

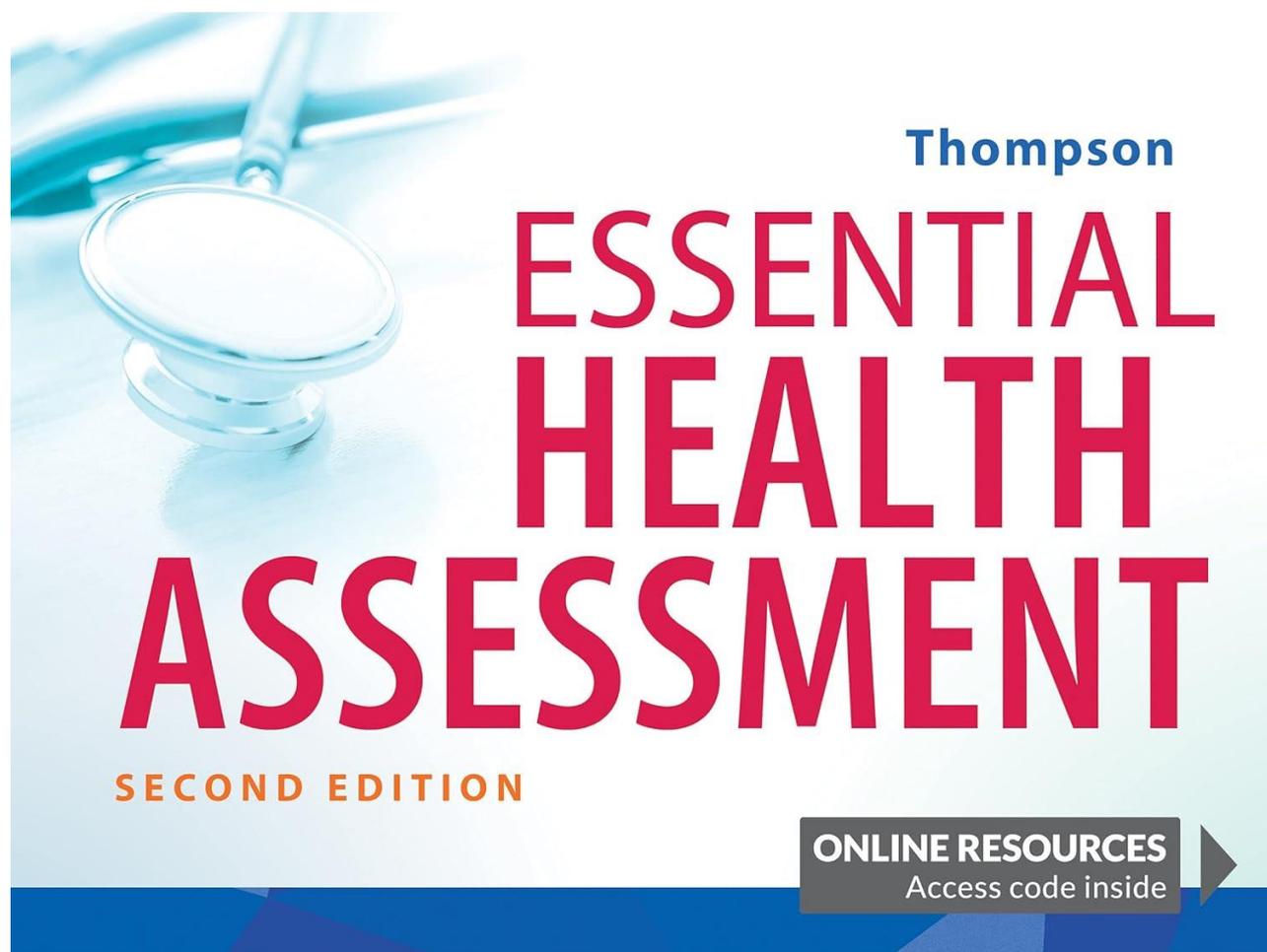
TEST BANK

# Essential Health Assessment

Janice Thompson

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2nd Edition



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## Essential Health Assessment 2nd Edition Thompson Test Bank

### Chapter 1. Understanding Health Assessment

#### Question 1

**Type:** MCSA

The nurse is obtaining a health history from a client who reports that he is healthy and has no health concerns. As part of the health history, the nurse documents that the client reported that he has high blood pressure and suffers from a leg ulcer that remains unhealed after 6 months. Which of the following statements would be the best choice for the nurse to use at this point in the interview?

