

RECALLS 7 NURSING PRACTICE 1

Situation: Nurse Denise makes home visits to assigned barangays and meets families of different types.

1. One such family is a married couple who has two biologic children living with them as well as a child from the wife's first marriage. What type of family is evident?

- a. Homogenous
- b. Extended
- c. Blended
- d. Nuclear

2. Nurse Denise encounters a married couple who is raising three children. Recently, the wife's mother moved in. This family should be assessed as ____.

- a. Nuclear
- b. Extended
- c. Alternative
- d. Blended

3. When Nurse Denise assesses a family, which family task would she consider having HIGHEST PRIORITY for health family functioning?

- a. Reproduction of new family members
- b. Physiologic maintenance and safety
- c. Allocation of family resources
- d. Maintenance of order and authority

4. Which documentation of family assessment indicates a healthy and functional family?

- a. Member provide loving and mutual support
- b. Under stress, members turn inward so as not to be burden others.
- c. Members believe they can depend in each other.
- d. Husband holds dominant power over his wife

5. Which of the following scenario BEST demonstrates a continuing healthy family?

- a. A couple renews their marital relationship after their children become adults
- b. A couple requires their adolescent children to attend church services three times a week
- c. One parent takes care of children. The other parent earns income and maintains the home
- d. A family has strict boundaries that require members to address problems within the family.

Situation: Public health nurses like Ms. Khristine should be knowledgeable on the importance of immunity in the prevention of communicable diseases by building the capacity of the body to restrict harmful microorganisms or viruses from entering it.

6. Nurse Jenna knows that the type of immunity which is longest acting is _____

- a. Natural immunity
- b. Passive immunity

- c. Artificial immunity
- d. Active immunity

7. She learned that the MOST important function of inflammation and immunity is _____

- a. Preventing any entry of foreign material
- b. Providing protection against invading organisms
- c. Regulating the process of self- tolerance
- d. Destroying bacteria before damage occurs

8. Nurse Khristine administers hepatitis B immunoglobulin serum to Kyrie, which will provide her with passive immunity. One advantage of passive immunity is that it _____

- a. Encourages the body to produce antibodies
- b. Has effects that last a long time
- c. Is highly effective in the treatment of disease
- d. Offers immediate protection

9. Nurse Khristine explains to a mother whose ten year child just received a tetanus- toxoid injection that the toxoid vaccine confers which of the following immunity?

- a. Long lasting active immunity
- b. Lifelong natural immunity
- c. Intermediate artificial immunity
- d. Short-acting passive immunity

10. Nurse Khristine knows that one of the following is NOT a vaccine preventable disease, hence no immunity can be given to a child.

- a. Measle
- b. Polio
- c. Hepatitis B
- d. Asthma

Situation: A strong typhoon hits a rural community in the Visayas where 300 families are left without food and shelter.

11. Which reaction demonstrates the community's readiness?

- A. Community leaders activate the community disaster plan.
- B. Community leaders contact the National Disaster and Relief Center about the disaster.
- C. Residents run to DSWD local office to ask for donation of food and water
- D. Typhoon victims are relocated to church patios, school gyms and municipal playground.

12. Nurse Charlie is working in a temporary shelter of victims immediately following a natural disaster. Which condition is the nurse most likely to encounter?

- A. Hallucination
- B. Stress
- C. Communicable disease
- D. Chronic illness

13. Which task would a nurse be most likely to perform while volunteering on a disaster medical assistant team?

- A. Assist in triaging disaster victims.
- B. Conduct a needs disaster assessment of the community

C. Set up immunization clinics to administer anti tetanus vaccine

D. Provide medical care for disaster victims

14. Which population has a GREATER risk for disruption after disaster?

- 1) Single-parent families
- 2) Children
- 3) Middle income families
- 4) Substance abusers
- 5) Health care workers

A. 1, 2, and 4

B. 2, 3, and 4

C. 1, 3, and 5

D. 2, 4 and 5

15. After the devastating typhoon hits the community, a grassroots organization is formed to improve conditions post recovery. Nurse Charlie joins the organization and volunteers to contact and meet with public officials and key informal leaders about the community's concerns. What role does Nurse Charlie demonstrate?

A. Educator

B. Advocate

C. Citizen

D. Political ally

Situation: As a new public health nurses at a Rural Health Unit, Ms. Jessrina reviews basic concepts related to her position and job.

16. Ms. Jessrina knows that the PRIMARY goal of community health nursing is to ____.

a. Enhance the capacity of individuals, families and communities manage their health needs

b. Contribute to people's well-being through sustainable development goals projects

c. Increase the productivity of the people by providing them with health services

d. Support and supplement the efforts of the medical profession in illness preventions

17. Community health nursing (CHN) is a field of nursing practice. Which best explains this statement?

a. The scope of practice depends on the health needs and problems identified.

b. The services are delivered outside of purely curative institutions.

c. The service are provided along with community health volunteers.

d. The practice is conducted in the geographical location of people.

18. Ms. Jessrina is aware that she will be dealing with population as a client. Which of the following provides the BEST definition of a population?

a. Cluster of individuals who are at-risk of certain health conditions.

b. Group of people sharing the same geographic environment.

c. Collection of people who are beneficiaries of health services.

d. Collection of individuals who share common characteristics.

19. An example of an aggregate or population that Ms.

Jessrina should consider in program planning would consist of ____.

a. Patients confined in a district hospital

b. Christians in the community

c. Young children and adolescents attending school

d. People playing games three times a week in a senior citizen club

20. Which Nursing activity is unique to community/public health nurses like Ms. Jessrina?

a. Care for sick and dying

b. Promote livelihood projects assist poor families

c. Home visits to family clients referred by the health center physician

d. Focus on vulnerable groups in the community

Situation: You are making a home visit to Mr. and Mrs. Pringles who are both in their seventies. Communicating with older persons requires effective and therapeutic techniques.

21. You noted that Mrs. Pringles frequently shifts the conversation to reminisce. Which of the following communication techniques would be most effective with Mrs. Pringles?

A. Asking exploring questions

B. Changing the subject

C. Giving information

D. Restarting

22. The assessment of the older adult should focus on:

A. Functional level

B. Social Functioning

C. Relationship needs

D. Chronological age

23. When communicating with the cognitively elderly clients, it is important to understand the use of touch. Which of the following is true in relation to using of touch? Which of the following is true in relation of using touch with the elderly?

