

**Med Surg 1 Midterm Chapters 1-11****Multiple Choice**

Identify the choice that best completes the statement or answers the question.

- \_\_\_\_\_ 1. The nurse teaches a student nurse about how to apply the nursing process when providing patient care. Which statement, if made by the student nurse, indicates that teaching was successful?
- “The nursing process is a scientific-based method of diagnosing the patient’s health care problems.”
  - “The nursing process is a problem-solving tool used to identify and treat patients’ health care needs.”
  - “The nursing process is based on nursing theory that incorporates the biopsychosocial nature of humans.”
  - “The nursing process is used primarily to explain nursing interventions to other health care professionals.”
- \_\_\_\_\_ 2. A patient who is paralyzed on the left side of the body after a stroke develops a pressure ulcer on the left hip. Which nursing diagnosis is most appropriate?
- Impaired physical mobility related to left-sided paralysis
  - Risk for impaired tissue integrity related to left-sided weakness
  - Impaired skin integrity related to altered circulation and pressure
  - Ineffective tissue perfusion related to inability to move independently
- \_\_\_\_\_ 3. A nurse asks the patient if pain was relieved after receiving medication. What is the purpose of the evaluation phase of the nursing process?
- To determine if interventions have been effective in meeting patient outcomes
  - To document the nursing care plan in the progress notes of the medical record
  - To decide whether the patient’s health problems have been completely resolved
  - To establish if the patient agrees that the nursing care provided was satisfactory
- \_\_\_\_\_ 4. Which task is appropriate for the nurse to delegate to a licensed practical/vocational nurse (LPN/LVN)?
- Complete the initial admission assessment and plan of care.
  - Document teaching completed before a diagnostic procedure.
  - Instruct a patient about low-fat, reduced sodium dietary restrictions.
  - Obtain bedside blood glucose on a patient before insulin administration.
- \_\_\_\_\_ 5. A nurse is assigned as a case manager for a hospitalized patient with a spinal cord injury. The patient can expect the nurse functioning in this role to perform which activity?
- Care for the patient during hospitalization for the injuries.
  - Assist the patient with home care activities during recovery.
  - Determine what medical care the patient needs for optimal rehabilitation.
  - Coordinate the services that the patient receives in the hospital and at home

- \_\_\_\_\_ 6. The nurse is caring for an older adult patient who had surgery to repair a fractured hip. The patient needs continued nursing care and physical therapy to improve mobility before returning home. The nurse will help to arrange for transfer of this patient to which facility?
- A skilled care facility
  - A residential care facility
  - A transitional care facility
  - An intermediate care facility
- \_\_\_\_\_ 7. A home care nurse is planning care for a patient who has just been diagnosed with type 2 diabetes mellitus. Which task is appropriate for the nurse to delegate to the home health aide?
- Assist the patient to choose appropriate foods.
  - Help the patient with a daily bath and oral care.
  - Check the patient's feet for signs of breakdown.
  - Teach the patient how to monitor blood glucose.
- \_\_\_\_\_ 8. The nurse is providing education to nursing staff on quality care initiatives. Which statement would be the **most** accurate description of the impact of health care financing on quality care?
- "Hospitals are reimbursed for all costs incurred if care is documented electronically."
  - "Payment for patient care is primarily based on clinical outcomes and patient satisfaction."
  - "If a patient develops a catheter-related infection, the hospital receives additional funding."
  - "Because hospitals are accountable for overall care, it is not nursing's responsibility to monitor care delivered by others."
- \_\_\_\_\_ 9. The nurse is obtaining a health history from a new patient. Which data will be the focus of patient teaching?
- Age and gender
  - Saturated fat intake
  - Hispanic/Latino ethnicity
  - Family history of diabetes
- \_\_\_\_\_ 10. The nurse is caring for an Asian patient who is being admitted to the hospital. Which action would be **most** appropriate for the nurse to take when interviewing this patient?
- Avoid eye contact with the patient.
  - Observe the patient's use of eye contact.
  - Look directly at the patient when interacting.
  - Ask a family member about the patient's cultural beliefs.
- \_\_\_\_\_ 11. The nurse cares for a patient who speaks a different language. If an interpreter is not available, which action by the nurse is **most** appropriate?
- Talk slowly so that each word is clearly heard.
  - Speak loudly in close proximity to the patient's ears.
  - Repeat important words so that the patient recognizes their significance.
  - Use simple gestures to demonstrate meaning while talking to the patient.

