

CURRENT Medical Diagnosis and Treatment 2019 Testbank/Studyguide

Chapter 1. Disease Prevention & Health Promotion

____ 1. Which of the following behaviors indicates the highest potential for spreading infections among clients? The nurse:

- 1) disinfects dirty hands with antibacterial soap.
- 2) allows alcohol-based rub to dry for 10 seconds.
- 3) washes hands only after leaving each room.
- 4) uses cold water for medical asepsis.

____ 2. What is the *most* frequent cause of the spread of infection among institutionalized patients?

- 1) Airborne microbes from other patients
- 2) Contact with contaminated equipment
- 3) Hands of healthcare workers
- 4) Exposure from family members

____ 3. Which of the following nursing activities is of highest priority for maintaining medical asepsis?

- 1) Washing hands
- 2) Donning gloves
- 3) Applying sterile drapes
- 4) Wearing a gown

____ 4. A patient infected with a virus but who does not have any outward sign of the disease is considered a:

- 1) pathogen.
- 2) fomite.
- 3) vector.
- 4) carrier.

____ 5. A patient is admitted to the hospital with tuberculosis. Which precautions must the nurse institute when caring for this patient?

- 1) Droplet transmission
- 2) Airborne transmission
- 3) Direct contact
- 4) Indirect contact

____ 6. A patient becomes infected with oral candidiasis (thrush) while receiving intravenous antibiotics to treat a systemic infection. Which type of infection has the patient developed?

- 1) Endogenous nosocomial
- 2) Exogenous nosocomial
- 3) Latent
- 4) Primary

____ 7. A patient admitted to the hospital with pneumonia has been receiving antibiotics for 2 days. His condition has stabilized, and his temperature has returned to normal. Which stage of infection is the patient most likely experiencing?

- 1) Incubation
- 2) Prodromal
- 3) Decline
- 4) Convalescence

____ 8. The nurse assists a surgeon with central venous catheter insertion. Which action is necessary to help maintain sterile technique?

- 1) Closing the patients door to limit room traffic while preparing the sterile field
- 2) Using clean procedure gloves to handle sterile equipment
- 3) Placing the nonsterile syringes containing flush solution on the sterile field
- 4) Remaining 6 inches away from the sterile field during the procedure

____ 9. A patient develops localized heat and erythema over an area on the lower leg. These findings are indicative of which secondary defense against infection?

- 1) Phagocytosis
- 2) Complement cascade
- 3) Inflammation
- 4) Immunity

____ 10. The patient suddenly develops hives, shortness of breath, and wheezing after receiving an antibiotic. Which antibody is primarily responsible for this patients response?

- 1) IgA
- 2) IgE
- 3) IgG
- 4) IgM

____ 11. What type of immunity is provided by intravenous (IV) administration of immunoglobulin G?

- 1) Cell-mediated
- 2) Passive
- 3) Humoral
- 4) Active

12. A patient asks the nurse why there is no vaccine available for the common cold. Which response by the nurse is correct?

- 1) The virus mutates too rapidly to develop a vaccine.
- 2) Vaccines are developed only for very serious illnesses.
- 3) Researchers are focusing efforts on an HIV vaccine.
- 4) The virus for the common cold has not been identified.

13. A patient who has a temperature of 101F (38.3C) most likely requires:

- 1) acetaminophen (Tylenol).
- 2) increased fluids.
- 3) bedrest.
- 4) tepid bath.

14. Why is a lotion without petroleum preferred over a petroleum-based product as a skin protectant? It:

- 1) Prevents microorganisms from adhering to the skin.
- 2) Facilitates the absorption of latex proteins through the skin.
- 3) Decreases the risk of latex allergies.
- 4) Prevents the skin from drying and chaffing.

15. For which range of time must a nurse wash her hands before working in the operating room?

- 1) 1 to 2 minutes
- 2) 2 to 4 minutes
- 3) 2 to 6 minutes
- 4) 6 to 10 minutes

16. How should the nurse dispose of the breakfast tray of a patient who requires airborne isolation?

- 1) Place the tray in a specially marked trash can inside the patients room.
- 2) Place the tray in a special isolation bag held by a second healthcare worker at the patients door.
- 3) Return the tray with a note to dietary services so it can be cleaned and reused for the next meal.
- 4) Carry the tray to an isolation trash receptacle located in the dirty utility room and dispose of it there.

17. How much liquid soap should the nurse use for effective hand washing? At least:

- 1) 2 mL
- 2) 3 mL
- 3) 6 mL
- 4) 7 mL

____ 18. To assure effectiveness, when should the nurse stop rubbing antiseptic hand solution over all surfaces of the hands?

- 1) When fingers feel sticky
- 2) After 5 to 10 seconds
- 3) When leaving the clients room
- 4) Once fingers and hands feel dry

____ 19. A patient is admitted to the hospital for chemotherapy and has a low white blood cell count. Which precaution should the staff take with this patient?

- 1) Contact
- 2) Protective
- 3) Droplet
- 4) Airborne

____ 20. While donning sterile gloves, the nurse notices the edges of the glove package are slightly yellow. The yellow area is over 1 inch away from the gloves and only appears to be on the outside of the glove package. What is the best action for the nurse to take at this point?

- 1) Continue using the gloves inside the package because the package is intact.
- 2) Remove gloves from sterile field and use a new pair of sterile gloves.
- 3) Throw all supplies away that were to be used and begin again.
- 4) Use the gloves and make sure the yellow edges of the package do not touch the client.

____ 21. The nurse is removing personal protective equipment (PPE). Which item should be removed first?

- 1) Gown
- 2) Gloves
- 3) Face shield
- 4) Hair covering

____ 22. A nurse is splashed in the face by body fluid during a procedure. Prioritize the nurses actions, listing the most important one first.

- A. Contact employee health
- B. Complete an incident report
- C. Wash the exposed area
- D. Report to another nurse that she is leaving the immediate area.

- 1) 1, 2, 3, 4
- 2) 2, 3, 4, 1
- 3) 3, 4, 1, 2
- 4) 4, 1, 2, 3

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

____ 1. In which situation would using standard precautions be adequate? Select all that apply.

-
- 1) While interviewing a client with a productive cough
 - 2) While helping a client to perform his own hygiene care
 - 3) While aiding a client to ambulate after surgery
 - 4) While inserting a peripheral intravenous catheter
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2. Which of the following protect(s) the body against infection? Select all that apply.

