

Ch. 2: Family centered-Community based care

Difficulty: Moderate

1. The nurse is caring for a 2-week-old girl with a metabolic disorder. Which of the following activities would deviate from the characteristics of family-centered care?
 - A) **Softening unpleasant information or prognoses**
 - B) Evaluating and changing the nursing plan of care
 - C) Collaborating with the child and family as equals
 - D) Showing respect for the family's beliefs and wishes

Ans: A

Response:

Family-centered care requires that the nurse provide open and honest information to the child and family. It is inappropriate to soften unpleasant information or prognoses. Evaluating and changing the nursing plan of care to fit the needs of the child and family, collaborating with them as equals, and showing respect for their beliefs and wishes are guidelines for family-centered care.

Difficulty: Difficult

2. The nurse is providing home care for a 6-year-old girl with multiple medical challenges. Which of the following activities would be considered tertiary level of prevention?
 - A) **Arranging for a physical therapy session**
 - B) Teaching the parents to administer albuterol
 - C) Reminding the parents to give the full course of antibiotics
 - D) Giving DTaP vaccination at proper intervals

Ans: A

Response:

The tertiary level of prevention involves restorative, rehabilitative, or quality of life care, such as arranging for a physical therapy session. Teaching the parents to administer albuterol and reminding them to give the full course of antibiotics as prescribed are part of the secondary level of prevention, which focuses on diagnosis and treatment of illness. Giving a DTaP vaccination at proper intervals is an example of the primary level of prevention, which centers on health promotion and illness prevention.

Difficulty: Moderate

3. The nurse is caring for a 4-year-old boy with Ewing's sarcoma who is scheduled for a CT scan tomorrow. Which of the following best reflects therapeutic communication?
- A) Telling him he will get a shot when he wakes up tomorrow morning
 - B) Telling him how cool he looks in his baseball cap and pajamas
 - C) Using family-familiar words and soft words when possible
 - D) **Describing what it is like to get a CT scan using words he understands**

Ans: D

Response:

Describing what it is like to get a CT scan using age-appropriate words is the best example of therapeutic communication. It is goal-directed, focused, and purposeful communication. Using family-familiar words and soft words is a good teaching technique. Telling him how cool he looks in his baseball cap and pajamas is not goal-directed communication. Telling the child he will get a shot when he wakes up could keep him awake all night.

Difficulty: Moderate

4. The nurse is caring for a 14-year-old boy with cancer. Which of the following communication techniques would be least effective for him?
- A) **Letting him choose juice or soda to take his pills**
 - B) Seeking his input on all decisions
 - C) Discussing the benefits of chemotherapy with him
 - D) Avoiding undue criticism of noncompliance

Ans: A

Response:

Letting him choose juice or soda to take his pills is the least effective communication technique for an adolescent. It may provide some sense of control but is not as effective as seeking his input on all care decisions, including him in discussions of the benefits of chemotherapy, and avoiding undue criticism of noncompliance.

Difficulty: Moderate

5. The nurse is educating the parents of a 7-year-old girl who has just been diagnosed with epilepsy. Which of the following teaching techniques would be most appropriate?
- A) Assessing the parents' knowledge of anticonvulsant medications
 - B) Demonstrating proper seizure safety procedures
 - C) Discussing the surgical procedures for epilepsy
 - D) **Giving the parents information in small amounts at a time**

Ans: D

Response:

Parents, when given a life-altering diagnosis, need time to absorb information and to ask questions. Therefore, giving the parents information in small amounts at a time is best. The child has just been diagnosed with epilepsy, and surgical intervention is not used unless seizures persist despite medication therapy. Therefore, discussing surgery would be inappropriate at this time. Assessing the parents' knowledge of anticonvulsant medications identifies a knowledge gap and need to learn, but it would be unreasonable to think that they would understand the medications because the diagnosis had just been made. Demonstrating proper seizure safety procedures is an effective way to present information to an adult.

Difficulty: Difficult

6. The nurse is making a home visit to a client who had a cesarean birth 3 days ago. Assessment reveals that she is complaining of intermittent pain, rating it as 8 on a scale of 1 to 10. She states, "I'm pretty tired. And with this pain, I haven't been drinking and eating like I should. The medication helps a bit but not much. My mom has been helping with the baby." Her incision is clean, dry, and intact. Which nursing diagnosis would the nurse identify as the priority for this client?
- A) Impaired skin integrity related to cesarean birth incision
 - B) Fatigue related to effects of surgery and caretaking activities
 - C) Imbalanced nutrition, less than body requirements, related to poor fluid and food intake
 - D) **Acute pain related to incision and cesarean birth**

Ans: D

Response:

The client reports a pain rating of 8 out of 10 and states that the medication is helping only a bit. She also mentions that the pain is interfering with her ability to eat and drink. Therefore, the priority nursing diagnosis is acute pain related to incision and cesarean birth. Her incision is clean, dry, and intact, so impaired skin integrity is not the problem. She is fatigued, but her complaints of pain supercede her fatigue. Although her nutritional intake is reduced, it is due to the pain.