- \_\_\_\_\_ 12. The nurse plans care for a hospitalized patient who uses culturally based treatments. Which action by the nurse is **best**?
- Encourage the use of diagnostic procedures.
  - Coordinate the use of folk treatments with ordered medical therapies.
  - Ask the patient to discontinue the cultural treatments during hospitalization.
  - Teach the patient that folk remedies will interfere with orders by the health care provider.
- \_\_\_\_\_ 13. An older Asian American patient tells the nurse that she has lived in the United States for 50 years. The patient speaks English and lives in a predominantly Asian neighborhood. Which action by the nurse is **most** appropriate?
- Include a *shaman* when planning the patient's care.
  - Avoid direct eye contact with the patient during care.
  - Ask the patient about any special cultural beliefs or practices.
  - Involve the patient's oldest son to assist with health care decisions.
- \_\_\_\_\_ 14. Which strategy should be a **priority** when the nurse is planning care for a diabetic patient who is uninsured?
- Obtain less expensive medications.
  - Follow evidence-based practice guidelines.
  - Assist with dietary changes as the first action.
  - Teach about the impact of exercise on diabetes.
- \_\_\_\_\_ 15. The nurse performs a cultural assessment with a patient from a different culture. Which action by the nurse should be taken **first**?
- Request an interpreter before interviewing the patient.
  - Wait until a family member is available to help with the assessment.
  - Ask the patient about any affiliation with a particular cultural group.
  - Tell the patient what the nurse already knows about the patient's culture.
- \_\_\_\_\_ 16. The nurse records the following general survey of a patient: "The patient is a 50-year-old Asian female attended by her husband and two daughters. Alert and oriented. Does not make eye contact with the nurse and responds slowly, but appropriately, to questions. No apparent disabilities or distinguishing features." What additional information should the nurse add to this general survey?
- Nutritional status
  - Intake and output
  - Reasons for contact with the health care system
  - Comments of family members about his condition
- \_\_\_\_\_ 17. A nurse performs a health history and physical examination with a patient who has a right leg fracture. Which assessment would be a pertinent negative finding?
- Patient has several bruised and swollen areas on the right leg.
  - Patient states that there have been no other recent health problems.
  - Patient refuses to bend the right knee because of the associated pain.
  - Patient denies having pain when the area over the fracture is palpated.

- \_\_\_\_\_ 18. The nurse plans to complete a physical examination of an alert, older patient. Which adaptations to the examination technique should the nurse include?
- Avoid the use of touch as much as possible.
  - Use slightly more pressure for palpation of the liver.
  - Speak softly and slowly when talking with the patient.
  - Organize the sequence to minimize the position changes.
- \_\_\_\_\_ 19. While the nurse is taking the health history, a patient states, "My mother and sister both had double mastectomies and were unable to be very active for weeks." Which functional health pattern is represented by this patient's statement?
- Activity-exercise
  - Cognitive-perceptual
  - Coping-stress tolerance
  - Health perception–health management
- \_\_\_\_\_ 20. A patient is seen in the emergency department with severe abdominal pain and hypotension. Which type of assessment should the nurse do at this time?
- Focused assessment
  - Subjective assessment
  - Emergency assessment
  - Comprehensive assessment
- \_\_\_\_\_ 21. The registered nurse (RN) cares for a patient who was admitted a few hours previously with back pain after falling. Which action can the RN delegate to unlicensed assistive personnel (UAP)?
- Finish documenting the admission assessment.
  - Determine the patient's priority nursing diagnoses.
  - Obtain the health history from the patient's caregiver.
  - Take the patient's temperature, pulse, and blood pressure.
- \_\_\_\_\_ 22. When assessing a patient's abdomen during the admission assessment, which action should the nurse take **first**?
- Feel for any masses.
  - Palpate the abdomen.
  - Listen for bowel sounds.
  - Percuss the liver borders.
- \_\_\_\_\_ 23. A patient with newly diagnosed colon cancer has a nursing diagnosis of deficient knowledge about colon cancer. The nurse should initially focus on which learning goal for this patient?
- The patient will select the most appropriate colon cancer therapy.
  - The patient will state ways of preventing the recurrence of the cancer.
  - The patient will demonstrate coping skills needed to manage the disease.
  - The patient will choose methods to minimize adverse effects of treatment.

- \_\_\_\_\_ 24. A patient who was admitted to the hospital with hyperglycemia and newly diagnosed diabetes mellitus is scheduled for discharge the second day after admission. When implementing patient teaching, what is the **priority** action for the nurse?
- Instruct about the increased risk for cardiovascular disease.
  - Provide detailed information about dietary control of glucose.
  - Teach glucose self-monitoring and medication administration.
  - Give information about the effects of exercise on glucose control.
- \_\_\_\_\_ 25. A patient states, "I told my husband I wouldn't buy as much prepared food snacks, so I will go the grocery store to buy fresh fruit, vegetables, and whole grains." When using the Transtheoretical Model of Health Behavior Change, the nurse identifies that this patient is in which stage of change?
- Preparation
  - Termination
  - Maintenance
  - Contemplation
- \_\_\_\_\_ 26. While admitting a patient to the medical unit, the nurse determines that the patient is hard of hearing. How should the nurse use this information to plan teaching and learning strategies?
- Motivation and readiness to learn will be affected.
  - The family must be included in the teaching process.
  - The patient will have problems understanding information.
  - Written materials should be provided with verbal instructions.
- \_\_\_\_\_ 27. The nurse is planning a teaching session with a patient newly diagnosed with migraine headaches. To assess a patient's readiness to learn, which question should the nurse ask?
- "What kind of work and leisure activities do you do?"
  - "What information do you think you need right now?"
  - "Can you describe the types of activities that help you learn new information?"
  - "Do you have any religious beliefs that are inconsistent with the planned treatment?"
- \_\_\_\_\_ 28. A patient with diabetic neuropathy requires teaching about foot care. Which learning goal should the nurse include in the teaching plan?
- The nurse will demonstrate the proper technique for trimming toenails.
  - The patient will list three ways to protect the feet from injury by discharge.
  - The nurse will instruct the patient on appropriate foot care before discharge.
  - The patient will understand the rationale for proper foot care after instruction.
- \_\_\_\_\_ 29. The nurse educator teaches students how to be more assertive. Which teaching strategy, if implemented by the nurse educator, would be **most** effective?
- Role playing
  - Peer teaching
  - Printed materials
  - Lecture-discussion

