



ADVANCED PLACEMENT NURSING PROGRAM STUDY GUIDE FOR NURSING MOBILITY PROFILE EXAM

The examinee will be able to assess, prioritize, and intervene regarding:

- ❖ Patient care, documentation
- ❖ Client physiological needs
- ❖ Client psychological needs
- ❖ Safe, effective care environment
- ❖ Universal, standard precautions, chain of infection, nosocomial infection
- ❖ Cultural diversity
- ❖ Body mechanics
- ❖ Death and Dying, Grieving Process
- ❖ Communication skills and principles
 - open-ended responses, active listening
- ❖ General principles of drug administration
 - Medication therapy, interactions, toxicity, antidotes, conversions (metric, household measurements)
 - Anticoagulants
 - Vitamins
 - Hematologic agents
 - NSAID's
 - ASA
 - Analgesics
 - Nitroglycerine
 - Insulin therapy
- ❖ IV Therapy
 - site management, care, flow rates
 - central lines
 - complications
- ❖ General principles of diet therapy
 - nutrients (K⁺, Na, Ca⁺⁺, low fat)
 - ADA recommendations
- ❖ Fluids and Electrolytes
- ❖ Lab values, diagnostic testing procedures
 - INR
 - K⁺
 - Cholesterol
 - Urinalysis

- Glucose monitoring
- ABG's (arterial blood gases)
- CAT scan
- MRI
- Hgb, Hct
- ❖ Nursing Process
 - Assessment (objective vs subjective data)
 - Techniques of assessment (inspection, auscultation, palpation, percussion)
 - Analyze and Diagnosis
 - Planning
 - Implementation
 - Evaluation
- ❖ Nursing Diagnoses (Goals, outcomes, assessment findings, evaluation)
 - Activity Intolerance
 - Anxiety
 - Constipation
 - Decreased cardiac output
 - Fatigue
 - Fluid volume deficit
 - Impaired gas exchange
 - Impaired swallowing
 - Ineffective tissue perfusion
 - Knowledge deficit
 - Nausea
 - Pain
 - Post Trauma Syndrome
 - Risk for infection
 - Risk for suffocation
 - Self-care deficit
 - Urinary Incontinence
- ❖ Patient teaching, evaluation
- ❖ Moral, legal, ethical issues
 - Abuse, neglect
 - Confidentiality
 - Health care proxy
 - Licensure, Board of Nursing
 - Living wills
 - Malpractice
 - Medical errors
 - Patients' rights
 - Restraints
- ❖ Delegation of patient care to UAP's (unlicensed assistive personnel)
- ❖ Growth and Development
- ❖ Physiologic Assessment, changes with age
- ❖ Care of the surgical patient, prevention of complications
- ❖ Maslow's Hierarchy of Needs
- ❖ Risks, signs & symptoms, complications, interventions
 - Renal surgery
 - BPN
 - CVA

- Hypertension
- Hepatitis
- Diabetes
- Fractures
- Seizures
- Thyroidectomy
- Renal calculi
- Orthopedic surgery
- Thrombophlebitis
- Osteoporosis
- Head, neck injury
- Tuberculosis
- ❖ Procedures, Nursing Care
- ❖ Dressing changes, wound care, irrigations
- ❖ NG tube maintenance, enteral feedings
- ❖ Foley catheter care, maintenance
- ❖ Endoscopy
- ❖ Basic care, hygiene
- ❖ Burn care
- ❖ Vital signs, pulse pressure
- ❖ Heat, cold applications
- ❖ Postural drainage
- ❖ Positioning patients
- ❖ Complications of bedrest

Sample Questions:

A nurse can foster a positive self-image in a client who has had an amputation by all of the following *EXCEPT*:

- a. encourage the client to care for the residual limb
- b. allowing the expression of grief
- c. introducing the client to local amputee support groups
- d. encouraging family and friends to refrain from visiting temporarily because this may increase the client's embarrassment

L.G., 62 year old male, admitted to the hospital with a suspected diagnosis of amyotrophic lateral sclerosis (ALS). While doing your data collection, which of the following symptoms would you expect L.G. to present:

- | | |
|----------------------------|-----------------------------|
| a. muscle twitching | c. difficulty in swallowing |
| b. respiratory dysfunction | d. impaired intellect |

After administering the analgesic meperidine HCL (Demerol), the nurse should:

- a. remain with the patient until she is comfortable
- b. return in 20 minutes to determine the effectiveness of the medication
- c. check the client's chart for the current order when charting the medication as administered
- d. inform the client that she will feel relief of pain in approximately 40 minutes

The nurse is monitoring Mr. B's postoperative vital signs and records the following on his charge: B/P: 110/80 pulse: 80 respirations: 24

Fifteen minutes later the nurse observes different readings. Which set of vital signs would be worthy of intervention/follow up?

- | | | |
|----------------|------------|------------------|
| a. B/P: 90/60 | pulse: 100 | respirations: 10 |
| b. B/P: 100/70 | pulse: 86 | respirations: 30 |
| c. B/P: 110/80 | pulse: 70 | respirations: 20 |
| d. B/P: 120/92 | pulse: 66 | respirations: 16 |

The physician orders morphine sulfate grs 1/8. How many millimeters would you administer if there are 10 mg. in 1 ml?

- | | |
|------------|-------------|
| a. 0.75 ml | c. 0.075 ml |
| b. 7.5 ml | d. 0.705 ml |

The physician orders 2000 ml D5 1/2 NS over the next 24 hours. Each liter contains 1 ml. of MVI and 2 ml. of Vitamin C. The drip rate factor is 20. At how many drops per minute would you regulate the IV flow?

- | | |
|----------------|----------------|
| a. 14 gtts/min | c. 28 gtts/min |
| b. 20 gtts/min | d. 83 gtts/min |

You are covering J.B.'s weight for his surgery chart. He weighs 42 lbs. This is _____ kgs.?

- | | |
|--------|-------|
| a. 9.2 | c. 38 |
| b. 19 | d. 92 |

Mr. M. 2 days post TURP complains of pain as you prepare his breakfast tray. Your *first* action would be to:

- check his chart to see when his last pain medication was given
- tell him to eat his breakfast and then you'll give him his medication
- notify the head nurse immediately and document the occurrence
- check the catheter to assure patency and free flow of drainage