A. It is calming.

B. The use of touch must be determined on an individual basis.

C. It increases their agitation and confusion

D. The face should be touched to establish rapport..

24. Mr. and Mrs. Pringles are an elderly couple that you are interviewing at home. Mr. Pringles asks to speak you alone. He tells you that Mrs. Pringles has become forgetful lately and yesterday he received an overdue water bill. He asks,

"Should I take over this responsibility?" What would you say to Mr. Pringles?

- A. "Old people get forgetful at times"
- B. "Could you tell Mrs. Pringles that you will help with the bill paying?"
- C. "Tell Mrs. Pringles that you will assume the responsibility now."
- D. "You don't know what to suggest. This is a family matter."

25. It is critical to assess hearing loss in the elderly because:

- A. Only adults can only hear at 90 words per minute
- B. There is an initial inability to hear low frequency consonants
- C. Deafness causes hair loss
- D. Hearing loss has a direct impact on communication

Situation: Some disasters occur relatively frequent in certain parts of the world. The Philippines is one country that has experienced both natural disasters and human made disasters.

26. The public health nurse is aware of the importance of the need to perform roles in preparing for a disaster. The BEST example of one of these roles would be to:

- a. Assist in the prevention of injury
- b. Identify disaster risks
- c. Coordinate emergency care
- d. Inspect cluster of houses

27. The residents and local leaders in Municipality X is mapping out potential disaster locations in the community. This period of planning and preparation is described as:

1 point

- a. Recovery stage
- b. Pre- disaster stage
- c. Impact stage
- d. Non- disaster stage

28. The nurse provides counselling for victims of flood. This is an example of ____.

- a. Primary Prevention
- b. Secondary Prevention
- c. Mental health care
- d. Tertiary Prevention

29. Should a terrorist attack occur, nurses need to be ready, not only in providing quality care for the victim but ensuring their own safety as well. During a mass disaster drill simulating a terrorist attack, the nurse must triage numerous severely ill persons. The client who should receive PRIORITY care is:

- a. Cyanotic and not breathing
- b. Apneic and has an apical rate of 50
- c. Having seizures and urine incontinence
- d. Gasping for breathing and are conscious

30. The nurse is considering how best to educate the community about the potential threats to health from terrorism. What are the BEST ways to accomplish this?

1. Hold public forum to educate the community about coping with psychology effects.
2. Raise community awareness about increased immigrants to the population
3. Teach the community about sealing windows and doors in the event of a chemical attack.
4. Raise community awareness about the signs and symptoms of potential biologic agents.

- a. 2 and 4
- b. 1 and 3
- c. 2 and 3
- d. 1 and 4

Situation: The World Health Organization (WHO) stated that "climate change is the biggest threat to public health this century." Climate change is happening, and scientists believe that global warming results from human activity.

31. As a public health nurse and as a citizen, you are concerned about the Earth's warming up fast from the production of greenhouse gases which are involved in the greenhouse effect. The most common greenhouses gases are the following, EXCEPT:

- A. Oxygen
- B. Methane
- C. Water Vapor
- D. Carbon dioxide

32. Along with the natural greenhouse gases, there are some man-made ones that keep on increasing in the atmosphere that contribute to the heating up of the Earth's surface. These

HARMFUL human activities include the following:

- A. 1, 2, 5, and 6
- B. 2, 4, 5 and 6
- C. 2, 3, 4, and 5
- D. 1, 3, 4, and 6

33. You are aware of the consequences of the Earth's climate getting warm on the weather which eventually affect people. Which of the following is NOT included?

- A storms and floods
- B. cool summer
- C. droughts
- D. more rains and winters

34. You are concerned about the effects of global warming on the health of people. In your advocacy, which of the following statements should NOT be included?

- A. Increased aeroallergens result in increase in cardiovascular disease.
- B. There is an increase in mental health problems due to harmful and unexpected consequences.
- C. Increased exposure to ultraviolet rays results in increases in skin cancers.
- D. Changing patterns result in increases in vector, food and waterborne disease

35. The following messages can be included in your advocacy helping reduce the generation of greenhouse gases and slow down global warming, EXCEPT:

- A. Recycle used materials
- B. Plant more trees
- C. Use electricity for cooking
- D. Walk or use bicycle

Situation: According to the World Health Organization (WHO), there are major causes of non- communicable disease that pose challenges to the live and health of millions of people and threaten economic and social development of countries.

36. Which of the following are the four chronic disease referred to by WHO?

- 1. Cardiovascular Disease
 - 2. Cancer
 - 3. Dementia
 - 4. Arthritis
 - 5. Diabetes Mellitus
 - 6. Chronic Obstructive Lung Disease
- a. 1,2,3 and 4
 - b. 1,2,5 and 6
 - c. 2,3,4 and 5
 - d. 2,4,5 and 6

37. The WHO reveals that the NUMBER ONE cause of death from chronic diseases worldwide, using the 2015 estimate, is _____.

- a. Tuberculosis
- b. Diabetes Mellitus
- c. Ischemic Heart Disease
- d. Pneumonia

38. In the Philippines, which is the TOP Killer according to the Department of Health (2009 data)?

- a. Asthma
- b. Cancer
- c. Tuberculosis
- d. Cardiovascular Diseases

39. When studying chronic diseases, the multifactorial etiology of illness is considered. What does this imply?

- a. Single organism that causes the disease, such as cholera, must be studied in more detail.
- b. Focus should be on the factors or combinations and levels of factors contributing to disease.
- c. The rise in infectious and communicable disease must be the main focus.
- d. Genetics and molecular structure of disease is paramount.

40. Determinants of health to address the development of cancer in a community include:

- 1. Proximity of the community to chemical plants that emit poisonous gases.
 - 2. High percentage of tobacco use among the residents.
 - 3. Prevailing diet high in processed food and fat.
 - 4. Availability of the health facilities.
 - 5. Mean age of women population.
- a. 3,4 and 5
 - b. 1,2 and 3
 - c. 1,3 and 4
 - d. 2,4 and 5

Situation: Nurse Jay is a part of health team of a Rural Health Unit that implements the Philippine Package of Essential NCD Intervention (PHILPEN). He is particularly assigned to conduct "hypertension screening" among 15 years old and above during home visits.

