Origin:††Chapter†1-†Nutrition†in†Nursing,†1
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Knowledge/Remember
Difficulty:††Easy

1. The nurse is doing admission assessments on four new clients. Mrs. S is a postoperative client. Mrs. X is an 84-year-old who lives alone and tries to eat a heart-healthy diet. Mr. Y was admitted from a long-term care facility because of muscle wasting and swollen neck glands. Mr. Z is a 35-year-old who is a postoperative hernia client. Which client would be referred to the dietitian because of suspected proteinñenergy malnutrition?

A) All of the clients
B) The moderate- to high-risk clients with suspected or confirmed proteinñenergy malnutrition
C) The postoperative critical care clients
D) The clients who are very young or very old with nutritional deficiencies

Ans: B

Feedback:
In the clinical setting, nutritional assessments focus on moderate- to high-risk clients with suspected or confirmed proteinñenergy malnutrition. The other answers are incorrect because not all clients are referred for nutritional assessments by the dietitian, no postoperative critical care clients were admitted, and none of the clients were identified as having nutritional deficiencies.

Origin:††Chapter†1-†Nutrition†in†Nursing,†2
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Knowledge/Remember
Difficulty:††Easy

2. While doing admission assessments, the nurse finds that Mrs. S does not drink; Mrs. X enjoys a glass of wine at supper and bedtime; Mr. Y has been drinking at least a six-pack of beer every day for the past 20 years and has been ordered by his doctor; and Mr. Z has a cocktail when he goes out to dinner, which is about once a month. Which clients would be considered at nutritional risk?

A) Mrs. X and Mr. Z
B) Mrs. S and Mr. Y
C) Mrs. X and Mr. Y
D) Mrs. S and Mr. Z

Ans: C

Feedback:
Risk begins at more than one drink daily for women and more than two drinks daily for men. The other answers are incorrect because Mrs. S and Mr. Z do not fit the criteria for being at nutritional risk due to alcohol consumption.

Origin:††Chapter†1-†Nutrition†in†Nursing,†3
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Comprehension/Understand
Difficulty:††Moderate

3. The nurse is caring for a client for whom serum albumin screening has been used to assess protein status. The nurse understands that there are disadvantages to using albumin to indicate the nutritional status of protein in the body. What is one of those disadvantages?

A) It is degraded very quickly.
B) It is not specific for nutritional status.
C) It is a test that requires 12 hours of fasting.
D) It must be assessed in relation to the clientís blood urea nitrogen.
Ans: B
Feedback:
Albumin is often used to assess protein status, even though albumin values are more likely to be altered during critical illness from factors other than protein malnutrition, such as from injury, infection, dehydration, liver disease, renal disease, and congestive heart failure. Albumin is degraded slowly, so serum levels may be maintained until malnutrition is in a chronic stage. It is not specific for nutritional status. Albumin levels do not require fasting prior to being drawn nor is it assessed in relation to blood urea nitrogen.

Origin:††Chapter†1-†Nutrition†in†Nursing,†4
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Knowledge/Remember
Difficulty:††Easy

4. When doing a diet screening on a client, the nurse tries to use terms other than ìdietî when asking about the foods the client eats. Which term is not an alternative term to the word ìdietî?

A) Eating pattern
B) Eating style
C) Counting calories
D) The foods you eat
Ans: C
Feedback:
Alternative terms to ìdietî include eating pattern, eating style, food intake, or the foods you eat. Counting calories is not an alternative term.

Origin:††Chapter†1-†Nutrition†in†Nursing,†5
Chapter:††01
Client†Needs:††D3
Cognitive†Level:††Analysis/Analyze
Difficulty:††Moderate

5. Unintentional weight loss can be an indicator of malnutrition; however, apparent weight gain may be an unreliable indicator of improvement due to which of the following?

A) Carcinoma **B)** Anasarca **C)** Cholecystitis **D)** Pancreatitis
Ans: B
Feedback:
The clientís weight can be an unreliable or invalid indicator of malnutrition due to hydration status. Edema, anasarca, fluid resuscitation, heart failure, and chronic liver or renal disease can falsely inflate weight.

Origin:††Chapter†1-†Nutrition†in†Nursing,†6
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Comprehension/Understand
Difficulty:††Moderate

6. Research done on increasing the effectiveness of client teaching has found that the type of nutritional counseling that is most effective is that done by whom?

