

1. The nurse understands that a patient being cared for in a critical care unit experiences an acute stress response. What nursing action best demonstrates understanding of the physiological parts of the initial stress response?
 - A) Adequate pain control
 - B) Intravenous sedation
 - C) Treatment for elevated blood pressure
 - D) Ignoring an elevated glucose level

2. A critically ill patient experiences stress and anxiety from many factors. Treatment of the patient focuses on reducing stressors and providing supportive care such as nutrition, oxygenation, pain management, control of anxiety, and specific care of the illness or injury. What is the best rationale for these interventions?
 - A) Helps to support the patient's immune system
 - B) Part of good nursing care
 - C) Mandated by hospital policy
 - D) Reassures the patient and family

3. Anxiety can be greatly relieved with simple explanations. Critically ill patients and their family members need to know what is happening at the moment and in the near future. The nurse knows that this type of communication is known as which of the following?
 - A) Providing information
 - B) Fostering trust
 - C) Ensuring privacy
 - D) Allowing control

4. A patient in a critical care unit has increased stress from the constant noise and light levels. What nursing intervention best attenuates these sources of stress?
 - A) Need for constant observation and evaluation
 - B) Dimming lights during the night
 - C) Frequent nursing group rounds for all patients
 - D) Use of tile floors for ease in cleaning

5. Which of the following is the most appropriate nursing intervention to promote sleep for the patient in the critical care setting?
 - A) Reduce light and noise
 - B) Promote visitation
 - C) Reorient Q2h
 - D) Eliminate repositioning when sleeping

6. The nurse is caring for a patient who is orally intubated and on a mechanical ventilator. The nurse believes that the patient is experiencing excess anxiety. For this patient, what behavior best indicates anxiety?
 - A) Restlessness
 - B) Verbalization
 - C) Increased respiratory rate
 - D) Glasgow Coma Scale score of 3

7. The critical care unit environment is very stressful for patients, families, and staff. What nursing action is directed at reducing environmental stress?
 - A) Constant expert evaluation of patient status
 - B) Limiting visits to immediate family
 - C) Bathing all patients during hours of sleep
 - D) Maintaining a quiet environment during hours of sleep

8. The nurse wishes to enhance sleep cycles in her critically ill patient. Research has shown that which nursing action improves sleep in critically ill patients?
 - A) Repositioning every 2 hours
 - B) Hypnotic medications
 - C) Five-minute back effleurage
 - D) Adequate pain control

9. The nurse is caring for a critically ill patient with a very concerned family. Given that the family is under high stress, what nursing intervention will best ameliorate their stress while preserving independence?
 - A) Encourage the family to participate in patient care tasks.
 - B) Teach the family to ask questions of the health care team.
 - C) Ask the family to select a family representative for communication.
 - D) Limit visits to immediate family members for limited times.

10. While caring for a critically ill patient, the nurse knows that fostering patient control over the environment is a method for stress reduction. What nursing intervention gives the patient the most environmental control while still adhering to best practice principles?
 - A) Ask the patient whether he or she wants to get out of bed.
 - B) Give the patient's bath at the same time every day.
 - C) Explain painful procedures only after giving pain medication.
 - D) Choose menu items for the patient to ensure a balanced diet.

11. The nurse is using presence to reduce the anxiety of a critically ill patient. What nursing behavior demonstrates an effective use of presence?
- A) Staying in the patient's room to complete documentation
 - B) Having a conversation in the patient's room that excludes the patient
 - C) Maintaining eye contact with the patient during explanations
 - D) Focusing on specific nursing care tasks while in the patient's room
12. The nurse is caring for a critically ill patient who can speak. The nurse notices that the patient is demonstrating behaviors indicative of anxiety but is silent. What nursing strategy would give the nurse the most information about the patient's feelings?
- A) Explain procedures to the patient and family.
 - B) Ask the patient to share his or her internal dialogue.
 - C) Encourage the patient to nap before visiting hours.
 - D) Ensure that the patient has adequate pain control.
13. The patient is undergoing a necessary but painful procedure that is greatly increasing her anxiety. The nurse decides to use guided imagery to help alleviate the patient's anxiety. What is a key part of this technique?
- A) Provide the patient with an external focus point such as a picture.
 - B) Have the patient take slow, shallow breaths while staring at a focus point.
 - C) Have the patient remember tactile sensations of a pleasant experience.
 - D) Encourage the patient to consciously relax all of her muscles.
14. One of the strategies shown to reduce perception of stress in critically ill patients and their families is support of spirituality. What nursing action is most clearly supportive of the patient's spirituality?
- A) Referring patients to the Catholic chaplain
 - B) Providing prayer booklets to patients and families
 - C) Asking about beliefs about the universe
 - D) Avoiding discussing religion with those of other faiths
15. A critically ill patient tells the nurse that he is not afraid to die because he believes in reincarnation. What is the most appropriate nursing response?
- A) "What if reincarnation is not real?"
 - B) "This belief gives you strength."
 - C) "I don't believe in reincarnation."
 - D) "You shouldn't base your hopes on such a belief."

