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Medical-Surgical Nursing in Canada

Assessment and Management of Clinical Problems

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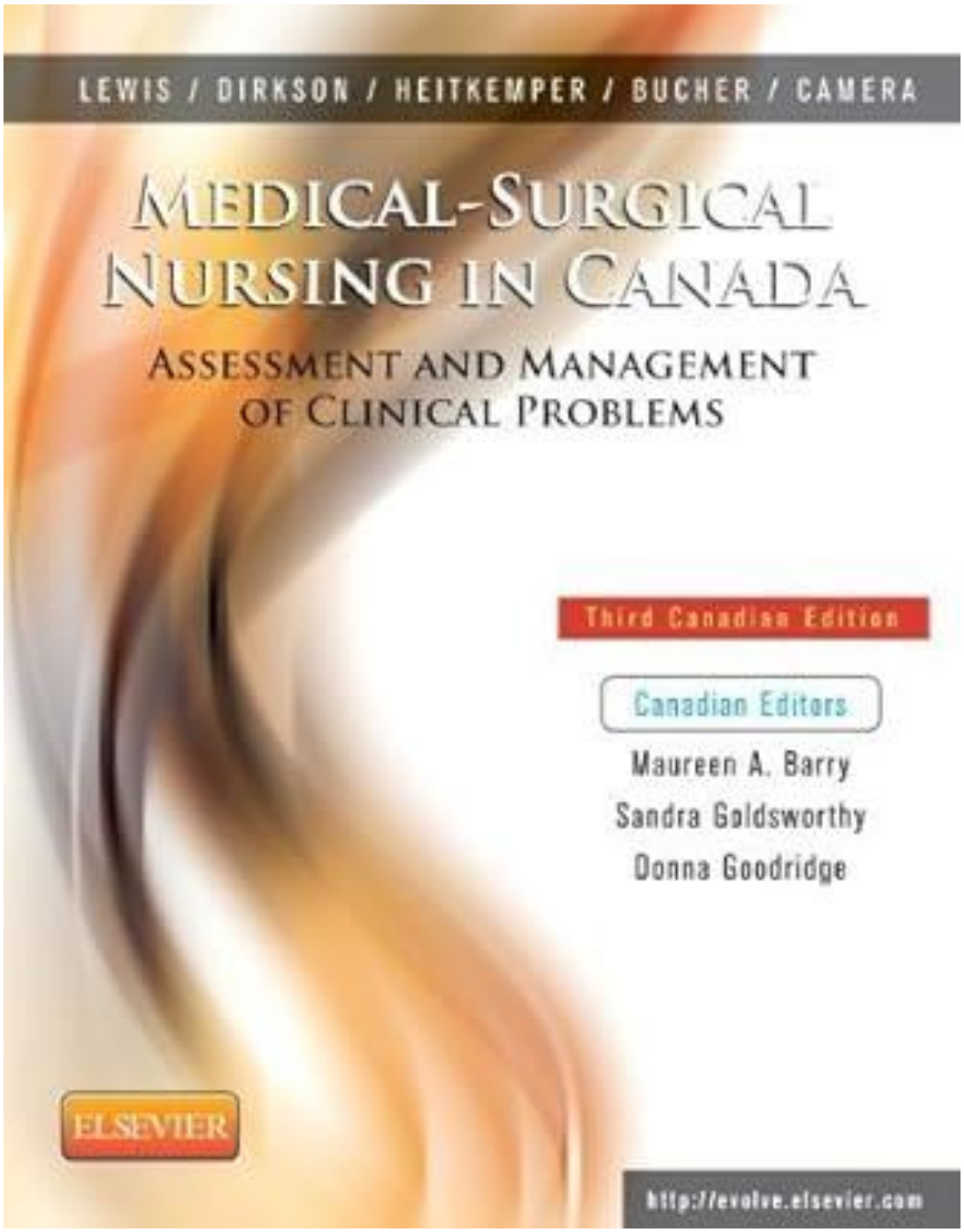
3rd Edition



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Chapter 01: Introduction to Medical-Surgical Nursing Practice in Canada
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MULTIPLE CHOICE

1. The nurse explains to the patient that together they will plan the patient's care and set goals to achieve by discharge. The patient asks how this differs from what the physician does. Which statement best describes the difference between the roles of nursing and medicine in planning the patient's care and setting goals to achieve discharge?
   a. Medicine cures; nursing cares.
   b. Nurses assist physicians to diagnose and treat patients with health care problems.
   c. Very little role difference exists between medicine and nursing; nurses perform many of the procedures done by physicians.
   d. Medicine focuses on diagnosis and treatment of the health problem; nursing focuses on diagnosis and treatment of the patient's response to the health problem.