A) Nurses and dietitians
B) Physicians
C) Dietitians alone
D) The clientís family
Ans: A
Feedback:
Nutritional counseling by nurses and dietitians is more effective and efficient than that done by dietitians alone. Physicians do not normally provide nutritional counseling, and dietitians alone cannot reinforce what is taught because they are limited in the amount of times they are in contact with the client. Teaching can include the clientís family; nutritional counseling should include the client.

Origin:††Chapter†1-†Nutrition†in†Nursing,†7
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Synthesis/Synthesize
Difficulty:††Moderate

7. A 77-year-old client who lives alone is admitted to the hospital after his children found him in a confused state at home. It is uncertain whether or not he has been eating correctly. As the nurse is preparing the nursing care plan, which of the following nursing diagnoses would indicate nutrition intervention is appropriate?

A) Self-care deficit: feeding
B) Risk for impaired skin integrity: colostomy
C) Risk for impaired swallowing: resolved
D) Risk for activity intolerance
Ans: A
Feedback:
The diagnosis of self-care deficit: feeding is the most appropriate answer and would indicate that intervention is appropriate to ensure the client is getting adequate nutrition. A colostomy that is functioning correctly would be similar to adequate bowel function in others. A resolved swallowing disorder and decreased physical activity do not necessarily require nutrition intervention.

Origin:††Chapter†1-†Nutrition†in†Nursing,†8
Chapter:††01
Client†Needs:††C
Cognitive†Level:††Application/Apply
Difficulty:††Easy

8. A 47-year-old, obese female client is admitted for hypertensive crisis. During the assessment, she states she has tried every diet out there and she is not interested in trying another one. She refuses to talk with the dietitian. Which of the following is the best approach for the nurse to use to help this client?

A) Provide the client with colorful graphs and charts to note the foods she eats.
B) Ask a social worker to intervene.
C) Emphasize things ìto doî instead of ìnot to do.î
D) Report the client to the physician, and note it in her medical record.
Ans: C
Feedback:
It is best to emphasize things ìto doî instead of ìnot to doî when trying to teach good eating habits. Many individuals view dieting as punishment and will not want to participate in making any changes. A nurse should listen to the client and not be confrontational. Asking a social worker or reporting the client to the physician will not help in the situation and only make the client less willing to cooperate. The use of graphs and charts would possibly be seen by the client as just another diet tactic.

Origin:††Chapter†1-†Nutrition†in†Nursing,†9
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Comprehension/Understand
Difficulty:††Moderate

9. The nurse is admitting a 35-year-old client with alcoholism to the hospital. In planning nursing care, what long-term nutritional goals might the nurse set?

A) To alleviate symptoms of disease
B) To alleviate side effects of treatments
C) To improve eating habits to reduce the risk of chronic disease
D) To replenish fluid losses
Ans: C
Feedback:
After short-term goals are met, attention can center on promoting healthy eating to reduce the risk of chronic diet-related diseases such as obesity, diabetes, hypertension, and atherosclerosis. The other goals are all short term.

Origin:††Chapter†1-†Nutrition†in†Nursing,†10
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Comprehension/Understand
Difficulty:††Moderate

10. When educating the client, the nurse understands that there can be some negativity associated with the term ìdiet.î Many clients may view ìdietî as another term for which of the following?

A) A health behavior
B) A medical treatment
C) A positive experience
D) A short-term punishment to endure
Ans: D
Feedback:
Among clients, diet is a four-letter word with negative connotations, such as counting calories, deprivation, sacrifice, and misery. A diet is viewed as a short-term punishment to endure until a normal pattern of eating can resume. The other answers do not cause the negative connotations the word ìdietî does.

Origin:††Chapter†1-†Nutrition†in†Nursing,†11
Chapter:††01
Client†Needs:††B
Cognitive†Level:††Application/Apply
Difficulty:††Difficult

11. Nursing care plans include nursing diagnoses that have nutritional significance when the nurse assesses it as being necessary. If the nurse is writing a nursing care plan for a client with an obvious nutritional deficiency, which nursing diagnosis would be most appropriate to include?

