Burke: Medical–Surgical Nursing Care, 4e

Chapter 1

Nursing in the 21st Century

1. While preparing to conduct an assessment the client asks why nurses assess when the physician will as well. How should the nurse respond?
    1. The physician will treat with procedures.
    2. The physician does not really assess.
    3. The nurse treats the client's response to illness.
    4. The nurse assesses to determine needed medications.

Answer: 3

Rationale: 1. The physician does treat with procedures, but this does not answer the client's question.

2. The physician assesses the client based on the client's need.
3. The focus of medical–surgical nursing is the adult patient's response to actual or potential disruptions in health.
4. The physician, not the nurse, orders medications.

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Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Sub Need: Management of Care

Nursing Process: Assessment

Learning Outcome: 1-3 Describe the role of the LPN/LVN as a member of the health care team.

2. The nurse is conducting an assessment of a 65-year-old client who has come for an annual assessment. For which reasons should the nurse anticipate providing immunizations to the client?

(Select all that apply.)

1. Promoting client health
2. Caring for the client's illness
3. Maintaining the client's health

4. Alleviating the client's suffering
5. Caring for the client's family

Answer: 1; 3

Rationale: 1. Providing immunizations is an example of promoting health.

2. The client receiving immunizations is not generally ill.

3. Immunizations help to maintain the client's health status.

4. The client having an annual assessment is usually not suffering.

5. Immunizing a client is not an example of care of the family.

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Cognitive Level: Analysis

Client Need: Health Promotion and Maintenance

Nursing Process: Planning

Learning Outcome: 1-3 Describe the role of the LPN/LVN as a member of the health care team.

3. The nurse performs daily, routine equipment checks to detect possible malfunction. Which core competency is the nurse demonstrating with this action?

1. Providing agency-centered care
2. Working on an interdisciplinary team
3. Using information technology
4. Applying quality improvement principles

Answer: 4

Rationale: 1. Nurses provide patient-centered care.

2. The nurse is functioning alone when inspecting equipment.

3. Information technology is the use of computers during health care.

4. Part of the responsibility of the nurse is to ensure the client's safety by inspecting equipment used during care. This is a quality improvement principle.

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Cognitive Level: Application

Client Need: Safe, Effective Care Environment

Client Sub Need: Management of Care

Nursing Process: Implementation

Learning Outcome: 1-2 Describe the essential elements of quality and safety in nursing and their impact on the nurse's role and responsibilities.

4. A client who is experiencing abdominal pain is being assessed by the Emergency Department nurse. The nurse asks the client to describe the pain and the client's usual means of relieving pain. The nurse is providing:

1. a nursing diagnosis.
2. client-centered care.
3. health promotion.
4. health maintenance.

Answer: 2

Rationale: 1. A nursing diagnosis is made after the assessment is completed.

2. The nurse is providing client-centered care by asking the client about the perception of pain and the client's usual methods of relief.

3. Health promotion might include assisting the client to alter risk factors for a disease.

4. Immunization is an example of health maintenance.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Assessment

Learning Outcome: 1-2 Describe the essential elements of quality and safety in nursing and their impact on the nurse's role and responsibilities.

5. The nurse plans to teach a client who lives with extended family about safety issues in the home. The nurse is:

1. providing disease management.
2. relieving pain and suffering.
3. adapting care to the needs of the client.
4. advocating for lifestyle changes for the client.

Answer: 3

Rationale: 1. There is no evidence that this client has a disease.

2. Relieving pain and suffering might include administering pain medications.

3. The nurse is adapting care by advocating for client safety in the home.

4. Lifestyle changes would include issues such as diet changes or exercise.

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Cognitive Level: Application

Client Need: Safe, Effective Care Environment

Client Sub Need: Management of Care

Nursing Process: Planning

Learning Outcome: 1-2 Describe the essential elements of quality and safety in nursing and their impact on the nurse's role and responsibilities.

6. While planning care for a client with a chronic disease the nurse asks the client about food preferences when discussing needed lifestyle changes. In what way is the nurse providing client-centered care?

1. Allowing the client to assume the primary role in planning
2. Planning care for the client
3. Following the care ordered by the dietician
4. Assessing the client's needs

Answer: 1

Rationale: 1. The nurse is providing client centered-care by allowing the client to assume the primary role in the planning process.