1. I feel that you may be in denial about your health status.
2. Tell me about your definition of being healthy.
3. Do you understand what hypertension is?
4. Is there anything else you are not telling me?

**Correct Answer:** 2

**Rationale 1:** More information would be needed before the nurse could attribute the clients viewpoint as denial or lack of knowledge.

**Rationale 2:** A client will have his or her own definition of health, illness, and wellness. The individuals concept of health and wellness is influenced by many factors, including age, gender, race, family, culture, religion, socioeconomic conditions, environment, previous experiences, and self-expectations.

**Rationale 3:** The clients history of hypertension is a valid area requiring further investigation but the nurse must first ascertain the clients definition of healthy.

**Rationale 4:** There is not enough information to determine the clients withholding of information to the nurse.

**Global Rationale:** A client will have his or her own definition of health, illness, and wellness. The individuals concept of health and wellness is influenced by many factors, including age, gender, race, family, culture, religion, socioeconomic conditions, environment, previous experiences, and self-expectations. More information would be needed before the nurse could attribute the clients viewpoint as denial or lack of knowledge. The clients history of hypertension is a valid area requiring further investigation but the nurse must first ascertain the clients definition of healthy. There is also not enough information to determine the clients withholding of information to the nurse.

**Cognitive Level:** Analyzing

**Client Need:** Health Promotion and Maintenance

**Client Need Sub:**

**Nursing/Integrated Concepts:** Nursing Process: Assessment

**Learning Outcome:** 1.4: Identify the factors to consider in health assessment

## **Question 2**

**Type:** MCSA

The nurse is documenting in the clients medical record and wishes to use SOAP charting. The nurse includes which of the following under the assessment category?

1. The clients blood pressure was 177/93.
2. The recent loss of employment and insurance have prevented the client from being able to afford prescription medications.
3. The client reports having lost her job and insurance 3 months ago.

4. Referrals have been made to social services to determine financial assistance programs available.

**Correct Answer:** 2

**Rationale 1:** This is the O component, objective data.

**Rationale 2:** The A component of the SOAP note refers to conclusions drawn from the subjective and objective data obtained.

**Rationale 3:** This is subjective data.

**Rationale 4:** This is the P component, plan.

**Global Rationale:** The A component of the SOAP note refers to conclusions drawn from the subjective and objective data obtained. The clients recent loss of employment and the potential that this was a contributing factor in the inability to afford medications is an example of a conclusion. The clients reported blood pressure would be an example of objective data. Objective data is information that can be measured by the examiner. Blood pressure is not an example of subjective information nor is it a conclusion. The clients reported loss of employment and insurance is an example of subjective data. The statement does not include conclusions as to the results of these events. Making referrals to social services is an example of an intervention. It is not a conclusion.

**Cognitive Level:** Applying

**Client Need:** Health Promotion and Maintenance

**Client Need Sub:**

**Nursing/Integrated Concepts:** Nursing Process: Assessment

**Learning Outcome:** 1.4: Identify the factors to consider in health assessment.

**Question 3**

**Type:** MCSA

The nurse is presenting a workshop on wellness and health promotion and the initiatives of *Healthy People 2020* as a resource for this topic. After the session, which of the following statements by a participant indicates an understanding concerning the initiatives proposed?

1. It will allow health care providers to lobby legislators for more funding.
2. The primary goal of *Healthy People 2020* is to assist health care providers in determining risk factors for premature birth.
3. *Healthy People 2020* seeks to promote health, prevent illness, disability, and premature death.
4. The initiatives will outline standards of care for providers in managing diseases.

