Gerontological Nursing, 4e **(Tabloski)**
Chapter 2 Contemporary Gerontological Nursing

1) The nurse supports an older client's desire to discuss advance directives with the client's family. What action is the nurse performing with this client?
1. Facilitating palliative care
2. Educating the family on healthcare services
3. Collaborating with the interdisciplinary team
4. Advocating for client's rights and autonomy
Answer: 4
Explanation: 1. Palliative care alleviates pain and suffering. There is no information to suggest the client is in need of palliative care.
2. Educating the clients on healthcare services is important, but the nurse is not educating in this role, they are supporting a discussion with the family.
3. Collaboration with the interdisciplinary team would include the nurse working with other professionals to provide client care. The nurse is not collaborating with other professionals regarding the client's desire to complete advance directives.
4. The nurse is advocating for the family and client regarding end-of-life decisions. This is included in the knowledge and skills of gerontological nurses.
Page Ref: 29
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 4. Describe the ANA standards and scope of practice for gerontological nursing.

2) The nurse supports an older client's autonomy; which decision supports this ethical principle?
1. Client wants to see case management for Medicaid resources.
2. Client decides to stop further chemotherapy treatments.
3. Client is given more education regarding medication side effects.
4. Client treatment information is kept from client because of family request.
Answer: 2
Explanation: 1. Justice involves fairness and equal distribution of resources to all in need.
2. Autonomy is the respect for a client's self-determination, freedom, and rights including the right to refuse treatment.
3. Beneficence is the principle of doing "good" and not doing harm to clients.
4. Nondisclosure is an ethical issue when persons who care about a client, such as family, do not want a client to be told the entire facts of a negative prognosis in order to protect the client from anxiety and fear.
Page Ref: 42-43
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 1. Discuss the nurse's role in caring for older adults.

3) The nurse is preparing to assess an older client using functional health patterns. How does this approach ensure holistic care will be provided to the client?
1. Focuses on the effects of diseases
2. Predicts the outcome for clients with disabilities
3. Demonstrates the client's interaction with the environment
4. Identifies the potential for rehabilitation early in the process
Answer: 3
Explanation: 1. Functional health patterns are an interrelated group of behavioral areas that provides a view of the whole person and the relationship with the environment. Functional health patterns do not focus on the effects of diseases.
2. Functional health patterns are an interrelated group of behavioral areas that provides a view of the whole person and the relationship with the environment. Functional health patterns do not predict the outcome for clients with disabilities.
3. Functional health patterns are an interrelated group of behavioral areas that provides a view of the whole person and the relationship with the environment.
4. Functional health patterns are an interrelated group of behavioral areas that provides a view of the whole person and the relationship with the environment. Functional health patterns do not identify the potential for rehabilitation early in the process.
Page Ref: 33
Cognitive Level: Analyzing
Client Need: Health Promotion and Maintenance
Client Need Sub: Health Promotion and Disease Prevention
Nurs/Integ Conc.: Nursing Process: Assessment
Learning Outcome: 5. Apply the use of functional health patterns in the formulation of a nursing diagnosis.

4) Which action by the gerontological nurse demonstrates the role of manager?
1. Performing blood pressure screenings
2. Performing a skin assessment
3. Researching the latest evidence-based practice on wound care
4. Arranging respite care for a client
Answer: 4
Explanation: 1. Participating in taking blood pressure screening is within the traditional nursing role of clinical practitioner.
2. Participating in skin assessments are within the traditional nursing role of clinical practitioner.
3. The nurse is functioning within the role of researcher when seeking the latest evidence-based practice.
4. The nurse is functioning in the role of manager by connecting a client to community resources and coordinating the transfer of care of the client needing respite care.
Page Ref: 32
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 1. Discuss the nurse's role in caring for older adults.

