NURSING PRACTICE IV-ANSWERS AND RATIONALES

1. Ratio: answer: B
Furosemide (Lasix) is a loop diuretic that will increase urine output and decrease edema. Give furosemide early in the day so that the increased urination will not disturb the client's sleep. Arrange for a potassium rich diet or potassium supplements as needed due to the loss of potassium with the increased diuresis.

2. Ratio: answer: D
If the victim cannot be ventilated the first time, reposition the head and try to ventilate again. If the victim cannot be ventilated after respositioning the head, the rescuer should proceed with maneuverse to remove any foreign bodies that may be obstructing the airway.

3. Ratio: answer: A
A flow rate of 2 L/min gives an O_2 concentration of approximately 28%. Face masks will deliver O_2 concentrations of 35-50% with flow rates of 6-12 L/min. A nonrebreathing mask, which delivers high concentrations of O_2 and deliver O_2 concentrations of 60-90%.

4. Ratio: answer: C
Two methods that are used to assess the efficiency of gas transfer in the lungs are analysis of ABGs and oxymetry. ABGs are used to measure acid-base balance,but oxymetry is not. An assessment of PaO_2 or SaO_2 is usually sufficient to determine adequate oxygenation. Blood drawn from a pulmonary artery catheter is termed a mixed venous blood gas sample because it consists of venous blood that has returned to the heart from tissue beds and "mixed" in the right ventricle.

5. Ratio: answer: A
An oral glucose tolerance test (OGTT) is a fasting test and the client will be NPO after midnight prior to the test. All the other responses identify appropriate client responses regarding to the test.

6. Ratio: answer: B
In hypopituitarism, there is decreased cardiac output, decreased blood pressure, and decrease energy level (fatigue). These symptoms occur due to an absence of hormones resulting from the decreases pituitary activity and truncal obesity is commonly associated with this disorder.

7. Ratio: answer: C
A cerebral spinal leak is suspected and testing the fluid for the presence of glucose would confirm this. Most leaks heal spontaneously, but occasionally surgical repair is needed. Packing the nose will not heal the leak at this site. The hedad of the bed should be elevated to decrease pressure on the graph site and blowing the nose is contraindicated.

8. Ratio: answer: 4
After a hypophysectomy (surgical removal of the pituitary gland) there is a return to normal pituitary secretion. Hypopituitarism can cause a deficit of growth hormone, gonadotropins, thyroid stimulating hormones, and ACTH. The client needs to watch for changes in mental status, energy level, muscle strength, and cognitive function. Cushing's disease is a disorder of hypersecretion. Grave's disease is a hypersecretion of the thyroid gland. Diabetes mellitus is related to the function of the pancreas and is not related to the function of the pituitary.

9. Ratio: answer: C
Vasopressin (Pitressin) is an antiduiretic hormone and is given to a client with diabetes insipidus to increase urine concentration by increasing the tubular reabsorption of water. Vasopressin does not increase blood pressure or affect either insulin production or intestinal absorption of glucose.

10. Ratio: answer: A
Excess corticoids in the individual with Addison's disease contribute to weight gain and calcium and

protein loss. So the recommended diet for these individuals is one of high protein and calcium intake while maintaining lower caloric intake to prevent weight gain.

10. Ratio: answer: A
Glucocorticoid medication therapy is established with a basal dose. The typical regimen begins with two-thirds of the daily dose taken in the morning (8 AM) and the remaining one-third later (4 PM) in the day. This regimen closely resembles the diurnal pattern of secretion. Glucocorotoid medications do not have a cumulative effect and must be taken daily. Glucocorticoid needs fluctuate according to daily life and/or stressors.

11. Ratio: answer: C
Decreased heptic glucosneogenesis and increased glucose uptake in the tissue cause hypoglycemia, not hyperglycemia. Elevatedglucoseis associatedwith cortisol excesss, asin Cushing's disease. Hyperkalemia and hyponatremia are characteristic of Addison's disease. There is decreased renal perfusion and excretion of waste products, which cause an elevated BUN.

12. Ratio: answer: C
With adrenocortical insufficiency, muscle weakness, fatigue, nausea, and vomiting, irritability and mood changes are all signs and symptoms tat occur. The other options listed are not symptoms of Addison's disease.

13. Ratio: answer: A
In Cushing's disease, skin bruising occurs caused by hypersecretion of glucocorticoids. Fluid retention causes hypertension. Hair on the head thins, while body hair increases. Weight gain also occurs.

