

MINISTRY OF PUBLIC HEALTH OF UKRAINE

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

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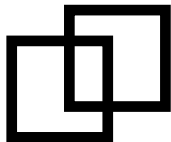
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Variant _____

Test items for licensing examination

Krok M

NURSING



General Instruction

Every one 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.

ББК 54.1я73
УДК 61

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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. 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. -

2. The nurse is planning to shampoo the hair of a patient who has an order for bed rest. What should the nurse do first?

- A. Brush the hair to remove tangles
- B. Tape eye shields over both eyes
- C. Encourage the use of dry shampoo
- D. Wet hair thoroughly before applying shampoo
- E. -

3. 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. -

4. The nurse in the clinic must obtain the vital signs of each patient before each patient is assessed by the practitioner. The nurse should obtain a temperature via the rectal route for a patient:

- A. Who is a mouth breather
- B. With a history of vomiting
- C. Who cannot tolerate a semi-Fowler's position
- D. With an intelligence of a seven-year-old child
- E. -

5. The nurse is monitoring the status of postoperative patients. The vital sign that changes first indicating that a postoperative patient has internal bleeding is the:

- A. Heart rate
- B. Pulse pressure
- C. Blood pressure
- D. Body temperature
- E. -

6. A patient has a serious vitamin K deficiency. For which adaptation should the nurse assess this patient?

- A. Bleeding gums
- B. Skin lesions
- C. Night blindness
- D. Muscle weakness
- E. -

7. The nurse identifies that a patient with a fever has warm skin. An additional adaptation that confirms the defervescence (flush) phase of a fever is:

- A. Sweating
- B. Shivering
- C. Cyanotic nail beds
- D. Goosebumps on the skin
- E. -

8. When evaluating a patient's temperature, the nurse recalls that people usually have the lowest body temperature at:

- A. 4 AM-6 AM
- B. 8 AM-10 AM
- C. 4 PM-6 PM
- D. 8 PM-10 PM
- E. -

9. Which method of examination is being used when the nurse's hands are used to assess the temperature of a patient's skin?

- A. Palpation
- B. Inspection
- C. Percussion
- D. Observation
- E. -

10. The nurse must assess for the presence of bowel sounds in a postoperative patient. The nurse should auscultate the patient's abdomen:

- A. Prior to palpation
- B. Using a warmed stethoscope
- C. Starting at the left lower quadrant
- D. For at least three minutes in each quadrant
- E. -

11. Which assessment requires the nurse to assess the patient further?

- A. 65-year-old man with a respiratory rate of 10
- B. 50-year-old man with a BP of 112/60 upon awakening in the morning
- C. 40-year-old woman with a pulse of 88
- D. 18-year-old woman with a pulse rate of 140 after riding 2 miles on an exercise bike
- E. -

12. 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.** -

13. A 3-year-old child is admitted to the pediatric unit. The best way for the nurse to maintain the safety of this preschool-aged child is by:

- A.** Keeping the child under constant supervision
- B.** Having the child stay in the playroom most of the day
- C.** Placing the child in a crib with high side rails
- D.** Teaching the child how to use the call bell
- E.** -

14. 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.** -

15. A patient consistently tries to pull out a urinary retention catheter. As a last resort to maintain integrity of the catheter and patient safety, the nurse obtains an order for a restraint. Which type of restraint is most appropriate in this situation?

- A.** Mitt restraint
- B.** Jacket restraint
- C.** Elbow restraint
- D.** Mummy restraint
- E.** -

16. 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.** -

17. Profuse smoke is coming out of the heating unit in a patient's room. The nurse should

- A.** Move the patient out of the room
- B.** Close the door to the patient's room
- C.** Open the window
- D.** Activate the fire alarm
- E.** -

18. 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.** -

19. Cardiac development is fairly complete by how many weeks of gestation?

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

20. 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.** -

21. You are being oriented to the pediatric unit. You notice that after giving a vaccination, the nurse records, in addition to the date of administration, the name of the vaccination, the site and route, the nurse's name and title, and which of the following information?