41. The MOST accurate and reliable technique for indirect BP measurement is the _____.

- A. auscultatory using a mercury manometer.
- B. palpation using mercury manometer
- C. auscultatory using an aneroid BP apparatus
- D. palpation using an aneroid BP apparatus

42. Nurse Jay remembers that blood pressure taken in the upper arm versus the forearm varies. Thus, there is a need to document which site is used. Which of the following values is the correct variation in mmHg?

- A. 10-15
- B. 5-10
- C. 14-20
- D. 1-4

43. Nurse Che needs to expose the patient's arm and position it with palm upward and the arm slightly flexed with the whole arm supported at which level?

- A. Above heart
- B. Below heart
- C. Heart level
- D. Any level

44. Nurse Che took the blood pressure of a 45 year old family member and got the reading as 146/92 mmHg. This reading is classified as:

- A. Hypertension, stage 1
- B. Hypertension, stage 3
- C. Hypertension, stage 2
- D. Prehypertension

45. In defining and classifying hypertension, blood pressure readings must be based on measurements done during _____.

- A. at least two visits taken one week apart
- B. three consecutive daily visits
- C. two readings taken two weeks apart
- D. two consecutive monthly visits

Situation: Promoting mental health is equally important in promoting physical health. Unfortunately, mental health has been largely neglected.

46. Public Health Nurse Sabrina is concerned about the impact of mental health on the community. She is preparing for a presentation about mental health in the Philippines. Which of the following information should be included?

- Mental illness is an increasing problem among the upper class.
- The incidence of depression is expected to decrease within the next 10 months.
- Almost one per 100 household has a member with mental disability.
- Post traumatic stress disorder is the most common of anxiety disorders.

47. The PRIMARY reason that mental illness often results in worsening of physical health problems is because of the _____.

- Loss of cognitive function
- Feelings of inadequacy
- Inability or lack of motivation for effective self-care
- Side effects of mental health modification

48. Nurse Sabrina shared the statistics that intentional self-harm was found to be the 9th leading cause of death among 20-24 years old Filipino adults. Increasing number of mental health problems may be related to _____. (Select all that apply)

- Poverty
- Age of the parents
- Family unemployment
- Changes in family structure
- Lost of community social support

- 1, 2, and 5
- 1, 3, 4, and 5
- 1, 2, 3 and 4
- 1, 2 and 3

49. Nurse Sabrina noted that there were number of poor older women, living alone, who are suffering from depression. Her FIRST goal is to _____.

1 point

- Improved quality of life
- Provide recreation and entertainment
- Reduce suicide risk
- Improve level of function

50. In promoting mental health, Nurse Sabrina is cognizant of her nursing responsibilities. These include the following, EXCEPT:

- Teach parents the importance of community of providing emotional support to their children.
- Increase general knowledge of the community on knowledge on mental hygiene.

- Help the community address factors that promote mental well-being.
- Refer at once cases of bizarre behaviors to a psychiatrist.

SITUATION- Cherry, 15 years old, and a high-school student, visited the clinic because she suspects that she is pregnant. Her pregnancy is confirmed by the school physician. Cherry requested nurse Josela not to tell her parents about her being pregnant. She also expressed desire to terminate her pregnancy.

51. Which of the following ethical concepts apply to patient Cherry's case?

- Bioethics
- Deontology
- Teleology
- Intuitionism

52. Nurse Josela should be guided by the steps in helping Cherry make an ethical decision. Sequence the steps below.

- Gather data
- Make decision
- Identify and clarify the ethical problem
- Act and assess the outcomes of decisions
- Identify options or alternatives

- 3, 1, 5, 2 & 4
- 1, 5, 2, 4 & 3
- 1, 3, 5, 2 & 4
- 2, 4, 1, 3 & 5

53. The INITIAL advice of nurse Josela to patient Cherry is which of the following?

- Cherry will inform her teacher about her condition and to request the teacher to tell her parents.
- Cherry will request the doctor to inform the parents
- Cherry will choose a significant other close to the parents to be the one to relay about her pregnancy
- Advise her that as a minor, her parents should be duly informed about her pregnancy

54. Cherry analyzed the advice of Nurse Josela and realized the value of life and family. This attitude of realization is termed as _____.

- Justice
- Ethics
- Autonomy
- Values clarification

55. Patient Cherry's decision regarding her pregnancy is termed as _____.

- Autonomy
- Justice
- Veracity
- Fidelity

SITUATION- Obesity is an emerging concern for patients and nurses. The nurses has an important role in assessing and evaluating patient's physiological status in relation to weight control

56. Nurse Cherry is assessing patients at the outpatient clinic. Which of the following patients is at risk for health complications related to weight?

- A. a thirty three year old who has a body mass index (BMI) of 24 kg/m
- B. A fifty six year old who is 6 ft (180 cm) tall and weighs 150 lb (68 kg)
- C. A seventy one year old who is 5 ft 4 inches (160 cm), weighs 120 lb (55 kg), and carries most of the weight in the thighs
- D. a twenty four year old female with a waist measurement of 30 inches (75 cm) and a hip measurement of 34 inches (85 cm)

57. A patient who has been consistently following a diet and exercise program and successfully losing one pound weekly for several months is weighed at the clinic. However, he has not lost any weight for the last month. Nurse Cherry should first _____.

- A. ask the patient whether there have been any recent changes in exercise or diet patterns
- B. discuss the possibility that the patient has reached a temporary weight loss plateau
- C. Instruct the patient to weigh weekly and record the weights.
- D. review the diet and exercise guideline with the patient

58. When working with an obese patient who is enrolled in a behavior modification program, which nursing action is APPROPRIATE?

- A. Having the patient write down the caloric intake of each meal
- B. suggesting that the patient has a reward after achieving a weight loss goal
- C. encourage the patient to eat small amounts throughout the day
- D. asking the patient about situations that tend to increase appetite

59. When developing a weight-reduction plan for an obese patient who is starting a weight loss program, which question is MOST important for Nurse Cherry to ask?

- A. "What factors do you think led to your obesity?"
- B. "Have you been on any previous diets?"
- C. "What kind of physical activities do you enjoy?"
- D. "How long have you been overweight?"

