

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Chapter 3

Question 1

Type: MCSA

When planning holistic care for a patient admitted with heart failure, what should the nurse include?

1. spiritual needs
2. measuring intake and output
3. daily weights
4. ambulating with assistance

Correct Answer: 1

Rationale 1: Holistic health care is based on the concept of wellness. When planning holistic care for a patient, the nurse needs to consider psychosocial, cultural, spiritual, and intellectual needs in addition to physical needs.

Rationale 2: Measuring intake and output meets the patient's physical needs and would not address holistic needs.

Rationale 3: Daily weights focus solely on the patient's physical needs and would not address holistic needs.

Rationale 4: Ambulating with assistance focuses solely on the patient's physical needs and would not address holistic needs.

Global Rationale: Holistic health care is based on the concept of wellness. When planning holistic care for a patient, the nurse needs to consider psychosocial, cultural, spiritual, and intellectual needs in addition to physical needs. Measuring intake and output, daily weights, and ambulating with assistance focus solely on the patient's physical needs and would not address holistic needs.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings

NLN Competencies: Relationship Centered Care; Knowledge; Factors that contribute to or threaten health

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

MNL Learning Outcome: 6.8.4. Utilize the nursing process in care of client.

Page Number: 28

Question 2

Type: MCSA

A patient tells the nurse that he has been fortunate since he has never experienced any major illnesses and has enjoyed good health without much effort. How should the nurse realize this patient is defining “good health?”

1. the absence of disease
2. effortless
3. fortunate
4. an integrated method of functioning

Correct Answer: 1

Rationale 1: The patient is defining “good health” as being the absence of disease since he states being fortunate for not experiencing any major illnesses and not expending much effort to do so.

Rationale 2: The nurse has no way of knowing if the patient believes “good health” is effortless.

Rationale 3: The nurse has no way of knowing if the patient believes “good health” is effortless.

Rationale 4: An integrated method of functioning is the definition of wellness which the patient is not describing.

Global Rationale: The patient is defining “good health” as being the absence of disease since he states being fortunate for not experiencing any major illnesses and not expending much effort to do so. The nurse has no way of knowing if the patient believes “good health” is effortless. An integrated method of functioning is the definition of wellness which the patient is not describing.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings

NLN Competencies: Relationship Centered Care; Knowledge; Factors that contribute to or threaten health

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities.

MNL Learning Outcome:

Page Number: 28

Question 3

Type: MCSA

A patient tells the nurse that he often is concerned with his declining mobility status even though he continues to experience no major health issues. When planning care according to the wellness framework, what should the nurse include for this patient?

1. interventions to restore the patient's mobility status
2. activities to promote the current level of functioning
3. suggestions to maintain the patient's current mobility status
4. activities to help the patient cope with the decline in mobility status

Correct Answer: 1

Rationale 1: Providing care based on a framework of wellness facilitates active involvement by both the nurse and the patient in promoting, maintaining, or restoring health. Because the patient is concerned with declining mobility status, the nurse should include interventions to help restore this status for the patient.

Rationale 2: Activities to promote the current level of functioning would not support wellness care.

Rationale 3: Providing suggestions to maintain the patient's current mobility status would not support wellness care.

Rationale 4: Helping the patient cope with the decline in mobility status would not support wellness care.

Global Rationale: Providing care based on a framework of wellness facilitates active involvement by both the nurse and the patient in promoting, maintaining, or restoring health. Because the patient is concerned with declining mobility status, the nurse should include interventions to help restore this status for the patient. Activities to promote the current level of functioning, providing suggestions to maintain the patient's current mobility status, and helping the patient cope with the decline in mobility status would also not support wellness care.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings

NLN Competencies: Relationship Centered Care; Knowledge; Factors that contribute to or threaten health

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities.

MNL Learning Outcome:

Page Number: 28

Question 4

Type: MCSA

The nurse has provided care to a patient according to the concept of wellness. Which outcome indicates that care has been successful for this patient?

1. The patient is returning home with adjustments in the home environment to support a temporary alteration in mobility status.
2. The patient needs additional teaching to understand the reason for taking Coumadin at the same time every day.
3. The patient is not independent with personal care and will need assistance when at home.
4. The patient is easily fatigued and will need assistance with meal preparation and medication administration.

Correct Answer: 1

Rationale 1: Providing care based on a framework of wellness facilitates active involvement by both the nurse and the patient in promoting, maintaining, or restoring health. Returning home with adjustments to support an alteration in mobility status demonstrates that the patient received care to restore health.

Rationale 2: The patient who needs additional teaching for Coumadin needs additional intervention to maintain health.

Rationale 3: The patient who needs assistance with personal care needs interventions to promote health.

Rationale 4: The patient who is easily fatigued and needs assistance with meals and medications needs interventions to promote and restore health.

Global Rationale: Providing care based on a framework of wellness facilitates active involvement by both the nurse and the patient in promoting, maintaining, or restoring health. Returning home with adjustments to support an alteration in mobility status demonstrates that the patient received care to restore health. The patient who needs additional teaching for Coumadin needs additional intervention to maintain health. The patient who needs assistance with personal care needs interventions to promote health. The patient who is easily fatigued and needs assistance with meals and medications also needs interventions to promote and restore health.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings

NLN Competencies: Relationship Centered Care; Knowledge; Factors that contribute to or threaten health

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities.

MNL Learning Outcome:

Page Number: 28

Question 5

Type: MCSA

During an assessment, the nurse learns that a patient has a genetic predisposition to the development of several disease processes. Which illness should the nurse realize is associated with genetic makeup?

1. cancer
2. hypertension
3. osteoporosis
4. myocardial infarction

Correct Answer: 1

Rationale 1: Chronic illnesses that are associated with genetic makeup include sickle cell disease, hemophilia, diabetes mellitus, and cancer.

Rationale 2: Hypertension is associated with a cultural group.

Rationale 3: Osteoporosis is associated with a cultural group.

Rationale 4: Myocardial infarction is associated with age and lifestyle factors.

Global Rationale: Chronic illnesses that are associated with genetic makeup include sickle cell disease, hemophilia, diabetes mellitus, and cancer. Hypertension and osteoporosis are associated with a cultural group. Myocardial infarction is associated with age and lifestyle factors.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.2. Conduct a health history, including environmental exposure and a family history that recognizes genetic risks, to identify current and future health problems

NLN Competencies: Relationship Centered Care; Knowledge; Factors that contribute to or threaten health

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities.

MNL Learning Outcome: 3.1.1. Classify the factors that increase the risk for developing cancer.

Page Number: 28

Question 6

Type: MCSA

The nurse is assessing a patient who is a Native American. For which health problem should the nurse be alert?

1. diabetes mellitus
2. eye disorders
3. hypertension
4. osteoporosis

Correct Answer: 1

Rationale 1: Diabetes mellitus is among the leading causes of illness in Native Americans. This is what the nurse should include in the assessment of this patient.

Rationale 2: Eye disorders are more common in Chinese Americans.

Rationale 3: Hypertension is more common in African Americans.

Rationale 4: Osteoporosis is more common in Caucasian women of small stature and Scandinavian heritage.

Global Rationale: Diabetes mellitus is among the leading causes of illness in Native Americans. This is what the nurse should include in the assessment of this patient. Eye disorders are more common in Chinese Americans. Hypertension is more common in African Americans. Osteoporosis is more common in Caucasian women of small stature and Scandinavian heritage.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.2. Conduct a health history, including environmental exposure and a family history that recognizes genetic risks, to identify current and future health problems

NLN Competencies: Relationship Centered Care; Knowledge; Factors that contribute to or threaten health

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities.

MNL Learning Outcome: 10.5.1. Explain the incidence, prevalence, and pathophysiology for diabetes.

Page Number: 28

Question 7

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Type: MCSA

During an assessment, a patient tells the nurse that she is lactose intolerant. The nurse realizes that this food intolerance is common within which cultural groups?

1. Mexican Americans
2. Scandinavian Americans
3. Indian Americans
4. Mediterranean Americans

Correct Answer: 1

Rationale 1: Most Mexican Americans, African Americans, Native Americans, and Asians are lactose intolerant.

Rationale 2: Lactose intolerance is not common in Scandinavian Americans.

Rationale 3: Lactose intolerance is not common in Indian Americans.

Rationale 4: Lactose intolerance is not common in Mediterranean Americans.

Global Rationale: Most Mexican Americans, African Americans, Native Americans, and Asians are lactose intolerant. Lactose intolerance is not common in Scandinavian Americans, Indian Americans, or Mediterranean Americans.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII. 2. Conduct a health history, including environmental exposure and a family history that recognizes genetic risks, to identify current and future health problems

NLN Competencies: Relationship Centered Care; Knowledge; Factors that contribute to or threaten health

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities.