- 1) Eating a healthy well-balanced diet
 - 2) Being an older adult or an infant
 - 3) Leisure activities three times a week
 - 4) Exercising for 30 minutes 5 days a week
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3. The nurse is teaching a group of newly hired nursing assistive personnel (NAP) about proper hand washing. The nurse will know that the teaching was effective if the NAP demonstrate what? Select all that apply. The NAP:

- 1) uses a paper towel to turn off the faucet.
 - 2) holds fingertips above the wrists while rinsing off the soap.
 - 3) removes all rings and watch before washing hands.
 - 4) cleans underneath each fingernail.
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4. Alcohol-based solutions for hand hygiene can be used to combat which types of organisms? Select all that apply.

- 1) Virus
 - 2) Bacterial spores
 - 3) Yeast
 - 4) Mold
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5. A patient with tuberculosis is scheduled for computed tomography (CT). How should the nurse proceed? Select all that apply.

- 1) Question the order because the patient must remain in isolation.
 - 2) Place an N-95 respirator mask on the patient and transport him to the test.
 - 3) Place a surgical mask on the patient and transport him to CT lab.
 - 4) Notify the computed tomography department about precautions prior to transport.
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True/False

Indicate whether the statement is true or false.

1. Bacteria are necessary for human health and well-being.

Chapter 1. Disease prevention

Answer Section

MULTIPLE CHOICE

1. ANS: 3

Patients acquire infection by contact with other patients, family members, and healthcare equipment. But *most* infection among patients is spread through the hands of healthcare workers. Hand washing interrupts the transmission and should be done before and after all contact with

patients, regardless of the diagnosis. When the hands are soiled, healthcare staff should use antibacterial soap with warm water to remove dirt and debris from the skin surface. When no visible dirt is present, an alcohol-based rub should be applied and allowed to dry for 10 to 15 seconds.

2. ANS: 3

Patients are exposed to microbes by contact (direct contact, airborne, or otherwise) with other patients, family members, and contaminated healthcare equipment. Some of these are pathogenic (cause illness) and some are nonpathogenic (do not cause illness). But most microbes causing infection among patients are spread by direct contact on the hands of healthcare workers.

3. ANS: 1

Scrupulous hand washing is the *most* important part of medical asepsis. Donning gloves, applying sterile drapes before procedures, and wearing a protective gown may be needed to ensure asepsis, but they are not the *most* important aspect because microbes causing most healthcare-related infections are transmitted by lack of or ineffective hand washing.

4. ANS: 4

Some people might harbor a pathogenic organism, such as the human immunodeficiency virus within their body, and yet do not acquire the disease/infection. These individuals, called carriers, have no outward sign of active disease, yet they can pass the infection to others. A pathogen is an organism capable of causing disease. A fomite is a contaminated object that transfers a pathogen, such as pens, stethoscopes, and contaminated needles. A vector is an organism that carries a pathogen to a susceptible host through a portal for entry into the body. An example of a vector is a mosquito or tick that bites or stings.

5. ANS: 2

The organisms responsible for measles and tuberculosis, as well as many fungal infections, are spread through airborne transmission. *Neisseria meningitidis*, the organism that causes meningitis, is spread through droplet transmission. Pathogens that cause diarrhea, such as *Clostridium difficile*, are spread by direct contact. The common cold can be spread by indirect contact or droplet transmission.

6. ANS: 1

Thrush in this patient is an example of an endogenous, nosocomial infection. This type of infection arises from suppression of the patient's normal flora as a result of some form of treatment, such as antibiotics. Normal flora usually keep yeast from growing in the mouth. In exogenous nosocomial infection, the pathogen arises from the healthcare environment. A latent infection causes no symptoms for long periods. An example of a latent infection is human immunodeficiency virus infection. A primary infection is the first infection that occurs in a patient.

7. ANS: 3

The stage of decline occurs when the patient's immune defenses, along with any medical therapies (in this case antibiotics), are successfully reducing the number of pathogenic microbes. As a result, the signs and symptoms of infection begin to fade. Incubation is the stage between the invasion by the organism and the onset of symptoms. During the incubation stage, the patient does not know he is infected and is capable of infecting others. The prodromal stage is characterized by the first appearance of vague symptoms. Convalescence is characterized by tissue repair and a return to health as the organisms disappear.

8. ANS: 1

To maintain sterile technique, the nurse should close the patients door and limit the number of persons entering and exiting the room because air currents can carry dust and microorganisms. Sterile gloves, not clean gloves, should be used to handle sterile equipment. Placing nonsterile syringes on the sterile field contaminates the field. One foot, not 6 inches, is required between people and the sterile field to prevent contamination.

9. ANS: 3

The classic signs of inflammation, a secondary defense against infection, are erythema (redness) and localized heat. The secondary defenses phagocytosis (process by which white blood cells engulf and destroy pathogens) and the complement cascade (process by which blood proteins trigger the release of chemicals that attack the cell membranes of pathogens) do not produce visible findings. Immunity is a tertiary defense that protects the body from future infection.

10. ANS: 2

The patient is most likely experiencing an allergic response to the antibiotic. IgE is the antibody primarily responsible for this allergic response. The antibodies IgA, IgG, and IgM are not involved in the allergic response. IgA antibodies protect the body from fighting viral and bacterial infections. IgG antibodies are the only type that cross the placenta in a pregnant woman to protect her unborn baby (fetus). IgM are the first antibodies made in response to infection.

11. ANS: 2

Intravenous administration of immunoglobulin G provides the patient with passive immunity. Immunoglobulin G does not provide cell-mediated, humoral, or active immunity. Passive immunity occurs when antibodies are transferred by antibodies from an immune host, such as from a placenta to a fetus. Passive immunity is short-lived. Active immunity is longer lived and comes from the host itself. Humoral immunity occurs by secreted antibodies binding to antigens. Cell-mediated immunity does not involve antibodies but rather fight infection from macrophages that kills pathogens.

12. ANS: 1

More than 200 viruses are known to cause the common cold. These viruses mutate too rapidly to develop a vaccine. Although some researchers are focusing efforts on a vaccine for HIV infection, others continue to research the common cold.

