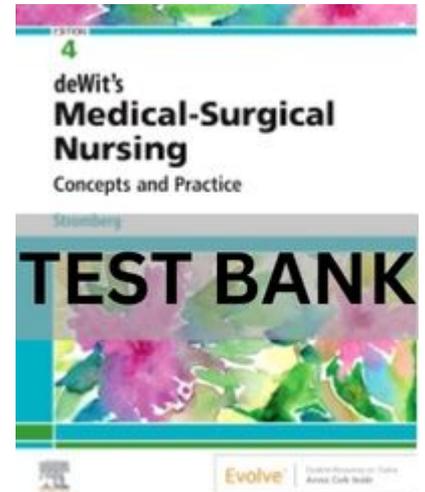


Chapter 01: Caring for Medical-Surgical Patients

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MULTIPLE CHOICE

1. Which statement accurately describes the primary purpose of the state nurse practice act (NPA)?
 - a. To test and license LPN/LVNs
 - b. To define the scope of LPN/LVN practice
 - c. To improve the quality of care provided by the LPN/LVN
 - d. To limit the LPN/LVN employment placement

ANS: B

While improving quality of care provided by the LPN/LVN may be a result of the NPA, the primary purpose of the NPA of each state defines the scope of nursing practice in that state.

DIF: Cognitive Level: Comprehension REF: p. 3 OBJ: 3
TOP: NPA KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

2. The charge nurse asks the new vocational nurse to start an intravenous infusion, a skill that the vocational nurse has not been taught during her educational program. How should the vocational nurse respond?
 - a. Ask a more experienced nurse to demonstrate the procedure.
 - b. Look up the procedure in the procedure manual.
 - c. Attempt to perform the procedure with supervision.
 - d. Inform the charge nurse of her lack of training in this procedure.

ANS: D

The charge nurse should be informed of the lack of training to perform the procedure, and the vocational nurse should seek further training to gain proficiency. Although the other options might be helpful, they are not safe.

DIF: Cognitive Level: Application REF: p. 3 OBJ: 1
TOP: Providing Safe Care KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

3. Which patient statement indicates a need for further discharge teaching that the vocational nurse should address?
 - a. "I have no idea of how this drug will affect me."
 - b. "Do you know if my physician is coming back today?"

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- c. "Will my insurance pay for my stay?"
- d. "Am I going to have to go to a nursing home?"

ANS: A

Lack of knowledge at discharge about medication effects and side effects is a concern that should be addressed by the vocational nurse. The other concerns in the options are the responsibility of other departments to which the nurse might refer the patient.

DIF: Cognitive Level: Application REF: p. 2 OBJ: 1
TOP: Teaching KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

4. According to most state NPAs, the vocational nurse acting as charge nurse in a long-term care facility acts in which capacity?
- a. Working under direct supervision of an RN on the unit
 - b. Working with the RN in the building
 - c. Working under general supervision by the RN available on site or by phone
 - d. Working as an independent vocational nurse

ANS: C

The vocational nurse in the capacity of the charge nurse in a long-term care facility acts with the general supervision of an RN available on site or by phone.

DIF: Cognitive Level: Comprehension REF: p. 3 OBJ: 1
TOP: Charge Nurse/Manager KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

5. The nurse is educating a patient that is a member of a health maintenance organization (HMO). Which information should the nurse include?
- a. Seek the opinion of an alternate health care provider.
 - b. Contact the insurance company for coverage details as services may be limited.
 - c. Provide detailed documentation of all care received for his condition.
 - d. Wait at least 6 months to see a specialist.

ANS: B

HMOs are a kind of managed care. This is accomplished by paying providers to care for groups of patients for a set capitation fee and by limiting services. Patients are not required to seek a second opinion, provide documentation of care, or wait a specific time period before visiting a specialist.

DIF: Cognitive Level: Application REF: p. 9 OBJ: 9
TOP: Charge Nurse/Manager KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

6. The patient complains to the nurse that he is confused about his "deductible" that he owes the hospital. Which statement accurately explains a deductible?
- a. An amount of money put aside for the payment of future medical bills
 - b. A one-time fee for service
 - c. An amount of money deducted from the bill by the insurance company
 - d. An annual amount of money the patient must pay out-of-pocket for medical care

ANS: D

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The deductible is the annual amount the insured must pay out-of-pocket prior to the insurance company assuming the cost. This practice improves the profit of the insurance company.