60. An obese patient asks Nurse Cherry about using Orlistat (Xenical) for weight reduction. Nurse Cherry advises the patient that _____.

- A. drugs may be helpful in weight loss, but weight gain is likely to recur unless changes in diet and exercise are maintained
- B. the long-term effect of orlistat is not known, and the drug may cause serious side effects such as heart valve problems
- C. this drug can cause serious depletion of fat-soluble vitamins and should be used only several weeks
- D. weight-reduction drugs of any type are used for only those who do not have the will power to reduce their intake of food

SITUATION - Patient Amber, three years old, was brought to the clinic by her mother due to ear ache and low-grade fever. While performing her physical assessment, Nurse Eula found Patient Amber's right ear to be inflamed and warm to touch. The Pediatrician ordered ear drops to be instilled to the affected ear.

61. Nurse Eula performs further physical assessment on Patient Amber BEFORE drug administration, which includes the following, EXCEPT _____.

- A. Appearance of the pinna and meatus of the ear
- B. Presence of the interference during the drug administration
- C. Type of any ear discharge
- D. Location and extent of inflammation of the ear

62. The MOST APPROPRIATE nursing action before instilling ear drops to Amber is to _____.

- A. Check the medication to be within room temperature
- B. Refrigerate the medication for thirty minutes
- C. Fill up the dropper with no more than one millimeter
- D. Clean the outer surface of the dropper

63. In installing any drug into the ears, Nurse Eula performs in SEQUENCE. Which of the following steps?

- 1. Allow the drug to flow into the ears slowly
 - 2. Tilt the head away from the nurse
 - 3. Put a small cotton loosely into the ear
 - 4. Wait for 15 minutes before instilling drops on the other ear
 - 5. Instill the ear drops into the affected ear
- A. 1, 4, 2, 5, 3
 - B. 2, 5, 1, 3, 4
 - C. 4, 1, 5, 3, 2
 - D. 3, 1, 4, 5, 2

64. After instilling medications to the right ear, what is the MOST appropriate instruction to the mother?

- A. Remain in the position for 5 minutes
- B. Pack a cotton pledge tightly to the ear
- C. Have the patient remain in the position for one hour
- D. Advice the mother not to let Amber drink hot water

65. In administering otic medication, Nurse Eula

- A. Don the gloves
- B. Perform hand hygiene
- C. Explain procedure and postpone

D. Check identification band and proceed

66. On the other hand, Ramon notices that the Chief Nurse Executive has charismatic leadership style. Which of the following behaviors best describes this style?

- A. Possesses inspirational quality that makes followers gets attracted of him and regards him with reverence
- B. Acts as he does because he expects that his behavior will yield positive results
- C. Uses visioning as the core of his leadership
- D. Matches his leadership style to the situation at hand.

67. One leadership theory states that "leaders are born and not made," which refers to which of the following theories?

- A. Trait
- B. Charismatic
- C. Great Man
- D. Situational

SITUATION- Safety in any health agency is a must. Nurse Joanna wants this to maintain in her unit.

68. The nursing process facilitates an understanding of the scope of challenges inherent in nursing care of clients at risk for _____ EXCEPT:

- A. Infection
- B. Suicide
- C. Restraint
- D. Injury

69. The clients at risk require re-assessment of their status on _____

- A. shift basis
- B. daily basis
- C. as necessary basis
- D. injury

70. When a patient is placed in a bed rest, the nurse must watch which part of the body most?

- A. Liver
- B. Head
- C. Legs
- D. skin

71. The Nursing Practice Standards which Nurse Joanna must let her staff follow includes, EXCEPT _____.

- A. use a multidisciplinary approval to enhance client safety as indicated
- B. implement emergency measures during fires and disasters
- C. risk elements should not be modified
- D. use infection control practices that prevent or control transmission of the pathogens

SITUATION- Elsa, 65 years of age, has just been widowed a year ago. Her two children are now all living in the U.S. She used to love cooking but since she is now living alone, she eats meal irregularly. Most of the time, she just watches television. Her chief complaint is constipation.

72. When assessing Elsa, Nurse Alma should ask the following, EXCEPT:

- A. Dietary and fluid intake
- B. Cultural beliefs
- C. Lifestyle
- D. Bowel pattern

73. When auscultating the bowel sound of Elsa, the nurse should be able to hear _____.

- A. loud and gurgling sound
- B. increased bowel sound
- C. decreased bowel sound
- D. absent sound

74. The MOST APPROPRIATE nursing diagnosis for Elsa's case is _____.

- A. risk of constipation related to lifestyle
- B. perceived constipation related to eating habits
- C. dysfunctional gastrointestinal motility related to lifestyle
- D. constipation related to inactivity

75. Which of the following are the most simple and cost effective interventions that the Nurse can advise Elsa to resolve constipation?

- 1. Encourage increased fiber in diet
 - 2. Encourage physical activity and regular exercise
 - 3. Regular time for elimination
 - 4. Laxative
- A. 1, 2, & 3
 - B. 3 and 4
 - C. 1, 3 & 4
 - D. 2, 3 & 4

76. Health education should include which of the following?

- 1. Responding to the urge to defecate and establishing a daily pattern
 - 2. Role of dietary fiber and fluid in maintaining bowel function
 - 3. Role of exercise and activity in maintaining bowel function
 - 4. Safe and correct use of pharmaceutical agents
- A. 2, 3 and 4
 - B. 1, 2, 3 and 4
 - C. 2 and 3
 - D. 1, 2 and 3

SITUATION - Nurse Florence is working on the hospital's pediatric unit. She is assigned as a medication and treatment nurse

77. In preparing to give medications to a preschool-age child, which of the following statements is an APPROPRIATE interaction by Nurse Florence?

- A. "Let me explain about the injection that you will be getting"
- B. "Do you want to take your medication now?"
- C. "Would you like the medication with water or juice?"
- D. "If you don't take the medication now, you will not get better."

78. To determine proper drug dosages for children, calculations are MOST precisely made on the basis of the child's _____.

- A. Weight
- B. Height
- C. body surface area
- D. age

79. Nurse Florence administered the intramuscular medication of Iron by the z-tract method. This method is used to _____.