A) Imbalanced nutrition: less than body requirements
B) Deficient fluid volume: less than body requirements
C) Constipation
D) Impaired oral mucous membrane
Ans: A
Feedback:
The readiness for enhanced nutrition diagnosis relates directly to nutrition when altered nutrition is the problem, or indirectly when a change in intake will help to manage a nonnutritional problem. A deficient fluid volume, constipation, or impaired oral mucous membranes can be related to nutrition, but they are not considered an obvious nutritional deficiency.

Origin:††Chapter†1-†Nutrition†in†Nursing,†12
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Application/Apply
Difficulty:††Easy

12. To ensure all inpatients receive adequate care, The Joint Commission specifies that nutrition screening be conducted at what time during hospital admission?

A) Immediately upon admission
B) Within 12 hours after admission
C) Within 24 hours after admission
D) Within 36 hours after admission

Ans: C

Feedback:

The Joint Commission specifies that nutrition screening be conducted within 24 hours after admission to a hospital or other health-care facility, even on weekends and holidays.

Origin:††Chapter†1-†Nutrition†in†Nursing,†13
Chapter:††01
Client†Needs:††B
Cognitive†Level:††Knowledge/Remember
Difficulty:††Easy

13. The nurse is admitting a client who is diagnosed with type 2 diabetes mellitus. While in the hospital, the client has a referral to see a bariatric surgeon for evaluation for gastric surgery. The bariatric surgeon writes an order for a body mass index (BMI) to be calculated. The nurse understands that a BMI is which of the following?

A) A calculation of an index of a personís ideal weight
B) A calculation of a personís prealbumin level
C) A calculation of calorie intake necessary to maintain ideal weight
D) A calculation of an index of a personís weight in relation to height

Ans: D

Feedback:

BMI, an index of a personís weight in relation to height, stimulates relative risk of health problems related to weight. ìHealthyî or ìnormalî BMI is defined as 18.5 to 24.9. Values above and below this range are associated with increased health risks. Calculation of ideal weight is not an index. Prealbumin levels are given by the laboratory, not calculated by the nurse. A BMI is not a calculation of necessary caloric intake to maintain ideal weight.

Origin:††Chapter†1-†Nutrition†in†Nursing,†14
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Analyze
Difficulty:††Moderate

14. The nurse is finishing an admission assessment for Mrs. M who was admitted during a previous shift. While doing the medical psychosocial history, the following facts come to light: Two years ago, she was treated for a major depressive episode; she practices Islam; she lives in the area of town where there are many Muslim people; and she comes from a wealthy family. Her hair is visibly dry and dull, and she mentions that her hand grip has gotten weaker over the last few months. Because of the findings during this assessment, the nurse decides to refer her to the dietitian for a nutrition assessment. What in the medical psychosocial assessment might lead to a nutritional deficiency?

A) The culture she lives in
B) It is Ramadan, and Mrs. M practices Islam.
C) Her hair is dry and dull.
D) She has had a major depressive episode.
Ans: D
Feedback:
A clientís medicalñpsychosocial history may shed light on factors that influence intake, nutritional requirements, or nutrition counseling. Some of these factors include depression, eating disorders, language barriers, and impaired intake related to culture. Even though it is Ramadan and Mrs. M fasts until sunset, living in a Muslim culture does not mean that she is malnourished. The fact that her hair is dry and dull is only one sign or symptom of malnutrition, and it is not part of the medical psychosocial admission assessment nutritional screening.

Origin:††Chapter†1-†Nutrition†in†Nursing,†15
Chapter:††01
Client†Needs:††B
Cognitive†Level:††Comprehension
Difficulty:††Moderate

15. A client is admitted with persistent diarrhea and a weight loss of 10 pounds. What would the nurse recognize as the significance of the weight loss if the client stated that he had lost the weight over the past 3 months?

A) Signifies a chronic versus acute condition
B) Signifies that it was an intentional weight loss
C) Signifies there is no nutritional deficit
D) Signifies an ongoing acute condition
Ans: A
Feedback:
A weight loss that occurs relatively rapidly is due to an acute condition versus weight loss that occurs over time. The latter could be caused by a deliberate change in eating habits, or it could have a physiologic cause such as cancer. Anything that occurs over time is considered chronic rather than acute.

