

Nursing Process 1 Final Exam

Multiple Choice

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

- _____ 1. The nurse is teaching a young adult couple about promoting the health of their 8-year-old child. The nurse knows that the parents understand the developmental stage their child is in according to Erikson when they state, "We should
- Provide proper support for learning new skills."
 - Encourage devoted relationships with others."
 - Limit choices and provide harsh punishment for mistakes."
 - Not leave our child at school for longer than 3 hours at a time."
- _____ 2. In which nursing care delivery model are clinicians held accountable for some standard of cost-effectiveness and quality of care?
- Total patient care
 - Primary nursing
 - Team nursing
 - Case management
- _____ 3. A nurse who is caring for a patient with a pressure ulcer fails to apply the recommended dressing according to hospital policy. If the patient is harmed, the nurse could be subject to legal action for not adhering to
- Fairness.
 - Intellectual standards.
 - Independent reasoning.
 - Institutional practice guidelines.
- _____ 4. The nurse is caring for a severely ill patient with AIDS who now requires ventilator support. Which intervention is considered futile?
- Administering the influenza vaccine
 - Providing oral care every 5 hours
 - Applying fentanyl patches prn for pain
 - Supporting the patient's lower extremities with pillows
- _____ 5. A mother expresses concern because her 5-year-old child frequently talks about friends who don't exist. What is the nurse's best response to this mother's concern?
- "Have you considered a child psychological evaluation?"
 - "It's very normal for a 5-year-old child to have imaginary playmates."
 - "You should stop your child from playing electronic games."
 - "Pretend play is a sign your child watches too much television."

- _____ 6. After completing a thorough assessment to formulate a patient database, the nurse should proceed to which step of the nursing process?
- Diagnosis
 - Planning
 - Implementation
 - Evaluation
- _____ 7. The nurse is caring for an elderly patient admitted with nausea, vomiting, and diarrhea. Upon completing the health history, which priority concern would require collaboration with social services to address the patient's health care needs?
- The electricity was turned off 2 days ago.
 - The water comes from the county water supply.
 - A son and family recently moved into the home.
 - The home is not furnished with a microwave oven.
- _____ 8. Which of the following is a nursing intervention?
- The patient will ambulate in the hallway twice this shift using crutches correctly.
 - Impaired physical mobility related to inability to bear weight on right leg*
 - Provide assistance while the patient walks in the hallway twice this shift with crutches.
 - The patient is unable to bear weight on right lower extremity.
- _____ 9. Which person is the best referral for a patient who speaks a foreign language?
- A family member
 - A speech therapist
 - An interpreter
 - A mental health nurse specialist
- _____ 10. Subjective data include
- A patient's feelings, perceptions, and reported symptoms.
 - A description of the patient's behavior.
 - Observations of a patient's health status.
 - Measurements of a patient's health status.
- _____ 11. A confused patient with a urinary catheter, nasogastric tube, and intravenous line keeps touching these needed items for care. The nurse has tried to explain to the patient that he should not touch these lines, but the patient continues. What is the best action by the nurse at this time?
- Apply restraints loosely on the patient's dominant wrist.
 - Try other approaches to prevent the patient from touching these care items.
 - Notify the health care provider that restraints are needed immediately to maintain the patient's safety.
 - Allow the patient to pull out lines to prove that the patient needs to be restrained.