5) The nurse is completing a functional health pattern assessment with an older client. Which assessment finding reflects the cognitive-perceptual category?
1. Participates in church choir
2. Volunteers for political functions
3. Attends meditation classes weekly
4. Attends self-help seminars
Answer: 2
Explanation: 1. The functional health pattern assessment consists of 11 health patterns. The values-beliefs category includes the client's beliefs, values, and perceptions about the meaning of life.
2. The functional health pattern assessment consists of 11 health patterns. The cognitive-perceptual pattern includes how the client thinks and perceives the world and current events. The client's activities with political functions would be part of this assessment.
3. The functional health pattern assessment consists of 11 health patterns. Coping-stress tolerance includes patterns of coping with stressful events and the level of effectiveness of coping strategies.
4. The functional health pattern assessment consists of 11 health patterns. Self-perception-self-concept identifies patterns of how a person views and values the self.
Page Ref: 34
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Client Need Sub: Health Screening
Nurs/Integ Conc.: Nursing Process: Assessment
Learning Outcome: 5. Apply the use of functional health patterns in the formulation of a nursing diagnosis.

6) The nurse documents values-beliefs in the functional health pattern categories; which of the following is an example of this domain?
1. A client's religious affiliation
2. Daily fluid consumption
3. Sleep and rest patterns
4. Coping strategies
Answer: 1
Explanation: 1. The values-beliefs category of the functional health pattern assessment includes beliefs, values, and perceptions about the meaning of life. A client's participation in a religion would be part of this assessment.
2. Daily fluid consumption is part of the nutrition-metabolic category.
3. Sleep and rest are part of the sleep-rest category.
4. The coping-stress tolerance category of the functional health pattern assessment includes patterns of coping with stressful events and the effectiveness of coping strategies.
Page Ref: 34
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Client Need Sub: Religious and Spiritual Influences on Health
Nurs/Integ Conc.: Nursing Process: Assessment
Learning Outcome: 5. Apply the use of functional health patterns in the formulation of a nursing diagnosis.

7) A hiring manager is hiring a certified gerontological nurse. Which candidate would be qualified for this position?
1. The nurse has a master's degree in nursing and has worked in a nursing home for 10 years.
2. The nurse has worked in administration at a geriatric psychiatric facility for 5 years.
3. The nurse has worked full time at least 2 years in gerontological nursing and is in a PhD program.
4. The nurse's clinical competence in gerontological nursing has been validated via testing.
Answer: 4
Explanation: 1. The nurse does not need to have a master's degree to be credentialed as a gerontological nurse.
2. Certified nurses can work in administration but also provide direct client care. Working in administration at a facility is not a prerequisite for certification.
3. In order to qualify to take the certification examination, the nurse must have practiced the clinical equivalent of 2 years full time or a minimum of 2,000 hours over the past 3 years.
4. Certification is a formal process by which clinical competence is validated in a specialty area of practice.
Page Ref: 28
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Planning
Learning Outcome: 2. List appropriate educational preparation and certification requirements of the gerontological nurse generalist and specialist.

8) An older client with chronic health problems does not want to be admitted to a nursing home for continued care. What can the nurse explain to the client about nursing homes today? Select all that apply.
1. Nursing homes are for short-term stays.
2. Nursing homes help the client with activities of daily living.
3. Nursing homes are being replaced with community-based services.
4. Nurses in nursing homes provide at least 5 hours of care to each client each day.
5. Nursing homes help with bathing, toileting, meals, and medication administration,
Answer: 1, 2, 3, 5
Explanation: 1. The number of discharges from nursing homes has increased over the years, which indicate that many long-term care facility residents are short-stay rehabilitation clients.
2. Nursing home residents are assisted with activities of daily living.
3. The decline in nursing home occupancy is attributed to more community-based services, which can delay or prevent nursing home placement in older persons.
4. Surveys indicate that nurse staffing time in nursing homes average 3.5 hours per resident per day.
5. Nursing homes help clients with bathing, dressing, eating, toileting, walking, and medications.
Page Ref: 31-32
Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 3. Identify components of the long-term care system.

