MULTIPLE CHOICE

1. The skill of providing care to a client in an order where the sicker client is seen first is called:
   a. sequencing
   b. prioritization
   c. ordering of care
   d. scheduling

   ANS: B
   Planning client care involves prioritization. The nurse reviews all clients who need care and determines which client needs to be seen or cared for first. Different methods assist the nurse in prioritizing care. These methods could include following the rule of ABC (airway, breathing, circulation). Another method would be using Maslow's hierarchy of needs and asking oneself which client has the greatest need that should be met first.

   PTS: 1   DIF: Comprehension   REF: White (2013)

2. A nurse has just received shift report from the night nurse. One of the clients needs to have a dressing changed at 0800. Another client has had trouble breathing overnight and has been put on oxygen via nasal cannula. A third client has a test scheduled in the radiology suite in the afternoon. And, a fourth client is requesting pain medication. Which client should the nurse see first on her rounds as she begins her shift?
   a. client with an 0800 dressing change
   b. client with a respiratory condition
   c. client with a scheduled test
   d. client requesting pain medication

   ANS: B
   The nurse would begin her rounds with the client who has had respiratory problems overnight. Based upon the A-B-C prioritization (airway, breathing, circulation), the nurse would want to see the client on oxygen therapy first to assess the client's breathing and respiratory status.

   PTS: 1   DIF: Application   REF: White (2013)

3. Asking another nurse for advice on how to prioritize a client's care is called:
   a. collaboration
   b. inquiring
   c. scheduling
   d. decision-making

   ANS: A
   Working with other members of the healthcare to determine the best method to provide client care is an example of collaboration. It is often helpful to "think out loud" with another healthcare team member.

   PTS: 1   DIF: Comprehension   REF: White (2013)

4. A nurse has been caring for a client with an IV and the shift is about to end. The IV bag is scheduled to run out 1.5 hours into the next nurse's shift. The offgoing nurse should do which of the following prior to the end of her shift?
   a. hang a new IV bag
   b. tell the nurse a new bag will be needed
   c. ask client to call nurse for empty IV
   d. have a replacement bag ready

   ANS: D
   When a client's IV bag will run out within the first two hours of the oncoming shift, the offgoing nurse should have a replacement bag available for the next nurse to hang.

   PTS: 1   DIF: Application   REF: White (2013)

5. Which of these statements is TRUE?
   a. Discharge planning begins upon admission.
   b. Discharge planning begins the day before discharge.
   c. Discharge planning occurs on the day of discharge.
   d. Discharge planning occurs on the day before discharge.

   ANS: A
   Discharge planning begins at admission. Starting discharge planning early allows time for assessment of the client's home situation, and family support which can affect the discharge plan.

   PTS: 1   DIF: Comprehension   REF: White (2013)

6. The process of taking information that has been uncovered and clarified, and systematically processing it to find an acceptable resolution to the problem, is called:
   a. critical thinking
   b. data collection
   c. data clarification
   d. problem solving

   ANS: D
   Problem solving is the process of taking information that has been uncovered and clarified, and systematically processing it to find an acceptable resolution to problems. To problem solve, data must be gathered, organized, analyzed, and conclusions must be drawn. When problem solving, the individual continues to ask questions throughout the process. Asking questions clarifies data in an attempt to obtain accurate information.

   PTS: 1   DIF: Comprehension   REF: White (2013)

7. Which of the following involves obtaining and using information by asking who, what, when, where and how?
   a. disciplined thinking
   b. critical thinking
   c. problem solving
   d. nursing process

   ANS: B
   Critical thinking is the process of uncovering and clarifying information to make accurate judgments. Problem solving and critical thinking skills learned during the student educational experience are the basis of providing safe, quality client care. Critical thinking involves obtaining and using information by asking: who, what, when, where, and how. Critical thinking also asks if the information is true, accurate, and if variables have a bearing on the data collected.

