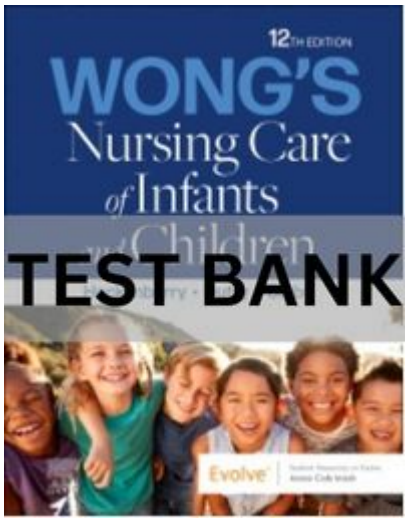
Wong's Nursing Care of Infants and Children 12th Edition Test Bank

Chapter 01: Perspectives of Pediatric Nursing
Hockenberry: Wong's Nursing Care of Infants and Children, 12th Edition



MULTIPLE CHOICE

1. What is the major cause of death for children in the United States?
   a. Heart disease
   b. Childhood cancer
   c. Injuries
   d. Congenital anomalies

   ANS: C
   Unintentional injuries (accidents) are the leading cause of death after age 1 year through adolescence. The leading cause of death for those younger than 1 year is congenital anomalies, and childhood cancers and heart disease cause a significantly lower percentage of deaths in children older than 1 year of age.

   DIF: Cognitive Level: Understanding TOP: Nursing Process: Planning
   MSC: Client Needs: Health Promotion and Maintenance

2. Parents of a hospitalized toddler ask the nurse, "What is meant by family-centered care?" The nurse should respond with which statement?
   a. Family-centered care reduces the effect of cultural diversity on the family.
   b. Family-centered care encourages family dependence on the health care system.
   c. Family-centered care recognizes that the family is the constant in a child's life.
   d. Family-centered care avoids expecting families to be part of the decision-making process.

   ANS: C
   The three key components of family-centered care are respect, collaboration, and support. Family-centered care recognizes the family as the constant in the child's life. The family should be enabled and empowered to work with the health care system and is expected to be part of the decision-making process. The nurse should also support the family's cultural diversity, not reduce its effect.

   DIF: Cognitive Level: Applying TOP: Nursing Process: Implementation
   MSC: Client Needs: Health Promotion and Maintenance

3. Evidence-based practice (EBP), a decision-making model, is best described as which?

a. Using information in textbooks to guide care
b. Combining knowledge with clinical experience and intuition
c. Using a professional code of ethics as a means for decision making
d. Gathering all evidence that applies to the child's health and family situation

ANS: B
EBP helps focus on measurable outcomes; the use of demonstrated, effective interventions; and questioning the best approach. EBP involves decision making based on the integration of the best research evidence combined with clinical expertise and patient values.

DIF: Cognitive Level: Remembering TOP: Nursing Process: Planning
MSC: Client Needs: Safe and Effective Care Environment

4. The nurse is talking to a group of parents of school-age children at an after-school program about childhood health problems. Which statement should the nurse include in the teaching?
   a. Childhood obesity is the most common nutritional problem among children.
   b. Immunization rates are the same among children of different races and ethnicity.
   c. Dental caries is not a problem commonly seen in children since the introduction of fluorinated water.
   d. Mental health problems are typically not seen in school-age children but may be diagnosed in adolescents.

   ANS: A
   When teaching parents of school-age children about childhood health problems, the nurse should include information about childhood obesity because it is the most common problem among children and is associated with type 2 diabetes. Teaching parents about ways to prevent obesity is important to include. Immunization rates differ depending on the child's race and ethnicity; dental caries continues to be a common chronic disease in childhood; and mental health problems are seen in children as young as school age, not just in adolescents.

   DIF: Cognitive Level: Applying TOP: Integrated Process: Teaching/Learning
   MSC: Client Needs: Health Promotion and Maintenance

5. The nurse is planning care for a hospitalized preschool-aged child. Which should the nurse plan to ensure atraumatic care?
   a. Limit explanation of procedures because the child is preschool aged.
   b. Ask that all family members leave the room when performing procedures.
   c. Allow the child to choose the type of juice to drink with the administration of oral medications.
   d. Explain that EMLA cream cannot be used for the morning lab draw because there is not time for it to be effective.

