

LeMone/Burke/Bauldoff, *Medical-Surgical Nursing 5th Edition Test Bank*

Chapter 2

Question 1

Type: MCSA

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

1. spiritual needs
2. measure intake and output
3. daily weights
4. ambulate with assistance

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 1. Define health, incorporating the health-illness continuum and the concept of high-level wellness.

Question 2

Type: MCSA

A patient tells the nurse that he has been fortunate since he has never experienced any major illnesses and has enjoyed good health without much effort. The nurse realizes this patient is defining "good health" as being which of the following?

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

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define health, incorporating the health-illness continuum and the concept of high-level wellness.

Question 3

Type: MCSA

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

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

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 1. Define health, incorporating the health-illness continuum and the concept of high-level wellness.

Question 4

Type: MCSA

The nurse has provided care to a patient according to the concept of wellness. Which of the following outcomes would indicate that care has been successful for this patient?

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

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 1. Define health, incorporating the health-illness continuum and the concept of high-level wellness.

Question 5

Type: MCSA

During an assessment, the nurse learns that a patient has a genetic predisposition to the development of several disease processes. Which of the following are illnesses associated with genetic makeup?

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

Correct Answer: 1

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

Rationale 2: Hypertension is associated with a cultural group.

Rationale 3: Osteoporosis is associated with a cultural group.

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

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

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Explain factors affecting functional health status.

Question 6

Type: MCSA

The nurse is assessing a patient who is a Native American. For which of the following should the nurse include in this assessment?

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

Correct Answer: 1

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

Rationale 2: Eye disorders are common in Chinese Americans.

Rationale 3: Hypertension is more common in African Americans.

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

Global Rationale: Diabetes mellitus is among the leading causes of illness in Native Americans. This is what the nurse should include in the assessment of this patient. Eye disorders are common in Chinese Americans.

Hypertension is more common in African Americans. Osteoporosis is more common in Caucasian women of Scandinavian heritage and small in status.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Explain factors affecting functional health status.

Question 7

Type: MCSA

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

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

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Explain factors affecting functional health status.

Question 8

Type: MCSA

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

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

Correct Answer: 1

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

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

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

Rationale 4: Developmental level affects health and illness.

Global Rationale: Lifestyle and environmental influences are affected by one's income level. Cognitive development affects whether people view themselves as healthy or ill. Cognitive levels also may affect health practices. Educational level affects the ability to understand and follow guidelines for health. Developmental level affects health and illness.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Explain factors affecting functional health status.

Question 9

Type: MCSA

When collecting data at the immunization clinic, which of the following disclosures by a patient would cause the nurse to withhold the administration of the varicella vaccine?

1. a blood transfusion after undergoing surgery three months ago
2. history of an allergic reaction to yeast bread
3. itching and swelling on the face and hands after ingesting eggs
4. a low grade temperature within the past two days

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

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

Question 10

Type: MCMA

The nurse is reviewing the goals for *Healthy People 2020* with a group of patients in an out-patient clinic. Which of the following will the nurse include in this presentation?

Standard Text: Select all that apply.

1. Eliminate preventable disease, disability, injury, and premature death.
2. Achieve health equity, eliminate disparities, and improve the health of all groups.
3. Create social and physical environments that promote good health for all.
4. Promote healthy development and healthy behaviors across every stage of life.
5. Achieve a body weight 20% less of current standardized height/weight charts.

Correct Answer: 1,2,3,4

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

Rationale 2: Achieve health equity, eliminate disparities, and improve the health of all groups. This is one of the *Healthy People 2020* goals and should be included in the presentation.

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

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

Rationale 5: Achieve a body weight 20% less of current standardized height/weight charts. This is not one of the *Healthy People 2020* goals and might be considered dangerous for patients to achieve.

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

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

Question 11

Type: MCSA

The nurse is instructing a patient on nutritional needs by using the revised 2005 Food Guide Pyramid. Which of the following should the nurse emphasize when using this version of the food guide with the patient?

1. efforts to reduce weight and minimize cardiovascular disease
2. ways to limit exposure to carcinogens
3. activities to reduce the onset of diabetes mellitus
4. minimize overuse of aerobic exercise

Correct Answer: 1

Rationale 1: The food guide was revised in 2005 with the goal of reducing obesity and cardiovascular disease. This is what the nurse should emphasize when instructing the patient.