- A. provide more even absorption of the drug
- B. provide faster absorption of the drug
- C. prevent the drug from irritating sensitive tissue
- D. reduce discomfort from the needle

80. The doctor ordered to give a one year old patient an intramuscular injection. The appropriate and preferred muscle to select for this child is the _____.

- A. Dorsogluteal
- B. Deltoid
- C. Ventrogluteal
- D. Vastus lateralis

Situation: Nurses are expected to be leaders making difference in the health care settings- hospitals, clinics, communities and other organizations.

81. Why leadership plays a vital role in the nursing profession?

- A. It is not really important for nurses.
- B. Nurses have expert knowledge and are interacting with and influencing the clients.
- C. Nurses should know how to direct people towards accomplishment of goals.
- D. Nurses should always strive for higher positions in the organization.

82. Ramon understands that a Theory which states that the Leadership style is dependent on the situation. Which of the following styles best fits a situation when the followers are self-directed, highly motivated, experts and matured individuals?

- A. Participative
- B. Directive
- C. Permissive
- D. Bureaucratic

83. Ramon would like to be a Transformational leader. Which of the following statements best describes this type of leadership?

- A. Uses visioning as the essence of leadership.
- B. Serves the followers rather than being served.
- C. Maintains full trust and confidence in the subordinates
- D. Possesses innate charisma that makes others feel good in his presence.

84. Cheska RN is a head nurse assigned at the Intensive Care Unit of a Secondary Level Hospital. As a manager, Cheska is expected to display effective conflict resolution skills. Which of the following is true about conflict?

- A. It seldom occurs as part of the change process in health care settings.
- B. It highlights differences in values, belief, or actions.
- C. It is automatically negative
- D. It discourages creativity and innovation.

85. Conflict that occurs between groups or teams is called:

- A. Interpersonal
- B. Intrapersonal
- C. Organizational
- D. Dysfunctional

SITUATION- Applying therapeutic communication skills is vital in the nurse-client relationship.

86. Which of the following is the BEST SEQUENCE of communication techniques to use during an assessment interview? Begin with _____.

- A. giving a broad opening and move to asking focused questions
- B. Giving information and move to asking focused questions
- C. Asking focused questions and close-ended questions
- D. providing information and proceed to stating observations

87. You are caring for Malou, sixteen years old, suffering from acute leukemia. You want to actively listen to her concerns and understand her meanings. You know that active listening is used to _____.

- A. Treat patient's medical problems
- B. Recognize the issue that is most important to the client
- C. Help the patient become dependent to the nurse in addressing his concerns
- D. Make conclusions regarding client's perception

88. You ask your newly admitted patient, "What can we do to help you?" You know that this open-ended question will _____.

- A. result in specific information from the patient
- B. allow patient to elaborate on his response
- C. allow patient to briefly answer question
- D. put the patient at ease

89. As you listen to a patient, you need to provide feedback that is _____.

- A. behavior-focused and evaluative
- B. well-timed and general
- C. general and content-focused
- D. well-timed and content-focused

90. Which of the following statements is TRUE in relation to the use of humor?

- A. Humor should focus on the client's humanity
- B. Humor is used to build rapport
- C. Constant use of humor can be healing
- D. Laughter increases neurotransmitters

SITUATION- Mr. JC is confined in the ICU in a provincial hospital for some complications of his type II diabetes. He is edematous and complained of severe chest pain. His vital signs are: BP160/98, temperature 37.2C; PR- 90 bpm; RR- 30 bpm

91. The order of the physician is for immediate intubation. For the priority equipment, supplies and material to be used for the procedure, the nurse should collaborate with the _____.

- A. operating room
- B. central supply unit
- C. anesthesia department
- D. emergency department

92. Morning care had to be done by the _____

- A. nursing student
- B. all the options
- C. staff nurse
- D. nursing aide

93. In as much as you have not been trained in initiating Intravenous infusion, who among the following cannot also do it?

- A. charge nurse
- B. staff nurse
- C. nursing aide
- D. physician

94. Turning Mr. BC every two hours would be difficult if you do it alone. In order to keep the patient safe, the most number of nurse who can team up with you will be _____

- A. Four
- B. One
- C. Two
- D. Three

95. If Mr. BC would be for dialysis and you need to bring him to the dialysis unit, who among the following, could be the best to help you wheel him to the area? A _____.

1 point

- A. institutional worker
- B. member of the family
- C. physician
- D. nurse aide

Situation: Nurse Jess is the head nurse of the male medical ward in a tertiary specialized hospital handling multiple cases in her unit. It is imperative that she is equipped with the basic managerial skills.

96. In this conflict resolution method, a person ignores his or her own feelings about an issue in order to agree with the other side.

- A. Collaborating
- B. Confronting
- C. Accommodating
- D. Withdrawing

97. With this method of conflict resolution, each side gives up something as well as gets something:

- A. Negotiating
- B. Competing
- C. Avoiding
- D. Compromising

98. Nurse Jess feels uncomfortable believing that she is the scapegoat of everything that goes wrong in her department. Which of the following is the best action that she must take?

- A. Identify the source of the conflict and understand the points of friction
- B. Disregard what she feels and continue to work independently
- C. Seek help from the Director of Nursing
- D. Quit her job and look for another employment.

99. Which of the following is a characteristic of decision-making?

- A. it only involves logical, rational thought
- B. it is often the result of many incremental steps rather than one large step.
- C. It must always be done quickly in the health care setting.
- D. they generally do not assume another person's point of view.

100. Which of the following is true about effective creative thinkers?

- A. They seldom generate new ideas and alternatives.
- B. They often say, "We've always done it this way, so let us do it this way again."
- C. They tend to analyze the components of a problem.
- D. They generally do not assume another person's point of view.

RECALLS7: NURSING PRACTICE 2

Situation: Jenna, a mother of a 6-year-old boy Ray has arrived at school to take her child home because the school Nurse Dax has verified that he has an inflamed throat. Nurse Dax urges his mother to seek treatment because if the causative agent is beta-hemolytic streptococcus, he may develop a disorder characterized by inflamed joints, fever, and the possibility of endocarditis

1. Which of the following would be the possible disorder?

- A. Tetanus
- B. Rheumatic fever
- C. Scarlet fever
- D. Influenza

2. Jenna question whether her other children can catch the same disease. Which of the following should be the nurse's response?