13. ANS: 2

Fever, a common defense against infection, increases water loss; therefore, additional fluid is needed to supplement this loss. Acetaminophen and a tepid bath are not necessary for this low-grade fever because fever is beneficial in fighting infection. Adequate rest, not necessarily bedrest, is necessary with a fever.

14. ANS: 3

Nonpetroleum-based lotion is preferred because it prevents the absorption of latex proteins through the skin, which can cause latex allergy. Both types of lotion prevent the skin from drying and becoming chafed. Neither prevents microorganisms from adhering to the skin.

15. ANS: 3

In a surgical setting, hands should be washed for 2 to 6 minutes, depending on the type of soap used.

16. ANS: 2

Patients who require airborne isolation are served meals on disposable dishes and trays. To dispose of the tray, the nurse inside the room must wear protective garb and place the tray and its

contents inside a special isolation bag that is held by a second healthcare worker at the patients door. The items must be placed on the inside of the bag without touching the outside of the bag.

17. ANS: 2

APIC guidelines dictate that 3 to 5 mL of liquid soap is necessary for effective hand washing.

18. ANS: 4

The nurse should rub the antiseptic hand solution over all surfaces of the hands until the solution dries, usually 10 to 15 seconds, to ensure effectiveness.

19. ANS: 2

Protective isolation is used to protect those patients who are unusually vulnerable to organisms brought in by healthcare workers. Such patients include those with low white blood cell counts, with burns, and undergoing chemotherapy. Some hospital units, such as neonatal intensive care units and labor and delivery suites, also use forms of protective isolation.

20. ANS: 2

The gloves should be thrown away because the gloves are likely to be contaminated from an outside source. The supplies do not have to be thrown away because they have not been contaminated.

21. ANS: 2

The gloves are removed first because they are usually the most contaminated PPE and must be removed to avoid contamination of clean areas of the other PPE during their removal. The gown is removed second, then the mask or face shield, and finally, the hair covering.

22. ANS: 3

If a nurse becomes exposed to body fluid, she should first wash the area, tell another nurse she is leaving the area, contact the infection control or employee health nurse immediately, and complete an incident report. It is most important to remove the source of contamination (body fluid) as soon as possible after exposure to help prevent the nurses from becoming infected. The other activities can wait until that is done.

MULTIPLE RESPONSE

1. ANS: 3, 4

Standard precautions should be instituted with all clients whenever there is a possibility of coming in contact with blood, body fluids (except sweat), excretions, secretions, mucous membranes, and breaks in the skin (e.g., while inserting a peripheral IV). When interviewing a client, if the disease is not spread by air or droplets, there is no likelihood of the nurses encountering body fluids. If the disease is spread by air or droplets, then droplet or airborne precautions would be needed in addition to standard precautions. If giving a complete bed bath or performing oral hygiene, the nurse would need to use standard precautions (gloves); if merely assisting a client to perform those ADLs, it is not necessary. No exposure to body fluids is likely when helping a client to ambulate after surgery.

2. ANS: 1, 3, 4

Nutrition, hygiene, rest, exercise, stress reduction, and immunization protect the body against infection. Illness, injury, medical treatment, infancy or old age, frequent public contact, and various lifestyle factors can make the body more susceptible to infection.

3. ANS: 1, 3, 4

Hand washing requires at least 15 seconds of washing, which includes lathering all surfaces of the hands and fingers to be effective. The fingers should be held lower than the wrists.

4. ANS: 1, 3, 4

If there is potential for contact with bacterial spores, hands must be washed with soap and water; alcohol-based solutions are ineffective against bacterial spores.

5. ANS: 3, 4

Transporting a patient who requires airborne precautions should be limited; however, when necessary the patient should wear a surgical mask (an N-95 respirator mask is not required) that covers the mouth and nose to prevent the spread of infection. Moreover, the department where the patient is being transported should be notified about the precautions before transport.

TRUE/FALSE

1. ANS: T

Organisms that normally inhabit the body, called normal flora, are essential for human health and well-being. They keep pathogens in check. In the intestine, these flora function to aid digestion and promote the release of vitamin K, vitamin B12, thiamine, and riboflavin.

Chapter 1 Health Promotion (Part 2)

_____ 1. A client informs the nurse that he has quit smoking because his father died from lung cancer 3 months ago. Based on his motivation, smoking cessation should be recognized as an example of which of the following?

- 1) Healthy living
- 2) Health promotion
- 3) Wellness behaviors
- 4) Health protection

_____ 2. A patient with morbid obesity was enrolled in a weight loss program last month and has attended four weekly meetings. But now he believes he no longer needs to attend meetings because he has learned what to do. He informs the nurse facilitator about his decision to quit the program. What should the nurse tell him?

By now you have successfully completed the steps of the change process. You should be

- 1) able to successfully lose the rest of the weight on your own.

Although you have learned some healthy habits, you will need at least another 6 weeks before you can quit the program and have success.

You have done well in this program. However, it is important to continue in the program to learn how to maintain weight loss. Otherwise, you are likely to return to your previous

- 3) lifestyle.

You have entered the determination stage and are ready to make positive changes that you can keep for the rest of your life. If you need additional help, you can come back at

- 4) a later time.

_____ 3. The school nurse at a local elementary school is performing physical fitness assessments on the third-grade children. When assessing students cardiorespiratory fitness, the most appropriate test is to have the students:

- 1) Step up and down on a 12-inch bench.
- 2) Perform the sit-and-reach test.
- 3) Run a mile without stopping, if they can.
- 4) Perform range-of-motion exercises.

____ 4. In the Leavell and Clark model of health protection, the chief distinction between the levels of prevention is:

- 1) The point in the disease process at which they occur.
- 2) Placement on the *Wheels of Wellness*.
- 3) The level of activity required to achieve them.
- 4) Placement in the *Model of Change*.

____ 5. The muscle strength of a woman weighing 132 pounds who is able to lift 72 pounds would be recorded as which of the following?

- 1) 1.83
- 2) Moderate
- 3) 0.55
- 4) 18.3%

____ 6. Which is one of the greatest concerns with heavy and chronic use of alcohol in teens and young adults?

- 1) Liver damage
- 2) Unintentional death
- 3) Tobacco use
- 4) Obesity

____ 7. A 55-year-old man suffered a myocardial infarction (heart attack) three months ago. During his hospitalization, he had stents inserted in two locations in the coronary arteries. He was also placed on a cholesterol-lowering agent and two antihypertensives. What type of care is he receiving?

