

Chapter 1: Introduction to Maternity and Pediatric Nursing

Multiple Choice

Identify the choice that best completes the statement or answers the question.

____ 1. A patient is admitted to the labor and delivery unit, and a plan of care based on that patient's needs is developed by which member of the health-care team?

1)	Licensed practical nurse (LPN)/Licensed vocational nurse (LVN)
2)	Registered nurse (RN)
3)	Nurse practitioner
4)	Certified nurse midwife

____ 2. How does a nurse practitioner's role differ from that of a certified nurse midwife with regard to maternity care?

1)	The nurse practitioner does not usually deliver babies but cares for women before and after delivery.
2)	The certified nurse midwife cannot prescribe medications, but a nurse practitioner does have prescribing privileges.
3)	The certified nurse midwife is hired by the hospital, whereas a nurse practitioner practices independently and does not have hospital privileges.
4)	The certified nurse midwife and the nurse practitioner have very similar roles with little difference between the two.

____ 3. The provider explains the need for an amniocentesis, but the patient declines the procedure. The nurse supports the patient's right to make this decision, demonstrating an understanding of which ethical principle?

1)	Autonomy
2)	Beneficence
3)	Nonmaleficence
4)	Justice

____ 4. The nurse joins a community outreach program to promote vaccination of children, demonstrating which ethical principle?

1)	Autonomy
2)	Beneficence
3)	Nonmaleficence
4)	Justice

____ 5. The nurse working in an acute care facility makes it a point to never look at the declaration page showing the patient's insurance or lack of insurance because of a belief that all patients should be treated equally. This demonstrates which ethical principle?

1)	Autonomy
2)	Beneficence
3)	Nonmaleficence
4)	Justice

____ 6. A patient asks the student nurse whether a medication is safe to take during pregnancy. The student thinks it is an approved medication during pregnancy. Which is the

student's best response?

1)	"I'm pretty sure it is a safe medication."
2)	"I'm not qualified to answer that question."
3)	"I will ask your obstetric provider."
4)	"I really don't know."

____ 7. Which term describes assisting a family to feel supported, listened to, and competent?

1)	Enable
2)	Empathy
3)	Egocentric
4)	Empowerment

____ 8. Which action should the nurse implement in order to apply the principles of family-centered care in the hospital environment?

1)	Implementing strict visitation policy for siblings
2)	Allowing a child to "cry it out" when parents leave the bedside
3)	Encouraging parents to continue bedtime routines, such as reading a story
4)	Discouraging cultural foods because they cannot be provided by the dietary department

____ 9. Which anatomical difference between adults and children places a pediatric patient at risk for insensible losses?

1)	Large body surface area
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2)	Obligatory nose breathing
3)	Disproportionate head size
4)	Poorly developed intercostal chest muscles

___ 10. Which pediatric anatomical factor increases the risk for respiratory failure when care is provided to a child?

1)	Smaller airway
2)	Obligatory nose breathing
3)	Large posterior head bone occiput
4)	Poorly developed intercostal chest muscles

___ 11. Which pediatric anatomical factor increases the risk for airway occlusion when care is provided to a child?

1)	A large posterior head bone occiput
2)	An increase in total body surface area
3)	A decrease in circulatory blood volume
4)	Intercostal chest muscles that are poorly developed

___ 12. The nurse is preparing an 8-year-old child for a procedure. Which statement is true of assent?

1)	Feedback from the child is part of the agreement or assent.
2)	All children 7 or older can participate in assent.
3)	Assent only applies to emancipated children.

4)	The health-care team does not need to include the parent or guardian in assent.
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____ 13. The nurse has many tasks to complete and is trying to ensure that they are all done in a timely manner. What is the first step the nurse should take when delegating?

1)	Review the legal standards of the task.
2)	Decide if the legal standards and specific activity of the task allow the task to be delegated.
3)	Clarify what the specific activity or task is by defining all aspects of the issue.
4)	Model the established practice that is accepted as the correct way to provide care.