- _____ 12. Ethical dilemmas are common occurrences when caring for patients. The nurse understands that dilemmas are a result of
- Presence of conflicting values.
 - Hierarchical systems.
 - Judgmental perceptions of patients.
 - Poor communication with the patient.
- _____ 13. The priority assessment immediately after birth is to
- Assess infant-parent interactions.
 - Promote parent-newborn physical contact.
 - Open the airway.
 - Assess gestational age.
- _____ 14. Professional nurses are responsible for making clinical decisions to
- Prove traditional methods of providing nursing care to patients.
 - Take immediate action when a patient's condition worsens.
 - Apply clear textbook solutions to patients' problems.
 - Formulate standardized care plans for groups of patients.
- _____ 15. A patient of Middle Eastern descent has lost 5 lbs during hospitalization and states that the food offered is not allowed in his diet owing to religious preferences. Based on this information, an appropriate nursing diagnostic statement is *Imbalanced nutrition: less than body requirements related to*
- Religious preferences.*
 - Decreased oral intake.*
 - Weight loss.*
 - Race and ethnicity.*
- _____ 16. A nursing student is completing an assessment on an 80-year-old patient who is alert and oriented. The patient's daughter is present in the room. Which of the following actions made by the nursing student requires the nursing professor to intervene?
- The nursing student is making eye contact with the patient.
 - The nursing student is speaking only to the patient's daughter.
 - The nursing student nods periodically while the patient is speaking.
 - The nursing student leans forward while talking with the patient.
- _____ 17. The nurse is caring for a patient who has an open wound. When evaluating the progress of wound healing, what is the nurse's priority action?
- Ask the nursing assistive personnel if the wound looks better.
 - Document the progress of wound healing as "better" in the patient's chart.
 - Measure the wound and observe for redness, swelling, or drainage.
 - Leave the dressing off the wound for easier access and more frequent assessments.

- _____ 18. The nurse knows that the mother of a newborn understands associated health risks to her baby when she states
- “I need to moisten the umbilical cord every hour during the day until the cord falls off.”
 - “I need to remind anyone who wants to hold the baby to wash their hands.”
 - “I need to leave the blankets off the baby to prevent smothering.”
 - “I can throw away the bulb syringe now because my baby is breathing on her own.”
- _____ 19. A smiling patient angrily states, “I will not cough and deep breathe.” How will the nurse interpret this finding?
- The patient’s personal space was violated.
 - The patient’s affect is inappropriate.
 - The patient’s vocabulary is poor.
 - The patient’s denotative meaning is wrong.
- _____ 20. To gather information about a patient’s home and work surroundings, the nurse will need to utilize which method of data collection?
- Carefully review lab results.
 - Conduct the physical assessment before collecting subjective information.
 - Perform a thorough nursing health history.
 - Prolong the termination phase of the interview.
- _____ 21. In which step of the nursing process does the nurse determine if the patient’s condition has improved and whether the patient has met expected outcomes?
- Assessment
 - Planning
 - Implementation
 - Evaluation
- _____ 22. A nurse believes that the nurse-patient relationship is a partnership, and that both are equal participants. Which term should the nurse use to describe this belief?
- Critical thinking
 - Authentic
 - Mutuality
 - Attend
- _____ 23. Which of these statements, if made by a parent, would require further instruction?
- “I should not be surprised that my teenager has so many friends.”
 - “I get worried because my teenager thinks he’s indestructible. He takes a lot of risks.”
 - “I should cover for my school-aged child when he makes a mistake until he learns the ropes.”
 - “My 10-year-old child is always hungry right after school, so I usually fix him a nutritious snack.”

- _____ 24. In which step of the nursing process does the nurse provide nursing care interventions to patients?
- Assessment
 - Planning
 - Implementation
 - Evaluation
- _____ 25. A patient asks the nurse what the term *polypharmacy* means. The nurse defines this term as
- Multiple side effects experienced when taking a medication.
 - The concurrent use of many medications.
 - The many adverse drug effects reported to the pharmacy.
 - The risks of medication effects due to aging.
- _____ 26. A nurse is teaching a group of healthy adults about the benefits of flu immunizations. Which purpose of patient education is the nurse fulfilling?
- Restoration of health
 - Coping with impaired functions
 - Promotion of health and illness prevention
 - Health analogies
- _____ 27. When people work together to solve ethical dilemmas, individuals must examine their own values. This step is crucial to ensure that
- The group identifies the one correct solution.
 - Fact is separated from opinion.
 - Judgmental attitudes are not provoked.
 - Different perspectives are respected.
- _____ 28. A patient expresses fear of going home and being alone. Her vital signs are stable and her incision is nearly completely healed. The nurse can infer from the subjective data that
- The patient can now perform the dressing changes herself.
 - The patient can begin retaking all her previous medications.
 - The patient is apprehensive about discharge.
 - Surgery was not successful.
- _____ 29. The patient tells the nurse that she is afraid to speak up regarding her desire to end care for fear of upsetting her husband and children. Which principle in the nursing code of ethics ensures that the nurse will promote the patient's cause?
- Responsibility
 - Advocacy
 - Confidentiality
 - Accountability