14. Ratio: answer: D
Urine test that are positive for glucose and ketones as well as BG levels less than 450 mg/dl are diagnostic for diabetes mellitus rather than diabetes insipidus. A urinary output of 1-2 liters is a normal daily output. Polyuria is a manifestation of diabetes insipidus. In diabetes insipidus, there is a lack of antidiuretic hormone (ADH), which causes insufficient water reabsorption in the kidneys. These causes polyuria and results in decreased urine specific gravity (1.001-1.010). The client may consume and excrete 5-40 L of fluid a day.

15. Ratio: answer: D
Clients with Cushing's disease have hypertremia, not hyponatremia, and this sodium retention is typically accompanied by potassium depletion. Bone reabsorption of calcium increases the urine calcium level. The secretion of aldosterone results in hypertension, hypokalema, and edema. In addition, hyperglycemia rather than hypoglycemia is seen due to alteration in glucose metabolism.

16. Rationale: The right atrium is the correct answer. The superior vena cava brings deoxygenated blood to the right atrium. The central venous catheter is threaded into the superior vena cava approximately 2 to 3 cm above the junction with the right atrium.

17. Rationale: Correct answer: D
An opaque mask is placed over the neonate's eyes to prevent retinal damage from the lights. The mask should be removed for 2-5 minutes every 8 hours to assess for irritation or redness.

18Rationale: Correct answer: C
The goal of CPR is to maintain circulation to vital organs until more advanced forms of life support can be initiated.

19. Rationale: Correct answer: C
The nurse must obtain baseline vital signs for this client just prior to starting the transfusion. Then the nurse will continue to monitor his vital signs as per protocol to evaluate for signs of a transfusion reaction.

20. Rationale: Correct answer: A
The Swan-Ganz catheter measures pulmonary artery and capillary wedge pressures, which are good

indicators of pulmonary pathology. The Swan-Ganz catheter does not measure myocardial oxygen consumption and does not control renal blood flow.

21. Rationale: Correct answer: C
The nurse should assess both Mr. and Mrs. J.'s understanding of the disease and rehabilitation processes. They both exhibit the need for information in order to be able to make rational decisions.

22. Rationale: Correct answer: A
Anginal pain is of short duration. It is usually relieved by rest. The usual treatment for anginal pain is nitroglycerin. Anginal pain and the pain of an acute MI can both radiate to other locations

23. Rationale: Correct answer: C
The blood pressure increases in response to the thickening of vessels and less-distensible arteries and veins. There is also an impedance to blood flow and increased systemic vascular resistance, contributing to hypertension. Confusion could be caused by a decreased oxygenation to the brain or by the interaction of multiple medications. An erratic pulse is not caused by decreased vessel elasticity and increased peripheral vascular resistance. An erratic pulse could be a sign of cardiac disease, a side effect of a prescribed medication, or a sign of the interaction of multiple medications.

A wide QRS complex on an ECG is present in
arrhythmias arising from the ventricles or in the presence of conduction defects of the ventricles.

24. Rationale: Correct answer: A
Immediately following a cardiac catheterization with femoral artery approach, the client should not flex or hyperextend the affected leg to avoid blood vessel occlusion or hemorrhage. Fluids are encouraged to assist in removing the contrast medium from the body. Asking the client to move their toes assess motion, which could be impaired if a hematoma or thrombus were developing. The pre-catheterization medications are needed to treat acute and chronic conditions. [Some facilities may require the MD to reorder all pre-procedural medications. Check your facility policy & procedures.]

25. Ratio: The correct answer is: B
Decreasing the client's pain is the most important priority at this time. As long as pain is present there is danger in extending the infarcted area. Morphine will decrease the oxygen demands of the heart and act as a mild diuretic as well.

26. Ratio: correct answer: D
Metropolol (Lopressor) is a beta blocker, and it slows heart rate; the main therapeutic effect after a MI is to reduce cardiac workload. It does not dilate the coronary arteries, and it actually decreases the contractility (strength of the heart beat).

27. Ratio: correct answer: A
A prudent diet would be high in potassium because digoxin and furosemide can both deplete potassium. The diet needs to be low in sodium to prevent additional fluid overload with heart failure. Chicken, potato, and cantaloupe are all potassium-rich foods; options 2,3, and 4 are higher in sodium.