- 1) Primary prevention
- 2) Secondary prevention
- 3) Tertiary prevention
- 4) Health promotion

____ 8. Health screening activities are designed to:

- 1) Detect disease at an early stage.
- 2) Determine treatment options.
- 3) Assess lifestyle habits.
- 4) Identify healthcare beliefs.

____ 9. Which individuals should receive annual lipid screening?

- 1) All overweight children
- 2) All adults 20 years and older
- 3) Persons with total cholesterol greater than 150 mg/dL
- 4) Persons with HDL less than 40 mg/dL

____ 10. A mother of three young children is newly diagnosed with breast cancer. She is intensely committed to fighting the cancer. She believes she can control her cancer to some degree with a positive attitude and feelings of inner strength. Which of the following traits is she demonstrating that is linked to health and healing?

- 1) Invincibility
- 2) Hardiness
- 3) Baseline strength
- 4) Vulnerability

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

____ 1. The World Health Organizations definition of *health* includes which of the following? Choose all that apply.

- 1) Absence of disease
- 2) Physical well-being
- 3) Mental well-being
- 4) Social well-being

____ 2. According to Penders health promotion model, which variables must be considered when planning a health promotion program for a client? Choose all that apply.

- 1) Individual characteristics and experiences
- 2) Levels of prevention
- 3) Behavioral outcomes
- 4) Behavior-specific cognitions and affect

____ 3. Goals for *Healthy People 2020* include which of the following? Choose all that apply.

- 1) Eliminate health disparities among various groups.
- 2) Decrease the cost of healthcare related to tobacco use.
- 3) Increase the quality and years of healthy life.
- 4) Decrease the number of inpatient days annually.

____ 4. The nurse is implementing a wellness program based on data gathered from a group of low-income seniors living in a housing project. He is using the *Wheels of Wellness* as a model for his planned interventions. Which of the following interventions would be appropriate based on this model? Choose all that apply.

- 1) Creating a weekly discussion group focused on contemporary news
- 2) Facilitating a relationship between local pastors and residents of subsidized housing
- 3) Coordinating a senior tutorial program for local children at the housing center
- 4) Establishing an on-site healthcare clinic operating one day per week

____ 5. The nurse working in an ambulatory care program asks questions about the clients locus of control as a part of his assessment because of which of the following? Choose all that apply.

- 1) People who feel in charge of their own health are the easiest to motivate toward change.

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- 2) People who feel powerless about preventing illness are least likely to engage in health promotion activities.
- 3) People who respond to direction from respected authorities often prefer a health promotion program that is supervised by a health provider.
- 4) People who feel in charge of their own health are less motivated by health promotion activities.

6. Health promotion programs assist a person to advance toward optimal health. Which of the following activities might such programs include? Choose all that apply.

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- 1) Disseminating information
- 2) Changing lifestyle and behavior
- 3) Prescribing medications to treat underlying disorders
- 4) Environmental control programs

7. Which of the following actions demonstrate how nurses promote health?

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- 1) Role modeling
- 2) Educating patients and families
- 3) Counseling
- 4) Providing support

Completion

Complete each statement.

1. A middle-aged woman performs breast self-examination monthly. This intervention is considered to be _____ prevention.
2. _____ refers to nursing actions performed to help clients to achieve an optimal state of health.
3. What is the name of the nursing theorist who defines health as having three elements: a high level of overall physical, mental, and social functioning; a general adaptive-maintenance level of daily functioning; and the absence of illness (or the presence of efforts that lead to its absence)?

Chapter 1. Health Promotion (Part 2)

Answer Section

MULTIPLE CHOICE

1. ANS: 4

Although health promotion and health protection may involve the same activities, their difference lies in the motivation for action. Health protection is motivated by a desire to avoid illness. Health promotion is motivated by the desire to increase wellness. Smoking cessation may also be a wellness behavior and may be considered a step toward healthy living; however, neither of these addresses motivation for action.

Comprehension

2. ANS: 3

Prochaska and Diclemente identified four stages of change: the contemplation stage, the determination stage, the action stage, and the maintenance stage. This patient demonstrates behaviors typical of the action stage. If a participant exits a program before the end of the maintenance stage, relapse is likely to occur as the individual resumes his previous life style.

3. ANS: 3

Field tests for running are good for children and can be utilized when assessing cardiorespiratory fitness. The step test is appropriate for adults. The 12-inch bench height is too high for young children. The sit-and-reach test as well as range-of-motion exercises would be appropriate when assessing flexibility.

4. ANS: 1

Leavell and Clark identified three levels of activities for health protection: primary, secondary, and tertiary. Interventions are classified according to the point in the disease process in which they occur.

5. ANS: 3

Muscle strength measures the amount of weight a muscle (or group of muscles) can move at one time. This is recorded as a ratio of weight pushed (or lifted) divided by body weight. A woman weighing 132 pounds who is able to lift 72 pounds has a ratio of 72 divided by 132, or 0.55.

6. ANS: 2

Heavy and chronic use of alcohol and use of illicit drugs increase the risk of disease and injuries and intentional death (suicide and homicide). Although alcohol as a depressant slows metabolism, chronic alcohol use is more likely associated with poor nutrition, which may or may not lead to obesity. Chronic alcohol use causes damage to liver cells over time in the later years. Alcohol intake is often associated with tobacco and recreational drug use; however, the risk of unintentional injury, such as car accident, suicide, or violence, is more concerning than smoking.

7. ANS: 3

Primary prevention activities are designed to prevent or slow the onset of disease. Activities such as eating healthy foods, exercising, wearing sunscreen, obeying seat-belt laws, and getting immunizations are examples of primary level interventions. Secondary prevention activities detect illness so it can be treated in the early stages. Tertiary prevention focuses on stopping the disease from progressing and returning the individual to the pre-illness phase. The patient has an established disease and is receiving care to stop the disease from progressing.

8. ANS: 1

Health screening activities are designed to detect disease at an early stage so that treatment can begin before there is an opportunity for disease to spread or become debilitating.

9. ANS: 1

The American Academy of Pediatrics take a targeted approach, recommending that overweight children receive cholesterol screening, regardless of family history or other risk factors for cardiovascular disease. The American Heart Association recommends that all adults age 20 years or older have a fasting lipid panel at least once every 5 years. If total cholesterol is 200 mg/dL or greater or HDL is less than 40 mg/dL frequent monitoring is required.