   ANS: D
   This response is consistent with the Canadian Nurses Association's (CNA's) definition of registered nursing, which states that registered nurses enable individuals, families, groups, communities, and populations to achieve their optimal level of health. The other responses describe some of the dependent and collaborative functions of the nursing role but do not accurately describe the nurse's role in the health care system.

   PTS: 1 DIF: Cognitive Level: Comprehension REF: page 4
   OBJ: 2 TOP: Nursing Process: Implementation MSC: CRNE: PP-9

2. A woman with hypertension is concerned that if she sees the nurse practitioner (an advanced practice nurse), only her hypertension will be assessed, and she is worried that another health problem may not be diagnosed. What should the nurse tell the patient regarding nurse practitioners' scope of practice as it relates to diagnosis?
   a. They diagnose and treat all major health problems.
   b. They have the same role and scope of practice as physicians.
   c. They write prescriptions for all classifications of medications.
   d. They focus on primary care and health promotion, including diagnosis.

   ANS: D
   Advanced practice nurses (for example, nurse practitioners) focus on the management of primary care and health promotion for a wide variety of health problems in various specialties; roles include physical examination, diagnosis, treatment of health problems, patient and family education, and counselling.

   PTS: 1 DIF: Cognitive Level: Comprehension REF: page 9
   OBJ: 2 TOP: Nursing Process: Implementation MSC: CRNE: PP-9

3. When asking a clinical question using the PICO format, which of the following would represent the "C"?
   a. Controlled diabetes in a woman aged 50 to 65 years
   b. Conditioning and exercise program for one hour, three times weekly
   c. Weekly blood glucose levels within normal range
   d. Standard care for women with diabetes

ANS: D
The "C" in PICO stands for *comparison of interest,* which would be standard care, in this case, for women with diabetes. Controlled diabetes in a woman aged 50 to 65 years is the "P," the *population.* Conditioning and exercise program for one hour, three times weekly is the "I," or *intervention.* Weekly blood glucose levels within normal range is the "O," or *outcome of interest.*

PTS: 1 DIF: Cognitive Level: Application REF: page 7
OBJ: 5 TOP: Nursing Process: Implementation MSC: CRNE: CH-15

4. How does the nurse primarily use the nursing process in the care of patients?
   a. As a science-based process of diagnosing the patient's health care problems
   b. To establish nursing theory that incorporates the bio-psycho-social nature of humans
   c. To promote the management of patient care in collaboration with other health care providers
   d. As a tool to organize the nurse's thinking and clinical decision making about the patient's health care needs

   ANS: D
   The nursing process is a problem-solving approach to the identification and treatment of patients' problems. Diagnosis is only one phase of the nursing process. The primary use of the nursing process is in patient care, not to establish nursing theory or explain nursing interventions to other health care providers.

   PTS: 1 DIF: Cognitive Level: Comprehension REF: page 10
   OBJ: 6 TOP: Nursing Process: All phases MSC: CRNE: CH-7

5. An emaciated older adult patient is admitted to the critical care unit. The nurse plans a schedule of turning the patient every two hours to prevent skin breakdown. This is considered to be what type of nursing action?
   a. Dependent
   b. Cooperative
   c. Independent
   d. Collaborative

   ANS: D
   When implementing collaborative nursing actions, the nurse is responsible primarily for monitoring for complications or providing care to prevent or treat complications. Independent nursing actions are focused on health promotion, illness prevention, and patient advocacy. A dependent action would require a physician order to implement. Cooperative nursing functions are not described as one of the formal nursing functions.

   PTS: 1 DIF: Cognitive Level: Application REF: pages 11-12
   OBJ: 6 TOP: Nursing Process: Implementation MSC: CRNE: CH-10

6. A woman who is a lone parent is about to undergo gallbladder surgery. She tells the nurse on admission that she is uneasy about being in the hospital and leaving her two preschool children with a neighbour. During the assessment phase, what is an appropriate nursing action?
   a. Reassure the patient that her children are fine.

b. Call the neighbour to determine whether she is an adequate care provider.
c. Have the patient call the children to reassure herself that they are doing well.
d. Gather more data about the patient's feelings about the child care arrangements.

ANS: D
The assessment phase includes gathering multidimensional data about the patient. The other nursing actions may be appropriate during the implementation phase (after the nurse accomplishes further assessment of the patient's concerns), but they are not part of the assessment phase.