____ 14. What is the nurse's responsibility in regard to informed consent?

1)	Answer the patient's questions about the procedure.
2)	Explain what the provider will be doing during the procedure.
3)	Ensure that the consent is signed by the provider and the patient prior to the procedure.
4)	Telling the patient all of the risks associated with the procedure.

____ 15. A 17-year-old in her first trimester visits the clinic for a prenatal appointment. She is upset because her parents want her to have an abortion but she does not. What should the nurse ask to find out the emancipation status of the patient?

1)	"Are you married?"
2)	"Do you have a lawyer?"
3)	"Do you have a job?"
4)	"Have you graduated high school?"

____ 16. Which of the following is not included in children's rights?

1)	Right to participation
2)	Right to decision-making
3)	Right to protection
4)	Right to provisions

____ 17. The nurse is uncomfortable with caring for a patient who is planning to undergo an abortion. What action should the nurse take?

1)	Continue to care for the patient.
2)	Talk to the patient about her decision.
3)	Notify the nurse manager.
4)	Delegate care to unlicensed assistive personnel.

____ 18. The parents of a child with brain cancer are debating whether or not to proceed with a high-risk surgery for their child. What is the best therapeutic response by the nurse?

1)	"Why don't you ask your child what the child wants?"
2)	"The surgery has a 75% mortality rate."
3)	"What do you know about the surgery?"
4)	"How can I help you with this decision?"

____ 19. What assessment is challenging for nurses to conduct in young children?

1)	Glasgow Coma Scale
2)	Pain

3)	Cardiovascular
4)	Respiratory

____ 20. A nurse is explaining child development to expectant parents. How should the nurse explain the proximal-distal aspect of development?

1)	Infants have head control before they can walk.
2)	Infants can grasp objects before they can move their arms.
3)	Infants can move their arms before they can grasp objects.
4)	Infants can crawl before they can walk.

____ 21. Which of the following is not a common reason that nursing students are anxious and fearful about studying maternity nursing or participating in the pediatric clinical experience?

1)	Being childless
2)	Being male
3)	Being a parent
4)	Insufficient knowledge

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

____ 22. The nurse working in the neonatal intensive care unit (NICU) sits with the family as the provider explains that the neonate has no hope of survival and recommends discontinuation of life support. Which ethical dilemma(s) should the nurse identify in this situation? (*Select all that apply.*)

1)	Quality of life versus quantity of life
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2)	The cost of providing futile care
3)	Euthanasia versus God's will
4)	Lack of support for decision-making
5)	Knowledge deficit

____ 23. The nurse working in an obstetric clinic admits a woman who is 5 months pregnant and admits to a heroin addiction. Which interventions will be effective in meeting the nurse's ethical obligation to the unborn fetus? (*Select all that apply.*)

1)	Reporting the patient's heroin use to the police
2)	Teaching the patient about the impacts to babies born to heroin addicts
3)	Providing referrals to community resources for drug treatment
4)	Discussing the option of abortion because the mother will be unable to care for the child
5)	Determining whether the patient has family support during her pregnancy

____ 24. Which toddler characteristics require the nurse to implement enhanced safety precautions when providing care? (*Select all that apply.*)

1)	Feeling invincible
2)	Learning to crawl
3)	Challenging limits
4)	Desiring autonomy
5)	Testing the environment

____ 25. Families are entitled to protected rights within a health-care institution. Which of the following are included in the protected rights of families? (*Select all that apply.*)

1)	Right to active participation in cultural beliefs and practices
2)	Right to visitation and family participation
3)	Right to personal dignity and privacy
4)	Right to refuse care provided by students
5)	Right to have elective procedures regardless of ability to pay

Chapter 1: Introduction to Maternity and Pediatric Nursing Answer Section

MULTIPLE CHOICE

1. ANS: 2

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Compare the roles of the licensed practical/vocational nurse (LPN/LVN), registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), and certified nurse midwife (CNM).

