

TEST BANK

Health Assessment in Nursing

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5th Edition

HEALTH ASSESSMENT in NURSING

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1. A nurse on a postsurgical unit is admitting a client following the client's cholecystectomy (gall bladder removal). What is the overall purpose of assessment for this client?

- A) Collecting accurate data
- B) Assisting the primary care provider
- C) Validating previous data
- D) Making clinical judgments

D) Making clinical judgments

2. A client has presented to the emergency department (ED) with complaints of abdominal pain. Which member of the care team would most likely be responsible for collecting the subjective data on the client during the initial comprehensive assessment?

- A) Gastroenterologist
- B) ED nurse
- C) Admissions clerk
- D) Diagnostic technician

B) ED nurse

3. The nurse has completed an initial assessment of a newly admitted client and is applying the nursing process to plan the client's care. What principle should the nurse apply when using the nursing process?

- A) Each step is independent of the others.
- B) It is ongoing and continuous.
- C) It is used primarily in acute care settings.
- D) It involves independent nursing actions.

B) It is ongoing and continuous.

4. The nurse who provides care at an ambulatory clinic is preparing to meet a client and perform a comprehensive health assessment. Which of the following actions should the nurse perform first?

- A) Review the client's medical record.
- B) Obtain basic biographic data.
- C) Consult clinical resources explaining the client's diagnosis.
- D) Validate information with the client.

A) Review the client's medical record.

5. Which of the following client situations would the nurse interpret as requiring an emergency assessment?

- A) A pediatric client with severe sunburn
- B) A client needing an employment physical
- C) A client who overdosed on acetaminophen
- D) A distraught client who wants a pregnancy test

C) A client who overdosed on acetaminophen

6. In response to a client's query, the nurse is explaining the differences between the physician's medical exam and the comprehensive health assessment performed by the

nurse. The nurse should describe the fact that the nursing assessment focuses on which aspect of the client's situation?

- A) Current physiologic status
- B) Effect of health on functional status
- C) Past medical history
- D) Motivation for adherence to treatment

B) Effect of health on functional status

7. After teaching a group of students about the phases of the nursing process, the instructor determines that the teaching was successful when the students identify which phase as being foundational to all other phases?

- A) Assessment
- B) Planning
- C) Implementation
- D) Evaluation

A) Assessment

8. The nurse has completed the comprehensive health assessment of a client who has been admitted for the treatment of community-acquired pneumonia. Following the completion of this assessment, the nurse periodically performs a partial assessment primarily for which reason?

- A) Reassess previously detected problems
- B) Provide information for the client's record
- C) Address areas previously omitted
- D) Determine the need for crisis intervention

A) Reassess previously detected problems

9. The nurse is working in an ambulatory care clinic that is located in a busy, inner-city neighborhood. Which client would the nurse determine to be in most need of an emergency assessment?

- A) A 14-year-old girl who is crying because she thinks she is pregnant
- B) A 45-year-old man with chest pain and diaphoresis for 1 hour
- C) A 3-year-old child with fever, rash, and sore throat
- D) A 20-year-old man with a 3-inch shallow laceration on his leg

B) A 45-year-old man with chest pain and diaphoresis for 1 hour

10. A nurse has completed gathering some basic data about a client who has multiple health problems that stem from heavy alcohol use. The nurse has then reflected on her personal feelings about the client and his circumstances. The nurse does this primarily to accomplish which of the following?

- A) Determine if pertinent data has been omitted
- B) Identify the need for referral
- C) Avoid biases and judgments
- D) Construct a plan of care

B) Avoid biases and judgments

11. The nurse is collecting data from a client who has recently been diagnosed with type 1 diabetes and who will begin an educational program. The nurse is collecting subjective and objective data. Which of the following would the nurse categorize as objective data?

- A) Family history

- B) Occupation
- C) Appearance
- D) History of present health concern

C) Appearance

12. *An older adult client has been admitted to the hospital with failure to thrive resulting from complications of diabetes. Which of the following would the nurse implement in response to a collaborative problem?*

- A) Encourage the client to increase oral fluid intake.
- B) Provide the client with a bedtime protein snack.
- C) Assist the client with personal hygiene.
- D) Measure the client's blood glucose four times daily.

D) Measure the client's blood glucose four times daily.