Rationale 2: The food guide was not revised to instruct patients on ways to limit exposure to carcinogens.

Rationale 3: The food guide was not revised to reduce the onset of diabetes mellitus.

Rationale 4: The food guide was not revised to minimize the overuse of aerobic exercise.

Global Rationale: The food guide was revised in 2005 with the goal of reducing obesity and cardiovascular disease. This is what the nurse should emphasize when instructing the patient. The food guide was not revised to instruct patients on ways to limit exposure to carcinogens, activities to reduce the onset of diabetes mellitus, or to minimize the overuse of aerobic exercise.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

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

Question 12

Type: MCSA

A female patient asks the nurse for suggestions to help her improve her health. Which of the following would be appropriate for the nurse to instruct this patient?

1. Participate in a continuous activity for 20 minutes five or more days each week.
2. Limit alcohol intake to two drinks per day.
3. Reduce tobacco use.
4. Sleep at least 6 hours each night.

Correct Answer: 1

Rationale 1: Practices for health living include participating in a continuous physical activity for 20 minutes five or more days each week.

Rationale 2: The female patient should be instructed to limit alcohol intake to one drink per day. Two drinks per day is the recommendation for males.

Rationale 3: Smoking and tobacco products should be eliminated and not just reduced.

Rationale 4: The patient should be instructed to sleep 7 to 8 hours each day and not just 6 hours per day.

Global Rationale: Practices for health living include participating in a continuous physical activity for 20 minutes five or more days each week. This is what the nurse should instruct the patient. The female patient should

be instructed to limit alcohol intake to one drink per day. Two drinks per day is the recommendation for males. Smoking and tobacco products should be eliminated and not just reduced. The patient should be instructed to sleep 7 to 8 hours each day and not just 6 hours per day.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

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

Question 13

Type: MCSA

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

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

Correct Answer: 1

Rationale 1: The term disease describes an alteration in structure and function of the body or mind. One cause of disease is exposure to chemicals such as alcohol and tobacco. The patient who ingests four alcoholic beverages each day and smokes one pack of cigarettes per day is exposing his body to chemicals which can lead to the development of a disease.

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

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

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

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

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Describe characteristics of health, disease, and illness.

Question 14

Type: MCSA

A patient tells the nurse that he has been relatively healthy until recently which is why he made an appointment to see his physician. The nurse realizes that the primary reason why individuals seek health care is which of the following?

1. pain
2. bleeding
3. vomiting
4. fatigue

Correct Answer: 1

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

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

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

Rationale 4: Fatigue is an objective symptom that also varies with the disease process.

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

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Describe characteristics of health, disease, and illness.

Question 15

Type: MCSA

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

1. iatrogenic
2. communicable
3. congenital

4. degenerative

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Describe characteristics of health, disease, and illness.

Question 16

Type: MCSA

A patient tells the nurse that he feels fine even though he has been told he has chronic kidney failure. The nurse realizes that the patient is prone to manifesting which of the following?

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

Correct Answer: 1

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

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

Rationale 3: Psychosomatic symptoms are psychological diseases that are manifested by physiologic symptoms.

Rationale 4: An idiopathic disorder is a disease that has no known cause.

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

and is prone to manifesting signs of an illness. An iatrogenic disease is one caused by medical therapy. Psychosomatic symptoms are psychological diseases that are manifested by physiologic symptoms. An idiopathic disorder is a disease that has no known cause.

Cognitive Level: Analyzing

Client Need: Psychosocial Integrity

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Describe characteristics of health, disease, and illness.

Question 17

Type: MCSA

A patient tells the nurse that he has not been feeling well for a few days and he used over-the-counter medication but the illness has not improved. The patient is demonstrating which of the following illness behaviors?

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

Correct Answer: 1

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

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

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

Rationale 4: Assuming a dependent role occurs upon hospitalization.

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

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

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

Question 18

Type: MCSA

A patient, hospitalized for an illness, asks when she can return to home and resume her normal activities of daily living. The nurse realizes the patient is entering which stage of illness behaviors?

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

Correct Answer: 1

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

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

Rationale 3: Assuming a dependent role is when the patient enters the hospital for care.

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

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

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

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

Question 19

Type: MCSA

A patient, diagnosed with a chronic illness, is not currently experiencing any symptoms and tells the nurse that he plans to stop following the identified course of care since the disease is cured. Which of the following should the nurse respond to this patient?