28. Ratio: answer: D
Nitroglycerine loses potency over time when exposed to light and heat. They should be kept cool, dry, and in a dark container. Clients should get a new bottle every 6 months, and store them in a cool place; tablets should be taken 5 minutes apart, taking more that one tablet at a time can actually decrease the effectiveness of the drug and may cause severe hypotension.

29. Ratio: answer: B
ST elevations indicate immediate myocardial injury; ST depressions indicate myocardial ischemia; a Q

wave forms several days after a myocardial infarction; a U wave is a sign of hypokalemia.

30. Ratio: answer: C
Synchronized cardioversion is most effective with new –onset atrial fibrillation. Pacemakers are indicated for heart block, AICDs are used for ventricular dysrhythmias, and defibrillation is indicated for ventricular fibrillation and pulseless ventricular tachycardia.

31. Ratio: answer: D
The client should have a light meal with no caffeine before a cardiac stress test. Options 1, 2, and 3 are incorrect because they do not follow this guideline.

32. Ratio: answer: C
The best first action is to assess the client's level of consciousness and assess if the ventricular tachycardia is perfusing the body (BP, pulse). With pulseless ventricular tachycardia, immediate defibrillation is performed by an ACLS certified nurse. If the client has a good BP and pulse, is awake and alert, the nurse may administer lidocaine as prescribed or, in some cases, administer a precordial thump.

33. Ratio: answer: B
Anxiety and fear are common responses to a diagnosis of myocardial infarction because of the possibility of death. This prevents the client and family from absorbing the detailed explanations about the care being provided. Memory lapses are not a common symptom of myocardial infarction, and there is not adequate information to determine that this memory lapse is associated with Alzheimer's disease. Nurses in the emergency room are able to explain procedures well to their clients.
50 percent of people over the age of 50 develop varicose veins and a major risk factor is standing for long periods of time at work.The other responses do not address these concerns.

34. Ratio: answer: C
Blanching of the nailbed for more than 3 seconds after of pressure may be indicate reduced arterial capillary perfusion, which may be an indication of decreased cardiac output. The other options are incorrect for the time frame indicated or do not apply.

35. Ratio: answer: D
Elevating the legs increases venous return to the heart and will assist in raising the blood pressure. A semi-Fowler's position could lower the blood pressure even further. A side-lying position will have no beneficial effect, and the Trendelburg position could impair respirations by causing upward pressure on the diaphragm, by gravity.

36. Ratio: answer: B
Calcium channel blockers relax arterial smooth muscle, which lowers peripheral resistance through vasodilation. Dizziness is a common side effect because of orthostatic hypotension. Clients need to be taught to change position slowly to prevent falls.

37. Ratio: answer: A
Anticoagulation therapy is used for deep vein thrombosis to prevent propagation of the clot, development of a new thrombus, and embolization. It does not dissolve the clot. It has no effect on infection and does not allow for immediate ambulation.

38. Ratio: answer: C
Sclerotherapy, the injection of a sclerosing agent into a varicose vein followed by compression with a compression bandage for a period of time, is a common procedure for varicose veins.

39. Ratio: answer: D
Sensation in the feet may be diminished in clients with arterial occlusive disease. Teach the client to check the bathwater with the hands top prevent the risk of burn injury. The client should stop and rest when pain is experienced (option C). Options A and B are useful treatments for venous disease.

40. Ratio: answer: B
The level of the right artrium must be determined, and each successive reading must be determined

from the same point of reference on the client. This area is also called the phlebostatic axis.

41. Ratio: answer: D
Medication should be administered with a small gauge needle (25 gauges) into the subcutaneous tissue, without aspirating or massaging the area. Partial thrombolastin time (PTT) is used to monitor the effects of heparin. Heparin is not infused by IVPB.

42. Ratio: answer: C
Noncompliance with blood pressure medications is a common problem in the treatment of hypertension. The client must understand that the only way to keep her blood pressure under control is to discontinue taking her medications. She is not going to be able to discontinue the medications unless there is significant change in her condition as a result of weight loss, an exercise program, and /or decreased stress.

43. Ratio: answer: A
Early ambulation is the most effective and safe way to prevent thrombophlebitis with any type of client. This promotes venous return and prevents venous stasis. Anticoagulants are not routinely given postpartum unless there is another pathological condition present. The legs should be elevated when the client is in a sitting position.

44. Ratio: answer: C
Smoking causes vasoconstriction, which increases the complications brought about by PVD. This is a modifiable risk factor that will assist in increasing circulation. Age cannot be modified. The diabetic client needs to maintain good control of diabetic clients needs to maintain good control of diabetes, but PVD is a complication of the disease process. Orthostatic hypotension is not a factor in this client.