PTS:	1	DIF:	Cognitive Level: Application	REF:	page 10
OBJ:	6	TOP:	Nursing Process: Assessment	MSC:	CRNE: CH-3

7. A patient with a stroke is paralyzed on the left side of the body and is not responsive enough to turn or move independently in bed. A pressure ulcer has developed on the patient's left hip. What is the most appropriate nursing diagnosis?
   a. *Impaired physical mobility related to paralysis*
   b. *Impaired skin integrity related to altered circulation and pressure*
   c. *Risk for impaired tissue integrity related to impaired physical mobility*
   d. *Ineffective tissue perfusion related to inability to turn and move self in bed*

   ANS: B
   The patient's major problem is the impaired skin integrity as demonstrated by the presence of a pressure ulcer. The nurse is able to treat the cause of altered circulation and pressure by frequently repositioning the patient. Although impaired physical mobility is a problem for the patient, the nurse cannot treat the paralysis. The *risk for* diagnosis is not appropriate for this patient, who already has impaired tissue integrity. The patient does have ineffective tissue perfusion, but the *impaired skin integrity* diagnosis indicates more clearly what the health problem is.

PTS:	1	DIF:	Cognitive Level: Application	REF:	page 15
OBJ:	6	TOP:	Nursing Process: Diagnosis	MSC:	CRNE: CH-20

8. A patient with an infection has a nursing diagnosis of *fluid volume deficit related to excessive diaphoresis*. What is an appropriate patient outcome?
   a. Balanced intake and output are achieved.
   b. Patient verbalizes a need for increased fluid intake.
   c. Bedding is changed when it becomes damp.
   d. Skin remains cool and dry throughout hospitalization.

   ANS: A
   This statement gives measurable data showing resolution of the problem of fluid volume deficit that was identified in the nursing diagnosis statement. The other statements would not indicate that the problem of fluid volume deficit was resolved.

PTS:	1	DIF:	Cognitive Level: Application	REF:	page 13
OBJ:	7	TOP:	Nursing Process: Evaluation	MSC:	CRNE: CH-25

9. Which characteristic is consistent with critical thinking?
   a. Do not use abstract ideas.
   b. Think within alternative systems of thought.
   c. Encourage cooperative relationships from positions of power and authority.

d. Use the trial-and-error method for effective problem-solving options.

ANS: B
Critical thinking is the art of analyzing and evaluating thinking with a view to improving it. Characteristics of critical thinking include thinking open-mindedly within alternative systems of thought, and recognizing and assessing their assumptions, implications, and practical consequences.

PTS: 1 DIF: Cognitive Level: Analysis REF: page 6
OBJ: 4 TOP: Nursing Process: Assessment MSC: CRNE: PP-11

10. The nurse reads on the care plan that a patient is at risk for developing an infection. What does the nurse recognize about this patient's problem?
    a. It is always a nursing diagnosis.
    b. It is always a collaborative problem.
    c. It may be either a nursing diagnosis or a collaborative problem, depending on the etiology.
    d. It should not be addressed as a special problem because all nursing measures should protect patients from infection.

    ANS: C
    If the source of the risk for infection is something that can be treated by nursing, then the problem is a nursing diagnosis. If it is one that requires treatment by other health care providers, the problem is collaborative. In either case, the risk for infection should be included in the care plan.

    PTS: 1 DIF: Cognitive Level: Comprehension REF: pages 10-11
    OBJ: 3 TOP: Nursing Process: Planning MSC: CRNE: PP-9

11. Which of the following is an example of the "P" in a SOAP progress note?
    a. The patient stating that her right arm is numb
    b. Encouragement of alternating rest and activity periods
    c. Activity intolerance related to fatigue
    d. Blood pressure 140/85 mm Hg

    ANS: B
    "P" stands for *plan* in the SOAP method of documentation; encouraging alternating rest and activity periods is an example of a specific intervention related to a diagnostic problem. The patient stating that the right arm is numb is an example of *subjective* data. Activity intolerance is a nursing diagnosis and is an example of *assessment*. A blood pressure reading is an *objective* assessment.

    PTS: 1 DIF: Cognitive Level: Application REF: pages 1-16
    OBJ: 10 TOP: Nursing Process: Implementation MSC: CRNE: CH-15

12. Which of the following refers to the use of communication and information technologies in order to support the delivery and integration of clinical care?
    a. e-Health
    b. Nursing informatics
    c. Electronic health record
    d. ICT (information and communication technology)

ANS: A

e-Health refers to the use of communication and information technologies in order to support the delivery and integration of clinical care. Nursing informatics refers to the integration of nursing science, computer science, and information technology to manage and communicate data, information, and knowledge in nursing practice. Electronic health record is an electronic version of the patient health record. ICT consists of tools and applications that support the management of clinical data, information, and knowledge.