- A. Your other children should be taking antibiotics to prevent them from catching the same disease.
- B. It is caused by an autoimmune reaction and is not contagious.

- C. You appear concerned that your daughter's disease is contagious.
 D. The fact that you brought Alice to the hospital early enough will decrease the chance for her siblings getting it.

3. In addition to carditis, which of the following should the nurse assess the child?

- A. Oliguria and edema
 B. Malabsorption and diarrhea
 C. Arthralgia and low grade fever
 D. Bronchitis and pneumonia

4. Oliguria and edema Malabsorption and diarrhea **Arthralgia and low grade fever** Bronchitis and pneumonia

- A. Recurrence
 B. Transmission
 C. Inhalation
 D. Inflammation

5. If left untreated, such condition can progress to which of the following complication/

- A. Kidney failure
 B. Left-sided heart failure
 C. Right-sided heart failure
 D. Angina pectoris

Situation: Head nurse KC wishes to successfully change the way her registered nurses, nursing assistants, and other nursing staff in providing emotional support to the ward's patients.

6. In conducting quality improvement, Nurse KC should look into which of the following as her basis, EXCEPT: *
 RECHECK

- A. Patient's complaint data
 B. Patient's satisfaction survey
 C. Incident reports
 D. Patient's chart

7. The FIRST step in the Quality Improvement process is which of the following?

- A. Assess progress.
 B. Examine the data.
 C. Confirm the existence of the problem by gathering data.
 D. Set goals.

8. The BEST quality improvement intervention that Nurse KC can do is which of the following?

- A. Maintain ongoing informal communication with staff.
 B. Analyze patients complaint record
 C. Interview staff individually and in group
 D. Recommend increase in salary of nursing staff.

9. Some of the nursing staff seemed to have a sense of entitlement according to nursing department leadership. They behaved as though they had unlimited job security (because of the strength of the nursing unions). Which of the following action is the BEST?

- A. Develop a documentation-and-tracking process for the observations
 B. Revise job descriptions and performance for all nursing staff to include the new general care guideline and highlight emotional support.
 C. Continue to work on increasing staff accountability for service behaviors.
 D. Develop new evidence-based general care guidelines for nurse-patient interactions.

10. Which of the following requires quality improvement? Select all that apply.

1. Patient's fall/injury
 2. Infection
 3. Safety
 4. Pressure ulcers

- A. 1, 2, & 4
 B. 3 only
 C. 1 & 4
 D. 1, 2, 3, & 4

11. When planning a teaching program for a child who has recently been diagnosed with type 1 diabetes, what will be the nurse's FIRST concern for the Lia and her parents? To let them ____.

- A. Assess their own feelings about diabetes
 B. Learn how to monitor blood glucose level
 C. Understand why activities must be limited
 D. Learn how to administer insulin injections

12. An evening snack is planned for Lia receiving NPH (Novolin N) insulin. This will provide ____.

- A. Encouragement for the child to stay on a diet
 B. Calories to help the child gain weight
 C. Nourishment to counteract late insulin activity
 D. Energy for immediate utilization

13. When teaching about insulin and its potential for hypoglycemia, the nurse should include that its PEAK EFFECT occurs in which number of HOURS?

- A. 1 to 2
 B. 5 to 10
 C. 4 to 12
 D. 2 to 4

14. When teaching Lia on dietary management, what should the nurse emphasis MOST?

- A. Food in the form of concentrated glucose should be available all the time.

- B. Meals should be preferably prepared and eaten at home
- C. Food should be weighed on a gram scale all the time.
- D. Meals should be prepared separately from the rest of the family.

15. At 7 AM, the nurse receives the information that Lia has a 6 AM fasting blood glucose level of 1809 mg/dL. What should be her PRIORITY nursing action?

- A. Inform Lia that a complex carbohydrate such as cheese should be eaten.
- B. Encourage Lia to start exercising and to continue for 5 minutes.
- C. Tell Lia that the prescribed dose of regular insulin should be administered.
- D. Ask Lia to obtain again an immediate glucometer reading.

Situation: Ethics is a field of moral science which deals with the morality of human acts. Registered nurses must be aware that their actions have professional and ethical dimensions. They should strive to perform their work to the best interest of all concerned.

16. Which of the following is NOT aligned to ethics in nursing? A Nurse _____.

- A. Has the freedom to do what he likes sans responsibility
- B. Is obliged to avoid what is wrong and do what is good
- C. Is a person capable of knowing what is right or wrong
- D. Should have a sense of accountability for his actions

17. A professional nurse has a duty to know and respect the Patient's Bill of Rights. Which of the following is NOT included in the Patient's Bill of Rights. The right to/for _____.

- A. A considered and respectful care.
- B. Privacy and confidentiality
- C. A complete and current information about his illness
- D. Expect continuity of care from discharge to full recovery

18. What bio-ethical principle is violated by a nurse if he provides his patient fraudulent information about his diagnosis and prognosis?

- A. Justice
- B. Autonomy
- C. Beneficence
- D. Veracity

19. Which of the following directly VIOLATES the Patient's Bill of Rights?

- A. Informing patients about the billing policies of the hospital
- B. Disclosing the HIV result to members of the patient's family.
- C. Honestly telling the patient about his current condition
- D. Immediately referring results of laboratory to the physician.

20. Autonomy is the prerogative of the patient to give consent or refusal of treatment with the EXCEPTION of which of the following situations? * RECHECK

- A. Erroneous belief of a head of a church
- B. Negative effect of superstition
- C. Near death
- D. Peer pressure

Situation: It is important for an Obstetric Nurse to perform a comprehensive physical assessment after labor and delivery that could predispose the mothers to potential complications such as hemorrhage.

21. The Nurse in the delivery room is attending to Mrs. Santos on labor to make sure that maternal injury will be prevented during the postpartum period. Which of the following instruction should the nurse consider to prevent postpartum hemorrhage?

- A. Massage the fundus regularly
- B. Postpone breastfeeding of the baby-
- C. Apply warm compress to her abdomen
- D. Have bed rest and avoid early ambulation

22. When the placenta has been delivered, the first thing the nurse should do in adherence with the standards of nursing practice is to:

- A. Inspect the placenta for completeness of the cotyledons
- B. Palpate the uterus to see if it is contracted
- C. Administer oxytocic agents as ordered
- D. Estimate the blood loss to detect any bleeding

23. The delivery room nurse palpates the client's fundus immediately after delivery of the placenta and assess that it is boggy. The nurse massages the patient's uterus until it is firm. Considering evidence-based nursing practice, which medication would the nurse anticipate might need to be administered if the uterus becomes boggy again?

