

Exam

Name _____

MULTIPLE CHOICE. Choose the one alternative that best completes the statement or answers the question.

1) Which statement is true regarding homeopathy?

1) _____

- A) It is a Japanese technique of energy healing.
- B) A small amount of a substance will stimulate the immune response.
- C) It utilizes natural techniques such as vitamins and diet to restore health.
- D) Pressure applied to trigger points helps to balance energy.

Answer: B

Explanation: A) Homeopathy is a health belief system that encourages the stimulation of the immune system by a small amount of a disease trigger. Reiki is a Japanese system of energy healing and acupuncture uses trigger points that promote healing and energy balance. Naturopathy uses vitamins and diet as part of the health restoration process.

Implementation

Health promotion and maintenance

Application

B) Homeopathy is a health belief system that encourages the stimulation of the immune system by a small amount of a disease trigger. Reiki is a Japanese system of energy healing and acupuncture uses trigger points that promote healing and energy balance. Naturopathy uses vitamins and diet as part of the health restoration process.

Implementation

Health promotion and maintenance

Application

C) Homeopathy is a health belief system that encourages the stimulation of the immune system by a small amount of a disease trigger. Reiki is a Japanese system of energy healing and acupuncture uses trigger points that promote healing and energy balance. Naturopathy uses vitamins and diet as part of the health restoration process.

Implementation

Health promotion and maintenance

Application

D) Homeopathy is a health belief system that encourages the stimulation of the immune system by a small amount of a disease trigger. Reiki is a Japanese system of energy healing and acupuncture uses trigger points that promote healing and energy balance. Naturopathy uses vitamins and diet as part of the health restoration process.

Implementation

Health promotion and maintenance

Application

2) The goal of tertiary health care is:

- A) Health maintenance.
- C) Illness prevention.

- B) Restoration of maximum function.
- D) Resolution of acute conditions.

2) _____

Answer: B

- Explanation:
- A) Tertiary care includes rehabilitation, chronic, and terminal conditions. The goal is to restore maximum function. Illness prevention and health maintenance are primary care activities and treating acute conditions is secondary health care.
Diagnosis
Safe, effective care environment
Application
 - B) Tertiary care includes rehabilitation, chronic, and terminal conditions. The goal is to restore maximum function. Illness prevention and health maintenance are primary care activities and treating acute conditions is secondary health care.
Diagnosis
Safe, effective care environment
Application
 - C) Tertiary care includes rehabilitation, chronic, and terminal conditions. The goal is to restore maximum function. Illness prevention and health maintenance are primary care activities and treating acute conditions is secondary health care.
Diagnosis
Safe, effective care environment
Application
 - D) Tertiary care includes rehabilitation, chronic, and terminal conditions. The goal is to restore maximum function. Illness prevention and health maintenance are primary care activities and treating acute conditions is secondary health care.
Diagnosis
Safe, effective care environment
Application

- 3) Which of the following situations best represents the infant mortality rates for a population? 3) _____
- A) A state health department reports 12 deaths in children under age 1 for every 1000 births each year.
 - B) A hospital has 5 stillbirths and 400 live births annually.
 - C) There are 10,000 children that die annually in a given country.
 - D) A county reports 7 SIDS related deaths, 4 AIDS related deaths and 5 accidental deaths in a single year.

Answer: A

- Explanation:
- A) The infant mortality rate is the number of deaths during the first year of life out of 1000 live births. The other statements do not correctly describe infant mortality.
Assessment
Safe, effective care environment
Application
 - B) The infant mortality rate is the number of deaths during the first year of life out of 1000 live births. The other statements do not correctly describe infant mortality.
Assessment
Safe, effective care environment
Application
 - C) The infant mortality rate is the number of deaths during the first year of life out of 1000 live births. The other statements do not correctly describe infant mortality.
Assessment
Safe, effective care environment
Application
 - D) The infant mortality rate is the number of deaths during the first year of life out of 1000 live births. The other statements do not correctly describe infant mortality.
Assessment
Safe, effective care environment
Application

4) Which of the following is objective data? Select all that apply.