- \_\_\_\_\_ 30. The nurse prepares written handouts to be used as part of the standardized teaching plan for patients who have been recently diagnosed with diabetes. What statement would be appropriate to include in the handouts?
- Eating the right foods can help in keeping blood glucose at a near-normal level.
  - Polyphagia, polydipsia, and polyuria are common symptoms of diabetes mellitus.
  - Some diabetics control blood glucose with oral medications, injections, or nutritional interventions.
  - Diabetes mellitus is characterized by chronic hyperglycemia and the associated symptoms than can lead to long-term complications.
- \_\_\_\_\_ 31. A patient who smokes a pack of cigarettes per day tells the nurse, "I enjoy smoking and have no plans to quit." Which nursing diagnosis is **most** appropriate?
- Health seeking behaviors related to cigarette use
  - Ineffective health maintenance related to tobacco use
  - Readiness for enhanced self-health management related to smoking
  - Deficient knowledge related to long-term effects of cigarette smoking
- \_\_\_\_\_ 32. A middle-aged patient who has diabetes tells the nurse, "I want to know how to give my own insulin so I don't have to bother my wife all the time." What is the **priority** action of the nurse?
- Demonstrate how to draw up and administer insulin.
  - Discuss the use of exercise to decrease insulin needs.
  - Teach about differences between the various types of insulin.
  - Provide handouts about therapeutic and adverse effects of insulin.
- \_\_\_\_\_ 33. The nurse plans to teach a patient and the caregiver how to manage high blood pressure (BP). Which action should the nurse take **first**?
- Give written information about hypertension to the patient and caregiver.
  - Have the dietitian meet with the patient and caregiver to discuss a low sodium diet.
  - Teach the caregiver how to take the patient's BP using a manual blood pressure cuff.
  - Ask the patient and caregiver to select information from a list of high BP teaching topics.
- \_\_\_\_\_ 34. A postoperative patient and caregiver need discharge teaching. Which actions included in the teaching plan can the nurse delegate to unlicensed assistive personnel (UAP)?
- Evaluate whether the patient and caregiver understand the teaching.
  - Show the caregiver how to accurately check the patient's temperature.
  - Schedule the discharge teaching session with the patient and caregiver.
  - Give the patient a pamphlet reinforcing teaching already done by the nurse.

- \_\_\_\_\_ 35. A family caregiver tells the home health nurse, "I feel like I can never get away to do anything for myself." Which action is **best** for the nurse to take?
- Assist the caregiver in finding respite services.
  - Assure the caregiver that the work is appreciated.
  - Encourage the caregiver to discuss feelings openly with the nurse as needed.
  - Teach the caregiver that family members can also provide excellent patient care.
- \_\_\_\_\_ 36. The nurse performs a comprehensive geriatric assessment of a patient who is being assessed for admission to an assisted living facility. Which question is the **most** important for the nurse to ask?
- "Have you had any recent infections?"
  - "How frequently do you see a doctor?"
  - "Do you have a history of heart disease?"
  - "Are you able to prepare your own meals?"
- \_\_\_\_\_ 37. The nurse plans to complete a thorough assessment of an older patient. Which method should the nurse use to gather the **most** complete information?
- Use a geriatric assessment instrument to evaluate the patient.
  - Ask the patient to write down medical problems and medications.
  - Interview both the patient and the primary caregiver for the patient.
  - Review the patient's medical record for a history of medical problems.
- \_\_\_\_\_ 38. An older patient is hospitalized with pneumonia. Which intervention should the nurse implement to provide optimal care for this patient?
- Use a standardized geriatric nursing care plan.
  - Minimize activity level during hospitalization.
  - Plan for transfer to a long-term care facility upon discharge.
  - Consider the preadmission functional abilities when setting patient goals.
- \_\_\_\_\_ 39. Which nursing action will be **most** helpful in decreasing the risk for drug-drug interactions in an older adult?
- Teach the patient to have all prescriptions filled at the same pharmacy.
  - Instruct the patient to avoid taking over-the-counter (OTC) medications.
  - Make a schedule for the patient as a reminder of when to take each medication.
  - Have the patient bring all medications, supplements, and herbs to each appointment.
- \_\_\_\_\_ 40. A patient who has just moved to a long-term care facility has a nursing diagnosis of relocation stress syndrome. Which action should the nurse include in the plan of care?
- Remind the patient that making changes is usually stressful.
  - Discuss the reason for the move to the facility with the patient.
  - Restrict family visits until the patient is accustomed to the facility.
  - Have staff members write notes welcoming the patient to the facility.

