

Perry: Maternal Child Nursing Care, 4th Edition

Chapter 3: Community and Home Care

Test Bank

MULTIPLE CHOICE

1. The nurse should be aware that a statistic widely used to compare the health status of different populations would be the:
 - a. Incidence of specific infections such as acquired immunodeficiency syndrome (AIDS) and tuberculosis.
 - b. Infant mortality rate.
 - c. Maternal morbidity rate.
 - d. Incidence of low-birth-weight infants.

ANS: B

City, county, and state health departments provide annual reports of births and deaths. Maternal and infant death rates are particularly important because they reflect health outcomes that may be preventable. Incidence of specific infections, maternal morbidity rate, and incidence of low-birth-weight infants may be targets of research studies, but maternal and infant mortality rates are particularly important.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 30
OBJ: Client Needs: Health Promotion and Maintenance
TOP: Nursing Process: Assessment

2. Which health care service represents the primary level of prevention?
 - a. Immunizations
 - b. Breast self-examination
 - c. Home care for high risk pregnancies
 - d. Blood pressure screening

ANS: A

Primary prevention involves health promotion and disease prevention activities to reduce the occurrence of illness and enhance general health and quality of life. This includes immunizations, using infant car seats, and health education to prevent tobacco use. Breast self-examination is an example of secondary prevention, which involves early detection of health problems. Home care for a high risk pregnancy is an example of tertiary prevention. This level of care follows the occurrence of a defect or disability. Blood pressure screening is an example of secondary prevention. It is a screening tool for early detection of a health care problem.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 29
OBJ: Client Needs: Health Promotion and Maintenance
TOP: Nursing Process: Implementation

3. What is the primary difference between hospital care and home health care?
 - a. Home care is routinely delivered continuously by professional staff.

- b. Home care is delivered on an intermittent basis by professional staff.
- c. Home care is delivered for emergency conditions.
- d. Home care is not available 24 hours a day.

ANS: B

Home care generally is delivered on an intermittent basis by professional staff. The primary difference between health care in a hospital and home care is the absence of the continuous presence of professional health care providers in a client's home. Generally home health care entails intermittent care by a professional who visits the client's home for a particular reason and provides care on site for periods shorter than 4 hours at a time.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 36

OBJ: Client Needs: Safe and Effective Care Environment

TOP: Nursing Process: Implementation

4. Which situation would be considered safe by a nurse who is making a home visit?
- a. A group of teens is sitting on the stairs in front of the client's apartment.
 - b. Parking is only possible 3 blocks from the client's house because no space is available in front of the house.
 - c. The family dog is on a chain in the front yard.
 - d. The door of the home is open when the nurse arrives.

ANS: C

Home care nurses should not enter a yard that has an unrestrained dog. While walking to the client's home, nurses should not walk near groups of strangers who are in doorways or alleys. Home care nurses should park and lock their cars in a safe place that is visible from the street and the client's home. The home should not be entered if the nurse has any safety concerns such as an open front door.

PTS: 1 DIF: Cognitive Level: Analysis REF: 42

OBJ: Client Needs: Safe and Effective Care Environment

TOP: Nursing Process: Evaluation

5. What is a limitation of a home postpartum visit?
- a. The nurse's ability to teach is limited by many distractions.
 - b. Identified problems cannot be resolved in the home setting.
 - c. Necessary items for infant care are not available.
 - d. Home visits to different families may require the nurse to travel a great distance.

ANS: D

One limitation of home health visits is the distance the nurse must travel between clients. Distractions at the home, problems that cannot be resolved in the home, and unavailable items for infant care are factors that should be addressed through a phone interview before the visit.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 36

OBJ: Client Needs: Safe and Effective Care Environment

TOP: Nursing Process: Planning

6. What would a breastfeeding mother who is concerned that her baby is not getting enough to eat find most helpful and most cost-effective on the day after discharge?
- Visiting a pediatric screening clinic at the hospital
 - Placing a call to the hospital nursery “warm line”
 - Calling the pediatrician for a lactation consult referral
 - Requesting a home visit

ANS: B

Warm lines are telephone lines offered as a community service to provide new parents with support, encouragement, and basic parenting education. Visiting a pediatric screening clinic, calling the pediatrician for a referral, and requesting a home visit would not necessarily be cost-effective.

PTS: 1

DIF: Cognitive Level: Analysis

REF: 35

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process: Assessment, Planning

7. Which area would be appropriate to include in a physical assessment of the home?
- Bathtub, toilets, sinks, countertops, inside china cabinet drawers
 - Baby’s bed, changing table, baby’s clothes, inside diaper bag, inside keepsake box
 - Bedroom closets, inside jewelry boxes, under beds
 - Electrical wall outlets, telephones, bathroom sink and faucets, stove, and refrigerator

ANS: D

Physical assessment of the home environment is an essential element of the home care assessment. The major areas of the home environment assessment include physical features of the home, access to the home, sanitary conditions, the presence of utilities (phone, electricity, and plumbing), safety features, and access to transportation and emergency support. The purpose of a physical assessment does not include accounting for the client’s possessions or looking inside drawers

PTS: 1

DIF: Cognitive Level: Application

REF: 39

OBJ: Client Needs: Safe and Effective Care Environment

TOP: Nursing Process: Assessment

8. When providing health education to the client, the nurse understands that an example of the secondary level of prevention is:
- Approved infant car seats.
 - Breast self-examination (BSE).
 - Immunizations.
 - Support groups for parents of children with Down syndrome.

