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# Question 1

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**Question Type:** MultipleChoice

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A woman attends the health center with complaints of sudden, severe and sharp pain in the lower abdomen and an absence of menses for 8 weeks. The ultrasound reveals ectopic pregnancy.

When interviewing the woman, which of the following will the nurse ask about as risk factor of ectopic pregnancy?

## Options:

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- A- Oral contraceptive usage
- B- Frequency of sexual activity
- C- History of chlamydial infection
- D- History of urinary tract infection

## Answer:

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C

## Explanation:

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A history of chlamydial infection is a significant risk factor for ectopic pregnancy. Chlamydia can cause scarring and damage to the fallopian tubes, increasing the likelihood of a fertilized egg implanting outside the uterus. Oral contraceptive usage generally reduces the risk of ectopic pregnancy. The frequency of sexual activity and history of urinary tract infections are not directly related to the risk of ectopic pregnancy. Identifying and understanding these risk factors is essential for appropriate management and prevention strategies.

## Question 2

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**Question Type:** MultipleChoice

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A group of nurses conducting a systematic review to identify best practice evidence for hemodialysis in patient with anemia.

Which of the following should considered based on level of research evidence?

### Options:

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- A- Case-control studies
- B- Non-experimental studies
- C- Quasi-experimental studies
- D- Randomized control studies

**Answer:**

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D

**Explanation:**

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Randomized controlled trials (RCTs) are considered the highest level of evidence in research because they reduce bias and provide the most reliable results. When conducting a systematic review to identify best practice evidence for hemodialysis in patients with anemia, RCTs should be prioritized. These studies provide strong evidence on the efficacy of interventions. Case-control studies, non-experimental studies, and quasi-experimental studies provide valuable information but are considered lower levels of evidence compared to RCTs.

## Question 3

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**Question Type: MultipleChoice**

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While caring for a patient diagnosed with cerebrovascular accident, the nurse noted that the patient is unable to recognize familiar objects.

The nurse would use which of the following terms to describe the finding?

**Options:**

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A- Apraxia

B- Agnosia

C- Aphasia

D- Anopsia

**Answer:**

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B

**Explanation:**

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Agnosia is the term used to describe a condition where a person is unable to recognize familiar objects, even though their sensory modalities (like vision or hearing) are intact. This can occur after a cerebrovascular accident (stroke) if the part of the brain responsible for processing sensory information is damaged. Apraxia refers to the inability to perform purposeful movements or tasks despite having the desire and physical ability to do so. Aphasia is a condition characterized by the inability to understand or express speech. Anopsia refers to a defect in the visual field.

## Question 4

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**Question Type:** MultipleChoice

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A client with major depressive disorder is placed on phenelzine 15 mg BID. The nurse discussed with the client the dietary restrictions to follow while taking this medication.

Which of the following instructions **MUST** be included in teaching?

**Options:**

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- A- Avoid garlic, fish, and egg yolks
- B- Avoid milk, peanuts, and tomatoes
- C- Avoid black beans, garlic and pears
- D- Avoid parmesan cheese, beef liver, raisins

**Answer:**

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D

**Explanation:**

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Phenelzine is a monoamine oxidase inhibitor (MAOI) used to treat major depressive disorder. Patients taking MAOIs must avoid foods high in tyramine to prevent hypertensive crises. Parmesan cheese, beef liver, and raisins are high in tyramine and should be avoided. Garlic, fish, egg yolks, milk, peanuts, tomatoes, black beans, and pears do not typically contain high levels of tyramine and are generally safe to consume while taking MAOIs. The dietary restrictions are crucial to preventing dangerous interactions and maintaining patient safety.

## Question 5

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**Question Type:** MultipleChoice

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Which of the following tests is conducted to detect the hypokinetic and a kinetic wall motion of the heart and check the ejection fraction?

**Options:**

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**A-** Electrocardiogram

**C-** Echocardiogram

**D-** Angiography

**E-** Stress test

**Answer:**

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C

**Explanation:**

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An echocardiogram is a diagnostic test used to detect hypokinetic (reduced movement) and akinetic (no movement) wall motion of the heart and to assess the ejection fraction, which measures the percentage of blood leaving the heart each time it contracts. This test uses ultrasound waves to create images of the heart's structure and function. An electrocardiogram (ECG) records the electrical activity of the heart, angiography visualizes blood vessels, and a stress test evaluates the heart's response to physical exertion.

## Question 6

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**Question Type:** MultipleChoice

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A nurse aims to establish a respectful therapeutic relationship with a patient.

Which of the following actions is MOST appropriate to achieve this?

### Options:

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- A- Discussing non-health-related topics
- B- Being congruent between what is felt and what is expressed
- C- Considering client's ideas, preferences, and opinions when planning care
- D- Understanding the meaning and relevance of client's thoughts and feelings



**Answer:**

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C

**Explanation:**

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Establishing a respectful therapeutic relationship involves actively including the client's ideas, preferences, and opinions in their care planning. This action demonstrates respect for the client's autonomy and individuality, fostering trust and cooperation. Discussing non-health-related topics may help build rapport but does not directly contribute to a therapeutic relationship. Being congruent and understanding the client's thoughts and feelings are important but are part of the overall communication process rather than a specific action to establish respect in the relationship.

