Wagner, *High Acuity Nursing,* 6e
Chapter 2

Question 1
Type: MCSA

The spouse of a patient recently diagnosed with terminal cancer has voiced concerns about her husband's continual denial of his disease. What should the nurse consider when planning a response to this concern?

1. It may be helpful for the patient's emotional state at this time to be in a state of denial.

2. Denial is abnormal and the patient needs to have a consultation with a therapist.

3. It will be helpful to plan an intervention to force the patient to acknowledge his disease.

4. There is a limited amount of time left in the patient's life so the denial must be rapidly worked through.

Correct Answer: 1

Rationale 1: It is believed that denial may be therapeutic as it allows the patient to have a removal from worry.

Rationale 2: Denial is a normal state experienced by patients having critical diagnoses.

Rationale 3: It is not therapeutic to force the patient to acknowledge his disease.

Rationale 4: Each patient will work through denial at an individualized pace. It is not therapeutic to rush this stage.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 2-1

Question 2
Type: MCSA

A patient in Suchman's awareness stage has become argumentative and demanding. The nursing staff is becoming frustrated with the behaviors. What actions by the nurse are indicated?

1. The nurse should accept the behaviors and attempt to open the lines of communication.

2. Rotate the nursing assignments frequently to limit each nurse's exposure to the behaviors.

3. Confront the patient about his demeanor.

4. Consolidate care so the nurse is in the room for shorter periods.

Correct Answer: 1

Rationale 1: The patient is acting in a manner consistent with the stage of awareness. The patient is attempting to exert control over the situation and will benefit most from a supportive environment.

Rationale 2: Rotating nursing assignments interrupts the therapeutic environment this patient requires.

Rationale 3: Confrontation is not indicated at this time. The patient needs to move through this stage of illness with support and understanding.

Rationale 4: This patient needs support to work through these feelings. Reducing the amount of time the nurse is in the room does not allow for interactions that may help with this process.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-1

Question 3
Type: MCMA

A patient says, "I've been hearing about aromatherapy as part of treatment for serious illness. What do you think about me trying it?" Which nursing responses are indicated?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. "Some studies have shown that using lavender oil can reduce anxiety."

2. "I would focus my energy on more traditional forms of healing."

3. "Other than jasmine oil, you are probably safe using aromatherapy."

4. "You should discuss this plan with your physician before purchasing anything."

5. "I know that some massage therapists use essential oils."

Correct Answer: 1,5

Rationale 1: Some small, limited studies have shown lavender oil to reduce stress and anxiety in acutely ill patients.

Rationale 2: Some studies have shown that some oils do help to reduce stress and anxiety in acutely ill patients. The nurse should not devalue this patient's attempts at self-help.

Rationale 3: Jasmine oil has been shown, in small studies, to reduce stress and anxiety in acutely ill patients.

Rationale 4: The nurse should be able to discuss this topic with the patient.

Rationale 5: These oils may be inhaled or used as an enhancement to massage therapy.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-1

Question 4
Type: MCSA

A newly licensed nurse has overheard a nurse telling a patient a joke. The nurse tells the preceptor, "I don't think that nurse is being respectful of the patient's diagnosis by telling jokes." What response by the preceptor is indicated?

1. "When you have more experience you will understand the value of a good joke."

2. "We try not to eavesdrop on other nurse's conversations with patients."

3. "Some times that nurse's jokes do get old."

4. "Sometimes laughing and joking can help us connect better with the patient."

Correct Answer: 4

Rationale 1: The preceptor should discuss the value of humor without demeaning the newly licensed nurse's level of experience.

Rationale 2: The preceptor should address the newly licensed nurse's concerns as this is a teaching opportunity.

Rationale 3: The preceptor should not make any statements that could be interpreted as critical of the nurse since the preceptor is not aware of the nurse's intent.

Rationale 4: The nurse and patient were engaging in humor. Humor can be used to lighten the moment and is associated with positive patient outcomes.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-2

Question 5
Type: MCMA

A patient is being kept on bedrest during treatment for deep vein thrombosis. The patient is uncomfortable because being in bed is stressful and has made his arthritis worse. Which complementary and alternative therapies might the nurse suggest to help treat this discomfort?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Aromatherapy

2. Therapeutic humor

3. Massage

4. Guided imagery

5. Music therapy

Correct Answer: 1,2,4,5

Rationale 1: The scents of lavender and jasmine have been shown in some studies to help reduce stress and anxiety.

Rationale 2: Watching comedies on television or reading humorous books may help distract the patient from discomfort.

Rationale 3: Because this patient is being treated for deep vein thrombosis, massage is not indicated.