Chapter page reference: 3-4

Heading: Roles in Maternal-Child and Pediatric Nursing

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	Feedback
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1	The LPN/LVN is responsible for carrying out the plan of care but does not develop the plan of care.
2	The RN is responsible for developing the plan of care.
3	Nurse practitioners do not develop the plan of care but may contribute to the development if they wish.
4	Certified nurse midwives do not develop the plan of care but may contribute to the development if they wish.

PTS: 1 CON: Pregnancy

2. ANS: 1

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Compare the roles of the licensed practical/vocational nurse (LPN/LVN), registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), and certified nurse midwife (CNM).

Chapter page reference: 3-4

Heading: Roles in Maternal-Child and Pediatric Nursing

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	Feedback
1	Both the nurse midwife and the nurse practitioner care for women before and after delivery; however, nurse practitioners do not take responsibility for delivering babies, whereas midwives do deliver babies.
2	Both the nurse practitioner and the certified nurse midwife can prescribe medications.

3	Either can be employed by a facility, but usually the midwife has an independent practice with hospital privileges.
4	There are significant differences between a nurse practitioner and a midwife.

PTS: 1 CON: Pregnancy

3. ANS: 1

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice as related to maternity and pediatric nursing.

Chapter page reference: 6

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	The nurse demonstrates the ethical principle of autonomy by understanding the importance of allowing the patient to make her own decisions for her care.
2	Beneficence is doing good and doing what is needed and is not the principle involved in this scenario.
3	Nonmaleficence is doing no harm and is not the principle involved in the scenario.
4	Justice is treating people fairly and is not the principle demonstrated in this scenario.

PTS: 1 CON: Pregnancy

4. ANS: 2

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice as related to maternity and pediatric nursing.

Chapter page reference: 6

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	Autonomy is allowing patients to make their own decisions regarding health care and is not the principle involved in this scenario.
2	Beneficence is doing good and doing what is needed; it is the principle involved in this scenario because the nurse is advocating for the health of children.
3	Nonmaleficence is doing no harm and is not the principle involved in this scenario.
4	Justice is treating people fairly and is not the principle demonstrated in this scenario.

PTS: 1

CON: Pregnancy

5. ANS: 4

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice as related to maternity and pediatric nursing.

Chapter page reference: 6

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy
Difficulty: Moderate

	Feedback
1	Autonomy is allowing patients to make their own decisions regarding health care and is not the principle involved in this scenario.
2	Beneficence is doing good and doing what is needed; it is not the principle involved in this scenario.
3	Nonmaleficence is doing no harm and is not the principle involved in this scenario.
4	Justice is treating people fairly; it is the principle demonstrated in this scenario because the nurse is treating everyone equally.

PTS: 1 CON: Pregnancy

6. ANS: 3

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Discuss common fears of nursing students related to maternity and pediatric nursing.

Chapter page reference: 15

Heading: The Maternal-Child and Pediatric Nursing Student

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	Being “pretty sure” is not the standard of safe delivery of care and is a dangerous statement to make.

2	Although this is an accurate statement, it leaves the patient without an answer and is not the best response.
3	Questions regarding the safety of medications should always be referred to the provider, so this is the best response.
4	Although the last statement may be true, it does not answer the patient's question. It is acceptable to admit not knowing something, but the response should indicate how you will find an answer.

PTS: 1 CON: Pregnancy

7. ANS: 4

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Define key terms.

Chapter page reference: 6-7

Heading: Family-Centered Care

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Knowledge [Remembering]

Concept: Family

Difficulty: Easy

	Feedback
1	<i>Enable</i> is defined as giving someone or something the authority or means to do something.
2	<i>Empathy</i> is defined as the ability to understand and share the feelings of another.
3	<i>Egocentric</i> is defined as thinking only of oneself, without regard for the feelings or desires of others; self-centered.
4	<i>Empowerment</i> is defined as assisting a family to feel supported, listened to, and competent.

PTS: 1 CON: Family

8. ANS: 3

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Apply principles of family-centered care to families receiving care in a hospital or home setting.