10. ANS: 2

Research has also demonstrated that in the face of difficult life events, some people develop hardiness rather than vulnerability. Hardiness is a quality in which an individual experiences high levels of stress yet does not fall ill. There are three general characteristics of the hardy person: control (belief in the ability to control the experience), commitment (feeling deeply involved in the activity producing stress), and challenge (the ability to view the change as a challenge to grow). These traits are associated with a strong resistance to negative feelings that occur under adverse circumstances.

MULTIPLE RESPONSE

1. ANS: 2, 3, 4

The World Health Organization defines health as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.

2. ANS: 1, 3, 4

Pender identified three variables that affect health promotion: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. Levels of prevention were identified by Leavell and Clark; three levels relate to health protection. The levels differ based on their timing in the illness cycle.

3. ANS: 1, 3

The four overarching goals of *Healthy People 2020* are to 1) increase the quality and years of healthy life, free of disease, injury, and premature death, 2) eliminate health disparities and improve health for all groups of people, 3) create physical and social environments for people to live a healthy life, and 4) promote healthy development for people in all stages of life.

4. ANS: 1, 2, 3, 4

The *Wheels of Wellness* model identifies the following dimensions of health: emotional, intellectual, physical, spiritual, social/family, and occupational. A weekly discussion group stimulates intellectual health. A relationship between local pastors and those living in subsidized housing creates a climate for spiritual health. A tutorial program offered by seniors to local children will facilitate occupational health. An on-site healthcare clinic addresses physical health.

5. ANS: 1, 2, 3

Identifying a person's locus of control helps the nurse determine how to approach a client about health promotion. People who feel powerless about preventing illness are least likely to engage in health promotion activities. People who respond to direction from respected authorities often prefer a health promotion program that is supervised by a health provider. Clients who feel in charge of their own health are the easiest to motivate toward positive change.

6. ANS: 1, 2, 4

Health promotion programs may be categorized into four types: disseminating information; programs for changing lifestyle and behavior; environmental control programs; and wellness appraisal and health risk assessment programs. Prescribing medications to treat underlying disorders is an activity that fosters health focused at an individual level rather than at a group program level.

7. ANS: 1, 2, 3, 4

Nurses promote health by acting as role models, counseling, providing health education, and providing and facilitating support.

1. ANS: secondary

Secondary prevention activities *detect illness so that it can be treated* in the early stages. Health activities such as mammograms, testicular examinations, regular physical examinations, blood pressure and diabetes screenings, and tuberculosis skin tests are examples of secondary interventions. Primary prevention activities are designed to prevent or slow the onset of disease and promote health. Activities such as eating healthy foods, exercising, wearing sunscreen, obeying seat-belt laws, and getting immunizations are examples of primary level interventions. Tertiary prevention focuses on stopping the disease from progressing and returning the individual to the pre-illness phase.

1. The nurse is listening to the breath sounds of a patient with severe asthma. Air passing through narrowed bronchioles would produce which of these adventitious sounds?

- a. Wheezes
- b. Bronchial sounds
- c. Bronchophony
- d. Whispered pectoriloquy

ANS: A

Wheezes are caused by air squeezed or compressed through passageways narrowed almost to closure by collapsing, swelling, secretions, or tumors, such as with acute asthma or chronic emphysema.

2. A mother brings her 3-month-old infant to the clinic for evaluation of a cold. She tells the nurse that he has had a runny nose for a week. When performing the physical assessment, the nurse notes that the child has nasal flaring and sternal and intercostal retractions. The nurses next action should be to:

- a. Assure the mother that these signs are normal symptoms of a cold.
- b. Recognize that these are serious signs, and contact the physician.
- c. Ask the mother if the infant has had trouble with feedings.

Perform a complete cardiac assessment because these signs are probably indicative of early heart failure.

- d. failure.

ANS: B

The infant is an obligatory nose breather until the age of 3 months. Normally, no flaring of the nostrils and no sternal or intercostal retraction occurs. Significant retractions of the sternum and intercostal muscles and nasal flaring indicate increased inspiratory effort, as in pneumonia, acute airway obstruction, asthma, and atelectasis; therefore, immediate referral to the physician is warranted. These signs do not indicate heart failure, and an assessment of the infants feeding is not a priority at this time.

3. A teenage patient comes to the emergency department with complaints of an inability to breathe and a sharp pain in the left side of his chest. The assessment findings include cyanosis, tachypnea, tracheal deviation to the right, decreased tactile fremitus on the left, hyperresonance on the left, and decreased breath sounds on the left. The nurse interprets that these assessment findings are consistent with:

- a. Bronchitis.
- b. Pneumothorax.
- c. Acute pneumonia.
- d. Asthmatic attack.

ANS: B

With a pneumothorax, free air in the pleural space causes partial or complete lung collapse. If the pneumothorax is large, then tachypnea and cyanosis are evident. Unequal chest expansion, decreased or absent tactile fremitus, tracheal deviation to the unaffected side, decreased chest

expansion, hyperresonant percussion tones, and decreased or absent breath sounds are found with the presence of pneumothorax.

4. The nurse has just recorded a positive iliopsoas test on a patient who has abdominal pain. This test is used to confirm a(n):

- a. Inflamed liver.
- b. Perforated spleen.
- c. Perforated appendix.
- d. Enlarged gallbladder.

ANS: C

An inflamed or perforated appendix irritates the iliopsoas muscle, producing pain in the RLQ.

5. Which statement indicates that the nurse understands the pain experienced by an older adult?

- a. Older adults must learn to tolerate pain.
- b. Pain is a normal process of aging and is to be expected.
- c. Pain indicates a pathologic condition or an injury and is not a normal process of aging.
- d. Older individuals perceive pain to a lesser degree than do younger individuals.

ANS: C

Pain indicates a pathologic condition or an injury and should never be considered something that an older adult should expect or tolerate. Pain is not a normal process of aging, and no evidence suggests that pain perception is reduced with aging.

6. In assessing the tonsils of a 30 year old, the nurse notices that they are involuted, granular in appearance, and appear to have deep crypts. What is correct response to these findings?

- a. Refer the patient to a throat specialist.
- b. No response is needed; this appearance is normal for the tonsils.
- c. Continue with the assessment, looking for any other abnormal findings.
- d. Obtain a throat culture on the patient for possible streptococcal (strep) infection.