Rationale 4: Guided imagery may help the patient relax.

Rationale 5: Music may help distract the patient from discomfort. Music can also be calming.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-2

Question 6
Type: MCSA

A patient is being treated for a massive myocardial infarction. His wife has just arrived in the emergency department and grabs the nurse's arm demanding to know what is happening. Which initial nursing response is indicated?

1. "Your husband needs my full attention right now."

2. "Someone call security."

3. "Take your hands off of me."

4. "Please go back to the waiting area."

Correct Answer: 4

Rationale 1: The patient's physiological needs take precedence over the psychological needs of the spouse.

Rationale 2: There is no indication that security is needed at this time.

Rationale 3: There is no indication that the nurse is in danger, so the therapeutic response should be directed toward the wife's needs.

Rationale 4: Telling the wife to go back to the waiting room is not the best nursing response. She does have the right to information about her husband.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-3

Question 7

Type: MCSA

A newly licensed nurse says, “Every time I go into my trauma patient’s room his wife asks the same questions about his medication.” How should the preceptor evaluate this statement?

1. Anxiety about the husband’s condition has affected the wife’s ability to retain information.

2. The preceptor should present the information so that it is more understandable.

3. When serious injuries have occurred, new nurses often make the mistake of talking to the patient instead of the family.

4. The nurse and wife are not communicating well with one another.

Correct Answer: 1

Rationale 1: When faced with serious illness or injury, patients and their families are stressed and may have problems retaining information presented.

Rationale 2: There is no indication that the nurse did not present the information well.

Rationale 3: The nurse should talk to the patient, so this is not a mistake. The information should be directed to the patient and the family.

Rationale 4: There is no indication that the nurse is not attempting communication with the wife.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome: 2-3

Question 8
Type: MCSA

The nurse is attempting to provide discharge teaching to a patient recently diagnosed with a terminal illness. The patient says, “I would rather talk to my usual nurse about my discharge.” What action by the nurse is indicated?

1. Ask the patient to sign a refusal of information form.

2. Continue to provide the information to the patient.

3. Ask the patient what efforts could be taken to make him feel more comfortable.

4. Contact the health care provider.

Correct Answer: 3

Rationale 1: The nurse is responsible to attempt education of this patient and would not simply ask the patient to sign a refusal form.

Rationale 2: Forcing the information on the patient would be counterproductive and cause more anxiety.

Rationale 3: The patient is not feeling secure. Acutely ill patients need to feel comfortable and secure in order to learn.

Rationale 4: There is no reason to contact the health care provider.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-3

Question 9
Type: MCMA

The nurse is conducting assessment on a patient who appears to be of Asian ancestry. Which questions are indicated?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. "How long have you been in the United States?"

2. "How do you describe your ethnicity?"

3. "How does your culture influence your health care choices?"

4. "Do you speak English or do I need to try to find an interpreter?"

5. "Would you like for someone from your family to be in the room during your assessment?"

Correct Answer: 2,3,5

Rationale 1: This question is premature until the nurse determines if the patient was not born in the U.S.

Rationale 2: The nurse should base discussion of culture and ethnicity on the patient's self-description.

Rationale 3: This is an open-ended question that allows the patient to either list some examples or to say there are no influences.

Rationale 4: This statement could be interpreted as indicating that accommodating language differences is a problem. The nurse should be able to assess for the need for an interpreter and should provide this service if necessary and possible.

Rationale 5: The nurse should ask about the desire for family presence. This is part of determining the patient's support system.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-4

Question 10
Type: MCSA

A nurse questions why socioeconomic status has been included in the admission assessment form. What response by the nurse manager is most appropriate?

1. Socioeconomic status helps the business office determine the likelihood of receiving payment.

2. Socioeconomic status will provide helpful information in choosing a room and roommate for the patient.

3. Socioeconomic status may provide information about previous access to care.

4. Socioeconomic status will reveal the patient's health care priorities.

Correct Answer: 3

Rationale 1: While the ability to manage hospital related costs might be impacted by the socioeconomic status it is not the primary reason for the assessment.

Rationale 2: Roommate selection is not the focus of this line of questioning.

Rationale 3: The socioeconomic status of a patient will provide information about the health care beliefs and access to health care.

Rationale 4: The patient's socioeconomic status does not automatically determine health care priorities.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome: 2-4

Question 11
Type: MCMA

The nurse manager is holding educational sessions to improve staff nurse competency in providing culturally sensitive care. Which myths will the manager identify in these sessions?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Cultural competence increases the cost of the nursing care provided.