MNL Learning Outcome: 11.1.4. Utilize the nursing process in care of client.

Page Number: 29

Question 8

Type: MCSA

A patient is admitted with a respiratory illness. During the assessment, the nurse learns the patient is a factory worker and uses public transportation to get to work. Which will be impacted by the patient's socioeconomic status?

1. lifestyle
2. cognitive abilities
3. education level
4. developmental level

Correct Answer: 1

Rationale 1: Lifestyle and environmental influences are affected by one's income level.

Rationale 2: Cognitive development affects whether people view themselves as healthy or ill and may affect their health practices.

Rationale 3: Educational level affects the ability to understand and follow guidelines for health.

Rationale 4: Developmental level is not related to socioeconomic status.

Global Rationale: Lifestyle and environmental influences are affected by one's income level. Cognitive development affects whether people view themselves as healthy or ill and may affect their health practices. Educational level affects the ability to understand and follow guidelines for health. Developmental level is not related to socioeconomic status.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A. 1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII. 2. Conduct a health history, including environmental exposure and a family history that recognizes genetic risks, to identify current and future health problems

NLN Competencies: Relationship Centered Care; Knowledge; Factors that contribute to or threaten health

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities.

MNL Learning Outcome: 5.1.1. Explain the pathophysiology of infectious/inflammatory disorders of the upper respiratory system.

Page Number: 29

Question 9

Type: MCSA

The nurse is collecting data at the immunization clinic. Which disclosure by the patient would cause the nurse to withhold the administration of the varicella vaccine?

1. a blood transfusion after undergoing surgery 3 months ago
2. history of an allergic reaction to yeast bread

3. itching and swelling on the face and hands after ingesting eggs

4. a low-grade temperature within the past 2 days

Correct Answer: 1

Rationale 1: Contraindications for the varicella vaccine include pregnancy, suppressed immunity, and a recent history of a blood transfusion.

Rationale 2: An allergy to yeast does not indicate a potential difficulty with the administration of the varicella vaccine.

Rationale 3: An allergy to eggs does not indicate a potential difficulty with the administration of the varicella vaccine.

Rationale 4: Recent hyperthermia does not indicate a potential difficulty with the administration of the varicella vaccine.

Global Rationale: Contraindications for the varicella vaccine include pregnancy, suppressed immunity, and a recent history of a blood transfusion. Recent hyperthermia and allergy to yeast or eggs do not indicate a potential difficulty with the administration of the varicella vaccine.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Practice; apply health promotion/disease prevention strategies; apply health policy

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 3. Discuss the nurse's role in health promotion.

MNL Learning Outcome: 2.1.1. Utilize the nursing process in care of client.

Page Number: 35

Question 10

Type: MCMA

The nurse is reviewing the goals for *Healthy People 2020* with a group of patients in an outpatient clinic. What should the nurse include in this presentation?

Standard Text: Select all that apply.

1. Eliminating preventable disease, disability, injury, and premature death

2. Achieving health equity, eliminating disparities, and improving the health of all groups

3. Creating social and physical environments that promote good health for all
4. Promoting healthy development and healthy behaviors across every stage of life
5. Achieving a body weight 20% less than recommended in current standardized height/weight charts

Correct Answer: 1,2,3,4

Rationale 1: Eliminating preventable disease, disability, injury, and premature death is one of the *Healthy People 2020* goals and should be included in the presentation.

Rationale 2: Achieving health equity, eliminating disparities, and improving the health of all groups is one of the *Healthy People 2020* goals and should be included in the presentation.

Rationale 3: Creating social and physical environments that promote good health for all is one of the *Healthy People 2020* goals and should be included in the presentation.

Rationale 4: Promoting healthy development and healthy behaviors across every stage of life is one of the *Healthy People 2020* goals and should be included in the presentation.

Rationale 5: Achieving a body weight 20% less than recommended in current standardized height/weight charts is not a *Healthy People 2020* goal and might be considered dangerous.

Global Rationale: *Healthy People 2020* goals include eliminating preventable disease, disability, injury, and premature death; achieving health equity, eliminating disparities, and improving the health of all groups; creating social and physical environments that promote good health for all; and promoting healthy development and healthy behaviors across every stage of life. Achieving a body weight 20% less than recommended in current standardized height/weight charts is not a *Healthy People 2020* goal and might be considered dangerous.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Practice; apply health promotion/disease prevention strategies; apply health policy

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 3. Discuss the nurse's role in health promotion.

MNL Learning Outcome:

Page Number: 34

Question 11

Type: MCSA

The nurse is instructing a patient on nutritional needs by using MyPlate. What should the nurse emphasize when using this food guide?

1. consuming nutrient-dense foods and beverages
2. ways to limit exposure to carcinogens
3. activities to reduce the onset of diabetes mellitus
4. avoiding overuse of aerobic exercise

Correct Answer: 1

Rationale 1: The U.S. Department of Agriculture provides a general guideline for what to eat each day, illustrated in MyPlate. One overarching concept for this guide is to focus on consuming nutrient-dense foods and beverages.

Rationale 2: MyPlate was not created to instruct patients on ways to limit exposure to carcinogens.

Rationale 3: MyPlate was not created to reduce the onset of diabetes mellitus.

Rationale 4: MyPlate was not created to avoid the overuse of aerobic exercise.

Global Rationale: The U.S. Department of Agriculture provides a general guideline for what to eat each day, illustrated in MyPlate. One overarching concept for this guide is to focus on consuming nutrient-dense foods and beverages. This is what the nurse should emphasize when instructing the patient. MyPlate was not created to instruct patients on ways to limit exposure to carcinogens, reduce the onset of diabetes mellitus, or avoid the overuse of aerobic exercise.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Practice; apply health promotion/disease prevention strategies; apply health policy

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 3. Discuss the nurse's role in health promotion.

MNL Learning Outcome: 11.1.1. Explain the causes, risk factors, incidence, and pathophysiology of obesity and malnutrition.

Page Number: 33

Question 12

Type: MCSA

A female patient asks the nurse for suggestions to help her improve her health. What should the nurse instruct this patient?

1. Participate in a continuous physical activity for 30 minutes 5 or more days each week.

2. Obtain sun exposure every day.
3. Reduce tobacco use.
4. Sleep at least 6 hours each night.

Correct Answer: 1

Rationale 1: Practices for healthy living include participating in a continuous physical activity for 30 minutes 5 or more days each week.

Rationale 2: Sun exposure should be limited and should always involve application of a sunscreen.

Rationale 3: Smoking and the use of tobacco products should be eliminated, not just reduced.

Rationale 4: The patient should be instructed to sleep 7 to 8 hours each day.

Global Rationale: Practices for healthy living include participating in a continuous physical activity for 30 minutes 5 or more days each week. This is what the nurse should instruct the patient. Sun exposure should be limited and should always involve application of a sunscreen. Smoking and the use of tobacco products should be eliminated, not just reduced. The patient should be instructed to sleep 7 to 8 hours each day.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Practice; apply health promotion/disease prevention strategies; apply health policy

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 3. Discuss the nurse's role in health promotion.

MNL Learning Outcome:

Page Number: 33

Question 13

Type: MCSA

During an assessment, a patient tells the nurse that he drinks four alcoholic beverages every day and smokes one pack of cigarettes. The nurse realizes that these chemical agents can predispose the patient to develop:

1. a disease.
2. an illness.
3. an injury.

4. an infection.

Correct Answer: 1

Rationale 1: The term *disease* describes an alteration in structure and function of the body or mind. One cause of disease is exposure to chemicals such as alcohol and tobacco. Ingesting four alcoholic beverages and smoking one pack of cigarettes per day exposes the body to chemicals that can lead to the development of a disease.

Rationale 2: An illness is a person's response to a disease and is highly individualized.

Rationale 3: There is not enough information to determine if the alcohol and cigarettes will cause the patient to develop an injury.

Rationale 4: There is not enough information to determine if the alcohol and cigarettes will cause the patient to develop an infection.

Global Rationale: The term *disease* describes an alteration in structure and function of the body or mind. One cause of disease is exposure to chemicals such as alcohol and tobacco. Ingesting four alcoholic beverages and smoking one pack of cigarettes per day exposes the body to chemicals that can lead to the development of a disease. An illness is a person's response to a disease and is highly individualized. There is not enough information to determine if the alcohol and cigarettes will cause the patient to develop an injury or an infection.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Practice; apply health promotion/disease prevention strategies; apply health policy

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Differentiate between disease and illness.

MNL Learning Outcome:

Page Number: 35

Question 14

Type: MCSA

A patient tells the nurse that she has been relatively healthy until recently, which is why she made an appointment to see the physician. The nurse realizes that the primary reason individuals seek health care is for which problem?

