

Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Multiple Choice

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



- _____ 1. The nurse is caring for a group of patients on a medical–surgical unit. The licensed practical nurse/licensed vocational nurse (LPN/LVN) assesses the patient experiencing a low blood glucose first. Which process was needed to make this decision?
1. Application of clinical judgment
 2. Recommendation of the registered nurse (RN)
 3. Understanding of what regulates blood glucose levels
 4. Knowing the patient’s past medical history

ANS: 1

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 7. Explain the difference between critical thinking and clinical judgment.

Page: 2

Heading: Clinical Judgment

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Comprehension [Understanding]

Concept: Clinical Judgment

Difficulty: Difficult

	Feedback
1	Clinical judgment is the observed outcome of critical thinking and decision making. The nurse identified the patient at high risk and decided to assess this person first.
2	The LPN/LVN needs to make clinical decisions independently from the RN.
3	Understanding the pathophysiology of the disease does not determine how decisions are made.
4	Past medical history is important, but the current clinical cues will determine prioritized nursing actions.

PTS: 1

CON: Patient-Centered Care

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2. The LPN/LVN enters the room of a patient who is angry and yells, “I asked 5 minutes ago for my pain medication. You’re so worthless!” Which action by the nurse demonstrates intellectual integrity?
1. Refusing to share details of the interaction with colleagues
 2. Responding to the patient that the unlicensed assistive personnel (UAP) did not communicate the information
 3. Refusing to provide care for the patient
 4. Getting the medication without saying another word

ANS: 1

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 4. Describe attitudes of good critical thinkers.

Page: 3

Heading: Critical Thinking Attitudes

Integrated Process: Communication and Documentation

Client Need: Psychosocial Integrity

Cognitive Level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
1	This action demonstrates intellectual integrity, as the nurse refuses to speak poorly about a patient’s behavior.
2	This action does not allow for accountability and places blame.
3	This action does not demonstrate the attitudes of critical thinking.
4	Nurses should not allow patients to demean them. The nurse should tell the patient that they now have the opportunity to obtain the medication and will do so.

PTS: 1

CON: Communication

3. The nurse is collecting data on a patient. Which data is considered cues?
1. Respiratory rate of 26 per minute
 2. The doctor will be at the agency in 5 minutes
 3. The patient has three daughters
 4. The client prefers to use a bedpan rather than a commode chair

ANS: 1

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 2. Discuss why critical thinking and clinical judgment are essential in nursing.

Page: 4

Heading: Clinical Judgment Process

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Clinical Judgment

Difficulty: Moderate

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	Feedback
1	Respiratory rate of 26 per minute is an example of a cue that alerts the nurse to a possible problem.
2	The doctor's presence is not a cue, but just information.
3	The number of children that a patient has is informational, unless the nurse needs the support of the children to provide care, then it becomes important.
4	This is patient preference and not a cue.

PTS: 1

CON: Patient-Centered Care

4. Which items are a part of “generate solutions” when using the clinical judgment process?
1. Reposition the patient.
 2. Leg pain is rated at an 8/10.
 3. Pain medication allowed the patient to sleep.
 4. The leg pain is caused from immobility.

ANS: 1

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 2. Discuss why critical thinking and clinical judgment are essential in nursing.

Page: 4

Heading: Clinical Judgement Process

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Comprehension [Understanding]

Concept: Patient-Centered Care

Difficulty: Easy

	Feedback
1	Repositioning is an action or solution the nurse can use to provide comfort.
2	A pain scale rating is a cue.
3	The nurse is evaluating the outcome of the pain medication by recognizing that the patient is not sleeping.
4	Recognizing that the pain is from immobility is the step of prioritizing hypotheses.

PTS: 1

CON: Patient-Centered Care

5. The nurse is prioritizing care based on Maslow's hierarchy of needs. Which need does the nurse identify as having the highest priority?
1. Job-related stress
 2. Feelings of loneliness
 3. Poor sleep habits

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4. Lack of confidence

ANS: 3

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 7. Prioritize patient care activities based on Maslow's hierarchy of human needs.

Page: 6

Heading: Prioritize Care

Integrated Process: Caring

Client Need: SECE: Coordinated Care

Cognitive Level: Comprehension [Understanding]

Concept: Patient-Centered Care

Difficulty: Easy

	Feedback
1	Job-related stress falls under safety, according to Maslow, and is addressed after physiological needs.
2	According to Maslow, loneliness is addressed under social needs, following physiological and safety needs.
3	Sleep is a physiological need and is the highest priority.
4	Lack of confidence falls under self-esteem, according to Maslow, and is addressed following physiological, safety, and social needs.