   ANS: C
   The overriding goal in providing atraumatic care is first, do no harm. Allowing the child, a choice of juice to drink when taking oral medications provides the child with a sense of control. The preschool child should be prepared before procedures, so limiting explanations of procedures would increase anxiety. The family should be allowed to stay with the child during procedures, minimizing stress. Lidocaine/prilocaine (EMLA) cream is a topical local anesthetic. The nurse should plan to use the prescribed cream in time for morning laboratory draws to minimize pain.

   DIF: Cognitive Level: Applying TOP: Nursing Process: Planning
   MSC: Client Needs: Health Promotion and Maintenance

6. Which situation denotes a nontherapeutic nurse–patient–family relationship?
   a. The nurse is planning to read a favorite fairy tale to a patient.
   b. During shift report, the nurse is criticizing parents for not visiting their child.
   c. The nurse is discussing with a fellow nurse the emotional draw to a certain patient.
   d. The nurse is working with a family to find ways to decrease the family's dependence on health care providers.

   ANS: B
   Criticizing parents for not visiting in shift report is nontherapeutic and shows an under involvement with the parents. Reading a fairy tale is a therapeutic and age-appropriate action. Discussing feelings of an emotional draw with a fellow nurse is therapeutic and shows a willingness to understand feelings. Working with parents to decrease dependence on health care providers is therapeutic and helps to empower the family.

   DIF: Cognitive Level: Analyzing TOP: Integrated Process: Caring
   MSC: Client Needs: Psychosocial Integrity

7. The nurse is aware that which age-group is at risk for childhood injury because of the cognitive characteristic of magical and egocentric thinking?
   a. Preschool
   b. Young school age
   c. Middle school age
   d. Adolescent

   ANS: A
   Preschool children have the cognitive characteristic of magical and egocentric thinking, meaning they are unable to comprehend danger to self or others. Young and middle school-aged children have transitional cognitive processes, and they may attempt dangerous acts without detailed planning but recognize danger to themselves or others. Adolescents have formal operational cognitive processes and are preoccupied with abstract thinking.

   DIF: Cognitive Level: Understanding TOP: Nursing Process: Assessment
   MSC: Client Needs: Safe and Effective Care Environment

8. The school nurse is assessing children for risk factors related to childhood injuries. Which child has the most risk factors related to childhood injury?
   a. Female, multiple siblings, stable home life
   b. Male, high activity level, stressful home life
   c. Male, even tempered, history of previous injuries
   d. Female, reacts negatively to new situations, no serious previous injuries

   ANS: B
   Boys have a preponderance for injuries over girls because of a difference in behavioral characteristics, a high activity temperament is associated with risk-taking behaviors, and stress predisposes children to increased risk taking and self-destructive behaviors. Therefore, a male child with a high activity level and living in a stressful environment has the highest number of risk factors. A girl with several siblings and a stable home life is low risk. A boy with previous injuries has two risk factors, but an even temper is not a risk factor for injuries. A girl who reacts negatively to new situations but has no previous serious illnesses has only one risk factor.

   DIF: Cognitive Level: Analyzing TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment

9. An adolescent patient wants to make decisions about treatment options, along with his parents. Which moral value is the nurse displaying when supporting the adolescent to make decisions?
   a. Justice
   b. Autonomy
   c. Beneficence
   d. Nonmaleficence

   ANS: B
   Autonomy is the patient's right to be self-governing. The adolescent is trying to be autonomous, so the nurse is supporting this value. Justice is the concept of fairness. Beneficence is the obligation to promote the patient's well-being. Nonmaleficence is the obligation to minimize or prevent harm.

   DIF: Cognitive Level: Analyzing TOP: Nursing Process: Evaluation
   MSC: Client Needs: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. Which responsibilities are included in the pediatric nurse's promotion of the health and well-being of children? (*Select all that apply.*)
   a. Promoting disease prevention
   b. Providing financial assistance
   c. Providing support and counseling
   d. Establishing lifelong friendships
   e. Establishing a therapeutic relationship
   f. Participating in ethical decision making

   ANS: A, C, E, F
   The pediatric nurse's role includes promoting disease prevention, providing support and counseling, establishing a therapeutic relationship, and participating in ethical decision making; a pediatric nurse does not need to establish lifelong friendships or provide financial assistance to children and their families. Boundaries should be set and clear.