45. Ratio: answer: C
Occlusion to the aortic/femoral bypass graft is considered an immediate medical emergency, and physician notification is imperative. No other nursing options would alleviate the problem. Massaging the leg and having the ambulate would be contraindicated. The nurse should not wait to call the physician if the pulses cannot be palpated and the client is experiencing pain.

46. Ratio: answer: C
First-Degree heart block can only be evaluated with an ECG or monitor tracing because the distinguishing factor is a prolonged P-R interval; all beats are being conducted. Other options do not assess first-degree block.

47. Ratio: answer: A
A low-range CVP reading and the decrease in urine output would be associated with hypovolemia caused by hemorrhage. The decrease in urine output is reflective of poor renal perfusion.

48. Ratio: answer: C
A complication of hypertension is congestive heart failure, which may be first seen as dyspnea on exertion. The client should exercise as tolerated and stop when she gets tired or begins to have shortness of breath, regardless of the amount of time she has already exercised.

49. Ratio: answer: B
Nipride is a very powerful, rapid vasodilator. The nurse should decrease the infusion first before the pressure drops further, then assess the client's response to decreased rate. If the client's urinary output remains adequate and there is no dizziness or neurological change, then the client is probably tolerating the blood pressure level.

50. Ratio: answer: A
A common side effect of a combination of hypotensive and diuretic medications is postural hypotension. It is important to teach the client how to deal with it. The client should not increase intake of fluids because the diuretics are being given to decrease excess fluid. The client should decrease intake of sodium. When the client is feeling better, the medications are working.

51. Ratio: answer: C
In cardiac catheterization with angiography, contrast dye is injected into the coronary arteries, which allows visualization of the coronary arteries and provides information of their patency. Exercise tolerance is a stress test, and an electrocardoagram (EKG) is a study of the conduction system. Pumping capacity can be determined during a catheterization, but the question specifically asked about cardiac angiography, which is a study of cardiac vessels.

52. Ratio: answer: A
Jugular vein distension with the client in a sitting position, or with a 45-degree head elevation, is indicative of an increase in the central venous pressure. Many clients experience jugular vein distension when in a supine position, and it is not indicative of an increase in central venous pressure. Adventitious breath sounds, bradycardia, restlessness, and tachypnea are not directly associated with increased jugular vein distention but may occur if the client develops right-sided heart failure.

53. Ratio: answer: D
In order to decrease pulmonary congestion and dyspnea, it is desirable to decrease cardiac workload by encouraging adequate rest; the client should not exert himself to the point of fatigue. Bed rest does promote venous return, but that is not the purpose of bed rest in the client with CHF.

54. Ratio: answer: A
Compensatory mechanisms assist the failing heart to maintain an adequate cardiac output and blood flow to the tissues. These changes will initially maintain the blood flow in clients with a decrease in cardiac output. Increase in cardiac rate and size wit ventricular dilation all increase the cardiac output.

55. Ratio: answer: A
Dyspnea on exertion is a classic sign of left ventricular problems, regardless of the precipitating cause. Lower extremity edema is also characteristic but not as much as the dyspnea.

56. Ratio: answer: C
Antibiotics (usually administered by IVPB) are indicated for bacterial endocarditis. The home care nurse will monitor this client's daily IVPBs. This is to prevent vegetation growth on the valves. Other options are not specific to bacterial endocarditis.

57. Rationale: The correct answer is number: C
This finding indicates potential infection so temperature is essential to evaluate before notification of the care provider

58. Rationale: Correct answer is C
Due to physiological changes in the elderly, as well as conditions such as dehydration, hyperthermia, immobility and liver disease, the metabolism of drugs may decrease. As a result, drugs can accumulate to toxic levels and cause serious adverse reactions.

59. Ratio: Correct Answer B

1.His ability to cough and deep breathe should be assessed earlier so that further teaching can take place if needed. Once preoperative medications are administered, the client's ability to retain information is impaired.
2.**A complete drug history on every preoperative client is essential because of potential reactions to drugs. Drug hypersensitivity and allergic reactions must be assessed before preoperative medications are administered.**
3.The client's understanding should be assessed earlier so the nurse can do further teaching if indicated. This should be done before the operative consent is signed.
4.While it is optimal to have the family present, medication should be given as ordered so that the timing of the peak action is most beneficial to the client.