DIF: Cognitive Level: Comprehension REF: p. 7 OBJ: 9
TOP: Health Care Financing KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

7. A patient asks the nurse what Medicare Part A covers. Which response is correct?
- Medicare Part A covers inpatient hospital costs.
 - Medicare Part A covers reimbursement to the physician.
 - Medicare Part A covers outpatient hospital services.
 - Medicare Part A covers ambulance transportation.

ANS: A

Medicare Part A covers inpatient hospital expenses, drugs, x-rays, laboratory work, and intensive care. Medicare Part B pays the physician, ambulance transport, and outpatient services.

DIF: Cognitive Level: Comprehension REF: p. 8, Box 1-4
OBJ: 9 TOP: Government-Sponsored Health Insurance
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

8. Which is the main cost-containment component of diagnosis-related groups (DRGs)?
- Hospitals focus only on the specific diagnosis.
 - Hospitals treat and discharge patients quickly.
 - Reduced cost drugs are ordered for specific diagnoses.
 - Diagnostic group classification streamlines care.

ANS: B

DRGs are a prospective payment plan in which hospitals receive a flat fee for each patient's diagnostic category regardless of the length of time in the hospital. If hospitals can treat and discharge patients before the allotted time, hospitals get to keep the excess payment; cost is contained, and the patient is discharged sooner.

DIF: Cognitive Level: Comprehension REF: p. 8 OBJ: 9
TOP: Government-Sponsored Health Insurance
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

9. The nurse is assessing a group of patients. Which patient would most likely qualify for Medicaid?
- A 35-year-old unemployed single mother with diabetes
 - A 70-year-old Medicare recipient with retirement income who needs to be in a long-term care facility
 - An 80-year-old blind woman living in her own home who has inadequate private insurance
 - A 67-year-old stroke victim with Medicare Part A and an income from investments

ANS: A

Medicaid is a joint effort of federal and state governments geared primarily for low-income people with no insurance.

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DIF: Cognitive Level: Application REF: p. 8, Box 1-5
OBJ: 9 TOP: Government-Sponsored Health Insurance—Medicaid
KEY: Nursing Process Step: Assessment
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

10. Which area is the major focus of *Healthy People 2020* and the primary mechanism through which to improve the health of Americans in the second decade of the century?
- Research funding
 - Health information distribution
 - Healthy lifestyle encouragement
 - Health improvement program designs

ANS: C

Healthy People 2020 focuses on expanding ongoing programs to include support and information to reduce infant mortality, cancer, cardiovascular disease, and HIV/AIDS, and to increase effective immunizations, healthy eating habits, and healthy weight.

DIF: Cognitive Level: Comprehension REF: p. 6 OBJ: 7
TOP: Healthy People 2020 KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

11. Which term explains the type of care that addresses interventions for all dimensions of a patient's life?
- Focused care
 - General care
 - Directed care
 - Holistic care

ANS: D

Holistic care addresses the physiologic, psychological, social, cultural, and spiritual needs of the patient.

DIF: Cognitive Level: Comprehension REF: p. 9 OBJ: 8
TOP: Holistic Care KEY: Nursing Process Step: Planning
MSC: NCLEX: Psychosocial Integrity: Coping and Adaptation

12. A patient furiously says, "My doctor was so busy giving me instructions that he didn't hear what I was trying to ask him!" Which response is most empathetic?
- "When people ignore me, I really get mad."
 - "I'm sure that the doctor was rushed and unaware of your needs."
 - "That sounds really frustrating."
 - "Take a deep breath and plan what you will say to him tomorrow."

ANS: C

Empathy demonstrates that the nurse perceives the patient's feelings but does not share the emotion. Belittling the patient's feelings, showing sympathy, or defending the doctor makes the patient feel devalued.