- A. Oxytocin (Pitocin)
- B. Ibuprofen
- C. Rho (D) immune globulin (RhoGAM)
- D. Magnesium sulfate

24. Mrs. Clarita 28 years old gave birth through Cesarean section. The Nurse examines her and identify the presence of lochia serosa and feels the fundus 4 fingerbreadths below the umbilicus. This indicated that the time elapsed is:

- A. 1 to 3 days postpartum
- B. 4 to 5 days postpartum
- C. 6 to 7 days postpartum
- D. 8 to 9 days postpartum

25. In assessing a new mother's response to her son's birth on the first post partum day, which behavior does the Nurse expect to find present?

- a. Talkativeness and dependency
- b. Autonomy and Independence
- c. Disinterest in her own body function
- d. Interest in learning to care for the baby

Situation: As a Pediatric Nurse you are confronted with varied concerns regarding growth and development from parents, teachers, and children. The nurse recognizes the need for health supervision and anticipatory guidance for these groups.

26. The best way for an infant's father to help his child complete the developmental task of the first year is to:

- A. expose her to many caregivers to help her learn variability.
- B. talk to her at a special time each day.
- C. respond to her consistently.
- D. keep her stimulated with many toys.

27. Whenever the parents of a 10-month-old leave their hospitalized child for short periods, he begins to cry and scream. The nurse explains that this behavior demonstrates that the child:

- A. Needs to remain with his parents at all times.
- B. Is experiencing separation anxiety.
- C. Is experiencing discomfort.
- D. Is extremely spoiled.

28. Dennis, a preschooler sees you pour his liquid medicine from a tall, thin glass into a short, wide one, he will probably reason that:

- A. the amount of medicine is less (the glass is not as full).
- B. the amount of medicine did not change, only the appearance.
- C. pouring medicine hurts it in some way because it changes.
- D. the glass changed shape to accommodate the medicine.

29. A school nurse prepares a lecture on Puberty changes for first year high school girls. She asks the group, "What is the first sign of Puberty?" A student correctly replies :

- A. "The appearance of breast buds."
- B. "An increase in energy and appetite."
- C. "The occurrence of the first menarche."
- D. "Appearance of body odor."

30. When encouraging the hospitalized physically challenged or chronically ill adolescent to develop and maintain a sense of identity, you would:

- A. provide the opportunity for individual decision making.
- B. provide physical comfort to the individual.
- C. ask the parents what the adolescent is capable of doing.
- D. provide care until the adolescent insists on being independent.

Situation- Baby Boy Christopher, 6 months old, was diagnosed as having communicating hydrocephalus. Nurse Donny is planning nursing care for this baby who is a candidate for ventriculo-peritoneal shunting.

31. When helping the parents understand the baby's problem, which of the followings should be Nurse Donny's ACCURATE explanation?

- A. "The CSF is prevented from adequate absorption by a blockage in the ventricles of the brain."
- B. "Too much Cerebro Spinal Fluid (CSF) is produced within the ventricles of the brains."
- C. "The flow of CSF through the brain cells does not empty effectively into the spinal cord."
- D. "There is a part of the brain surface that usually absorbs CSF after its production that is not functioning adequately."

32. Nurse Donny understands that hydrocephalus, if left untreated, can cause mental retardation because of which of the following rationales?

- A. Hypertonic CSF disturbs normal plasma concentration, depriving nerve cells of vital nutrients.
- B. Gradually increasing size of the ventricles presses the brain against the bony cranium; anoxia and decreased blood supply result.
- C. Increasing head size necessitates more oxygen and nutrients than normal blood flow can supply.
- D. CSF dilutes blood supply, causing cells to atrophy.

33. What is the IMPORTANT nursing care of an infant with increased intracranial pressure?

- A. Check the infant's reflexes at regular intervals.
- B. Monitor the infant's level of consciousness by stimulating frequently.
- C. Weight the infant daily before feeding.
- D. Elevate the infant's head higher than the hips.

34. Baby Boy Christopher just had a ventriculo-peritoneal shunt. His parents were worried about the prognosis. What information should Nurse Donny give to the parents to allay their worry?

- A. The shunt may need to be revised as the child grows older.
- B. If any brain damage has occurred, it is reversible during the first year of life.
- C. Hydrocephalus usually is self-limiting by 2 years of age and then the shunt is removed.
- D. The prognosis is excellent and the valve is permanent.

35. What is the drug that will lessen CSF production that Nurse Donny will anticipate the doctor to order?

- A. Spironolactone
- B. Lasix
- C. Mannitol
- D. Diamox

Situation: Iyah, 3 years old, was admitted to Pediatrics Ward because of watery stools four times in 30 minutes accompanied by vomiting, abdominal pain and temperature of 38.1 degrees centigrade. Nurse Sassuh was the one who was the admitting nurse.

36. Which of the followings should be the PRIMARY consideration by the nurse when charting the Chief Complaint? The _____.

- A. Number of significant accompanying symptoms
- B. Objective symptom presented
- C. Subjective symptom presented
- D. Significant reason for the child's hospitalization

37. Using the FDAR (Focus Data Action and Response) Charting, which of the following presenting data would be PRIMARY "Focus"

- A. Vomiting in small amount
- B. Watery stools 4x in 30 minutes
- C. Generalized abdominal pain
- D. Temperature of 38.1 centigrade

38. When getting the data on the subjective symptom of the abdominal pain, which of the following should the nurse RELY on?

- A. Mother's verbal complaint
- B. Result of the abdominal percussion
- C. Patient's verbal complaint
- D. Result of auscultation of the abdomen

39. The "response" should be based from which of the following categories of the FDAR?

- A. Intervention made
- B. Laboratory Findings
- C. Focus
- D. Assessment

40. Which of the following can be the LEAST source of data for this case?

- A. Vital signs
- B. Laboratory Findings
- C. Intake and output
- D. Immunization record

Situation: The birth process affects the physiologic systems of the mother and the fetus. Staff nurse Sophia is assigned in the Labor and Delivery Room Area.