ANS: B

The tonsils are the same color as the surrounding mucous membrane, although they look more granular and their surface shows deep crypts. Tonsillar tissue enlarges during childhood until puberty and then involutes.

7. The nurse is obtaining a health history on a 3-month-old infant. During the interview, the mother states, I think she is getting her first tooth because she has started drooling a lot. The nurses best response would be:

- a. You're right, drooling is usually a sign of the first tooth.
- b. It would be unusual for a 3 month old to be getting her first tooth.
- c. This could be the sign of a problem with the salivary glands.
- d. She is just starting to salivate and hasn't learned to swallow the saliva.

ANS: D

In the infant, salivation starts at 3 months. The baby will drool for a few months before learning to swallow the saliva. This drooling does not herald the eruption of the first tooth, although many parents think it does.

8. The nurse is assessing an 80-year-old patient. Which of these findings would be expected for this patient?

- a. Hypertrophy of the gums
- b. Increased production of saliva
- c. Decreased ability to identify odors
- d. Finer and less prominent nasal hair

ANS: C

The sense of smell may be reduced because of a decrease in the number of olfactory nerve fibers. Nasal hairs grow coarser and stiffer with aging. The gums may recede with aging, not hypertrophy, and saliva production decreases.

9. The nurse is palpating the sinus areas. If the findings are normal, then the patient should report which sensation?

- a. No sensation
- b. Firm pressure
- c. Pain during palpation
- d. Pain sensation behind eyes

ANS: B The person should feel firm pressure but no pain. Sinus areas are tender to palpation in persons with chronic allergies or an acute infection (sinusitis).

10. A 60-year-old man has just been told that he has benign prostatic hypertrophy (BPH). He has a friend who just died from cancer of the prostate. He is concerned this will happen to him. How should the nurse respond?

- a. The swelling in your prostate is only temporary and will go away.
- b. We will treat you with chemotherapy so we can control the cancer.
- c. It would be very unusual for a man your age to have cancer of the prostate.
- d. The enlargement of your prostate is caused by hormonal changes, and not cancer.

ANS: D The prostate gland commonly starts to enlarge during the middle adult years. BPH is present in 1 in 10 men at the age of 40 years and increases with age. It is believed that the hypertrophy is caused by hormonal imbalance that leads to the proliferation of benign adenomas. The other responses are not appropriate.

11. A patient reports excruciating headache pain on one side of his head, especially around his eye, forehead, and cheek that has lasted approximately to 2 hours, occurring once or twice each day. The nurse should suspect:

- a. Hypertension.

- b. Cluster headaches.
- c. Tension headaches.
- d. Migraine headaches.

ANS: B Cluster headaches produce pain around the eye, temple, forehead, and cheek and are unilateral and always on the same side of the head. They are excruciating and occur once or twice per day and last to 2 hours each.

12. A patient says that she has recently noticed a lump in the front of her neck below her Adams apple that seems to be getting bigger. During the assessment, the finding that leads the nurse to suspect that this may not be a cancerous thyroid nodule is that the lump (nodule):

- a. Is tender.
- b. Is mobile and not hard.
- c. Disappears when the patient smiles.
- d. Is hard and fixed to the surrounding structures.

ANS: B Painless, rapidly growing nodules may be cancerous, especially the appearance of a single nodule in a young person. However, cancerous nodules tend to be hard and fixed to surrounding structures, not mobile.

Chapter 3. Preoperative Evaluation & Perioperative Management **MULTIPLE CHOICE**

1. The nurse is identifying diagnoses appropriate for a client scheduled for a surgical procedure. Which of the following is a diagnosis commonly used for preoperative client?

-
1. Anxiety
 2. Sleep deprivation

 3. Excess fluid volume

 4. Disturbed body image

ANS: 1

The preoperative experience may be one of the most tension-producing periods of hospitalization. The nursing diagnosis anxiety is commonly used for preoperative clients. The other diagnoses are not commonly used as preoperative diagnoses.

2. The preoperative nurse cares for the client until the client progresses into the intraoperative phase of care which begins when the client:

-
1. signs the surgical consent form.
 2. arrives at the surgical suite doors.

 3. is transferred to the postanesthesia care unit.

 4. accepts that surgery is pending.

ANS: 2

The preoperative period ends and the intraoperative period begins when the patient and family are at the door to the surgical suites. Intraoperative care does not begin when the client signs the surgical consent form, is transferred to the postanesthesia care unit, or accepts that surgery is pending.

3. The nurse is ensuring that a client is able to make knowledgeable decisions regarding an upcoming surgery and can provide informed consent. What is the responsibility of the nurse regarding informed consent?

-
1. Explain the surgical options
 2. Explain the operative risks

3. Describe the operative procedure to be done

4. Witness a patients signature

ANS: 4

The nurse may concurrently sign that he has witnessed a patients signature. It is the physicians responsibility to explain the other answer choices.

PTS: 1 DIF: Apply REF: Decision Strategies and Informed Consent

4.A client being prepared for surgery has a pulse oximeter placed on one digit of his hand. The nurse is applying this device to monitor the clients:

1. oxygen level.

2. heart rate.

3. blood pressure.

4. urine output.

ANS: 1

Pulse oximeters are used to precisely identify the clients peripheral tissue oxygenation. Pulse oximeters are not to measure heart rate, blood pressure, or urine output.

PTS: 1 DIF: Analyze REF: Trends

5.A client is scheduled for surgery in 2 weeks. Which of the following should the nurse instruct the client regarding healthy lifestyle behaviors?

1. Eat nutritious meals.

2. If obese, cut calories before the surgery.

3. If sedentary, exercise more before the surgery.

4. Stop all prescribed medications.

ANS: 1

The client should be encouraged to adopt healthy dietary, rest, and exercise habits before the surgery. A client who has not followed healthy lifestyle habits should not suddenly make these changes before a surgical procedure. The nurse should encourage the client to eat nutritious meals. A client who is obese should not be encouraged to cut calories before the surgery. The client who is sedentary should not be encouraged to suddenly exercise before the surgery. The client should not be instructed to stop prescribed medications unless a physician has prescribed this action.

PTS: 1 DIF: Apply REF: Time Frames and Tasks

6. The nurse wants to reduce the stress level for a preoperative client. Which of the following communication techniques can the nurse use to achieve this result?