1. pain
2. bleeding
3. vomiting

4. fatigue

Correct Answer: 1

Rationale 1: The subjective symptom of pain is the primary reason people seek health care.

Rationale 2: Bleeding is an objective symptom that varies with the disease process.

Rationale 3: Vomiting is an objective symptom that varies with the disease process.

Rationale 4: Fatigue is a subjective symptom that varies with the disease process.

Global Rationale: The subjective symptom of pain is the primary reason people seek health care. Bleeding and vomiting are objective symptoms that vary with the disease process. Fatigue is a subjective symptom that also varies with the disease process.

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub: Reduction of Risk Potential

QSEN Competencies: I.C.9. Recognize that patient expectations influence outcomes in management of pain or suffering.

AACN Essentials Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan

NLN Competencies: Quality and Safety; Knowledge; Current best practices

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Differentiate between disease and illness.

MNL Learning Outcome:

Page Number: 35

Question 15

Type: MCSA

While being treated for one disease process, a patient begins demonstrating manifestations of another disease process. The nurse realizes that the patient is experiencing which type of disease?

1. iatrogenic
2. communicable
3. congenital
4. degenerative

Correct Answer: 1

Rationale 1: An iatrogenic disease is caused by medical therapy.

Rationale 2: A communicable disease spreads from one person to another.

Rationale 3: A congenital disease exists at or before birth.

Rationale 4: A degenerative disease results from the deterioration or impairment of organs or tissues.

Global Rationale: An iatrogenic disease is caused by medical therapy. A communicable disease spreads from one person to another. A congenital disease exists at or before birth. A degenerative disease results from the deterioration or impairment of organs or tissues.

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub: Reduction of Risk Potential

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan

NLN Competencies: Quality and Safety; Knowledge; Current best practices

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Differentiate between disease and illness.

MNL Learning Outcome:

Page Number: 37

Question 16

Type: MCSA

A patient tells the nurse that he feels fine even though he has been told he has chronic kidney failure. What is the patient likely to manifest?

1. signs of an illness
2. an iatrogenic disease
3. a psychosomatic illness
4. an idiopathic disorder

Correct Answer: 1

Rationale 1: An illness is a person's response to a disease. The person responds to his or her own perception of the disease and to the perception of others. The patient has been told he has chronic kidney failure and is likely to manifest signs of an illness.

Rationale 2: An iatrogenic disease is caused by medical therapy.

Rationale 3: Psychosomatic illnesses are characterized by physiologic symptoms caused by mental or emotional disturbance.

Rationale 4: An idiopathic disorder has no known cause.

Global Rationale: An illness is a person's response to a disease. The person responds to his or her own perception of the disease and to the perception of others. The patient has been told he has chronic kidney failure and is prone to manifesting signs of an illness. An iatrogenic disease is caused by medical therapy. Psychosomatic illnesses are characterized by physiologic symptoms caused by mental or emotional disturbance. An idiopathic disorder has no known cause.

Cognitive Level: Analyzing

Client Need: Psychosocial Integrity

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan

NLN Competencies: Quality and Safety; Knowledge; Current best practices

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Differentiate between disease and illness.

MNL Learning Outcome:

Page Number: 35

Question 17

Type: MCSA

A patient has not been feeling well for a few days and has been using an over-the-counter medication without improvement. The nurse understands that the patient is demonstrating which illness behavior?

1. seeking medical care
2. experiencing symptoms
3. assuming the sick role
4. assuming a dependent role

Correct Answer: 1

Rationale 1: The patient is talking with a nurse about not feeling well, which describes the behavior of seeking medical care.

Rationale 2: Experiencing symptoms occurs when the patient realizes he is not feeling well.

Rationale 3: Assuming the sick role occurs after seeking medical care.

Rationale 4: Assuming a dependent role occurs upon hospitalization.

Global Rationale: The patient is talking with a nurse about not feeling well, which describes the behavior of seeking medical care. Experiencing symptoms occurs when the patient realizes he is not feeling well. Assuming the sick role occurs after seeking medical care. Assuming a dependent role occurs upon hospitalization.

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub: Reduction of Risk Potential

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan

NLN Competencies: Quality and Safety; Knowledge; Current best practices

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome:

Page Number: 37

Question 18

Type: MCSA

A patient wants to be discharged to home and resume normal activities of daily living. The nurse realizes the patient is entering which stage of illness behaviors?

1. achieving recovery and rehabilitation
2. seeking medical care
3. assuming a dependent role
4. experiencing symptoms

Correct Answer: 1

Rationale 1: Achieving recovery and rehabilitation is the final stage of an acute illness and occurs when the patient gives up the dependent role and resumes normal activities and responsibilities.

Rationale 2: Seeking medical care occurs when the patient sees a healthcare provider for diagnosis of an illness.

Rationale 3: The patient assumes a dependent role when entering the hospital for care.

Rationale 4: Experiencing symptoms is the first stage of an acute illness.

Global Rationale: Achieving recovery and rehabilitation is the final stage of an acute illness and occurs when the patient give up the dependent role and resumes normal activities and responsibilities. Seeking medical care occurs when the patient sees a healthcare provider for diagnosis of an illness. The patient assumes a dependent role when entering the hospital for care. Experiencing symptoms is the first stage of an acute illness.

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan

NLN Competencies: Quality and Safety; Knowledge; Current best practices

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome:

Page Number: 37

Question 19

Type: MCSA

A patient with a chronic illness is not currently experiencing any symptoms and plans to stop following the identified course of care because the disease is cured. How should the nurse respond to this patient?

1. “The treatment plan is the reason you are not experiencing symptoms, so it would be best if you did not stop the plan.”
2. “That does sound like a good idea.”
3. “You can always resume the plan if the symptoms return.”
4. “Plan to wean yourself off the treatment plan and not discontinue it all at once.”

Correct Answer: 1

Rationale 1: Patients with a chronic illness need to learn how to manage an ongoing treatment plan even in periods of remission. The nurse should explain that the treatment plan is the reason the patient is not experiencing any symptoms and encourage the patient not to stop the plan.

Rationale 2: The nurse should not encourage the patient to stop the treatment plan by agreeing that it is a good idea.

Rationale 3: The nurse should not say that the plan can always be resumed if the symptoms return.

Rationale 4: The nurse should not suggest that the patient make any alterations in the treatment plan such as weaning off the plan.

Global Rationale: Patients with a chronic illness need to learn how to manage an ongoing treatment plan even in periods of remission. The nurse should explain that the treatment plan is the reason the patient is not experiencing any symptoms and encourage the patient not to stop the plan. The nurse should not encourage the patient to stop the treatment plan by agreeing that it is a good idea or say that the plan can always be resumed if the symptoms return. The nurse should not suggest that the patient make any alterations in the treatment plan such as weaning off the plan.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.C.1. Value seeing health care situations "through patients' eyes"

AACN Essentials Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan

NLN Competencies: Quality and Safety; Knowledge; Current best practices

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome:

Page Number: 38

Question 20

Type: MCSA

The nurse is planning care for a patient with a chronic illness. What intervention should the nurse include in the plan of care?

1. Instruct the patient in ways to minimize the impact of the chronic illness on activities of daily living.
2. Encourage the patient to seek medical care with any changes in symptoms.
3. Limit activities until symptoms subside.
4. Suggest lifestyle alterations to prepare for more challenging symptom management in the future.

Correct Answer: 1

Rationale 1: Nursing interventions for the person with a chronic illness focus on education to promote independent functioning, reduce healthcare costs, and improve well-being and quality of life. The nurse should instruct the patient in ways to minimize the impact of the chronic illness on activities of daily living.

Rationale 2: Encouraging the patient to seek medical care with any changes in symptoms does not support independent functioning.

Rationale 3: Limiting activities until symptoms subside does not improve well-being and quality of life.

Rationale 4: Suggesting lifestyle alterations to prepare for more challenging symptom management in the future does not improve well-being or quality of life.

Global Rationale: Nursing interventions for the person with a chronic illness focus on education to promote independent functioning, reduce healthcare costs, and improve well-being and quality of life. The nurse should instruct the patient in ways to minimize the impact of the chronic illness on activities of daily living. The other choices do not support independent functioning, reduce healthcare costs, or improve well-being and quality of life.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.C.1. Value seeing health care situations "through patients' eyes"

AACN Essentials Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan

NLN Competencies: Quality and Safety; Knowledge; Current best practices

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome:

Page Number: 38

Question 21

Type: MCSA

The nurse is planning an education session to discuss primary levels of disease prevention. Which topics should the nurse include in this presentation?

1. the elimination of smoking and alcohol use
2. available locations for diabetes screening
3. the need for annual colonoscopy examinations
4. the use of available community rehabilitation facilities

Correct Answer: 1

Rationale 1: Primary prevention involves activities to prevent illness and disease and includes smoking cessation and abstinence from alcohol.

