1. Which recommendation should the nurse suggest to an elderly client who lives alone when discussing normal developmental changes of the olfactory organs?
   1. Suggest installing multiple smoke alarms in the home.
   2. Recommend using a night light in the hallway and bathroom.
   3. Discuss keeping a high-humidity atmosphere in the bedroom.
   4. Encourage the client to smell food prior to eating it.

2. The elderly male client tells the nurse, “My wife says her cooking hasn’t changed, but it is bland and tasteless.” Which response by the nurse is most appropriate?
   1. “Would you like me to talk to your wife about her cooking?”
   2. “Taste buds change with age, which may be why the food seems bland.”
   3. “This happens because the medications sometimes cause a change in taste.”
   4. “Why don’t you barbecue food on a grill if you don’t like your wife’s cooking?”

3. The charge nurse is admitting a 90-year-old client to a long-term care facility. Which intervention should the nurse implement?
   1. Ensure the client’s room temperature is cool.
   2. Talk louder to make sure the client hears clearly.
   3. Complete the admission as fast as possible.
   4. Provide extra orientation to the surroundings.

4. Which assessment technique should the nurse implement when assessing the client’s cranial nerves for vibration?
   1. Move the big toe up and down and ask in which direction the vibration is felt.
   2. Place a tuning fork on the big toe and ask if the vibrations are felt.
   3. Tap the client’s cheek with the finger and determine if vibrations are felt.
   4. Touch the arm with two sharp objects and ask if one (1) vibration or two (2) is felt.

5. Which intervention should the nurse include when conducting an in-service on caring for elderly clients addressing normal developmental sensory changes?
   1. Ensure curtains are open when having the client read written material.
   2. Provide a variety of written material when discussing a procedure.
   3. Assist the client when getting out of the bed and sitting in the chair.
   4. Request a telephone for the hearing impaired for all elderly clients.

6. Which situation makes the nurse suspect the client has glaucoma?
   1. An automobile accident because the client did not see the car in the next lane.
   2. The cake tasted funny because the client could not read the recipe.
   3. The client has been wearing mismatched clothes and socks.
   4. The client ran a stoplight and hit a pedestrian walking in the crosswalk.

7. The client with a retinal detachment has just undergone a gas tamponade repair. Which discharge instruction should the nurse include in the teaching?
   1. The client must lie flat with the face down.
   2. The head of the bed must be elevated 45 degrees.
   3. The client should wear sunglasses when outside.
   4. The client should avoid reading for three (3) weeks.
8. The nurse is conducting a Weber test on the client who is suspected of having conductive hearing loss in the left ear. Where should the nurse place the tuning fork when conducting this test?

![Diagram of head]

1. A
2. B
3. C
4. D

9. The student nurse asks the nurse, “Which type of hearing loss involves damage to the cochlea or vestibulocochlear nerve?” Which statement is the best response of the nurse?

1. “It is called conductive hearing loss.”
2. “It is called a functional hearing loss.”
3. “It is called a mixed hearing loss.”
4. “It is called sensorineural hearing loss.”

10. The client has undergone a bilateral stapedectomy. Which action by the client warrants immediate intervention by the nurse?

1. The client is ambulating without assistance.
2. The client is sneezing with the mouth open.
3. There is some slight serosanguineous drainage.
4. The client reports hearing popping in the affected ear.

11. The female client tells the clinic nurse she is going on a seven (7)-day cruise and is worried about getting motion sickness. Which information should the nurse discuss with the client?

1. Make an appointment for the client to see the health-care provider.
2. Recommend getting an over-the-counter scopolamine patch.
3. Discourage the client from taking the trip because she is worried.
4. Instruct the client to lie down and the motion sickness will go away.

12. The nurse writes the diagnosis “risk for injury related to impaired balance” for the client diagnosed with vertigo. Which nursing intervention should be included in the plan of care?

2. Assess for level and type of diversional activity.
3. Assess for visual acuity and proprioceptive deficits.
4. Refer the client to a support group and counseling.