- \_\_\_\_\_ 41. The home health nurse cares for an older adult patient who lives alone and takes several different prescribed medications for chronic health problems. Which intervention, if implemented by the nurse, would **best** encourage medication compliance?
- Use a marked pillbox to set up the patient's medications.
  - Discuss the option of moving to an assisted living facility.
  - Remind the patient about the importance of taking medications.
  - Visit the patient daily to administer the prescribed medications.
- \_\_\_\_\_ 42. The home health nurse visits an older patient with mild forgetfulness. The nurse is **most** concerned if which information is obtained?
- The patient tells the nurse that a close friend recently died.
  - The patient has lost 10 pounds (4.5 kg) during the last month.
  - The patient is cared for by a daughter during the day and stays with a son at night.
  - The patient's son uses a marked pillbox to set up the patient's medications weekly.
- \_\_\_\_\_ 43. Which statement, if made by an older adult patient, would be of **most** concern to the nurse?
- "I prefer to manage my life without much help from other people."
  - "I take three different medications for my heart and joint problems."
  - "I don't go on daily walks anymore since I had pneumonia 3 months ago."
  - "I set up my medications in a marked pillbox so I don't forget to take them."
- \_\_\_\_\_ 44. Which patient is **most** likely to need long-term nursing care management?
- 72-year-old who had a hip replacement after a fall at home
  - 64-year-old who developed sepsis after a ruptured peptic ulcer
  - 76-year-old who had a cholecystectomy and bile duct drainage
  - 63-year-old with bilateral knee osteoarthritis who weighs 350 lb (159 kg)
- \_\_\_\_\_ 45. When completing an admission assessment on an older adult, the nurse gives the patient a high fall risk score. Which action should the nurse take **first**?
- Use a bed alarm system on the patient's bed.
  - Administer the prescribed PRN sedative medication.
  - Ask the health care provider to order a vest restraint.
  - Place the patient in a "geri-chair" near the nurse's station.
- \_\_\_\_\_ 46. An older adult patient presents with a broken arm and visible scattered bruises healing at different stages. Which action should the nurse take **first**?
- Notify an elder protective services agency about the possible abuse.
  - Make a referral for a home assessment visit by the home health nurse.
  - Have the family member stay in the waiting area while the patient is assessed.
  - Ask the patient how the injury occurred and observe the family member's reaction.



- \_\_\_\_\_ 47. The nurse manages the care of older adults in an adult health day care center. Which action can the nurse delegate to unlicensed assistive personnel (UAP)?
- Obtain information about food and medication allergies from patients.
  - Take blood pressures daily and document in individual patient records.
  - Choose social activities based on the individual patient needs and desires.
  - Teach family members how to cope with patients who are cognitively impaired.
- \_\_\_\_\_ 48. Which action by a new staff nurse indicates that further teaching about complementary and alternative therapy may be needed?
- The nurse massages the legs of a patient who has a left foot stasis ulcer.
  - The nurse checks a blood glucose on a patient with diabetes who takes aloe.
  - The nurse suggests the use of acupressure to a patient with tension headaches.
  - The nurse shows a family how to use hand massage to calm an agitated patient.
- \_\_\_\_\_ 49. Which is the **most** appropriate therapy for the nurse to suggest for a patient with chronic low back pain from osteoarthritis?
- Acupuncture
  - Aromatherapy
  - St. John's wort
  - Magnetic therapy
- \_\_\_\_\_ 50. Which complementary and alternative therapy should the nurse suggest to a patient who has elevated triglyceride levels?
- Fish oil
  - Milk thistle
  - Saw palmetto
  - Ginkgo biloba
- \_\_\_\_\_ 51. The nurse assesses a patient with fibromyalgia and osteoarthritis. Which finding would indicate a need for patient teaching?
- The patient takes glucosamine daily for knee and hip pain.
  - The patient attends a weekly yoga class to improve flexibility and balance.
  - The patient states that prayer helps improve the pain and her ability to function.
  - The patient obtains information about herbs from a salesperson at a health food store.
- \_\_\_\_\_ 52. The nurse teaches a patient about Healing Touch. Which statement by the nurse is the **most** appropriate?
- "This therapy will realign your energy flow."
  - "I will start by manipulating your muscles and soft tissues."
  - "Pressure will be applied to body points where energy is obstructed."
  - "The treatment consists of passively moving joints through full range of motion."