9) The director of nursing at a skilled facility is implementing the Quality and Safety Education for Nurses (QSEN) project to improve the quality of care of the older residents. Which topics will the director include in staff teaching? Select all that apply.
1. Directions on accessing evidence-based practice resources
2. Methods for ensuring effective team collaboration
3. A plan for staff incentives for meeting care goals
4. Examples of respectful team communication
5. Information on the most prevalent cultures in the region
Answer: 1, 2, 4
Explanation: 1. Care must always be based on current evidence. Nurses must be knowledgeable about using informatics to access the best evidence for care provision.
2. Teamwork is a knowledge, skill, or attitude that will improve the quality of care of the facility's residents by fostering open communication, mutual respect, and shared decision making to achieve better quality.
3. Staff incentives are not a knowledge, skill, or attitude that will improve the quality of care of the facility's residents.
4. For a team to function well, respectful communication is an essential skill.
5. QSEN does emphasize valuing everyone's beliefs, values, and needs. The nursing director would include information on how to be respectful of all cultures and individuals, but presenting information specific to the local area does not fully meet this criteria.
Page Ref: 30
Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 6. Recognize the basis and use of QSEN standards to support and improve quality nursing care.

10) The nurse creates and implements a client's plan of care. Which client outcomes best demonstrate use of evidence-based practice in planning care for the older client? Select all that apply.
1. The client is placed in physical restraints and does not experience a fall.
2. The nurse reports to the next shift nurse that the malnourished client enjoys milkshakes.
3. The client who is at risk of deep vein thrombosis is assisted to walk three times daily.
4. The nurse requests a laxative and administers it while the client is on a narcotic.
5. The nurse allows the client with pneumonia to rest in bed throughout the shift.
Answer: 2, 3, 4
Explanation: 1. It is a positive outcome that the nurse prevented a fall, but physical and chemical restraints are used cautiously, if at all, and are not considered an acceptable fall prevention technique in the older client.
2. The nurse has evidence that this practice works well to encourage the client to take in more nutrients and calories, improving the client's health and treating the client's lack of nourishment. Though not published research, evidence of this kind is used based on trial and error to improve client outcomes.
3. Evidence states that the client at risk for DVT needs to ambulate when possible to prevent clots from forming, with or without compression socks. If ambulation is not realistic, a sequential compression device is used.
4. The nurse uses established evidence and information about narcotics to prevent the problem of constipation in the client. Constipation is the only narcotic side effect clients do not become tolerant to and older clients are at higher risk of constipation.
5. Clients with pneumonia do need rest but also need to be turned, helped to sit up in the chair, and assisted to walk if able. Resting in the bed all day is not the best intervention for the client.
Page Ref: 36
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Evaluation
Learning Outcome: 7. Relate the uses and need for gerontological nursing research as support for evidence-based practice.

11) An older client begins to cry when talking about the death of a daughter 20 years ago. Which response should the nurse make?
1. Assess the client for depression.
2. Touch the client's arm and listen in silence.
3. Ask the client to describe the details of the death.
4. Leave the client alone so they can cry.
Answer: 2
Explanation: 1. Assessing the client for depression could give the client the impression that the expression of feelings of grief is not normal or healthy.
2. Attentive listening is the key to effective communication, and the most appropriate response is to demonstrate empathy and support for the client in the expression of strong feelings. Crying can be therapeutic to the older client and offers release from persistent feelings of sadness.
3. Asking the client to describe the details of the death would not support the client's needs at this time.
4. Crying is an effective means to express emotions, but leaving them alone would not be a supportive action.
Page Ref: 44
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Client Need Sub: Grief and Loss
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 8. Summarize effective communication techniques appropriate for use with the older adult.

