

Chapter 1: The Nurse's Role in Health Assessment

Multiple Choice

1. What is one of the priority goals of nursing practice?
 - A) To influence private policy
 - B) To further the interests of the nursing profession
 - C) To promote privacy in health care
 - D) To advocate for patients and communities

Ans: D

Age Group: All Age Groups

Chapter: 1

Client Type: Population

Competency Category: Health and Wellness

Difficulty: Moderate

Objective: 1

Page and Header: 5, Advocacy

Taxonomic Level: Knowledge

Feedback: Nurses engage in many activities in the course of nursing practice. Among the most important goals of the nurse is the advocacy role of the nurse. This role supersedes the importance of promoting the profession and promoting privacy, even though both are laudable goals. Nurses normally aim to influence public, not private, policy.

2. What do nursing activities that promote health and prevent disease primarily accomplish?
 - A) Reduce an individual's risk of illness
 - B) Reduce recovery times
 - C) Optimize self-care abilities
 - D) Create home care safety

Ans: A

Age Group: All Age Groups

Chapter: 1

Client Type: Population

Competency Category: Health and Wellness

Difficulty: Easy

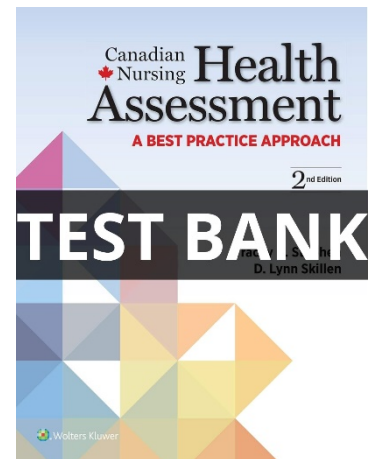
Objective: 3

Page and Header: 6, Wellness and Health Promotion

Taxonomic Level: Analysis

Feedback: Nursing activities that promote health and prevent illness reduce the risk of disease. These activities are not primarily focused on reducing recovery times, optimizing self-care, or creating home safety, though each of these outcomes is congruent with the philosophy of health promotion.

3. The purpose of a health assessment includes what?
 - A) Identifying the patient's major disease process
 - B) Collecting information about the health status of the patient
 - C) Clarifying the patient's extended health care benefits
 - D) Explaining the patient's overall health to him or her



Ans: B

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 2

Page and Header: 5, Purposes of Health Assessment

Taxonomic Level: Analysis

Feedback: Health assessment is the collection of subjective and objective data to develop a database about a patient's health status (past and present), health concerns, and usual coping mechanisms so that an individualized care plan can be created. The patient's health care coverage is not a component of health assessment, and it is not normally the nurse's role to explain the patient's overall health or identify particular diseases.

4. The nurse is conducting a physical assessment. The data the nurse would collect vary depending primarily on what factor?

- A) How much time the nurse has
- B) The patient's acuity
- C) The patient's cooperation
- D) Onset of current symptoms

Ans: B

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Easy

Objective: 5

Page and Header: 10, Types of Health Assessments

Taxonomic Level: Comprehension

Feedback: Data that nurses collect during a physical assessment vary depending on a patient's acuity, health history, and current symptoms. The data collected during a physical assessment do not depend on how much time the nurse has, how cooperative the patient is, or the onset of the current symptoms.

5. A nursing instructor is discussing the purposes of health assessment. What is a priority purpose of health assessment?

- A) To establish a database against which subsequent assessments can be measured
- B) To establish rapport with the patient and family
- C) To gather information for specialists to whom the patient might be referred
- D) To quantify the degree of pain a patient may be experiencing

Ans: A

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 2

Page and Header: 5, Purposes of Health Assessment

Taxonomic Level: Analysis

Feedback: Health assessment is the collection of subjective and objective data to develop a database about a patient's health status (past and present), health concerns, and usual

coping mechanisms so that an individualized care plan can be created. Rapport is important but is not a priority goal of health assessment. It is not normally the nurse's role to gather data for specialists. Pain assessment is an important component of most assessments but is not a primary purpose for assessment.