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

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

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

Question 20

Type: MCSA

The nurse, planning care for a patient with a chronic illness, should include which of the following interventions in the plan of care?

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

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Planning

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

Question 21

Type: MCSA

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

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

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 6. Describe the primary, secondary, and tertiary levels of illness prevention.

Question 22**Type:** MCSA

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

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

Correct Answer: 1

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

Rationale 2: While the patient may refuse testing, this does not allow the patient to engage in secondary levels of prevention.

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

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

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

Cognitive Level: Applying**Client Need:** Health Promotion and Maintenance**Client Need Sub:****Nursing/Integrated Concepts:** Nursing Process: Implementation**Learning Outcome:** 6. Describe the primary, secondary, and tertiary levels of illness prevention.**Question 23****Type:** MCSA

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

1. provide pre-operative instructions

2. instruct in self-examination of breasts
3. screen for glaucoma
4. counsel on healthy nutrition

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 6. Describe the primary, secondary, and tertiary levels of illness prevention.

Question 24

Type: MCSA

A patient is diagnosed with an ear infection and has been prescribed antibiotics. The level of intervention that the patient has received would be which of the following?

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

Correct Answer: 1

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

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

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

Rationale 4: There is not an acute level of intervention.

Global Rationale: The secondary level involves activities that emphasize early diagnosis and treatment of an illness to stop the pathologic process and enable the person to return to his or her former state of health as soon as possible. This includes receiving treatment such as antibiotic therapy for an infection. Primary activities promote health and delay the occurrence of a disease. Tertiary interventions focus on stopping the disease process and returning the individual to society within the constraints of a disability. There is not an acute level of intervention.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 6. Describe the primary, secondary, and tertiary levels of illness prevention.

Question 25

Type: MCSA

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

1. "Age-related changes in metabolism can result in weight gain despite consistent dietary intake."
2. "Are you exercising?"
3. "You might be eating more than you think."
4. "You are getting older."

Correct Answer: 1

Rationale 1: A reduction in metabolic rate often accompanies aging. This will cause weight gain despite not eating more calories.

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

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

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

Global Rationale: A reduction in metabolic rate often accompanies aging. This will cause weight gain despite not eating more calories. Asking the patient about exercise fails to provide the needed information to the patient and assumes the patient is sedentary. Implying the patient is overeating is judgmental, and will do little to establish a therapeutic rapport. The patient is aware of aging and pointing this out does little to meet the patient's obvious interest in more information.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 7. Compare and contrast the physical status, risks for alterations in health, assessment guidelines, and healthy behaviors of the young adult, middle adult, and older adult.

Question 26

Type: MCMA

The nurse is assisting an 18-year-old female patient plan a healthy diet to support recent weight loss. Which of the following should be included in the dietary plan?

Standard Text: Select all that apply.

1. Eat at least six servings of grains.
2. Fat intake should be limited to less than 30% of the daily caloric intake.
3. 200 mg folic acid is recommended in the daily diet.
4. To avoid constipation, keep daily iron intake below 21 mg.
5. Have a dental examination every 2 to 5 years.

Correct Answer: 1,2

Rationale 1: Eat at least six servings of grains. **Grain intake should include at least six servings daily.**

Rationale 2: Fat intake should be limited to less than 30% of the daily caloric intake. **To maintain a healthy weight and reduce incidence of cardiovascular disease, fat intake should not exceed 30% of the daily intake.**

Rationale 3: 200 mg folic acid is recommended in the daily diet. **Folic acid intake should be 400 mg daily.**

Rationale 4: To avoid constipation, keep daily iron intake below 21 mg. **Iron intake should be at 18 mg daily. Constipation should be managed by an adequate fluid and fiber intake.**

Rationale 5: Have a dental examination every 2 to 5 years. The patient should have regular dental examinations and cleanings which occur more frequently than every 2 to 5 years.

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 7. Compare and contrast the physical status, risks for alterations in health, assessment guidelines, and healthy behaviors of the young adult, middle adult, and older adult.

Question 27

Type: MCSA

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

1. Recommended calcium intake is at least 1200 mg per day.
2. It is time to begin having mammograms every other year.
3. If the patient is in a monogamous relationship, Pap smears will not be needed.
4. Exercise for at least 15 minutes a day three days each week.

Correct Answer: 1

Rationale 1: The recommended calcium intake is at least 1200 mg per day. This will be beneficial in the prevention of osteoporosis.