2. The nurse is planning care, but is including the client in the plan.

3. The doctor orders the diet for the client.

4. The nurse is planning care, not assessing.

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Cognitive Level: Analysis

Client Need: Health Promotion and Maintenance

Nursing Process: Planning

Learning Outcome: 1-2 Describe the essential elements of quality and safety in nursing and their impact on the nurse's role and responsibilities.

7. After hearing a diagnosis a client requests a second opinion. The nurse supports and promotes the client's rights. In what capacity is the nurse acting for the client?

1. Teacher
2. Supporter
3. Advisor
4. Advocate

Answer: 4

Rationale: 1. The nurse assumes the role of teacher when providing the client with information.

2. Supporting the client means that the nurse offers encouragement when the client makes decisions.

3. Nurses are discouraged from advising the client. The role of the nurse is to present the available options and the consequences of each choice.

4. As an advocate, the nurse protects the client's right to self-determination, one of which is seeking a second opinion.

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Cognitive Level: Analysis

Client Need: Psychosocial Integrity

Nursing Process: Implementation

Learning Outcome: 1-3 Describe the role of the LPN/LVN as a member of the health care team.

8. A client is being discharged, and needs instructions on wound care. When planning to teach the client, the nurse should:

1. identify the client's learning needs and advise the client on what to do.
2. provide pamphlets and videotapes for ongoing learning.
3. identify the client's learning needs and learning ability.
4. identify the client's problems and make the appropriate referral.

Answer: 3

Rationale: 1. The nurse is discouraged from advising the client. Decisions are made with the client.

2. The client needs primary instruction on wound care before providing tools for ongoing learning. 3. As a teacher, the nurse first assesses the needs of the client and then determines the client's ability to learn.

4. The nurse is responsible for determining the learning needs of the client. In some instances, such as wound care, a referral may be made to a wound care nurse. However, the nurse giving care is responsible for the initial determination of needs and abilities.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Reduction of Risk Potential

Nursing Process: Planning

Learning Outcome: 1-3 Describe the role of the LPN/LVN as a member of the health care team.

9. The nurse is managing care for a client, and asks the nursing assistant to measure the client's vital signs twice during the shift. The nurse is providing care by:

1. prioritizing.
2. delegating.
3. advocating.
4. teaching.

Answer: 2

Rationale: 1. Prioritizing involves assessing and determining which care is needed first.

2. Delegating care is asking another member of the team who is qualified to perform client care.

3. Advocating is defending the client's rights.

4. Teaching is the giving of needed information to a client.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Implementation

Learning Outcome: 1-3 Describe the role of the LPN/LVN as a member of the health care team.

10. After administering pain medication, the nurse returns to check the client's level of comfort. In which stage is the nursing process functioning?

1. Assessment
2. Evaluation
3. Planning
4. Implementation

Answer: 2

Rationale: 1. Assessment is done prior to giving pain medication to determine whether the medication is needed.

2. Evaluation is determining whether the treatment or medication was effective.

3. Planning is completed after assessment and is a determination of the nursing needs of the client.

4. Implementation would be administering the medication.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Evaluation

Learning Outcome: 1-5 Explain how clinical reasoning, current evidence, and available standards are used to determine priorities of nursing care and to promote, maintain, or restore health.

11. The nurse is developing a nursing diagnosis for a client who has pneumonia. The nurse recognizes that the diagnosis describes an actual or potential problem that:

1. relates to the client's primary diagnosis.

2. the nurse can treat independently.
3. the nurse can treat with a physician's order.
4. requires a physician's intervention.

Answer: 2

Rationale: 1. The nurse develops a nursing diagnosis based on the client's symptoms, not on the primary diagnosis.

2. A nursing diagnosis is based on implementations that nurses treat independently of the physician.

3. The physician does not need to write orders for nursing care.

4. A physician is not responsible for giving nursing care.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Diagnosis

Learning Outcome: 1-4 Use the nursing process to assess, plan, implement, and evaluate individualized, patient- centered care.

12. The client tells the nurse she has been smoking one pack of cigarettes a day for the past 20 years. The nurse recognizes that this is which part of the nursing process?

1. Evaluation
2. Planning
3. Assessment
4. Implementation

Answer: 3

Rationale: 1. Evaluation is determining the effectiveness of care given.