Difficulty: Moderate

7. When caring for childbearing families from cultures different from one's own, which of the following must be accomplished first?
- A) Adapt to the practices of the family's culture
 - B) Determine similarities between both cultures
 - C) **Assess personal feelings about that culture**
 - D) Learn as much as possible about that culture

Ans: C

Response:

The first step is to develop cultural awareness, engaging in self-exploration beyond one's own culture, seeing patients from different cultures, and examining personal biases and prejudices toward other cultures. Once this occurs, the nurse can learn as much about the culture as possible and become familiar with similarities and differences between his or her own culture and the family's culture. The nurse would adapt nursing care to address the practices of the family's culture to provide culturally competent care.

Difficulty: Difficult

8. After teaching a group of students about the changes in health care delivery and funding, which of the following if identified by the group as a current trend seen in the maternal and child health care settings would indicate that the teaching was successful?
- A) **Increase in ambulatory care**
 - B) Decrease in family poverty level
 - C) Increase in hospitalization of children
 - D) Decrease in managed care

Ans: A

Response:

The health care system has moved from reactive treatment strategies in hospitals to a proactive approach in the community, resulting in an increased emphasis on health promotion and illness prevention in the community through the use of community-based settings such as ambulatory care. Poverty levels have not decreased and the hospitalization of children has not increased. Case management also is a primary focus of care.

Difficulty: Moderate

9. The nurse would recommend the use of which supplement as a primary prevention strategy to prevent neural tube defects in pregnant women?
- A) Calcium
 - B) **Folic acid**
 - C) Vitamin C
 - D) Iron

Ans: B

Response:

Prevention of neural tube defects in the offspring of pregnant women via the use of folic acid is an example of a primary prevention strategy. Calcium, vitamin C, and iron have no effect on the prevention of neural tube defects.

Difficulty: Moderate

10. Which action would the nurse include in a primary prevention program in the community to help reduce the incidence of HIV infection?
- A) Provide treatment for clients who test positive for HIV
 - B) Monitor viral load counts periodically
 - C) **Educate clients about how to practice safe sex**
 - D) Offer testing for clients who practice unsafe sex

Ans: C

Response:

Primary prevention involves preventing disease before it occurs. Therefore, educating clients about safe sex practices would be an example of a primary prevention strategy. Providing treatment for clients who test positive for HIV, monitoring viral loads periodically, and offering testing for clients who practice unprotected sex are examples of secondary preventive strategies, which focus on early detection and treatment of adverse health conditions.

Difficulty: Moderate

11. When assuming the role of discharge planner for a child requiring ventilator support at home, the nurse would do which of the following?
- A) Confer with the school nurse or teacher
 - B) Teach new self-care skills to the child
 - C) **Determine if there is a need for backup power**
 - D) Discuss coverage with the family's insurance company

Ans: C

Response:

The nurse should establish if there is a need for backup power during discharge planning. Conferring with a school nurse or teacher and dealing with insurance companies are case management activities. Teaching self-care skills are activities associated with the nurse's role as an educator.

Difficulty: Moderate

12. When speaking to a group of parents at a local elementary school, the nurse describes school nursing as a specialized practice of nursing based on the fact that a healthy child has a better chance to succeed in school. Which of the following best describes the strategy school nurses use to achieve student success?
- A) They coordinate all school health programs.
 - B) They link community health services.
 - C) **They work to minimize health-related barriers to learning.**
 - D) They promote student health and safety.

Ans: C

Response:

School nurses work to remove or minimize health barriers to learning to give students the best opportunity for academic success. Coordinating school health programs, linking community health programs, and promoting health and safety are individual components within the main effort of removing or minimizing health barriers.

Difficulty: Moderate

13. The parents of an 8-year-old with cancer are telling the nurse their problems and successes when caring for their child. In response, the nurse arranges for social services to meet with the parents to help them obtain financial assistance. The nurse is acting in which role?
- A) Educator
 - B) **Advocate**
 - C) Case manager
 - D) Direct care provider

Ans: B

Response:

The nurse is acting as an advocate, representing the client and family to a third party, by ensuring that the family has the resources and services to provide care for their child. The nurse acts as a direct care provider through assessment, observation of physical care, and actually providing physical care. The role of educator would require the nurse to give rather than receive information. Case management involves coordinating elements of a nursing plan of care.

Difficulty: Moderate

14. The nurse is speaking to a group of parents of medically fragile children about day-care center options. When describing these centers, which statement would the nurse include as an advantage?
- A) They encourage greater parental involvement in care.
 - B) Their capabilities are similar to an acute care facility.
 - C) Insurance and Medicare cover their costs.
 - D) **They decrease the need for rehospitalization.**

Ans: D

Response:

The advantage of medically fragile day-care centers is that they decrease the need for rehospitalization. They give parents respite from caregiving during the day. They don't have the capabilities of a hospital, but they are equipped to meet the needs of the children they serve. Private insurance or Medicare does not always cover the cost.

Difficulty: Moderate

15. When explaining community-based nursing vs. nursing in the acute care setting to a group of nursing students, the nurse describes the challenges associated with community-based nursing. Which of the following would the nurse include?
- A) Increased time available for education
 - B) Improved access to resources
 - C) **Decision making in isolation**
 - D) Greater environmental structure

Ans: C

Response:

Community-based nurses often have to make decisions in isolation. This is in contrast to the acute care setting, where other health care professionals are readily available. Nursing care and procedures in the community also are becoming more complex and time-consuming, leaving limited time for education. Nurses working in the community have fewer resources available and the environment is less structured and controlled when compared to the acute care setting.