ANS: B

BSE is an example of secondary prevention, which includes health screening measures for early detection of health problems. Infant car seats and immunizations are examples of primary prevention. Support groups are an example of tertiary prevention, which follows the occurrence of a defect or disability (e.g., Down syndrome).

PTS: 1 DIF: Cognitive Level: Comprehension REF: 29
OBJ: Client Needs: Health Promotion and Maintenance
TOP: Nursing Process: Planning

9. A health care service representing the tertiary level of prevention includes:
- Stress management seminars.
 - Childbirth education classes for single parents.
 - A breast self-examination (BSE) pamphlet and teaching.
 - A premenstrual syndrome (PMS) support group.

ANS: D

A PMS support group is an example of tertiary prevention, which follows the occurrence of a defect or disability (e.g., PMS). Stress management seminars are a primary prevention technique for preventing health care issues associated with stress. Childbirth education is a form of primary prevention. BSE information is a form of secondary prevention, which is geared toward early detection of health problems.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 29
OBJ: Client Needs: Psychosocial Integrity
TOP: Nursing Process: Implementation

10. A primipara delivered a 7-pound, 3-ounce baby girl 10 days ago. During a home visit the nurse discovers that the baby has lost 11 ounces since birth. She suspects that the woman may be having difficulty with breastfeeding. The nurse inquires how breastfeeding is proceeding. The woman replies, "I don't think my milk is going to come in. My breasts are too big. I'm going to wait a few more days and then try to breastfeed again." The nurse asks the woman if she is bottle feeding the baby and how much formula the baby is taking every day. The woman replies, "Oh, I don't want to bottle-feed the baby. I'm just going to wait until my milk comes in." On the basis of this information, what nursing diagnosis would take priority in planning care?
- Pain
 - Ineffective coping
 - Caregiver role strain
 - Deficient knowledge

ANS: D

The woman is displaying a lack of knowledge about proper nutrition for her newborn. The baby has lost almost 10% of her body weight and is not receiving any form of intake. Furthermore, the woman has incorrect, preconceived notions about milk production and breastfeeding. Although the woman may be experiencing pain, it is not indicated in the information provided. Although the woman may be experiencing ineffective coping, it is not indicated in the information provided. The woman appears to show signs of role strain related to being a first-time mother. However, this is not the priority.

PTS: 1 DIF: Cognitive Level: Analysis REF: 40
OBJ: Client Needs: Physiologic Integrity; Health Promotion and Maintenance
TOP: Nursing Process: Planning

11. What is NOT a trend in the delivery of health care in the United States?
- a. Greater emphasis has been placed on curing disease and disability than on preventing them.
 - b. Hospital stays for many conditions have been shortened.
 - c. Acute care increasingly is provided through home-based services.
 - d. Hospital-based nurses increasingly are involved in follow-up care after discharge.

ANS: A

Preventive care is now emphasized. Hospitalization has been shortened to reduce cost. Acute care increasingly is provided at home. Nurses now are more involved in postdischarge follow-up care.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 28
OBJ: Client Needs: Health Promotion and Maintenance
TOP: Nursing Process: Planning

12. Practices such as providing recommended immunizations, infant car seats, and school health education are part of:
- a. Primary preventive care
 - b. Secondary preventive care
 - c. Tertiary preventive care
 - d. Primordial preventive care

ANS: A

These activities are designed to improve general health and the quality of life, which is the focus of primary preventive care, but not secondary, tertiary, or primordial preventive care.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 29
OBJ: Client Needs: Health Promotion and Maintenance
TOP: Nursing Process: Implementation

13. Providing various methods of health screening for early detection of disease is part of:
- a. Primary preventive care
 - b. Secondary preventive care
 - c. Tertiary preventive care
 - d. Primordial preventive care

ANS: B

Health screening for early detection of health problems is part of secondary preventive care.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 29
OBJ: Client Needs: Health Promotion and Maintenance
TOP: Nursing Process: Planning

14. Providing treatment and rehabilitation for people who have developed disease is part of:
- a. Primary preventive care
 - c. Tertiary preventive care

- b. Secondary preventive care d. Primordial preventive care

ANS: C

Tertiary preventive care is the treatment or rehabilitation of those who have disease.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 29

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process: Implementation

15. Clinical integration of services along the perinatal continuum of care:
- a. Focuses on results, not client or provider satisfaction.
 - b. Is not concerned with cost containment.
 - c. Is designed to improve services and care outcomes.
 - d. Focuses on the individual client.