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

Rationale 3: Pap smears are continued for women in monogamous relationships.

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

Global Rationale: The recommended calcium intake is at least 1200 mg per day. This will be beneficial in the prevention of osteoporosis. Women should begin having annual mammograms by age 40. Pap smears are continued for women in monogamous relationships. Exercise recommendations are for 30 minutes five or more days each week.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 7. Compare and contrast the physical status, risks for alterations in health, assessment guidelines, and healthy behaviors of the young adult, middle adult, and older adult.

Question 28

Type: MCSA

A 75-year-old patient tells the nurse that he had extreme drowsiness after recently taking dosages of an over-the-counter cold medication. The nurse notes the patient ingested the prescribed amount of the medication. What does this information suggest to the nurse? The patient

1. is elderly which has influenced his response to the medication.
2. has taken more of the preparation than stated.
3. has experienced a reaction between the cold medication and other routine medications.
4. is allergic to the cold medication.

Correct Answer: 1

Rationale 1: Older patients often experience altered responses to medications. These changes are in response to age-related developments in the kidneys and liver.

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

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

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

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

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 7. Compare and contrast the physical status, risks for alterations in health, assessment guidelines, and healthy behaviors of the young adult, middle adult, and older adult.

Question 29

Type: MCSA

The nurse, caring for the female spouse of a young couple, should instruct the patient on which of the following risk factors for alterations in health?

1. lack of knowledge about family planning
2. unsafe home environment
3. toxic substances in the home
4. lack of problem-solving skills

Correct Answer: 1

Rationale 1: The risk factor for alterations in health for a young couple is a lack of knowledge about family planning.

Rationale 2: Unsafe home environment is appropriate for the family with school-age children.

Rationale 3: Toxic substances in the home is appropriate for the family with school-age children.

Rationale 4: A lack of problem-solving skills is appropriate for the family with adolescents or young adults.

Global Rationale: The risk factor for alterations in health for a young couple is a lack of knowledge about family planning. Unsafe home environment and toxic substances in the home are appropriate for the family with school-age children. A lack of problem-solving skills is appropriate for the family with adolescents or young adults.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Explain the definitions, functions, and developmental stages and tasks of the family.

Question 30

Type: MCSA

The nurse is caring for a patient with two adolescent children. The developmental task that the nurse should assist the patient with would be which of the following?

1. balance freedom with responsibility
2. encourage educational achievement
3. maintaining ties with children
4. adjusting to retirement

Correct Answer: 1

Rationale 1: Balancing freedom with responsibility is the developmental task of a family with adolescent children.

Rationale 2: Encouraging educational achievement is the developmental task of a family with school-age children.

Rationale 3: Maintaining ties with children is a developmental task of a family with middle adults.

Rationale 4: Adjusting to retirement is a developmental task of a family with older adults.

Global Rationale: Balancing freedom with responsibility is the developmental task of a family with adolescent children. Encouraging educational achievement is the developmental task of a family with school-age children. Maintaining ties with children is a developmental task of a family with middle adults. Adjusting to retirement is a developmental task of a family with older adults.

Cognitive Level: Analyzing

Client Need: Psychosocial Integrity

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Explain the definitions, functions, and developmental stages and tasks of the family.

Question 31

Type: MCSA

The nurse, counseling the adult children of a family with older parents, should include which of the following as potential health problems of the elderly parents?

1. depression, suicide
2. sexually transmitted infections
3. poisonings
4. behavior problems

Correct Answer: 1

Rationale 1: Health problems of the family with older adults include depression and suicide.

Rationale 2: Health problems of the young couple are sexually transmitted infections.

Rationale 3: Health problems of the young couple include poisonings.

Rationale 4: Health problems of the family with school-age children are behavior problems.

Global Rationale: Health problems of the family with older adults include depression and suicide. Health problems of the young couple are sexually transmitted infections and poisonings. Health problems of the family with school-age children are behavior problems.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Explain the definitions, functions, and developmental stages and tasks of the family.

Question 32

Type: MCMA

The nurse, planning care for a family, should include which of the following?

Standard Text: Select all that apply.