Rationale 2: Screening activities such as glucose testing are a form of secondary prevention.

Rationale 3: Screening activities such as colonoscopy examinations are a form of secondary prevention.

Rationale 4: Rehabilitation activities are considered a tertiary level of prevention.

Global Rationale: Primary prevention involves activities to prevent illness and disease and includes smoking cessation and abstinence from alcohol. Screening activities such as glucose testing and colonoscopy examinations are a form of secondary prevention. Rehabilitation activities are considered a tertiary level of prevention.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention;

Nursing/Integrated Concepts: Nursing Process: Planning

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome:

Page Number: 38

Question 22

Type: MCSA

During a routine physical examination, a 52-year-old Caucasian male declines to have his prostate gland examined and states he does not have a family history and does not feel he is at risk. What initial response by the nurse is most appropriate?

1. “Your risk factors increase with aging.”
2. “You may refuse any screening test you wish.”
3. “I will need to tell the physician about your refusal.”
4. “You are right. Caucasian men have a lower incidence of prostate cancer.”

Correct Answer: 1

Rationale 1: The need for prostate screening begins at age 50. Individuals with risk factors should begin screening at age 45. The patient’s age places him at an increased risk, so he should begin the screening process.

Rationale 2: While the patient may refuse testing, refusal limits the patient’s engagement in further testing in the event that a disease process is occurring within the prostate gland.

Rationale 3: The patient’s refusal should be recorded in the medical record but not used as a means to coerce the patient.

Rationale 4: Even though the risk is reduced in Caucasian males, the nurse should not agree that the patient does not need the screening test.

Global Rationale: The need for prostate screening begins at age 50. Individuals with risk factors should begin screening at age 45. The patient’s age places him at an increased risk, so he should begin the screening process. While the patient may refuse testing, refusal limits the patient’s engagement in further testing in the event that a disease process is occurring within the prostate gland. The patient’s refusal should be recorded in the medical record but not used as a means to coerce the patient. Even though the risk is reduced in Caucasian males, the nurse should not agree that the patient does not need the screening test.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome: 13.7.1. Explain the incidence, risk factors, and pathophysiology for male reproductive disorders.

Page Number: 36

Question 23

Type: MCSA

The nurse is planning interventions to meet a patient's tertiary care needs. Which would be applicable for the patient?

1. providing preoperative instructions
2. instruction in self-examination of breasts
3. screening for glaucoma
4. counseling on healthy nutrition

Correct Answer: 1

Rationale 1: The tertiary level of care focuses on stopping the disease process and returning the individual to a useful place in society. Providing preoperative instructions is a tertiary-level intervention.

Rationale 2: Instructing in self-examination of the breasts is a secondary-level intervention.

Rationale 3: Screening for glaucoma is a secondary-level intervention.

Rationale 4: Counseling on healthy nutrition is a primary-level intervention.

Global Rationale: The tertiary level of care focuses on stopping the disease process and returning the individual to a useful place in society. Providing preoperative instructions is a tertiary-level intervention. Instructing in self-examination of the breasts and screening for glaucoma are secondary-level interventions. Counseling on healthy nutrition is a primary-level intervention.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome:

Page Number: 38

Question 24**Type:** MCSA

A patient is diagnosed with an ear infection and has been prescribed antibiotics. Which level of intervention has the patient received?

1. secondary
2. primary
3. tertiary
4. acute

Correct Answer: 1

Rationale 1: The secondary level involves activities that emphasize early diagnosis and treatment of an illness to stop the pathologic process and enable the person to return to his or her former state of health as soon as possible. This includes receiving treatment such as antibiotic therapy for an infection.

Rationale 2: Primary activities promote health and delay the occurrence of disease.

Rationale 3: Tertiary interventions focus on stopping the disease process and returning the individual to society within the constraints of a disability.

Rationale 4: There is no acute level of intervention.

Global Rationale: The secondary level involves activities that emphasize early diagnosis and treatment of an illness to stop the pathologic process and enable the person to return to his or her former state of health as soon as possible. This includes receiving treatment such as antibiotic therapy for an infection. Primary activities promote health and delay the occurrence of disease. Tertiary interventions focus on stopping the disease process and returning the individual to society within the constraints of a disability. There is no acute level of intervention.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome: 9.3.3. Examine the diagnosis and treatment of ear disorders.

Page Number: 38

Question 25**Type:** MCSA

A 45-year-old patient voices concerns about gaining 12 pounds over the past 2 years. The patient reports no change in dietary habits. Which response by the nurse is most appropriate?

1. “Age-related weight gain can occur because of consistent dietary intake and less physical activity.”
2. “Are you exercising?”
3. “You might be eating more than you think.”
4. “You are getting older.”

Correct Answer: 1

Rationale 1: Weight gain is common in middle adulthood, usually the result of continuing to consume the same number of calories while decreasing physical activity.

Rationale 2: Asking the patient about exercise fails to provide the needed information and assumes the patient is sedentary.

Rationale 3: Implying the patient is overeating is judgmental and will do little to establish therapeutic rapport.

Rationale 4: The patient is aware of aging, and pointing this out does little to meet the patient’s obvious interest in more information.

Global Rationale: Weight gain is common in middle adulthood, usually the result of continuing to consume the same number of calories while decreasing physical activity. Asking the patient about exercise fails to provide the needed information and assumes the patient is sedentary. Implying the patient is overeating is judgmental and will do little to establish therapeutic rapport. The patient is aware of aging, and pointing this out does little to meet the patient’s obvious interest in more information.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 2. Compare and contrast health risks, assessment, and health promotion for the young adult, middle adult, and older adult.

MNL Learning Outcome: 11.1.1. Explain the causes, risk factors, incidence, and pathophysiology of obesity and malnutrition.

Page Number: 31

Question 26

Type: MCMA

The nurse is assisting an 18-year-old female patient to strategize ways to avoid the onset of disease with aging. What should the nurse include in this plan?

Standard Text: Select all that apply.

1. Maintain a healthy weight.
2. Avoid smoking.
3. Avoid substance abuse.
4. Schedule an annual mammogram.
5. Plan for a colonoscopy every 2 years.

Correct Answer: 1,2,3

Rationale 1: Behavioral patterns established in young adulthood impact the risk for many chronic diseases more commonly diagnosed in middle or late adulthood, including obesity, coronary heart disease, diabetes, chronic lung disease, and chronic liver disease. Health promotion for young adults must include teaching about healthy behaviors and eating habits associated with reduced risk for developing cancers and chronic diseases. This includes teaching about maintaining a healthy weight.

Rationale 2: Behavioral patterns established in young adulthood also impact the risk for many chronic diseases more commonly diagnosed in middle or late adulthood, including obesity, coronary heart disease, diabetes, chronic lung disease, and chronic liver disease. Health promotion for young adults must include teaching about healthy behaviors associated with reduced risk for developing cancers and chronic diseases. This includes avoiding tobacco products.

Rationale 3: Behavioral patterns established in young adulthood also impact the risk for many chronic diseases more commonly diagnosed in middle or late adulthood, including obesity, coronary heart disease, diabetes, chronic lung disease, and chronic liver disease. Health promotion for young adults must include teaching about healthy behaviors associated with reduced risk for developing cancers and chronic diseases. This includes avoiding substance abuse.

Rationale 4: Annual mammograms would not apply until the patient reaches the age of 40.

Rationale 5: Colonoscopies would not apply until the patient reaches the age of 50.

Global Rationale: Behavioral patterns established in young adulthood also impact the risk for many chronic diseases more commonly diagnosed in middle or late adulthood, including obesity, coronary heart disease, diabetes, chronic lung disease, and chronic liver disease. Health promotion for young adults must include teaching about healthy behaviors and eating habits associated with reduced risk for developing cancers and chronic diseases. This includes teaching about maintaining a healthy weight as well as avoiding tobacco products and substance abuse. Annual mammograms would not apply until the patient reaches the age of 40. Colonoscopies would not apply until the patient reaches the age of 50.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2. Compare and contrast health risks, assessment, and health promotion for the young adult, middle adult, and older adult.

MNL Learning Outcome:

Page Number: 30

Question 27

Type: MCSA

A 45-year-old woman is having a routine examination and has no significant personal or family medical history. What information concerning health-promotion behaviors should the nurse provide to this patient?

1. Ensure an adequate intake of calcium.
2. Plan to have a mammogram every other year.
3. Measure blood pressure every 3 years.
4. Exercise for at least 15 minutes a day 3 days each week.

Correct Answer: 1

Rationale 1: The middle-aged adult is at risk for developing osteoporosis. Ensuring an adequate calcium intake will help prevent the onset of this health problem.

Rationale 2: Women should begin having annual mammograms by age 40.

