

Multiple Choice

1. Leah is a new graduate nurse and has questions about her scope of practice. The best place to review would be:

1. The code of ethics.
2. The standards of practice and professional performance.
3. The NCLEX exam.
4. The state licensing body.

ANS: 2

	Feedback
1.	Applies to the accountability and protection for the public
2.	Benchmark for quality and accountability to provide professional guidance
3.	This is the basic exam, but it does not give guidance on this matter.
4.	The state has rules and regulations, but it is not the source for overall professional accountability and

	guidance.
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KEY: **Content Area:** Professionalism | **Integrated Processes:** Communication/Documentation | **Client**

Need: Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:**

Multiple Choice

2. The Code of Ethics for Nurses is characterized by all of the following except:

1. It serves as a guide to empower individuals.
2. It upholds ethics, principles, rights, duties and virtues.
3. It is a private statement for nurses only.
4. It is a public statement for nurses and their patients.

ANS: 3

	Feedback
1.	Part of the Code of Ethics
2.	Part of the Code of Ethics
3.	The Code of Ethics is not a private statement. It is for the public and nurses.
4.	Part of the Code of Ethics

KEY: **Content Area:** Professionalism | **Integrated Processes:** Caring | **Client Need:** Safe and Effective
Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

3. A nurse has discussed the plan of care, asked for parental input, and has spoken with the doctor about the needs of the family and patient. This nurse is exhibiting which characteristics of therapeutic relationships in pediatric medicine?

1. Goals, mutual respect/trust, and advocacy
2. Empowerment, sympathy, and empathy
3. Goals, advocacy, and sympathy
4. Respect/trust, disengagement, and sympathy

ANS: 1

	Feedback
1.	The nurse is demonstrating all characteristics listed.
2.	The nurse is not demonstrating sympathy or empathy for the patient.
3.	The nurse is not demonstrating sympathy for this family.
4.	The nurse is not disengaging or providing

	sympathy for the family.
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KEY: **Content Area:** Therapeutic Communication | **Integrated Processes:**

Communication/Documentation | **Client Need:** Psychosocial Integrity | **Cognitive Level:** Application

REF: Chapter 2 | **Type:** Multiple Choice

4. A primary source for the standards of practice for pediatric nurses is:

1. *Pediatric Nursing Scope and Standards of Practice.*
2. Code of Ethics.
3. Nightingale's Pledge.
4. None of the above.

ANS: 1

	Feedback
1.	Reflects key themes and trends that are relevant to our time and to all pediatric health care settings, which provide the framework for the emergence of specific standards.
2.	The Code of Ethics in Nursing provides a foundation for nurses and empowers them as well.

3.	The pledge was part of the early Hippocratic Oath.
4.	One answer is correct.

KEY: **Content Area:** Professionalism | **Integrated Processes:** Nursing Process | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Knowledge | **REF:** Chapter 2 | **Type:** Multiple Choice

5. Sarah is a 4-year-old patient with cystic fibrosis. She has been having increased hospitalizations and prefers to have Leah as her nurse as an inpatient. Leah has been assigned to care for a different set of patients today, yet Sarah's mother insists on having Leah as their nurse. Which action would be best for Leah to take with Sarah and her mother?

1. Ignore the situation.
2. Speak to Sarah and her mother to discuss the importance of having another nurse, who also knows the case, care for her.
3. Let Sarah's mother and Sarah voice their reasoning for wanting Leah, and then explain the need for Leah to have a different assignment.
4. Let the charge nurse deal with the situation.

ANS: 3

	Feedback
1.	Ignoring the situation does not demonstrate

	therapeutic communication.
2.	Speaking with the family is important, but letting the family voice their concerns is important as well.
3.	The dialogue between the patient and nurse can enhance trust and understanding so the patient can understand the situation.
4.	The charge nurse may be part of the conversation, but it is important for Leah to speak too.

KEY: Content Area: Therapeutic Interactions | **Integrated Processes:** Communication/Documentation |

Client Need: Psychosocial Integrity | **Cognitive Level:** Analysis | **REF:** Chapter 2 | **Type:** Multiple

Choice

6. Which of the following situations would be considered a therapeutic communication challenge in pediatric nursing?

1. A street-smart teenager
2. A noncompliant patient and family
3. A culture that the nurse has not been previously exposed to
4. All of the above

ANS: 4

	Feedback
1.	Considered a therapeutic communication challenge in pediatric nursing
2.	Considered a therapeutic communication challenge in pediatric nursing
3.	Considered a therapeutic communication challenge in pediatric nursing
4.	All fit the criteria

KEY: **Content Area:** Therapeutic Communication | **Integrated Processes:**

Communication/Documentation | **Client Need:** Psychosocial Integrity | **Cognitive Level:** Comprehension

| **REF:** Chapter 2 | **Type:** Multiple Choice

7. The purpose of a Child Life Department for Family-Centered Care is:

1. To prepare the child for procedures.
2. To offer time to be a “kid”.
3. To provide the staff with information about child development.
4. To be the liaison between the hospital and the school system for a child.
5. 1, 2, 4

ANS: 5

	Feedback
1.	Preparation is an important element in caring for a child. It helps reduce anxiety and promotes a trusting relationship.
2.	Playtime allows a child to cope and fosters self-expression, which reduces stress.
3.	CLD is knowledgeable in child development and is present to support the child and the family, not the staff.
4.	CLD provides a working relationship between the hospital and school for patients who are in the hospital long term.
5.	Preparation is an important element in caring for a child. It helps reduce anxiety and promotes a trusting relationship. Playtime allows a child to cope and fosters self-expression, which reduces stress. CLD provides a working relationship between the hospital and school for patients who are in the hospital long term.

KEY: **Content Area:** Multidisciplinary Care | **Integrated Processes:** Caring | **Client Need:** Psychosocial

Integrity | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

8. A nurse is discussing pain management of a 3 year-old with the parents. An important factor the nurse should mention is:

1. "A child is like a mini-adult, so they cope with pain the same way."
2. "Effective pain management for a child may require pharmacological and non-pharmacological methods."
3. "Children use the pain scale of 0-10."
4. "Pain is subjective, and all children cry when they are in pain."