PTS: 1	DIF: Cognitive Level: Comprehension	REF: page 10	
OBJ: 1	TOP: Nursing Process: Implementation	MSC: CRNE: CH-16	

13. Which phase of the nursing process is too often *not* addressed sufficiently?
    a. Planning
    b. Diagnosis
    c. Implementation
    d. Evaluation

ANS: D

Evaluation is an extremely important part of the nursing process that is too often *not* addressed sufficiently. The planning, diagnosis, and implementation phases are often addressed sufficiently.

PTS: 1	DIF: Cognitive Level: Knowledge	REF: page 10	
OBJ: 9	TOP: Nursing Process: Evaluation	MSC: CRNE: CH-25	

14. Which of the following refers to a situation that results in unintended harm to the patient and is related to the care or services provided rather than the patient's medical condition?
    a. Negligence
    b. Adverse event
    c. Incident report
    d. Nonmaleficence

ANS: B

An adverse event is an event that results in unintended harm to the patient and is related to the care or services provided rather than the patient's medical condition. Negligence is an ethical principle, not a situation that results in unintended harm to the patient, although it is related to the care or services provided rather than the patient's medical condition. An incident report may be completed; however, it is not the event itself. Nonmaleficence is an ethical principle, not a situation that results in unintended harm to the patient, although it is related to the care or services provided rather than the patient's medical condition.

PTS: 1	DIF: Cognitive Level: Knowledge	REF: page 4	
OBJ: 1	TOP: Nursing Process: Implementation	MSC: CRNE: PP-14	

Chapter 02: Cultural Competence and Health Equity in Nursing Care
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MULTIPLE CHOICE

1. An Aboriginal patient tells the nurse that he thinks his abdominal pain is caused by eating too much seal fat and that strong massage over the stomach will help it. What is this patient describing?
   a. Awareness and knowledge of his own culture
   b. Encounters with cultures different from his own
   c. Explanatory model of health and health practices
   d. Knowledge about the differences in modern and folk health practices

   ANS: C
   Further assessment of the patient's cultural beliefs is appropriate before implementing any interventions. A massage may be helpful, but more information about the patient's beliefs is needed to determine which intervention(s) will be most helpful. This is eliciting the patient's explanatory model of health practices.

   PTS: 1 DIF: Cognitive Level: Application REF: page 26
   OBJ: 7 TOP: Nursing Process: Assessment MSC: CRNE: NCP-7

2. Which following term refers to characteristics of a group whose members share a common social, cultural, linguistic, or religious heritage?
   a. Diversity
   b. Ethnicity
   c. Ethnocentrism
   d. Cultural imposition

   ANS: B
   Ethnicity refers to characteristics of a group whose members share a common social, cultural, linguistic, or religious heritage. Diversity is differences or variations across individuals and social groups. Ethnocentrism is a tendency for an individual to believe that their way of viewing the world is the most correct. Cultural imposition is the situation in which one`s own cultural beliefs are imposed on another, intentionally or unintentionally.

   PTS: 1 DIF: Cognitive Level: Comprehension REF: page 25
   OBJ: 1 TOP: Nursing Process: Assessment MSC: CRNE: NCP-7

3. Having a commitment to the goal of inclusivity and equity is classified as which domain in the ABCs of cultural competence?
   a. Skills
   b. Affective
   c. Knowledge
   d. Behavioural

   ANS: B
   Having a commitment to the goal of inclusivity and equity is classified as a component of the affective domain. It is not an example of the skills domain, the knowledge domain, or the behavioural domain.

PTS: 1 DIF: Cognitive Level: Application REF: page 27, Table 2-3
OBJ: 1 TOP: Nursing Process: Planning MSC: CRNE: NCP-7

4. Which of the following is a system factor that influences help-seeking behaviour for health care?
   a. Lack of health insurance
   b. Association by patients of hospitals with death
   c. Lack of ethnic-specific health care programs
   d. Possible patient distrust of the dominant population and institutions

   ANS: C
   An example of a system factor that influences help-seeking behaviour for health care is a lack of ethnic-specific health care programs. Lack of health insurance is an economic factor. Patients associating hospitals with death is a belief and practice factor, as is patients' distrust of the dominant population and institutions.