Rationale 3: Blood pressure should be measured annually and more frequently if elevated.

Rationale 4: Exercise recommendations are for 30 minutes 5 or more days each week.

Global Rationale: The middle-aged adult is at risk for developing osteoporosis. Ensuring an adequate calcium intake will help prevent the onset of this health problem. Women should begin having annual mammograms by age 40. Blood pressure should be measured annually and more frequently if elevated. Exercise recommendations are for 30 minutes 5 or more days each week.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan
NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2. Compare and contrast health risks, assessment, and health promotion for the young adult, middle adult, and older adult.
MNL Learning Outcome:
Page Number: 31

Question 28

Type: MCSA

A 75-year-old patient tells the nurse about experiencing extreme drowsiness after taking an over-the-counter cold medication. The nurse notes the patient ingested the prescribed amount of the medication. What should this information suggest to the nurse?

1. Older age is influencing the patient's response to the medication.
2. More medication was taken than was reported.
3. A reaction between the cold medication and other routine medications has occurred.
4. An allergic reaction to the cold medication occurred.

Correct Answer: 1

Rationale 1: Older patients often experience altered responses to medications because of age-related changes in the kidneys and liver.

Rationale 2: There is no evidence the patient has taken too much medication.

Rationale 3: There is no information provided to indicate the patient is taking other medications.

Rationale 4: Allergic reactions typically manifest with integumentary- or respiratory-related symptoms.

Global Rationale: Older patients often experience altered responses to medications because of age-related changes in the kidneys and liver. There is no evidence the patient has taken too much medication. There is no information to indicate the patient is taking other medications. Allergic reactions typically manifest with integumentary- or respiratory-related symptoms.

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub: Pharmacological and Parenteral Therapies

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention;

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Compare and contrast health risks, assessment, and health promotion for the young adult, middle adult, and older adult.

MNL Learning Outcome:

Page Number: 33

Question 29

Type: MCMA

The nurse is preparing discharge instructions for a 63-year-old African American male patient recovering from a same-day surgical procedure. What genetic, racial, ethnic, and cultural factors affecting health and well-being should the nurse consider prior to giving discharge instructions?

Standard Text: Select all that apply.

1. hypertension
2. sickle cell anemia
3. lactose intolerance
4. diabetes
5. osteoporosis

Correct Answer: 1,2,3,4

Rationale 1: Certain diseases occur at a higher rate of incidence in some races and ethnic and cultural groups. Examples of illnesses that are associated with genetic makeup include hypertension among African Americans.

Rationale 2: Certain diseases occur at a higher rate of incidence in some races and ethnic and cultural groups. Examples of illnesses that are associated with genetic makeup include sickle cell anemia among African Americans.

Rationale 3: Certain diseases occur at a higher rate of incidence in some races and ethnic and cultural groups. Examples of illnesses that are associated with genetic makeup include lactose intolerance among African Americans.

Rationale 4: Certain diseases occur at a higher rate of incidence in some races and ethnic and cultural groups. Examples of illnesses that are associated with genetic makeup include diabetes among African Americans.

Rationale 5: Caucasian women of small stature and of Scandinavian heritage have a higher risk of developing osteoporosis.

Global Rationale: Certain diseases occur at a higher rate of incidence in some races and ethnic and cultural groups. Examples of illnesses that are associated with genetic makeup include hypertension, sickle cell anemia,

lactose intolerance, and diabetes among African Americans. Caucasian women of small stature and of Scandinavian heritage have a higher risk of developing osteoporosis.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define health and discuss factors affecting the health of individuals, families, and communities

MNL Learning Outcome:

Page Number: 29

Question 30

Type: MCMA

A 20-year-old female nursing student has never been exposed to measles, mumps, or rubella, or received a vaccine; her last tetanus immunization was 4 years ago; and she received the tetanus, diphtheria, and pertussis vaccines as a child. She has never been vaccinated or exposed to varicella, human papillomavirus (HPV), or hepatitis. According to the recommended immunizations for adults, which immunizations should the nurse recommend the student receive at this time?

Standard Text: Select all that apply.

1. measles, mumps, rubella (MMR)
2. hepatitis B
3. HPV
4. influenza
5. tetanus, diphtheria, pertussis

Correct Answer: 1,2,3,4

Rationale 1: MMR is recommended for those entering college.

Rationale 2: Hepatitis B is recommended for those in the healthcare field.

Rationale 3: HPV is recommended for females under age 26.

Rationale 4: Influenza vaccination is recommended annually for all adults.

Rationale 5: The student had a tetanus immunization 4 years ago, and the recommendation is for a booster every 10 years; she was vaccinated as a child.

Global Rationale: MMR is recommended for those entering college. Hepatitis B is recommended for those in the healthcare field. HPV is recommended for females under age 26. Influenza vaccination is recommended annually for all adults. The student had a tetanus immunization 4 years ago, and the recommendation is for a booster every 10 years; she was vaccinated as a child.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Reduction of Risk Potential

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 3. Discuss the nurse's role in health promotion.

MNL Learning Outcome:

Page Number: 35

Question 31

Type: SEQ

A patient is diagnosed with an acute onset of pulmonary embolism. Rank the illness behaviors that this patient may demonstrate in the commonly recognized sequence.

Standard Text: Click and drag the options below to move them up or down.

Choice 1. experiencing symptoms

Choice 2. assuming a dependent role

Choice 3. seeking medical care

Choice 4. assuming the sick role

Choice 5. recovery and rehabilitation

Correct Answer: 1,4,3,2,5

Rationale 1: Illness behaviors are the way people cope with the alterations in health and function caused by a disease. In the commonly recognized sequence of illness behaviors, the first is experiencing symptoms.

Rationale 2: In the commonly recognized sequence of illness behaviors, assuming a dependent role is the fourth.

Rationale 3: In the commonly recognized sequence of illness behaviors, seeking medical care is the third.

Rationale 4: In the commonly recognized sequence of illness behaviors, assuming the sick role is the second.

Rationale 5: In the commonly recognized sequence of illness behaviors, recovery and rehabilitation are the fifth.

Global Rationale: Illness behaviors are the way people cope with the alterations in health and function caused by a disease. The sequence of commonly recognized illness behaviors is experiencing symptoms, assuming the sick role, seeking health care, assuming a dependent role, and recovery and rehabilitation.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome:

Page Number: 35

Question 32

Type: MCMA

The overall mission of *Healthy People 2020* is to improve the nation's health. What topics are addressed to achieve this goal?

Standard Text: Select all that apply.

1. access to health services
2. nutrition and weight status
3. reproductive health
4. injury and violence
5. outpatient surgery

Correct Answer: 1,2,3,4

Rationale 1: Access to health services is a health indicator used in *Healthy People 2020*.

Rationale 2: Nutrition and weight status are health indicators used in *Healthy People 2020*.

Rationale 3: Reproductive health is a health indicator used in *Healthy People 2020*.

Rationale 4: Injury and violence are health indicators used in *Healthy People 2020*.

Rationale 5: Outpatient surgery is not among the specific topics addressed in *Healthy People 2020*.

Global Rationale: Access to health services, nutrition and weight status, reproductive health, and injury and violence are health indicators used in *Healthy People 2020*. Outpatient surgery is not among the specific topics addressed in *Healthy People 2020*.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Differentiate between disease and illness.

MNL Learning Outcome:

Page Number: 34

Question 33

Type: MCSA

A patient with seizures is being monitored to determine if the seizure activity was present at birth or has been slowly developing. For which classifications of diseases is this patient's seizure activity being evaluated?

1. congenital versus chronic
2. acute versus chronic
3. communicable versus functional
4. idiopathic versus iatrogenic

Correct Answer: 1

Rationale 1: A congenital disease or disorder exists at or before birth; a chronic disease is one that requires continuing management over a long period.

Rationale 2: An acute disease has a rapid onset; a chronic disease requires continuing management over a long period.

Rationale 3: A communicable disease can be spread from one person to another; a functional disease affects function but does not have organic causes.

Rationale 4: An idiopathic disease has an unknown cause; an iatrogenic disease is caused by medical therapy.

Global Rationale: A congenital disease or disorder exists at or before birth; a chronic disease is one that requires continuing management over a long period. An acute disease has a rapid onset; a chronic disease requires continuing management over a long period. A communicable disease can be spread from one person to another; a functional disease affects function but does not have organic causes. An idiopathic disease has an unknown cause; an iatrogenic disease is caused by medical therapy.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches

NLN Competencies: Context and Environment; Knowledge; chronic disease management

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome: 7.7.3. Examine the diagnosis and treatment options for seizure disorders.

Page Number: 37

Question 34

Type: MCMA

A nurse is conducting an educational session on self-care initiatives for chronic heart failure patients and their support persons prior to discharge from the hospital. Which topics should be included in the discussion?