Chapter page reference: 8

Heading: Box 1.4 Family-Centered Care Principles

Integrated processes: Caring

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Family

Difficulty: Moderate

	Feedback
1	Siblings and members of the extended family should be included in care provision.
2	Separation anxiety intensifies during hospitalization; therefore, the nurse should provide comfort to the child when the parents leave the bedside.
3	Routines from home, such as bedtime routines, should be encouraged during hospitalization when promoting the principles of family-centered care.
4	Cultural diversity should be promoted when applying the principles of family-centered care. If the dietary department cannot provide a cultural food, the family should be encouraged to bring it from home.

PTS: 1 CON: Family

9. ANS: 1

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.

Chapter page reference: 8

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
1	A large body surface area places pediatric patients at risk for greater heat loss and insensible losses.
2	Newborns are obligatory nose breathers; however, this does not increase the risk for heat loss and insensible losses.
3	A disproportionate head size is not the reason for an increased risk for insensible losses.
4	Poorly developed intercostal muscles place the pediatric patient at risk for fatigue and respiratory failure, not insensible losses.

PTS: 1

CON: Development

10. ANS: 4

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.

Chapter page reference: 8

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development; Oxygenation

Difficulty: Easy

	Feedback
1	Although children do have smaller airways than adults, this is not an anatomical difference that increases the risk for respiratory failure.
2	Although younger infants are obligatory nose breathers, this is not an anatomical difference that increases the risk for respiratory failure.
3	Although pediatric patients do have a large posterior head bone occiput, this is not an anatomical difference that increases the risk for respiratory failure.
4	The poorly developed intercostal muscles of the chest increase the pediatric patient's risk for fatigue, leading to respiratory failure.

PTS: 1 CON: Development | Oxygenation

11. ANS: 1

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.

Chapter page reference: 8

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development; Oxygenation

Difficulty: Easy

	Feedback
1	A large posterior head bone occiput increases the risk for airway occlusion for pediatric patients.
2	An increase in total body surface area results in greater heat loss and insensible losses.

3	A decrease in circulatory blood volume does not increase the risk for airway occlusion.
4	The poorly developed intercostal muscles of the chest increase the pediatric patient's risk for fatigue, leading to respiratory failure not airway occlusion.

PTS: 1 CON: Development | Oxygenation

12. ANS: 1

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Analyze the purposes for and essential elements of informed consent, including the concept of assent for those school-aged children older than 7.

Chapter page reference: 4-5

Heading: Informed Consent

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Knowledge [Remembering]

Concept: Family

Difficulty: Easy

	Feedback
1	Feedback from the child is part of the agreement or assent. The health-care team should assess the child for his or her ability to participate in this process.
2	Not all children 7 or older can participate in assent. The health-care team should assess the child for his or her ability to participate in this process.
3	Assent allows a child to participate in the decision-making process with his or her parent or guardian. Emancipation grants basic adult rights to children and allows them to make decisions without a parent or guardian.
4	Assent allows a child to participate in the decision-making process with his or her parent or guardian. Emancipation grants basic adult rights to children and allows them to make decisions without a parent or guardian.

PTS: 1 CON: Family

13. ANS: 3

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Compare the roles of the licensed practical/vocational nurse (LPN/LVN), registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), and certified nurse midwife (CNM).

Chapter page reference: 4

Heading: Delegation

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	Reviewing the legal standards of the task is the second step in delegation.
2	Deciding if the task can be delegated is the final step in delegation.
3	Clarifying what the specific activity or task is by defining all aspects of the issue is the first step in delegation.
4	Modeling the established practice is not a step in delegation but can be helpful when trying to assess whether a coworker knows how to complete a task correctly.

PTS: 1 CON: Pregnancy

14. ANS: 3

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Analyze the purposes for and essential elements of informed consent, including the concept of assent for those school-aged children older than 7.

