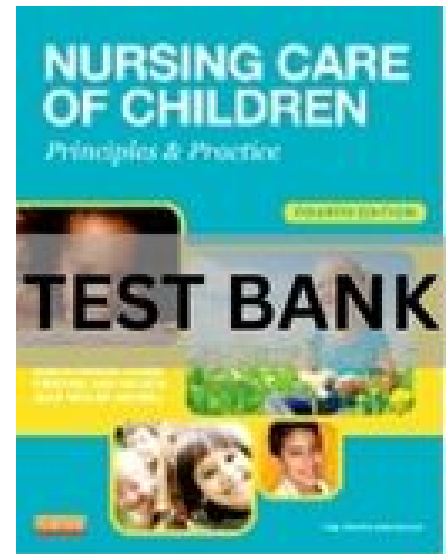


Nursing Care of Children: Principles and Practice 4th Edition Test Bank

Chapter 01: Introduction to Nursing Care of Children Test Bank



MULTIPLE CHOICE

1. A nurse is reviewing changes in healthcare delivery and funding for pediatric populations. Which current trend in the pediatric setting should the nurse expect to find?
 - a. Increased hospitalization of children
 - b. Decreased number of uninsured children
 - c. An increase in ambulatory care
 - d. Decreased use of managed care

ANS: C

One effect of managed care is that pediatric healthcare delivery has shifted dramatically from the acute care setting to the ambulatory setting. The number of hospital beds being used has decreased as more care is provided in outpatient and home settings. The number of uninsured children in the United States continues to grow. One of the biggest changes in healthcare has been the growth of managed care.

DIF: Cognitive Level: Comprehension

REF: p. 3

OBJ: Nursing Process Step: Planning

MSC: Safe and Effective Care Environment

2. A nurse is referring a low-income family with three children under the age of 5 years to a program that assists with supplemental food supplies. Which program should the nurse refer this family to?
 - a. Medicaid
 - b. Medicare
 - c. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program
 - d. Women, Infants, and Children (WIC) program

ANS: D

WIC is a federal program that provides supplemental food supplies to low-income women who are pregnant or breast-feeding and to their children until the age of 5 years. Medicaid and the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides for well-child examinations and related treatment of medical problems. Children in the WIC program are often referred for immunizations, but that is not the primary focus of the program. Public Law 99-457 provides financial incentives to states to establish comprehensive early intervention services for infants and toddlers with, or at risk for, developmental disabilities. Medicare is the program for Senior Citizens.

DIF: Cognitive Level: Application

REF: p. 7

OBJ: Nursing Process Step: Implementation

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MSC: Health Promotion and Maintenance

3. In most states, adolescents who are not emancipated minors must have parental permission before:
- treatment for drug abuse.
 - treatment for sexually transmitted diseases (STDs).
 - obtaining birth control.
 - surgery.

ANS: D

An emancipated minor is a minor child who has the legal competence of an adult. Legal counsel may be consulted to verify the status of the emancipated minor for consent purposes. Most states allow minors to obtain treatment for drug or alcohol abuse and STDs and allow access to birth control without parental consent.

DIF: Cognitive Level: Application

REF: p. 12

OBJ: Nursing Process Step: Planning

MSC: Safe and Effective Care Environment

4. A nurse is completing a clinical pathway for a child admitted to the hospital with pneumonia. Which characteristic of a clinical pathway is correct?
- Developed and implemented by nurses
 - Used primarily in the pediatric setting
 - Specific time lines for sequencing interventions
 - One of the steps in the nursing process

ANS: C

Clinical pathways measure outcomes of client care and are developed by multiple healthcare professionals. Each pathway outlines specific time lines for sequencing interventions and reflects interdisciplinary interventions. Clinical pathways are used in multiple settings and for clients throughout the life span. The steps of the nursing process are assessment, diagnosis, planning, implementation, and evaluation.

DIF: Cognitive Level: Comprehension

REF: p. 6

OBJ: Nursing Process Step: Planning

MSC: Safe and Effective Care Environment

5. When planning a parenting class, the nurse should explain that the leading cause of death in children 1 to 4 years of age in the United States is:
- premature birth.
 - congenital anomalies.
 - accidental death.
 - respiratory tract illness.