ANS: C

Clinical integration provides health promotion and disease prevention interventions along the perinatal health continuum. Clinical integration is concerned with client, payer, and provider satisfaction. Clinical integration is also designed to reduce costs. Clinical integration is focused on populations rather than individuals. It is designed to improve services and care outcomes.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 29

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process: Implementation

16. The nurse should be aware that the well-known program “warm lines”:
- a. Was developed as a reaction to impersonal telephonic nursing care.
 - b. Was set up to take complaints about health maintenance organizations (HMOs).
 - c. Is the second option when 911 hot lines are busy.
 - d. Refers to community service telephone lines designed to provide new parents with encouragement and basic information.

ANS: D

Warm lines are one aspect of telephonic nursing specifically designed to provide new parents with encouragement and basic information. Warm lines are part of telephonic nursing care; they are designed to provide new parents with encouragement and basic information. Warm lines and similar services sometimes are set up by HMOs to provide new parents with encouragement and basic information. The name warm lines may have been suggested by the term hot lines, but these are not emergency numbers. They are designed to provide new parents with encouragement and basic information.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 35

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process: Assessment

17. When weighing the advantages and disadvantages of home care for perinatal services, nurses should keep in mind that home care:

- a. Is more dangerous for vulnerable neonates at risk of acquiring an infection from the nurse.
- b. Is more cost-effective for the nurse than office visits.
- c. Allows the nurse to interact with and include family members in teaching.
- d. Is made possible by the ready supply of nurses with expertise in maternity care.

ANS: C

Treating the whole family is an advantage of home care. Making neonates go out in weather and in public is more risky. Office visits are more cost-effective for providers such as nurses because less travel time is involved. Unfortunately home care options are limited by the lack of nurses with expertise in maternity care.

PTS: 1 DIF: Cognitive Level: Application REF: 36
OBJ: Client Needs: Psychosocial Integrity
TOP: Nursing Process: Implementation

18. During an in-home visit, the nurse appropriately may:
- a. Smoke if the expectant mother smokes.
 - b. Ask to have the volume on the TV turned down or move to a quiet room.
 - c. Give ample advice and reassurance to establish authority.
 - d. Freely move whatever furniture and belongings the nurse feels necessary.

ANS: B

The nurse must respect the client's home but must also find a place to talk that is free of distractions. Modeling healthy behavior such as not smoking without being preachy is an important responsibility of the nurse. Giving too much advice and false assurances creates barriers to communication. The nurse should always ask permission to move things and should take care to avoid moving personal belongings not affected by care.

PTS: 1 DIF: Cognitive Level: Application REF: 39
OBJ: Client Needs: Safe and Effective Care Environment
TOP: Nursing Process: Implementation

19. In preparing for maternal home visits, nurses should be aware that:
- a. The client's safety is more important than the nurse's safety.
 - b. Infection control is less important at home than at the hospital.
 - c. Such hospital trappings as name tags and rubber gloves are inappropriate.
 - d. Nurses should wash their hands thoroughly before and after each visit.

ANS: D

Thorough handwashing is still one of the best ways to fight infections; this is especially important for nurses who provide care in clients' homes. Nurses should ensure their own safety first. Fighting infections is important and can be done by washing hands thoroughly. Infection control is just as important at home as in the hospital, especially for the nurse. Name tags are professional, and rubber gloves are a reasonable precaution.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 42
OBJ: Client Needs: Safe and Effective Care Environment

TOP: Nursing Process: Implementation

20. *Healthy People 2010* has established national health priorities that focus on a number of maternal-child health indicators. Nurses are assuming greater roles in assessing family health and providing care across the perinatal continuum. Therefore it is important for the nurse to be aware that significant progress has been made in:
- The reduction of fetal deaths and use of prenatal care.
 - Low birth weight and preterm birth.
 - Elimination of health disparities based on race.
 - Infant mortality and the prevention of birth defects.

ANS: A

Trends in maternal child health indicate that progress has been made in relation to reduced infant and fetal deaths and increased prenatal care. Notable gaps remain in the rates of low birth weight and preterm births. According to the March of Dimes, persistent disparities still exist between African-Americans and non-Hispanic Caucasians. Many of these negative outcomes are preventable through access to prenatal care and the use of preventive health practices. This demonstrates the need for comprehensive community-based care for all mothers, infants, and families.

PTS: 1

DIF: Cognitive Level: Knowledge

REF: 28

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process: Assessment

MULTIPLE RESPONSE

1. While completing an assessment, the nurse should be aware of which type of ailments for which homeless women are at higher risk (choose all that apply).
- Tuberculosis
 - Chlamydia
 - Anemia
 - Hypothermia
 - Alcoholism

ANS: A, B, C, D, E

Poor living conditions contribute to higher rates of infectious disease. Many homeless individuals engage in sexual favors, which may expose them to sexually transmitted infections (STIs). Poor nutrition can lead to anemia. Exposure to cold temperatures and harsh environmental surroundings may lead to hypothermia. Many homeless people turn to alcohol as a coping mechanism.

PTS: 1

DIF: Cognitive Level: Analysis

REF: 33, 34

OBJ: Client Needs: Safe and Effective Care Environment

TOP: Nursing Process: Assessment