60. Ratio: Correct answer: A

The liver produces between 700 and 1000 mL of bile per day. The gallbladder stores and concentrates bile and then releases it when stimulated, but is not an essential structure.

61. Ratio: Correct answer: B
Clay-colored stools indicate that no bile is reaching the intestine and suggest obstructive jaundice. Option A and C are unrelated to the question. Option D can be present due to cardio vascular disease or as an indirect consequence of portal hypertension with impaired venous return, but there is insufficient information in the question to support the opinion.

62. Ratio: Correct answer: C
Jaundice frequently causes pruritis. Comfort measures include keeping the air temperature cool (68° to 70° F) and the humidity at 30 to 40 percent. Tepid baths (not hot) with colloidal agents decrease itching (option b). Use of an emollient lotion is also helpful, but anything drying should be avoided (option D). Hot beverages (option A) are of no benefit as a comfort measure for pruritus due to jaundice.

63. Ratio: Correct answer: A
Complications of liver biopsy include hemorrhage or accidental penetration of biliary canniculi. The nurse should assess for for sign of hemorrhage (increased pulse, decreased blood pressure) every 30 minutes for the first few hours and then hourly 24 hours. The client should be monitored for every 4 hours and remain on bed rest for 24 hours.

64. Ratio: Correct answer: B
Lactulose (Cephulac) is a disaccharide laxative used to decrease the absorption of ammonia in the intestines, thereby lowering the serum ammonia and resulting in improvement in hepatic encephalopathy.

65. Ratio: Correct answer: D
Factors that increase the risk of gallstone formation include female gender, aging, use of oral contraceptives, pregnancy, and rapid weight loss, high cholesterol level, and diseases of the ileum.

66. Ratio: Correct answer: A
In cirrhosis, the liver becomes fibrotic, which obstructs the venous blood flow through the liver. This increases the vascular pressure in the portal system, and causes congestion in the spleen and development of variscosities in the esophagus. Bleeding esophageal varices are a complication of portal hypertension and result in vomiting of blood and possible hemorrhage and death.

67. Ratio: Correct answer: C
A low-sodium diet is recommended for client that has cirrhosisand ascites. Potato chips are high in sodium. Cookies and hard candy are high in sugar, while bread is high in complex carbohydrates.

68. Ratio: Correct answer: A
The liver synthesizes clotting factirs I, II, VII, IX and X as well as prothrombin and fibrinogen. These substances are needed for adequate clotting, so their reduction leads to increased risk of bleeding. The other responses do not address these concerns.

69. Ratio: correct answer: B
HBsAg is hepatitis surface antigen and is usually present before symptoms manifest. It indicates acute disease. The other options are incorrect conclusions regarding this test results.

70. Ratio: correct answer: A

Vasopressin causes vasoconstriction and may precipitate an acute anginal attack or myocardial infarction, especially in those with known cardiovascular disease. The other options are unrelated to the questions.

71. Ratio: correct answer: A
After the extracorporeal shock wave lithotripsy, the nurse should monitor for biliary colic and nausea. The colicky pain is caused by passage of stone fragments through the biliary tree into the small intestine. Headache, diarrhea, and hiccups are unrelated manifestations.

72. Ratio: correct answer: B
Pancreatitis is associated with alcoholism in men and gallstones in women. This disorders in option A and C are not associated with increased risk of pancreatitis, while option D promtes health.

73. Ratio: Correct answer: C
Dumping syndrome is the rapid of food into the jejunum without proper missing and digestion. Interventions that help to minimize dumping syndrome are lying down after eating, eating a diet high in far and protein and low in carbohydrates, and no fluids with meal.

74. Ratio: correct answer: C
The client with GERD is encourage to eat smaller, low-fat frequent meals and to avoid lying down after eating. Clients are instructed to not eat for at least 2 nhours before bedtime and avoid foods that decrease lower esophageal sphincter pressure, such as anything containing caffeine (coffee, tea, cola, chocolate)

75. Ratio: correct answer: D
Famotidine (Pepcid) is a histamine-2 receptor antagonist and reduces the secretions of gastric cid. This class of drugs does not have a direct effect on reflux, LES tone, or GI motility.

76. Ratio: correct answer: A
Hemorrhage and bleeding is a common feature of ulcerative colitis, and over time this can lead to significant loss of RBC's. The client should be assessed for possible anemia.

77Ratio: correct answer: B
Keeping the client in a high Fowler's position minimizes the risk of aspiration. The other options do not address this priority issue of care.