   DIF: Cognitive Level: Applying TOP: Nursing Process: Planning
   MSC: Client Needs: Health Promotion and Maintenance

2. The nurse is conducting a teaching session for parents on nutrition. Which characteristics of families should the nurse consider, that can cause families to struggle in providing adequate nutrition? (*Select all that apply.*)
   a. Homelessness
   b. Lower income
   c. Migrant status
   d. Working parents
   e. Single parent status

   ANS: A, B, C

Families that struggle with lower incomes, homelessness, and migrant status generally lack the resources to provide their children with adequate food intake, nutritious foods such as fresh fruits and vegetables, and appropriate protein intake. Working parents and single parent status do not mean the families will struggle to provide adequate nutrition.

DIF: Cognitive Level: Applying TOP: Integrated Process: Teaching/Learning
MSC: Client Needs: Health Promotion and Maintenance

3. The nurse is preparing to complete documentation on a patient's chart. Which should be included in documentation of nursing care? (*Select all that apply.*)
   a. Reassessments
   b. Incident reports
   c. Initial assessments
   d. Nursing care provided
   e. Patient's response of care provided

   ANS: A, C, D, E
   The patient's medical record should include initial assessments, reassessments, nursing care provided, and the patient's response of care provided. Incident reports are not documented in the patient's chart.

   DIF: Cognitive Level: Applying
   TOP: Integrated Process: Communication and Documentation
   MSC: Client Needs: Safe and Effective Care Environment

4. Which actions by the nurse demonstrate over involvement with patients and their families? (*Select all that apply.*)
   a. Buying clothes for the patients
   b. Showing favoritism toward a patient
   c. Focusing on technical aspects of care
   d. Spending off-duty time with patients and families
   e. Asking questions if families are not participating in care

   ANS: A, B, D
   Actions that show over involvement include buying clothes for patients, showing favoritism toward a patient, and spending off-duty time with patients and families. Focusing on technical aspects of care is an action that indicates under involvement, and asking questions if families are not participating in care indicates a positive action.

   DIF: Cognitive Level: Analyzing TOP: Integrated Process: Caring
   MSC: Client Needs: Health Promotion and Maintenance

5. Which are included in the evaluation step of the nursing process? (*Select all that apply.*)
   a. Determination if the outcome has been met
   b. Ascertaining if the plan requires modification
   c. Establish priorities and selecting expected patient goals
   d. Selecting alternative interventions if the outcome has not been met
   e. Determining if a risk or actual dysfunctional health problem exists

   ANS: A, B, D

Evaluation is the last step in the nursing process. The nurse gathers, sorts, and analyzes data to determine whether (1) the established outcome has been met, (2) the nursing interventions were appropriate, (3) the plan requires modification, or (4) other alternatives should be considered. Establishing priorities and selecting expected patient goals are done in the outcomes identification stage. Determining if a risk or actual dysfunctional health problem exists is done in the diagnosis stage of the nursing process.

DIF: Cognitive Level: Understanding TOP: Nursing Process: Evaluation
MSC: Client Needs: Health Promotion and Maintenance

6. Which should the nurse teach to parents regarding oral health of children? (*Select all that apply.*)
   a. Fluoridated water should be used.
   b. Early childhood caries is a preventable disease.
   c. Dental caries is a rare chronic disease of childhood.
   d. Dental hygiene should begin with the first tooth eruption.
   e. Childhood caries does not happen until after 2 years of age.

   ANS: A, B, D
   Oral health instructions to parents of children should include use of fluoridated water and dental hygiene beginning with the first tooth eruption. In addition, early childhood caries is a preventable disease and should be included in the teaching session. Dental caries is a common, not rare, chronic disease of childhood. Childhood caries may begin before the first birthday.

   DIF: Cognitive Level: Applying TOP: Integrated Process: Teaching/Learning
   MSC: Client Needs: Health Promotion and Maintenance

7. The school nurse is explaining to older school children that obesity increases the risk for which disorders? (*Select all that apply.*)
   a. Asthma
   b. Hypertension
   c. Dyslipidemia
   d. Irritable bowel disease
   e. Altered glucose metabolism

   ANS: B, C, E
   Overweight youth have increased risk for a cluster of cardiovascular factors that include hypertension, altered glucose metabolism, and dyslipidemia. Irritable bowel disease and asthma are not linked to obesity.

   DIF: Cognitive Level: Applying TOP: Integrated Process: Teaching/Learning
   MSC: Client Needs: Health Promotion and Maintenance

8. Which actions by the nurse demonstrate clinical reasoning? (*Select all that apply.*)
   a. Basing decisions on intuition
   b. Considering alternative action
   c. Using formal and informal thinking to gather data
   d. Giving deliberate thought to a patient's problem
   e. Developing an outcome focused on optimum patient care

   ANS: B, C, D, E

Clinical reasoning is a cognitive process that uses formal and informal thinking to gather and analyze patient data, evaluate the significance of the information, and consider alternative actions. Clinical reasoning is a complex developmental process based on rational and deliberate thought and developing an outcome focused on optimum patient care. Clinical reasoning is based on the scientific method of inquiry; it is not based solely on intuition.