1. communication patterns within the family
2. number of friends, relatives, and social support systems
3. values and beliefs about health and illness
4. spiritual beliefs
5. employment and income level

Correct Answer: 1,2,3,4

Rationale 1: Many different factors affect the family responses to chronic illness. When performing any family assessment and developing a patient's plan of care the nurse should include: Communication patterns within the family; the number of friends, relatives, and social support systems; patient and family values and beliefs about health and illness; spiritual and cultural beliefs, and the development level of the patient and family.

Rationale 2: Many different factors affect the family responses to chronic illness. When performing any family assessment and developing a patient's plan of care the nurse should include: Communication patterns within the family; the number of friends, relatives, and social support systems; patient and family values and beliefs about health and illness; spiritual and cultural beliefs, and the development level of the patient and family.

Rationale 3: Many different factors affect the family responses to chronic illness. When performing any family assessment and developing a patient's plan of care the nurse should include: Communication patterns within the family; the number of friends, relatives, and social support systems; patient and family values and beliefs about health and illness; spiritual and cultural beliefs, and the development level of the patient and family.

Rationale 4: Many different factors affect the family responses to chronic illness. When performing any family assessment and developing a patient's plan of care the nurse should include: Communication patterns within the family; the number of friends, relatives, and social support systems; patient and family values and beliefs about health and illness; spiritual and cultural beliefs, and the development level of the patient and family.

Rationale 5: Employment and income level are is not included in the assessment and plan of care for a family.

Global Rationale: Many different factors affect the family responses to chronic illness. When performing any family assessment and developing a patient's plan of care the nurse should include: Communication patterns within the family; the number of friends, relatives, and social support systems; patient and family values and beliefs about health and illness; spiritual and cultural beliefs, and the development level of the patient and family. Employment and income level are not included in the assessment and plan of care for a family.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Explain the definitions, functions, and developmental stages and tasks of the family.

Question 33

Type: MCMA

A nurse reviews the record of a 63-year-old African American male patient who is being discharged from the hospital post surgical procedure. What genetic, racial, ethnic and cultural factors affecting health and well-being concerning this patient should the nurse consider prior to giving discharge instructions?

Standard Text: Select all that apply.

1. hypertension
2. sickle cell anemia
3. lactose intolerance

4. diabetes

5. osteoporosis

Correct Answer: 1,2,3,4

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

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

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

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

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

Global Rationale: Certain diseases occur at a higher rate of incidence in some races and ethnic and cultural groups. Examples of illnesses that are associated with genetic makeup include hypertension, sickle cell anemia, lactose intolerance, and diabetes among African Americans. Caucasian women of small stature and of Scandinavian heritage have a higher risk of developing osteoporosis.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Explain factors affecting functional health status.

Question 34

Type: MCMA

A nurse is working in a family practice office and a female college-age student is being seen for a pre-nursing college physical and immunizations. From her health history she has never been exposed to measles, mumps, or rubella, or received a vaccine. Her last tetanus immunization was 4 years ago when she had sutures to a cut finger and her mother remembers her having the tetanus, diphtheria, pertussis vaccines as a child. She has never been vaccinated or exposed to varicella, human papilloma virus (HPV), or hepatitis. According to the recommended immunizations for adults, which of the following immunizations would the nurse recommend the patient receive at this time?

Standard Text: Select all that apply.

1. measles, mumps, rubella (MMR)

2. hepatitis A and B
3. HPV
4. influenza
5. tetanus, diphtheria, pertussis

Correct Answer: 1,2,3,4

Rationale 1: MMR is recommended for those entering college.

Rationale 2: Hepatitis A and B are recommended for those in the healthcare field.

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

Rationale 4: Influenza, pneumococcal, and varicella are recommended for both college students and healthcare workers.

Rationale 5: Tetanus, diphtheria, pertussis is incorrect since the patient had a tetanus immunization 4 years ago and the recommendation is for a booster every 10 years; the patient was vaccinated as a child.

Global Rationale: MMR is recommended for those entering college. Hepatitis A and B are recommended for those in the healthcare field. HPV is recommended for females under age 26. Influenza, pneumococcal, and varicella are recommended for both college students and healthcare workers. Tetanus, diphtheria, pertussis is incorrect since the patient had a tetanus immunization 4 years ago and the recommendation is for a booster every 10 years; the patient was vaccinated as a child.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Reduction of Risk Potential

Nursing/Integrated Concepts: Nursing Process: Assessment

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

Question 35

Type: SEQ

A nurse is caring for a 58-year-old male that has been admitted through the Emergency Department complaining of shortness of breath and is diagnosed with an acute onset of pulmonary embolism. Rank in order the commonly recognized sequence of illness behaviors that may be contributing to this patient's ability to cope with this new onset of acute illness.