ANS: 2

	Feedback
1.	Children have a unique response to pain.
2.	Pharmacological methods may work for children, but using non-pharmacological methods, such as distraction, are also beneficial.
3.	Common pain scales for children consist of the FLACC and NAP.
4.	Pain is subjective, but not all children will cry. Some will be irritable or withdrawn.

KEY: **Content Area:** Pain | **Integrated Processes:** Teaching/Learning | **Client Need:** Physiological

Integrity | Cognitive: Level: Synthesis | **REF:** Chapter 2 | **Type:** Multiple Choice

9. A 6-year-old boy is to receive a dose of morphine to aid in pain management after an open appendectomy. The nurse knows the correct dose for the morphine is calculated based on:

1. Age.
2. Height.
3. Body weight.
4. All of the above.

ANS: 3

	Feedback
1.	Age is not a factor in drug calculation.
2.	Height is not a factor in drug calculation.
3.	Body weight is used for drug calculation.
4.	Age and height do not affect drug calculation.

KEY: **Content Area:** Pharmacology | **Integrated Processes:** Nursing Process | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

10. A nurse at the clinic is teaching a new mother how to give Tylenol drops to her infant. The nurse knows that the mother has an understanding of medication administration when the mother states:

1. "I will give the medication as prescribed and use a teaspoon to measure the correct amount."
2. "I will use a syringe to measure the correct amount and place the syringe in the side of his cheek to take the medicine."
3. "I will measure the medication in a cup and place it into the bottle."
4. "I will make sure he only takes the medicine until he acts like he feels better."

ANS: 2

	Feedback
1.	A teaspoon does not give an accurate measurement for children's medication.
2.	A syringe is the best option for medication administration. Placing it in the side of the cheek enables the infant to swallow without choking.
3.	This method does not ensure that the child received all the medication, especially if the entire bottle is not consumed.
4.	Medication should be taken for as long as the doctor has ordered.

KEY: **Content Area:** Pharmacology | **Integrated Processes:** Teaching/Learning | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

11. The public health nurse is working on new printed material for the pediatric clinic. The public health nurse decides more education needs to be provided on nutritious snacks for children 5 to 10 years of age.

In the design process of the pamphlets, it is important for the public health nurse to:

1. Provide information at an educational level no higher than 8th grade.
2. Provide information at an education level no higher than 12th grade.
3. Provide the material in an easy manner, using acronyms to keep the pamphlet small.
4. Provide information in small print and place the pamphlet in open areas for people to take freely.

ANS: 1

	Feedback
1.	Information should be at the 8th grade level or lower.
2.	Information should be at 8th grade level or lower.
3.	Acronyms may give different ideas than what the material is stating.
4.	Allowing for people to take freely is good, but

	small print can deter someone from reading the information. Bold and bright print is best.
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KEY: **Content Area:** Education | **Integrated Processes:** Teaching/Learning | **Client Need:** Health

Promotion | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

12. A pediatric clinic nurse's main responsibilities include:

1. Assessing parenting styles.
2. Assessing readiness to learn for the patient and family.
3. Documentation of family and parental responses to education.
4. Assessing the culture of the family.
5. All of the above.
6. None of the above.

ANS: 5

	Feedback
1.	It is a responsibility along with others.
2.	It is a responsibility along with others.
3.	It is a responsibility along with others.

4.	It is a responsibility along with others.
5.	Correct because all are responsibilities of the nurse.
6.	One answer is correct.

KEY: **Content Area:** Education | **Integrated Processes:** Teaching/Learning | **Client Need:** Health Promotion | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

13. Grant, who is 16, is at the pediatric clinic for his yearly checkup. The nurse requests that his father step out of the patient room because:

1. Grant's father is not providing information the nurse needs.
2. Grant appears apprehensive with his father in the room.
3. Grant has a right to confidentiality to discuss his use of alcohol.
4. Privacy is not appropriate for this age range, and the father should remain in the room.

ANS: 3

	Feedback
1.	Confidentiality is appropriate due to Grant's age.
2.	The question does not give information about the interaction between Grant and his father.
3.	Privacy about topics such as substance use is

	appropriate for this age range.
4.	Grant has a right to confidentiality due to his age.

KEY: **Content Area:** Privacy/Confidentiality | **Integrated Processes:** Communication/Documentation |

Client Need: Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 |

Type: Multiple Choice

14. A medical chaperone is advisable for a 14-year-old girl when:

1. Having an exam of the breasts.
2. Having an eye exam.
3. Having a hearing screen.
4. Having her height and weight taken.

ANS: 1

	Feedback
1.	A medical chaperone should be present because of the invasiveness of the procedure.
2.	A medical chaperone is recommended, but not a necessity.
3.	A medical chaperone is recommended, but not a

	necessity.
4.	A medical chaperone is recommended, but not a necessity.

KEY: **Content Area:** Growth and Development | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

15. A 9-year-old has come to the nurse's office at the school complaining of arm pain. The nurse examines the arm and notices fingertip bruises on the forearm, as if it has been squeezed tightly. The nurse talks to the child about how the arm got the bruises. The next action the school nurse should take is:

1. Report this to the classroom teacher, principal, and Child Protective Services since it is a questionable mark on the forearm.
2. Let the child go back to the classroom since this is a normal bruising pattern that children get at this age through play.
3. Let the child go back to the classroom since the child explains that the bruises came from a game of tag.
4. Document the bruising and follow up with the child in two days to make sure it is healing.

ANS: 1

	Feedback
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1.	The nurse is a mandatory reporter and should speak with the people listed because bruising like this is abnormal for a child.
2.	This is an abnormal bruising pattern for child.
3.	Documentation and notification should occur because this is an abnormal bruising pattern for a child.
4.	Documentation and notification should occur because this is an abnormal bruising pattern for a child.

KEY: **Content Area:** Abuse | **Integrated Processes:** Communication/Documentation | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Analysis | **REF:** Chapter 2 | **Type:** Multiple Choice

16. Ali is a new graduate nurse and has been working on the nursing unit for six months. Ali has noticed that the nurses' station attempts to keep patient information confidential. Which of the following actions are not good practices for maintaining confidentiality?

1. Placing the patient chart upside down on the desk when not in use so the name is not revealed.
2. Speaking of patient's by room number, not by name.
3. Staying logged onto a computer to answer a call light.
4. Removing patient identifiers on a medication bottle and throwing it into the garbage can.