ANS: C

Accidents are the leading cause of death in children ages 1 to 19 years. Disorders of short gestation and unspecified low birth weight make up one of the leading causes of death in neonates. One of the leading causes of infant death after the first month of life is congenital anomalies. Respiratory tract illnesses are a major cause of morbidity in children.

DIF: Cognitive Level: Application

REF: p. 9

OBJ: Nursing Process Step: Implementation

MSC: Safe and Effective Care Environment

6. Which statement is true regarding the “quality assurance” or “incident” report?
- The report assures the legal department that there is no problem.
 - Reports are a permanent part of the client’s chart.
 - The nurse’s notes should contain the following: “Incident report filed and copy placed in chart.”

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d. This report is a form of documentation of an event that may result in legal action.

ANS: D

An incident report is a warning to the legal department to be prepared for potential legal action; it is not a part of the client's chart or nurse documentation.

DIF: Cognitive Level: Knowledge REF: p. 14

OBJ: Nursing Process Step: Implementation

MSC: Safe and Effective Care Environment

7. Which client situation fails to meet the first requirement of informed consent?
- The parent does not understand the physician's explanations.
 - The physician gives the parent only a partial list of possible side effects and complications.
 - No parent is available and the physician asks the adolescent to sign the consent form.
 - The infant's teenage mother signs a consent form because her parent tells her to.

ANS: C

The first requirement of informed consent is that the person giving consent must be competent. Minors are not allowed to give consent. An understanding of information, full disclosure, and voluntary consent are requirements of informed consent, but none of these is the first requirement.

DIF: Cognitive Level: Comprehension REF: p. 12

OBJ: Nursing Process Step: Implementation

MSC: Safe and Effective Care Environment

8. A nurse assigned to a child does not know how to perform a treatment that has been prescribed for the child. What should the nurse's first action be?
- Delay the treatment until another nurse can do it.
 - Make the child's parents aware of the situation.
 - Inform the nursing supervisor of the problem.
 - Arrange to have the child transferred to another unit.

ANS: C

If a nurse is not competent to perform a particular nursing task, the nurse must immediately communicate this fact to the nursing supervisor or physician. The nurse could endanger the child by delaying the intervention until another nurse is available. Telling the child's parents would most likely increase their anxiety and will not resolve the difficulty. Transfer to another unit delays needed treatment and would create unnecessary disruption for the child and family.

DIF: Cognitive Level: Application REF: p. 11

OBJ: Nursing Process Step: Implementation

MSC: Safe and Effective Care Environment

9. A nurse is completing a care plan for a child and is finishing the assessment phase. Which activity is not part of a nursing assessment?
- Writing nursing diagnoses
 - Reviewing diagnostic reports
 - Collecting data
 - Setting priorities

ANS: D

Setting priorities is a part of planning. Writing nursing diagnoses, reviewing diagnostic reports, and collecting data are parts of assessment.

DIF: Cognitive Level: Comprehension REF: p. 19

OBJ: Nursing Process Step: Planning

MSC: Physiological Integrity

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10. Which patient outcome is stated correctly?
- The child will administer his insulin injection before breakfast on 10/31.
 - The child will accept the diagnosis of type 1 diabetes mellitus before discharge.
 - The parents will understand how to determine the child's daily insulin dosage.
 - The nurse will monitor blood glucose levels before meals and at bedtime.

ANS: A

The outcome is stated in client terms, with a measurable verb and a time frame for action. The verb "accept" is difficult to measure. The goal of accepting a diagnosis before hospital discharge is unrealistic. Outcomes should be stated in client terms. Nursing actions are determined after outcomes are developed in the implementation phase of the nursing process.