12) After an assessment, the nurse determines that the diagnosis of constipation is appropriate for an older client recovering from surgery. What would be a goal for this nursing diagnosis?
1. Decrease the frequency of narcotic pain medication administration.
2. Explain the importance of hydration and activity in regard to constipation.
3. Drink at least 800 ml of non-caffeinated and nonalcoholic beverages each day.
4. Evacuate a formed bowel movement at least every 2 days with minimal distress.
Answer: 4
Explanation: 1. Pain control would be addressed under a separate nursing diagnosis, even though constipation may be improved by decreasing the pain medication, a better intervention is to administer laxatives or enemas if needed.
2. The importance of hydration and activity in regards to constipation is good for the client to understand and explain, but a postoperative client does not have complete control over intake and activity. This also does not help the client reach the goal of having a bowel movement.
3. Oral fluid is often limited after surgery. Additionally, 800 ml is an insufficient amount of daily fluid intake.
4. The goal should be linked to the nursing diagnosis—be measurable, realistic, and achievable—and include a time frame for attainment. The type and frequency of bowel movement is directly connected to the nursing diagnosis. This is an appropriate goal for the nursing diagnosis of constipation.
Page Ref: 34-35
Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Reduction of Risk Potential
Nurs/Integ Conc.: Nursing Process: Planning
Learning Outcome: 5. Apply the use of functional health patterns in the formulation of a nursing diagnosis.

13) During a home visit, an older client recovering from cardiac surgery is concerned about weakness and not being able to enjoy dancing with the spouse anymore. What would be an appropriate response for the nurse to make to the client?
1. "In time, your strength will return so you can return to your activities."
2. "Tell me more about not feeling able to do what you want to do."
3. "Dancing is a strenuous activity and may no longer be appropriate for you."
4. "Do you think you are working hard enough to return to that type of activity?"
Answer: 2
Explanation: 1. The nurse does not offer false hope. The client's strength and endurance may not return fully.
2. Open-ended statements will encourage the client to talk. Sentences that ask the client to "tell me more" are helpful.
3. Not all dancing is strenuous, and the client may be able to build up cardiac endurance to return to whatever dancing is desired.
4. This statement is giving the client advice and should be avoided.
Page Ref: 43-44
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Client Need Sub: Therapeutic Communication
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 8. Summarize effective communication techniques appropriate for use with the older adult.

14) The gerontological nurse is identifying interventions based upon evidence-based practice. What is the best source of evidence-based practice information for the nurse?
1. Progress notes about methods that were previously effective for that client
2. The nurse's practice and experience with successful client interventions
3. The policy and procedures manual of the healthcare facility
4. A publicly available resource website information database
Answer: 4
Explanation: 1. Methods that were previously effective for a client may or may not be evidence-based practice interventions.
2. Interventions that are effective in the nurse's own experience may or may not be based upon evidence-based practice.
3. Policies and procedures may or may not be based upon evidence-based practice. The nurse finds the best resources and uses them to advocate for policy and procedure change where needed.
4. Sites such as the National Guideline Clearinghouse, supported by the Agency for Healthcare Research and Quality is an excellent place for nurses to obtain evidence-based practices to integrate into their practice. Interventions that support evidence-based practice are those that have been tested and have the best chance of establishing a cause-and-effect relationship between the intervention and the desired outcome of care.
Page Ref: 37
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 6. Recognize the basis and use of QSEN standards to support and improve quality nursing care.

15) The nurse focuses on effective communication when caring for an older client. Which method does the nurse use?
1. Speak continuously so the client can stay focused on the conversation.
2. Ask for clarification, rephrase, and summarize throughout the interaction.
3. Keep the speaking voice loud and make statements slowly and clearly.
4. Change the subject if the client seems disturbed by the discussion topic.
Answer: 2
Explanation: 1. Silent pauses are beneficial in that they give the client time to think and provide more information.
2. The nurse should avoid misunderstandings by saying, "I'm not sure what you mean," which helps to clarify content.
3. Yelling or speaking loudly to older clients should be avoided because yelling could be disturbing if a hearing aid is being used. Slowing down speech rate is not necessary for the client with adequate hearing and cognition.
4. Changing the subject is a barrier that could disrupt the communication process.
Page Ref: 43-44
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Client Need Sub: Therapeutic Communication
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 8. Summarize effective communication techniques appropriate for use with the older adult.