- \_\_\_\_\_ 53. Which information should the nurse include when discussing the use of herbal remedies with a patient?
- Many herbs are toxic and carcinogenic and should not be used.
  - Frequent medical evaluation is required when a person uses herbs.
  - Herbs should be purchased only from manufacturers with a history of quality control.
  - Herbs are no better than conventional drugs in maintaining health and may be less safe.
- \_\_\_\_\_ 54. Which action is **most** appropriate for the nurse to take when a patient with a chronic wound voices the preference of taking herbs to boost immunity rather than prescribed antibiotics?
- Instruct the patient about the rationale for antibiotic use to treat infection.
  - Remind the patient that the infection has not cleared with herbal treatment.
  - Tell the patient that research shows that herbs are not effective in treating infection.
  - Determine how the patient feels about using antibiotics in addition to herbal products.
- \_\_\_\_\_ 55. When admitting a patient who has diabetes and poorly controlled glucose levels, the nurse obtains the information shown in the accompanying figure about the patient's use of complementary and alternative therapies. Which information is **most** important to report to the health care provider?

Tab 1	Tab 2	Tab 3
Mind-Body Therapies	Herbal Therapies	Dietary Supplements
Prayer and relaxation therapies for anxiety	Zinc tablets to prevent upper respiratory infection	Natural multivitamin tablet every morning
	Ginkgo biloba daily to improve memory	Glucosamine for osteoarthritis

- Takes zinc when cold symptoms occur
  - Practices relaxation therapies frequently
  - Takes multivitamin tablet every morning
  - Uses glucosamine and ginkgo biloba daily
- \_\_\_\_\_ 56. An adult patient arrived in the emergency department (ED) with minor facial lacerations after a motor vehicle accident and has an initial blood pressure (BP) of 182/94. Which action by the nurse is **most** appropriate?
- Start an IV line to administer antihypertensive medications.
  - Discuss the need for hospital admission to control blood pressure.
  - Treat the abrasions and discuss the risks associated with hypertension.
  - Recheck the blood pressure after the patient is stabilized and has received treatment.

- \_\_\_\_\_ 57. A female patient who initially came to the clinic with incontinence was recently diagnosed with endometrial cancer. She is usually well organized and calm but the nurse who is giving her preoperative instructions observes that she is irritable, has difficulty concentrating, and yells at her husband. Which action should the nurse take?
- Ask the health care provider for a psychiatric referral.
  - Focus teaching on preventing postoperative complications.
  - Try to calm patient and reinforce and repeat teaching about the surgery.
  - Encourage the patient to have bladder repair at the same time as the hysterectomy.
- \_\_\_\_\_ 58. The nurse teaches a patient who is experiencing stress at work how to use imagery as a relaxation technique. Which statement by the nurse would be **most** appropriate?
- “Think of a place where you feel peaceful and comfortable.”
  - “Place the stress in your life in an image that you can destroy.”
  - “Bring what you hear and sense in your present work environment into your image.”
  - “If your work environment is stressful, continue visualizing to overcome the distress.”
- \_\_\_\_\_ 59. An overweight female patient who had enjoyed active outdoor activities is stressed because she is limited in what she can do because she has osteoarthritis in her hips. Which action by the nurse will **best** assist the patient to cope with this situation?
- Ask the patient what activities she misses the most.
  - Have the patient practice frequent relaxation breathing.
  - Teach the patient to use imagery to decrease pain and decrease stress.
  - Encourage the patient to think about how weight loss might improve symptoms.
- \_\_\_\_\_ 60. A patient complains of difficulty falling asleep and daytime fatigue for the past 6 weeks. What is the **best initial** action for the nurse to take in determining whether this patient has chronic insomnia?
- Schedule a polysomnography (PSG) study.
  - Arrange for the patient to have a sleep study.
  - Ask the patient to keep a 2-week sleep diary.
  - Teach the patient about the use of an actigraph.
- \_\_\_\_\_ 61. A patient with chronic insomnia asks the nurse about ways to improve sleep quality. What is the nurse’s **best** response?
- Avoid aerobic exercise during the day.
  - Read in bed for a few minutes each night.
  - Keep the bedroom temperature slightly warm.
  - Try to go to bed at the same time every evening.
- \_\_\_\_\_ 62. What teaching should be included in the plan of care for a patient with narcolepsy?
- Driving an automobile may be possible with appropriate treatment of narcolepsy.
  - Changes in sleep hygiene are ineffective in improving sleep quality in narcolepsy.
  - Antidepressant drugs are prescribed to treat the depression caused by the disorder.
  - Stimulant drugs should be used for only a short time because of the risk for abuse.