16. A critically ill patient who is intubated and agitated is restrained with soft wrist restraints. Based on research findings, what is the best nursing action?
- A) Maintain the restraints to protect patient safety.
 - B) Remove the restraints periodically to check skin integrity.
 - C) Remove the restraints periodically for range of motion.
 - D) Identify the cause of agitation so that restraints can be removed.
17. A patient has been admitted after experiencing multiple trauma and is intubated and sedated. When the five members of the immediate family arrive, they are anxious, angry, and very demanding. They all speak loudly at once and ask for many services and answers. What is the best nursing response?
- A) Ask the family to leave until visiting hours begin.
 - B) Take them to a private area for initial explanations.
 - C) Page security to have them removed from the unit.
 - D) Show them to the client's bedside and leave them alone.
18. A patient's family member is exhibiting agitated behavior, increased blood pressure and heart rate. The critical care nurse realizes which of the following is occurring?
- A) Stress related to the situation
 - B) Hypertensive crisis
 - C) Myocardial infarction
 - D) Financial concerns
19. Keeping the bed in the lowest position and optimizing room lighting are examples of which type of alternative to physical restraint?
- A) Environmental modifications
 - B) Therapeutic interventions
 - C) Diversionary activities
 - D) Therapeutic use of self
20. The patient has been in the CCU for several weeks and has been very unstable. One family member stays at the bedside constantly and even naps in a bedside chair. The nurse understands that the family member is exhibiting which family member response to critical illness?
- A) Exhibiting extreme distrust of the health care team
 - B) Seeking evidence for future legal or punitive action.
 - C) Trying to maintain a level of control over the situation.
 - D) Experiencing extreme fatigue from constant stress

21. The nurse is caring for a very seriously ill patient in the CCU. The family visits sporadically, stays for only a short time, and does not ask many questions. How could the nurse best begin to involve the family in the patient's care?
- A) Ask one family member to assist with the patient's bath.
 - B) Encourage family members to stay longer at each visit.
 - C) Focus nursing efforts on the patient's legal next of kin.
 - D) Ask the family to complete the Critical Care Family Needs Inventory.
22. On their first visit to a critically ill patient, family members stand in the doorway of the room, making no effort to approach the patient. What is the most appropriate nursing action?
- A) Instruct the family where the patient can be touched and what to say.
 - B) Engage the family in social conversation to ease them into the milieu.
 - C) Use visiting hours to explain to the family the general status of the patient.
 - D) Leave the family to adjust to the situation when they are ready.
23. A critically ill patient is not expected to survive this admission. The family asks the nurse how the patient is doing. When answering this question, what should the nurse include?
- A) Emphasize that the patient is young and strong and may still survive.
 - B) Refer the family to the physician for all details and answers.
 - C) Give specific information such as descending trends in parameters.
 - D) Ask if the family has determined which funeral home will be called.
24. A patient's family is exhibiting increasingly impaired coping as the patient's condition deteriorates. The nurse asks the family to state the biggest concern from their perspective. What is the most important rationale for this question?
- A) The question indicates active listening on the part of the nurse.
 - B) The question is used as a way to validate the family's knowledge.
 - C) The question clarifies the nurse's understanding of current family needs.
 - D) The question promotes problem definition, which helps define the degree of family understanding.
25. The need to feel safe and the need for information are predominant needs of critically ill patients' family members. The nurse can provide the best positive experiences by doing which of the following? Select all that apply.
- A) Providing technical competence
 - B) Using effective interpersonal skills
 - C) Reducing light and noise
 - D) Allowing time to visit

26. While interacting with the family of a critically ill patient, the nurse suggests that the family must be feeling very anxious and perhaps angry. How does this nursing action benefit the family?
- A) Removes the focus of the conversation from the patient
 - B) Focusing on feelings helps the family avoid delayed grief and unhealthy coping.
 - C) Gives validation of need for psychological counseling
 - D) Reduces family insistence for patient progress information
27. The nurse is caring for a patient from a very different cultural group. In delivering care, how can the nurse best demonstrate cultural sensitivity?
- A) Ask the family about their cultural beliefs and customs that may apply.
 - B) Assume that the patient and family will adjust to the hospital culture.
 - C) Inform the patient and family that the routines of the hospital take precedence.
 - D) Do a literature search on the patient's culture to determine beliefs.

Answer Key

1. A
2. A
3. A
4. B
5. A
6. A
7. D
8. C
9. B
10. B
11. C
12. B
13. C
14. C
15. B
16. D
17. B
18. A
19. A
20. C
21. D
22. A
23. C
24. D
25. A, B
26. B
27. A