DIF: Cognitive Level: Applying TOP: Nursing Process: Evaluation
MSC: Client Needs: Safe and Effective Care Environment

COMPLETION

1. The nurse is determining if a newborn is classified in the low birth weight (LBW) category of less than 2500 g. The newborn's weight is 5 pounds, 4 oz. What is the newborn's weight in grams? Record your answer in a whole number.

   _____

   ANS:
   2386

   Convert the 4 oz to a decimal by dividing 4 by 16 = 0.25. Use 5.25 pounds and divide by 2.2 to get 2.386 kg. Multiply by 1000 to convert to grams = 2386.

   DIF: Cognitive Level: Applying TOP: Nursing Process: Implementation
   MSC: Client Needs: Health Promotion and Maintenance

Chapter 02: Family, Social, Cultural, and Religious Influences on Child Health Promotion
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MULTIPLE CHOICE

1. Children are taught the values of their culture through observation and feedback relative to their own behavior. In teaching a class on cultural competence, the nurse should be aware that which factor may be culturally determined?
   a. Ethnicity
   b. Racial variation
   c. Status
   d. Geographic boundaries

   ANS: C
   Status is culturally determined and varies according to each culture. Some cultures ascribe higher status to age or socioeconomic position. Social roles also are influenced by the culture. Ethnicity is an affiliation of a set of persons who share a unique cultural, social, and linguistic heritage. It is one component of culture. Race and culture are two distinct attributes. Whereas racial grouping describes transmissible traits, culture is determined by the pattern of assumptions, beliefs, and practices that unconsciously frames or guides the outlook and decisions of a group of people. Cultural development may be limited by geographic boundaries, but the boundaries are not culturally determined.

   DIF: Cognitive Level: Analyzing TOP: Integrated Process: Teaching/Learning
   MSC: Client Needs: Psychosocial Integrity

2. The nurse is planning care for a patient with a different ethnic background. Which should be an appropriate goal?
   a. Adapt, as necessary, ethnic practices to health needs.
   b. Attempt, in a nonjudgmental way, to change ethnic beliefs.
   c. Encourage continuation of ethnic practices in the hospital setting.
   d. Strive to keep ethnic background from influencing health needs.

   ANS: A
   Whenever possible, nurses should facilitate the integration of ethnic practices into health care provision. The ethnic background is part of the individual; it should be difficult to eliminate the influence of ethnic background. The ethnic practices need to be evaluated within the context of the health care setting to determine whether they are conflicting.

   DIF: Cognitive Level: Applying TOP: Integrated Process: Caring
   MSC: Client Needs: Psychosocial Integrity

3. How is the family systems theory best described?
   a. The family is viewed as the sum of individual members.
   b. A change in one family member cannot create a change in other members.
   c. Individual family members are readily identified as the source of a problem.
   d. When the family system is disrupted, change can occur at any point in the system.

   ANS: D
   Family systems theory describes an interactional model. Any change in one member will create change in others. Although the family is the sum of the individual members, family systems theory focuses on the number of dyad interactions that can occur. The interactions, not the individual members, are the problem.

   DIF: Cognitive Level: Analyzing TOP: Nursing Process: Assessment
   MSC: Client Needs: Psychosocial Integrity

4. When discussing discipline with the mother of a 4-year-old child, which should the nurse include?
   a. Parental control should be consistent.
   b. Withdrawal of love and approval is effective at this age.
   c. Children as young as 4 years rarely need to be disciplined.
   d. One should expect rules to be followed rigidly and unquestioningly.

   ANS: A
   For effective discipline, parents must be consistent and must follow through with agreed-on actions. Withdrawal of love and approval is never appropriate or effective. The 4-year-old child will test limits and may misbehave. Children of this age do not respond to verbal reasoning. Realistic goals should be set for this age-group. Discipline is necessary to reinforce these goals. Discipline strategies should be appropriate to the child's age and temperament and the severity of the misbehavior. Following rules rigidly and unquestioningly is beyond the developmental capabilities of a 4-year-old child.