2. Planning is determining the care needed after assessment.

3. Assessment includes data gathering and past history information.

4. Implementation involves the actual giving of care.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Assessment

Learning Outcome: 1-4 Use the nursing process to assess, plan, implement, and evaluate individualized, patient- centered care.

13. While hospitalized a client develops a new problem. Which behaviors should the nurse use to demonstrate critical thinking during this client's assessment? (Select all that apply.)

1. Nursing habits
2. Clinical skills
3. Cognitive knowledge
4. Assumptions
5. Goal-directed thinking

Answer: 2; 3; 5

Rationale: 1. Habits are actions done without much thought, and are usually routine.

2. The more clinical skills the nurse has, the better is the ability to think critically. Experience and skills help the nurse consider more options.

3. Cognitive knowledge is necessary in order to form an opinion or to process information.

4. Assumptions can lead to faulty conclusions because all information is not included in the process.

5. Goal-directed thinking allows the nurse to focus on the problem at hand and directs the investigation.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Assessment

Learning Outcome: 1-5 Explain how clinical reasoning, current evidence, and available standards are used to determine priorities of nursing care and to promote, maintain, or restore health.

14. The nurse is using a problem-solving process that requires empathy, knowledge, divergent thinking, discipline, and creativity. What behavior is the nurse demonstrating while providing client care?

1. Care management
2. Critical thinking
3. Framework for nurses
4. Nursing process

Answer: 2

Rationale: 1. Care management is directing the care of the client.

2. Critical thinking is a problem-solving process.

3. The framework for nurses is the nursing process.

4. The nursing process is a process of steps that the nurse uses to determine the needs of the client, set the care needed, and evaluate the care given.

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Cognitive Level: Analysis

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Implementation

Learning Outcome: 1-5 Explain how clinical reasoning, current evidence, and available standards are used to determine priorities of nursing care and to promote, maintain, or restore health.

15. The nurse has completed an assessment on a client who is experiencing dehydration and determines the client's needs and appropriate interventions that should lead to the return of health. What process did the nurse use when assessing this client?

1. Clinical reasoning
2. Evaluation

3. Intellectual courage
4. Scope of practice

Answer: 1

Rationale: 1. Clinical reasoning is the process used to determine the client's needs and to identify appropriate interventions.

2. Evaluation is determining the effectiveness of care.

3. Intellectual courage is an attitude that the nurse has toward care of diverse clients.

4. Scope of practice refers to the nursing laws in each state.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Assessment

Learning Outcome: 1-5 Explain how clinical reasoning, current evidence, and available standards are used to determine priorities of nursing care and to promote, maintain, or restore health.

16. The nurse is caring for a client who has lab work ordered in the morning. The nurse becomes busy and forgets to draw the labs, which would have identified a worsening condition. The nurse might be guilty of:

1. liability.
2. omission.
3. unintentional tort.
4. tort law.

Answer: 3

Rationale: 1. Liability is the state of being legally responsible for one's actions and obligations.

2. Omission is a failure to complete an obligation.

3. An unintentional tort is a failure to act in a responsible manner that causes harm to an individual.

4. Tort law is a set of laws that deal with injuries that occur to a person as a result of the action or nonaction of another person.

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Cognitive Level: Analysis

Client Need: Physiological Integrity

Client Sub Need: Reduction of Risk Potential

Nursing Process: Implementation

Learning Outcome: 1-6 Describe the nature of laws regulating nursing practice in the United States.

17. The Commonwealth of Virginia allows the LPN/LVN to start an intravenous line on a client after the LPN/LVN has taken a class and passed the test on starting IVs. Which type of law is directing the LPN/LVN's practice?

1. Statutory law
2. Tort law
3. Administrative law
4. A nurse licensure compact

Answer: 3

Rationale: 1. Statutory law is created by federal and state legislatures and includes regulatory law, civil law, and criminal law.

2. Tort laws are injury laws.

3. Administrative law is regulatory law by an individual state Board of Nursing stating the scope of practice for nursing.

4. A nursing licensure compact is an agreement between several states that allows the nurse to hold a license in one state and practice in another.