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

Choice 1. experiencing symptoms

Choice 2. assuming the sick role

Choice 3. seeking medical care

Choice 4. assuming a dependent role

Choice 5. recovery and rehabilitation

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

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

Rationale 2: The sequence of the commonly recognized of illness behaviors is second, assuming the sick role.

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

Rationale 4: The sequence of the commonly recognized of illness behaviors is fourth, assuming a dependent role.

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

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

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

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

Question 36

Type: MCMA

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

Standard Text: Select all that apply.

1. access to health services

2. nutrition and weight status

3. food safety

4. injury and violence prevention

5. outpatient surgery

Correct Answer: 1,2,3,4

Rationale 1: Access to health services is an objective to achieve the overarching goals of *Healthy People 2020*.

Rationale 2: Nutrition and weight status are objectives to achieve the overarching goals of *Healthy People 2020*.

Rationale 3: Food safety is an objective to achieve the overarching goals of *Healthy People 2020*.

Rationale 4: Injury and violence prevention is an objective to achieve the overarching goals of *Healthy People 2020*.

Rationale 5: Outpatient surgery is not among the stated goals.

Global Rationale: Access to health services, nutrition and weight status, food safety, and injury and violence prevention are objectives to achieve the overarching goals of *Healthy People 2020*. Outpatient surgery is not among the stated goals.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Reduction of Risk Potential

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 4. Describe characteristics of health, illness, and disease.

Question 37

Type: MCSA

A 24-year-old male has been admitted to an EMU unit (epilepsy monitoring unit) due to a history of seizure-like episodes. As the nurse you understand that monitoring a patient's seizure episodes is important to determine whether or not the episode is a seizure or if determined to be a seizure activity, to record brain activity in a patient in order to guide treatment. According to the disease classifications and definitions table, this is an example of what two types of disease classifications?

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

Correct Answer: 1

Rationale 1: Seizure activity that is psychosomatic which is a psychological disease is manifested by physiologic symptoms.

Rationale 2: Acute versus chronic describes acute disease that has a rapid onset as opposed to chronic which is a disease over a long period of time.

Rationale 3: Communicable versus functional describes a communicable disease that can be spread from one person to another as opposed to a functional disease that affects function but does not have organic causes.

Rationale 4: Idiopathic is a disease that has an unknown cause as opposed to iatrogenic disease which is caused by medical therapy.

Global Rationale: A diagnosis of seizure activity that is caused by brain activity is a chronic illness that is treated over a long period of time. Seizure activity that is psychosomatic which is a psychological disease is manifested

by physiologic symptoms. Acute versus chronic describes acute disease that has a rapid onset as opposed to chronic which is a disease over a long period of time. Communicable versus functional describes a communicable disease that can be spread from one person to another as opposed to a functional disease that affects function but does not have organic causes. Idiopathic is a disease that has an unknown cause as opposed to iatrogenic disease which is caused by medical therapy.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

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

Question 38

Type: MCMA

A nurse is conducting an educational session on self-care initiatives for chronic heart failure patients and their support persons on living with congestive heart failure, prior to discharge from the hospital. The following topics may be included in the discussion.

Standard Text: Select all that apply.

1. adapt activities of daily living
2. maintain a sense of hope
3. maintain a feeling of being in control
4. live as normal as possible
5. seek third and often fourth opinions

Correct Answer: 1,2,3,4

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

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

Rationale 3: Patients will need to feel in control.

Rationale 4: Patients will need to live as normal as possible.

Rationale 5: While seeking third and often fourth opinions might be topics of conversation that interest a patient; they are not priorities for patient education.

Global Rationale: Patients with chronic illnesses will experience chronic diseases in different ways, but in general patients with chronic illness will need to adapt activities of daily living to their abilities, and maintain a sense of hope and a positive self-concept. Patients will need to feel in control and live as normal as possible.