DIF: Cognitive Level: Application

REF: p. 20

OBJ: Nursing Process Step: Planning

MSC: Safe and Effective Care Environment

MULTIPLE RESPONSE

1. A nurse is reviewing the nursing care plan for a hospitalized child. Which statements are collaborative problems? Select all that apply.
- Risk for injury
 - Potential complication of seizure disorder
 - Altered nutrition: Less than body requirements
 - Fluid volume deficit
 - Potential complication of respiratory acidosis

ANS: B, E

In addition to nursing diagnoses, which describe problems that respond to independent nursing functions, nurses must also deal with problems that are beyond the scope of independent nursing practice. These are sometimes termed *collaborative problems*—physiological complications that usually occur in association with a specific pathological condition or treatment. The potential complications of seizure disorder and respiratory acidosis are physiological complications that will require physician collaboration to treat. Risk for injury, altered nutrition, and fluid volume deficit will respond to independent nursing functions.

DIF: Cognitive Level: Application

REF: p. 20

OBJ: Nursing Process Step: Planning

MSC: Safe and Effective Care Environment

2. Which nursing activities do not meet the standard of care? Select all that apply.
- Failure to notify a physician about a child's worsening condition
 - Calling the supervisor about staffing concerns
 - Delegating assessment of a new admit to the Unlicensed Assistive Personnel (UAP)
 - Asking the Unlicensed Assistive Personnel (UAP) to take vital signs
 - Documenting that a physician was unavailable and the nursing supervisor was notified

ANS: A, C

A nurse who fails to notify a physician about a child's worsening condition and delegating the assessment of a new admit to a UAP do not meet the standard of care. Calling the supervisor about staffing concerns, asking the UAP to take vital signs, and documenting that a physician could not be reached and the nursing supervisor was notified all meet the standard of care.

DIF: Cognitive Level: Analysis

REF: p. 11|p. 12|p. 14

OBJ: Nursing Process Step: Evaluation

MSC: Safe and Effective Care Environment

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MULTIPLE CHOICE

1. A nurse is teaching parents how to apply “time-out” as a disciplinary method for their 4 year old. Parents have understood the teaching if they state which formula correctly guides the use of “time-out”?
 - a. Use the guideline of 1 minute per each year of the child’s age.
 - b. Relate the length of the time-out to the severity of the behavior.
 - c. Never use time-out for a child younger than age 4 years.
 - d. Follow the time-out with a treat.

ANS: A

In time-out, the child is told to sit on a chair for a predetermined time, usually 1 minute per year of age. Relating time to a behavior is subjective and inappropriate when the child is very young. Time-out can be used with a toddler. Negative behavior should not be reinforced with a positive action.

DIF: Cognitive Level: Comprehension REF: p. 34

OBJ: Nursing Process Step: Evaluation MSC: Health Promotion and Maintenance

2. What is the nurse’s best approach when an 8-year-old boy frequently causes a disruption in the playroom by taking toys from other children?
 - a. Exclude the child from the playroom.
 - b. Explain to the children in the playroom that he is very ill and should be allowed to have the toys.
 - c. Approach the child in his room and ask, “Would you like it if the other children took your toys from you?”
 - d. Approach the child in his room and state, “I am concerned that you are taking the other children’s toys. It upsets them and me.”

ANS: D

The nurse can focus on the behavior most effectively by using “I” rather than “you” messages. A “you” message criticizes the child and uses guilt in an attempt to change behavior. Banning the child from the playroom will not solve the problem. The problem is the child’s behavior, not the place where the child exhibits it. Illness is not a reason for a child to be undisciplined. When the child recovers, the parents will have to deal with a child who is undisciplined and unruly. The child should not be made to feel guilty and to have his or her self-esteem attacked.

DIF: Cognitive Level: Application REF: p. 34

OBJ: Nursing Process Step: Implementation

MSC: Psychosocial Integrity

3. Families that deal most effectively with stress have which behavior patterns?
 - a. Focus on family problems.
 - b. Feel weakened by stress.
 - c. Expect that some stress is normal.
 - d. Feel guilty when stress exists.

ANS: C

Healthy families recognize that some stress is normal in all families, focus on family strengths rather than on the problems, and know that stress is temporary and may be positive. Because some stress is normal in all families, there is no reason to feel guilty. Guilt only immobilizes the family and does not lead to a resolution of the stress.

