

**Bonus Chapter Nutritional Support in the Older Adult**

**Multiple Choice**

1. The nurse practitioner provides a program on nutrition for older adults to a group at a community church. Which of the following is a reason to educate this group about nutrition?

1. The risks of developing nutritional difficulties are multifactorial.
2. Only internal conditions affect nutritional status.
3. Only external conditions affect nutritional status.
4. Older adults have a decreased risk of developing nutritional deficiencies.

2. The nurse practitioner explains to older adults that physiological changes can affect nutritional status, changes such as:

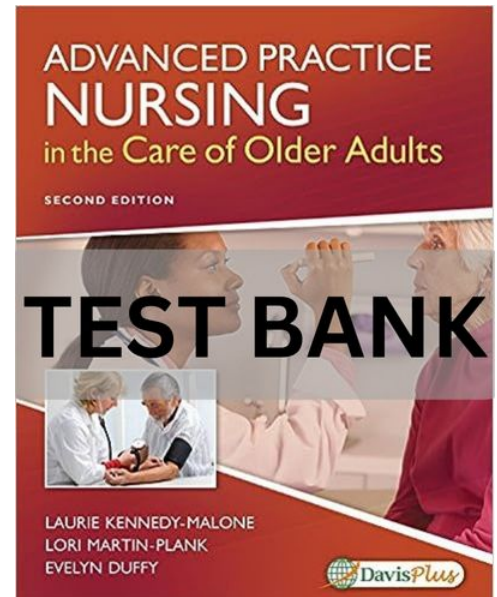
1. An increased sense of smell.
2. An increased sense of taste.
3. An increased production of saliva.
4. Dental issues.

3. An 80-year-old woman comes to see the nurse practitioner and complains that she does not seem to be able to tolerate some foods as she once did. The nurse practitioner knows that aging can contribute to which of the following?

1. Bone loss in the mouth, causing teeth to be loose.
2. Oral mucosa thickening and inhibiting saliva production.
3. An increase in secretion of hydrochloric acid in the stomach.
4. A decline in liver function.

4. While conducting a health assessment, the nurse practitioner asks about the three pillars of food security. This includes which of the following?

1. Food allocation.



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2. Food availability.

3. Food that is inexpensive.

4. Food freshness.

5. The nurse practitioner discusses vitamin and mineral supplementation with Ed, who is 75 years old. Ed wants to know why he should take calcium because he understands that calcium is for women. The nurse practitioner responds:

1. As one gets older, albumin can decrease, and calcium is bound to albumin.

2. Dietary patterns may result in low nutrient intake.

3. An increase in lactose intolerance that comes with aging decreases the amount of calcium absorbed by the body.

4. Aging aids the absorption of nutrients from the intestine.

6. Mrs. Marlin is 78 years old, is 5 feet tall, and weighs 140 pounds. The nurse practitioner tells her that her body mass index (BMI) is between 25 and 29.9, and that this BMI is considered overweight. The nurse practitioner recommends that Mrs. Marlin assess her diet and activity level. If she is sedentary, the recommended daily kcal intake is which of the following?

1. 1,600

2. 2,000

3. 2,500

4. 3,000

7. Mr. Watson, a 77-year-old man, is being seen for his annual physical examination. His serum level of vitamin D is 40 nmol/L. The nurse practitioner explains that this may be due to which of the following physiological changes in aging?

1. His dislike of milk.

2. Taste buds on the tongue not sensing taste as well.

3. His gastrointestinal (GI) tract not absorbing dairy as it did when he was younger.

4. The decline in the skin's ability to metabolize vitamin D.

### **Multiple Response**

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8. Mrs. Howe is 69 years old and has symptoms of anemia. The nurse practitioner assesses for which of the following? Select all that apply.

1. Diabetic on Metformin.
2. Taking a proton pump inhibitor.
3. Food consumption.
4. Consuming too much folate.
5. History of alcoholism.

9. Mr. Adams is 76 years old and is experiencing constipation. The nurse practitioner advises him to increase his dietary intake of fiber. What is true of fiber? Select all that apply.

1. Increases stool bulk.
2. Decreases glycemic control.
3. Decreases transit time of stool through intestines.
4. Foods high in fiber often have lower nutrient composition.
5. Fiber in the diet leads to weight loss.