Chapter page reference: 4-5

Heading: Informed Consent

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy
Difficulty: Moderate

	Feedback
1	The provider should explain the procedure and answer the patient's questions before the consent is signed.
2	The provider should explain the procedure and answer the patient's questions before the consent is signed.
3	The nurse is responsible for ensuring that the consent is signed by the provider and the patient prior to the procedure.
4	The nurse can clarify if a patient has questions, but the provider should explain the procedure and answer the patient's questions.

PTS: 1 CON: Pregnancy

15. ANS: 1

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Analyze the purposes for and essential elements of informed consent, including the concept of assent for those school-aged children older than 7.

Chapter page reference: 5

Heading: Emancipated Minor

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	A married pregnant teenager is automatically emancipated, but an unmarried pregnant teenager is not automatically emancipated.
2	Hiring a lawyer could be the next step for a pregnant teenager who wishes to become emancipated, but the nurse should ask if she is married first.

3	Having a job does not automatically qualify a teenager for emancipation.
4	Graduating high school does not automatically qualify a teenager for emancipation.

PTS: 1 CON: Pregnancy

16. ANS: 2

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Analyze the purposes for and essential elements of informed consent, including the concept of assent for those school-aged children older than 7.

Chapter page reference: 5

Heading: Children's Rights

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Knowledge [Remembering]

Concept: Family

Difficulty: Easy

	Feedback
1	Right to participation is included in children's rights. Children should be offered full participation in community activities, art and sports activities, and cultural events according to their individual and family beliefs and practices.
2	Right to decision-making is not one of the listed children's rights. A child's right to assist in decision-making in regard to his or her health-care needs is called assent.
3	Right to protection is included in children's rights. Children should be protected from abuse, exploitation, neglect, and discrimination.
4	Right to provisions is included in children's rights. Children should be provided a standard of living that provides the provisions of safe living; health care; education; clean water; appropriate diet; adequate rest; and sleep, play, and recreation.

PTS: 1 CON: Family

17. ANS: 3

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Identify possible ethical dilemmas in maternity and pediatric nursing.

Chapter page reference: 6

Heading: Ethics

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Ethics

Difficulty: Moderate

	Feedback
1	The nurse should not continue to care for the patient if the nurse's personal values will keep him or her from providing care that meets the standards of practice.
2	The nurse should not impose the nurse's own values on the patient.
3	Nurses who encounter ethical dilemmas should report through the chain of command to receive assistance.
4	The nurse can delegate tasks that are within the scope of an unlicensed assistive personnel, but not all care can be delegated.

PTS: 1

CON: Ethics

18. ANS: 4

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Identify possible ethical dilemmas in maternity and pediatric nursing.

Chapter page reference: 7

Heading: Therapeutic Communication

Integrated processes: Communication

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
1	The nurse should not impose his or her views on the parents. This is not an example of therapeutic communication.
2	Notifying the parents of the risk is not an example of therapeutic communication.
3	Asking the parents what they know about the surgery is not an example of therapeutic communication.
4	The nurse should support the autonomy of the parents. It may be necessary to help the patient clarify his or her values as they relate to the health-care situation.

PTS: 1 CON: Communication

19. ANS: 2

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.

Chapter page reference: 8

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Development

Difficulty: Easy

	Feedback
1	The Glasgow Coma Scale assessment is not more difficult in young children than adults.
2	Pain is more difficult to assess in young children than adults. Nurses must use vital signs and developmentally appropriate pediatric tools to measure symptoms such as pain.

3	A cardiovascular assessment is not more difficult in young children than adults.
4	A respiratory assessment is not more difficult in young children than adults.

PTS: 1 CON: Development

20. ANS: 3

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.

Chapter page reference: 8

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Moderate

	Feedback
1	Infants do have head control before they can walk. This developmental progression, however, is known as cephalocaudal, or head to toe.
2	Infants cannot grasp objects before they can move their arms. The proximal-distal development progression begins at the trunk and moves out to the extremities.
3	Infants can move their arms before they can grasp objects. This is an example of proximal-distal development.
4	Infants can crawl before they can walk, but this progression is known as general to specific.

