

McKinney: Maternal-Child Nursing, 3rd Edition

Test Bank

Chapter 2: The Nurse's Role in Maternity, Women's Health, and Pediatric Nursing

MULTIPLE CHOICE

1. Which principle of teaching should the nurse use to ensure learning in a family situation?
 - a. Motivate the family with praise and positive.
 - b. Present complex subject material first, while the family is alert and ready to learn.
 - c. Families should be taught by using medical jargon so they will be able to understand the technical language used by physicians.
 - d. Learning is best accomplished using the lecture format.

ANS: A

A Praise and positive are particularly important when a family is trying to master a frustrating task, such as breastfeeding.

B Learning is enhanced when the teaching is structured to present the simple tasks before the complex material.

C Even though a family may understand English fairly well, they may not understand the medical terminology or slang terms.

D A lively discussion stimulates more learning than a straight lecture, which tends to inhibit questions.

DIF: Cognitive Level: Application REF: p. 25

OBJ: Nursing Process Step: Planning

MSC: Client Needs: Health Promotion and Maintenance

2. When addressing the questions of a newly pregnant woman, the nurse can explain that the certified nurse-midwife is qualified to perform:
 - a. regional anesthesia.
 - b. cesarean deliveries.
 - c. vaginal deliveries.
 - d. internal versions.

ANS: C

A Regional anesthesia must be performed by a physician.

B Cesarean deliveries must be performed by a physician.

C The midwife is qualified to deliver infants vaginally in uncomplicated pregnancies.

D Internal versions must be performed by a physician.

DIF: Cognitive Level: Knowledge REF: pp. 26-27

OBJ: Nursing Process Step: Assessment

MSC: Client Needs: Safe and Effective Care Environment

3. Which nursing intervention is an independent function of the nurse?
 - a. Administering oral analgesics
 - b. Teaching the client perineal care

- c. Requesting diagnostic studies
- d. Providing wound care to a surgical incision

ANS: B

A Administering oral analgesics is a dependent function; it is initiated by a physician and carried out by the nurse.

B Nurses are now responsible for various independent functions, including teaching, counseling, and intervening in nonmedical problems. Interventions initiated by the physician and carried out by the nurse are called dependent functions.

C Requesting diagnostic studies is a dependent function.

D Providing wound care is a dependent function; it is usually initiated by the physician through direct orders or protocol.

DIF: Cognitive Level: Comprehension REF: p. 25

OBJ: Nursing Process Step: Assessment

MSC: Client Needs: Health Promotion and Maintenance

4. Which response by the nurse to the client's statement, "I'm afraid to have a cesarean birth," would be the most therapeutic?
- a. "What concerns you most about a cesarean birth?"
 - b. "Everything will be OK."
 - c. "Don't worry about it. It will be over soon."
 - d. "The doctor will be in later, and you can talk to him."

ANS: A

A Focusing on what the client is saying and asking for clarification is the most therapeutic response.

B This response is belittling the client's feelings.

C This response will indicate that the client's feelings are not important.

D This response does not allow the client to verbalize her feelings when she desires.

DIF: Cognitive Level: Application REF: pp. 27-29

OBJ: Nursing Process Step: Implementation

MSC: Client Needs: Psychosocial Integrity

5. To evaluate the client's learning about performing infant care, the nurse should:
- a. demonstrate infant care procedures.
 - b. allow the client to verbalize the procedure.
 - c. observe the client as she performs the procedure.
 - d. routinely assess the infant for cleanliness.

ANS: C

A Demonstration is an excellent teaching method, but not an evaluation method.

B During verbalization of the procedure, the nurse may not pick up on techniques that are incorrect. It is not the best tool for evaluation.

C The client's ability to perform the procedure correctly under the nurse's supervision is the best method of evaluation.

D This will not ensure that the proper procedure is carried out. The nurse may miss seeing unsafe techniques being used.

DIF: Cognitive Level: Application REF: p. 32

OBJ: Nursing Process Step: Evaluation

MSC: Client Needs: Health Promotion and Maintenance

6. What situation is most conducive to learning?
- A teacher who speaks very little Spanish is teaching a class of Latino students.
 - A class is composed of students of various ages and educational backgrounds.
 - An auditorium is being used as a classroom for 300 students.
 - An Asian nurse provides nutritional information to a group of pregnant Asian women.

ANS: D

A The ability to understand the language in which teaching is done determines how much the client learns. Clients for whom English is not their primary language may not understand idioms, nuances, slang terms, informal usage of words, or medical words. The teacher should be fluent in the language of the student.

B Developmental levels and educational levels influence how a person learns best. In order for the teacher to best present information, it is best for the class to be of the same levels.

C A large class is not conducive to learning. It does not allow for questions, and the teacher is not able to see the nonverbal from the students to ensure understanding.

D A client's culture influences the learning process; thus a situation that is most conducive to learning is one in which the teacher has knowledge and understanding of the client's cultural beliefs.