DIF: Cognitive Level: Analysis REF: p. 10 OBJ: 10
TOP: Nurse-Patient Relationship KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

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13. The nurse is explaining differences in a therapeutic relationship and a social relationship to a patient. Which information about therapeutic relationships is most important for the nurse to include in the explanation?
- Therapeutic relationships lack formal boundaries.
 - Therapeutic relationships are goal directed.
 - Therapeutic relationships meet the needs of each person in the relationship.
 - Therapeutic relationships extend past the hospitalization period.

ANS: B

The therapeutic relationship is focused on the patient and is goal directed and designed to meet only the needs of the patient and does not extend past the period of hospitalization.

DIF: Cognitive Level: Comprehension REF: p. 9 OBJ: 10
TOP: Therapeutic Relationship KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

14. The nurse is caring for a patient who has been on antidepressants for 3 days. The patient tearfully says, "I still feel terrible. I don't think anything can help how I feel." Which response is best?
- "I will tell the charge nurse how you are feeling."
 - "You just need to be patient and give your medicine some time to work."
 - "Look how much you have improved since you were admitted to the facility."
 - "It must be frustrating to be going through this difficult time."

ANS: D

This response is an empathetic response that allows for further exploration of the patient's feelings. The other responses will block communication with this patient.

DIF: Cognitive Level: Application REF: p. 9 OBJ: 10
TOP: Therapeutic Communication KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

15. An overweight male patient rips off his hospital gown, throws it out the door, and shouts, "I'm not wearing this stupid gown! It is too small, too short, and exposes my backside to the world!" Which response is most appropriate?
- Remind patient of the need to wear the gown for convenience in care.
 - Confer with the patient for methods to acquire a larger gown.
 - Replace the torn gown with another.
 - Inform the charge nurse of the hostile behavior.

ANS: B

Allowing hostile patients to make reasonable requests defuses the anger and allows patients to vent their feelings.

DIF: Cognitive Level: Application REF: p. 10 OBJ: 10
TOP: Hostile Behavior KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity: Coping and Adaptation

16. The nurse is caring for a patient who states, "You are the only nurse who understands about my pain. Can't you give me an extra dose of pain medication?" How should the nurse respond to the patient's request?
- Explain that dosage schedules are by physician's orders.
 - Ignore the request.

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- c. Tell the patient that his behavior is manipulative.
- d. Agree to give an extra dose of pain medication.

ANS: A

A matter-of-fact response to a manipulative request limits the effect of the manipulation, thereby helping the nurse to avoid becoming defensive or being swayed by flattery.

DIF: Cognitive Level: Application REF: p. 10 OBJ: 10
TOP: Manipulative Behavior KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

17. A female patient who has recently been diagnosed with an inoperable brain tumor asks the nurse, "Do you think God punishes us?" Which response demonstrates therapeutic communication?
- a. "I don't know, tell me what you think."
 - b. "God loves you."
 - c. "Would like to speak with the chaplain?"
 - d. "God will not give you more than you can bear."

ANS: A

Sitting with the patient and offering oneself to listen to the patient's concerns and encouraging reflection is the best approach rather than responding with a cliché or suggesting speaking with the chaplain.

DIF: Cognitive Level: Application REF: p. 10 OBJ: 10
TOP: Spiritual Care KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

18. The nurse is communicating with a patient who voices concern about an upcoming high-risk procedure. Which statement best demonstrates empathy?
- a. "Would you like to talk about your feelings regarding the procedure?"
 - b. "My mother had the same procedure and did very well."
 - c. "I can't imagine how you feel."
 - d. "It must be difficult preparing for the procedure; how are you feeling?"

ANS: D

This statement by the nurse displays empathy by trying to place oneself in the patient's circumstance and validating the patient's feelings. Simply asking patients if they would like to talk about their feelings does not show empathy and may elicit a "yes" or "no" response. Telling the patient one's mother had the procedure or stating "I can't imagine how you feel" does not show empathy toward the patient.

DIF: Cognitive Level: Application REF: p. 10 OBJ: 10
TOP: Nurse-Patient Relationship KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

19. When an insurance company directly reimburses a licensed health care provider for services, the form of financing is called:
- a. fee for service.
 - b. deductible.
 - c. coinsurance.
 - d. copay.