6. How do nurses primarily facilitate the achievement of high-level wellness with a patient?

- A) By encouraging the patient to keep appointments
- B) By providing information on alternative treatments
- C) By promoting patients' health
- D) By providing efficient patient care

Ans: C

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Health and Wellness

Difficulty: Easy

Objective: 3

Page and Header: 6, Wellness and Health Promotion

Taxonomic Level: Analysis

Feedback: High-level wellness is a process by which people maintain balance and direction in the most favourable environment. The role of nurses is to facilitate this achievement through health promotion and teaching. Nurses do not necessarily facilitate the achievement of high-level wellness by encouraging patients to keep appointments, providing information on alternative treatments, or providing "efficient" patient care.

7. The nurse is caring for a patient who, on the continuum between wellness and illness, is moving toward illness and premature death. How would the nurse know this to be true?

- A) The patient stops doing wellness-promoting activities.
- B) The patient develops signs and symptoms.
- C) The patient begins exercising.
- D) The patient verbalizes anxiety over the cost of medications.

Ans: B

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 4

Page and Header: 6, Wellness and Health Promotion

Taxonomic Level: Evaluation

Feedback: The person who moves toward illness and premature death develops signs, symptoms, and disability, which, unfortunately, is when most treatment occurs in the current health care system. The patient who stops performing wellness-promoting activities is not necessarily moving toward death. A patient who begins exercising is moving toward wellness, not illness. The verbalization of anxiety over financial matters is not an indication of illness.

8. Nurses collaborate with individuals, families, groups, and communities to implement health promotion, risk reduction, and disease prevention strategies. What is an example of primary prevention?

- A) Conducting a public blood glucose monitoring campaign
- B) Administering antibiotics to a patient with sepsis

- C) Providing immunizations to school children
- D) Screening for high blood pressure

Ans: C

Age Group: Child and Adolescent

Chapter: 1

Client Type: Population

Competency Category: Health and Wellness

Difficulty: Difficult

Objective: 3

Page and Header: 7, Risk Assessment and Health Promotion

Taxonomic Level: Analysis

Feedback: Immunizations are an example of primary prevention, while BP and diabetes screening are secondary prevention measures. Active treatment of illness is associated with tertiary prevention.

9. A nurse is writing a care plan for a newly admitted patient. When formulating the diagnostic statements in the care plan, what would the nurse primarily use?

- A) Rationales
- B) Canadian Nurses Association recommendations
- C) Physical assessment skills
- D) Clinical reasoning

Ans: D

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 4

Page and Header: 9, Clinical Reasoning

Taxonomic Level: Analysis

Feedback: Nurses use clinical reasoning and critical thinking to formulate diagnostic statements. Rationale, CNA recommendations, and physical assessment skills are not central to the process of formulating diagnostic statements, though each may be integrated into the process.

10. A nurse is caring for three patients whose care involves complex situations and multiple responsibilities. What is most important to resolving problems for this nurse?

- A) Intuition
- B) Physical assessment
- C) Critical thinking
- D) Nursing care plan

Ans: C

Age Group: All Age Groups

Chapter: 1

Client Type: Group

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 6

Page and Header: 9, Critical Thinking

Taxonomic Level: Application

Feedback: Nurses are frequently involved in complex situations with multiple responsibilities.

They are required to think through the analysis, develop alternatives, and implement the best interventions. Critical thinking is the key to resolving problems and is more important than intuition. Care plans and physical assessments are not useful in the absence of critical thinking.

11. A community health nurse is planning individualized care for a community. What does the nurse use as a framework for this plan?