4) _____

- A) Pain 5/10
- B) Incision is reddened
- C) Temperature 98.7°F
- D) Nausea
- E) Hemoglobin 12.6

Answer: B, C, E

- Explanation:
- A) Objective data is data that is observed or measured, including vital signs, assessments, and lab tests. Information that the client reports, such as pain or nausea, is subjective data.
Assessment
Safe, effective care environment
Analysis
 - B) Objective data is data that is observed or measured, including vital signs, assessments, and lab tests. Information that the client reports, such as pain or nausea, is subjective data.
Assessment
Safe, effective care environment
Analysis
 - C) Objective data is data that is observed or measured, including vital signs, assessments, and lab tests. Information that the client reports, such as pain or nausea, is subjective data.
Assessment
Safe, effective care environment
Analysis
 - D) Objective data is data that is observed or measured, including vital signs, assessments, and lab tests. Information that the client reports, such as pain or nausea, is subjective data.
Assessment
Safe, effective care environment
Analysis
 - E) Objective data is data that is observed or measured, including vital signs, assessments, and lab tests. Information that the client reports, such as pain or nausea, is subjective data.
Assessment
Safe, effective care environment
Analysis

- 5) Changes in the health care delivery system have brought about changes in the way care providers view those that they treat. Which of the following terms implies that the recipient of health care services is an active participant in the health care process with both rights and responsibilities? 5) _____
- A) Advocate B) Client C) Consumer D) Client

Answer: D

- Explanation: A) "Client" is the term that describes the individual actively participating in his or her own care. The term "client" is associated with an individual that receives care, and a consumer is an individual who purchases a commodity. An advocate is one who promotes productive changes in health care practices.
Assessment
Health promotion and maintenance
Application
- B) "Client" is the term that describes the individual actively participating in his or her own care. The term "client" is associated with an individual that receives care, and a consumer is an individual who purchases a commodity. An advocate is one who promotes productive changes in health care practices.
Assessment
Health promotion and maintenance
Application
- C) "Client" is the term that describes the individual actively participating in his or her own care. The term "client" is associated with an individual that receives care, and a consumer is an individual who purchases a commodity. An advocate is one who promotes productive changes in health care practices.
Assessment
Health promotion and maintenance
Application
- D) "Client" is the term that describes the individual actively participating in his or her own care. The term "client" is associated with an individual that receives care, and a consumer is an individual who purchases a commodity. An advocate is one who promotes productive changes in health care practices.
Assessment
Health promotion and maintenance
Application

- 6) Which of the following situations describes the evaluation step of the nursing process? 6) _____
- A) The nurse that notifies a physician when a child has a pulse rate of 180
B) The nurse that repeats a temperature after giving Tylenol to a febrile client
C) The nurse that documents intake and output in the client's chart
D) The nurse that wraps a baby in a warm blanket after a bath

Answer: B

- Explanation: A) Evaluation is the part of the nursing process that includes reassessment of the client after the nurse has provided an intervention for a problem. Retaking a temperature allows the nurse to determine the effectiveness of the Tylenol administration. Documentation and client care are part of the implementation phase of the nursing process. Contacting a physician is part of the diagnosis phase of the nursing process.
Evaluation
Health promotion and maintenance
Application

B) Evaluation is the part of the nursing process that includes reassessment of the client after the nurse has provided an intervention for a problem. Retaking a temperature allows the nurse to determine the effectiveness of the Tylenol administration. Documentation and client care are part of the implementation phase of the nursing process. Contacting a physician is part of the diagnosis phase of the nursing process.

Evaluation

Health promotion and maintenance

Application

C) Evaluation is the part of the nursing process that includes reassessment of the client after the nurse has provided an intervention for a problem. Retaking a temperature allows the nurse to determine the effectiveness of the Tylenol administration. Documentation and client care are part of the implementation phase of the nursing process. Contacting a physician is part of the diagnosis phase of the nursing process.