1. Allow the client to be alone before the surgery.

Observe and ask the client if there is anything that can be done to help reduce her

2. anxiety.

3. Refer to the client by her first name.

4. Make tasteful jokes or comments to help the client laugh.

ANS: 2

Strategies to reduce preoperative stress include observing and asking the client if there is anything that can be done to help reduce her anxiety. Leaving the client alone before the surgery will not help reduce stress. Referring to the client by her first name might be considered unprofessional and should not be done. Making jokes is also not a professional behavior and should not be done by the nurse.

PTS: 1 DIF: Apply REF: Nurse/Patient Communication

7. Which of the following can the nurse do to help an elderly client scheduled for a surgical procedure?

1. Work at a slower pace.

2. Speed up the pace so the client has time to rest.

3. Talk to family members and leave the client alone.

-
4. Send them to the surgical holding area in advance.

ANS: 1

When caring for elderly clients, pace is important. Nurses should slow the pace. The nurse should not ignore the client. The nurse should also not send the client to the surgical holding area in advance since this could prove to be uncomfortable for the elderly client.

PTS:1DIF:ApplyREF:Age-Related Issues

8.The nurse is concerned that a client scheduled for surgery will be at risk for hypothermia. Which of the following did the nurse assess in this client to determine the risk?

1. Client is a vegetarian.
2. Client exercises 5 days a week for 30 minutes.
3. Client has a history of congestive heart failure.
4. Clint is 48 years old.

ANS: 3

Clients at risk for hypothermia include the very young, the very old, those with a history of heart disease, those with a bleeding tendency, having complex surgery, and having surgery on a large body area that will be exposed. Being a vegetarian or exercising does not predispose a client to developing hypothermia during surgery.

PTS:1DIF:AnalyzeREF:Environmental Safety

9.The nurse is concerned that a client may have an undocumented allergy to latex when which of the following is assessed?

1. Recent episode of appendicitis
2. Recovered from bronchitis 3 months ago
3. Allergy to specific foods
4. Does not like to wear wool clothing

ANS: 3

Risk factors for latex allergy include a history of allergies, for example, food allergies or contact dermatitis (eczema). Appendicitis and bronchitis do not increase the clients risk of a latex allergy. The clients not wearing wool clothing does not increase the clients risk of a latex allergy.

PTS: 1 DIF: Analyze REF: Personal Patient Safety

10.The nurse is providing a medication to reduce the preoperative clients anxiety. Which of the following medications is the nurse most likely providing to the client?

-
- 1. Hydrogen ion antagonist
 - 2. Anticholinergic
 - 3. Calcium channel blocker
 - 4. Opioid
-

ANS: 4

Opioids provide analgesia, decrease anxiety, and provide sedation. Calcium channel blockers treat specific heart problems. Hydrogen ion antagonists are used to reduce gastric secretions. Anticholinergics are used to reduce oral and respiratory tract secretions.

PTS:1DIF:ApplyREFpharmacology

11.An elderly client scheduled for surgery is concerned that his wife is not going to be able to manage at home alone. Which of the following can the nurse do to help this client and spouse?

-
- 1. Encourage the client to not worry about his spouse.
 - 2. Ask the client if the spouse would agree to having some help while he is hospitalized.
 - 3. Encourage the spouse to come and stay with the client in the hospital.
 - 4. Suggest the spouse stay in a hotel until the client is discharged.
-

ANS: 2

When the frail elderly and spouse live together, they depend on each other for daily existence. When one is hospitalized, it places both at risk. The nurse should ask the client if the spouse would agree to having some help while the client is hospitalized. Encouraging the client not to

worry does not take into consideration the risk to the spouse. Having the spouse stay with the client in the hospital could cause additional health problems for both the client and spouse. The clients finances might not support the spouse staying in a hotel until the client is discharged.

PTS:1DIF:Apply

12.A client needs emergency surgery after sustaining injuries from a natural gas explosion. The client is not attended by any family member and the surgery cannot wait. Which of the following can be done to ensure the best and safest care is provided to the client?

-
1. Hold the surgery until a family member arrives to the hospital to provide consent.

 2. Contact a pastor to pray with the client before the surgery.

 3. Instruct the client in postoperative exercises while waiting for anesthesia to take effect.

 4. Have a member of the nursing staff try to reach the family at home to provide consent for the surgery.

ANS: 4

In the case of an unaccompanied trauma client, the team should make every effort to reach the family; however, preservation of life and function is a priority. A member of the nursing staff can attempt to reach the family for consent, but the surgery should not be delayed until a family member arrives to provide consent. Since the surgery takes precedence, the clients instruction, psychosocial, and spiritual needs will need to be addressed afterwards.

PTS: 1 DIF: Apply REF: Urgent and Emergent Care

13.A client who smokes one pack of cigarettes per day tells the nurse that she will need to be taken outside to have a cigarette while recovering from surgery. Which of the following can the nurse respond to this client?

-
1. That can be arranged.

 2. You really should stop smoking before the surgery.

 3. Your physician will prescribe medication to help reduce the nicotine cravings.

 4. I can assign someone who will be responsible for transporting you to the smoking section.

ANS: 3

The client who smokes will have concerns about nicotine withdrawal. The nurse should respond that medications are available and can be prescribed to help the client through this difficult time. The nurse should not support the clients smoking by saying that being taken out of doors can be arranged or that someone will be assigned to transport the client to the smoking section. The response you really should stop smoking before the surgery does not address the clients concern.

PTS: 1 DIF: Apply REF: Population-Based Care

MULTIPLE RESPONSE

1.A client tells the nurse that he has been told that he needs surgery but does not know who to select as his surgeon. Which of the following should the nurse instruct the client regarding important attributes to consider when choosing a surgeon? (Select all that apply.)

-
- 1. Board certification
 - 2. Graduation from a reputable school
 - 3. Personality or bedside manner
 - 4. Location of office
 - 5. Word of mouth from trusted others
 - 6. The car he or she drives
-

ANS: 1, 2, 3, 5

When choosing a surgeon, a client should consider board certification, graduation from a reputable school of medicine, personality and bedside manner, and the opinion of others through word of mouth. Where the office is located and the car the physician drives are not signs of the surgeons talent.

2.A client tells the nurse that the surgeon has provided the client with a choice of several hospitals in which to have a surgical procedure performed, but the client does not know which one to choose. Which of the following can the nurse instruct the client to consider when choosing a hospital or surgical center? (Select all that apply.)