Standard Text: Select all that apply.

1. Adapting activities of daily living
2. Maintaining a sense of hope
3. Maintaining a feeling of being in control
4. Living as normally as possible
5. Seeking third and often fourth opinions

Correct Answer: 1,2,3,4

Rationale 1: Patients with chronic illnesses experience chronic diseases in different ways, but in general will need to adapt activities of daily living to their abilities.

Rationale 2: Patients with chronic illnesses experience chronic diseases in different ways, but in general will need to maintain a sense of hope.

Rationale 3: Patients with chronic illnesses need to feel in control.

Rationale 4: Patients with chronic illnesses need to live as normally as possible.

Rationale 5: While seeking third and often fourth opinions might be a topic that interests patients, it is not a priority for patient education.

Global Rationale: Patients with chronic illnesses experience chronic diseases in different ways, but in general will need to adapt activities of daily living to their abilities, maintain a sense of hope and of feeling in control, and live as normally as possible. While seeking third and often fourth opinions might be a topic that interests patients, it is not a priority for patient education.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.7. Provide appropriate patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care

NLN Competencies: Context and Environment; Knowledge; chronic disease management

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome: 6.8.4. Utilize the nursing process in care of client.

Page Number: 38

Question 35

Type: MCSA

A patient with a family history of breast cancer is participating in activities to prevent illness. Which primary prevention action is the patient performing?

1. Genetic testing to determine genetic predisposition
2. Obtaining a mammogram and performing monthly breast self-examinations
3. Taking lipid-reducing agent to reduce cholesterol levels
4. Supporting breast cancer research by running in a half marathon

Correct Answer: 1

Rationale 1: Genetic testing is primary prevention in that it determines genetically linked diseases before they develop.

Rationale 2: Mammograms and self-breast exams are examples of secondary prevention.

Rationale 3: Taking lipid reducing agents to treat a specific disease is also secondary prevention.

Rationale 4: Supporting research is tertiary level prevention that helps in stopping the disease through research efforts.

Global Rationale: Genetic testing is primary prevention in that it determines genetically linked diseases before they develop. Mammograms, breast self-exams, and taking lipid-reducing agents to treat a specific disease are examples of secondary prevention. Supporting research is tertiary-level prevention that helps in stopping the disease through research efforts.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Describe illness behaviors and needs of the patient with acute illness and chronic illness.

MNL Learning Outcome: 13.1.1. Explain the risk factors, causes, and pathophysiology of benign breast disorders and breast cancer.

Page Number: 38

Question 36

Type: MCMA

Which statement by a 52-year-old female patient admitted for evaluation of migraines reflects the changes that occur in middle adulthood?

Standard Text: Select all that apply.

1. "I am embarrassed by the amount of weight I have gained each year."
2. "I have recently been put on a lipid-lowering agent for an increase in my cholesterol levels."
3. "I worry about getting breast cancer like my friend who is the same age."
4. "I have been lonely since my children all married and moved far away."
5. "I am concerned about coping with an unplanned pregnancy."

Correct Answer: 1,2,3,4

Rationale 1: This statement reflects the changes and concerns that arise in the middle adult years.

Rationale 2: This statement reflects the changes and concerns that arise in the middle adult years.

Rationale 3: This statement reflects the changes and concerns that arise in the middle adult years.

Rationale 4: This statement reflects the changes and concerns that arise in the middle adult years.

Rationale 5: While unplanned pregnancy can be a concern for perimenopausal women, this statement is more likely to come from a young adult.

Global Rationale: The first four statements reflect the changes and concerns that arise in the middle adult years. While unplanned pregnancy can be a concern for perimenopausal women, this statement is more likely to come from a young adult.

Cognitive Level: Analyzing

Client Need: Psychosocial Integrity

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Compare and contrast health risks, assessment, and health promotion for the young adult, middle adult, and older adult.

MNL Learning Outcome:

Page Number: 31

Question 37

Type: MCMA

A 50-year-old African American male is being seen by his primary healthcare provider for an annual physical. His last complete physical was 2 years ago and he has no complaints at this time. He asks what health screening tests he should expect now that he is 50 years old, in addition to his annual health examination. Based on the patient's age and ethnicity, which screening tests should the nurse review with the patient?

Standard Text: Select all that apply.

1. cholesterol level
2. colonoscopy and occult blood screening
3. prostate cancer screening
4. vision screening
5. osteoporosis screening

Correct Answer: 1,2,3,4

Rationale 1: This screening test is recommended for the middle-aged male based on age and time interval.

Rationale 2: This screening test is recommended for the middle-aged male based on age and time interval.

Rationale 3: This screening test is recommended for the middle-aged male based on age and time interval.

Rationale 4: This screening test is recommended for the middle-aged male based on age and time interval.

Rationale 5: Osteoporosis screening is recommended for the older adult male (age 65 or older).

Global Rationale: All of these screening tests, except for osteoporosis screening, are recommended for the middle-aged male based on age and time interval. Osteoporosis screening is recommended for the older adult male (age 65 or older).

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 2. Compare and contrast health risks, assessment, and health promotion for the young adult, middle adult, and older adult.

MNL Learning Outcome:

Page Number: 36

Question 38

Type: MCMA

The nurse is caring for an older patient experiencing confusion and lethargy after taking routine doses of medication. Which age-related changes should the nurse identify that could predispose this patient to toxic drug effects?

Standard Text: Select all that apply.

1. changes in tissue and organ structure
2. decrease in liver function
3. taking several drugs at once
4. decrease in renal function
5. decrease in taste sensation

Correct Answer: 1,2,3,4

Rationale 1: Changes in tissue and organ structure contribute to a predisposition to toxic drug effects.

Rationale 2: Reduced liver function contributes to a predisposition to toxic drug effects.

Rationale 3: Taking several drugs at once contributes to a predisposition to toxic drug effects.

Rationale 4: Reduced renal function contributes to a predisposition to toxic drug effects.

Rationale 5: A decrease in taste sensation is an age-related change but it does not contribute to toxic drug effects.

Global Rationale: Changes in tissue and organ structure, reduced liver and renal function, and taking several drugs at once contribute to a predisposition to toxic drug effects. A decrease in taste sensation is an age-related change but it does not contribute to toxic drug effects.

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub: Pharmacological and Parenteral Therapies

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan

NLN Competencies: Context and Environment; Knowledge; chronic disease management

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Compare and contrast health risks, assessment, and health promotion for the young adult, middle adult, and older adult.

MNL Learning Outcome:

Page Number: 33

Question 39

Type: MCMA

In a healthcare provider's office the nurse case manager approaches a patient with type 2 diabetes mellitus to review the patient-centered medical home (PCMH) approach to care. What benefits of this approach should the case manager include in this discussion?

Standard Text: Select all that apply.

1. Prevents acute disease crises
2. Encourages preventive services
3. Eliminates health insurance billing
4. Comprehensive and coordinated care
5. Focus on all levels of illness prevention

Correct Answer: 1, 2, 4, 5

Rationale 1: For people with chronic illnesses, the goal of the PCMH is to provide comprehensive care with a focus on preventing acute disease crises.

Rationale 2: One facet of the PCMH is increased preventive services.

Rationale 3: Health insurance billing is not a facet of this care delivery model.

Rationale 4: PCMH is designed to provide comprehensive and coordinated patient and family care.

Rationale 5: The PCMH is a primary care model that focuses on all levels of illness prevention.

Global Rationale: For people with chronic illnesses, the goal of the PCMH is to provide comprehensive care with a focus on preventing acute disease crises. One facet of the PCMH is increased preventive services. PCMH is designed to provide comprehensive and coordinated patient and family care. The patient-centered medical home is a primary care model that focuses on all levels of illness prevention. Health insurance billing is not a facet of this care delivery model.

Cognitive Level: Application

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 6. Describe essential elements and goals of coordinated primary care models such as the Transitional Care Model and the Patient-Centered Medical Home.

MNL Learning Outcome: 10.5.3. Examine the diagnosis, monitoring, treatment options, and complications for diabetes.

Page Number: 39

Question 40

Type: MCMA

The nurse is preparing to provide disease management care to a patient with heart failure. On what should the nurse focus when caring for this patient?

Standard Text: Select all that apply.

1. Disease process
2. Daily monitoring
3. Medication management
4. Transfer to long-term care
5. Frequency of hospitalization

Correct Answer: 1, 2, 3

Rationale 1: In the disease management model the focus is on education about the disease.

Rationale 2: In the disease management model the focus is on self-monitoring.

Rationale 3: In the disease management model the focus is on management.

Rationale 4: Transferring to long-term care is not a focus in the disease management model.

Rationale 5: The goal is to avoid hospitalization in the disease management model.