ANS: 3

	Feedback
1.	This is a good practice for confidentiality.
2.	This is a good practice for confidentiality.
3.	This allows for anyone to see the computer information about a patient, thus breaking confidentiality.
4.	This is a good practice for confidentiality.

KEY: **Content Area:** Confidentiality | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

17. HIPAA requires health-care providers and employees to be cognizant of:

1. Placement of computer screens to the public.
2. Where discussions about patients occur.
3. How and where change of shift reports occur.
4. All of the above are areas to keep confidential.

ANS: 4

	Feedback
1.	Follows HIPAA confidentiality along with others.
2.	Follows HIPAA confidentiality along with others.
3.	Follows HIPAA confidentiality along with others.
4.	Computer screens, discussions, and change of shift reports should be kept confidential to follow HIPAA guidelines.

KEY: **Content Area:** Confidentiality | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

18. Jake, a 14-year-old terminal leukemia patient, has told his parents and his health-care providers that he no longer wants to take chemotherapy treatments. The nurse knows that Jake:

1. Can make this decision because he is of legal medical age.
2. Is not of legal age to make a medical decision. This is an ethical decision that must be discussed only with Jake's parents.
3. Must discuss this ethical issue with his parents.
4. Is not of legal age to make a medical decision, thus he has not right to determine his care.

	Feedback
1.	Jake is not of legal age to make a medical decision, but he is of an age where he is aware of his body and the medical team's actions.
2.	Jake should be a part of the discussion because he is at an age where he is aware of his body and medical needs.
3.	Jake and his parents should make the decision together.
4.	Jake's parents have medical power of attorney, but he is at an age where his wants and needs should be taken into consideration.

KEY: **Content Area:** Growth and Development | **Integrated Processes:** Communication/Documentation

| **Client Need:** Psychosocial Integrity | **Cognitive Level:** Synthesis | **REF:** Chapter 2 | **Type:** Multiple

Choice

19. JoJo, a 10-year-old patient in room 1232 with a right arm and leg amputation due to osteosarcoma, has been refusing help with his daily routine. JoJo is exhibiting:

1. Beneficence.

2. Justice.

4. Autonomy.

ANS: 4

	Feedback
1.	This is an act for a nurse to do good, not harm a patient.
2.	This is the obligation for caring for the patient.
3.	This is the act of telling the patient the truth.
4.	This is an act of exhibiting the need to do things by oneself.

KEY: **Content Area:** Growth and Development | **Integrated Processes:** Caring | **Client Need:** Health Promotion and Maintenance | **Cognitive Level:** Knowledge | **REF:** Chapter 2 | **Type:** Multiple Choice

20. A home-care pediatric nurse is taking care of an immobile three year old with a home ventilator. The nurse knows she must maintain proper positioning for the child in order to prevent bedsores from developing. This knowledge is known as:

1. Justice.

2. Beneficence.

4. Fidelity.

ANS: 2

	Feedback
1.	This is the obligation for caring for the patient.
2.	This is an act for a nurse to do good, not harm a patient.
3.	This is the act of telling the patient the truth.
4.	This is a nurse's responsibility for providing the best care possible for the patient.

KEY: **Content Area:** Professionalism | **Integrated Processes:** Nursing Process | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

21. Charlie is 17 years old. He comes to the ER because of a motor vehicle accident. The staff asks Charlie for the contact information for his guardian/parents in order to obtain informed consent for a procedure. Charlie states that he is an emancipated minor. The nurse knows this will mean:

1. Charlie will require consent from a guardian prior to a procedure.

2. Charlie will need the permission of the court prior to the procedure.

3. Charlie is legally eligible to give consent because of his status.

4. Consent is not needed in an emergency situation.

ANS: 3

	Feedback
1.	Charlie's situation would require consent if his parents/guardian were his legal guardians.
2.	Charlie is at an age and legal status where he can make the decision by himself.
3.	Charlie can give legal consent for treatment for himself because of his legal status.
4.	Charlie is able to speak and make decisions in this situation, so he requires informed consent.

KEY: **Content Area:** Legal and Ethics | **Integrated Processes:** Nursing Process | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

22. Lynn is working as a preceptor with Jackie on a pediatric unit. Lynn knows that it is important to teach Jackie about the National Patient Safety Goals. This can be done by:

1. Using the medical record number and date of birth as two personal identifiers prior to giving a medication.
2. Using the medical record number and room number as two personal identifiers prior to giving blood products.
3. Having the patient read from the patient ID band and state the room number.
4. ID bands are not placed on children due to the choking hazard, so an ID band is not required.

ANS: 1

	Feedback
1.	Safety in giving medication can be met with the date of birth and medical record number.
2.	The medical record number is appropriate for safety, but room numbers change and are not a reliable identifier.
3.	Verbalizing identifiers needs to be followed with reading the identifiers to maintain safety.
4.	ID bands are placed on children. If it is a small child, it may be placed around the ankle.

KEY: **Content Area:** Legal and Ethics | **Integrated Processes:** Teaching/Learning | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

23. Preventing harm is a safety issue at any age in pediatric nursing. As a nurse, it is important to remember to do all of the following to prevent harm within the hospital except:

1. Put crib rails in the highest position when an infant is in the bed.
2. Place the IV monitor in a locked mode so if the child's pushes the buttons, the monitor cannot change.
3. Place formula in the microwave to heat thoroughly.
4. Place a child safety tag on every child to prevent abduction.

ANS: 3

	Feedback
1.	The highest and locked position is the safest for crib railings.
2.	The locked mode is important so a child cannot change the settings.
3.	Placing formula in a microwave can cause hot spots that are not identified when testing the formula prior to giving it to the child.
4.	Children should have safety tags because this aids the staff in knowing when a child is in need.

KEY: **Content Area:** Safety | **Integrated Processes:** Teaching/Learning | **Client Need:** Safe and

Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

24. The pediatric floor has implemented the use of Humpty Dumpty Fall Prevention Program for its patients. The nurses know to use this tool to:

1. Realize when a child is healthy and does not need to have fall monitoring.
2. Make sure the entire staff recognizes the needs of each patient.
3. Monitor a patient only after a patient has had a fall.
4. Provide a basis for safety monitoring for pediatric patients.