- A.** Parents' or legal guardian's full names and permanent addresses
- B.** The manufacturer, lot number, and expiration date of the vaccine
- C.** Any adverse reaction sustained by the recipient
- D.** The height, weight, vital signs, health status, and blood work of the child
- E.** -

22. 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. -

23. 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. -

24. 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. -

25. 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. -

26. 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. -

27. A pediatric client with a history of congestive heart failure is noted to have a hepatomegaly. Which of the following is

the likely etiology of the hepatomegaly?

- A. Systemic venous congestion
- B. Pulmonary venous congestion
- C. Decreased systemic perfusion
- D. Decreased pulmonary perfusion
- E. -

28. 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. -

29. The nurse working with the parents of a school-aged child is teaching the parents about recognizing the symptoms of urinary tract infections. Which of the following symptoms would the nurse include along with hesitancy, dysuria, and urgency?

- A. Bed-wetting when nighttime control has already been established.
- B. Increased restlessness just before urinating.
- C. Less frequent voiding but greater volume of urine passed.
- D. Urine that is darker yellow and stronger smelling than previously passed.
- E. -

30. 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. -

31. On finding an inguinal hernia in a child, the nurse in the pediatric clinic will teach the mother that until the child has surgery for the hernia, the mother should do which of the following if the child has pain and intense inconsolable irritability, with or without vomiting and abdominal distension?

- A.** Contact the physician immediately, or take the child to the emergency room.
- B.** Make an appointment with the physician as soon as possible.
- C.** Apply ice to the groin area for 30 minutes on and 30 minutes off for 8 hours.
- D.** Keep the child on bed rest to see if the symptoms subside.
- E.** -

32. 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.** -

33. A female carries the gene for hemophilia on one of her X chromosomes. Now that she is pregnant she asks the nurse how this might affect her baby. The nurse should tell her:

- A.** Hemophilia is always expressed if a male inherits the defective gene.
- B.** A female baby has a 50% chance of also being a carrier.
- C.** A male baby can be a carrier or have hemophilia.
- D.** Female babies are never affected by this disorder
- E.** -

34. When assessing women, it is important for the nurse to keep in mind the possibility that they are victims of violence. The nurse should:

- A.** Use an abuse assessment screen during the assessment of every woman
- B.** Recognize that abuse rarely occurs during pregnancy
- C.** Assess a woman's legs and back as the most commonly injured areas
- D.** Notify the police immediately if abuse is suspected
- E.** -

35. 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.** -

36. 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.** -

37. The nurse is reviewing a pregnant couple's birth plan. The option that would require modification would be:

- A.** Woman will remain in bed for labor and birth as she did during her first labor
- B.** Eight-year-old daughter will be present for the labor and birth
- C.** Husband will cut the umbilical cord
- D.** A doula will be hired to provide labor support
- E.** -

38. 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.** -

39. 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.** -

40. 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.** -

41. 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. -

42. 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. -

43. 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. -

44. What is the priority nursing diagnosis for a client with inadequate production of platelets?

- A. Risk for Injury related to increased bleeding tendency
- B. Decreased Cardiac Output related to hypovolemia
- C. Risk for Infection related to decreased antibody production
- D. Impaired Gas Exchange related to decreased oxygen-carrying capacity
- E. -

45. Which precaution should the nurse teach a client regarding health care after he or she has undergone a splenectomy?

- A. "You will need to avoid crowds and people with infections because it is harder now for you to develop antibodies."
- B. "You will no longer develop a fever when you have an infection, so you must learn to identify other symptoms of infection."
- C. "You will be at an increased risk for developing allergies, so it will be important for you to avoid common allergens."
- D. "You will need to have yearly checkups because your risk for cancer development is greater now."
- E. -

46. 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. -

47. 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. -

48. A client undergoing a colonoscopy experiences a decrease in pulse rate from 76 beats/min to 50 beats/min. What medication should the nurse be prepared to administer?

- A. Atropine
- B. Lidocaine
- C. Epinephrine
- D. Procainamide
- E. -

49. The nurse is preparing a client for an ultrasound of the abdomen. What statement by the client indicates a need for further teaching?