PTS: 1 CON: Development

21. ANS: 3

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Discuss common fears of nursing students related to maternity and pediatric nursing.

Chapter page reference: 15

Heading: The Maternal-Child and Pediatric Nursing Student

Integrated processes: Clinical Problem-Solving Process

Client need: Safety

Cognitive level: Knowledge [Remembering]

Concept: Pregnancy

Difficulty: Easy

	Feedback
1	Being childless is a common concern for nursing students, but personal experience is not required in order to provide appropriate care.
2	Being a male commonly makes nursing students feel uncomfortable providing care in maternity settings, but a male student should appear confident and professional.
3	Being a parent is not a common concern for nursing students in regard to maternity and pediatric nursing. Being a parent usually makes students feel more prepared.
4	Students commonly are fearful that they have insufficient knowledge about maternity and pediatric nursing, but every student has the basic skills needed to provide safe care.

PTS: 1

CON: Pregnancy

MULTIPLE RESPONSE

22. ANS: 1, 2, 3

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Identify possible ethical dilemmas in maternity and pediatric care.

Chapter page reference: 6

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1.	Quality of life is a valid ethical dilemma in this situation, where continued life support could cause discomfort without providing quality time.
2.	Futile care in the NICU is very costly, and although it may not influence the parent's decision-making, it is an ethical dilemma because money should be spent where it can do the most good.
3.	Euthanasia versus God's will is an ethical dilemma that many religious parents face in this type of situation.
4.	There is no indication that this family has a lack of support, so this is not an ethical dilemma.
5.	Although there may be a knowledge deficit, there is no indication in this scenario that the parents lack knowledge.

PTS: 1 CON: Pregnancy

23. ANS: 2, 3, 5

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Identify possible ethical dilemmas in maternity and pediatric care.

Chapter page reference: 6

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
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1.	The nurse should report up the chain of command, not to the police.
2.	Helping the mother understand how heroin addiction impacts the fetus and the newborn may help the mother decide to enter rehabilitation.
3.	Referrals are an appropriate action because the mother will need help finding a place where she can rehabilitate and stop using heroin safely if she makes that decision now or in the future.
4.	It is not the nurse's place to raise the option of abortion, and depending on the state, this mother may be too far along for that to be an option.
5.	Determining if the patient has family support to provide food and a safe place to sleep is advocating for the fetus.

PTS: 1 CON: Pregnancy

24. ANS: 3, 5

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.

Chapter page reference: 8

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Development; Safety

Difficulty: Moderate

	Feedback
1.	This is incorrect. A feeling of invincibility is an adolescent, not a toddler, characteristic that requires the nurse to implement enhanced safety precautions when providing care.

2.	This is incorrect. Learning to crawl is an infant, not a toddler, characteristic that requires the nurse to implement enhanced safety precautions when providing care.
3.	This is correct. Challenging limits is a toddler characteristic that requires the nurse to implement enhanced safety precautions when providing care.
4.	This is incorrect. Desiring autonomy is a school-aged, not a toddler, characteristic that requires the nurse to implement enhanced safety precautions when providing care.
5.	This is correct. Testing the environment is a toddler characteristic that requires the nurse to implement enhanced safety precautions when providing care.

PTS: 1 CON: Development | Safety

25. ANS: 1, 2, 3, 4

Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: Apply principles of family-centered care to families receiving care in a hospital or home setting.

Chapter page reference: 5-6

Heading: Family Rights

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Family

Difficulty: Moderate

	Feedback
1.	This is correct. Families have the right to active participation in cultural beliefs and practices.

2.	This is correct. Families have the right to visitation and family participation.
3.	This is correct. Families have the right to personal dignity and privacy.
4.	This is correct. Families have the right to refuse care by students.
5.	This is incorrect. Families do not have the right to have elective procedures regardless of ability to pay. Families have the right to have emergency procedures regardless of ability to pay.

PTS: 1

CON: Family