While seeking third and often fourth opinions might be topics of conversation that interest a patient; they are not priorities for patient education.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

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

Question 39

Type: MCSA

Based on the Levels of Illness Prevention Chart, a nurse correctly identifies that a patient who has a family history of breast cancer is participating in activities to prevent illness or limit the progression of illness by exhibiting activities of **primary** prevention when the patient states,

Levels of Illness Prevention

Primary	Secondary	Tertiary
Actions that prevent or delay the occurrence of a disease	Activities that emphasize early diagnosis and treatment of an illness to stop the pathologic process	Focus on stopping the disease process and returning the affected individual to a useful place within the constraints of disability
Reducing environmental risks	Screened for hypertension, diabetes and glaucoma	Obtaining medical or surgical treatment for an illness
Healthy diet	Cancer screening	Enrolling in rehab programs treatment of stroke, heart disease, head injury
Wearing seat belts and helmets	TB tests	Joining work training program following injury or illness
Obtaining immunizations	Obtaining specific treatments for diseases such as streptococcal infections	Educating the public to employ rehabilitated people to the fullest possible extent
Practicing safe sex		
Undergoing genetic screening		
Eliminating the use of alcohol and cigarettes		

1. "My mother died of breast cancer and I have undergone genetic testing to determine my genetic predisposition."
2. "I have had a mammogram and do monthly self-breast examinations."
3. "I have been on a lipid reducing agent to reduce my cholesterol levels."
4. "I support breast cancer research by running in a half marathon."

Correct Answer: 1

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

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

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

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

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

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 6. Describe primary, secondary, and tertiary levels of illness prevention.

Question 40

Type: MCMA

A nurse is conducting a health history from a 25-year-old patient who is being admitted for surgical repair of a broken tibia. Questions to include in determining the developmental stage of a young adult patient are as follows.

Standard Text: Select all that apply.

1. "How much alcohol do you consume each week?"
2. "Can you describe a typical daily food intake?"
3. "Who would you describe as your friends?"
4. "Describe your relationship with your family members."
5. "How are you planning for your retirement?"

Correct Answer: 1,2,3,4

Rationale 1: Development tasks of a young adult include maintaining a healthy lifestyle (limiting alcohol).

Rationale 2: Development tasks of a young adult include maintaining a healthy lifestyle (choosing an appropriate diet).

Rationale 3: Friends are also among the developmental tasks of young adults.

Rationale 4: Family relationships are also among the developmental tasks of young adults.

Rationale 5: Planning for retirement is a common developmental task for persons in the middle adult stage.

Global Rationale: Development tasks of a young adult include maintaining a healthy lifestyle (limiting alcohol and choosing an appropriate diet). Friends and family relationships are also among the developmental tasks of young adults. Planning for retirement is a more common developmental task for persons in the middle adult stage.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 7. Compare and contrast the physical status, risks for alterations in health, assessment of guidelines, and healthy behaviors of the young, middle, and older adult.

Question 41

Type: MCSA

The nurse is teaching a young adult patient who has been found to be iron deficient and is following a vegetarian diet lifestyle about food options. According to the U.S. Department of Health and Human Services Food Guide Pyramid, the nurse assesses that the young adult recognizes foods high in protein from the following statement.

1. "I will eat more beans and nuts."
2. "I will increase my intake of white bread and pasta."
3. "I will eat more yogurt and drink chocolate milk."
4. "I will increase the amount of fruit juices."

Correct Answer: 1

Rationale 1: Iron deficiency anemia is a decrease in the number of red cells in the blood caused by too little iron. The correct choice is to increase the amount of beans and nuts, which are high in protein and are not meat products as illustrated on the chart according to the U.S. Department of Health and Human Services Food Guide.

Rationale 2: Option 2 includes grains, which are not as high in iron.

Rationale 3: Option 3 includes milk products, which are not as high in iron and may interfere with absorption of supplemental iron.

Rationale 4: It is not recommended to increase the amount of fruit juices daily (option 4) and they are not high in iron.

Global Rationale: Iron deficiency anemia is a decrease in the number of red cells in the blood caused by too little iron. The correct choice is to increase the amount of beans and nuts, which are high in protein and are not meat products as illustrated on the chart according to the U.S. Department of Health and Human Services Food Guide. Option 2 includes grains, which are not as high in iron. Option 3 includes milk products, which are not as high in iron and may interfere with absorption of supplemental iron. It is not recommended to increase the amount of fruit juices daily (option 4) and they are not high in iron.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

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

Question 42

Type: MCMA

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

Standard Text: Select all that apply.

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

Correct Answer: 1,2,3,4

Rationale 1: The first four statements reflect the changes and concerns that arise in the middle adult years.