- A. "I will empty my bladder completely before the test."
- B. "I will lie on my back during the test."
- C. "I will lie still during the test."
- D. "I will need to consume extra liquids."
- E. -

50. 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. -

51. 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. -

52. 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. -

53. The client has undergone surgical placement of a pancreatic drainage tube to facilitate drainage of a pancreatic abscess. Which nursing intervention would prevent a complication resulting from this procedure?

- A. Application of a skin barrier around the drainage tube
- B. Administration of pancreatic enzymes through the tube
- C. Clamping the drainage tube every 2 hours
- D. Placing the client in a right side-lying position
- E. -

54. A 5-year-old is brought to the ER with a temperature of $99.5^{\circ}F$ ($37.5^{\circ}C$), a barking cough, stridor, and hoarseness. Which of the following nursing interventions should the nurse prepare for?

- A. Respiratory treatment of racemic epinephrine
- B. Immediate IV placement
- C. A tracheostomy set at the bedside
- D. Informing the child's parents about a tonsillectomy
- E. -

55. The nurse is caring for a child who is being admitted with a diagnosis of meningitis. The child's plan of care includes the following: administration of intravenous antibiotics, administration of maintenance intravenous fluids, placement of a Foley catheter, and obtaining cultures of spinal fluid and blood. Select the procedure the nurse should do first.

- A. Send the spinal fluid and blood cultures to the laboratory
- B. Administration of intravenous antibiotics
- C. Administration of maintenance intravenous fluids
- D. Placement of a Foley catheter
- E. -

56. 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. -

57. 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. -

58. 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. -

59. The nurse is caring for a child with sickle cell anemia who is scheduled to have an exchange transfusion. What information should the nurse teach the family?

- A. The procedure is done to prevent further sickling during a vaso-occlusive crisis.
- B. The procedure reduces side effects from blood transfusions.
- C. The procedure is a routine treatment for sickle cell crisis.
- D. Once the child's spleen is removed, it is necessary to do exchange transfusions.
- E. -

60. The nurse is instructing the parent of a child with human immunodeficiency virus infection about immunizations. Which of the following should the nurse tell the parent?

- A. Pneumococcal and influenza vaccines are recommended.
- B. Hepatitis B vaccine will not be given to this child.
- C. Members of the family should be cautioned not to receive the varicella vaccine.
- D. The child will need to have a Western blot test done prior to all immunizations.
- E. -

61. The nurse is caring for an infant newly diagnosed with Hirschsprung disease. Which of the following does the nurse understand about this infant's condition?

- A. There is a lack of peristalsis in the large intestine and an accumulation of bowel contents, leading to abdominal distention.
- B. There is excessive peristalsis throughout the intestine, resulting in abdominal distention.
- C. There is a small-bowel obstruction leading to ribbon-like stools.
- D. There is inflammation throughout the large intestine, leading to accumulation of intestinal contents and abdominal distention.
- E. -

62. 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 whi-

ch condition?

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

63. 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. -

64. 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. -

65. A 9-year-old is in a spica cast and complains of pain 1 hour after receiving intravenous opioid analgesia. What should the nurse do first?

- A. Perform a neuromuscular assessment.
- B. Give more pain medication.
- C. Call the surgeon for orders.
- D. Tell the child to wait another hour for the medication to work.
- E. -

66. Renal involvement is a side effect of latent SLE. Which of the following is an important nursing intervention to monitor in a child with renal involvement?

- A. Check for protein in urine.
- B. Push fluids or start IVF.
- C. Check for uric salts in urine.
- D. Watch for hypotension.
- E. -

67. 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. -

68. 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. -

69. A client who is post-cesarean section for severe preeclampsia is receiving magnesium sulfate via IV pump and morphine sulfate via patient-controlled anesthesia (PCA) pump. The nurse enters the room on rounds and notes that the client is not breathing. Which of the following actions should the nurse perform first?

- A. Call a code
- B. Give two breaths
- C. Discontinue medications
- D. Check carotid pulse
- E. -

70. 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. -

71. Intermittent positive pressure boots have been ordered for a client who had an emergency cesarean section. Which of the following is the rationale for that order?

- A. Postpartum clients are high risk for thrombus formation
- B. Post-cesarean clients are high risk for poor milk ejection reflex
- C. Postpartum clients are high risk for varicose vein development
- D. Post-cesarean clients are high risk for fluid volume deficit
- E. -

72. A woman has just had a macrosomic baby after a 12-hour labor. For which of the following complications should the woman be carefully monitored?