Global Rationale: The disease management model focuses on providing education and instruction about the disease, its management, and self-monitoring. Long-term care and hospitalization frequency are not aspects of this approach to chronic care.

Cognitive Level: Application

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 6. Describe essential elements and goals of coordinated primary care models such as the Transitional Care Model and the Patient-Centered Medical Home.

MNL Learning Outcome: 6.8.1. Utilize the nursing process in care of client.

Page Number: 39

Question 41

Type: MCMA

The nurse is preparing to transition a patient with chronic obstructive pulmonary disease from a rehabilitation facility back to home. What preparations has the nurse made to support this patient's transition?

Standard Text: Select all that apply.

1. Instructing on symptoms to report
2. Scheduling healthcare provider visits
3. Submitting facility charges to Medicare
4. Creating an evidence-based plan of care
5. Reviewing health insurance coverage plans

Correct Answer: 1, 2, 4

Rationale 1: Interventions include an emphasis on early identification of and response to risks and symptoms to avoid adverse events.

Rationale 2: Interventions include ongoing support and an emphasis on early identification of and response to risks and symptoms to avoid adverse events.

Rationale 3: It is not the nurse's responsibility to bill Medicare for the patient's charges.

Rationale 4: Interventions include development of an evidence-based plan of care.

Rationale 5: It is not the nurse's responsibility to review health insurance coverage plans.

Global Rationale: Interventions include development of an evidence-based plan of care, ongoing support, and an emphasis on early identification of and response to risks and symptoms to avoid adverse events. It is not the nurse's responsibility to perform billing duties or review health insurance coverage plans.

Cognitive Level: Analysis

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 6. Describe essential elements and goals of coordinated primary care models such as the Transitional Care Model and the Patient-Centered Medical Home.

MNL Learning Outcome: 5.9.4. Utilize the nursing process in care of client.

Page Number: 39

Question 42

Type: MCMA

The nurse notes that a patient with osteoarthritis receiving transition care has achieved the goals for this care delivery approach. What did the nurse observe to come to this conclusion?

Standard Text: Select all that apply.

1. Safety bars installed in the bathroom
2. Oldest daughter moved out of the patient's home
3. Monthly pension from previous employer reduced
4. Adhering to exercise, pain medication, and dietary plans
5. Last hospitalization for treatment from a fall 9 months ago

Correct Answer: 1, 4, 5

Rationale 1: The goal of transitional care is to improve the care and outcomes of chronically ill patients by streamlining plans of care, improving the ability of patients and caregivers to manage care needs, and interrupting patterns of frequent acute health crises. Installing safety bars in the bathroom is evidence that this goal has been achieved.

Rationale 2: The goal of transitional care is to improve the care and outcomes of chronically ill patients by streamlining plans of care, improving the ability of patients and caregivers to manage care needs, and interrupting patterns of frequent acute health crises. The oldest daughter moving out of the home could create a care crisis if the daughter provided care to the patient.

Rationale 3: The goal of transitional care is to improve the care and outcomes of chronically ill patients by streamlining plans of care, improving the ability of patients and caregivers to manage care needs, and interrupting patterns of frequent acute health crises. A reduced income could cause a crisis because it could impact resources for health care, medication, food, or shelter.

Rationale 4: The goal of transitional care is to improve the care and outcomes of chronically ill patients by streamlining plans of care, improving the ability of patients and caregivers to manage care needs, and interrupting patterns of frequent acute health crises. Adhering to exercise, pain medication, and dietary plans indicates the ability to manage care needs.

Rationale 5: The goal of transitional care is to improve the care and outcomes of chronically ill patients by streamlining plans of care, improving the ability of patients and caregivers to manage care needs, and interrupting

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

patterns of frequent acute health crises. Being hospitalized 9 months ago indicates an interruption in the pattern of frequent acute health crises.

Global Rationale: The goal of transitional care is to improve the care and outcomes of chronically ill patients by streamlining plans of care, improving the ability of patients and caregivers to manage care needs, and interrupting patterns of frequent acute health crises. Installing safety bars, adhering to exercise, pain medication, and dietary plans, and infrequent hospitalizations indicate that the goals for transitional care have been met. The oldest daughter moving out of the house and a reduction in income could create crises for this patient.

Cognitive Level: Analysis

Client Need: Health Promotion and Maintenance

Client Need Sub:

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 6. Describe essential elements and goals of coordinated primary care models such as the Transitional Care Model and the Patient-Centered Medical Home.

MNL Learning Outcome: 8.3.4. Utilize the nursing process in care of client.

Page Number: 39

Question 43

Type: MCMA

The nurse working in an acute care hospital is considering a position working with patients in the community. What care settings should the nurse consider before making a final decision?

Standard Text: Select all that apply.

1. Parish nursing
2. Homeless shelters
3. Adoption agencies
4. County health department
5. Ambulatory surgical center

Correct Answer: 1, 2, 4, 5

Rationale 1: Community-based nursing care settings include parish nursing.

Rationale 2: Community-based nursing care settings include homeless shelters.

Rationale 3: Community-based nursing care settings do not include adoption agencies.

Rationale 4: Community-based nursing care settings include county health departments.

Rationale 5: Community-based nursing care settings include ambulatory surgical centers.

Global Rationale: Community-based nursing care settings include parish nursing, homeless shelters, county health departments, and ambulatory surgical centers. Adoption agencies are not considered community-based nursing care settings.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: I.C.4. Seek learning opportunities with patients who represent all aspects of human diversity

AACN Essentials Competencies: II.1. Apply leadership concepts, skills and decision making in the provision of high quality nursing care, healthcare team coordination and the oversight and accountability for care delivery in a variety of settings

NLN Competencies: Context and Environment; Knowledge; health promotion/disease prevention

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 7. Describe services, settings, and essential components of community-based care and home healthcare.

MNL Learning Outcome:

Page Number: 40

Question 44

Type: MCMA

A patient recovering from total hip replacement surgery is being transferred to a rehabilitation facility. When discussing this facility with the patient, what should the nurse include?

Standard Text: Select all that apply.

1. An assessment of functional abilities will be completed.
2. The patient should expect to provide all self-care.
3. A team of therapists and nurses will be working with the patient.
4. The focus will include interpersonal relationships and family support.
5. Plans will be made to transition the patient to a long-term care facility.

Correct Answer: 1, 3, 4

Rationale 1: Assessment in a rehabilitation facility includes functional health level and self-care abilities.

Rationale 2: There is no expectation that the patient will provide all self-care.

Rationale 3: Rehabilitation promotes reintegration into the patient's family and community through a team approach.

Rationale 4: Many different aspects of the patient's life are addressed in the plan of care, including interpersonal relationships and family support.

Rationale 5: Patients who receive care in a rehabilitation facility are not transferred to a long-term care facility.

Global Rationale: Assessment in a rehabilitation facility includes functional health level and self-care abilities. Rehabilitation promotes reintegration into the patient's family and community through a team approach. Many different aspects of the patient's life are addressed in the plan of care, including interpersonal relationships and

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

family support. There is no expectation that the patient will provide all self-care. Patients who receive care in a rehabilitation facility are not transferred to a long-term care facility.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX. 3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings

NLN Competencies: Knowledge and Science; Knowledge; Integration of knowledge from nursing and other disciplines

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 7. Describe services, settings, and essential components of community-based care and home healthcare.

MNL Learning Outcome: 8.3.4. Utilize the nursing process in care of client.

Page Number: 40

Question 45

Type: MCMA

The nurse is determining if a patient recovering from abdominal surgery is a candidate for home care. Which information should the nurse use to help make this decision?

Standard Text: Select all that apply.

1. The patient needs intermittent skilled nursing care.
2. The patient prefers to use an agency that is Medicare certified.
3. The patient plans to attend the upcoming senior citizen bingo night.
4. The patient can walk to a shopping mall to do banking and purchase groceries.
5. The patient is unable to change the abdominal wound dressing because of limited upper-extremity mobility.

Correct Answer: 1, 2, 5

Rationale 1: To receive healthcare coverage for home care, the patient must need intermittent skilled nursing care.

Rationale 2: To receive healthcare coverage for home care, the patient must use an agency that is Medicare certified.

Rationale 3: To receive healthcare coverage for home care the patient must be homebound and limited to leaving the home for healthcare visits or religious services. Being able to attend bingo night indicates the patient is not homebound.

Rationale 4: To receive healthcare coverage for home care, the patient must be homebound and limited to leaving the home for healthcare visits or religious services. Being able to shop and bank independently means the patient is not homebound.

Rationale 5: To receive healthcare coverage for home care, the patient must need intermittent skilled nursing care. Needing someone to change the wound dressing means requiring intermittent skilled nursing care.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Global Rationale: To receive healthcare coverage for home care, the patient must need intermittent skilled nursing care, use an agency that is Medicare certified, and be homebound.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care

AACN Essentials Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings

NLN Competencies: Context and Environment; Knowledge; health care systems

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 7. Describe services, settings, and essential components of community-based care and home healthcare.