DIF: Cognitive Level: Comprehension REF: p. 25

OBJ: Nursing Process Step: Assessment

MSC: Psychosocial Integrity

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4. Which family will most likely have the greatest difficulty in coping with an ill child?
- A single-parent mother who has the support of her parents and siblings
 - Parents who have just moved to the area and are living in an apartment while they look for a house
 - The family of a child who has had multiple hospitalizations related to asthma and has adequate relationships with the nursing staff
 - A family in which there is a young child and four older married children who live in the area

ANS: B

Parents who are in a new environment will have increased stress related to their lack of a support system. If only one parent is available but has the support of her extended family, this will assist in her adjustment to the crisis. The family that has had positive experiences in the past with hospitalizations can draw from those experiences and feel confident about the current setting. For the family with one younger child and four older married children who live in the area, the family has an extensive support system, which will assist the parents in adjusting to the crisis.

DIF: Cognitive Level: Application REF: p. 27
OBJ: Nursing Process Step: Planning MSC: Psychosocial Integrity

5. Which is the priority nursing intervention for the family of a child who has been admitted to the hospital?
- Begin discharge teaching.
 - Identify and mobilize internal and external strengths.
 - Identify ways in which the family could have prevented their child's hospitalization.
 - Instruct the parents on normal growth and development.

ANS: B

Family interventions should be directed toward enhancing positive coping strategies and directing the family to appropriate resources. Although discharge teaching is begun as soon as possible, it is ineffective if trust has not been established with the parents or if the level of stress precludes learning. By identifying weaknesses instead of focusing on strengths, the family's anxiety and feelings of powerlessness or guilt may increase. Normal growth and development should be interwoven into teaching; however, teaching cannot take place until the parents have less stress and are open to information.

DIF: Cognitive Level: Application REF: p. 27
OBJ: Nursing Process Step: Implementation MSC: Psychosocial Integrity

6. A nurse is planning culturally competent care for a child of Hispanic descent. Which characteristic found in a Hispanic family should the nurse include in the plan of care?
- Stoicism
 - Close extended family
 - Docile children are considered weak
 - Very interested in health-promoting lifestyles

ANS: B

Most Mexican-American families are very close and it is not unusual for children to be surrounded by parents, siblings, grandparents, and godparents. It is important to respect this cultural characteristic and to see it as a strength, not a weakness. Although stoicism may be present in any family, Mexican-American families tend to be more expressive. Considering docile children as weak is a characteristic of American Indians. Although there is a trend for everyone to embrace more health-promoting lifestyles, it is more prominent in Anglo-Americans.

DIF: Cognitive Level: Application REF: p. 28
OBJ: Nursing Process Step: Planning MSC: Psychosocial Integrity

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7. While reviewing nursing documentation on dietary intake for a 7-year-old child of Asian descent, the nurse notes that he consistently refuses to eat the food on his tray. Which assumption is most likely accurate?
- He is a picky eater.
 - He needs less food because he is on bed rest.
 - He may have culturally related food preferences.
 - He is probably eating between meals and spoiling his appetite.

ANS: C

When cultural differences are noted, food preferences should always be obtained. A child will often not eat unfamiliar foods. Although the child may be a picky eater, the key point is that he is from a different culture. The foods he is being served may seem strange to him. Nutrition plays an important role in healing. Although the child expends less energy while on bed rest, he has increased needs for good nutrition. Although it should be determined whether the child is eating food the family has brought from home, it is more important to determine his food preferences.

DIF: Cognitive Level: Application REF: p. 28
OBJ: Nursing Process Step: Assessment MSC: Psychosocial Integrity

8. To resolve family conflict, it is necessary to have open communication, accurate perception of the problem, and a(n):
- intact family structure.
 - arbitrator.
 - willingness to consider the view of others.
 - balance in personality types.

ANS: C

Without the willingness of the members of a group to consider the views of others, conflict resolution cannot take place. The structure of a family may affect their dynamics, but it is still possible to resolve conflict without an intact family structure if all the ingredients of conflict resolution are present. Conflicts can be resolved without the assistance of an arbitrator. Most families have diverse personality types among their members. This may make conflict resolution more difficult; however, it should not impede it if the ingredients of conflict resolution are present.