- A. Uterine atony
- B. Mastitis
- C. Infection
- D. Hypoprolactinemia
- E. -

73. 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. -

74. Which of these factors is most likely to result in fetal hypoxia during a dysfunctional labor?

- A. Incomplete uterine relaxation
- B. Administration of tocolytic drugs
- C. Maternal sedation with narcotics
- D. Maternal fatigue and exhaustion
- E. -

75. The nurse in the holding area of the surgery department is interviewing a client who requests to keep his religious medal on during surgery. Which intervention should the nurse implement?

- A. Tape the medal to the client and allow the client to wear the medal.
- B. Notify the surgeon about the client's request to wear the medal.
- C. Request that the family member take the medal prior to surgery.
- D. Explain that taking the medal to surgery is against the policy.
- E. -

76. 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. -

77. The nurse identifies the nursing diagnosis "risk for injury related to posi-

oning" for the client in the operating room. Which nursing action should the nurse implement?

- A. Carefully pad the client's elbows before covering the client with a blanket.
- B. Avoid using the cautery unit that does not have a biomedical tag on it.
- C. Apply a warming pad on the OR table before placing the client on the table.
- D. Check the chart for any prescription or over-the-counter medication use.
- E. -

78. 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. -

79. 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. -

80. The nurse is taking the social history from a client diagnosed with small cell carcinoma of the lung. Which information is significant for this disease?

- A. The client has smoked two (2) packs of cigarettes a day for 20 years.
- B. The client worked with asbestos for a short time many years ago.
- C. The client has no family history for this type of lung cancer.
- D. The client has numerous tattoos covering both upper and lower arms.
- E. -

81. 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. -

82. The client diagnosed with lung cancer is in an investigational program and receiving a vaccine to treat the cancer. Which information regarding investigational regimens should the nurse teach?

- A. Investigational treatments have not been proved helpful to clients.
- B. Investigational regimens provide a better chance of survival for the client.
- C. Clients will be paid to participate in an investigational program.
- D. Only clients that are dying qualify for investigational treatments.
- E. -

83. 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. -

84. The nurse is planning a program for clients at a health fair regarding the prevention and early detection of cancer of the pancreas. Which self-care activity should the nurse teach that is an example of primary nursing care?

- A. Limit meat in the diet and eat a diet that is low in fats.
- B. Monitor for elevated blood glucose at random intervals.
- C. Inspect the skin and sclera of the eyes for a yellow tint.
- D. Instruct the client with hyperglycemia about insulin injections.
- E. -

85. 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. -

86. What is the scientific rationale for placing lift pads under an immobile client?

- A. The pads will help prevent friction shearing when repositioning the client.
- B. The pads will absorb any urinary incontinence and contain stool.
- C. The pads will prevent the client from being diaphoretic.
- D. The pads will keep the staff from workplace injuries such as a pulled muscle.
- E. -

87. 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. -

88. 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. -

89. 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. -

90. The client in the surgical holding area tells the nurse "I am so scared. I have never had surgery before." Which statement would be the nurse's most appropriate response?

- A. "Does having surgery make you afraid?"
- B. "Why are you afraid of the surgery?"
- C. "This is the best hospital in the city."
- D. "There is no reason to be afraid."
- E. -

91. The unlicensed nursing assistant (NA) can be overheard talking loudly to the scrub technologist discussing a problem that occurred during one (1) of the surgeries. Which intervention should the nurse implement?

- A. Instruct the NA and scrub tech to stop the discussion.
- B. Close the curtains around the client's stretcher.
- C. Tell the surgeon on the case what the nurse overheard.
- D. Inform the client that the discussion was not about their surgeon.
- E. -

92. 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. -

93. 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. -

94. 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. -

95. When positioning the intraoperative client for surgery, which client should the nurse consider at the highest risk for irreparable nerve damage?