ANS: 4

	Feedback
1.	A fall assessment should be done on every child.
2.	Only the nurse taking care of the patient needs to know. This is part of HIPAA and confidentiality.
3.	The scale is a prevention mechanism and should be done prior to any chance of a fall.
4.	This is a safety monitoring system for children.

KEY: Content Area: Safety | **Integrated Processes:** Teaching/Learning | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Knowledge | **REF:** Chapter 2 | **Type:** Multiple Choice

25. Safety precautions for medication with the pediatric population include all of the following except:

1. Reconciliation of medications from home and those given at the hospital.
2. Using abbreviations to decrease confusion.
3. Labeling syringes only if being taken to a patient's room.
4. All are correct.

ANS: 1

	Feedback
1.	This is a safety precaution.
2.	Abbreviation increases confusion and should not be used.
3.	Syringes should be labeled at all times, not just for administration in the patient's room.
4.	All are not correct.

KEY: **Content Area:** Safety | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care

Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

26. Shelly is a home-care pediatric nurse. Tonight she is taking care of Ellen. Ellen has a PICC line and requires IV antibiotics via a pump to be given during Shelly's shift. Shelly knows the IV pump is used because:

1. The pump can deliver medication faster through a PICC.
2. The pump has built-in, customized software to prevent errors when delivering medications.
3. The pump is not required. It is just a preference.
4. The pump can tell Shelly when the medication has been completely delivered.

ANS: 2

	Feedback
1.	An IV pump can deliver medication at a multitude of speeds. The delivery is not always fast through a PICC.
2.	The built-in software provides safety in medication dosage.
3.	The pump is required to be in this setting per the order.
4.	Complete delivery of the medication is important, but not the top priority for this question.

KEY: **Content Area:** Safety | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care

Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

27. The Institute for Safe Medication Practices provides safety tools and resources for all except:

1. The high-alert medications list.
2. the error-prone abbreviations list.
3. the do not crush list.
4. the confusing drug names list.
5. All of the above are part of the Safe Medication practice tools and resources.
6. 1 and 4 are the main responsibilities of Safe Medication practice tools and resources.

ANS: 5

	Feedback
1.	Is part of the ISMP along with other answers
2.	Is part of the ISMP along with other answers
3.	Is part of the ISMP along with other answers
4.	Is part of the ISMP along with other answers
5.	All statements are part of the ISMP
6.	Is part of the ISMP along with other answers

KEY: **Content Area:** Safety | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care

Environment | **Cognitive Level:** Knowledge | **REF:** Chapter 2 | **Type:** Multiple Choice

28. Culture is known to be multidimensional. The nurse knows that culture includes:

1. Poverty, religion, gender, and ethnicity.
2. Ethnicity, poverty, religion, and language preferences.
3. Religion and ethnicity.
4. Religion, gender, and ethnicity.

ANS: 1

	Feedback
1.	These are defined as the characteristics of culture.
2.	Language preference is not necessarily a cultural component.
3.	Culture consists of more than two entities.
4.	Culture consists of more than these entities.

KEY: **Content Area:** Culture | **Integrated Processes:** Caring | **Client Need:** Psychosocial Integrity |

Cognitive Level: Knowledge | **REF:** Chapter 2 | **Type:** Multiple Choice

29. Judy, a pediatric nurse, is working a test trial for a new medication for type 1 diabetes. Judy knows she has a duty to not tell a lie. The truth-telling standard is known as:

1. Benefice.
2. Veracity.
3. Advocacy.
4. Fidelity.

ANS: 2

	Feedback
1.	Does not meet the definition.
2.	Telling the truth to the fullest degree is the definition.
3.	The nurse is not advocating for anything.
4.	Does not meet the definition.

KEY: Content Area: Safety | **Integrated Processes:** Caring | **Client Need:** Psychosocial Integrity |

Cognitive Level: Knowledge | **REF:** Chapter 2 | **Type:** Multiple Choice

30. Jenni is an 8-year-old girl with a known history of physical and sexual abuse. She has come to the pediatric clinic with her foster mother for a yearly physical. Which of the following statements would indicate that the nurse is prepared to work with the child?

1. "Hi, Jenni. I am going to be your nurse today. Please put this gown on. I will chart on this computer, and then we will start with your assessment."
2. "Hi, Jenni. I am going to be your nurse today. Here is a gown for you to put on. I am going to step out of the room until you have it on. Please have your foster parent open the door when you are ready for me to come back in."
3. "Hi, Jenni. Please put the gown on, and then we will take you down the hall for your lab work."
4. "Hi, Jenni. We are going to get some tests done today to make sure you are healthy. The doctor is going to make sure there are no more marks on you today."

ANS: 2

	Feedback
1.	It is important to provide privacy for the child.
2.	The nurse introduces herself, and then offers privacy to the child and foster parent to prepare for the exam.
3.	Taking the child down the hall in a gown does not provide personal privacy. This should either be done before or after the exam.
4.	A mention of marks may cause the child to have

	increased anxiety and feel as if she is doing something wrong.
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KEY: **Content Area:** Abuse | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care

Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

31. Munchausen's by Proxy is a diagnosis given to the parent or caregiver of a child who is seeking self-recognition by stating a child has an unusual illness. This type of diagnosis for the parent/caregiver is known as:

1. Child neglect.
2. Medical abuse.
3. Physical abuse.
4. None of the above. The parent/caregiver is mentally ill.

ANS: 2

	Feedback
1.	The caregiver is seeking care for the child, thus is not neglecting the basic needs.
2.	The caregiver is using exaggerated symptoms.
3.	There is no mention of harm or death.

4.	One answer is correct.
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KEY: **Content Area:** Abuse | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care

Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

35. Which, if any, of the following are generally considered essential defining elements of a profession?

1. Code of Ethics
2. PhD-level education
3. International endorsement
4. All of the above

ANS: 1

	Feedback
1.	A code of ethics is a formal and public declaration of the principles of good conduct for members of a profession. It is one of the hallmarks of a profession.
2.	The degree is not required for basic entrance into the profession of nursing.
3.	International endorsement does not meet the

	NCLEX standards of the United States.
4.	Not all of the criteria is met with each example.