13. *The nurse at a busy primary care clinic is analyzing the data obtained from the following clients. For which clients would the nurse most likely expect to facilitate a referral?*

- A) An 80-year-old client who lives with her daughter
- B) A 50-year-old client newly diagnosed with diabetes
- C) An adult presenting for an influenza vaccination
- D) A teenager seeking information about contraception

B) A 50-year-old client newly diagnosed with diabetes

14. *An instructor is reviewing the evolution of the nurse's role in health assessment. The instructor determines that the teaching was successful when the students identify which of the following as the major method used by nurses early in the history of the profession?*

- A) Natural senses
- B) Biomedical knowledge
- C) Simple technology
- D) Critical pathways

A) Natural senses

15. *When describing the expansion of the depth and scope of nursing assessment over the past several decades, which of the following would the nurse identify as being the primary force?*

- A) Documentation
- B) Informatics
- C) Diversification
- D) Technology

D) Public mistrust of physicians

16. *A group of nurses are reviewing information about the potential opportunities for nurses who have advanced assessment skills. When discussing phenomena that have contributed to these increased opportunities, what should the nurses identify?*

- A) Expansion of health care networks
 - B) Decrease in client participation in care
 - C) The shrinking cost of medical care
 - D) Public mistrust of physicians
- A) Expansion of health care networks**

17. A nurse has documented the findings of a comprehensive assessment of a new client. What is the primary rationale that the nurse should identify for accurate and thorough documentation?

- A) Guaranteeing a continual assessment process
- B) Identifying abnormal data
- C) Assuring valid conclusions from analyzed data
- D) Allowing for drawing inferences and identifying problems

C) Assuring valid conclusions from analyzed data

18. A nurse has received a report on a client who will soon be admitted to the medical unit from the emergency department. When preparing for the assessment phase of the nursing process, which of the following should the nurse do first?

- A) Collect objective data.
- B) Validate important data.
- C) Collect subjective data.
- D) Document the data.

C) Collect subjective data.

19. A community health nurse is assessing an older adult client in the client's home. When the nurse is gathering subjective data, which of the following would the nurse identify?

- A) The client's feelings of happiness
- B) The client's posture
- C) The client's affect
- D) The client's behavior

A) The client's feelings of happiness

20. A nurse on the hospital's subacute medical unit is planning to perform a client's focused assessment. Which of the following statements should inform the nurse's practice?

- A) The focused assessment should be done before the physical exam.
- B) The focused assessment replaces the comprehensive database.
- C) The focused assessment addresses a particular client problem.
- D) The focused assessment is done after gathering subjective data.

C) The focused assessment addresses a particular client problem.

21. The nurse is reviewing a client's health history and the results of the most recent physical examination. Which of the following data would the nurse identify as being subjective? Select all that apply.

- A) I feel so tired sometimes.
- B) Weight: 145 lbs
- C) Lungs clear to auscultation
- D) Client complains of a headache
- E) My father died of a heart attack.
- F) Pupils equal, round, and reactive to light

A, D, E

22. The nurse has been applying the nursing process in the care of an adult client who is being treated for acute pancreatitis. Place the nurse's actions in their proper sequence from first to last.

- A) Identifying outcomes
- B) Determining client's nursing problem
- C) Collecting information about the client
- D) Determining outcome achievement
- E) Carrying out interventions

C, B, A, E, D

- C) Collecting information about the client
- B) Determining client's nursing problem
- A) Identifying outcomes
- E) Carrying out interventions
- D) Determining outcome achievement

23. A nurse is completing an assessment that will involve gathering subjective and objective data. Which of the following assessment techniques will best allow the nurse to collect objective data?

- A) Inspection
- B) Therapeutic communication
- C) Interviewing
- D) Active listening

A) Inspection

24. The nurse is performing a health assessment on a community-dwelling client who is recovering from hip replacement surgery. Which of the following actions should the nurse prioritize during assessment?

- A) Focus the assessment on the client as a member of her age group.
- B) Interpret the information about the client in context.
- C) Corroborate the client's statements with trusted sources.
- D) Gather information from a variety of sources.

B) Interpret the information about the client in context.

25. A client comes to the health care provider's office for a visit. The client has been seen in this office on occasion for the past 5 years and arrives today complaining of a fever and sore throat. Which type of assessment would the nurse most likely perform?