DIF: Cognitive Level: Knowledge REF: p. 27
OBJ: Nursing Process Step: Implementation MSC: Psychosocial Integrity

9. A nurse is planning a parenting class for expectant parents. Which statement is true about the characteristics of a healthy family?
- The parents and children have rigid assignments for all the family tasks.
 - Young families assume total responsibility for the parenting tasks, refusing any assistance.
 - The family is overwhelmed by the significant changes that occur as a result of childbirth.
 - Adults agree on the majority of basic parenting principles.

ANS: D

A trait of a healthy family is that adults agree on the basic principles of parenting so that minimal discord exists. A significant stressor for families is lack of shared responsibility in the family. Lack of flexibility in parental tasks is likely to create stress and conflict. Admitting to and seeking help with problems, rather than refusing assistance, is a trait of a healthy family. Adjusting to the birth of a child is a significant change for a family. A sense of feeling overwhelmed by this change indicates that the family is not coping effectively.

DIF: Cognitive Level: Comprehension REF: p. 25
OBJ: Nursing Process Step: Planning MSC: Psychosocial Integrity

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10. A nurse determines that a child consistently displays predictable behavior and is regular in performing daily habits. Which temperament is the child displaying?
- Easy
 - Slow-to-warm-up
 - Difficult
 - Shy

ANS: A

Children with an easy temperament are even tempered, predictable, and regular in their habits. They react positively to new stimuli. A high activity level and adapting slowly to new stimuli are characteristics of a difficult temperament. The slow-to-warm-up temperament type prefers to be inactive and moody. Shyness is a personality type and not a characteristic of temperament. Being moody is a characteristic of a slow-to-warm up temperament.

DIF: Cognitive Level: Analysis

REF: p. 33

OBJ: Nursing Process Step: Assessment

MSC: Psychosocial Integrity

11. The parent of a child who has had numerous hospitalizations asks the nurse for advice because her child has been having behavior problems at home and in school. In discussing effective discipline, which is an essential component?
- All children display some degree of acting out and this behavior is normal.
 - The child is manipulative and should have firmer limits set on her behavior.
 - Use positive reinforcement and encouragement to promote cooperation and the desired behaviors.
 - Underlying reasons for rules should be given and the child should be allowed to decide on which rules should be followed.

ANS: C

Using positive reinforcement and encouragement to promote cooperation and desired behaviors is one of the three essential components of effective discipline. Behavior problems should not be disregarded as normal. It would be incorrect to assume the child is being manipulative and should have firmer limits set on her behaviors. Providing the underlying reasons for rules and giving the child a choice concerning which rules to follow constitute a component of permissive parenting and are not considered an essential component of effective discipline.

DIF: Cognitive Level: Comprehension

REF: p. 33

OBJ: Nursing Process Step: Assessment

MSC: Psychosocial Integrity

12. A nurse assesses that parents discuss rules with their children when the children do not agree with the rules. Which style of parenting is being displayed?
- Authoritarian
 - Authoritative
 - Permissive
 - Disciplinarian

ANS: B

A parent who discusses the rules with which children do not agree is using an authoritative parenting style. A parent who expects children to follow rules without questioning is using an authoritarian parenting style. A parent who does not consistently enforce rules and allows the child to decide whether he or she wishes to follow rules is using a permissive parenting style. A disciplinarian style would be similar to the authoritarian style.

DIF: Cognitive Level: Analysis

REF: p. 32

OBJ: Nursing Process Step: Assessment

MSC: Psychosocial Integrity

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13. Which should the nurse expect to be problematic for a family whose religious affiliation is Jehovah's Witness?
- Immunizations
 - Autopsy
 - Organ donation
 - Blood transfusion

ANS: D

Jehovah's Witness believers are opposed to blood transfusions. They may accept alternatives to transfusions, such as nonblood plasma expanders; they can make individual decisions about autopsy. Christian Science believers may seek exemption from immunizations. Believers in Islam are opposed to organ donation.

DIF: Cognitive Level: Comprehension REF: p. 29

OBJ: Nursing Process Step: Assessment MSC: Psychosocial Integrity

MULTIPLE RESPONSE

1. The nurse is caring for a child from a Middle Eastern family. Which interventions should the nurse include in planning care? Select all that apply.
- Include the father in the decision making.
 - Ask for a dietary consult to maintain religious dietary practices.
 - Plan for a male nurse to care for a female patient.
 - Ask the housekeeping staff to interpret if needed.