KEY: **Content Area:** Professionalism | **Integrated Processes:** Teaching/Learning | **Client Need:** Health Promotion and Maintenance | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:**

36. Which, if any, of the following are true?

1. The Florence Nightingale Pledge was the first official code of ethics for nursing.
2. There are 17 provisions listed in the 2001 version of the Code of Ethics for Nurses.
3. In order to be relevant and useful, the Code of Ethics for Nurses must be periodically reviewed and revised in terms of content, emphasis, language and format.
4. All of the above

ANS: 3

	Feedback
1.	The Nightingale Pledge was never “officially” adopted as a code of ethics, though many unofficially treated it as such. The code is a living document which must change with the times.
2.	The Code of Ethics contains nine provisions.
3.	Review and revision enable the Code of Ethics for Nurses to be relevant to the current practice

	standards.
4.	Not all are true.

KEY: **Content Area:** Professionalism | **Integrated Processes:** Teaching/Learning | **Client Need:**

Psychosocial Integrity | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

37. Which, if any, of the following are *not* provisions of the ANA Code of Ethics for Nurses?

1. The nurse is responsible and accountable for individual nursing practices and determines the appropriate delegation of tasks, consistent with the nurse's obligation to provide optimum patient care.
2. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
3. The nurse must not knowingly administer or permit the administration of any potentially deleterious substance without a duly authorized prescriber's order and appropriate patient monitoring.
4. All of the above

ANS: 3

	Feedback
1.	This is a standard provision for nursing practice.
2.	This is a standard provision of nursing practice.
3.	Nursing responsibility is covered by more than one provision of the Code of Ethics for Nurses. It is not one provision.
4.	Not all meet the provisional standards.

KEY: **Content Area:** Professionalism | **Integrated Processes:** Teaching/Learning | **Client Need:** Psychosocial Integrity | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

38. Which, if any, of the following standards of practice are applicable only to advanced practice nurses?

1. Assessment
2. Nursing diagnosis
3. Outcomes identification
4. None of the above

ANS: 4

	Feedback
1.	Assessment is required of both registered and advanced practice nurses.
2.	Registered and advanced practice nurses are able to create nursing diagnosis for a patient.
3.	Registered and advanced practice nurses are able to identify outcomes for a patient.
4.	Assessment, nursing diagnosis, and outcome identification are the responsibility of registered nurses at all levels of practice.

KEY: **Content Area:** Professionalism| **Integrated Processes:** Communication/Documentation | **Client**

Need: Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:**

Multiple Choice

39. Which, if any, of the following circumstances might incline a nurse to become disengaged or enmeshed rather than therapeutically engaged with a patient/family?

1. 5-year-old child dying of cancer
2. 6-month-old infant in a vegetative state, secondary to inflicted head injury
3. Dying 10-day-old neonate with anencephaly whose parents do not visit
4. All of the above

ANS: 4

	Feedback
1.	The situation is emotionally charged in a manner that might incline a nurse to distance herself/himself from or become enmeshed with the child and/or the family.
2.	The situation is emotionally charged in a manner that might incline a nurse to distance

	herself/himself from or become enmeshed with the child and/or the family.
3.	The situation is emotionally charged in a manner that might incline a nurse to distance herself/himself from or become enmeshed with the child and/or the family.
4.	Each of the situations is emotionally charged in a manner that might incline a nurse to distance herself/himself from or become enmeshed with the child and/or the family.

KEY: **Content Area:** Professionalism | **Integrated Processes:** Caring | **Client Need:** Psychosocial

Integrity: | **Cognitive Level:** Analysis | **REF:** Chapter 2 | **Type:** Multiple Choice

40. Which, if any, of the following are not criteria for analyzing the propriety of nurse/patient interactions?

1. The interaction is in keeping with objectives of the hospitalization.
2. The interaction makes the patient/family happy.
3. The interaction is consistent with the mission, vision, values of the hospital.
4. None of the above

	Feedback
1.	Some interactions which make patients/families happy compromise the relationship and have a negative impact on colleagues and other patients/families.
2.	Some interactions which make patients/families happy compromise the relationship and have a negative impact on colleagues and other patients/families. Some interactions that may be in the best interest of the child/family may not please them.
3.	Some interactions which make patients/families happy compromise the relationship and have a negative impact on colleagues and other patients/families. Some interactions that may be in the best interest of the child/family may not please them.
4.	Some interactions which make patients/families happy compromise the relationship and have a negative impact on colleagues and other patients/families. Some interactions that may be in the best interest of the child/family may not please them.

KEY: **Content Area:** Professionalism | **Integrated Processes:** Communication/Documentation | **Client**

Need: Psychosocial Integrity | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

41. Conflicting communications from staff involved in the care of the child may contribute to challenging behaviors on the part of the child's caretakers. Which, if any, of the following might contribute to conflicting communications?

1. Shift and service rotations of staff during the course of the child's stay
2. Documentation deficits
3. Diversity of communication styles and skills
4. All of the above

ANS: 4

	Feedback
1.	Numerous professionals with varying communication styles and abilities are involved in the care of the child, and they don't always communicate adequately with each other verbally or in writing.
2.	Numerous professionals with varying

	communication styles and abilities are involved in the care of the child, and they don't always communicate adequately with each other verbally or in writing.
3.	Numerous professionals with varying communication styles and abilities are involved in the care of the child, and they don't always communicate adequately with each other verbally or in writing.
4.	Numerous professionals with varying communication styles and abilities are involved in the care of the child, and they don't always communicate adequately with each other verbally or in writing.

KEY: **Content Area:** Professionalism | **Integrated Processes:** Communication/Documentation | **Client**

Need: Psychosocial Integrity | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

42. Which, if any, of the following are *not* good representations of family-centered care?

1. The child's caretakers are required to participate in medical rounds and nursing change-of-shift report
2. Free or reduced cost food for breast-feeding mothers
3. Staffed family resource and family learning centers

ANS: 1

	Feedback
	Parents/guardians should be encouraged but not required to participate in medical rounds and nursing change of shift (difference between family centered and family focused). They may not be able to be present or may be intimidated by or confused by rounds and prefer summaries afterwards.
	The cost of food is a physical need of the child.
	The staff plays a role in promoting family-centered care, but the statement does not state how this care is provided.
	Only one answer is correct.