- A) Nursing process
- B) Diagnostic reasoning
- C) Critical thinking
- D) Community care map

Ans: A

Age Group: All Age Groups

Chapter: 1

Client Type: Community

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 7

Page and Header: 5, Purposes of Health Assessment

Taxonomic Level: Application

Feedback: The nursing process serves as a framework for providing individualized care not only to individuals but also to families and communities. Diagnostic reasoning, critical thinking, and community care maps are integrated into nursing but are not frameworks for providing individualized care to a community.

12. Which of the following is a recognized type of nursing assessment?

- A) Physical
- B) Implied
- C) Mental
- D) Emergency

Ans: D

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Easy

Objective: 5

Page and Header: 10, Types of Health Assessments

Taxonomic Level: Knowledge

Feedback: Three types of nursing assessments are common—emergency, focused, and comprehensive.

13. A nurse performs a comprehensive assessment on a patient. What is a unique component of this assessment?

- A) Circulatory assessment
- B) Assessment of the airway
- C) Complete health history
- D) Disability assessment

Ans: C

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 6

Page and Header: 11, Comprehensive Assessment

Taxonomic Level: Application

Feedback: The comprehensive assessment includes a complete health history and physical assessment. It is done annually on an outpatient basis, following admission to a hospital or long-term care facility, or every 8 hours for patients in intensive care. Focused assessments and emergency assessments do not include a complete health history.

14. The nurse is admitting a patient to the clinic and performs a focused assessment. What makes a focused assessment different from a comprehensive assessment?

- A) It covers the body from head to toe.
- B) It occurs only in the clinic area.
- C) It involves all body systems.
- D) It is more in-depth on specific issues.

Ans: D

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 6

Page and Header: 11, Focused Assessment

Taxonomic Level: Analysis

Feedback: A focused assessment is based on the patient's issues. This type of assessment can occur in all settings, including the clinic, hospital, and home health. It usually involves one or two body systems and is smaller in scope than the comprehensive assessment but is more in-depth on the specific issue(s).

15. A nurse is admitting a patient, has completed the health history, and is now doing a physical assessment. The physical assessment will primarily provide what type of data?

- A) Concrete
- B) Subjective
- C) Realistic
- D) Objective

Ans: D

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Easy

Objective: 6

Page and Header: 13, Components of the Health Assessment

Taxonomic Level: Comprehension

Feedback: The physical assessment follows the history and focused interview and includes objective data, which are measurable. Subjective data are gathered during the health history. Concrete and realistic data are distracters for this question.

16. The nurse is performing a health assessment on a new patient. While taking the detailed history, the nurse knows to include what information?

- A) Functional status
- B) Only data involving the patient complaint
- C) A focused assessment of the patient complaint
- D) Family history for the past three generations

Ans: A

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Changes in Health

Difficulty: Moderate

Objective: 6

Page and Header: 13, Components of the Health Assessment

Taxonomic Level: Knowledge

Feedback: A detailed history includes data on all systems, psychosocial and mental health, and functional status. Family histories generally go back only to grandparents, not great-grandparents.

17. When documenting the results of a health assessment, what principle must the nurse follow?

- A) Documentation must be kept secure and private.
- B) Documentation must be freely shared with all stakeholders.
- C) Documentation becomes a publically accessible record after 7 years.
- D) Documentation should be expressed according to the nurse's preferences.

Ans: A

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Professional Practice

Difficulty: Difficult

Objective: 7

Page and Header: 14, Documentation and Communication

Taxonomic Level: Synthesis

Feedback: Legislation regulates the security and privacy of information that is contained in nursing documentation. Accordingly, it does not become a publically accessible record and is not necessarily shared with all stakeholders. It should be performed in a standardized manner, not guided by the nurse's individual preferences.

18. The nursing instructor is teaching about health assessment and explains to students how to assess the roles and relationships of the patient. The students know that this type of information is assessed in what type of assessment?

- A) Body systems
- B) Head to toe
- C) Functional
- D) Comprehensive

Ans: C

Age Group: All Age Groups

Chapter: 1

Client Type: Individual

Competency Category: Health and Wellness