10. Janice is 80 years old and is admitted to the hospital for weakness and syncope. She lives alone, but her daughter checks in on her every other day. The nurse practitioner notes that Janice has lost some weight, though she says she is eating normally. The laboratory blood work indicates that she may be dehydrated. The nurse practitioner explains which of the following to Janice's daughter as possible reason(s) for this? Select all that apply.

1. Loss of thirst sensation.
2. Fear of incontinence.
3. Decreased concentration of urine in the kidneys.
4. Side effects of some medications include diuresis.
5. Loss in the sense of taste.

11. Mr. Abernathy is irritated with his daughter for insisting that he eat more food. He says that he is not hungry and wants to be left alone. The nurse practitioner recommends which of the following? Select all that apply.

1. An appetite suppressant.

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2. A multidisciplinary team evaluation.
3. Providing appropriate food that he prefers.
4. Placing a percutaneous endoscopic gastrostomy (PEG) tube until he eats orally.
5. Providing nutritional supplements until he begins to eat again.

12. Betty is 72 years old and has a wound on her right leg from a fall; the wound is infected. Betty tells the nurse practitioner that she has been changing the dressings regularly and limiting her activity. She has come in to see if anything else should be done to aid healing. Which of the following are the nurse practitioner's best response(s)? Select all that apply.

1. Assess for adequate nutrition intake.
2. Tell her to consider taking oral nutritional supplements.
3. Tell her not to consider the use of whey protein supplements.
4. Give her specific guidelines to follow regarding diet and healing.
5. Tell her that nutritional supplements are more effective taken enterally than orally.

13. Bob is 90 years old and is unable to eat orally. He experienced a stroke and dysphagia. The nurse practitioner informs Bob and his family that he is qualified to try enteral feedings. His criteria include which of the following? Select all that apply.

1. Bob has a history of irritable bowel disease.
2. He only requires a gastrostomy tube for 2 weeks.
3. He has had no surgical procedure done.
4. He requires a gastrostomy tube for a minimum of 6 weeks.
5. His GI tract is capable of absorbing nutritional benefit.

14. Mrs. Odom is 70 years old and has experienced a major stroke. She has been cared for at home and her family reports that she is declining. She is cognitive but is weakening, and has lost much weight. The nurse practitioner suspects a nutritional disorder-refeeding syndrome. The nurse practitioner assesses for which of the following? Select all that apply.

1. BMI of 17.
2. Unintentional weight loss within the last 3 months.
3. No nutritional intake in the last 5 days.
4. Blood values for vitamins A, D, E, and K.

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5. Increase in serum phosphate.

### **Answers**

1. Answer: 1

Page: BC-1

	Feedback
1.	Nutritional issues in older adults are common, and the risks of developing undernutrition and overnutrition malnutrition are multifactorial.
2.	Both intrinsic and extrinsic factors contribute to these nutritional conditions.
3.	Both intrinsic and extrinsic factors contribute to these nutritional conditions.
4.	The process of aging affects the ability of older adults to achieve adequate nutrition.

2. Answer: 4

Page: BC-1

	Feedback
1.	Nutritional status is affected by physiological changes resulting from loss in olfactory sense.
2.	Nutritional status is affected by physiological changes resulting from loss in the sense of taste.
3.	Changes in physiology, like decreased saliva, affect nutritional status.
4.	Compromised dentition affects nutritional patterns.

3. Answer: 1

Page: BC-1

	Feedback
1.	There is bone loss in oral structures, so teeth may loosen. Improved dental hygiene and regular dental care have resulted in fewer older adults becoming edentulous.
2.	The oral mucosa thins and there is less saliva production.
3.	Both medication and disease are common contributions to a decrease in hydrochloric acid production in older adults, the result of which is a subsequent decline in the absorption of micronutrients.
4.	While the liver declines in size with aging, it should not decline in function. Decreased serum albumin should not be considered a normal change with aging.

4. Answer: 2

Page: BC-1

	Feedback
1.	Lochner presented the three pillars of food security, one of which is food access.
2.	Lochner presented the three pillars of food security, one of which is food availability.

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3.	Lochner presented the three pillars of food security, one of which is food use.
4.	Freshness is not included in Lochner's model of three pillars of food security.