78. Ratio: correct answer: D
Scissors should be kept at the bedside of all clients with an esophagogastric tube and the tube should be cut if the client experiences respiratory compromise. Maintaining the client's airway is the first priority.

79. Ratio: correct answer: B
A healthy stoma is red to reddish-pink, moist, and shiny. A stoma that appears dark red, bluish, or black indicates ischemia or necrosis. This finding must be reported immediately because the viability of the tissue is at risk. Option C and D are of no concern immediately.

80. Ratio: correct answer: B
Symptoms of dumping syndrome can occur within 5 minutes to 3 hours after eating and include nausea, vomiting, tachycardia, diaphoresis, abdominal pain, syncope, and hyperactive bowel sounds.

81. Ratio: answer: A
NPO status before a barium swallow and a gastroduodenoscopy and low-residue diet the evening before the procedures are routine orders for these test.

82. Ratio: answer: B
The syndrome is self-limiting. Decreasing fluid intake with and after meals, eating small meals, and

decreasing carbohydrate and salt intake will decrease the dumping effect.

83. Ratio: answer: A
Evaluate the nasogastric tube patency; it is very important to assess the client and determine the source of the nausea before calling the doctor.

84. Ratio: answer: D
An upper gastrointestinal series will indicate delayed gastric empty and an elongated pyloric channel.

85. Ratio: answer: C
Duodenal ulcers are characterized by high gastric acid secretion and rapid gastric emptying. Food buffers the effect of the acid. Therefore pain increases when the stomach is empty.

86. Ratio: answer: B
The primary problem with diverticula is food or indigestible fiber that gets caught in the poouches. The client should avoid this type of fiber.

87. Ratio: answer: A
Perforation is characterized by increasing distention and “board-like” abdomen. The other option may be seen with hemorrhage.

88. Ratio: answer: B
Either Sims’ lateral or a knee-chest position is used for best access and visualization as well as for the client’s comfort.

89. Ratio: answer: C
Three consecutive specimens should be acquired and sent. Diet should be high residue. A blue color is positive.

90. Ratio: answer: D
Bilirubin is the product of hemoglabin breakdown, and high amounts in skin result in a yellowish green hue to skin, which is called icterus.

91. Ratio: answer: B
Postoperative clients require appropriate psychological support and do experience pain. Providing both will improve client outcomes.

92. Ratio: answer: C
Three to four inches is required for an adult to clear the rectal sphincter.

93. Ratio: answer: A
HBV is spread by sexual contact. The client should not be sexually active until the HbsAB antibodies (antibodies to antigen) are present. There will be no bilibrubin in the urine or stools; clay-colored stools are expected, so they would not be reported.

94. Ratio: answer: B
A semi-Fowler’s position improves lung expansion. The incision for cholecystectomy is high and may interfere with respiratory exchange. The other positions would probably interfere with respiration.

95. Ratio: answer: C
Paper towels are used to create a clean area surface. Alcohol preps are not effective. The gown and gloves are not indicated for assessment.

96. Ratio: answer: C
In end-stage liver disease, the liver cannot break down ammonia by-products of protein metabolism.

The increased ammonia levels in the serum cross the blood-brain barrier, causing uncontrolled drowsiness and confusion.

97. Ratio: answer: B
Portal hypertension, peritonitis, and cirrhosis of the liver are all causes of ascites, which is collection of fluid in the peritoneal cavity.

98. Ratio: answer: A
Standard precautions are the appropriate type of infection precautions for all clients with hepatitis. Droplets precautions are not necessary for clients with hepatitis. Because hepatitis A is transmitted by the oral-fecal route, contact precautions are not necessary, except for the methods provided by standard precautions. Bloodborne precautions (part of standard precautions) are necessary for clients with hepatitis B and C (which are bloodborne), as well as for clients with hepatitis D.

99. Ratio: answer: B
The fuction of the gallbladder is the concentration and storage of bile. With the gallbladder absent, the liver will continue to produce bile to emulsify fats, but there won't be an excess of bile available. Clients who have undergone a cholecystectomy should eat a low-fat diet do not need to make any other dietary adjustment.

100. Ratio: answer: D
Accurate intake and output measurements are essential for clients receiving diuretics. Hypokalemia, not hyperkalemia, is a frequent occurrence with diuretic therapy, and hypovolemia is a much greater risk with an increased urine output. Clients should be weighed daily.