- _____ 30. The nurse is caring for a patient with leukemia and is preparing to provide fluids through a vascular access device. Which nursing intervention is priority in this procedure?
- Position the patient comfortably.
 - Maintain aseptic technique.
 - Gather available supplies.
 - Review the procedure with the patient.
- _____ 31. A patient with sepsis as a result of long-term leukemia dies 25 hours after admission to the hospital. A full code was conducted without success. The patient had a urinary catheter, an intravenous line, an oxygen cannula, and a nasogastric tube. What question is priority for the nurse to ask the family before beginning postmortem care?
- “Do you want to assist in bathing your loved one?”
 - “Is an autopsy going to be done?”
 - “To which funeral home do you want your loved one transported?”
 - “Do you want me to remove the lines and tubes before you see your loved one?”
- _____ 32. Having misplaced his stethoscope, a nurse borrows a colleague’s stethoscope. He next enters the patient’s room and identifies himself, washes his hands with soap, and states the purpose of his visit. He performs proper identification of the patient before he auscultates her lungs. Which critical health assessment step was not performed?
- Running warm water over stethoscope for patient comfort
 - Cleaning stethoscope with Betadine
 - Using alcohol-based hand disinfectant
 - Cleaning stethoscope with alcohol
- _____ 33. Which of these staff members does the staff nurse assign to provide morning care for an older adult patient who requires assistance with activities of daily living?
- Licensed vocational nurse
 - Cardiac monitor technician
 - Nursing assistive personnel (NAP)
 - None of the above; the nurse needs to provide morning care to this patient.
- _____ 34. As a patient ages, the nursing plan of care
- Should be standardized because all geriatric patients have the same needs.
 - Needs to be individualized to the patient’s unique needs.
 - Should be based on chronological age alone.
 - Focuses on the disabilities that all aging persons face.
- _____ 35. When focusing on temperature regulation of newborns and infants, the nurse understands that
- Temperatures are basically the same for infants and older adults.
 - Infants have well-developed temperature-regulating mechanisms.
 - The normal temperature range gradually increases as the person ages.
 - Newborns need to wear a cap to prevent heat loss.

Name: _____

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- _____ 36. The patient appears to be in no apparent distress, but vital signs taken by assistive personnel reveal an extremely low pulse. The nurse then auscultates an apical pulse and asks the patient whether he has any complaints or a history of heart problems. The nurse is utilizing which critical thinking skill?
- Interpretation
 - Evaluation
 - Self-regulation
 - Explanation
- _____ 37. A toddler is going to have surgery on the right ear. Which teaching method is most appropriate for this developmental stage?
- Encourage independent learning.
 - Use discussion throughout the teaching session.
 - Apply a bandage to a doll's ear.
 - Develop a problem-solving scenario.
- _____ 38. A nurse preceptor is working with a student nurse. Which behavior by the student nurse will require the nurse preceptor to intervene?
- The student nurse reviews the patient's medical record.
 - The student nurse reads the patient's plan of care.
 - The student nurse shares patient information with a friend.
 - The student nurse documents medication administered to the patient.
- _____ 39. Conjoined twins are in the neonatal department of the community hospital until transfer to the closest medical center. A photographer from the local newspaper gets off the elevator on the neonatal floor and wants to take pictures of the infants. What initial action should the nurse take?
- Escort the cameraman to the neonatal unit while a few pictures are taken quietly.
 - Tell the cameraman where the hospital's public relations department is located.
 - Ask the cameraman to wait while permission is obtained from the physician.
 - Ask the cameraman how the pictures are to be used in the local newspaper.
- _____ 40. The nurse asks a patient where the pain is, and the patient responds by pointing to the area of pain. Which form of communication did the patient use?
- Verbal
 - Nonverbal
 - Intonation
 - Vocabulary
- _____ 41. A nurse has provided care to a patient. Which entry should the nurse document in the patient's record?
- "Patient seems to be in pain and states, 'I feel uncomfortable.'"
 - Status unchanged, doing well
 - Left abdominal incision 1 inch in length without redness, drainage, or edema
 - Patient is hard to care for and refuses all treatments and medications. Family present.