Evaluation

Health promotion and maintenance

Application

D) Evaluation is the part of the nursing process that includes reassessment of the client after the nurse has provided an intervention for a problem. Retaking a temperature allows the nurse to determine the effectiveness of the Tylenol administration. Documentation and client care are part of the implementation phase of the nursing process. Contacting a physician is part of the diagnosis phase of the nursing process.

Evaluation

Health promotion and maintenance

Application

- 7) The historic use of medications that produced "twilight sleep" during labor was discontinued because the use of this type of medication caused an increase in the: 7) _____
- A) Maternal mortality rate.
 - B) Infant mortality rate.
 - C) Preterm birth rate.
 - D) Cesarean birth rate.

Answer: D

- Explanation:
- A) The cesarean birth rate rose because the anesthesia reduced the ability of the laboring woman to push effectively. The maternal and infant mortality rates were reduced and the preterm birth rate was not affected by the change in anesthesia methods.
Evaluation
Safe, effective care environment
Application
 - B) The cesarean birth rate rose because the anesthesia reduced the ability of the laboring woman to push effectively. The maternal and infant mortality rates were reduced and the preterm birth rate was not affected by the change in anesthesia methods.
Evaluation
Safe, effective care environment
Application
 - C) The cesarean birth rate rose because the anesthesia reduced the ability of the laboring woman to push effectively. The maternal and infant mortality rates were reduced and the preterm birth rate was not affected by the change in anesthesia methods.
Evaluation
Safe, effective care environment
Application
 - D) The cesarean birth rate rose because the anesthesia reduced the ability of the laboring woman to push effectively. The maternal and infant mortality rates were reduced and the preterm birth rate was not affected by the change in anesthesia methods.
Evaluation
Safe, effective care environment
Application

- 8) Which of the following represents appropriate delegation? 8) _____
- A) The LPN/LVN delegates to the unlicensed assistive personnel to record the intake and output for a client following surgery.
 - B) The CNA asks another CNA to remove the Foley catheter of a postoperative client.
 - C) The LPN/LVN delegates vital signs for a client receiving a blood transfusion to the CNA.
 - D) The registered nurse asks the LPN/LVN to obtain vital signs and an assessment of the client immediately following a seizure.

Answer: A

- Explanation:
- A) Recording intake and output for a client following surgery is a task that would be appropriate for delegation, and the LPN/LVN can delegate to the CNA. One CNA cannot delegate to another CNA. A client that just had a seizure would not be an appropriate client for the RN to delegate any tasks for care by other personnel. A client who is receiving a blood transfusion should only be assessed by licensed personnel.
Planning
Safe, effective care environment
Analysis

B) Recording intake and output for a client following surgery is a task that would be appropriate for delegation, and the LPN/LVN can delegate to the CNA. One CNA cannot delegate to another CNA. A client that just had a seizure would not be an appropriate client for the RN to delegate any tasks for care by other personnel. A client who is receiving a blood transfusion should only be assessed by licensed personnel.

Planning

Safe, effective care environment

Analysis

C) Recording intake and output for a client following surgery is a task that would be appropriate for delegation, and the LPN/LVN can delegate to the CNA. One CNA cannot delegate to another CNA. A client that just had a seizure would not be an appropriate client for the RN to delegate any tasks for care by other personnel. A client who is receiving a blood transfusion should only be assessed by licensed personnel.

Planning

Safe, effective care environment

Analysis

D) Recording intake and output for a client following surgery is a task that would be appropriate for delegation, and the LPN/LVN can delegate to the CNA. One CNA cannot delegate to another CNA. A client that just had a seizure would not be an appropriate client for the RN to delegate any tasks for care by other personnel. A client who is receiving a blood transfusion should only be assessed by licensed personnel.

Planning

Safe, effective care environment

Analysis

- 9) An LPN/LVN should determine the competence of an individual to perform a given task. If the individual has been certified as a Nursing Assistant, the nurse should:
- A) Teach a class for CNAs before delegation.
 - B) Discuss the procedure with the CNA.
 - C) See a copy of the certification.
 - D) Observe the CNA as the task is performed.