16) An older client is being discharged to live with adult children who need to work during the day. What referral information would be beneficial for the client and family members?
1. Transitional care unit
2. Retirement community
3. Skilled nursing facility
4. Community nursing care
Answer: 4
Explanation: 1. Transitional care is within an acute care hospital and provides subacute, rehabilitation, and palliative care services. This would not be appropriate for the client who is being discharged to a home environment.
2. A retirement community ranges in size and scope of services. The client would need to live there permanently and not live with family. This would not be appropriate for the client who is being discharged to live with adult children.
3. A skilled nursing facility is a place where clients are admitted for subacute or chronic care. This would not be appropriate for the client who is being discharged to a home environment.
4. Community nursing care, such as visiting nurses, is an option for many older clients requiring skilled care in the home. Visits can be made by nurses, home health aides, or homemakers.
Page Ref: 40
Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 3. Identify components of the long-term care system.

17) The administrator at a skilled nursing facility is concerned about the rates of aspiration pneumonia. Which long-term facility factors are most likely to lead to increased rates of aspiration pneumonia? Select all that apply.
1. Prolonged nurse position vacancies
2. Reduced staffing levels for second shift
3. Bonus pay offered for working extra shifts
4. High client turnover in the morning
5. Shortage of beverage thickener
Answer: 1, 2, 3, 4
Explanation: 1. Inadequate nurse staffing could lead to pneumonia because of aspiration during mealtimes. Staff is rushed and may feed too quickly; clients may try to feed themselves when they should not.
2. Inadequate nurse staffing could lead to pneumonia because of aspiration during mealtimes. Staff is rushed and may feed too quickly; clients may try to feed themselves when they should not. Dinner time and evening snacks are important to the client's nutritional status.
3. Overworked staff may not provide the care required during mealtimes due to their own fatigue. Bonus pay for extra shifts can temporarily help staffing issues, but it is not a permanent solution.
4. When staff are rushed to admit, transfer, or discharge clients, feeding clients can become rushed, leading to aspiration pneumonia.
5. Foods and liquids can be safely administered to clients at risk of aspiration pneumonia without a thickening agent.
Page Ref: 31
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Safety and Infection Control
Nurs/Integ Conc.: Nursing Process: Evaluation
Learning Outcome: 3. Identify components of the long-term care system.

18) The family of an older client asks the nurse if the client qualifies for Medicaid to help with hospital bills. What information should the nurse provide to the family?
1. Eligibility for Medicaid is based upon annual income level.
2. Medicaid is available to individuals once they have the ability to retire.
3. Medicaid is intended to assist low-income individuals over the age of 65.
4. Eligibility for Medicaid begins when entering a long-term care facility.
Answer: 1
Explanation: 1. Medicaid is for low-income individuals. To qualify for Medicaid, the older person must "spend down" their assets to cover the costs of long-term care.
2. Medicare is a federal program available to older people and those with disabilities and certain chronic diseases.
3. Medicaid eligibility is based upon income level and not age. Medicare and Medicaid are different social programs.
4. Eligibility for Medicaid is based upon income. Those entering a long-term care facility do not become Medicaid eligible, regardless of age.
Page Ref: 41
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Client Need Sub: Support Systems
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 3. Identify components of the long-term care system.

