Medical

OCN

Oncology Certified Nurse

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Question: 94

A male client is diagnosed as having a bowel tumor and several diagnostic tests are prescribed. The nurse understands which test will confirm the diagnosis of malignancy?

A. Magnetic resonance imaging  
B. Computerized tomography scan  
C. Abdominal ultrasound  
D. Biopsy of the tumor

Answer: D

Explanation:
Option D: A biopsy is done to determine whether a tumor is malignant or benign through the examination of the sample of tissue taken into a body part. Options A, B, and C: Magnetic resonance imaging, computed tomography scan, and ultrasound will visualize the presence of a mass but will not confirm a diagnosis of malignancy.

Question: 95

Vanessa, a community health nurse conducts a health promotion program regarding testicular cancer to community members. The nurse determines that further information needs to be provided if a community member states that which of the following is a sign of testicular cancer?

A. Back pain  
B. Alopecia  
C. Heavy sensation in the scrotum  
D. Painless testicular swelling

Answer: B

Explanation:
Option B: Alopecia is not an assessment finding in testicular cancer. Alopecia may occur, however, as a result of radiation or chemotherapy. Options A, C, and D: Back pain, heavy sensation in the scrotum, and painless testicular swelling are assessment findings in testicular cancer. Back pain may indicate metastasis to the retroperitoneal lymph nodes.
Question: 96

The male client is receiving external radiation to the neck for cancer of the larynx. The most likely side effect to be expected is:

A. Diarrhea  
B. Dyspnea  
C. Constipation  
D. Sore throat

Answer: D

Explanation:
Option D: In general, only the area in the treatment field is affected by the radiation. Skin reactions, fatigue, nausea, and anorexia may occur with radiation to any site, whereas other side effects occur only when specific areas are involved in treatment. A client receiving radiation to the larynx is most likely to experience a sore throat. Options A and C: May occur with radiation to the gastrointestinal tract. Option B: Dyspnea may occur with lung involvement.

Question: 97

Nurse Joy is caring for a client with an internal radiation implant. When caring for the client, the nurse should observe which of the following principles?

A. Remove the dosimeter badge when entering the client’s room  
B. Individuals younger than 16 years old may be allowed to go in the room as long as they are 6 feet away from the client  
C. Limit the time with the client to 1 hour per shift  
D. Do not allow pregnant women into the client’s room

Answer: D

Explanation:
Options B and D: Children younger than 16 years of age and pregnant women are not allowed in the client’s room to avoid radiation exposure that may harm the children and the developing baby. Option A: The dosimeter badge must be worn when in the client’s room. Option C: The time that the nurse spends in a room of a client with an internal radiation implant is 30 minutes per 8-hour shift.

Question: 98

A cervical radiation implant is placed in the client for treatment of cervical cancer. The nurse initiates what most appropriate activity order for this client?

A. Out of bed ad lib  
B. Ambulation to the bathroom only  
C. Bed rest  
D. Out of bed in a chair only
Answer: C

Explanation:
Option C: The client with a cervical radiation implant should be maintained on bed rest in the dorsal position to prevent movement of the radiation source. The head of the bed is elevated to a maximum of 10 to 15 degrees for comfort. The nurse avoids turning the client on the side. If turning is absolutely necessary, a pillow is placed between the knees and, with the body in straight alignment, the client is logrolled.

Question: 99

The nurse is caring for a female client experiencing neutropenia as a result of chemotherapy and develops a plan of care for the client. The nurse plans to:

A. Teach the client and family about the need for hand hygiene
B. Insert an indwelling urinary catheter to prevent skin breakdown
C. Restrict fluid intake
D. Restrict all visitors

Answer: A

Explanation:
Option A: In the neutropenic client, meticulous hand hygiene education is implemented for the client, family, visitors, and staff to avoid transmission-based infection. Option B: Invasive measures such as an indwelling urinary catheter should be avoided to prevent infections. Option C: Fluids should be encouraged. Option D: Not all visitors are restricted, but the client is protected from persons with known infections.

Question: 100

The home health care nurse is caring for a male client with cancer and the client is complaining of acute pain. The appropriate nursing assessment of the client's pain would include which of the following?

A. The client's pain rating
B. The nurse's impression of the client's pain
C. Nonverbal cues from the client
D. Pain relief after appropriate nursing intervention

Answer: A

Explanation:
Option A: The client's self-report is a critical component of pain assessment. The nurse should ask the client about the description of the pain and listen carefully to the client's words used to describe the pain. Option B: Nonverbal cues from the client are important but are not the most appropriate pain assessment measure. Option C: The nurse's impression of the client's pain is not appropriate in determining the client's level of pain. Option D: Assessing pain relief is an important measure, but this option is not related to the subject of the question.
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