- _____ 42. During infant/child development, play is best recognized as
- A means to interact with the environment and relate to others.
 - Independent of cognitive and social development.
 - Nonexploratory and simply play.
 - Too soon to achieve milestones.
- _____ 43. A recent immigrant who does not speak English is alert and requires hospitalization. What is the initial action that the nurse must take to enable informed consent to be obtained?
- Ask a family member to translate what the nurse is saying.
 - Notify the health care provider that the patient doesn't speak English.
 - Request an official interpreter to explain the terms of consent.
 - Use hand gestures and medical equipment while explaining in English.
- _____ 44. Which issue has increased the attention paid to quality of life concerns in recent history?
- Health care disparities
 - National movement regarding disabled persons
 - Aging of the population
 - Health care financial reform
- _____ 45. In which nursing care model is the RN usually appointed the position of group leader?
- Total patient care
 - Primary nursing
 - Team nursing
 - Case management
- _____ 46. An obstetrical nurse comes across an automobile accident. The patient seems to have a crushed upper airway, and while waiting for emergency medical services to arrive, the nurse makes a cut in the trachea and inserts a straw from her purse to provide an airway. The patient survives and has a permanent problem with his vocal cords, making it difficult to talk. Which statement is true regarding the nurse's performance?
- The nurse acted appropriately and saved the patient's life.
 - The nurse acted within the guidelines of the Good Samaritan Law.
 - The nurse took actions beyond those that are standard and appropriate.
 - The nurse should have just stayed with the patient and waited for help.
- _____ 47. The nurse is caring for a hospitalized patient. Which of the following behaviors alerts the nurse to consider the need for restraint?
- The patient refuses to call for help to go to the bathroom.
 - The patient continues to remove the nasogastric tube.
 - The patient gets confused regarding the time at night.
 - The patient does not sleep and continues to ask for items.

- _____ 48. Which action best indicates that learning has occurred?
- A nurse presents information about diabetes.
 - A patient demonstrates how to inject insulin.
 - A family member listens to a lecture on diabetes.
 - A primary care provider hands a diabetes pamphlet to the patient.
- _____ 49. A nurse performs cardiopulmonary resuscitation (CPR) on a 92-year-old with brittle bones and breaks a rib during the procedure, which then punctures a lung. The patient recovers completely without any residual problems and sues the nurse for pain and suffering, and for malpractice. What key point will the prosecution attempt to prove?
- The CPR procedure was done incorrectly.
 - The patient would have died if nothing was done.
 - The patient was resuscitated according to policy.
 - Patients with brittle bones might sustain fractures when chest compressions are done.
- _____ 50. The nurse has become aware of missing narcotics in the patient care area. Which ethical principle obligates the nurse to report the missing medications?
- Advocacy
 - Responsibility
 - Confidentiality
 - Accountability
- _____ 51. Nurses who make the best communicators
- Develop critical thinking skills.
 - Like different kinds of people.
 - Learn effective psychomotor skills.
 - Maintain perceptual biases.
- _____ 52. The nurse is assessing a patient with a hearing deficit. Where is the best place to conduct this interview?
- The patient's room with the door closed
 - The waiting area with the television turned off
 - The patient's room before administration of pain medication
 - The patient's room while the occupational therapist is working on leg exercises
- _____ 53. The patient has a temperature of 105.2° F. The nurse is attempting to lower his temperature by providing tepid sponge baths and placing cool compresses in strategic body locations. The nurse is attempting to lower the patient's temperature through the use of
- Radiation.
 - Conduction.
 - Convection.
 - Evaporation.