9) _____

Answer: D

- Explanation:
- A) Before delegating a task, the licensed nurse should determine the competency of the CNA and that can best be accomplished by observation. The other choices would not give the nurse the proof that the CNA could safely complete the task.
Implementation
Safe, effective care environment
Application
 - B) Before delegating a task, the licensed nurse should determine the competency of the CNA and that can best be accomplished by observation. The other choices would not give the nurse the proof that the CNA could safely complete the task.
Implementation
Safe, effective care environment
Application
 - C) Before delegating a task, the licensed nurse should determine the competency of the CNA and that can best be accomplished by observation. The other choices would not give the nurse the proof that the CNA could safely complete the task.
Implementation
Safe, effective care environment
Application
 - D) Before delegating a task, the licensed nurse should determine the competency of the CNA and that can best be accomplished by observation. The other choices would not give the nurse the proof that the CNA could safely complete the task.
Implementation
Safe, effective care environment
Application

- 10) The LPN/LVN can evaluate whether or not it would be appropriate to perform a given task if the task meets which of the following criteria? Select all that apply.
- A) No other personnel are available to perform the task
 - B) Permitted by the State Board of Nursing
 - C) Part of the nurse's basic education program
 - D) The client's life is in jeopardy if the task is not performed
 - E) The employer has policies and procedures on file for the task

10) _____

Answer: B, C, E

- Explanation:
- A) When an LPN/LVN is deciding whether performance of a task is appropriate, it must be determined if the task is within the scope of nursing practice as described by the State Board of Nursing and if the employer has documented within the facility how and when the task should be performed. The nurse should also know how to perform the task, and that would be documented if the task were part of the basic education program or the nurse has received appropriate supervision/training to perform the task. The nurse should not perform the task even if there is no one else available to perform the task or the client is in jeopardy.
Implementation
Safe, effective care environment
Application

- B) When an LPN/LVN is deciding whether performance of a task is appropriate, it must be determined if the task is within the scope of nursing practice as described by the State Board of Nursing and if the employer has documented within the facility how and when the task should be performed. The nurse should also know how to perform the task, and that would be documented if the task were part of the basic education program or the nurse has received appropriate supervision/training to perform the task. The nurse should not perform the task even if there is no one else available to perform the task or the client is in jeopardy.
Implementation
Safe, effective care environment
Application
- C) When an LPN/LVN is deciding whether performance of a task is appropriate, it must be determined if the task is within the scope of nursing practice as described by the State Board of Nursing and if the employer has documented within the facility how and when the task should be performed. The nurse should also know how to perform the task, and that would be documented if the task were part of the basic education program or the nurse has received appropriate supervision/training to perform the task. The nurse should not perform the task even if there is no one else available to perform the task or the client is in jeopardy.
Implementation
Safe, effective care environment
Application
- D) When an LPN/LVN is deciding whether performance of a task is appropriate, it must be determined if the task is within the scope of nursing practice as described by the State Board of Nursing and if the employer has documented within the facility how and when the task should be performed. The nurse should also know how to perform the task, and that would be documented if the task were part of the basic education program or the nurse has received appropriate supervision/training to perform the task. The nurse should not perform the task even if there is no one else available to perform the task or the client is in jeopardy.
Implementation
Safe, effective care environment
Application
- E) When an LPN/LVN is deciding whether performance of a task is appropriate, it must be determined if the task is within the scope of nursing practice as described by the State Board of Nursing and if the employer has documented within the facility how and when the task should be performed. The nurse should also know how to perform the task, and that would be documented if the task were part of the basic education program or the nurse has received appropriate supervision/training to perform the task. The nurse should not perform the task even if there is no one else available to perform the task or the client is in jeopardy.
Implementation
Safe, effective care environment
Application

- 11) The community-based LPN/LVN must demonstrate successful integration of a variety of practice roles. Nurses may demonstrate this role diversity when working without compensation at the local free clinic, translating a handout from English to Spanish for parents when their children are admitted to the hospital, and meeting with a registered nurse, respiratory therapist, physical therapist, and chaplain to discuss the care of a homebound client. These nurses are demonstrating which of the following roles? Select all that apply.
- A) Community volunteer
 - B) Community educator