5. Answer: 3

Page: BC-5

	Feedback
1.	When albumin is low for any reason, the serum calcium may be artificially low. Corrected calcium needs to be calculated.
2.	Aging affects the absorption of calcium from the intestines and the ability of the kidney to synthesize vitamin D <sub>3</sub> , which helps to regulate calcium absorption.
3.	The increase in lactose intolerance with aging can lead to low intake of calcium due to avoidance of dairy products.
4.	Aging affects the absorption of calcium from the intestines.

6. Answer: 1

Page: BC-2

	Feedback
1.	For sedentary women over 65 years the recommendation is 1,600 kcal per day.
2.	For active women over 65 years the recommendation is 2,000 kcal per day.
3.	For active men the recommendation is 2,600 kcal per day.
4.	Whether sedentary or active, 3,000 kcal per day is above the daily recommendations for men or women.

7. Answer: 4

Page: BC-3

	Feedback
1.	Synthesis of vitamin D occurs in the skin and depends on exposure to sunlight.
2.	Vitamin D is not present in many foods, but it is often found in fortified dietary sources.
3.	The increase in lactose intolerance with aging can contribute to low intake of calcium due to the avoidance of dairy products.
4.	With aging, the skin's ability to convert vitamin D declines. Dark-skinned individuals require more sunlight to stimulate the production of vitamin D.

8. Answer: 1, 2, 3, 4, 5

Page: BC-3

	Feedback
1.	Some common medications, including Metformin, can interfere with the absorption of vitamin B <sub>12</sub> .
2.	Some common medications, including proton pump inhibitors, can interfere with the absorption of vitamin B <sub>12</sub> .

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3.	Analysis of older adults' food and energy intake found that there was a decline in the consumption of micronutrients, including B vitamins.
4.	Some diets high in fats and added sugars, and possibly consuming too many folates, inhibit the absorption of vitamin B <sub>12</sub> .
5.	Vegetarians and those who abuse alcohol are at risk for vitamin B <sub>12</sub> deficiency.

9. Answer: 1, 3

Page: BC-3

	Feedback
1.	The role of fiber is to increase stool bulk.
2.	The role of fiber is to improve glycemic control.
3.	The role of fiber is to decrease transit time in the intestines.
4.	Foods low in fiber are also often those foods with a lower nutrient composition.
5.	Foods low in fiber are often those foods that increase the risk of malnutrition and obesity.

10. Answer: 1, 2, 3, 4

Page: BC-3

	Feedback
1.	A decrease in fluid consumption can be a direct result of the decline in thirst sensation.
2.	A decrease in fluid consumption can be a direct result of a fear of incontinence.
3.	The concentration of urine in the kidneys is decreased, resulting in less fluid being reabsorbed.
4.	These changes may be complicated by medications, particularly anticholinergics and diuretics.
5.	A decrease in fluid consumption can be a direct result of the decline in thirst sensation, but does not relate to taste.

11. Answer: 2, 3

Page: BC-3

	Feedback
1.	If the issue is a lack of appetite, temporarily adding an appetite stimulant to the patients' regimen may be appropriate.
2.	A multidisciplinary team evaluation can help determine if there are means, such as therapy or utensil modification, that could ameliorate the problem without the use of nutritional supplementation.
3.	Discussing the patient's food preferences and modifying the environment or providing assistance with feeding are all strategies that may be effective.

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4.	Current practice encourages the use of oral food intake to meet the nutritional needs of older adults, in all settings, in patients with the ability to consume food orally.
5.	If a patient is unable to meet his or her nutritional needs with the current dietary intake, oral nutritional supplements (ONS) can be recommended.