- _____ 54. The nurse identifies that a patient has received Mylanta (simethicone) instead of the prescribed Pepto-Bismol (bismuth subsalicylate) for the problem of indigestion. The nurse's next intervention is to
- Do nothing, no harm has occurred.
 - Assess and monitor the patient.
 - Notify the physician, treat and document.
 - Complete an incident report.
- _____ 55. The nurse is evaluating whether patient goals and outcomes have been met. Which option below is an expected outcome for a patient with *Impaired physical mobility*?
- The patient is able to ambulate in the hallway with crutches.
 - The patient's level of mobility will improve.
 - The nurse provides assistance while the patient is walking in the hallways.
 - The patient will deny pain while walking in the hallway.
- _____ 56. Which of these statements would be most appropriate for a nurse to state when assessing an adult patient for growth and developmental delays?
- "How many times per week do you exercise?"
 - "Are you able to stand on one foot for 5 seconds?"
 - "Would you please describe your usual activities during the day?"
 - "How many hours a day do you spend watching television or sitting in front of a computer?"
- _____ 57. The following statements are on a patient's nursing care plan. Which of the following statements is written as an outcome?
- The patient will verbalize a decreased pain level less than 3 on a 0 to 10 scale by the end of this shift.
 - The patient will demonstrate increased mobility in 2 days.
 - The patient will demonstrate increased tolerance to activity over the next month.
 - The patient will understand needed dietary changes by discharge.
- _____ 58. A nursing assistant reports seeing a reddened area on the patient's hip while bathing the patient. The nurse should
- Go to the patient's room to assess the patient's skin.
 - Document the finding per the nursing assistant's report.
 - Request a wound nurse consult.
 - Ask the nursing assistant to apply a dressing over the reddened area.
- _____ 59. A febrile preschool-aged child presents to the after-hours clinic. Varicella is diagnosed on the basis of the illness history and the presence of small, circumscribed skin lesions filled with serous fluid. The nurse documents the varicellar lesions as which type of skin lesion?
- Vesicle
 - Wheal
 - Papule
 - Pustule

- _____ 60. A 70-year-old patient who suffers from worsening dementia is no longer able to live alone. When discussing health care services and possible long-term living arrangements with the patient's only son, what should the nurse suggest?
- An apartment setting with neighbors close by
 - Having the patient utilize weekly home health visits
 - A nursing center because home care is no longer safe
 - That placement is irrelevant because the patient is retreating to a place of inactivity
- _____ 61. A nurse is teaching a community group of school-aged parents about safety. The most important item to prioritize and explain is how to check the proper fit of
- a bicycle helmet.
 - swimming goggles.
 - soccer shin guards.
 - baseball sliding shorts.
- _____ 62. A nursing student in the final term of nursing school is overheard by a nursing faculty member telling another student that she got to insert a nasogastric tube in the emergency department while she was working as a nursing assistant. What advice is best for the nursing faculty member to give to the nursing student?
- "Just be careful when you are doing new procedures and make sure you are following directions by the nurse."
 - "Review your procedures before you go to work, so you will be prepared to do them if you have a chance."
 - "The nurse should not have allowed you to insert the nasogastric tube because something bad could have happened."
 - "You are not allowed to perform any procedures other than those in your job description even with the nurse's permission."
- _____ 63. A nurse is teaching a patient about the *Speak Up Initiatives*. Which information should the nurse include?
- The nurse is the center of the health care team.
 - If you still do not understand, ask again.
 - Ask a nurse to be your advocate or supporter.
 - Inappropriate medical tests are the most common mistakes.
- _____ 64. A nurse is standing beside the patient's bed.
Nurse: How are you doing?
Patient: I don't feel good.
In this situation, which element is the feedback?
- Nurse
 - Patient
 - How are you doing?
 - I don't feel good.

