

## Virtual ATI Med-Surg Set

A nurse is administering packed red blood cells to a client. What should the nurse do if a transfusion reaction is suspected? - ANS-Stop the infusion.

A nurse is caring for a client with skeletal traction following a fracture. How and when should skeletal pin care be provided? - ANS-One cotton swab with chlorhexidine is designated for each pin for pin care to be done once a shift.

A nurse is providing dietary teaching to a client newly diagnosed with constipation-predominant irritable bowel syndrome. List two (2) teaching points the should share with the client about dietary practices. - ANS-Eat foods high in fiber  
Increase fluids

ABGs

Determine imbalance - ANS-

Acute appendicitis findings - ANS-fever, tachycardia, diffuse abd pain, complications: peritonitis

Antidiarrheal drugs - ANS-camphorated tincture of opium

diphenoxin

diphenoxylate

laudanum

loperamide hydrochloride

Blood compatibility:

Nursing Actions for Hemolytic transfusion reaction - ANS-Remove the blood tubing from the IV access site. Initiate an infusion of 0.9% of sodium chloride using new tubing. Monitor VS and fluid status. Send the blood bag and administering set to the lab for testing.

Care of a peripherally inserted central catheter infusion system - ANS-access site for redness, swelling, drainage, tenderness, and condition of the dressing.

Caring for pt with peritoneal dialysis: - ANS-monitor for signs of infection (bloody, cloudy or frothy dialysate return, monitor for complications: respiratory distress, abd pain, insufficient flow, and discolored outflow

Cushing's Disease findings (too much cortisol hormone) - ANS-fx or osteoporosis,  
mnemonic: STRESSED

S=skin fragile

T=truncal obesity with small arms

# Med Surg Virtual Clinical Excursions Answer Key

**M Mosston**



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