation and accommodation, stimulate intellectual growth
- E. -

111. A resident in a nursing home reminisces about past-life events. The nurse identifies that according to Erikson, the patient is in which stage of psychosocial development?

- A. Ego Integrity versus Despair
- B. Autonomy versus Shame and Doubt
- C. Identity versus Role Confusion
- D. Generativity versus Stagnation
- E. -

112. The nurse working in a nursing home is providing care to a group of older adults. The decline in which system in the older adult most often influences the ability to maintain safety?

- A. Sensory
- B. Respiratory
- C. Integumentary
- D. Cardiovascular
- E. -

113. Which psychodynamic theorist believed that 10-year-old children gain pleasure from accomplishments?

- A. Erik Erikson
- B. Lawrence Kohlberg
- C. Berry Brazelton
- D. Sigmund Freud
- E. -

114. One of the participants attending a parenting class asks the teacher, "What is the leading cause of death during the first year of life?" Besides exploring the person's concerns, the nurse should respond:

- A. Congenital anomalies
- B. Preterm birth
- C. Sudden infant death syndrome
- D. Unintentional injuries
- E. -

115. The nurse identifies that the person at greatest risk for problems with regulating body temperature is the:

- A. Older adult
- B. Toddler
- C. Teenager
- D. School-aged child
- E. -

116. The nurse understands that an individual who is preoccupied with work and the drive to succeed at the expense of emotionally committing to others reflects a negative resolution of which stage of Erikson's Stages of Development?

- A. Intimacy versus Isolation
- B. Autonomy versus Shame and Doubt
- C. Identify versus Role Confusion
- D. Ego Integrity versus Despair
- E. -

117. The client, a 70-year-old woman who has mild congestive heart failure, asks when she should get a flu shot. What is the nurse's best response?

- A. "You should get a flu shot early in the fall so that you make enough antibodies before the flu season arrives."
- B. "If you got a flu shot last year, you need to make sure that you get the new shot exactly 1 year later."
- C. "Since we don't know if the flu will come this year, you should wait until an outbreak of flu in our area is reported."
- D. "Because flu shots are good for five years at a time, if you got a flu shot last year you do not need to get another one this year."
- E. -

118. The chest tube drainage system of the client 36 hours after a pneumonectomy has continuous bubbling in the water seal chamber (chamber 2). When you clamp the chest tube close to the client's dressing, the bubbling stops. What is your interpretation of this finding?

- A. An air leak is present at the chest tube insertion site or in the thoracic cavity
- B. An air leak is present somewhere in the drainage system
- C. The suction pressure applied to the system is too high
- D. The suction pressure applied to the system is too low
- E. -

119. Which technique should the nurse use to collect a sputum specimen for culture?

- A. Cap on the Lukens tube, lower attachment to the suction catheter, upper attachment to the suction source
- B. Lukens tube, lower attachment to the suction source, upper attachment to the suction catheter
- C. Cap off the Lukens tube, lower attachment to the suction source, upper attachment to the suction catheter
- D. Cap off the Lukens tube, lower attachment to the suction catheter, upper attachment to the suction source
- E. -

120. The client who has had repeated episodes of pneumonia is attempting to stop cigarette smoking with the use of a nicotine patch. What specific instructions regarding this therapy should the nurse tell the client?

- A. "Smoking while using this patch increases the risk for a heart attack."
- B. "Smoking while using this patch increases the risk for pneumonia."
- C. "Abruptly discontinuing this patch can cause nausea and vomiting."
- D. "Abruptly discontinuing this patch can cause high blood pressure."
- E. -

121. Which observation indicates to you that your client with COPD is effectively using interventions for airway clearance?

- A. The oxygen saturation is consistently above 88%
- B. The client consistently uses "pursed-lip" breathing
- C. The serum albumin level is within the normal range
- D. The client's cough is nonproductive
- E. -

122. Which statement made by the client taking methotrexate (Folex) weekly for pulmonary fibrosis indicates understanding of the side effects of this therapy?