2. Cultural competence is difficult to achieve when working with patients who are victims of trauma or violence.

3. Cultural competence is focused on providing sensitive care to minorities.

4. The first step of cultural competence is self-awareness.

5. The nurse who provides the same level of care to every patient is providing culturally competent care.

Correct Answer: 1,2,3,5

Rationale 1: There is no reason that providing culturally competent care will increase the cost of nursing services.

Rationale 2: The nurse can provide culturally competent care to any patient with any illness or injury.

Rationale 3: All people have a culture and have the right to be cared for in a culturally competent manner.

Rationale 4: The nurse must be aware of personal thoughts and feelings in order to provide culturally competent care.

Rationale 5: Culturally competent care requires differences in the kind and amount of care provided.

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-4

Question 12
Type: MCSA

Which interventions would the nurse use to help the patient get at least 2 hours of uninterrupted REM sleep?

1. Work with ancillary services such as physical therapy to establish a predictable routine.

2. Keep the lights in the unit dim at all times.

3. Turn alarms down or off during sleep periods.

4. Restrict visitation to a short time in the morning, the afternoon, and evening.

Correct Answer: 1

Rationale 1: If the nurse is aware of the routine times ancillary services will be provided, nursing care can be arranged to allow for the patient to have extended rest periods.

Rationale 2: The health care team must be able to see the patient well during assessment and care. Dimming the lights during portions of the day and night is indicated, but keeping the dim at all times in not possible.

Rationale 3: The nurse should never turn alarms off. Alarms must be loud enough to allow the nurse to hear them from areas outside the room.

Rationale 4: Strict visitation rules are not necessary, but the nurse might suggest visiting at another time if the patient is resting.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-6

Question 13
Type: MCSA

A patient has decided to explore palliative care. After this decision is announced, the nurse notices that not all of the disciplines of the health care team seem to be supportive of the decision. What action by the nurse is indicated?

1. Contact the physician to report the discrepancies in the plan of care.

2. Discuss the patient's wishes in the next multidisciplinary meeting.

3. Develop a plan of care and distribute it to the other disciplines of the health care team.

4. Advise the patient to contact the social services department.

Correct Answer: 2

Rationale 1: Calling the physician does not address the need for the differing disciplines to work together to benefit the patient.

Rationale 2: When a patient seeks palliative care, a multidisciplinary team should meet to formulate the plan of care.

Rationale 3: Distributing the plan of care without input from all of the participating fields will be ineffective and does little to promote collaboration.

Rationale 4: The social services department may be represented on the team but the patient does not have the responsibility to contact them.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 2-5

Question 14
Type: MCSA

The family of a critically ill patient reports to the nurse concerns that none of the health care team members seem to be listening to their wishes. Which nursing response is indicted?

1. "You have to stand up for yourself and for your loved one."

2. "It is time for us to meet in a patient care conference."

3. "I will talk to the hospital administrator about your complaint."

4. "I know this whole thing has been very hard on your family."

Correct Answer: 2

Rationale 1: The family is in a time of crisis and should not be required to "stand up" for themselves and the patient.

Rationale 2: A patient care conference is indicated to ensure that all members of the health care team are communicating actions.

Rationale 3: The nurse should not characterize this report as a complaint; it is a statement of the facts as they are perceived by the family. There is no reason to contact the administrator as steps to correct this problem can begin at the unit level.

Rationale 4: Offering emotional support is important but does not address the root cause of the problems being perceived by the family.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-3

Question 15
Type: MCSA

The charge nurse on a busy high-acuity care unit is reviewing the plan of care for four patients. The nurse would evaluate that which patient is at highest risk for sensory perceptual alterations (SPAs)?

1. 52-year-old male patient who has been hospitalized for complications related to diabetes

2. 41-year-old female patient admitted with severe abdominal pain

3. 65-year-old male patient diagnosed with pulmonary embolism.

4. 79-year-old female patient who is unresponsive after a stroke

Correct Answer: 4

Rationale 1: The patient is at risk for SPAs because of being cared for on a high-acuity unit. However, the patient's diagnosis does not put him at highest risk in this group.

Rationale 2: The patient is at risk for SPAs because of being cared for on a high-acuity unit. However the diagnosis and age do not put her at highest risk in this group.

Rationale 3: This patient is at risk for SPAs because of being cared for on a high-acuity unit. However this diagnosis does not put him at highest risk in this group.