19) The nurse caring for older clients wants to return to school to become a gerontological nursing specialist. Which criteria would the nurse need to achieve in order to fulfill this career goal? Select all that apply.
1. Been a practicing nurse for at least 2 years, with 2,000 unsupervised clinical practice hours.
2. Complete at least 500 supervised hours of providing care to older clients.
3. Have a gerontological nurse manager recommend the nurse for the credential.
4. Complete a course in advanced pathophysiology and pharmacology.
5. Receive their doctor of nursing practice degree.
Answer: 2, 4
Explanation: 1. To be considered as a gerontological nursing specialist, the nurse would need 500 supervised hours.
2. To be considered as a gerontological nursing specialist, the nurse would need to complete at least 500 supervised hours of providing care to older clients.
3. To be considered as a gerontological nursing specialist, the nurse would not need to have a gerontological nurse manager recommendation.
4. To be considered as a gerontological nursing specialist, the nurse would need to complete a course in advanced pathophysiology and pharmacology.
5. To be considered as a gerontological nursing specialist, the nurse does not need a doctorate degree.
Page Ref: 29
Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Planning
Learning Outcome: 2. List appropriate educational preparation and certification requirements of the gerontological nurse generalist and specialist.

20) At times, the gerontological nurse functions in the role of consultant when working with older clients. Which activities does the nurse perform while functioning in this role? Select all that apply.
1. Develops clinical pathways
2. Implements evidence-based practices
3. Develops quality assurance standards
4. Provides information about regulations
5. Provides instruction about healthy aging
Answer: 1, 2, 3
Explanation: 1. As a consultant, the gerontological nurse will participate in the development of clinical pathways.
2. As a consultant, the gerontological nurse will participate in the implementation of evidence-based practices.
3. As a consultant, the gerontological nurse will participate in the development of quality assurance standards.
4. As a manager, the gerontological nurse will provide information about regulations.
5. As an educator, the gerontological nurse will provide instruction about healthy aging.
Page Ref: 32
Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 4. Describe the ANA standards and scope of practice for gerontological nursing.

21) A gerontological nurse is planning an educational program to discuss the current and anticipated nursing staffing needs of the future. What should be included in the presentation? Select all that apply.
1. More nurses will be needed to work in assisted living care settings.
2. The number of nursing homes has begun to increase over the last 10 years.
3. The number of nurses employed in hospital settings has increased since 1980.
4. Adding nurses has no impact on the long-term health of nursing home residents.
5. More complex nursing skills are needed to provide care in long-term care and rehabilitative care facilities.
Answer: 1, 5
Explanation: 1. There is an increase in assistive care settings in the United States. More nurses will be needed to work in this care setting.
2. The current nursing home occupancy rate is 86%, and the number of beds and nursing home residents began to decline in 1999.
3. Hospitals remain the major employer of nurses, although the number of nurses employed in other sectors has increased.
4. Adding nurses to provide care will reduce the mortality rate and improve the nutritional status of clients in long-term care facilities.
5. Clients in long-term care and rehabilitation care facilities are more ill because hospital lengths of stays have decreased. The clients are being admitted to long-term care facilities with more health problems.
Page Ref: 31
Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 3. Identify components of the long-term care system.

22) The nurse is planning care for an older client with chronic comorbid conditions. The nurse determines that insufficient health maintenance is the priority nursing diagnosis for this client due to non-adherence to the medication regimen. What are the most important nursing interventions for this client? Select all that apply.
1. Ensure the client has written and verbal medication administration instructions.
2. Ask the client to identify ways in which the medication regimen can best fit the current lifestyle.
3. Have the client teach back any medication skills and knowledge after the learning session.
4. Browsing web resources with the nurse about how to use medications correctly.
5. Emphasize the importance of keeping medications organized with a pill planner.
Answer: 1, 2, 3
Explanation: 1. After formulating nursing diagnoses, nursing interventions will be selected based upon the desired outcome. The nurse must make sure the client understands how to use the medications and that non-adherence is not due to lack of understanding.
2. After formulating nursing diagnoses, nursing interventions will be selected based upon acceptance of the intervention to the client. The nurse addresses issues such as what time medications are taken in relation to any side effects, interference with rest or work, and other common issues that, if addressed, increase compliance.
3. After formulating nursing diagnoses, nursing interventions will be selected based upon assurance that the intervention is appropriate and that the client has the understanding and ability to continue the plan.
4. The nurse can direct the client to reputable websites about conditions and medications, but the nurse should be offering and reviewing institution approved and provided client-teaching materials.
5. The client should do whatever will work for them, and the nurse works with the client to determine what method is best for them to keep up with their medications. Pill planners are not the best solution for everyone.
Page Ref: 36
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Planning
Learning Outcome: 5. Apply the use of functional health patterns in the formulation of a nursing diagnosis.