   PTS: 1 DIF: Cognitive Level: Comprehension REF: page 30, Table 2-7
   OBJ: 7 TOP: Nursing Process: Assessment MSC: CRNE: HW-19

5. What is the most appropriate action when the patient constantly pauses before answering questions about his or her health history on an admission assessment?
   a. Stop the assessment and return later.
   b. Wait for the patient to answer the questions.
   c. Ask why the questions require so much time to answer.
   d. Give the patient the assessment form listing the questions and a pen.

   ANS: B
   Although members of some groups may respond effectively to direct questions, members of others will respond more comfortably in interactions that are less direct, in which information is requested and presented in the third person, and more silence and reflection are allowed for; therefore, the nurse should wait for the patient to answer the questions.

   PTS: 1 DIF: Cognitive Level: Application REF: page 28
   OBJ: 7 TOP: Nursing Process: Implementation MSC: CRNE: NCP-7

6. If an interpreter is not available when a patient speaks a language different from the nurse's, which action is most appropriate?
   a. Use specific medical terms in the Latin form.
   b. Talk loudly and slowly so that each word is clearly heard.
   c. Repeat important words so that the patient recognizes their importance.
   d. Use pantomime to demonstrate what is to be communicated to the patient.

   ANS: D
   The use of gestures will enable some information to be communicated to the patient. Using specific medical terms in the Latin form is not appropriate, as one cannot assume that all patients understand Latin. Talking loudly and slowly is not appropriate. Repeating important words is not appropriate.

   PTS: 1 DIF: Cognitive Level: Comprehension REF: page 29, Table 2-6
   OBJ: 5 TOP: Nursing Process: Implementation MSC: CRNE: NCP-2

7. A recent RN graduate is assessing a newly admitted non–English-speaking Chinese patient. Which action would alert the preceptor to intervene and assist the nurse with culturally appropriate care?
   a. Sitting down at the bedside
   b. Calling for a medical interpreter
   c. Beginning the physical assessment with palpation
   d. Avoiding eye contact with the patient

   ANS: C
   Given that touch is an important aspect of cultural practices, the nurse should always ask permission to touch before touching a patient. This demonstrates respect for the patient's cultural values. The other actions are appropriate.

PTS:	1	DIF:	Cognitive Level: Application	REF:	page 30
OBJ:	5	TOP:	Nursing Process: Implementation	MSC:	CRNE: NCP-7

8. Which best describes culturally appropriate nursing care?
   a. Asking permission to touch a patient
   b. Avoiding questions about male-female relationships
   c. Explaining how Western medical care differs from cultural folk remedies
   d. Applying knowledge of a culture to patients of the same cultural group

   ANS: A
   Many cultures consider it disrespectful to touch a patient without asking permission, so asking a patient for permission is culturally appropriate. The other actions may be appropriate for some patients but are not appropriate across all cultural groups or for all patients.

PTS:	1	DIF:	Cognitive Level: Comprehension	REF:	page 30
OBJ:	7	TOP:	Nursing Process: Planning	MSC:	CRNE: NCP-7

9. What is a primary factor that shapes the health of Canadians?
   a. Medical treatments
   b. Living conditions
   c. Lifestyle choices
   d. Obesity

   ANS: B
   Living conditions (economic, social, and political) are the primary factor that shapes the health of Canadians. Medical treatment, lifestyle choices, and obesity all play a role in health, but they are not the primary factor that shapes the health of Canadians.

PTS:	1	DIF:	Cognitive Level: Comprehension	REF:	page 22
OBJ:	3	TOP:	Nursing Process: Assessment	MSC:	CRNE: HW-19

10. Which statement accurately reflects a health inequity experienced in Canada today?
    a. Aboriginal adults are less likely to smoke tobacco than other adults in Canada.
    b. Overall suicide rate among First Nation communities is about twice the rate of the general population.
    c. Individuals from lower income neighborhoods undergo preventative health screening more than their higher income counterparts.

d. Recent immigrants are more likely to have a primary care physician than Canadian-born respondents.

ANS: B
The overall suicide rate among First Nation communities is about twice that of the total Canadian population; the rate among Inuit is still higher—six to ten times that of the general population. Aboriginal adults are more likely to smoke tobacco than other adults in Canada. Individuals from lower income neighbourhoods undergo preventative health screening less than their higher income counterparts. Recent immigrants are less likely to have a primary care physician than Canadian-born respondents.

PTS: 1	DIF: Cognitive Level: Analysis	REF: page 23, Table 2-1
OBJ: 2	TOP: Nursing Process: Assessment	MSC: CRNE: PP-7