- \_\_\_\_\_ 63. The nurse manager of a medical/surgical unit wants to improve the alertness of nurses who work the night shift. Which action will be the **most** helpful?
- Arrange for older staff members to work most night shifts.
  - Provide a sleeping area for staff to use for napping at night.
  - Post reminders about the relationship of sleep and alertness.
  - Schedule nursing staff to rotate day and night shifts monthly.
- \_\_\_\_\_ 64. A patient complains of insomnia and daytime fatigue. What is the **first** action the nurse should take in addressing the patient's concerns?
- Question the patient about the use of over-the-counter (OTC) sleep aids.
  - Suggest that the patient decrease intake of caffeine-containing beverages.
  - Advise the patient to get out of bed if unable to fall asleep in 10 to 20 minutes.
  - Recommend that the patient use any prescribed sleep aids for only 2 to 3 weeks.
- \_\_\_\_\_ 65. A patient with sleep apnea who uses a continuous positive airway pressure (CPAP) device is preparing to have inpatient surgery. Which instructions should the nurse provide to the patient?
- Remind the patient to take the CPAP device to the hospital.
  - Plan to schedule a nighttime polysomnography (PSG) study before surgery.
  - Discourage the patient from requesting pain medication while hospitalized.
  - Call the hospital to ensure that mechanical ventilation will be available for the patient.
- \_\_\_\_\_ 66. When caring for patients with sleep disorders, which activity can the nurse appropriately delegate to unlicensed assistive personnel (UAP)?
- Interview a new patient about risk factors for obstructive sleep disorders.
  - Discuss the benefits of oral appliances in decreasing obstructive sleep apnea.
  - Help a patient choose an appropriate continuous positive airway pressure (CPAP) mask.
  - Assist a patient to place the CPAP device correctly over the nose and mouth at bedtime.
- \_\_\_\_\_ 67. The nurse teaches a student nurse about the action of ibuprofen. Which statement, if made by the student, indicates that teaching was effective?
- "The drug decreases pain impulses in the spinal cord."
  - "The drug decreases sensitivity of the brain to painful stimuli."
  - "The drug decreases production of pain-sensitizing chemicals."
  - "The drug decreases the modulating effect of descending nerves."
- \_\_\_\_\_ 68. A nurse assesses a patient with chronic cancer pain who is receiving imipramine (Tofranil) in addition to long-acting morphine. Which statement, if made by the patient, indicates to the nurse that the patient is receiving adequate pain control?
- "I'm not anxious at all."
  - "I sleep 8 hours every night."
  - "I feel much less depressed since I've been taking the Tofranil."
  - "The pain is manageable and I can accomplish my desired activities."

- \_\_\_\_\_ 69. A patient who is receiving sustained-release morphine sulfate (MS Contin) every 12 hours for chronic pain experiences level 9 (0 to 10 scale) breakthrough pain and anxiety. Which action by the nurse is **best**?
- Provide amitriptyline (Elavil) 10 mg orally.
  - Administer lorazepam (Ativan) 1 mg orally.
  - Offer ibuprofen (Motrin) 400 to 800 mg orally.
  - Give immediate-release morphine 30 mg orally.
- \_\_\_\_\_ 70. A patient with chronic neck pain is seen in the pain clinic for follow-up. In order to evaluate whether the pain management is effective, which question is **best** for the nurse to ask?
- “Can you describe the quality of your pain?”
  - “Has there been a change in the pain location?”
  - “How would you rate your pain on a 0 to 10 scale?”
  - “Does the pain keep you from doing things you enjoy?”
- \_\_\_\_\_ 71. When visiting a hospice patient, the nurse assesses that the patient has a respiratory rate of 11 breaths/minute and complains of severe pain. Which action is **best** for the nurse to take?
- Inform the patient that increasing the morphine will cause the respiratory drive to fail.
  - Tell the patient that additional morphine can be administered when the respirations are 12.
  - Titrate the prescribed morphine dose upward until the patient indicates adequate pain relief.
  - Administer a nonopioid analgesic, such as a nonsteroidal antiinflammatory drug (NSAID), to improve patient pain control.
- \_\_\_\_\_ 72. The nurse is completing the medication reconciliation form for a patient admitted with chronic cancer pain. Which medication is of **most** concern to the nurse?
- Amitriptyline (Elavil) 50 mg at bedtime
  - Ibuprofen (Advil) 800 mg 3 times daily
  - Oxycodone (OxyContin) 80 mg twice daily
  - Meperidine (Demerol) 25 mg every 4 hours
- \_\_\_\_\_ 73. A patient who uses a fentanyl (Duragesic) patch for chronic abdominal pain caused by ovarian cancer asks the nurse to administer the prescribed hydrocodone (Vicodin) tablets, but the patient is asleep when the nurse returns with the medication. Which action is **best** for the nurse to take?
- Wake the patient and administer the hydrocodone.
  - Wait until the patient wakes up and reassess the pain.
  - Suggest the use of nondrug therapies for pain relief instead of additional opioids.
  - Consult with the health care provider about changing the fentanyl (Duragesic) dose.