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Cognitive Level: Analysis

Client Need: Physiological Integrity

Client Sub Need: Reduction of Risk Potential

Nursing Process: Implementation

Learning Outcome: 1-6 Describe the nature of laws regulating nursing practice in the United States.

18. The new graduate LPN/LVN has been assigned to float to a critical care unit, and has been given two critically ill clients to care for. The nurse should:

1. Call a lawyer.
2. Document the supervisor's action.
3. Notify the supervisor that this care is outside the scope of care for the LPN/LVN.
4. Prepare to care for the clients.

Answer: 3

Rationale: 1. Calling a lawyer at this point is not a reasonable action.

2. Documenting the supervisor's action will not protect the nurse from legal action.

3. Notifying the supervisor that this care is outside the scope of practice is the action the nurse should take.

4. Accepting the assignment leaves the nurse open to legal action when the care needed is outside the scope of practice.

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Cognitive Level: Application

Client Need: Safe, Effective Care Environment

Client Sub Need: Management of Care

Nursing Process: Implementation

Learning Outcome: 1-6 Describe the nature of laws regulating nursing practice in the United States.

19. The nurse is assessing the respiratory status of a client admitted a few days ago for pneumonia. Which type of assessment is the nurse completing?

1. An admission assessment
2. A focused assessment
3. Care management
4. Communication

Answer: 2

Rationale: 1. The LPN/LVN may collect data for an admission, but the RN is responsible for the overall admission assessment.

2. A focused assessment is one that focuses on one system or is any assessment completed after the initial assessment is completed.

3. Care management is directing the care of a client over a specified shift.

4. Communication includes teaching, documenting, and talking with peers.

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Cognitive Level: Analysis

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Assessment

Learning Outcome: 1-4 Use the nursing process to assess, plan, implement, and evaluate individualized, patient- centered care.

20. A client hospitalized with an endocrine disorder asks the nurse for the results of laboratory tests that are well outside of normal limits. What should the nurse do?

1. Give the client the results.
2. Tell the client the results are not completed yet.
3. Tell the client he cannot have the results.
4. Notify the physician/RN of the client's requests.

Answer: 4

Rationale: 1. The LPN/LVN gives laboratory results under the direction of the physician or RN, especially if the results are outside of normal. Usually, the physician will talk with the client directly.

2. Telling the client the results are not completed when they are is not true and can risk the trust between the client and nurse.

3. The client can have the test results; however, the nurse is not able to provide them.

4. The nurse notifies the RN/physician when the client is asking for laboratory tests unless the nurse has been directed to give the results.

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Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Implementation

Learning Outcome: 1-7 Practice within the LPN/LVN scope of practice.

21. The licensed practical nurse assists with the admission of a client. When formulating the plan of care the nurse should:

1. collaborate with the RN.
2. formulate the plan of care.
3. enlist the physician's assistance with the plan of care.
4. inform the client of the plan of care.

Answer: 1

Rationale: 1. The LPN/LVN collaborates with the RN, who formulates the plan of care.

2. The LPN/LVN does not formulate the plan of care.

3. The physician does not have input into the nursing plan of care.

4. The client is included in the formulation of the plan of care.

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Cognitive Level: Application

Client Need: Safe, Effective Care Environment

Client Sub Need: Management of Care

Nursing Process: Planning

Learning Outcome: 1-7 Practice within the LPN/LVN scope of practice.

22. At the end of the shift, the nurse is ready to leave, but has not been relieved by the oncoming shift nurse. The nurse's responsibility to provide care for clients is part of the nurse's:

1. code of ethics.
2. critical thinking.
3. nursing process.
4. quality assurance.

Answer: 1

Rationale: 1. The nurse's primary commitment is to the client; therefore, the nurse does not abandon the client when there is no replacement at the end of the shift. This is part of the nursing code of ethics.

2. Critical thinking is a process for problem solving.

3. The nursing process is a five-step process that plans and directs client care.

4. Quality assurance relates to the regulation of the standards of client care.

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Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Sub Need: Management of Care

Nursing Process: Implementation

Learning Outcome: 1-8 Use ethical standards and codes as a guide in providing medical–surgical nursing care.

23. A client who is in the clinic for an annual assessment asks the nurse for advice regarding an upcoming election in the state. The nurse tells the client who is the best candidate for the job and tells the client to vote for that candidate. The nurse has violated:

1. the rights of the client.
2. the ANA code of ethics.
3. professional boundaries.
4. the law.