11) _____

- C) Collaborator
- D) Consultant
- E) Cultural competence

Answer: A, C, E

- Explanation:
- A) A nurse that works without pay is a community volunteer, a nurse that provides a translated handout for non-English speaking clients is demonstrating cultural competence, and a nurse that meets with other professionals to plan care is in the role of collaborator. These examples are not of a community educator or consultant.
Planning
Safe, effective care environment
Application
 - B) A nurse that works without pay is a community volunteer, a nurse that provides a translated handout for non-English speaking clients is demonstrating cultural competence, and a nurse that meets with other professionals to plan care is in the role of collaborator. These examples are not of a community educator or consultant.
Planning
Safe, effective care environment
Application
 - C) A nurse that works without pay is a community volunteer, a nurse that provides a translated handout for non-English speaking clients is demonstrating cultural competence, and a nurse that meets with other professionals to plan care is in the role of collaborator. These examples are not of a community educator or consultant.
Planning
Safe, effective care environment
Application
 - D) A nurse that works without pay is a community volunteer, a nurse that provides a translated handout for non-English speaking clients is demonstrating cultural competence, and a nurse that meets with other professionals to plan care is in the role of collaborator. These examples are not of a community educator or consultant.
Planning
Safe, effective care environment
Application
 - E) A nurse that works without pay is a community volunteer, a nurse that provides a translated handout for non-English speaking clients is demonstrating cultural competence, and a nurse that meets with other professionals to plan care is in the role of collaborator. These examples are not of a community educator or consultant.
Planning
Safe, effective care environment
Application

12) Which of the following represents a primary care activity?

12) _____

- A) Postoperative care following a tonsillectomy
- B) Outclient chemotherapy infusion for a child with leukemia
- C) Hospice care for a child with muscular dystrophy
- D) Immunization updates as part of a preschool physical examination

Answer: D

- Explanation:
- A) Primary care activities are those that represent health promotion or disease prevention activities. Immunizations are a disease prevention activity. Outclient chemotherapy and postoperative care after a tonsillectomy would both be secondary health care activities since they involve an acute disease or situation. Hospice care would be tertiary care.
Planning
Health promotion and maintenance
Analysis
 - B) Primary care activities are those that represent health promotion or disease prevention activities. Immunizations are a disease prevention activity. Outclient chemotherapy and postoperative care after a tonsillectomy would both be secondary health care activities since they involve an acute disease or situation. Hospice care would be tertiary care.
Planning
Health promotion and maintenance
Analysis
 - C) Primary care activities are those that represent health promotion or disease prevention activities. Immunizations are a disease prevention activity. Outclient chemotherapy and postoperative care after a tonsillectomy would both be secondary health care activities since they involve an acute disease or situation. Hospice care would be tertiary care.
Planning
Health promotion and maintenance
Analysis
 - D) Primary care activities are those that represent health promotion or disease prevention activities. Immunizations are a disease prevention activity. Outclient chemotherapy and postoperative care after a tonsillectomy would both be secondary health care activities since they involve an acute disease or situation. Hospice care would be tertiary care.
Planning
Health promotion and maintenance
Analysis

13) Which of the following clients should the LPN/LVN check on first at the start of a morning shift?

13) _____

- A) The woman at 8 weeks gestation admitted from the emergency room for heavy vaginal bleeding 2 hours ago
- B) The postpartum client and her newborn that are planning to be discharged later in the morning
- C) The first day postoperative cesarean client that has an IV antibiotic due in 1 hour
- D) The newborn that is being treated with phototherapy using a BiliBlanket

Answer: A

Explanation: A) The client that is bleeding heavily at 8 weeks gestation is at the greatest risk when the nurse prioritizes care by airway, breathing, and circulation; the bleeding would be the key factor in the prioritization. The client about to be discharged would be stable and not likely to need immediate assessment. The newborn being treated with phototherapy should be seen as a second priority but would not be as acute as the bleeding client. The antibiotic should be administered within 1 hour of the designated time.