KEY: **Content Area:** Psychosocial Development | **Integrated Processes:**

Communication/Documentation | **Client Need:** Psychosocial Integrity | **Cognitive Level:** Application |

REF: Chapter 2 | **Type:** Multiple Choice

43. Which, if any, of the following is *not* true of pain management for children?

1. Hypnotherapy and biofeedback, which are very useful with adults, are not generally effective with school-age and younger adolescents.
2. Swaddling, non-nutritive sucking, and/or 24 percent sucrose solutions are often effective pain management interventions for neonates.
3. Distraction can be effective pain management at the lower levels of the pain scale for infants/children of all ages.
4. None of the above

ANS: 1

	Feedback
1.	Hypnotherapy and biofeedback may be very effective pain management techniques and may be easier to teach children.
2.	Swaddling, sucrose, and sucking are comfort measures for a neonate.
3.	Distraction helps reduce the pain and can help a neonate cope with the pain.
4.	One of the answers is correct.

KEY: **Content Area:** Physical and Psychosocial Development | **Integrated Processes:** Nursing Process |

Client Need: Health Promotion and Maintenance | **Cognitive Level:** Application | **REF:** Chapter 2 |

Type: Multiple Choice

44. According to the Joint Commission, medication reconciliation is required at which, if any, of the following points during a child's hospital stay?

1. Prior to performing an invasive procedure.
2. Minimally, at admission, and weekly thereafter, and when changes are made in medication regimens
3. When transferred from one division or service to another.
4. All of the above

ANS: 3

	Feedback
1.	An informed consent must be obtained prior to the invasive procedure.
2.	Medication reconciliation should occur at least every 24 hours while an inpatient, discharge, and transfer.
3.	Medication reconciliation is required at admission, discharge, and transfer of services/locations.
4.	Only one answer is correct.

KEY: **Content Area:** Safety | **Integrated Processes:** Nursing Process | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

45. In pediatric settings, which, if any, of the following are true of examination chaperones?

1. They should only be offered if the child and the examiner are of different sexes.
2. They are never needed when there is a parent present in the room during the exam.
3. They are not a necessary precaution if the patient and family decline their presence, and their refusal is witnessed and documented in the medical record.
4. None of the above

ANS: 4

	Feedback
1.	A medical chaperone should be offered at all times for patient liability issues.
2.	A medical chaperone may be needed when a parent is present to help ease anxiety and promote patient safety.
3.	Chaperones are needed as a professional safety net to make sure the patient is safe. Hearsay cannot occur.
4.	Chaperones are recommended during sensitive

	procedures and parts of an exam, regardless of the sex of the patient and examiner. They are usually not needed when a parent is present, but may be advisable when the parent has mental health deficits, cognitive impairment, or trust issues. If chaperones are refused, some situations call for modifying or deferring a particular exam or procedure.
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KEY: Content Area: Safety | **Integrated Processes:** Nursing Process | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

46. Which, if any, is *not* a practical impediment to care when a teen seeks confidentiality regarding diagnosis and treatment of a medical condition?

1. Use of parent's insurance
2. Parental right to access child's medical records
3. Mature Minor Doctrine
4. None of the above

ANS: 3

	Feedback
1.	Parent's insurance can be used, but they may find out the origin for the visit because of billing.
2.	Parental rights may be deferred because of select issues.
3.	The Mature Minor Doctrine allows a health-care provider to provide select care without the knowledge or consent of parents if the child demonstrates he/she meets the requirements of informed consent and the request is validated from the perspective of the provider. There may be other practical impediments nevertheless.
4.	One answer is correct.

KEY: **Content Area:** Legal Issues | **Integrated Processes:** Nursing Process | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

47. Which of the following, if any, are true about the nurse's role in reporting child maltreatment to law enforcement or Child and Family Services?

1. Any nurse having proof of abuse or neglect has a legal obligation to report or to confirm that a report has been made by family or another member of the health-care team.

2. Any nurse having a reasonable suspicion that a child may be the victim of abuse or neglect has a legal obligation to report or to confirm that a report has been made by family or another member of the health-care team.

3. Any nurse who makes a report in good faith cannot be convicted of a criminal or civil offense regardless of the outcome of the maltreatment investigation.

4. All of the above

ANS: 4

	Feedback
1.	A nurse is a mandatory reporter and needs to report any proof of evidence of abuse.
2.	A nurse is a mandatory reporter. The nurse is required by law to report any suspicious activity or findings.
3.	A nurse is a mandatory reporter. If suspicion is reported in good faith, then the nurse cannot be charged.
4.	Nurses must report or confirm a report has been made if there is proof or reason to suspect that a child may be the victim of child abuse or neglect and are legally protected when making a report in good faith.

KEY: **Content Area:** Safety | **Integrated Processes:** Nursing Process | **Client Need:** Safe and Effective
Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

48. Which of the following, if any, are *not* violations of HIPAA?

1. Disclosing details about a child's condition in response to questions asked by a nurse who cared for him/her on prior admissions and during this admission prior to transfer to your patient care setting.
2. Disclosing details about a child's condition in response to questions asked by family or friends calling with the code word selected by the parents and shared at their discretion.
3. Disclosing details about a child's condition in response to questions by a fellow nurse in your care setting who will not be assigned to the care of the child, will not be covering the child's care while his nurses are busy, and is not the charge nurse.
4. All of the above

ANS: 2

	Feedback
1.	A patient's information is disclosed on a need-to-care basis. If the nurse is not taking care of the child on the shift, then no information can be shared.

2.	Disclosures without patient/family consent to those without a need to know (because they are involved in care directly or as a formal consultant, conducting authorized QI project or research, or are authorized to collect information for insurance/billing purposes) is a violation of HIPAA.
3.	A nurse may not disclose any information about the patients other than on a need-to-know basis for caring for the patient directly.
4.	One answer is correct.

KEY: **Content Area:** Safety and Legal Issues | **Integrated Processes:** Communication/Documentation |

Client Need: Safe and Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 |

Type: Multiple Choice

49. Which, if any, of the following is the correct definition of the ethics principle of “beneficence”?

1. Fair distribution of resources
2. The obligation to do things that are of benefit or for the good of the individual.
3. The right to accept or refuse medical interventions according to one’s own values and priorities regardless of the potential outcome.

ANS: 2

	Feedback
1.	Fair distribution focuses on the needs of the patient.
2.	Beneficence is the duty to do good. Non-maleficence is the duty to do no harm. They are often combined: a duty to make sure the benefits outweigh the burdens (outcome-based or utilitarian approach to determining what is right).
3.	Refusing care is a patient's right and does not reflect on the duty of the nurse.
4.	One answer is correct.