- A) Comprehensive assessment
- B) Ongoing assessment
- C) Focused assessment
- D) Emergency assessment

C) Focused assessment

26. A nurse has assessed a client who was admitted to the medical unit to treat acute complications of type 1 diabetes. During the assessment, the client admitted that his blood sugar monitoring when he is at home is a bit sporadic. How should the nurse best respond to this assessment finding?

- A) Identify a nursing diagnosis of Ineffective Health Maintenance.
- B) Identify a collaborative problem that should involve the occupational therapist.
- C) Make a referral to the unit's social work department.
- D) Reassess the client's blood glucose level.

A) Identify a nursing diagnosis of Ineffective Health Maintenance.

27. *The nurse is utilizing the Health Belief Model in the care of a client whose type 1 diabetes is inadequately controlled. When implementing this model, the nurse should begin by assessing which of the following?*

- A) The client's motivation for change
- B) The client's medical comorbidities
- C) The client's learning style
- D) The client's prognosis for recovery

A) The client's motivation for change

28. *A nurse will complete an initial comprehensive assessment of a 60-year-old client who is new to the clinic. What goal should the nurse identify for this type of assessment?*

- A) Identify the most appropriate forms of medical intervention for the client.
- B) Determine the most likely prognosis for the client's health problem.
- C) Identify the status of the client's airway, breathing, and circulation.
- D) Establish a baseline for the comparison of future health changes.

D) Establish a baseline for the comparison of future health changes.

29. *A nurse who provides care in a hospital setting is creating a plan of nursing care for a client who has a diagnosis of chronic renal failure. The nurse's plan specifies frequent ongoing assessments. The frequency of these nursing assessments should be primarily determined by what variable?*

- A) The client's age
- B) The unit's protocols
- C) The client's acuity
- D) The nurse's potential for liability

C) The client's acuity

30. *A client who is new to the facility has a recent history of chronic pain that is attributed to fibromyalgia. The nurse has reviewed the available health records and suspects that pain management will be a major focus of nursing care. How can the nurse best validate this assumption?*

- A) Review the client's medication administration record for analgesic use.
- B) Ask the client about the most recent experiences of pain.
- C) Meet with the client's spouse and daughter to discuss the client's pain.
- D) Collaborate with the physician who is treating the client.

B) Ask the client about the most recent experiences of pain.

CHAP 2

1. A nurse is preparing to assess a client who is new to the clinic. When beginning the collection of the client database, which of the following actions should the nurse prioritize?

- A) Establishing a trusting relationship
- B) Determining the client's strengths
- C) Identifying potential health problems
- D) Making clinical inferences

A) Establishing a trusting relationship

2. A nurse is interpreting and validating information from an older adult client who has been experiencing a functional decline. The nurse is in which phase of the interview?

- A) Introductory
- B) Working
- C) Summary
- D) Closing

B) Working

3. A 71-year-old woman has been admitted to the hospital for a vaginal hysterectomy, and the nurse is collecting subjective data prior to surgery. Which statement by the nurse could be construed as judgmental?

- A) "How often do your adult children typically visit you?"
- B) "Your husband's death must have been very difficult for you."
- C) "You must quit smoking because it affects others, not only you."
- D) "How would you describe your feelings about getting older?"

C) "You must quit smoking because it affects others, not only you."

4. A nurse is interviewing a 22-year-old client of the campus medical clinic. Which nonverbal behavior should the nurse adopt to best facilitate communication during this phase of assessment?

- A) Standing while the client is seated
- B) Using a moderate amount of eye contact
- C) Sitting across the room from the client
- D) Minimizing facial expressions

B) Using a moderate amount of eye contact

5. A nurse is providing feedback to a colleague after observing the colleague's interview of a newly admitted client. Which of the following would the nurse identify as an example of a closed-ended question or statement?

- A) "Tell me about your relationship with your children?"
- B) "Tell me what you eat in a normal day?"
- C) "Are you allergic to any medications?"
- D) "What is your typical day like?"

C) "Are you allergic to any medications?"

6. A client has presented to the emergency department and is having difficulty describing her vague sensation of physical discomfort and unease. How can the nurse best elicit meaningful assessment data about the nature of the client's complaint?

- A) Ignore the complaint for now and return to it later in the assessment.

- B) Provide a laundry list of descriptive words.
- C) Restate the question using simpler terms.
- D) Wait in silence until the client can determine the correct words.