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ANS: A

Fee for service is the direct reimbursement by an insurance company to a health care provider.

DIF: Cognitive Level: Comprehension REF: p. 7 OBJ: 9
TOP: Health Care Financing KEY: Nursing Process Step: N/A
MSC: NCLEX: N/A

20. The nurse explains that which the term refers to the severity of illness?
- DRG
 - Holistic care
 - Acuity
 - Managed care

ANS: C

Acuity is the term referring to the severity of illness or condition of a patient. DRG is diagnosis-related group for insurance billing and payment processes. Holistic care is whole-person care. HMOs and PPOs are types of managed care programs.

DIF: Cognitive Level: Knowledge REF: p. 4 OBJ: 6
TOP: Acuity KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

MULTIPLE RESPONSE

1. Which of the following are sources of clear guidelines for upholding clinical standards for safe and competent care? (*Select all that apply.*)
- The state's nurse practice act (NPA)
 - The State Board of Nurse Examiners (BNE)
 - The National Association for Practical Nurse Education and Service (NAPNES)
 - Institutional policies
 - The National Federation of Licensed Practical Nurses, Inc. (NFLPN)

ANS: C, E

NAPNES and the NFLPN give clear guidelines for clinical standards that can be used as a basis for court decisions. The NPA has broad guidelines, and institutional policies may not be complete. The BNE enforces the NPA.

DIF: Cognitive Level: Comprehension REF: p. 5 OBJ: 3
TOP: Upholding Clinical Standards KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

2. Which statement(s) accurately describes the role of the LPN/LVN regardless of employment placement? (*Select all that apply.*)
- Uphold clinical standards.
 - Educate patients.
 - Communicate effectively.
 - Collaborate with the health care team.
 - Initiate a care plan immediately after admission.

ANS: A, B, C, D

The LPN/LVN has the accountability to uphold clinical standards, educate patients, communicate effectively, and collaborate with the health care team. Depending on the type of facility, initiation of a care plan is often the role of the registered nurse.

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DIF: Cognitive Level: Comprehension REF: p. 2 OBJ: 3
TOP: Roles of LPN/LVNs KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

3. The newly licensed LPN/LVN demonstrates an understanding of employment opportunities when applying to a position in which area(s)? (*Select all that apply.*)
- An outpatient clinic
 - A home health care agency
 - An intravenous (IV) therapy team
 - A long-term care facility
 - An ambulatory care unit

ANS: A, B, D, E

With the exception of an IV therapy team, which requires postgraduate education and/or certification, the other options are open to newly graduated vocational nurses.

DIF: Cognitive Level: Application REF: p. 3 OBJ: 2
TOP: Employment Opportunities for LPN/LVNs KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

4. What factor(s) should the LPN/LVN consider when delegating a task to unlicensed assistive personnel (UAP)? (*Select all that apply.*)
- A need for the UAP to voluntarily accept the task delegated
 - Continued accountability for the task by the LPN/LVN
 - Assurance that the task requires no further need for supervision of the UAP
 - An understanding that the task is in the job description of the UAP
 - A transfer of authority to the UAP

ANS: A, B, D, E

Delegation is a considered act involving the condition of the patient and the competency of the UAP. Delegation requires that the UAP voluntarily accept the task, which is in the job description of the UAP. The vocational nurse has transferred authority for the completion of the task but is still accountable and should supervise.

DIF: Cognitive Level: Application REF: p. 4 OBJ: 1
TOP: Delegation KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

Chapter 02: Critical Thinking and the Nursing Process

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MULTIPLE CHOICE

1. Which foundational behavior is necessary for effective critical thinking?
- Unshakable beliefs and values
 - An open-minded attitude
 - An ability to disregard evidence inconsistent with set goals
 - An ability to recognize the perfect solution

ANS: B

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An open-minded attitude, not clouded by unshakable beliefs and values or preset goals, allows the application of critical thinking. Acceptance that there may not be a perfect solution leaves the field open to new ideas.