   PTS: 1   DIF: Application   REF: White (2013)

8. A nurse is caring for a drug addicted client who states that he is experiencing postoperative pain from a cholecystectomy. The client is requesting pain medication. The nurse should take which action next?
   a. Withhold pain medication due to client's drug history.
   b. Give client half of the physician ordered dose so that client won't become addicted again.
   c. Question the client to see if he really has pain or is just drug seeking.
   d. Assess the client and treat the client's current pain level regardless of previous history.

   ANS: D
   Critical thinking and problem solving requires an individual to put aside religion, political views, race, and anything that could cloud a solid unbiased judgment. Understanding the difficulty in being unbiased requires the nurse to remain objective and neutral when providing client care. For example, if a known recovering drug addict states he is experiencing pain post-operatively and requests pain medication, the nurse must remain unbiased and treat the client's current pain level regardless of his previous history.

   PTS: 1   DIF: Application   REF: White (2013)

9. Performing an assessment of a client provides which type of information?
   a. subjective
   b. objective
   c. subjective and objective
   d. data collected by visualization of client

   ANS: C
   Assessment provides subjective and objective information, and includes taking the clients vital signs, acquiring data by visualizing the client physically and watching for client actions and responses, touching the client, and smelling for odors. The nurse should listen to what the client says, the tone used, and sounds made from the body by actively listening through a stethoscope. Secondary sources, such as labs, are also considered. The LPN/LVN is taught to make observations, collect data, and respond to particular situations.

   PTS: 1   DIF: Comprehension   REF: White (2013)

10. What type of diagnosis is formulated by gathering physical, psychological, social, emotional and spiritual data?
    a. medical diagnosis
    b. objective diagnosis
    c. subjective diagnosis
    d. nursing diagnosis

    ANS: D
    A nursing diagnosis is formulated by gathering physical, psychological, social, emotional, and spiritual data. Nursing diagnoses may be actual or potential client problems. Medical diagnoses can only be made by a medical doctor, or appropriate licensed individual, and is based on a specific pathological disease process being experienced by the client.

    PTS: 1   DIF: Comprehension   REF: White (2013)

11. When a nurse acquires all the data needed to make a nursing judgment, which concept is being used?
    a. assumption
    b. depth
    c. relevance
    d. assessment

    ANS: B
    Depth is a measurement from the beginning of a matter to the end. If a nurse is getting a measurement of depth, in relation to a client concern, the nurse will gather all factual information making sure to ask pertinent questions so data is not missed. Depth is obtained by acquiring all data to make a nursing judgment.

    PTS: 1   DIF: Comprehension   REF: White (2013)

12. When a nurse examines a situation from all angles or another's viewpoint, the nurse is demonstrating which concept?
    a. logic
    b. breadth
    c. clarity
    d. depth

    ANS: B
    Breadth is derived from a comprehensive understanding, or understands from another individual's vantage point. A nurse demonstrates breadth by examining a situation from all angles or others viewpoint.

    PTS: 1   DIF: Comprehension   REF: White (2013)

13. A nurse caring for a complex medical client has been categorizing data as important or not important in an attempt to promote an optimal outcome for the client. The nurse is using:
    a. breadth
    b. logic
    c. clarity
    d. depth

    ANS: B
    Logic is categorizing data as important or not important to promote optimal outcomes. In other words, the data fits together to support a logical conclusion.

    PTS: 1   DIF: Comprehension   REF: White (2013)

14. Treating individuals equally or free from bias is called:
    a. unbiased care
    b. compassionate
    c. fairness
    d. equal care

ANS: C
Fairness is treating individuals equally or free from bias. To demonstrate fairness in critical thinking, a nurse needs to relate all data precisely.

PTS: 1   DIF: Comprehension   REF: White (2013)

15. Educating clients is a primary role of the nurse. Which is the first step the nurse should take educating a client?
    a. Determine the educational goal.
    b. Analyze the learner for receptiveness.
    c. Select the ppropriate instructional material.
    d. Demonstrate/perform the skill to be taught.

ANS: B
The first step in educating a client is to analyze the learner for receptiveness. After analyzing the client, the nurse can state objectives and goals, followed by selecting appropriate teaching materials. Lastly, the nurse should have the client demonstrate the learned skill and evaluate if learning has occurred.