12. Answer: 1, 2

Page: BC-5

	Feedback
1.	Inadequate nutrition alters several important components of wound healing, including immune function, collagen synthesis, and wound tensile strength. Even so, the contribution of nutrition in wound healing may be overlooked.
2.	Providing oral nutritional supplements in addition to regular food intake corrects deficiencies of macronutrients and micronutrients, and provides nutrients for safeguarding and strengthening tissue and supporting tissue repair.
3.	When extra calories are not desirable for the enhancement of healing in the normal-weight or overweight adult, consider the use of whey protein supplements, which are low in calories in the powder form.
4.	Although there are no specific, evidence-based guidelines to direct the supplementation of wounded patients, providing ONS in addition to regular food intake corrects deficiencies of macronutrients and micronutrients, and provides nutrients for safeguarding and strengthening tissue and supporting tissue repair.
5.	Common reasons to consider gastrostomy tube insertion include dysphagia following a stroke, malignancy with accompanying dysphagia, dementia, and neurological disease. Enteral nutrition consists of delivery of enteral products as feedings through an enteral access device into a functioning GI tract.

13. Answer: 4, 5

Page: BC-5, BC-6

	Feedback
1.	For enteral nutrition to be effective and safe, the patient must have a GI tract with sufficient length to obtain a nutritional benefit.
2.	Enteral feeding via gastrostomy tube placement should be considered for patients whose need for supplemental feedings exceeds 4 weeks or is likely to be permanent.
3.	It is recommended that enteral feedings begin postoperatively in most surgical patients within 24 to 48 hours; feedings via PEG tube may begin within 2 hours of placement in adult patients.
4.	Enteral feeding via gastrostomy tube placement should be considered for patients whose need for supplemental feedings exceeds 4 weeks or is likely to be permanent.
5.	For enteral nutrition to be effective and safe, the patient must have absorptive capacity to obtain a nutritional benefit.

14. Answer: 1, 2, 3



	Feedback
1.	A patient risk factor for developing refeeding syndrome includes those with a BMI of less than 18.5.
2.	A patient risk factor for developing refeeding syndrome includes those with unintentional weight loss of more than 10% within the last 3 months.
3.	A patient risk factor for developing refeeding syndrome includes those with limited or no nutritional intake for more than 5 days.
4.	Consider ordering baseline laboratory measures for malnourished older adults at risk for refeeding syndrome, including phosphorus, magnesium, calcium, sodium, prealbumin, glucose, renal and liver function, serum vitamin B <sub>12</sub> , and serum folate levels.
5.	A decrease in serum phosphate to less than 0.6 mmol/L is indicative of refeeding syndrome characterized by hypophosphatemia and electrolyte shifts.

## **Chapter 1 Changes With Aging**

### **Multiple Choice**

1. Mrs. Smith, 75 years old, reports that she is weak, has difficulty urinating, and is dehydrated. Although she is afebrile, the nurse conducts a thorough physical examination, including urinalysis and complete blood count (CBC). The total assessment is necessary because:

1. All body systems interact, and symptoms could indicate a variety of diagnoses.
2. The symptoms are vague and may be signs of aging.
3. There may be other signs or symptoms more indicative of the condition.
4. Mrs. Smith may not be reporting all significant information.

2. A patient with renal disease has blood work drawn, and the results show an increase in serum creatinine. The nurse practitioner needs to know which of the following laboratory values before ordering medications?

1. CBC
2. Culture and sensitivity of the urine
3. Creatinine clearance
4. Uric acid levels

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3. Which of the following statements is true regarding diagnostic testing?

1. A test is ordered for a specific purpose.
2. A test is the most invasive available.
3. There is no need to discuss results with the patient.
4. If a test is needed, it should be ordered regardless of risk to the patient.

4. Janey, 25 years old, may experience arthritis differently than 65-year-old Mrs. Johnson because:

1. The body undergoes physiological changes with aging.
2. A healthy body does not experience significant changes as one gets older.
3. Older patients do not feel any systemic symptoms, such as malaise and weight loss.
4. Even though the same joints are usually affected, age makes it feel different.

5. The nurse practitioner is examining an 85-year-old man with reports of abdominal pain, weakness, and loss of appetite. Which is the most likely condition to be tested for and ruled out?

1. Neoplasms and carcinomas
2. Partial seizure
3. Sarcopenia
4. Hirschsprung's disease

6. For individuals over 65 years old, the most common morbidities are related to:

1. Heart disease, arthritis
2. Respiratory problems, cancer
3. Diabetes, stroke
4. All of these are common morbidities.

7. A gerontological patient is being examined for a report of pain in the shoulder. The nurse practitioner completes a thorough systemic examination because:

1. Older patients with one morbidity often express difficulties in general.