KEY: **Content Area:** Legal | **Integrated Processes:** Communication/Documentation | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

50. When an 8-year-old patient is informed of his potential role in a medical research study (his parents having agreed to his participation), his agreement is termed:

1. Consent.

3. Assent.

4. All of the above.

ANS: 3

	Feedback
1.	The consent can only come from a person of legal age.
2.	The child gave permission, but the informed consent given by the parents does not become permission.
3.	This child has emerging capacity to make informed health-care decisions on his own behalf and should be involved, but does not have ultimate control. Parental permission is followed by child assent.
4.	One answer is correct.

KEY: **Content Area:** Legal | **Integrated Processes:** Communication/Documentation | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

51. Which of the following, if any, are legitimate interventions for transitioning an adolescent to an autonomous adult health-care consumer?

1. Involving the adolescent in providing some of his own medical history.
2. Having the adolescent make his own appointments and make sure he doesn't run out of his asthma medicines.
3. Discussing the results of his laboratory tests with the adolescent before informing his parents.
4. All of the above

ANS: 4

	Feedback
1.	Appropriate care should allow for the adolescent to speak on his/her own behalf.
2.	The adolescent is not of an age to make his/her own appointments. This is a required task of a legal guardian.
3.	The information should be shared with the parents and the adolescent at the same time.
4.	All of these are appropriate, but should be discussed with the adolescent and his parents before implementation. They need to know rationale and any limitations/backup plans.

KEY: **Content Area:** Legal | **Integrated Processes:** Communication/Documentation | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

52. Which of the following has *not* been given priority by Joint Commission in their annual submissions of National Patient Safety Goals?

1. Impaired professionals in the workplace
2. Communication of stat laboratory results
3. Hand hygiene
4. All of the above

ANS: 1

	Feedback
1.	Hand hygiene should be taken care of before and after patient contact, after contact with contaminated items, and after removal of gloves. Stat laboratory results should be returned to the doctor within specified times, and when reported by phone, should be written down and repeated

	back to the caller.
2.	Stat laboratory results should be returned to the doctor within specified times, and when reported by phone, should be written down and repeated back to the caller.
3.	Hand hygiene should be taken care of before and after patient contact, after contact with contaminated items, and after removal of gloves.
4.	The impaired workplace is the correct language used by the Joint Commission for safety goals.

KEY: **Content Area:** Legal | **Integrated Processes:** Communication/Documentation | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

53. Two identifiers are required when providing patient care. Which, if any, of the following are *not* acceptable as one of the two?

1. Medical record number
2. Date of birth
3. Room/bed number
4. None of the above

ANS: 3

	Feedback
1.	The medical record number is a permanently assigned number for the patient as long as they seek services.
2.	The date of birth of an individual does not change.
3.	Room/bed number is not a permanently assigned attribute in the health-care setting or for the life of the person. The patient for whom an intervention was ordered may have been moved or discharged since the order was placed and a new patient may now occupy the bed/room.
4.	The room/bed number should not be used.

KEY: **Content Area:** Legal | **Integrated Processes:** Communication/Documentation | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

53. Which of the following, if any, has structured a voluntary and confidential medication error reporting system that regularly publishes analyses and recommendations?

1. Joint Commission

3. The Institute for Safe Medication Practices (ISMP)

4. All of the above

ANS: 3

	Feedback
1.	Gives guidelines, but no specific process.
2.	Identifies risks of medications, not the process.
3.	The Institute for Safe Medication Practices believes that we often learn best from the mistakes of others and publishes best practices that help avoid medication errors they post.
4.	Only one choice is correct.

KEY: **Content Area:** Legal | **Integrated Processes:** Communication/Documentation | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

54. A nurse loaning money to a patient/parent would likely be seen by most as a violation of which, if any, of the following?

1. Beneficence Principle
2. Professional Boundary
3. Fidelity
4. All of the above

ANS: 2

	Feedback
1.	Lending of money may not be in the best interest of the patient/parent.
2.	Presumably, the nurse wouldn't do it for all patients/families. If small emergency loans are to be made, they shouldn't come from an individual nurse, but from a managed fund that has rules attached and is anonymous. A nurse is a caring/nurturing professional, not a friend, a family member, or a banker (all of whom might, as part of their role, lend money). If one nurse does it, it generates expectations/pressures for other nurses.
3.	The nurse did not promise to give money to the family.
4.	Only one answer is correct.

KEY: **Content Area:** Legal Issues | **Integrated Processes:** Communication/Documentation | **Client**

Need: Health Promotion and Maintenance | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:**

Multiple Choice

55. Which, if any, of the following is *not* required when contending that a minor child qualifies as a “mature minor” and, therefore, should be allowed to make a medical decision on his own behalf?

1. He should not have been held back in any grade in school.
2. He should be making his decision free of undue influence or pressure from someone else.
3. He should be able to indicate the risks and benefits of the choice he is making.
4. He should be able to give a reason for his choice.

ANS: 1

	Feedback
1.	School performance is not a factor. He must be able to demonstrate that he is making an informed choice just as is required of adults.
2.	Influences can pressure a person to make a medical decision and should be avoided if possible.
3.	Verbalization of the risks is a developmental task for a minor.

4.	Reasons for the choice are not required.
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KEY: **Content Area:** Legal Issues | **Integrated Processes:** Communication/Documentation | **Client**

Need: Health Promotion and Maintenance | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:**

Multiple Choice

56. Which, if any, of the following is a developmentally-based medication administration strategy for use by pediatric bedside nurses?

1. Dilute the painful IM medication with Lidocaine rather than water or saline so that it doesn't hurt as much when injected.
2. The use of a sticker chart to reward taking medication promptly and without fuss.
3. Calculate medication dosage based on milligrams per kilogram.
4. None of the above

ANS: 2

	Feedback
1.	<p>Not a developmental strategy and can cause an increased risk for reaction from the patient.</p> <p>Diluting the medication with Lidocaine is not a developmental strategy. It should be used for all</p>

	patients without allergy or other contr-aindication to Lidocaine if the medication burns/stings significantly.
2.	The stick chart allows a child to have a visual to identify goal accomplishment.
3.	Calculations should be done, but is not a developmental strategy for pain management. Most children's medications are dosed on a milligram per kilogram basis, but this is a prescribing strategy and falls to the doctor (or the advanced practice nurse with prescriptive authority). It is based on growth and physiology, not development.
4.	One answer is correct.