Rationale 4: Patients who are very young, very old, and postoperative or unresponsive are at the greatest risk for experiencing sensory perceptual alterations (SPAs). The 79-year-old patient is at the greatest risk as a result of age and diagnosis.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome: 2-6

Question 16
Type: MCMA

The nurse manager is planning an educational program to address noise levels on the unit. What information should be given about the recommended noise levels?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. It is recommended that noise levels in the hospital should be below 45 dBA during daytime hours.

2. Normal conversation exceeds the recommended daytime noise level.

3. At night it should be quieter, no more than 35 dBA are recommended.

4. The recommended noise levels in high-acuity areas are higher due to increase noise from alarms and machines.

5. The biggest patient complaint about noise is in regard to staff conversation.

Correct Answer: 1,2,3,5

Rationale 1: The Environmental Protection Agency recommends hospitals maintain noise levels of 45 dBA during the day.

Rationale 2: Normal conversation is around 60 dBA, which exceeds the recommended daytime level in the hospital.

Rationale 3: The Environmental Protection Agency recommends that hospitals maintain noise levels no higher than 35 dBA at night.

Rationale 4: The Environmental Protection Agency has set levels for hospitals in general.

Rationale 5: Patients complain that staff conversations wake them from sleep.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-6

Question 17
Type: MCSA

The wife of a critically ill patient asks the nurse for help in making end-of-life care decisions for her husband. What action by the nurse is indicated?

1. Encourage the wife to recall any discussions with her husband about his wishes.

2. Encourage the wife to discontinue aggressive medical treatments as soon as possible.

3. Tell the wife what most other families have done in similar situations in the past

4. Refer the wife to social services for information about end of life.

Correct Answer: 1

Rationale 1: The nurse should refer to the patient's wishes as being of utmost importance.

Rationale 2: The nurse should not offer advice about end-of-life decisions, but rather should offer information.

Rationale 3: The actions taken by other families are not pertinent to this family.

Rationale 4: The nurse should be prepared to discuss end-of-life issues with the family. Referral to social services is not necessary for this discussion.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-5

Question 18
Type: MCSA

The nurse has been assigned to care for a patient who is unresponsive. The patient has no living will and the family has requested no resuscitative measures be implemented. No "do not resuscitate" order has been written and the nurse feels confident that life saving measures would likely be successful if implemented. What action by the nurse is indicated if this patient suffers a cardiopulmonary arrest?

1. Begin resuscitation interventions.

2. Discuss the situation with the unit manager.

3. Contact the hospital attorney.

4. Tell the family that resuscitation efforts are indicated and would likely be successful.

Correct Answer: 1

Rationale 1: Since there is no living will, the nurse must begin resuscitation interventions if indicated.

Rationale 2: Discussing the situation with the unit manager does not relieve the nurse of the responsibility of attempting resuscitation. At the time of need for resuscitation it is too late to discuss an action plan with the unit manager.

Rationale 3: It would be inappropriate for the nurse to contact the hospital attorney.

Rationale 4: The nurse should not share these beliefs with the family.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-5

Question 19
Type: MCSA

A patient has decided to forgo additional treatments for his terminal disease. The patient has presented a valid living will. The family is unhappy and tells the nurse they think the patient made the decision as a result of his depression. What response by the nurse is indicated?

1. "You need to let him make his own decisions."

2. "Do you think if we talked to him he would change his mind?"

3. "My role is to assure your loved one's wishes are followed."

4. "You need to talk to his physician about revising the do not resuscitate order."

Correct Answer: 3

Rationale 1: This statement is not the most therapeutic and does not address the family's concern.

Rationale 2: To encourage the family to try to change the family member's mind actually encourages them to pressure the patient at this serious time. This is not an action of a true patient advocate.

Rationale 3: The nurse must act as an advocate for the patient and uphold his documented requests.

Rationale 4: Referring the family to the physician to overturn the plans is not correct. A conference, however, may be indicated.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-5

Question 20
Type: MCSA

A nurse manager has recently held an educational program regarding palliative care for newly hired nurses on the high-acuity care unit. Which statement by a participant indicates the need for further education?

1. "The goals of medical care should be included in the palliative plan of care."

2. "Advanced directives are not included in the palliative plan of care."

3. "The plan of care should ensure the wishes of the patient at the time of death."

4. "The palliative care plan should seek to ensure the patient and family understands the disease status."

Correct Answer: 2

Rationale 1: Medical care goals are included in the palliative plan of care. The goals are no longer curative, but are focused on quality of life.

Rationale 2: Patient and family-centered decision making is a domain of palliative care. The nurse making this statement requires additional education.

Rationale 3: The focus of palliative care is that the patient's wishes are honored.

Rationale 4: Education regarding the disease process is an essential part of the communication between caregiver and family.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome: 2-5