- A. "I will not drink wine within two days of taking the methotrexate."
- B. "I will reduce my oxygen flow rate while taking the methotrexate."
- C. "I will be sure to drink at least 4 liters of fluids on the days I actually take the methotrexate."
- D. "I will avoid drinking coffee or any other caffeinated beverages within two days of taking the methotrexate."
- E. -

123. The client is 12 hours postoperative after a thoracotomy for lung cancer. Duri-

ng a portable chest x-ray at the bedside, the lower chest tube tubing is accidentally pulled out. What is your best first action?

- A. Cover the insertion site with sterile gauze
- B. Clamp the tubing with padded clamps
- C. Clamp and close the skin at the insertion site
- D. Reinsert the chest tube, using sterile technique
- E. -

124. Which clinical manifestation in a client with renal impairment is associated with polycystic kidney disease rather than an infectious process?

- A. Enlarged or protruding abdomen
- B. Bloody and cloudy urine
- C. Periorbital edema
- D. Flank pain
- E. -

125. The client with polycystic kidney disease and hypertension is prescribed to take a diuretic for blood pressure control. Which of the following statements by the client indicates a need for clarification regarding this management?

- A. "I will drink only 1 L of fluid each day."
- B. "I will avoid aspirin and aspirin-containing drugs."
- C. "I will weigh myself every day."
- D. "I will avoid nonsteroidal anti-inflammatory drugs."
- E. -

126. What dietary modifications should the nurse teach the client with polycystic kidney disease?

- A. Increased fiber intake, decreased sodium intake
- B. Decreased fluid intake, increased magnesium intake
- C. Increased protein intake, decreased potassium intake
- D. Decreased calcium intake, increased chloride intake
- E. -

127. Which clinical manifestation in a client with a urinary tract infection alerts the nurse to the possibility of acute pyelonephritis?

- A. Fever and chills
- B. Hematuria
- C. Cloudy, dark urine
- D. Burning on urination
- E. -

128. The client has just been diagnosed with acute glomerular nephritis. Which question

should the nurse ask this client in attempting to establish a cause?

- A. "Have you had any type of infection within the last 2 weeks?"
- B. "Has anyone in your family had chronic kidney problems?"
- C. "Do you have pain or burning on urination?"
- D. "Are you sexually active?"
- E. -

129. The client with acute glomerular nephritis has periorbital edema. What additional assessment should the nurse obtain or perform with this client?

- A. Auscultate breath sounds
- B. Check blood glucose levels
- C. Measure deep tendon reflexes
- D. Test urine for the presence of protein
- E. -

130. What clinical manifestation indicates to the nurse that the client with glomerular nephritis being treated in the community is responding as expected to the prescribed treatment?

- A. The client has lost 11 pounds in the past 10 days
- B. The client is thirsty
- C. No blood is observed in the client's urine
- D. The client's urine specific gravity is 1.048
- E. -

131. With which of the following clients, all of whom are experiencing the clinical manifestations of a urinary tract infection, should the nurse suspect a fungal infection?

- A. 48-year-old man with diabetes mellitus
- B. 22-year-old woman who is sexually active
- C. 60-year-old man with an enlarged prostate gland
- D. 40-year-old woman with systemic lupus erythematosus
- E. -

132. Which personal factor in a client diagnosed with bladder cancer is most contributory to this problem?

- A. A 50 pack-year cigarette smoking history
- B. Numerous episodes of bacterial cystitis
- C. History of gonorrhea
- D. Has worked in a lumber yard for 10 years
- E. -

133. What intervention should the nurse suggest to the diabetic client who self-injects insulin to prevent or limit local irritation at the injection site?

- A. "Allow the insulin to warm to room temperature before injection."
- B. "Try to make the injection deep enough to enter muscle."
- C. "Massage the site for 1 full minute after injection."
- D. "Do not reuse needles."
- E. -

134. Which nutritional group should the nurse teach the diabetic client with normal renal function to rigidly control to reduce the complications of diabetes?