**Correct Answer:** 3

**Rationale 1:** Health care providers and other persons interested in programs to promote health have found the document to be a useful source of information in their efforts to gain funding.

**Rationale 2:** The *Healthy People 2020* initiative is a 10-year strategy intended to promote health, prevent illness, disability, and premature death. The document identifies leading health indicators that reflect public health concerns. Risk factors for premature birth may be part of those health indicators, but the scope of the document covers broad areas of concern.

**Rationale 3:** The *Healthy People 2020* initiative is a 10-year strategy intended to promote health, prevent illness, disability, and premature death.

**Rationale 4:** Standards of care in disease management is not a component of the document.

**Global Rationale:** The *Healthy People 2020* initiative is a 10-year strategy intended to promote health, prevent illness, disability, and premature death. The document identifies leading health indicators that reflect public health concerns. Risk factors for premature birth may be part of those health indicators, but the scope of the document covers broad areas of concern. Health care providers and other persons interested in programs to promote health have found the document to be a useful source of information in their efforts to gain funding. Standards of care in disease management is not a component of the document.

**Cognitive Level:** Applying

**Client Need:** Health Promotion and Maintenance

**Client Need Sub:**

**Nursing/Integrated Concepts:** Nursing Process: Assessment

**Learning Outcome:** 1.2: Discuss the importance of *Healthy People 2020* and its relevance to health assessment.

#### **Question 4**

**Type:** MCSA

The nurse is developing a handout for clients in a healthcare providers office. The nurse would include which of the following focus areas in this handout to emphasize current changes in the health care delivery system?

1. Class recommendations for diabetics concerning insulin administration
2. Guidelines from the Centers for Disease Control outlining plans to manage outbreaks of disease, eradicating the use of toxins
3. Resources available to treat chronic pain
4. Class listings for exercise classes available in the community

**Correct Answer:** 4

**Rationale 1:** Symptom management, illness care, and pain management are addressed by the health care delivery system but are not the primary focus, as clients are taking a more active role in managing their own care.

**Rationale 2:** Management of outbreaks of disease is a function of governmental organizations and health care providers in the community, but is not a focus of individual care.

**Rationale 3:** Symptom management, illness care, and pain management are addressed by the health care delivery system but are not the primary focus, as clients are taking a more active role in managing their own care.

**Rationale 4:** The focus of health care in the United States today is wellness, prevention of disease, health promotion and health maintenance, for which a listing of exercise classes is appropriate.

**Global Rationale:** The focus of health care in the United States today is wellness, prevention of disease, health promotion, and health maintenance, for which a listing of exercise classes is appropriate. Symptom management, illness care, and pain management are addressed by the health care delivery system but are not the primary focus, as clients are taking a more active role in managing their own care. Management of outbreaks of disease is a function of governmental organizations and health care providers in the community, but is not a focus of individual care.

**Cognitive Level:** Applying

**Client Need:** Health Promotion and Maintenance

**Client Need Sub:**

**Nursing/Integrated Concepts:** Nursing Process: Planning

**Learning Outcome:** 1.8: Discuss the elements of a teaching plan.

## **Question 5**

**Type:** MCSA

The nurse is admitting a client to the acute care facility. The health history form has a place for recording subjective data. The nurse understands that primary subjective data should be obtained from which of the following sources?

1. The clients physical assessment

2. The clients self-reports
3. The clients healthcare provider
4. The clients significant other

**Correct Answer:** 2

**Rationale 1:** The physical assessment will be recorded as objective data.

**Rationale 2:** Subjective data are gathered from the interview. The interview includes the health history and focused interview. Data will come from primary and secondary sources.

**Rationale 3:** The clients healthcare provider and significant other may contribute in the data collection process. The information obtained from friends and family members is considered subjective. This source of information is termed secondary.

**Rationale 4:** The clients significant other may contribute in the data collection process but that input is classified as subjective.