Origin:††Chapter†1-†Nutrition†in†Nursing,†16
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Knowledge
Difficulty:††Easy

16. A nursing student is taking a course in geriatric nursing, and the subject for today is altered nutritional status. The instructor lectures about older adults not eating in a healthy manner due to factors such as limited income, inability to prepare cooked meals, or inability to shop due to lack of transportation. What factor in the physical assessment would indicate to the nurse that the older adult client might be malnourished?

A) Inability to talk normally
B) Poor wound healing
C) Enlarged liver with nonpalpable spleen
D) Edematous hands and forearms
Ans: B
Feedback:
Physical symptoms may suggest malnutrition; however, they cannot be considered diagnostic. Edema of the lower extremities is a better indicator versus the hands and forearms, both liver and spleen enlargement is suggestive, and speech is usually not affected. Poor wound healing is the better indicator because it shows a lack of proper nutrition to allow for proper healing.

Origin:††Chapter†1-†Nutrition†in†Nursing,†17
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Knowledge
Difficulty:††Easy

17. A client who was widowed 6 weeks ago had had a depressed appetite since his wife died. He admits to not eating very much and says his appetite gets worse as the day goes on. He has unintentionally lost 19 pounds since his wifeís death and complains of around-the-clock fatigue. He is admitted to the unit for weight loss due to inadequate nutritional intake. What nursing intervention would be appropriate for the nurse to include in the care plan for this client?

A) Make sure the client orders a wide variety of foods he likes so he eats a lot.
B) Tell the client that he should not snack between meals.
C) Encourage the client to eat a big breakfast.
D) Suggest that the client eat alone in his room.
Ans: C
Feedback:
Ways to promote adequate intake include encouraging a big breakfast if appetite deteriorates throughout the day; promoting congregate dining, if appropriate; ordering snacks and nutritional supplements; and encouraging good oral hygiene.

Origin:††Chapter†1-†Nutrition†in†Nursing,†18
Chapter:††01
Client†Needs:††B
Cognitive†Level:††Knowledge
Difficulty:††Easy

18. A nurse is attending a conference on ìNutrition and Nursing.î One of the subjects being covered is ìHow to Facilitate Client and Family Nutritional Teaching.î The nurse returns to the unit and shares several suggestions on nutritional teaching for clients and families with other members of the staff. Which of the following is an appropriate suggestion for teaching?

A) Suggest books to both the client and his or her family to read.
B) Make sure the client selects lots of ìcomfort foods.î
C) Emphasize to the clientís family what the client should not eat.
D) Listen to the clientís concerns and ideas.
Ans: D
Feedback:
Ways to facilitate client and family teaching include keeping the message simple, helping the client to select appropriate foods, and listening to the clientís concerns and ideas. Clients are more willing to follow through with suggestions if they have a voice in the process.

Origin:††Chapter†1-†Nutrition†in†Nursing,†19
Chapter:††01
Client†Needs:††B
Cognitive†Level:††Knowledge
Difficulty:††Easy

19. Monitoring and evaluation of nursing goals and outcomes are integral parts of the nursing process. A nurse working on a very busy unit feels she does not have adequate time to monitor clientsí nutritional intakes or to ensure they are meeting their established outcomes. What is a simple nursing intervention that can assist the nurse in evaluating clientsí intended outcomes?

A) Have the client weighted daily and record the weight.
B) Make sure the unit aides record how much food is on each tray.
C) Have the clientís family record the amount of food served at each meal.
D) Encourage the client to document what is ordered at each meal.
Ans: A
Feedback:
In reality, monitoring precedes evaluation as a way to stay on top of progress or difficulties the client is experiencing. Monitoring suggestions include monitoring weight, requesting a nutritional consult, and observing intake whenever possible to judge the adequacy.

Origin:††Chapter†1-†Nutrition†in†Nursing,†20
Chapter:††01
Client†Needs:††D1
Cognitive†Level:††Comprehension
Difficulty:††Easy

20. During a nutrition screening, an 84-year-old client tells the nurse he really likes ice cream. He goes on to say that, when he was growing up, his grandfather used to give him ice cream when he hurt himself in any way. He also says that his mother would give him homemade chicken soup when he was sick. One of the admission diagnoses for this client is minor depression with mood swings. In planning his meals, what would be appropriate for the nurse to include?