- _____ 65. The nurse is admitting a patient with an infectious disease process. What question would be appropriate for a nurse to ask this patient?
- “Do you have a chronic disease, and how long have you had it?”
 - “Do you have any children living in the home?”
 - “What is your marital status—single, married, or divorced?”
 - “Do you have any cultural or religious beliefs that will influence your care?”
- _____ 66. A nursing student has been written up several times for being late with providing patient care and for omitting aspects of patient care and not knowing basic procedures that were taught in the skills course one term earlier. The nursing student says, “I don’t understand what the big deal is. As my instructor, you are there to protect me and make sure I don’t make mistakes.” What is the best response from the nursing instructor?
- “You are expected to perform at the level of a professional nurse.”
 - “You are expected to perform at the level of a nursing student.”
 - “You are practicing under the license of the nurse assigned to the patient.”
 - “You are expected to perform at the level of a skilled nursing assistant.”
- _____ 67. While interviewing an older female patient of Asian descent, the nurse notices that the patient looks at the ground when answering questions. This nurse should
- Notify the physician to recommend a psychological evaluation.
 - Consider cultural differences during this assessment.
 - Ask the patient to make eye contact to determine her affect.
 - Continue with the interview and document that the patient is depressed.
- _____ 68. A nurse is preparing to teach a patient about heart failure. Which environment is best for patient learning?
- A darkened, quiet room
 - A well-lit, ventilated room
 - A private room at 85° F temperature
 - A group room for 10 to 12 patients with heart failure
- _____ 69. A nurse is using SOLER to facilitate active listening. Which technique should the nurse use for R?
- Relax
 - Respect
 - Reminisce
 - Reassure

- ___ 70. A nurse developed the following discharge summary sheet. Which critical information should be added?

TOPIC	DISCHARGE SUMMARY
Medication	
Diet	
Activity level	
Follow-up care	
Wound care	
Phone numbers	
When to call the doctor	
Time of discharge	

- a. Kardex form
 b. Admission nursing history
 c. Mode of transportation
 d. SOAP notes
- ___ 71. The use of critical thinking skills during the assessment phase of the nursing process ensures that the nurse
- a. Completes a comprehensive database.
 b. Identifies pertinent nursing diagnoses.
 c. Intervenes based on patient goals and priorities of care.
 d. Determines whether outcomes have been achieved.
- ___ 72. When choosing an appropriate topic for a young adult health fair, the nurse ranks which topic as least relevant?
- a. Unplanned pregnancies
 b. Menopause and climacteric factors
 c. Smoking cessation
 d. Alcohol and drug use
- ___ 73. As the aging population in the United States increases, the nurse knows that the
- a. Baby boomer generation accounts for a very small percentage of this group.
 b. Extension of the average life span has also increased.
 c. Population segment over age 85 is decreasing.
 d. Diversity of this age group will certainly decrease.
- ___ 74. Which of these questions would be most appropriate for a nurse to ask a patient to assist in establishing a nursing diagnosis of *Diarrhea*?
- a. "What types of foods do you think caused your upset stomach?"
 b. "How many bowel movements a day have you had?"
 c. "Are you able to get to the bathroom in time?"
 d. "What medications are you currently taking?"