Rationale 2: The first four statements reflect the changes and concerns that arise in the middle adult years.

Rationale 3: The first four statements reflect the changes and concerns that arise in the middle adult years.

Rationale 4: The first four statements reflect the changes and concerns that arise in the middle adult years.

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

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

Cognitive Level: Applying

Client Need: Psychosocial Integrity

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 7. Compare and contrast the physical status, risks for alterations in health, assessment of guidelines, and healthy behaviors of the young, middle and older adult.

Question 43

Type: MCMA

A 50-year-old African American male is being seen by his primary health care provider for an annual physical. His last complete physical was two years ago and he has no complaints at this time. He asks what health screening tests he should expect now that he is 50 years old, in addition to his annual health examination. The nurse discusses the following screening tests based on the patient's age and ethnicity and which are recommended for middle adults.

Standard Text: Select all that apply.

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

Correct Answer: 1,2,3,4

Rationale 1: All of these screening tests are recommended for the middle-aged male based on age and time interval.

Rationale 2: All of these screening tests are recommended for the middle-aged male based on age and time interval.

Rationale 3: All of these screening tests are recommended for the middle-aged male based on age and time interval.

Rationale 4: All of these screening tests are recommended for the middle-aged male based on age and time interval.

Rationale 5: Osteoporosis screening is recommended for the older adult male.

Global Rationale: All of these screening tests are recommended for the middle-aged male based on age and time interval. Osteoporosis screening is recommended for the older adult male.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 7. Compare and contrast the physical status, risks for alterations in health, assessment of guidelines, and healthy behaviors of the young, middle, and older adult.

Question 44

Type: MCMA

An 82-year-old male who has recently been widowed is now admitted to the hospital for confusion and lethargy. His blood glucose level is 560 mg/dL, BUN is 28 mg/dL, creatinine is 1.8 mg/dL, hemoglobin 11.5 g/mL, hematocrit is 35% , and WBC is 12,000. His temperature is 99.6°. It is important to monitor lab values in the

older adult due to risk factors that predispose the patient to toxic drug effects. Identify possible age-related changes in the older adult that would predispose the patient to toxic drug effects. **Select all that apply.**

Standard Text: Select all that apply.

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

Correct Answer: 1,2,3,4

Rationale 1: The first four options contribute to a predisposition to toxic drug effects.

Rationale 2: The first four options contribute to a predisposition to toxic drug effects.

Rationale 3: The first four options contribute to a predisposition to toxic drug effects.

Rationale 4: The first four options contribute to a predisposition to toxic drug effects. .

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

Global Rationale: The first four options contribute to a predisposition to toxic drug effects. A decrease in taste sensation is an age-related change but it does not contribute to toxic drug effects.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Physiological Adaptation

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 7. Compare and contrast the physical status, risks for alterations in health, assessment of guidelines, and healthy behaviors of the young, middle, and older adult.

Question 45

Type: MCMA

The nurse is planning an elderly female patient's plan of care prior to discharge. The patient is 81 years old, diagnosed with late stages of breast cancer, and is a widow but has been active and independent prior to this diagnosis. What information should be assessed about this patient's family support to assist in her plan of care prior to?

Standard Text: Select all that apply.

1. cohesiveness and communication patterns
2. number of support systems available

3. family values and beliefs about health and illness

4. developmental level of the family

5. consideration if patient has a family pet

Correct Answer: 1,2,3,4

Rationale 1: Options 1, 2, 3, and 4 are essential information that should be considered when completing a family assessment and developing a patient's plan of care.

Rationale 2: Options 1, 2, 3, and 4 are essential information that should be considered when completing a family assessment and developing a patient's plan of care.

Rationale 3: Options 1, 2, 3, and 4 are essential information that should be considered when completing a family assessment and developing a patient's plan of care.

Rationale 4: Options 1, 2, 3, and 4 are essential information that should be considered when completing a family assessment and developing a patient's plan of care.

Rationale 5: While a companion animal can be an important part of a patient's quality of life, it is not essential for the family assessment.

Global Rationale: Options 1, 2, 3, and 4 are essential information that should be considered when completing a family assessment and developing a patient's plan of care. While a companion animal can be an important part of a patient's quality of life, it is not essential for the family assessment.

Cognitive Level: Applying

Client Need: Psychosocial Integrity

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 8. Explain the definitions, functions, and developmental stages and tasks of the family.