MNL Learning Outcome: 11.3.4. Utilize the nursing process in care of client.

Page Number: 41

Question 46

Type: MCSA

The primary caregiver for a patient with stage 3 Alzheimer disease receiving care in the home wants to attend a granddaughter's high school graduation in a city 50 miles from the patient's home. What should the home care nurse suggest so that the caregiver can attend this event?

1. Admit the patient to hospice.
2. Schedule respite care for the caregiver.
3. Admit the patient to an inpatient facility.
4. Transport the patient with the caregiver to the graduation.

Correct Answer: 2

Rationale 1: Hospice care is a special component of home care, designed to provide medical, nursing, social, psychologic, and spiritual care for terminally ill patients and their families. The patient has not been diagnosed with a terminal illness.

Rationale 2: Respite care provides short-term or intermittent home care, often using volunteers. These services exist primarily to give the family member or friend who is the primary caregiver some time away from care.

Rationale 3: There is no medical reason for the patient to be admitted to an inpatient facility.

Rationale 4: The caregiver will not be able to drive and safely care for the patient at the same time.

Global Rationale: Respite care provides short-term or intermittent home care, often using volunteers. These services exist primarily to give the family member or friend who is the primary caregiver some time away from care. Hospice care is a special component of home care, designed to provide medical, nursing, social, psychologic, and spiritual care for terminally ill patients and their families. The patient has not been diagnosed with a terminal illness. There is no medical reason for the patient to be admitted to an inpatient facility. The caregiver will not be able to drive and safely care for the patient at the same time.

Cognitive Level: Application

Client Need: Psychosocial Integrity

Client Need Sub:

QSEN Competencies: I.A.6. Describe strategies to empower patients or families in all aspects of the health care process

AACN Essentials Competencies: IX.5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences

NLN Competencies: Context and Environment; Knowledge; family dynamics

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 7. Describe services, settings, and essential components of community-based care and home healthcare.

MNL Learning Outcome: 7.8.4. Utilize the nursing process in care of client.

Page Number: 42

Question 47

Type: MCMA

The nurse is visiting the home of a patient recovering from an acute gastrointestinal bleed. Which actions should the nurse take to limit distractions during this home visit?

Standard Text: Select all that apply.

1. Establishing short- and long-term goals
2. Explaining the primary goal of home care
3. Exploring the patient's and family's expectations of home care
4. Asking the patient if the television could be turned off during the visit
5. Asking the patient if the visit could be conducted in the bedroom away from small children and pets

Correct Answer: 4, 5

Rationale 1: Establishing short- and long-term goals is setting priorities with the patient.

Rationale 2: Explaining the primary goal of home care is setting goals and priorities.

Rationale 3: Exploring the patient's and family's expectation of home care is setting goals and priorities.

Rationale 4: Asking to turn off the television is limiting a distraction.

Rationale 5: Asking to conduct the visit in a room away from children and pets is limiting a distraction.

Global Rationale: Asking to turn off the television and conducting the visit in a room away from children and pets are ways to limit distractions. Establishing short- and long-term goals, explaining the primary goal of home care, and exploring the patient's and family's expectations of home care are setting goals and priorities.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: I.A.6. Describe strategies to empower patients or families in all aspects of the health care process

AACN Essentials Competencies: IX.5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences

NLN Competencies: Context and Environment; Knowledge; family dynamics

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Discuss nursing interventions to deliver safe, effective, and competent care to patients in their homes.

MNL Learning Outcome: 11.3.4. Utilize the nursing process in care of client.

Page Number: 43

Question 48

Type: MCMA

After completing a home assessment the nurse determines that safety hazards exist in a patient's bathroom. What did the nurse assess to come to this conclusion?

Standard Text: Select all that apply.

1. Water temperature of 150°F
2. Grab bars around the toilet only
3. Scatter rug outside the shower stall
4. Smoke detector battery with a low reading
5. Electrical outlet on the wall near the shower door

Correct Answer: 1, 2, 3, 5

Rationale 1: A water temperature of 150°F is too high. This could burn the patient.

Rationale 2: Grab bars need to be within the bathtub or shower area in addition to near the commode.

Rationale 3: Nonstick rugs should be used. Scatter rugs should be avoided or removed.

Rationale 4: Smoke detectors are not routinely mounted near bathrooms.

Rationale 5: Electrical outlets should not be near areas of water.

Global Rationale: A water temperature of 150°F is too high. This could burn the patient. Grab bars need to be within the bathtub or shower area in addition to near the commode. Nonstick rugs should be used. Scatter rugs should be avoided or removed. Electrical outlets should not be near areas of water. Smoke detectors are not routinely mounted near bathrooms.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Safety and Infection Control

QSEN Competencies: V.B.4. Communicate observations or concerns related to hazards and errors to patients, families and the health care team

AACN Essentials Competencies: II.7. Promote factors that create a culture of safety and caring

NLN Competencies: Quality and Safety; Practice; Communicate potential risk factors and actual errors

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 8. Discuss nursing interventions to deliver safe, effective, and competent care to patients in their homes.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

MNL Learning Outcome:

Page Number: 42

Question 49

Type: MCSA

While making a home visit the nurse learns that a patient self-administering insulin injections is placing the used needles and syringes in the family's trash can. What action should the nurse take?

1. Instruct the patient to place the needles and syringes in a separate plastic bag.
2. Nothing, because these needles and syringes are harmless to the general population.
3. Ask the patient to save all used syringes and needles after use for the nurse to dispose of.
4. Teach the patient to place all used syringes and needles into the red biohazard sharps box.

Correct Answer: 4

Rationale 1: Used needles and syringes should not be placed in a plastic bag. They could puncture the bag and cause someone harm.

Rationale 2: Doing nothing would be considered negligence on the part of the nurse.

Rationale 3: The nurse is not responsible for disposing of a patient's used needles and syringes.

Rationale 4: The disposal of sharp objects such as needles used for injections is a safety issue in the home. The nurse must address this with the patient, demonstrate safe disposal, and provide the necessary equipment for safe disposal.

Global Rationale: The disposal of sharp objects such as needles used for injections is a safety issue in the home. The nurse must address this with the patient, demonstrate safe disposal, and provide the necessary equipment for safe disposal. Used needles and syringes should not be placed in a plastic bag. They could puncture the bag and cause someone harm. Doing nothing would be considered negligence on the part of the nurse. The nurse is not responsible for disposing of a patient's used needles and syringes.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Safety and Infection Control

QSEN Competencies: V.B.4. Communicate observations or concerns related to hazards and errors to patients, families and the health care team

AACN Essentials Competencies: II.7. Promote factors that create a culture of safety and caring

NLN Competencies: Quality and Safety; Practice; Communicate potential risk factors and actual errors

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Discuss nursing interventions to deliver safe, effective, and competent care to patients in their homes.

MNL Learning Outcome: 10.5.4. Overview of medical-surgical nursing.

Page Number: 42-43

Question 50

Type: MCMA

During a home visit the nurse notes that the caregiver does not apply clean gloves before removing the patient's leg wound dressings. What should the nurse do to encourage infection control practices in this home?

1. Place the box of gloves next to the sink in the bathroom.
2. Remind the caregiver to wash hands after completing wound care.
3. Place the box of gloves next to the bag used to discard soiled dressings.
4. Encourage the caregiver to touch only the edges of the soiled dressings.

Correct Answer: 3

Rationale 1: Placing the box of gloves next to the sink in the bathroom might not be convenient enough to encourage consistent use.

Rationale 2: Hand washing should occur before and after wound care.

Rationale 3: If the box of gloves is next to the bag used to discard soiled dressings, the caregiver will be reminded to put on a pair of gloves before removing the dressing.

Rationale 4: Touching the edges of the soiled dressing will not prevent the spread of infection.

Global Rationale: If the box of gloves is next to the bag used to discard soiled dressings, the caregiver will be reminded to put on a pair of gloves before removing the dressing. Placing the box of gloves next to the sink in the bathroom might not be convenient enough to encourage consistent use. Hand washing should occur before and after wound care. Touching the edges of the soiled dressing will not prevent the spread of infection.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Safety and Infection Control

QSEN Competencies: V.B.4. Communicate observations or concerns related to hazards and errors to patients, families and the health care team

AACN Essentials Competencies: II.7. Promote factors that create a culture of safety and caring

NLN Competencies: Quality and Safety; Practice; Communicate potential risk factors and actual errors

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Discuss nursing interventions to deliver safe, effective, and competent care to patients in their homes.

MNL Learning Outcome: 4.1.4. Overview of medical-surgical nursing.

Page Number: 43