- _____ 75. A patient's plan of care includes the goal of increasing mobility this shift. As the patient is ambulating to the bathroom at the beginning of the shift, the patient suffers a fall. The nurse should revise the plan of care first by
- Asking physical therapy to assist the patient because of the new injuries.
 - Disregarding all previous diagnoses and establishing a new plan of care.
 - Reassessing the patient.
 - Setting new priorities for the patient.
- _____ 76. A newly hired experienced nurse is preparing to change a patient's abdominal dressing and hasn't done it before at this hospital. Which action by the nurse is best?
- Ask another nurse to do it so the correct method can be viewed.
 - Check the policy and procedure manual for the agency's method.
 - Change the dressing using the method taught in nursing school.
 - Ask the patient how the dressing change has been recently done.
- _____ 77. After providing care, a nurse charts in the patient's record. Which entry should the nurse document?
- Appears restless when sitting in the chair
 - Drank adequate amounts of water
 - Apparently is asleep with eyes closed
 - Skin pale and cool
- _____ 78. A new graduate nurse is not sure what the heart sound is that she is listening to on a patient. To avoid diagnostic error, what should the nurse do?
- Assign the nursing diagnosis of *Decreased cardiac output*.
 - Ask the patient if he has a history of cardiac problems before assigning the diagnosis of *Decisional conflict*.
 - Check the previous shift's assessment and document what was noted on the last shift.
 - Ask a more experienced nurse to listen also.
- _____ 79. A nurse is assigned to care for the following patients who all need vital signs taken right now. Which of these patients is most appropriate for the nurse to delegate vital sign measurement to nursing assistive personnel (NAP)?
- Patient scheduled for a procedure in the nuclear medicine department
 - Patient transferring from the intensive care unit (ICU)
 - Patient returning from cardiac catheterization
 - Patient returning from hip replacement surgery
- _____ 80. According to Piaget's theory of cognitive development, the nurse should allow a hospitalized 4-year-old patient to safely play with
- The pump administering intravenous fluids.
 - The blood pressure cuff.
 - A baseball bat.
 - A book to read alone in a quiet place.

- _____ 81. A nurse wants to present information about flu immunizations to the elderly in the community. Which type of communication should the nurse use?
- Interpersonal
 - Public
 - Transpersonal
 - Small group
- _____ 82. A young woman who is pregnant with a fetus exposed to multiple teratogens consents to have her fetus undergo serial PUBS (percutaneous umbilical blood sampling) to examine how exposure affects the fetus over time. Although these tests will not improve the fetus' outcomes and will expose it to some risks, the information gathered may help infants in the future. Which ethical principle is at greatest risk?
- Autonomy
 - Fidelity
 - Nonmaleficence
 - Beneficence
- _____ 83. Which statement by the nurse best explains the importance of play during the toddler stage of development?
- "Exploration can suppress the toddler's curiosity to promote safety."
 - "Parental control during play will eliminate the frustration of learning self-control."
 - "Play can enhance cognitive and psychosocial development."
 - "Play will enhance the toddler's ability to explore the environment safely without supervision."
- _____ 84. Before implementing any intervention, the nurse uses critical thinking to
- Determine whether an intervention is correct and appropriate for the given situation.
 - Evaluate the effectiveness of interventions.
 - Establish goals for a particular patient without the need for reassessment.
 - Read over the steps and perform a procedure despite lack of clinical competency.
- _____ 85. Which of these findings, when evaluating another nurse developing a plan of care, should the charge nurse recognize as a source of diagnostic error?
- Assigning diagnoses while completing the database
 - Assigning a documented nursing diagnosis of *Risk for infection* for a patient on intravenous antibiotics
 - Completing the interview before performing the physical examination
 - Documenting cultural and religious preferences

- _____ 86. A newly admitted patient who is morbidly obese asks the nurse to assist her to the bathroom for the first time. What should the nurse do first?
- Ask for at least two other assistive personnel to come to the room.
 - Medicate the patient to alleviate discomfort while ambulating.
 - Offer the patient a walker.
 - Review the patient's activity orders.
- _____ 87. The nurse values autonomy above all other principles. Which patient assignment will the nurse find most difficult to accept?
- Teenager in labor who requests epidural anesthesia
 - Middle-aged father of three with an advance directive declining life support
 - Elderly patient who requires dialysis
 - Family elder who is making the decisions for a 30-year-old female member
- _____ 88. A nurse notices that his neighbor's preschool children are often playing on the sidewalk and in the street unsupervised and repeatedly takes them back to their home and talks with the parent available, but the situation continues. What immediate action by the nurse is mandated by law?
- Talk with both parents about safety needs of their children.
 - Contact the appropriate community child protection agency.
 - Tell the parents that the authorities will be contacted shortly.
 - Take pictures of the children to support the overt child abuse.
- _____ 89. While completing an admission database, the nurse is interviewing a patient who states that he is allergic to latex. The most appropriate nursing action is to first
- Leave the room and place the patient in isolation.
 - Ask the patient to describe the type of reaction.
 - Proceed to the termination phase of the interview.
 - Document the latex allergy on the medication administration record.
- _____ 90. The nurse discussed threats to adult safety with a college group. Which of the following statements would indicate understanding of the topic?
- "Our campus is safe; we leave our dorms unlocked all the time."
 - "As long as I have only two drinks, I can still be the designated driver."
 - "I am young, so I can work nights and go to school with 2 hours' sleep."
 - "I guess smoking even at parties is not good for my body."
- _____ 91. A patient recovering from a leg fracture after a fall states that he has dull pain in the affected leg and rates it as a 7 on a 0 to 10 scale. The patient is not able to walk around in the room with crutches because of leg discomfort. What is the priority nursing intervention for this patient?
- Assist the patient to walk in the room with crutches.
 - Obtain a walker for the patient.
 - Consult physical therapy.
 - Administer pain medication.