KEY: **Content Area:** Pain | **Integrated Processes:** Nursing Process | **Client Need:** Health Promotion and Maintenance | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Choice

57. Which, if any, of the following would violate the Code of Ethics for Nurses?

1. Deciding not to speak up and remind a rushed/forgetful physician to wash her hands before performing a quick/superficial patient exam.
2. Remaining silent when concerned that the surgeon has given parents biased information as part of the informed consent/permission process for surgery on their child.

3. Diluting the painful IM antibiotic with saline rather than Lidocaine so that a sexually active teen with STDs more fully experiences the consequences of her poor choices.

4. All of the above

ANS: 4

	Feedback
1.	Speaking up for patient safety is a priority for nurses.
2.	Not providing accurate information to the patient is a violation of the Code of Ethics for Nurses.
3.	Creating increased pain for a procedure is unethical for medical professionals.
4.	A nurse is the advocate for the patient's safety and well-being and should intervene in the first two scenarios. The third situation demonstrates a judgmental and punitive approach that does not reflect the nonjudgmental, compassionate respect a nurse should have for the dignity of the patient.

KEY: Content Area: Safety | **Integrated Processes:** Nursing Process | **Client Need:** Health Promotion and Maintenance | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Choice

58. Which, if any, of the following are ways in which toddlers *do not* differ from adults with respect to pain experience and management?

1. Physiologic response to the manifestations of pain
2. Ability to localize pain
3. Response to pain medications
4. None of the above

ANS: 4

	Feedback
1.	A toddler will have manifestations with pain.
2.	Toddlers can point to where an area hurts or may be pulling, rubbing, or avoiding areas that have pain.
3.	Toddlers can have a positive response to pain medications.
4.	Infants and toddlers differ from adults in all respects. These differences have implications for pain monitoring and for choice and dosage of pain medications.

KEY: **Content Area:** Physical and Psychosocial Development | **Integrated Processes:** Nursing Process |

Client Need: Health Promotion and Maintenance | **Cognitive Level:** Comprehension | **REF:** Chapter 2 |

Type: Multiple Choice

Multiple Response

59. A nurse is assessing a post-operative 3-month-old patient. The nurse knows pain assessment for an infant differs from older children. She should be assessing for which of the following?

1. Oxygen saturations
2. Tachypnea
3. Tachycardia
4. Movement of extremities
5. Parents' response to the infant

ANS: 1, 2, 3, 4

	Feedback
1.	Oxygen requirements indicate pain.
2.	An increased rate of breathing is an indicator of pain.
3.	Increased heart rate can indicate pain.
4.	Lack of movement or crying with movement can

	indicate pain.
5.	The parental response can comfort the child, but does not physically indicate pain.

KEY: **Content Area:** Pain | **Integrated Processes:** Nursing Process | **Client Need:** Physiological

Integrity | **Cognitive Level:** Evaluation | **REF:** Chapter 2 | **Type:** Multiple Response

60. Albert, a new nursing student, is given documentation to sign prior to his clinical experiences. The first document discusses confidentiality. An example of the need to keep confidentiality for a pediatric patient would be:

1. A 15-year-old girl asking for birth control without parental consent.
2. A 16 year-old boy discussing drug use with the nurse.
3. A 12 year-old girl discussing peer pressure issues with the nurse.
4. All of the above should be kept confidential.

ANS: 4

	Feedback
1.	Confidentiality is needed for this patient along with other scenarios.
2.	Confidentiality is needed for this patient along with other scenarios.
3.	Confidentiality is needed for this patient along with

	other scenarios.
4.	These topics require confidentiality and are not required to be communicated to parents/guardians without the patient's permission.

KEY: **Content Area:** Confidentiality | **Integrated Processes:** Caring | **Client Need:** Health Promotion | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** Multiple Response

61. Sally's, an 11-year-old girl, was diagnosed with a brain tumor six months ago. The tumor has spread despite multiple attempts with radiation to stop the process. Sally's parents have decided they want to stop radiation therapy and attempt alternative therapy. Which of the following would not be considered alternative medicine?

1. Reiki
2. Acupuncture
3. Biofeedback
4. Herbs
5. Massage therapy

ANS: 1, 2, 3, 4, 5

	Feedback
1.	Considered alternative medicine, along with others
2.	Considered alternative medicine, along with others
3.	Considered alternative medicine, along with others
4.	Considered alternative medicine, along with others
5.	Considered alternative medicine, along with others

KEY: **Content Area:** Alternative Therapy | **Integrated Processes:** Nursing Process | **Client Need:**

Physiological Integrity| **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** Multiple Response

True/False

62. A neonatal intensive care nurse has been taking care of Shelley's baby in the unit for the last eight weeks. The nurse has become friends with Shelley. The nurse befriends Shelley on a social networking site. This is a breach of professionalism.

ANS: T

	Feedback
1.	The nurse has breached the friendly

	professionalism boundary by becoming a friend of Shelley's on a social networking site while Shelley's baby is still in the NICU.
2.	The nurse has breached the friendly professionalism boundary by becoming a friend of Shelley's on a social networking site while Shelley's baby is still in the NICU.

KEY: **Content Area:** Therapeutic Communication | **Integrated Processes:** Caring | **Client Need:** Safe and Effective Care Environment | **Cognitive Level:** Comprehension | **REF:** Chapter 2 | **Type:** True/False

63. Teenage parents can make medical decisions for their ill infant even though they (the teen parents) are not of a legal age.

ANS: F

	Feedback
1.	Teenage parents cannot make medical decisions for their own child. The grandparents must make the medical decisions for the teenage parents.
2.	Teenage parents cannot make medical decisions for their own child. The grandparents must make the medical decisions for the teenage parents.

Critical Components of Pediatric Nursing

ETB

KEY: **Content Area:** Legal and Ethics | **Integrated Processes:** Nursing Process | **Client Need:** Safe and

Effective Care Environment | **Cognitive Level:** Application | **REF:** Chapter 2 | **Type:** True/ False