DIF: Cognitive Level: Application REF: p. 25

OBJ: Nursing Process Step: Planning MSC: Client Needs: Psychosocial Integrity

7. The step of the nursing process in which the nurse determines the appropriate interventions for the identified nursing diagnosis is called:
- assessment.
 - planning.
 - intervention.
 - evaluation.

ANS: B

A During the assessment phase, data are collected.

B The third step in the nursing process involves planning care for problems that were identified during assessment.

C The intervention phase is when the plan of care is carried out.

D The evaluation phase is determining if the goals have been met.

DIF: Cognitive Level: Knowledge REF: p. 32

OBJ: Nursing Process Step: Planning

MSC: Client Needs: Safe and Effective Care Environment

8. Which goal is most appropriate for the collaborative problem of wound infection?

- a. The client will have a temperature of 98.6° F within 2 days.
- b. Maintain the client's fluid intake at 1000 mL per 8 hours.
- c. The client will not exhibit further signs of infection.
- d. Monitor the client to detect therapeutic response to antibiotic therapy.

ANS: D

A Monitoring a client's temperature is an independent nursing role.

B Intake and output is an independent nursing role.

C Monitoring for complications is an independent nursing role.

D In a collaborative problem, the goal should be nurse oriented and reflect the nursing interventions of monitoring or observing. In collaborative problems other team members are involved, such as prescribing antibiotics.

DIF: Cognitive Level: Comprehension REF: pp. 32-33

OBJ: Nursing Process Step: Planning

MSC: Client Needs: Safe and Effective Care Environment

9. Which nursing intervention is correctly written?
- a. Encourage turning, coughing, and deep breathing.
 - b. Force fluids as necessary.
 - c. Assist to ambulate for 10 minutes at 8 AM, 2 PM, and 6 PM.
 - d. Observe interaction with infant.

ANS: C

A This intervention does not state how often this procedure should be done.

B "Force fluids" is not specific; it does not state how much.

C Interventions may not be carried out unless they are detailed and specific.

D This intervention is not detailed and specific.

DIF: Cognitive Level: Comprehension REF: p. 32

OBJ: Nursing Process Step: Planning

MSC: Client Needs: Safe and Effective Care Environment

10. What part of the nursing process includes the collection of data on vital signs, allergies, sleep patterns, and feeding behaviors?
- a. Assessment
 - b. Planning
 - c. Implementation
 - d. Evaluation

ANS: A

A Assessment is the gathering of baseline data.

B Planning is based on baseline data and physical assessment.

C Implementation is the initiation and completion of nursing interventions.

D Evaluation is the last step in the nursing process and involves determining if the goals were met.

DIF: Cognitive Level: Comprehension REF: p. 30

OBJ: Nursing Process Step: Assessment

MSC: Client Needs: Health Promotion and Maintenance

11. Which step in the nursing process identifies the basis or cause of the patient's problem?
- Intervention
 - Expected outcome
 - Nursing diagnosis
 - Evaluation

ANS: C

A Interventions are actions taken to meet the problem.

B Expected outcome is a statement of the goal.

C A nursing diagnosis states the problem and its cause (the “related to”).

D Evaluation determines whether the goal has been met.

DIF: Cognitive Level: Knowledge REF: p. 32

OBJ: Nursing Process Step: Planning

MSC: Client Needs: Safe and Effective Care Environment

MULTIPLE RESPONSE

1. Today’s nurse often assumes the role of teacher or educator. Client teaching begins early in the childbirth process and continues throughout the postpartum period. Which strategies would be best to employ for a nurse working with a teen mother? Choose those that apply.
- Computer-based learning
 - Videos
 - Printed material
 - Group discussion
 - Models

ANS: A, B, C, D, E

Correct A, B, C, D, E. A number of factors influence learning at any age. One of the most significant considerations is developmental level. Teenage parents often have very different concerns and learn in a different way than older parents. Often grandparents are also involved in the rearing of these children and must be able to review and understand the material. There is a wealth of new information that may not have been available when they became parents.

Incorrect All are correct.

DIF: Cognitive Level: Application REF: pp. 25-26

OBJ: Nursing Process Step: Implementation

MSC: Client Needs: Health Promotion and Maintenance

COMPLETION

1. Interventions, modalities, professions, theories, applications, or practices that are not currently part of the conventional medical system in North American culture are often referred to as _____ or _____ medicine.

ANS:

complementary or alternative (CAM)

For many people such therapies are not considered alternative, because they are mainstream in their culture. Others combine them with traditional medical practices, thereby using an *integrative* approach. A continued concern is client safety. Some clients who use these techniques may delay necessary care, and others may take herbal or other remedies that might become toxic when used in combination with prescription drugs or taken in excess.

DIF: Cognitive Level: Comprehension REF: p. 33

OBJ: Nursing Process Step: Assessment MSC: Client Needs: Physiologic Integrity