-
- 1. Does the facility have a national reputation?

2. Is there an ICU in the hospital?

3. Is it close to family?

4. Will insurance pay for the stay?

5. Does the hospital have magnet status?

6. Does it have good food?

ANS: 1, 2, 4, 5

The client should consider the facility's reputation, the presence of an intensive care unit, if the facility accepts the client's health insurance coverage, and if the facility has magnet status. Proximity to family and the food served are not good reasons to choose a place to have surgery.

3. A client scheduled for surgery is instructed on the use of a patient-controlled analgesic device that she will use after the procedure. What are the advantages this device for pain control? (Select all that apply.)

1. The client controls the timing of medication delivery.

2. The client does not have to wait for a nurse to provide pain medication.

3. The nurse does not have to check on the client as frequently.

4. The physician does not need to prescribe various pain medication after the surgery.

5. The medication is delivered intravenously.

6. Pain control improves client comfort after surgery.

ANS: 1, 2, 5, 6

Advantages to the use of a patient-controlled analgesic device for a client include client paces the timing of medication delivery, client has control and immediate relief from medications, medications are delivered instantly, medications are delivered intravenously, client has improved comfort. The nurse not needing to check on the client as frequently is not an advantage for this

type of analgesic device. The physician not needing to prescribe various pain medications is not an advantage for this type of device.

PTS: 1 DIF: Analyze REF: Trends

4.A client is scheduled for a same-day surgical procedure in which he will be discharged afterwards, and he tells the nurse that he does not know what to bring to the hospital. Which of the following should the nurse instruct the client? (Select all that apply.)

1. Bring identification, but send it home after it is used.

2. Bring personal sleepwear to put on after the surgery.

3. Bring work-related items.

4. Leave important jewelry at home.

5. Make a list of all medications and bring the list to the hospital.

6. Books and puzzles to be entertained while waiting for the surgery.

ANS: 1, 4, 5

On the day of the surgery, the nurse should instruct the client to bring identification, but to send it home after it is used; and a list of medications. Important jewelry should be left at home to reduce the risk of its being lost. Personal sleepwear is most likely not going to be used since the client will be wearing a hospital gown. Work-related items are not recreational and could be anxiety producing. Books and puzzles would be appropriate if the client is expecting to be admitted, but they are not necessary for a same-day surgical procedure and discharge.

PTS:1DIF:Apply

REFatient Playbook: What to Bring to the Hospital or Surgicenter

5.The preoperative nurse has a variety of activities to complete when preparing a client for surgery. Which of the following are activities of this nurse? (Select all that apply.)

1. Awareness of safety considerations

2. Assessment of vital signs during the surgery

-
- 3. Physical assessment of the client
 - 4. Assessment of the environment
 - 5. Postoperative care in the recovery room
 - 6. Awareness of best practices
-

ANS: 1, 3, 4, 6

The nurses role in preparing a client for surgery includes the following activities: awareness of safety considerations, physical assessment of the client, assessment of the environment, and awareness of best practices. The preoperative nurse will not assess vital signs during the surgery nor provide postoperative care in the recovery room.

1. A nurse is considering additional training to become a perioperative nurse. Which of the following skills are implemented by the perioperative nurse?

-
- 1. Conducts telephone interviews with the preoperative client
 - 2. Applies principles of aseptic technique
 - 3. Instructs the preoperative client on exercises to use while recovering from surgery
 - 4. Plans for the postoperative clients discharge to home
-

ANS: 2

Skills of the perioperative nurse include applying principles of aseptic technique and explaining how this knowledge applies to other areas within the operating suite. The perioperative nurse does not conduct telephone interviews with the preoperative client, instruct the preoperative client in postoperative exercises, nor plan for the postoperative clients discharge to home.

PTS: 1 DIF: Apply REF: The Role of the Perioperative Nurse

2. Even though the nurse realizes that the ideal time period to plan for postoperative pain management for a pediatric client begins in the operating room, the nurse will begin the assessment process:

-
1. at the time the decision is made that the client needs surgery.

 2. in the family's home.

 3. during the admission process.

 4. in the operating room after anesthesia wears off.

ANS: 3

Pain management cannot begin before the patient is admitted, and starting after the surgery is too late. It begins at the admission when the type of surgery indicates which type of medication will be needed, and medication skills will be taught to the client and the family. Planning for pain management cannot begin in the client's home nor at the time the decision is made that the client needs surgery.

PTS: 1 DIF: Apply REF: Pain Management in Pediatric Patients

3. The perioperative nurse realizes that the surgical environment is designed to ensure which of the following?

1. Calming effect on the client

2. Ease of use by personnel

3. Control surgical asepsis

4. Reduce postoperative pain

ANS: 3

The design of the intraoperative environment is to maintain surgical asepsis. The design is not to have a calming effect on clients. Intraoperative environments are not designs for ease of use by personnel or to reduce postoperative pain.

PTS: 1 DIF: Analyze REF: The Surgical Environment

4. The scrub nurse is preparing the sterile field by opening an instrument package that was sterilized in an autoclave with direct exposure to steam. This type of sterilization is considered to be:

-
1. high-pressure/high-temperature steam.
 2. cold chemical.

 3. dry heat.

 4. alcohol.

ANS: 1

High-pressure/high-temperature steam sterilization is the use of an autoclave to directly expose the instruments to steam for a specified period of time. Cold chemical sterilization is the submersion of instruments in a sterilizing solution for a predetermined period of time. Dry heat utilizes static air or forced air to sterilize items. Alcohol is a commonly used disinfectant. It is not an effective sterilant and, therefore, is not acceptable.

5.Prior to the surgeons making an incision into a client, the clients skin is bathed with a bacteriostatic solution. The nurse realizes that this solution will:

1. sterilize the clients skin.
2. disinfect the clients skin.

3. sanitize the clients skin.

4. inhibit the number of bacteria on the clients skin.

ANS: 4

A bacteriostatic solution is one that will inhibit the increase in the number of bacteria. Sterilization, disinfection, and sanitization are all methods to reduce or destroy microorganisms on objects. These methods cannot be used on skin.

6.The operating room personnel are applying masks and either goggles or face shields prior to beginning a surgical procedure. The purpose of these items is to:

1. facilitate vision.
2. protect against splashes or sprays of blood.