- A. Fats
- B. Carbohydrates
- C. Fiber
- D. Proteins
- E. -

135. Which joints are most frequently affected by osteoarthritis?

- A. Hips and knees
- B. Elbows and shoulders
- C. Neck and wrists
- D. Jaw and ankles
- E. -

136. Which physical change in the client with osteoarthritis indicates disease advancement?

- A. The hip shows subluxation
- B. Hip involvement is bilateral
- C. The client is older than 65 years
- D. The hands are involved
- E. -

137. What precaution is most important to teach the client with rheumatoid arthritis who will be taking 20 mg of prednisone daily?

- A. "Avoid crowds and anyone who is ill."
- B. "Wash your face 3 times per day with an antibacterial soap."
- C. "Drink at least 3 liters of fluid per day."
- D. "Take this drug at bedtime."
- E. -

138. During auscultation of the heart of a client with left ventricular failure, the nurse notes the presence of a third heart sound (S3) gallop. What can the nurse infer from this finding?

- A. Left ventricular pressure is increased
- B. There is a decrease in ventricular compliance
- C. The client has been noncompliant with the medication regimen
- D. The client should be prepared for transfer to the intensive care unit
- E. -

139. The client with right heart failure asks the nurse to explain the necessity of taking a daily weight. What would be the nurse's best response?

- A. "Weight is the best indication that you are gaining or losing fluid."
- B. "Weighing you every day will help us adjust your medication."
- C. "It is required that all inpatients be weighed daily."
- D. "Being overweight contributes to heart failure."
- E. -

140. Which nursing diagnosis would be considered a priority for the client with heart failure?

- A. Impaired Gas Exchange
- B. Altered Comfort
- C. Anxiety related to hospitalization
- D. Altered Health Maintenance
- E. -

141. The client with heart failure is prescribed to take enalapril, an angiotensin-converting enzyme (ACE) inhibitor. Which of the following precautions or instructions should the nurse teach this client regarding drug therapy?

- A. Avoid salt substitutes
- B. Be sure to take this medication with food
- C. Avoid aspirin or aspirin-containing products while on this medication
- D. Do not take this medication if your pulse rate is below 74 beats/min
- E. -

142. The client with heart failure is being treated with digoxin and has developed hypokalemia. What action should the nurse prepare to take?

- A. Monitor the client for toxic effects that can occur at normal doses
- B. Administer digoxin twice daily
- C. Reduce the digoxin dose to every other day
- D. Administer an intravenous bolus of potassium
- E. -

143. Which client is at greatest risk for the development of a pulmonary embolism?

- A. 40-year-old woman who has used oral contraceptives for the past 15 years and who had abdominal surgery yesterday for cancer
- B. 30-year-old athlete who lifts weights and was diagnosed with a pneumothorax yesterday
- C. 60-year-old man who caught his right hand in a piece of machinery and has five broken fingers, with extensive soft tissue damage
- D. 50-year-old woman who has fragile capillaries and bruises very easily
- E. -

144. Which diagnostic test most specifically confirms the presence of a pulmonary embolism?

- A. Pulmonary angiography
- B. Ventilation-perfusion lung scan
- C. Arterial blood gases
- D. Chest x-ray
- E. -

145. Which set of arterial blood gases would the nurse expect to find in a client who developed a pulmonary embolism 15 minutes ago?

- A. pH 7.47, HCO_3^- 23 mEq/L, PCO_2 25 mm Hg, PO_2 82 mm Hg
- B. pH 7.30, HCO_3^- 28 mEq/L, PCO_2 65 mm Hg, PO_2 75 mm Hg
- C. pH 7.38, HCO_3^- 22 mEq/L, PCO_2 45 mm Hg, PO_2 96 mm Hg
- D. pH 7.30, HCO_3^- 22 mEq/L, PCO_2 60 mm Hg, PO_2 66 mm Hg
- E. -

146. The client with a massive pulmonary embolism is receiving alteplase (Activase). What is the priority nursing diagnosis or collaborative problem for this client?