PTS: 1   DIF: Comprehension   REF: White (2013)

16. When a nurse is providing care, the client is depending on the nurse to ensure that the proper care has been given and that the client's right for autonomy has been promoted. What role is the nurse performing in this type of care?
    a. educator
    b. director
    c. client advocate
    d. caregiver

ANS: C
As a client advocate, the nurse assists the client and family in decision-making in regard to options for care. Advocacy is a fundamental cornerstone of nursing. Clients depend on nurses to ensure that proper care has been received. The role of the nurse as client advocate actively pursues promotion of a client's right for autonomy. At times, the nurse may serve as a mediator between the client and others, and shields the client's right to self-determination.

PTS: 1   DIF: Comprehension   REF: White (2013)

17. Which of the following is often obtained by a nurse who demonstrates a dedication to professional development, leadership initiatives, innovations in clinical practice, and mentoring relationships?
    a. certification
    b. recognition
    c. authentication
    d. specialization

ANS: A
Certification is typically obtained by a registered nurse and demonstrates a dedication to professional development, leadership initiatives, innovations in clinical practice, mentoring relationships, and nurses as change agents. Certification demonstrates that a nurse has taken that extra step to validate her knowledge and skills.

PTS: 1   DIF: Comprehension   REF: White (2013)

18. From nursing practice acts, guidelines have been developed to direct nursing care. These are called:
    a. prudent practice rules
    b. practice policies
    c. procedural practice standards
    d. standards of practice

ANS: D
From the nursing practice acts, guidelines have been developed to direct nursing care. These guidelines are called standards of practice or standards of care. Standards of practice are also derived from other sources. Professional organizations such as the American Nurses Association (ANA) for the registered nurse (RN) and the National Federation of Licensed Practical Nurses (NFLPN) for the LP/VN have also developed standards of practice. Nursing care planning books, especially for specialized areas, are other resources for practice standards. Policy and procedure manuals also represent standards of practice.

PTS: 1   DIF: Comprehension   REF: White (2013)

19. What specialty integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge and wisdom in nursing practice?
    a. nursing science
    b. nursing information
    c. informatics
    d. electronic health information

ANS: C
Informatics is a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge and wisdom in nursing practice. Nursing informatics is used in education, research, administration, and nursing practice.

PTS: 1   DIF: Comprehension   REF: White (2013)

MULTIPLE RESPONSE

1. The steps in the nursing process include: (Select all that may apply.)
    a. nursing diagnosis
    b. assessment
    c. medical diagnosis
    d. planning
    e. restructuring
    f. intervention
    g. implementation
    h. evaluation

ANS: A, B, D, G, H
There are five steps in the nursing process: assessment, nursing diagnosis, planning, implementation, and evaluation. The nursing process is circular in that one must continue to collect data and make changes as the information dictates. The nursing process provides a guideline, or "road map," to aid in problem solving.

PTS: 1   DIF: Application   REF: White (2013)

2. The nurse is a vital member of the healthcare team. Leadership skills and collaboration are essential to achieving client outcomes. Which of the following are also essential in caring for clients? (Select all that apply.)
   a. creativity
   b. bias
   c. compassion
   d. judgmental attitude
   e. critical thinking skills
   f. autonomy

ANS: A, C, E, F
Nurses collaborate with members of the healthcare team in an effort to gain a smooth coordination of care for the client. Strong leadership skills are essential. The ability to delegate appropriately and evaluate the quality of care delivered to the client is crucial for the nurse. As a director of care, the nurse ensures the delivery of safe client and family centered care. The care must be compassionate, evidence-based, and provide the highest quality to meet the diverse and continually changing challenges of the health care environment. Additional attributes of the director of care include: creativity, autonomy, application of proactive nursing expertise, critical thinking, and effective leadership and management skills to ensure quality care. The nurse should develop the fundamental skillset through participation in quality control activities. As director of care, the nurse must exhibit effective time management.

PTS: 1   DIF: Application   REF: White (2013)