A) Favorite ìtake-outî food
B) Foods your client tolerates well
C) Foods high in nutritional value
D) Foods that are considered ìcomfort foodsî
Ans: D
Feedback:
Nutrition theory does not always apply to practice. Honor clientsí requests for individual comfort foods whenever possible. Comfort foods (e.g., ice cream, chicken soup, mashed potatoes) are valuable for their emotional benefits, if not their nutritional ones.

Origin:††Chapter†1-†Nutrition†in†Nursing,†21
Chapter:††01
Client†Needs:††A1
Cognitive†Level:††Application
Difficulty:††Moderate

21. The nurse is caring for a 65-year-old Mr. Y who was admitted 1 week ago after his family found him confused and unable to ambulate in his home. Upon admission, he weighed 150 lb; today, he weighs 140 lb. The nurse knows that determining his percent weight change can help to determine his current nutritional status. What is his percent weight change?

A) 3% **B)** 5% **C)** 7% **D)** 9%
Ans: C
Feedback:
To determine the percent weight change, subtract the current body weight from the usual body weight and multiple by 100, and then divide by the usual body weight. The answer will be the percent weight change. Because Mr. Yís admission weight is 150 lb and his current weight is 140 lb, the equation would be (150 ñ 140) ◊ 100 / 150 = 6.666666666667 or 7%. This would indicate a significant weight loss.

Origin:††Chapter†1-†Nutrition†in†Nursing,†22
Chapter:††01
Client†Needs:††A1
Cognitive†Level:††Synthesis
Difficulty:††Moderate

22. An 80-year-old female was admitted with aspiration pneumonia. During her assessment, she mentions she has recently had difficulty eating because ìeverything keeps going down the wrong pipe.î When the nurse is developing a care plan, which of the following is an appropriate nursing diagnosis to include?

A) High risk of aspiration
B) Increased mucus production
C) Rule out aphasia
D) COPD
Ans: A
Feedback:
Aspiration pneumonia can be the result of liquids getting into the lungs. This is common with vomiting or aphagia. Increased mucus production could be the result of the body trying to remove whatever was in the respiratory tract. Aphasia is difficulty speaking. COPD could be a chronic condition that accompanies aspiration pneumonia but is seldom the cause.

Origin:††Chapter†1-†Nutrition†in†Nursing,†23
Chapter:††01
Client†Needs:††B
Cognitive†Level:††Application
Difficulty:††Moderate

23. To assist in nutrition screening in the community, the local senior center has developed a screen to help them identify individuals at high risk for malnutrition. Which of the following risk factors might be included?

A) Eats alone most of the time
B) Acute weight loss
C) BMI
D) Appetite

Ans: A
Feedback:
The local senior center is better equipped to assess lifestyles by communicating with the community that comes for meals. They can recognize clients who may only come sporadically and alone. They can then suggest alternative programs such as Meals-on-Wheels to that individual to ensure they are eating adequately.

Origin:††Chapter†1-†Nutrition†in†Nursing,†24
Chapter:††01
Client†Needs:††B
Cognitive†Level:††Knowledge
Difficulty:††Easy

24. Part of the nutrition assessment is calculating the clientís BMI. The nurse is aware that a BMI of 18 indicates the client falls in what category?

A) Obese **B)** Overweight **C)** Healthy weight **D)** Underweight

Ans: D
Feedback:
A BMI of less than 18.5 is considered underweight; 18.5 to 24.9 is healthy weight; 25 to 29.9 is overweight; 30 to 34.9 is obesity class 1; 35 to 39.9 is obesity class 2; and greater than 40 is obesity class 3.

Origin:††Chapter†1-†Nutrition†in†Nursing,†25
Chapter:††01
Client†Needs:††B
Cognitive†Level:††Application
Difficulty:††Easy

25. When teaching a client about diet changes, the nurse knows it is better to emphasize which of the following?

A) Good versus bad
B) More healthy versus less healthy
C) Low carbs and fats versus high carbs and fats
D) Calorie counting

Ans: B

Feedback:

It is better to emphasize ìmore healthyî versus ìless healthyî when teaching about diet changes. To use terms such as good or bad, or carbs and fats, or calorie counting can result in most clients becoming uncooperative because they view diets as short-term punishment. The goal should be to encourage lifestyle changes to help the client improve their health.