**Global Rationale:** Subjective data are gathered from the interview. The interview includes the health history and focused interview. Data will come from primary and secondary sources. The client is considered the primary source of subjective information. Family members and healthcare providers are examples of secondary sources of subjective information. The physical assessment will be recorded as objective data.

**Cognitive Level:** Understanding

**Client Need:** Health Promotion and Maintenance

**Client Need Sub:**

**Nursing/Integrated Concepts:** Nursing Process: Assessment

**Learning Outcome:** 1.7: Describe the role of the professional nurse in health assessment.

**Question 6**

**Type:** MCSA

The nurse is reviewing a client's medical records and notes various forms of information. The nurse understands that which of the following are subjective data?

1. The client states, My abdomen hurts on the left side after eating.
2. The nurse notes the client's abdomen is tender on the left side during palpation.
3. The CAT scan reveals a large mass in the left lower quadrant of the abdomen.
4. The client's hemoglobin is 14.1 gm/dL.

**Correct Answer:** 1

**Rationale 1:** Subjective reports by the client are those feelings or symptoms that cannot be observed by others, of which My abdomen hurts is an example.

**Rationale 2:** Physical examination findings, laboratory analysis reports and radiographic findings are objective data.

**Rationale 3:** Physical examination findings, laboratory analysis reports and radiographic findings are objective data.

**Rationale 4:** Physical examination findings, laboratory analysis reports and radiographic findings are objective data.

**Global Rationale:** Subjective reports by the client are those feelings or symptoms that cannot be observed by others. Objective reports are those factors that are based upon observations of others. Physical examination findings, laboratory analysis reports, and radiographic findings are objective data.

**Cognitive Level:** Applying

**Client Need:** Health Promotion and Maintenance

**Client Need Sub:**

**Nursing/Integrated Concepts:** Nursing Process: Assessment

**Learning Outcome:** 1.4: Identify the factors to consider in health assessment.

**Question 7**

**Type:** MCSA

The nurse is reviewing a client's medical records and notes various information. The nurse understands that which of the following is an example of objective data?

1. I hurt my head.
2. I am 6 years old and I'm here because I fell.
3. Six-year-old Hispanic female sitting on examination table holding a towel to her forehead.
4. Client states that she fell at the playground.

**Correct Answer:** 3

**Rationale 1:** Statements the client makes are subjective data.

**Rationale 2:** Statements the client makes are subjective data.

**Rationale 3:** Objective data are data that can be observed or measured by the nurse. The nurse can see the child holding the towel to her head and can use her birth date to determine her age.

**Rationale 4:** Statements the client makes are subjective data.

**Global Rationale:** Objective data are data that can be observed or measured by the nurse. The nurse can see the child holding the towel to her head and can use her birth date to determine her age. Statements the client makes are subjective data.

**Cognitive Level:** Applying

**Client Need:** Health Promotion and Maintenance

**Client Need Sub:**

**Nursing/Integrated Concepts:** Nursing Process: Assessment

**Learning Outcome:** 1.4: Identify the factors to consider in health assessment.

**Question 8**

**Type:** MCSA

The nurse is evaluating the plan of care and notes that none of the goals have been met for the client with impaired gas exchange. What should the nurse do next in this situation?

1. Report the lack of achievement of the goals to the healthcare provider.
2. Review the data and modify the plan.
3. Reformulate the nursing diagnosis to a more realistic one.
4. Request a consult for the client to be seen by a pulmonologist.

**Correct Answer:** 2

**Rationale 1:** Reporting the lack of achievement of the goals to the healthcare provider is not appropriate, though reporting undesirable client physiologic responses may be.

**Rationale 2:** The plan of care should be evaluated periodically, at the established time frames, to determine achievement of the goals. If goals are not achieved, then the data need to be further assessed and the plan modified.

**Rationale 3:** Reformulating the nursing diagnosis to a more realistic one is not the best course of action as the diagnosis established came from subjective and objective data specific to that diagnosis.

**Rationale 4:** There are no data to support the need for additional medical consultations.