- A.** The 68-year-old client in the Trendelenburg position having a cholecystectomy.
- B.** The 16-year-old client in the dorsal recumbent position having an appendectomy.
- C.** The 45-year-old client in the reverse Trendelenburg position having a biopsy.
- D.** The 22-year-old client in the lateral position having a nephrectomy.
- E.** -

96. 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.** -

97. When receiving the client from the OR, which intervention should the PACU nurse implement first?

- A.** Assess the client's breath sounds
- B.** Apply oxygen via nasal cannula
- C.** Take the client's blood pressure
- D.** Monitor the pulse oximeter reading
- E.** -

98. The nurse receives a report that the postoperative client received Narcan, an opioid antagonist, in PACU. Which client problem should the nurse add to the plan of care?

- A.** Risk for depressed respiratory pattern
- B.** Alteration in comfort
- C.** Potential for infection
- D.** Fluid and electrolyte imbalance
- E.** -

99. 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.** -

100. Which nursing intervention would be priority for the client experiencing acute pain?

- A.** Assess verbal and nonverbal behavior.
- B.** Wait for the client to request pain medication.
- C.** Bring the pain medication on a scheduled basis.
- D.** Teach the client to use only imagery every hour for the pain.
- E.** -

101. 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.** -

102. 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.** -

103. 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.** -

104. 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.** -

105. 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.** -

106. 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.** -

107. 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.** -

108. Ms. Sy undergoes surgery and the abdominal aortic aneurysm is resected and replaced with a graft. When she arrives in the RR she is still in shock. The nurse's priority should be

- A.** Assessing her VS especially her RR
- B.** Monitoring her hourly urine output
- C.** Putting several warm blankets on her
- D.** Placing her in a trendelenburg position
- E.** -

109. A client had a laminectomy and spinal

fusion yesterday. Which statement is to be excluded from your plan of care?

- A.** Before log rolling, remove the pillow from under the client's head and use no pillows between the client's legs.
- B.** Before log rolling, place a pillow under the client's head and a pillow between the client's legs.
- C.** Keep the knees slightly flexed while the client is lying in a semi-Fowler's position in bed.
- D.** Keep a pillow under the client's head as needed for comfort.
- E.** -

110. 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.** -

111. 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.** -

112. In the early postoperative period following a transurethral surgery, the most common complication the nurse should observe for is:

- A.** Hemorrhage
- B.** Sepsis
- C.** Leakage around the catheter
- D.** Urinary retention with overflow
- E.** -

113. Following prostate surgery, the retention catheter is secured to the client's leg causing slight traction of the inflatable balloon against the prostatic fossa. This is done to:

- A.** Provide hemostasis
- B.** Limit discomfort
- C.** Promote urinary drainage
- D.** Reduce bladder spasms
- E.** -

114. The nurse understands that the setting that is the organizational center of the United States health-care system is the:

- A. Acute care setting
- B. Clinic setting
- C. Community setting
- D. Long-term care setting
- E. -

115. 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. -

116. 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. -

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

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

118. 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. -

119. 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. -

120. Which person is a greatest risk for developing nosocomial pneumonia?

- A. The 60-year-old client receiving mechanical ventilation
- B. The 40-year-old client with type 2 diabetes who has a 50 pack-year smoking history
- C. The 60-year-old client in traction for a fractured femur who also has a cold
- D. The 40-year-old client receiving antibiotics for a surgical wound infection
- E. -

121. 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. -

122. 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. -

123. 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. -

124. 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. -

125. Which client is at greatest risk for a hydroureter?

- A. Man with frequent renal calculi
- B. 28-year-old woman with frequent cystitis
- C. 68-year-old woman with diabetic nephropathy
- D. 68-year-old man with chronic hypertension
- E. -

126. 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. -

127. 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. -

128. 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. -

129. The client with glomerular nephritis has a glomerular filtration rate (GFR) of 40 mL/min, as measured by a 24-hour creatinine clearance. What is the nurse's interpretation of this finding?

- A. Reduced glomerular filtration rate, client at risk for fluid overload
- B. Reduced glomerular filtration rate, client at risk for dehydration
- C. Excessive glomerular filtration rate, client at risk for fluid overload
- D. Excessive glomerular filtration rate, client at risk for dehydration
- E. -

130. Which drug should the nurse be prepared to administer to the client diagnosed with renal calculi from hyperuricemia?