Answer: 3

Rationale: 1. Discussing politics does not violate the rights of the client.

2. The ANA code of ethics does not include directives on the nurse's personal relationship with the client.

3. Professional boundaries are limits maintained between a person who is vulnerable and a person with power. Considering the trust the client builds with the nurse, giving opinions to the client about candidates in an election violates that trust.

4. There are no laws that regulate the nurse–client personal relationship.

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Cognitive Level: Application

Client Need: Psychosocial Integrity

Client Sub Need: Reduction of Risk Potential

Nursing Process: Implementation

Learning Outcome: 1-8 Use ethical standards and codes as a guide in providing medical–surgical nursing care.

24. The nurse is caring for a client who is refusing to take the prescribed medication ordered by the physician. The nurse attempts to convince the client to adhere to the plan of care and then notifies the RN of the refusal. What did the nurse experience with this situation?

1. A breach of professional boundaries
2. A dilemma
3. A HIPAA violation
4. A NAPNES code of ethics violation

Answer: 2

Rationale: 1. Professional boundaries were not breached in this case.

2. A dilemma occurs when there is a choice between unpleasant alternatives—this case, a duty to promote the client's health status and the right of the client to refuse treatment.

3. A HIPAA violation involves a breech of the client's privacy.

4. The National Association for Practical Nurse Education and Service (NAPNES) code of ethics is the cause of the nurse's dilemma.

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Cognitive Level: Analysis

Client Need: Safe, Effective Care Environment

Client Sub Need: Management of Care

Nursing Process: Implementation

Learning Outcome: 1-8 Use ethical standards and codes as a guide in providing medical–surgical nursing care.

25. A client is diagnosed with a respiratory health problem. What should the nurse consider when determining interventions for this client's care? (Select all that apply.)

1. Assist the client to perform the intervention.
2. Monitor the client for potential complications.
3. Ensure outcomes are time specific and measurable.
4. Supervise the family while performing the intervention.
5. Delegate the intervention to be completed by another caregiver.

Answer: 1, 2, 4, 5

Rationale: 1. The nurse should determine the most appropriate level of interventions for each client, based on health status and illness treatment. This may include assisting the client to perform the intervention.

2. The nurse should determine the most appropriate level of interventions for each client, based on health status and illness treatment. This may include monitoring the client for potential complications.

3. Ensuring that outcomes are time specific and measureable is completed during the planning phase of the nursing process.

4. The nurse should determine the most appropriate level of interventions for each client, based on health status and illness treatment. This may include supervising the family while performing the intervention.

5. The nurse should determine the most appropriate level of interventions for each client, based on health status and illness treatment. This may include delegating the intervention to be completed by another caregiver.

Page Number: 5-8

Cognitive Level: Application

Client Need: Physiological Integrity

Client Sub Need: Basic Care and Comfort

Nursing Process: Implementation

Learning Outcome: 1-4 Use the nursing process to assess, plan, implement, and evaluate individualized, patient- centered care.

26. During morning report the nurse is challenged to defend clinical reasoning used when providing client care. Which behaviors indicate that the nurse used intellectual courage when responding to this question? (Select all that apply.)

1. Considered alternatives
2. Used information learned to make a decision
3. Listened to the other nurse's ideas and thoughts
4. Defended thinking used to make the care decision
5. Recognized a pattern and connected it with knowledge

Answer: 2, 3, 4

Rationale: 1. Considering alternatives is being disciplined.

2. Intellectual courage is the ability to listen to and be fair when evaluating others' ideas and beliefs. This involves making a decision based on what is learned.

3. Intellectual courage is the ability to listen to and be fair when evaluating others' ideas and beliefs. This involves listening carefully to others' ideas and thoughts.

4. Intellectual courage is the ability to listen to and be fair when evaluating others' ideas and beliefs. This involves being ready to stand up for decisions made.

5. Intuition is recognizing a pattern or clinical situation and connecting it with knowledge and previous experiences.

Page Number: 9

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Sub Need: Management of Care

Nursing Process: Evaluation

Learning Outcome: 1-5 Explain how clinical reasoning, current evidence, and available standards are used to determine priorities of nursing care and to promote, maintain, or restore health.