- \_\_\_\_\_ 74. The following medications are prescribed by the health care provider for a middle-aged patient who uses long-acting morphine (MS Contin) for chronic back pain, but still has ongoing pain. Which medication should the nurse question?
- Morphine (Roxanol)
  - Pentazocine (Talwin)
  - Celecoxib (Celebrex)
  - Dexamethasone (Decadron)
- \_\_\_\_\_ 75. The nurse is caring for a 1-day postoperative patient who is receiving morphine through patient-controlled analgesia (PCA). What action by the nurse is a **priority**?
- Check the respiratory rate.
  - Assess for nausea after eating.
  - Inspect the abdomen and auscultate bowel sounds.
  - Evaluate the sacral and heel areas for signs of redness.
- \_\_\_\_\_ 76. A patient who has just started taking sustained-release morphine sulfate (MS Contin) for chronic arthritic joint pain following a traumatic injury complains of nausea and abdominal fullness. Which action should the nurse take **initially**?
- Administer the ordered antiemetic medication.
  - Tell the patient that the nausea will subside in about a week.
  - Order the patient a clear liquid diet until the nausea decreases.
  - Consult with the health care provider about using a different opioid.
- \_\_\_\_\_ 77. A patient with terminal cancer-related pain and a history of opioid abuse complains of breakthrough pain 2 hours before the next dose of sustained-release morphine sulfate (MS Contin) is due. Which action should the nurse take **first**?
- Use distraction by talking about things the patient enjoys.
  - Administer the prescribed PRN immediate-acting morphine.
  - Suggest the use of alternative therapies such as heat or cold.
  - Consult with the doctor about increasing the MS Contin dose.
- \_\_\_\_\_ 78. Which patient with pain should the nurse assess **first**?
- Patient with postoperative pain who received morphine sulfate IV 15 minutes ago
  - Patient with neuropathic pain who has a dose of hydrocodone (Lortab) scheduled now
  - Patient who received hydromorphone (Dilaudid) 1 hour ago and currently has a sedation scale of 2
  - Patient who returned from the postanesthesia care unit 2 hours ago and has a respiratory rate of 10
- \_\_\_\_\_ 79. The nurse cares for a terminally ill patient who has 20-second periods of apnea followed by periods of deep and rapid breathing. Which action by the nurse would be **most** appropriate?
- Suction the patient.
  - Administer oxygen via face mask.
  - Place the patient in high Fowler's position.
  - Document the respirations as Cheyne-Stokes.

- \_\_\_\_\_ 80. The nurse cares for an adolescent patient who is dying. The patient's parents are interested in organ donation and ask the nurse how the decision about brain death is made. Which response by the nurse is **most** appropriate?
- "Brain death occurs if a person is flaccid and unresponsive."
  - "If CPR is ineffective in restoring a heartbeat, the brain cannot function."
  - "Brain death has occurred if there is no breathing and certain reflexes are absent."
  - "If respiratory efforts cease and no apical pulse is audible, brain death is present."
- \_\_\_\_\_ 81. A patient who has been diagnosed with inoperable lung cancer and has a poor prognosis plans a trip across the country "to settle some issues with sisters and brothers." The nurse recognizes that the patient is manifesting which psychosocial response to death?
- Restlessness
  - Yearning and protest
  - Anxiety about unfinished business
  - Fear of the meaninglessness of one's life
- \_\_\_\_\_ 82. A young adult patient with metastatic cancer, who is very close to death, appears restless. The patient keeps repeating, "I am not ready to die." Which action is **best** for the nurse to take?
- Remind the patient that no one feels ready for death.
  - Sit at the bedside and ask if there is anything the patient needs.
  - Insist that family members remain at the bedside with the patient.
  - Tell the patient that everything possible is being done to delay death.
- \_\_\_\_\_ 83. The nurse cares for a patient with lung cancer in a home hospice program. Which action by the nurse is **most** appropriate?
- Discuss cancer risk factors and appropriate lifestyle modifications.
  - Encourage the patient to discuss past life events and their meaning.
  - Teach the patient about the purpose of chemotherapy and radiation.
  - Accomplish a thorough head-to-toe assessment several times a week.
- \_\_\_\_\_ 84. A hospice nurse who has become close to a terminally ill patient is present in the home when the patient dies and feels saddened and tearful as the family members begin to cry. Which action should the nurse take at this time?
- Contact a grief counselor as soon as possible.
  - Cry along with the patient's family members.
  - Leave the home as soon as possible to allow the family to grieve privately.
  - Consider whether working in hospice is desirable because patient losses are common.
- \_\_\_\_\_ 85. A middle-aged patient tells the nurse, "My mother died 4 months ago, and I just can't seem to get over it. I'm not sure it is normal to still think about her every day." Which nursing diagnosis is **most** appropriate?
- Hopelessness related to inability to resolve grief
  - Complicated grieving related to unresolved issues
  - Anxiety related to lack of knowledge about normal grieving
  - Chronic sorrow related to ongoing distress about loss of mother