- A. Allopurinol (Zyloprim)
- B. Phenazopyridine (Pyridium)
- C. Captopril (Capoten)
- D. Chlorothiazide (Diuril)
- E. -

131. The client with diabetes is visually impaired and wants to know if syringes can be prefilled and stored for use later. What is the nurse's best response?

- A. "Yes, prefilled syringes can be stored for up to 3 weeks in the refrigerator in a vertical position with the needle pointing up."
- B. "Insulin reacts with plastic, so prefilled syringes must be made of glass."
- C. "No, insulin cannot be stored for any length of time outside of the container."
- D. "Yes, prefilled syringes can be stored for up to 3 weeks in the refrigerator, placed in a horizontal position."
- E. -

132. 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. -

133. 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. -

134. Which laboratory value indicates inadequate functioning of a transplanted pancreas?

- A. 50% decrease in urine amylase level
- B. Elevated bilirubin level
- C. Blood urea nitrogen >30 mg/dL
- D. Total white blood cell count <5000/mm³
- 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 condition or action represents a modifiable risk factor for prevention of osteoarthritis?

- A. Obesity
- B. Hypertension
- C. Walking as exercise
- D. Cigarette smoking
- E. -

137. Which activity should the nurse suggest to the client with osteoarthritis as being most likely to slow the development of disabilities associated with osteoarthritis?

- A. Swimming 3 times per week
- B. Taking an aspirin daily
- C. Avoiding any form of physical exercise
- D. Eating less red meat and starchy vegetables
- E. -

138. The client with arthritis and all the following allergies is prescribed to take celecoxib (Celebrex) daily. Which allergy is most important for the nurse to report to the physician?

- A. Sulfa drugs
- B. Shellfish
- C. Peanut
- D. Latex
- E. -

139. With which of the following clients should the nurse remain alert to the possible development of high-output heart fai-

lure?

- A. 27-year-old woman taking excessive amounts of thyroid hormone to promote weight loss
- B. 40-year-old woman taking oral contraceptives
- C. 40-year-old man who broke an ankle while training for a marathon
- D. 68-year-old man with dehydration 5 years after having a myocardial infarction
- E. -

140. 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. -

141. A nurse is performing auscultation of the posterior lungs of a client admitted with heart failure. There are increasing crackles from the bases to the lower third of both lungs. What would be the nurse's best action?

- A. Notify the health care provider
- B. Place the client in a semirecumbent position
- C. Increase the intravenous fluid rate
- D. Administer chest physiotherapy
- E. -

142. 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. -

143. 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. -

144. 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. -

145. Which client is at greatest risk for development of fat emboli leading to pulmonary embolism?

- A. 36-year-old man who fractured his femur 2 days ago
- B. 36-year-old woman who is 50 pounds overweight
- C. 70-year-old woman who has a recurrence of breast cancer
- D. 70-year-old man who is easily dehydrated because of drug-induced diabetes insipidus
- E. -

146. 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. -

147. Which statement made by a client's spouse indicates the need for more teaching about prevention of a pulmonary embolism at home after major abdominal surgery?

- A. "I will massage his feet and legs twice a day to help blood return."
- B. "I will check his breathing rate and level twice a day."
- C. "He is prone to constipation, so I will increase the amount of fiber in his meals every day."
- D. "While he is awake, I will make sure he gets up and walks for at least 5 minutes every 2 hours."
- E. -

148. 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. -

149. 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. -

150. Which statement made by the client who has respiratory problems indicates the presence of orthopnea?

- A. "At night, I need to sleep either on three pillows or in my recliner."
- B. "It seems I can't speak a complete sentence without stopping for breath."
- C. "When I am eating a meal, I notice my heart usually starts to beat hard and fast."
- D. "I have to stop to catch my breath halfway up a flight of stairs."
- E. -

INSTRUCTIONAL BOOK

Testing Board

TEST ITEMS FOR LICENSING EXAMINATION: KROK M. NURSING.

Kyiv. Testing Board.
(English language).

Approved to print 07.04/№39. Paper size 60x84 1/8
Offset paper. Typeface. Times New Roman Cyr. Offset print.
Conditional print pages 16. Accounting publishing pages 20.
Issue. 12 copies

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 | | |