25. 1. An MRI is not able to confirm the diagnosis of Parkinson's disease.
   2. This is the portion of the brain where Parkinson's disease originates, but this area lies deep in the brain and cannot be biopsied.
   3. This is a surgery that relieves some of the symptoms of Parkinson's disease. To be eligible for this procedure, the client must have failed to achieve an adequate response with medical treatment.
   4. Many diagnostic tests are completed to rule out other diagnoses, but Parkinson's disease is diagnosed based on the clinical presentation of the client and the presence of two of the three cardinal manifestations: tremor, muscle rigidity, and bradykinesia.


26. 1. An oral coagulant is ordered if the TIA was caused by atrial fibrillation, and that information is not presented in the stem.
   2. Atherosclerosis is the most common cause of a TIA or stroke, and taking a baby aspirin every day helps prevent clot formation around plaques.
   3. If the client had hypertension, a beta blocker may be prescribed, but this information is not in the stem.
   4. Anticonvulsant medications are not prescribed to help prevent TIAs.


27. 1. Myalgia is muscle pain, which is expected in a client diagnosed with encephalitis.
   2. The client complaining of chest pain is priority. Remember Maslow’s hierarchy of needs.
   3. Refusing to eat hospital food is not a priority.
   4. The client going to the whirlpool is stable and is not a priority over chest pain.


28. 1. The client should be assessed for delirium tremens and should be assigned to a registered nurse.
   2. Palpitations indicate cardiac involvement, and because the client has a history of cocaine abuse, this client should be assigned to a registered nurse.
   3. This client is at high risk for injury to self and should be assigned to a registered nurse and be on one-to-one precautions.
   4. The client has a right to leave against medical advice (AMA), and marijuana abuse is not life threatening to him or to others. Therefore, the LPN could be assigned to this client.


29. 1. An occasional PVC does not warrant intervention; it is normal for most clients.
   2. Less than six (6) unifocal PVCs in one (1) minute is not life threatening.
   3. Multifocal PVCs indicate the ventricle is irritable, and this client is at risk for a cardiac event such as ventricular fibrillation.
   4. Atrial fibrillation is not life threatening, and the nurse would expect the client not to have a P wave when exhibiting this dysrhythmia.


30. 1. This is a correct statement. The recommended proportions of food are 50% carbohydrates, 30% or less from fat, and 20% protein.
   2. Only 50% of the calories should come from carbohydrates.
   3. Red meat is an excellent source of protein but should only comprise 20% of the diet, and red meat is very high in fat.
   4. Polyunsaturated fats, not the monounsaturated fats, are the better fats.


31. 1. The client diagnosed with CHF will be short of breath on exertion and with activity. The significant other should report difficulty breathing not subsiding with rest or stopping the activity.
2. Two (2) to three (3) pounds of weight gain reflects fluid retention as a result of heart failure, which warrants notifying the HCP.
3. The caregiver must not administer the digoxin if the radial pulse is less than 60 bpm. The apical pulse is more difficult to assess in a client than the radial pulse.
4. The client in end-stage CHF is dying and should not exercise daily; activity intolerance as a result of decreased cardiac output is the number-one life-limiting problem.

**Content** – Medical: Category of Health Alteration – Cardiovascular: Integrated Nursing Process – Planning: Client Needs – Physiological Integrity, Physiological Adaptation: Cognitive Level – Synthesis.

32. 1. Barrel chest and clubbing of the fingers are signs of chronic lung disease.
2. Intermittent claudication and rest pain are signs of peripheral arterial disease.
3. Pink, frothy sputum and dyspnea on exertion are signs of congestive heart failure, which occurs when the heart can no longer compensate for the strain of an incompetent valve.
4. Friction rub occurs with pericarditis, and bilateral wheezing occurs with asthma.


33. 1. Once the chest incision heals, the client can shower or bathe, whichever the client prefers.
2. Electrical devices may interfere with the functioning of the pacemaker.
3. This alerts any HCP as to the presence of a pacemaker.
4. The client should be taught to take the radial pulse for one (1) full minute before getting out of bed. If the count is more than five (5) bpm less than the preset rate, the HCP should be notified immediately because this may indicate the pacemaker is malfunctioning.
5. The client should notify the HCP if the pulse is five (5) bpm less than the preset rate. This may indicate pacemaker malfunction.

**Content** – Medical: Category of Health Alteration – Cardiovascular: Integrated Nursing Process – Planning: Client Needs – Physiological Integrity, Physiological Adaptation: Cognitive Level – Synthesis.

34. 1. Having a history of a myocardial infarction is not a risk factor for developing infective endocarditis.

2. Cardiac valve replacement and valve disorders are risk factors for developing infective endocarditis. This is why clients must receive prophylactic antibiotic treatment before dental work and invasive procedures.
3. A personal history of rheumatic fever, not a family history, increases the risk of developing infective endocarditis.
4. NSAIDs have no effect on the development of infective endocarditis.

**Content** – Medical: Category of Health Alteration – Cardiovascular: Integrated Nursing Process – Assessment: Client Needs – Physiological Integrity, Reduction of Risk Potential: Cognitive Level – Analysis.

35. 1. The client’s pedal pulse does not evaluate the effectiveness of this medication.
2. This medication is not administered to help decrease blood pressure.
3. This medication inhibits platelet aggregation and is considered effective when there is a decrease in atherosclerotic events, an example of which is a stroke.
4. This medication will not help the pain associated with arterial occlusive disease.


36. 1. Sublingual nitroglycerin is the medication of choice for angina, but it is not the first intervention.
2. Applying oxygen is appropriate, but it is not the first intervention.
3. A STAT ECG should be ordered, but it is not the first intervention.
4. Stopping the client from whatever activity the client is doing is the first intervention because this decreases the oxygen demands of the heart muscle and may decrease or eliminate the chest pain.


37. 1. This client is unstable and received medication for chest pain. The nurse cannot delegate any task for a client who is unstable.
2. The UAP cannot notify the HCP because UAPs are not allowed to take verbal or telephone orders.