DIF: Cognitive Level: Comprehension REF: p. 16, Box 2-1
OBJ: 2 (theory) TOP: Factors Influencing Critical Thinking
KEY: Nursing Process Step: N/A MSC: NCLEX: Health Promotion and Maintenance

2. The nurse is assessing a new patient who complains of his chest feeling tight. The patient displays a temperature of 100° F and an oxygen saturation of 89%, and expectorates frothy mucus. Which finding is an example of subjective data?
- Temperature
 - Oxygen saturation
 - Frothy mucus
 - Chest tightness

ANS: D

Subjective data is information given by the patient that cannot be measured otherwise. The other data are considered objective data. Objective data are pieces of information that can be measured by the examiner. The nurse should avoid making judgments or conclusions when obtaining data.

DIF: Cognitive Level: Application REF: p. 18 OBJ: 8 (clinical)
TOP: Assessment Data KEY: Nursing Process Step: Planning
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

3. The nurse is caring for a newly admitted patient who is describing his recent symptoms to the nurse. This scenario is an example of which type of source?
- Primary
 - Objective
 - Secondary
 - Complete

ANS: A

The patient is the primary source of information. Objective refers to a type of data obtained by the nurse that is measured or can be verified through assessment techniques, secondary information is obtained from relatives or significant others, and information is not necessarily complete when the patient is the source.

DIF: Cognitive Level: Application REF: p. 19 OBJ: 8 (clinical)
TOP: Sources of Information KEY: Nursing Process Step: Assessment
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

4. The nurse is performing an intake interview on a new resident to the long-term care facility. The nurse detects the odor of acetone from the patient's breath. Which term accurately describes this assessment?
- Inspection
 - Observation
 - Auscultation
 - Olfaction

ANS: D

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Olfaction is an assessment method of smells. Inspection and observation use the sense of vision. Auscultation refers to use of the sense of hearing.

DIF: Cognitive Level: Comprehension REF: p. 20 OBJ: 9 (clinical)
TOP: Olfaction KEY: Nursing Process Step: Assessment
MSC: NCLEX: Health Promotion and Maintenance

5. During a morning assessment, the nurse observes that the patient displays significant edema of both feet and ankles. Which statement best documents these findings?
- Pitting edema present in both feet and ankles
 - Edema in both feet and ankles approximately 4 mm deep
 - 4 mm pitting edema quickly resolving
 - Bilateral pitting edema in feet and ankles, 4 mm deep, resolving in 3 seconds

ANS: D

Edema should be recorded as to location, depth of pitting, and time for resolution.

DIF: Cognitive Level: Application REF: p. 21 OBJ: 9 (theory)
TOP: Palpation KEY: Nursing Process Step: Assessment
MSC: NCLEX: Physiological Integrity: Basic Care and Comfort

6. Which technique should the nurse employ to best assess skin turgor?
- Examine mucous membranes of the mouth.
 - Compare limbs for similar color.
 - Pinch a skinfold on chest to assess for tenting.
 - Palpate the ankles for evidence of pitting edema.

ANS: C

Skin turgor can be assessed by tenting the skin on the chest and recording the speed at which the “tent” subsides.

DIF: Cognitive Level: Comprehension REF: p. 22 OBJ: 9 (clinical)
TOP: Practical Assessment KEY: Nursing Process Step: Assessment
MSC: NCLEX: Health Promotion and Maintenance: Prevention and Early Detection of Disease

7. Which example shows that the nursing student demonstrates compliance with the Health Insurance Portability and Accountability Act (HIPAA)?
- The student uses the patient's full name only on clinical assignments submitted to the instructor.
 - The student uses the facility printer to copy laboratory reports on an assigned patient.
 - The student shreds any documents that contain identifying patient information before leaving the clinical facility.
 - The student asks the patient for permission to copy laboratory and diagnostic reports for educational purposes.

ANS: C

HIPAA forbids any information used for educational purposes to have any identifying information; therefore, shredding documents would be appropriate. Full names on documents, printing copies of chart forms, and asking the patient for permission to copy forms would be violations of HIPAA regulations.

DIF: Cognitive Level: Comprehension REF: p. 26 OBJ: 4 (theory)