## Question 7

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**Question Type: MultipleChoice**

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A nurse is examining a 24-month-old child with hydrocephalus for the development of later signs of hydrocephalus.

Which of the following signs the nurse would find?

**Options:**

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- A- Frontal bossing
- B- Bulging fontanel
- C- Separated sutures
- D- Dilated scalp veins

**Answer:**

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A

**Explanation:**

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In a 24-month-old child with hydrocephalus, later signs of the condition include frontal bossing, which is the prominent, protruding forehead caused by the enlargement of the frontal bone. This is a characteristic feature of chronic hydrocephalus. Bulging fontanel, separated sutures, and dilated scalp veins are typically earlier signs of hydrocephalus seen in younger infants before the cranial sutures close. As the child ages, frontal bossing becomes more apparent due to prolonged intracranial pressure.

## Question 8

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**Question Type:** MultipleChoice

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The nurse understands that caring for a woman with gestational diabetic complications is exhibited as an example of.

**Options:**

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- A- Health promotion
- B- Health maintenance
- C- Health restoration
- D- Health rehabilitation

**Answer:**

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C

**Explanation:**

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Caring for a woman with gestational diabetes complications falls under health restoration. Health restoration involves actions taken to return a patient to their previous state of health or to manage chronic conditions. This includes managing and treating complications to improve health outcomes. Health promotion focuses on preventing health problems through lifestyle changes, health maintenance involves ongoing monitoring and prevention of deterioration, and health rehabilitation focuses on helping patients recover functionality after severe illness or injury.

## Question 9

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**Question Type:** MultipleChoice

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During a discharge planning of an educated 79-year-old woman, the patient expresses concern to the nurse about how she will remember taking the medications recently prescribed.

What is the BEST intervention that can be incorporated by the nurse in the discharge plan?

### Options:

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- A- Ask a family member to administer the medications to the patient
- B- Get the patient a weekly pill box and develop a written medication schedule
- C- Refer the patient to care home center to help her with medications administration
- D- Consult the physician to shortlist the prescribed drugs or prescribe combined medications

### Answer:

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B

### Explanation:

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The best intervention for helping an educated 79-year-old woman remember to take her medications is to provide a weekly pill box and develop a written medication schedule. This approach empowers the patient to manage her medications independently, reducing the risk of non-compliance. Asking a family member to administer medications or referring the patient to a care home might not be necessary if the patient can manage with simple tools. Consulting the physician to reduce or combine medications is an option but does not address the immediate need for a practical solution to medication management.

## Question 10

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**Question Type:** MultipleChoice

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Which of the following is the appropriate nursing action in the termination phase of the home visit?

### Options:

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- A- Validate the health history of the family
- B- Document the care provided during the visit
- C- Determine the family's readiness for more visits in future
- D- Review important teaching topics discussed during the visit

**Answer:**

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D

**Explanation:**

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In the termination phase of a home visit, the appropriate nursing action is to review important teaching topics discussed during the visit. This ensures that the family understands the care instructions and can ask any final questions. Validating the health history and documenting the care provided are important but are typically part of the initial or ongoing phases of the visit. Determining readiness for future visits is also important but is secondary to ensuring the family understands the teaching provided.

## Question 11

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**Question Type: MultipleChoice**

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Which of the following is the MOST common cause of aortic dissection is:

**Options:**

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**A-** Poor control diabetes

- B-** Poor control liver disease
- C-** Poor control hypertension
- D-** Poor control kidney disease

**Answer:**

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C

**Explanation:**

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Poorly controlled hypertension is the most common cause of aortic dissection. Hypertension increases the pressure within the aorta, leading to damage to the aortic wall and making it more susceptible to tearing. Diabetes, liver disease, and kidney disease can contribute to cardiovascular problems, but they are not the primary causes of aortic dissection. Managing blood pressure is critical in preventing this life-threatening condition.

## Question 12

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**Question Type:** MultipleChoice

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Which of the following statements is TRUE regarding abuse in elderly persons?

### Options:

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- A- Exploitation is the most common form of elder abuse
- B- Caregiver stress can lead to the abuse of older adult
- C- Most cases of elder abuse are reported to the proper authorities
- D- Health care providers are only mandated to report verified elder abuse

### Answer:

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B

### Explanation:

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Caregiver stress is a significant factor that can lead to the abuse of older adults. Caring for elderly individuals, especially those with complex health needs, can be physically and emotionally demanding, leading to burnout and stress in caregivers. This stress can manifest as abusive behavior towards the elderly. Exploitation, while a form of elder abuse, is not the most common; physical and emotional abuse are more prevalent. Most cases of elder abuse go unreported, and health care providers are mandated to report suspected, not just verified, cases of elder abuse.



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