- ___ 92. Which of these approaches would be most appropriate for a nurse to take when faced with the challenge of performing many tasks in one shift?
- Evaluate the effectiveness of all tasks when all tasks are completed.
 - Delegate tasks the nurse does not like doing.
 - Do as much as possible by oneself before seeking assistance from others.
 - Complete one task before starting another task.
- ___ 93. The patient's son requests to view the documentation in his mother's medical record. What is the nurse's best response to this request?
- "I'll be happy to get that for you."
 - "You will have to talk to the physician about that."
 - "You will need your mother's permission."
 - "You are not allowed to see it."
- ___ 94. Which intervention is most appropriate for a patient who has a new onset of chest pain?
- Administer a prn medication for pain.
 - Reassess the patient because of the change in condition.
 - Notify the health care provider.
 - Call radiology for a portable chest x-ray.
- ___ 95. Which of these statements made by a patient who has *Disturbed body image* is the best indicator of the patient's patient early acceptance of body image?
- "I just won't go to the pool this summer."
 - "I'm worried about what those other girls will think of me."
 - "I can't wear that color. It makes my hips stick out."
 - "I'll wear the blue dress. It matches my eyes."
- ___ 96. A 17-year-old patient, dying of heart failure, wants to have his organs removed for transplantation after his death. What action by the nurse is correct?
- Prepare the organ donation form for the patient to sign while he is still oriented.
 - Instruct the patient to talk with his parents about his desire to donate his organs.
 - Notify the physician about the patient's desire to donate his organs.
 - Contact the United Network for Organ Sharing after talking with the patient.
- ___ 97. Encouraging children to play a game of kickball would be best suited for which age group?
- Infant
 - Toddler
 - Preschool
 - School-aged

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

- _____ 1. The nurse should instruct the parents of an adolescent about which of the following health concerns? *(Select all that apply.)*
- a. Signs of substance abuse
 - b. Suicide prevention
 - c. Safe sex practices
 - d. Pregnancy
 - e. Gonadotropic hormone stimulation
 - f. Voice changes
- _____ 2. A nurse gives an incorrect medication to a patient without doing all of the mandatory checks, but the patient has no ill effects from the medication. What actions should the nurse take after reassessing the patient? *(Select all that apply.)*
- a. Notify the health care provider of the situation.
 - b. Document in the patient's medical record that an occurrence report was filed.
 - c. Document in the patient's medical record why the omission occurred.
 - d. Discuss what happened with all of the other nurses and staff on the unit.
 - e. Continue to monitor the patient for any untoward effects from the medication.
 - f. Send an occurrence report to risk management after completing it.
- _____ 3. Which of the following are examples of evaluative measures that a nurse should utilize when determining the patient's response to nursing care? *(Select all that apply.)*
- a. Observations of wound healing
 - b. Assessment of respiratory rate and depth
 - c. Blood pressure measurement
 - d. Implementation of nursing interventions
 - e. Patient's subjective report of feelings about a new diagnosis of cancer