- A. Risk for Injury (Bleeding)
- B. Potential for Anaphylaxis
- C. Ineffective Breathing Pattern
- D. Risk for Impaired Adjustment
- E. -

147. Which intervention should the nurse suggest for the client going home after a pulmonary embolism to reduce the risk for recurrence of a pulmonary embolism?

- A. "Avoid prolonged sitting or standing."
- B. "Use an incentive spirometer every 2 hours while awake."
- C. "Avoid bending over at the waist."
- D. "Apply ice immediately to any site of injury."
- E. -

148. The client with a pulmonary embolism is receiving an intravenous heparin drip. The nurse should make certain which agent is readily available?

- A. Protamine sulfate
- B. Cryoprecipitate
- C. Vitamin K
- D. Fresh-frozen plasma
- E. -

149. Which of the following clients could be expected to require mechanical ventilation longterm?

- A. 24-year-old with muscular dystrophy
- B. 65-year-old with bilateral bacterial pneumonia
- C. 45-year-old with morphine overdose
- D. 27-year-old with status asthmaticus
- E. -

150. The pressure reading on the ventilator of a client receiving mechanical ventilation is fluctuating widely. What is the correct action to take for this problem?

- A. Assess the client's oxygen saturation to determine the adequacy of oxygenation
- B. Disconnect the ventilator from the client and use a manual resuscitation bag until the machine has been checked
- C. Increase the tidal volume by at least 100 mL or by the client's weight in kg
- D. Determine whether there is an air leak in the client's endotracheal tube cuff
- E. -

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Testing Board

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List of abbreviations

A/G	Albumin/globulin ratio	HR	Heart rate
A-ANON	Alcoholics anonymous	IDDM	Insulin dependent diabetes mellitus
ACT	Abdominal computed tomography	IFA	Immunofluorescence assay
ADP	Adenosine diphosphate	IHD	Ischemic heart disease
ALT	Alanin aminotransferase	IU	International unit
AMP	Adenosine monophosphate	LDH	Lactate dehydrogenase
AP	Action potential	MSEC	Medical and sanitary expert committee
ARF	Acute renal failure	NAD	Nicotine amide adenine dinucleotide
AST	Aspartat aminotransferase	NADPH	Nicotine amide adenine dinucleotide phosphate restored
ATP	Adenosine triphosphate	NIDDM	Non-Insulin dependent diabetes mellitus
BP	Blood pressure	PAC	Polyunsaturated aromatic carbohydrates
bpm	Beats per minute	PAS	Periodic acid & Schiff reaction
C.I.	Color Index	pCO ₂	CO ₂ partial pressure
CBC	Complete blood count	pO ₂	CO ₂ partial pressure
CHF	Chronic heart failure	pm	Per minute
CT	Computer tomography	Ps	Pulse rate
DIC	Disseminated intravascular coagulation	r	roentgen
DCC	Doctoral controlling committee	RBC	Red blood count
DM-2	Non-Insulin dependent diabetes mellitus	RDHA	Reverse direct hemagglutination assay
DTP	Anti diphtheria-tetanus vaccine	Rh	Rhesus
ECG	Electrocardiogram	(R)CFT	Reiter's complement fixation test
ESR	Erythrocyte sedimentation rate	RIHA	Reverse indirect hemagglutination assay
FC	Function class	RNA	Ribonucleic acid
FAD	Flavin adenine dinucleotide	RR	Respiratory rate
FADH ₂	Flavin adenine dinucleotide restored	S1	Heart sound 1
FEGDS	Fibro-esophago-gastro-duodenoscopy	S2	Heart sound 2
FMNH ₂	Flavin mononucleotide restored	TU	Tuberculin unit
GIT	Gastrointestinal tract	U	Unit
GMP	Guanosine monophosphate	USI	Ultrasound investigation
Hb	Hemoglobin	V/f	Vision field
HbA1c	Glycosylated hemoglobin	WBC	White blood count
Hct	Hematocrit	X-ray	Roentgenogram
HIV	Human immunodeficiency virus		