   DIF: Cognitive Level: Applying TOP: Integrated Process: Teaching/Learning
   MSC: Client Needs: Psychosocial Integrity

5. A parent of a school-age child tells the school nurse that the parents are going through a divorce. The child has not been doing well in school and sometimes has trouble sleeping. The nurse should recognize this as what?
   a. Indicative of maladjustment
   b. A common reaction to divorce
   c. Suggestive of a lack of adequate parenting
   d. An unusual response that indicates a need for referral

   ANS: B
   Parental divorce affects school-age children in many ways. In addition to difficulties in school, they often have profound sadness, depression, fear, insecurity, frequent crying, loss of appetite, and sleep disorders. The child's responses are common reactions of school-age children to parental divorce.

   DIF: Cognitive Level: Applying TOP: Integrated Process: Teaching/Learning
   MSC: Client Needs: Psychosocial Integrity

6. A mother brings 6-month-old Eric to the clinic for a well-baby checkup. She comments, "I want to go back to work, but I don't want Eric to suffer because I'll have less time with him." Which is the nurse's most appropriate answer?
   a. "I'm sure he'll be fine if you get a good babysitter."
   b. "You will need to stay home until Eric starts school."
   c. "Let's talk about the childcare options that will be best for Eric."
   d. "You should go back to work so Eric will get used to being with others."

   ANS: C
   Asking the mother about childcare options is an open-ended statement that will assist the mother in exploring her concerns about what is best for both her and Eric. The other three answers are directive; they do not address the effect that her working will have on Eric.

   DIF: Cognitive Level: Applying TOP: Integrated Process: Teaching/Learning
   MSC: Client Needs: Psychosocial Integrity

7. A foster parent is talking to the nurse about the health care needs for the child who has been placed in the parent's care. Which statement best describes the health care needs of foster children?
   a. Foster children always come from abusive households and are emotionally fragile.
   b. Foster children tend to have a higher-than-normal incidence of acute and chronic health problems.
   c. Foster children are usually born preterm and require technologically advanced health care.
   d. Foster children will not stay in the home for an extended period, so health care needs are not as important as emotional fulfillment.

   ANS: B
   Children who are placed in foster care have a higher incidence of acute and chronic health problems and may experience feelings of isolation and confusion; therefore, they should be monitored closely. Foster children do not always come from abusive households and may or may not be emotionally fragile; not all foster children are born preterm or require technically advanced health care; and foster children may stay in the home for extended periods, so their health care needs require attention.

   DIF: Cognitive Level: Applying TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

8. The nurse is planning to counsel family members as a group to assess the family's group dynamics. Which theoretic family model is the nurse using as a framework?
   a. Feminist theory
   b. Family stress theory
   c. Family systems theory
   d. Developmental theory

   ANS: C
   In family systems theory, the family is viewed as a system that continually interacts with its members and the environment. The emphasis is on the interaction between the members; a change in one family member creates a change in other members, which in turn results in a new change in the original member. Assessing the family's group dynamics is an example of using this theory as a framework. Family stress theory explains how families react to stressful events and suggests factors that promote adaptation to stress. Developmental theory addresses family change over time using Duvall's family life cycle stages based on the predictable changes in the family's structure, function, and roles, with the age of the oldest child as the marker for stage transition. Feminist theories assume that privilege and power are inequitably distributed based upon gender, race, and class.

   DIF: Cognitive Level: Applying TOP: Nursing Process: Planning
   MSC: Client Needs: Psychosocial Integrity

9. The nurse is reviewing the importance of role learning for children. The nurse understands that children's roles are primarily shaped by which members?
   a. Peers
   b. Parents
   c. Siblings
   d. Grandparents

   ANS: B
   Children's roles are shaped primarily by the parents, who apply direct or indirect pressures to induce or force children into the desired patterns of behavior or direct their efforts toward modification of the role responses of the child on a mutually acceptable basis.

   DIF: Cognitive Level: Analyzing TOP: Nursing Process: Assessment
   MSC: Client Needs: Psychosocial Integrity

10. The nurse is explaining different parenting styles to a group of parents. The nurse explains that an authoritative parenting style can lead to which child behavior?
    a. Shyness
    b. Self-reliance
    c. Submissiveness
    d. Self-consciousness

    ANS: B
    Children raised by parents with an authoritative parenting style tend to have high self-esteem and are self-reliant, assertive, inquisitive, content, and highly interactive with other children. Children raised by parents with an authoritarian parenting style tend to be sensitive, shy, self-conscious, retiring, and submissive.

    DIF: Cognitive Level: Applying TOP: Integrated Process: Teaching/Learning