PTS: 1

CON: Patient-Centered Care

6. The nurse is using the clinical judgment process to provide care to a patient experiencing nausea. During the process of generating solutions, the patient begins to vomit. What should the nurse do next?
1. Take actions as prepared.
 2. Evaluate outcomes of the solutions generated.
 3. Identify and analyze the new cues presented.
 4. Generate different solutions.

ANS: 3

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 2. Discuss why critical thinking and clinical judgment are essential in nursing.

Page: 5

Heading: Clinical Judgment Process

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Management of Care

Cognitive Level: Application [Applying]

Concept: Clinical Judgment

Difficulty: Moderate

	Feedback
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1	At any point in the cycle of clinical judgment, if a problem is encountered or something changes, the nurse should go back a step or two in the process and try again.
2	At any point in the cycle of clinical judgment, if a problem is encountered or something changes, the nurse should go back a step or two in the process and try again.
3	At any point in the cycle of clinical judgment, if a problem is encountered or something changes, the nurse should go back a step or two in the process and try again.
4	At any point in the cycle of clinical judgment, if a problem is encountered or something changes, the nurse should go back a step or two in the process and try again.

PTS: 1

CON: Patient-Centered Care

7. While caring for a patient 4 hours after a surgical procedure, the LPN/LVN notes serosanguineous drainage on the dressing. Which phase of clinical judgment does this represent?
1. Identify cues
 2. Prioritize hypotheses
 3. Generate solutions
 4. Evaluate outcomes

ANS: 1

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process
Objective: 2. Discuss why critical thinking and clinical judgment are essential in nursing.

Page: 4

Heading: Clinical Judgment Process

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Management of Care

Cognitive Level: Comprehension [Understanding]

Concept: Clinical Judgment

Difficulty: Easy

	Feedback
1	The nurse notes a change in the dressing appearance, this is identify cues.
2	The nurse notes a change in the dressing appearance, this is identify cues.
3	The nurse notes a change in the dressing appearance, this is identify cues.
4	The nurse notes a change in the dressing appearance, this is identify cues.

PTS: 1

CON: Patient-Centered Care

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8. The nurse is caring for a patient using the nursing process. Which step should the nurse take first?
1. Implementation
 2. Planning
 3. Nursing diagnosis
 4. Assessment

ANS: 4

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 3. Compare the nursing process to the clinical judgment process.

Page: 3

Heading: The Nursing Process and Clinical Judgment

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Knowledge [Remembering]

Concept: Patient-Centered Care

Difficulty: Easy

	Feedback
1	The steps of the nursing process are data collection/assessment, nursing diagnosis, planning, implementation, and evaluation.
2	The steps of the nursing process are data collection/assessment, nursing diagnosis, planning, implementation, and evaluation.
3	The steps of the nursing process are data collection/assessment, nursing diagnosis, planning, implementation, and evaluation.
4	Assessment, or data collection, is the first step in the nursing process and is used to evaluate a patient's condition before providing care. The other steps, in order, are nursing diagnosis, planning, implementation, and evaluation.

PTS: 1

CON: Patient-Centered Care

9. The nurse hears the patient groan when getting out of bed and asks if there is pain, using a pain scale. This describes which step of the clinical judgment process?
1. Identify and analyze cues
 2. Prioritize hypotheses
 3. Take action
 4. Evaluate outcomes

ANS: 1

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 3. Compare the nursing process to the clinical judgment process.

Page: 4

Heading: Clinical Judgment Process

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Coordination of Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

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Difficulty: Moderate

	Feedback
1	Recognizing that the client is having pain is a part of identify and analyze cues.
2	Prioritize hypotheses occurs when the nurse begins to predict what is causing the pain.
3	Take action includes the process of treating the pain.
4	Evaluate outcomes determines if the treatment was effective.

PTS: 1

CON: Patient-Centered Care

10. The nurse is evaluating outcomes for a patient with difficult breathing from asthma. Which determines a positive outcome after the delivery of medication?
1. The patient continues to have trouble breathing.
 2. The patient requires additional medication for difficulty breathing.
 3. The patient can walk to the restroom without reporting shortness of breath.
 4. The patient tells the nurse they cannot tell a difference in breathing.

ANS: 3

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 3. Compare the nursing process to the clinical judgment process.

Page: 4

Heading: Clinical Judgment Process

Integrated Process: Clinical Problem-Solving (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	Continuation of the symptoms does not show improvement.
2	Additional medication demonstrates the problem is not resolved.
3	Activity without breathing difficulty is a sign of improvement.
4	The client says it is not better, which is not an improvement.