Planning

Safe, effective care environment

Analysis

B) The client that is bleeding heavily at 8 weeks gestation is at the greatest risk when the nurse prioritizes care by airway, breathing, and circulation; the bleeding would be the key factor in the prioritization. The client about to be discharged would be stable and not likely to need immediate assessment. The newborn being treated with phototherapy should be seen as a second priority but would not be as acute as the bleeding client. The antibiotic should be administered within 1 hour of the designated time.

Planning

Safe, effective care environment

Analysis

C) The client that is bleeding heavily at 8 weeks gestation is at the greatest risk when the nurse prioritizes care by airway, breathing, and circulation; the bleeding would be the key factor in the prioritization. The client about to be discharged would be stable and not likely to need immediate assessment. The newborn being treated with phototherapy should be seen as a second priority but would not be as acute as the bleeding client. The antibiotic should be administered within 1 hour of the designated time.

Planning

Safe, effective care environment

Analysis

D) The client that is bleeding heavily at 8 weeks gestation is at the greatest risk when the nurse prioritizes care by airway, breathing, and circulation; the bleeding would be the key factor in the prioritization. The client about to be discharged would be stable and not likely to need immediate assessment. The newborn being treated with phototherapy should be seen as a second priority but would not be as acute as the bleeding client. The antibiotic should be administered within 1 hour of the designated time.

Planning

Safe, effective care environment

Analysis

14) Which of the following represents the implementation phase of the nursing process?

14) _____

- A) The nurse obtaining vital signs
- B) The nurse discussing medications with a pharmacist
- C) The nurse repositioning a client who reports pain
- D) The nurse reviewing new physician orders

Answer: C

- Explanation:
- A) Repositioning a client represents implementation of a nursing intervention. Obtaining vital signs is nursing assessment. Reviewing new physician orders and discussing medication side effects would be part of the planning phase of the nursing process.
Implementation
Safe, effective care environment
Application
 - B) Repositioning a client represents implementation of a nursing intervention. Obtaining vital signs is nursing assessment. Reviewing new physician orders and discussing medication side effects would be part of the planning phase of the nursing process.
Implementation
Safe, effective care environment
Application
 - C) Repositioning a client represents implementation of a nursing intervention. Obtaining vital signs is nursing assessment. Reviewing new physician orders and discussing medication side effects would be part of the planning phase of the nursing process.
Implementation
Safe, effective care environment
Application
 - D) Repositioning a client represents implementation of a nursing intervention. Obtaining vital signs is nursing assessment. Reviewing new physician orders and discussing medication side effects would be part of the planning phase of the nursing process.
Implementation
Safe, effective care environment
Application

SHORT ANSWER. Write the word or phrase that best completes each statement or answers the question.

15) List the following nursing actions in the order they should occur when the LPN/LVN is using the nursing process. 15) _____

1. Determines that a client has severe pain in the abdomen following a cesarean section
2. Flushes the IV line and gives 25 mg of Demerol over 2 minutes
3. Documents that the client is able to turn from side to side without grimacing
4. Reviews the physician order sheet and the medication administration record for available drug therapies

Answer: 1, 4, 2, 3

Explanation: The nursing process begins with assessment and determining that the client has pain. The second step is planning, which includes verifying the physician order and checking the medication administration record to determine what drugs and doses can be given to relieve the pain. The next step is implementation and the actual administration of the Demerol, and the final step is evaluation when the client is demonstrating improvement in comfort because the client can move easily from side to side.

Implementation

Safe, effective care environment

Application

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Answer Key

Testname: C1

- 1) B
- 2) B
- 3) A
- 4) B, C, E
- 5) D
- 6) B
- 7) D
- 8) A
- 9) D
- 10) B, C, E
- 11) A, C, E
- 12) D
- 13) A
- 14) C
- 15) 1, 4, 2, 3