B) Provide a laundry list of descriptive words.

7. A nurse is eliciting a client's health history and the client asks, "Can I take the herb ginkgo biloba with my other medications?" What action would be best if the nurse is unsure of the answer?

- A) Promise to find out the information for the client.
- B) Change the subject and return to this topic later.
- C) Teach the client to only take prescribed medications.
- D) Encourage the client to ask the pharmacist or primary care provider.

A) Promise to find out the information for the client.

8. The nurse is preparing to assess the mental status of a 90-year-old client who is being admitted to the hospital from a long-term care facility. Which of the following should the nurse assess first?

- A) The client's sensory abilities
- B) The client's general intelligence
- C) The presence of any phobias
- D) The client's judgment and insight

A) The client's sensory abilities

9. A nurse provides care in a rural hospital that serves a community that has few minority residents. When interviewing a client from a minority culture, the nurse has enlisted the assistance of a "culture broker." How can this individual best facilitate the client's care?

- A) By interpreting the client's language and culture
- B) By evaluating the client's culturally based health practices
- C) By teaching the client about health care
- D) By making the client feel comfortable and safe

A) By interpreting the client's language and culture

10. Upon entering an exam room, the client states, "Well! I was getting ready to leave. My schedule is very busy and I don't have time to waste waiting until you have the time to see me!" Which response by the nurse would be most appropriate?

- A) "Our schedule is very busy also. We got to you as soon as we could."
- B) "No one is forcing you to be here, and you are free to leave at any time."
- C) "Would you like to report your complaints to someone with power?"
- D) "You're certainly justified in being upset, but I am ready to begin your exam now."

D) "You're certainly justified in being upset, but I am ready to begin your exam now."

11. A nurse has admitted a client to the medical unit and is describing the purpose for obtaining a comprehensive health history. Which of the following purposes should the nurse describe?

- A) "This helps us to complete your health record accurately."
- B) "This helps us to establish a trusting interpersonal relationship."
- C) "This helps us to evaluate the seriousness of your risk factors for disease."
- D) "This helps us have an appropriate focus for the physical examination."
- D) "This helps us have an appropriate focus for the physical examination."**

12. A clinic nurse has reviewed a new client's available health record and will now begin taking the client's health history. Which of the following questions should the nurse ask first when obtaining the health history?

- A) "Do you have adequate health insurance coverage?"
- B) "Are you generally fairly healthy?"
- C) "What is your major health concern at this time?"
- D) "Did you bring all your medications with you?"

C) "What is your major health concern at this time?"

13. A client has presented for care with complaints of persistent lower back pain. When using the mnemonic COLDSPA, which question should the nurse use to evaluate the "P"?

- A) "What makes it worse?"
- B) "When did it start?"
- C) "How does it feel?"
- D) "How would you rate your pain?"

A) "What makes it worse?"

14. A medical nurse has completed the review of systems component of the client's health history. Which assessment finding should the nurse document under the review of systems?

- A) "High school diploma plus 2 years of college"
- B) "Caregiver reliable source of information"
- C) "Menarche at age 13"
- D) "Lungs clear to auscultation bilaterally"

C) "Menarche at age 13"

15. A client has been admitted following an unexplained weight loss of 15 pounds over the past 3 months. How should the nurse best assess the subjective component of the client's nutritional status?

- A) Ask the client to explain MyPlate.
- B) Obtain a 24-hour diet recall.
- C) Ask about the contents of one typical meal.
- D) Elicit the client's favorite foods.

B) Obtain a 24-hour diet recall.

16. A client's elevated body mass index (BMI) has prompted the nurse to assess the client's activity and exercise level. Which statement would indicate to the nurse that the client is getting the recommended amount of exercise?

- A) "I walk briskly on the treadmill once or twice a week."
- B) "I play basketball with a team every Friday night without fail."
- C) "I go to a step class for an hour three times a week."
- D) "I swim for at least half an hour each Saturday morning."

C) "I go to a step class for an hour three times a week."

17. During an assessment, the nurse determines that a client sees more than one primary care provider and has obtained prescriptions from each provider. Which method would be most appropriate to determine a client's current medication regimen?

- A) Ask the client to identify which medications taken every day.
- B) Ask the client to bring all the medications and supplements to an interview.
- C) Ask the caregiver whether the client is taking prescribed medications.