13. The nurse is assessing the client’s cranial nerves. Which assessment data indicate cranial nerve I is intact?

1. The client can identify cold and hot on the face.
2. The client does not have any tongue tremor.
3. The client has no ptosis of the eyelids.
4. The client is able to identify a peppermint smell.
14. The elderly client is complaining of abdominal discomfort. Which scientific rationale should the nurse remember when addressing an elderly client’s perception of pain?
1. Elderly clients react to pain the same way any other age group does.
2. The elderly client usually requires more pain medication.
3. Reaction to painful stimuli may be decreased with age.
4. The elderly client should use the Wong scale to assess pain.

15. Which instruction should the nurse discuss with the client when completing a sensory assessment?
1. Instruct the client to lie flat without a pillow during the assessment.
2. Instruct the client to keep both eyes shut during the assessment.
3. During the assessment the client must be in a treatment room.
4. Keep the lights off during the client’s sensory assessment.

16. Which signs/symptoms should the nurse expect to find when assessing the client with an acoustic neuroma?
1. Incapacitating vertigo and otorrhea.
2. Nystagmus and complaints of dizziness.
3. Nausea and vomiting.
4. Unilateral hearing loss and tinnitus.

17. Which assessment technique should the nurse use to assess the client’s optic nerve?
1. Have the client identify different smells.
2. Have the client discriminate between sugar and salt.
3. Have the client read the Snellen chart.
4. Have the client say “ah” to assess the rise of the uvula.

18. Which referral is most important for the nurse to implement for the client with permanent hearing loss?
1. Aural rehabilitation.
2. Speech therapist.
4. Vocational rehabilitation.

19. Which instruction should the nurse discuss with the female client with viral conjunctivitis?
1. Contact the HCP if pain occurs.
2. Do not share towels or linens.
3. Apply warm compresses to the eyes.
4. Apply makeup very lightly.

20. The client is two (2) hours postoperative right ear mastoidectomy. Which assessment data should be reported to the health-care provider?
2. Hearing loss in the affected ear.
3. No vertigo.
4. Facial drooping.

21. Which behavior by the male client should make the nurse suspect the client has a hearing loss? Select all that apply.
1. The client reports hearing voices in his head.
2. The client becomes irritable very easily.
3. The client has difficulty making decisions.
4. The client’s wife reports he ignores her.
5. The client does not dominate a conversation.
22. The client with cataracts who has had intraocular lens implants is being discharged from the day surgery department. Which discharge instructions should the nurse discuss with the client?
   1. Do not push or pull objects heavier than 50 pounds.
   2. Lie on the affected eye with two pillows at night.
   3. Wear glasses or metal eye shields at all times.
   4. Bend and stoop carefully for the rest of your life.

23. The nurse is assessing the client's sensory system. Which assessment data indicate an abnormal stereognosis test?
   1. The client is unable to identify which way the toe is being moved.
   2. The client cannot discriminate between sharp and dull objects.
   3. The toes contract and draw together when the sole of the foot is stroked.
   4. The client is unable to identify a key in the hand with both eyes closed.

24. Which statement by the daughter of an 80-year-old female client who lives alone warrants immediate intervention by the nurse?
   1. “I put a night-light in my mother’s bedroom.”
   2. “I got carbon monoxide detectors for my mother’s house.”
   3. “I changed my mother’s furniture around.”
   4. “I got my mother large-print books.”

25. The 72-year-old client tells the nurse food does not taste good anymore and he has lost a little weight. Which information should the nurse discuss with the client?
   1. Suggest using extra seasoning when cooking.
   2. Instruct the client to keep a seven (7)-day food diary.
   3. Refer the client to a dietitian immediately.
   4. Recommend eating three (3) meals a day.

26. The male client diagnosed with type 2 diabetes mellitus tells the nurse he has begun to see yellow spots. Which interventions should the nurse implement? List in order of priority.
   1. Notify the health-care provider.
   2. Check the client's hemoglobin A₁c.
   3. Assess the client's vision using the Amsler grid.
   4. Teach the client about controlling blood glucose levels.
   5. Determine where the spots appear to be in the client's field of vision.