23) The nurse is planning care for a client admitted for surgery with the primary nursing diagnosis being knowledge deficit related to pre- and postoperative care. Which goal statement is the most appropriate for this diagnosis?
1. The client will be knowledgeable about the surgery being performed.
2. The client will be given the postoperative plan of care prior to surgery.
3. The client will be afebrile during the intraoperative and postoperative period.
4. The client will verbalize the purpose of preoperative medications prior to surgery.
Answer: 4
Explanation: 1. The statement "The client will be knowledgeable" is not measurable. The client must be able to verbalize the surgery during the consent process.
2. "The client will be given the postoperative plan of care prior to surgery" is a nursing goal, not a client-centered goal, and "plan of care" is not specific. Before surgery, the client must be able to demonstrate use of an incentive spirometer and know how to use a patient-controlled analgesia pump, if applicable.
3. The statement "The client will be afebrile during the postoperative period" does not address the problem of knowledge deficit.
4. The statement "The client will verbalize the purpose of preoperative medications prior to surgery" is specific to the nursing diagnosis, client focused, and measurable.
Page Ref: 35-36
Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Planning
Learning Outcome: 5. Apply the use of functional health patterns in the formulation of a nursing diagnosis.

24) An older client who is still physically active complains of progressive inability to maintain the home. The client wants to research other living options and has significant financial resources. What should the nurse recommend to help meet the client's living needs?
1. Adult day care
2. Retirement community
3. Skilled-nursing facility
4. Residential care facility
Answer: 2
Explanation: 1. Adult day care is an option for people with multiple comorbidities or people who need daytime supervision and activities. This type of setting would not be appropriate for the client.
2. A retirement community is a senior citizen community that ranges in size, scope of services, types of apartments, and different levels of activities. This is the type of facility in which the client would most benefit.
3. A skilled-nursing facility is a place where skilled care is provided to residents by nurses. The care might be subacute or chronic. This setting would not be appropriate for the client.
4. A residential care facility is like a rest home, usually in a large private home that has been converted to provide rooms for residents who can provide most of their own personal care but might need help with laundry, meals, and housekeeping. This type of setting would not be appropriate for the client.
Page Ref: 40
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Client Need Sub: Support Systems
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 3. Identify components of the long-term care system.

25) An older client expresses a desire to stop all care. Which techniques will the nurse use to discuss end-of-life issues with this client? Select all that apply.
1. Sit down in a chair at the client's bedside.
2. Turn off the television in the room.
3. Pause for clarification if client's facial expression changes.
4. Begin by addressing the client by their first name.
5. Inform the client that hospice services can be arranged.
Answer: 1, 2, 3, 5
Explanation: 1. Communication is always best done at eye level.
2. Best practice is to minimize background noise and distractions. Be sure to ask permission first.
3. It is important to be alert to signs that the client is confused or needs a minute to formulate a thought.
4. Ask the client how they would like to be addressed. Using general terms like "sir" or "ma'am" may feel too impersonal, but using the client's first name may be too informal. Ask permission to use the first name.
5. The nurse does not yet know why the client has this wish and has not assessed their needs. Assessment through good communication must occur prior to suggesting a route.
Page Ref: 41
Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nurs/Integ Conc.: Nursing Process: Implementation
Learning Outcome: 8. Summarize effective communication techniques appropriate for use with the older adult.