- \_\_\_\_\_ 86. The son of a dying patient tells the nurse, "Mother doesn't really respond any more when I visit. I don't think she knows that I am here." Which response by the nurse is appropriate?
- "You may need to cut back your visits for now to avoid overtiring your mother."
  - "Withdrawal may sometimes be a normal response when preparing to leave life."
  - "It will be important for you to stimulate your mother as she gets closer to dying."
  - "Many patients don't really know what is going on around them at the end of life."
- \_\_\_\_\_ 87. Which patient should the nurse refer for hospice care?
- 60-year-old with lymphoma whose children are unable to discuss issues related to dying
  - 72-year-old with chronic severe pain as a result of spinal arthritis and vertebral collapse
  - 28-year-old with AIDS-related dementia who needs palliative care and pain management
  - 56-year-old with advanced liver failure whose family members can no longer provide care in the home
- \_\_\_\_\_ 88. The nurse plans postoperative care for a patient who smokes a pack of cigarettes daily. Which goal should the nurse include in the plan of care for this patient?
- Improve sleep
  - Enhance appetite
  - Decrease diarrhea
  - Prevent sore throat
- \_\_\_\_\_ 89. A young adult patient scheduled for an annual physical examination arrives in the clinic smelling of cigarette smoke and carrying a pack of cigarettes. Which action will the nurse plan to take?
- Urge the patient to quit smoking as soon as possible.
  - Avoid confronting the patient about smoking at this time.
  - Wait for the patient to start the discussion about quitting smoking.
  - Explain that the "cold turkey" method is most effective in stopping smoking.
- \_\_\_\_\_ 90. A patient admitted to the hospital after an automobile accident is alert and does not appear to be highly intoxicated. The blood alcohol concentration (BAC) is 110 mg/dL (0.11 mg%). Which action by the nurse is **most** appropriate?
- Avoid the use of IV fluids.
  - Maintain the patient on NPO status.
  - Administer acetaminophen for headache.
  - Monitor frequently for anxiety, hyperreflexia, and sweating.
- \_\_\_\_\_ 91. A patient who is admitted to the hospital for wound debridement admits to using fentanyl (Sublimaze) illegally. What finding does the nurse expect?
- Nausea and diarrhea
  - Tremors and seizures
  - Lethargy and disorientation
  - Delusions and hallucinations



- \_\_\_\_\_ 92. A newly admitted patient complains of waking frequently during the night. The nurse observes the patient wearing a nicotine patch (Nicoderm CQ) on the right upper arm. Which action is **best** for the nurse to take?
- Question the patient about use of the patch at night.
  - Suggest that the patient go to bed earlier in the evening.
  - Ask the health care provider about prescribing a sedative drug for nighttime use.
  - Remind the patient that the benefits of the patch outweigh the short-term insomnia.
- \_\_\_\_\_ 93. During physical assessment of a patient who has frequent nosebleeds, the nurse finds nasal sores and necrosis of the nasal septum. The nurse should ask the patient specifically about the use of which drug?
- Heroin
  - Cocaine
  - Tobacco
  - Marijuana
- \_\_\_\_\_ 94. A patient admitted with shortness of breath and chest pain who is a pack-a-day smoker tells the nurse, "I am just not ready to quit smoking yet." Which response by the nurse is **best**?
- "This would be a really good time to quit."
  - "Your smoking is the cause of your chest pain."
  - "What health problems do you think smoking has caused?"
  - "Are you familiar with the various nicotine replacement options?"
- \_\_\_\_\_ 95. A 75-year-old patient is admitted for pancreatitis. Which tool would be the **most** appropriate for the nurse to use during the admission assessment?
- Drug Abuse Screening Test (DAST-10)
  - Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)
  - Screening Test-Geriatric Version (SMAST-G)
  - Mini-Mental State Examination
- \_\_\_\_\_ 96. A patient who has inhaled cocaine is admitted to the emergency department with palpitations and shortness of breath. What should the nurse do **first**?
- Obtain a 12-lead echocardiogram (ECG).
  - Start oxygen at 4 L/minute.
  - Draw blood for drug screening.
  - Infuse normal saline at 100 mL/hr.
- \_\_\_\_\_ 97. A young adult patient comes to the emergency department with severe chest pain and agitation. Which action should the nurse take **first**?
- Give naloxone (Narcan) IV.
  - Ask about any use of stimulant drugs.
  - Assess orientation to person, place, and time.
  - Check blood pressure, pulse, and respirations.

- \_\_\_ 98. A patient presents to the emergency department with a blood alcohol concentration (BAC) of 0.18%. After reviewing the medication orders, which drug should the nurse administer **first**?
- Thiamine (vitamin B<sub>1</sub>) 100 mg daily
  - Lorazepam (Ativan) 1 mg as needed
  - Folic acid (Vitamin B<sub>9</sub>) 0.4 mg daily
  - Dextrose 5% in 0.45 saline at 125 mL/hr
- \_\_\_ 99. Which information is **most** important for the nurse to report to the health care provider about a patient who has been using varenicline (Chantix)?
- The patient continues to smoke a few cigarettes every day.
  - The patient complains of headaches that occur almost daily.
  - The patient complains of new-onset sadness and depression.
  - The patient says, "I have decided that I am not ready to quit."
- \_\_\_ 100. After receiving change-of-shift report on four patients who are undergoing substance abuse treatment, which patient will the nurse assess **first**?
- A patient who has just arrived for alcohol abuse treatment and states that the last drink was 3 hours ago
  - A patient who is agitated and experiencing nausea, occasional vomiting, and diarrhea while withdrawing from heroin
  - A patient who has tremors secondary to benzodiazepine withdrawal and whose last benzodiazepine use was 4 days ago
  - A patient who is being treated for cocaine addiction and is irritable and disoriented, with a pulse rate of 112 beats/minute