PTS: 1

CON: Patient-Centered Care

11. The nurse is speaking with a patient about a new medication. The patient asks the nurse a question that the nurse cannot answer confidently, and the nurse says, "I'm not sure, but I'll find out for you." What is the nurse practicing?
1. Intellectual humility
 2. Intellectual courage
 3. Intellectual autonomy

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4. Intellectual integrity

ANS: 1

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 4. Describe attitudes of good critical thinkers.

Page: 3

Heading: Critical Thinking Attitudes

Integrated Process: Caring

Client Need: Psychosocial Integrity

Cognitive Level: Comprehension [Understanding]

Concept: Professionalism

Difficulty: Moderate

	Feedback
1	Intellectual humility occurs when a nurse admits they don't have all the answers and seeks clarification.
2	Intellectual courage looks at other points of view, even when the nurse does not agree with them.
3	Intellectual autonomy allows the nurse to make decisions based on safety and not because of the choices of others.
4	A person with intellectual integrity values the truth.

PTS: 1

CON: Patient-Centered Care

- _____ 12. The nurse is evaluating outcomes for a patient who is dehydrated. Which outcome should the nurse use to guide this patient's care?
1. The patient's intake is measured daily.
 2. The patient's intake is 3,000 mL daily.
 3. Fluids are placed at the patient's bedside.
 4. Fluids the patient likes will be at the patient's bedside.

ANS: 2

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 2. Discuss why critical thinking and clinical judgment are essential in nursing.

Page: 4

Heading: Clinical Judgment Process

Integrated Process: Clinical Problem-Solving (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Clinical Judgment

Difficulty: Moderate

	Feedback
1	This statement is a nursing action.
2	This outcome provides objective, measurable evaluation data.

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3	This statement is a nursing action.
4	This statement is a nursing action.

PTS: 1

CON: Patient-Centered Care

13. Which statement is a part of the CUS acronym?

1. I am concerned!
2. You make me uneasy!
3. Care is most important!
4. Stop, drop, and roll!

ANS: 1

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 7. Discuss the importance of collaboration in nursing practice.

Page: 3

Heading: Be Safe!

Integrated Process: Clinical Problem-Solving (Nursing Process)

Client Need: SECE: Safety and Infection Control

Cognitive Level: Knowledge [Remembering]

Concept: Communication

Difficulty: Easy

	Feedback
1	C stands for "I am Concerned!"
2	U stands for "I am Uncomfortable!"
3	C stands for "I am Concerned!"
4	S stands for "This is a Safety issue!"

PTS: 1

CON: Patient-Centered Care

14. Why are only 23% of new nurses practice-ready upon graduation from nursing school?

1. They lack the clinical experience to be safe.
2. They fail to find jobs that properly prepare them.
3. They are unable to recognize a change in a patient's condition.
4. They graduated from a substandard school of nursing.

ANS: 3

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 7. Discuss the importance of collaboration in nursing practice.

Page: 1

Heading: Learning Outcomes

Integrated Process: Clinical Problem-Solving (Nursing Process)

Client Need: SECE: Coordinated Care

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Cognitive Level: Knowledge [Remembering]

Concept: Clinical Judgment

Difficulty: Easy

	Feedback
1	Lack of clinical experience contributes to, but is not the reason for, new nurses lacking practice readiness.
2	Lack of job preparation contributes to, but is not the reason for, new nurses lacking practice readiness.
3	Many new nurses are “unable to recognize a change in a patient’s condition or identify the urgency of a situation” (Kavanaugh & Szweda, 2017). If a nurse is unable to recognize a change in condition and its urgency, a failure to rescue (FTR) can result.
4	Graduation from a substandard school contributes to, but is not the reason for, new nurses lacking practice readiness.

PTS: 1

CON: Patient-Centered Care

15. Which factors lead to failure to rescue events?

1. Adequate resources
2. Good communication
3. Recognition of patient change
4. Poor staffing

ANS: 4

Chapter: Chapter 1. Critical Thinking, Clinical Judgment, and the Nursing Process

Objective: 2. Discuss why critical thinking and clinical judgment are essential in nursing.

Page: 1

Heading: Learning Outcomes

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Knowledge [Remembering]

Concept: Clinical Judgment

Difficulty: Easy

	Feedback
1	Inadequate resources leads to failure to rescue.
2	Poor communication leads to failure to rescue.
3	Failure to identify patient change leads to failure to rescue.
4	Poor staffing can play a role in poor clinical judgment, which can lead to failure to rescue.

PTS: 1

CON: Patient-Centered Care