ANS: A, B

The man is typically the head of the household in Muslim families. So the father should be included in all decision making. Muslims do not eat pork and do not use alcohol. Many are vegetarians. The dietician should be consulted for dietary preferences. Muslim women often prefer a female healthcare provider because of laws of modesty; the female client should not be assigned a male nurse. A housekeeping staff should not be asked to interpret. When interpreters are used, they should be of the same country and religion, if possible, because of regional differences and hostilities.

DIF: Cognitive Level: Application REF: p. 31

OBJ: Nursing Process Step: Implementation

MSC: Psychosocial Integrity

2. A nurse is caring for a child with the religion of Christian Science. What interventions should the nurse include in the care plan for this child? Select all that apply.
- Offer iced tea to the child who is experiencing fluid volume deficit.
 - Inform the Christian Science practitioner that the child has been admitted to the hospital.
 - Allow parents to sign a form opting out of routine immunizations.
 - Ask parents if the child has been baptized and if parents want a pastor to visit.

ANS: B, C

When a Christian Science believer is hospitalized, a parent or client may request that a Christian Science practitioner be notified. Christian Science believers seek exemption from immunizations but obey legal requirements. Coffee and tea are declined as a drink. Baptism is not a ceremony for the Christian Science religion.

DIF: Cognitive Level: Application REF: p. 29

OBJ: Nursing Process Step: Implementation

MSC: Psychosocial Integrity

Chapter 03: Communicating with Children Test Bank

Nursing Care of Children: Principles and Practice 4th Edition Test Bank

MULTIPLE CHOICE

1. Which information should the nurse include when preparing a 5-year-old child for a cardiac catheterization?
 - a. A detailed explanation of the procedure
 - b. A description of what the child will feel and see during the procedure
 - c. An explanation about the dye that will go directly into his vein
 - d. An assurance to the child that he and the nurse can talk about the procedure when it is over

ANS: B

For a preschooler, the provision of sensory information about what to expect during the procedure will enhance the child's ability to cope with the events of the procedure and will decrease anxiety. Explaining the procedure in detail is probably more than the 5-year-old child can comprehend and it will produce anxiety. Using the word "dye" with a preschooler can be frightening for the child. The child needs information before the procedure.

DIF: Cognitive Level: Application REF: pp. 44-45
OBJ: Nursing Process Step: Planning MSC: Health Promotion and Maintenance

2. Who are the "experts" in planning for the care of a 9-year-old child with a profound sensory impairment who is hospitalized for surgery?
 - a. The child's parents
 - b. The child's teacher
 - c. The case manager
 - d. The primary nurse

ANS: A

The parents, as primary caregivers, can identify the child's needs to help develop an effective, individualized plan of care. The child's teacher is not as "expert" as the child's parents for planning her care. The case manager is not as aware as the parents are of the child's individual needs. The primary nurse would use the child's parents as resources in planning the best approach to the child's care.

DIF: Cognitive Level: Comprehension REF: p. 48
OBJ: Nursing Process Step: Planning MSC: Psychosocial Integrity

3. Which is an effective technique for communicating with toddlers?
 - a. Have the toddler make up a story from a picture.
 - b. Involve the toddler in dramatic play with dress-up clothing.
 - c. Repeatedly read familiar stories to the child.
 - d. Ask the toddler to draw pictures of his fears.

ANS: C

Ritualism is a characteristic of the toddler period. By repeating familiar stories and other rituals, the toddler feels a sense of control, which facilitates communication. Most toddlers do not have the vocabulary to make up stories. Dramatic play is associated with older children. Toddlers probably are not capable of drawing or verbally articulating their fears.

DIF: Cognitive Level: Application REF: p. 44
OBJ: Nursing Process Step: Planning MSC: Health Promotion and Maintenance

4. What is the most important consideration for effectively communicating with a child?
 - a. The child's chronological age
 - b. The parent-child interaction
 - c. The child's receptiveness
 - d. The child's developmental level