41. A G7P 6 woman is in the hospital only 15 minutes when she begins to deliver precipitously. The fetal head begins to deliver as you walk into the labor room. The best action of Nurse Sophia would be to:

- A. place a hand gently on the fetal head to guide delivery.
- B. ask her to push with the next contraction so delivery is rapid.
- C. assess blood pressure and pulse to detect placental bleeding.
- D. attach a fetal monitor to determine fetal status.

42. Nurse Sophia in a labor room is preparing to care for a hypertonic uterine dysfunction. The nurse observed that the client is experiencing uncoordinated contractions and erratic in their frequency, duration and intensity. The priority nursing intervention in caring for the client is to:

- A. Monitor the oxytocin (Pitocin) infusion closely
- B. Provide pain relief measures
- C. Prepare client for amniotomy
- D. Promote ambulation every 30 minutes

43. Mrs. Barbara 34 years old is being admitted in the hospital unit for severe Preeclampsia. When deciding

on where to place her, which of the following areas would be most appropriate?

- A. By the nursery so she can maintain hope she will have a child.
- B. Near the elevator so she can be transported quickly.
- C. Near the nurse's station so she can be observed closely.
- D. In the back hallway where there is a quiet, private room.

44. The Physician orders intravenous Magnesium Sulfate for Mrs. Barbara. Which of the following medications would the Nurse have readily available at the client's bedside?

- a. Diazepam (Valium)
- b. Calcium Gluconate
- c. Hydralazine (Apresoline)
- d. Phenytoin (Dilantin)

45. Which of the following signs would alert the Nurse that Mrs. Barbara's whose latest blood pressure 160/110, may be about to experience a seizure?

- a. Decreased contraction intensity
- b. Epigastric pain
- c. Decreases temperature
- d. Hyporeflexia

Situation: There are varied Pediatric disorders that require comprehensive assessment and nursing interventions. The following scenarios refer to health problems of children.

46. A 5-week-old infant is brought to the pediatrician's office with symptoms of irritability, weight loss, and projectile vomiting. On physical examination, the infant appears dehydrated. From these symptoms, you know that the infant probably has:

- A. Hirschsprung's disease
- B. Tracheoesophageal Fistula
- C. Pyloric stenosis
- D. Intussusception

47. Pediatric Nurse admitted a post cleft palate repair child and immediately the nurse should position the child:

- A. Left side lying.
- B. Prone.
- C. Dorsal recumbent.
- D. Semi Fowler's.

48. Another neonate is suspected of having a tracheoesophageal fistula. Priority nursing care until the diagnosis is confirmed includes:

- A. monitoring the neonate carefully during and after feedings
- B. elevating the neonate's head after feedings
- C. feeding only glucose
- D. feeding nothing by mouth

49. Upon interviewing the parents of the child with Acute Glomerulonephritis, the nurse understands that which information collected is most often associated with this condition?

- A. Nausea and vomiting for the last 24 hours
- B. Streptococcal throat infection 2 weeks prior to diagnosis
- C. History of urinary tract infection for 5 days
- D. Pruritus for 1 week prior to diagnosis

50. A newly admitted 5-year old child in the Pediatric ward is diagnosed with Wilm's Tumor. Upon initial interview, the nurse would be most concerned about which statement by the child's mother?

- A. My child has lost 3 pounds in the last month.
- B. Urinary output seemed to be less over the past 2 days.
- C. All the pants have become tight around the waist.
- D. The child prefers some salty foods more than others.

Situation: Nurse Kim continues to expand her roles by actively participating in the activities of the Health Center in collaboration with the Department of Health.

51. Which of the following is not included in the Child Health Programs of the DOH?

- A. Adolescent Screening
- B. Expanded Program on Immunization
- C. Dental Health
- D. Micronutrient Supplementation

52. Breastfeeding is the most essential feeding for infants that has nutritional, immunologic values and maternal advantages for the mother. Exclusive breastfeeding during the first half-year of life is an important factor that can prevent:

- A. Infant and childhood morbidity and mortality
- B. Infant and childhood Mental Disorders
- C. Occurrence of Cancer
- D. Occurrence of Heart Disease

53. Mona, G1P1, is on her 2nd post partum day. She asks Nurse Kim about the definition of exclusive breastfeeding. Nurse Kim responds based on his knowledge that exclusive breastfeeding means:

- A. giving the baby breast milk and water only.
- B. giving the baby breast milk and solid food only.
- C. giving the baby breast milk and drops or syrups consisting of vitamins, mineral supplements, or medicines only.
- D. giving the baby breast milk only. Drops or syrups consisting of vitamins, mineral supplements, or medicines should not yet be given until the 6th month of life.

54. The following are the benefits of breastfeeding to the infants EXCEPT:

- A. Provides a nutritional complete food for the young infant.
- B. Strengthens the infant's immune system, preventing many infections.
- C. Safely dehydrates and provides essential nutrients to a sick child.
- D. Increases IQ points.

55. During a Ward class in the Obstetric Ward of a community hospital, a mother asked the Nurse regarding the benefits of breastfeeding to the mothers. The Nurse best response would be:

- A. "It increases the woman's risk of excessive blood loss after birth."
- B. "It reduces the woman's risk of excessive blood loss after birth."
- C. "It provides artificial methods of delaying pregnancies."
- D. "It increases the risk of ovarian and breast cancers and osteoporosis."

56. Nurse Faye is preparing to administer vaccinations to children. She knows that the following are correct EXCEPT:

- A. The vaccination schedule should not be restarted from the beginning even if the interval between doses exceeded the recommended interval by months or years.
- B. Giving doses of a vaccine at less than the recommended 4 weeks interval may lessen the antibody response.
- C. Lengthening the interval between doses of vaccines leads to higher antibody levels.
- D. Use one syringe one needle for all the children receiving the same vaccination.

57. Rose, a mother of a 7-month-old baby, is asking the nurse in the Health Center regarding the 7 vaccine preventable diseases. All of the following diseases are included EXCEPT:

- A. Diphtheria
- B. Measles
- C. Poliomyelitis
- D. Dengue

58. Miguel, 4 years old, has Measles. His mother asks the nurse if there is a chance that Miguel will contract the virus again. The nurse's response should be based on her knowledge that:

- A. reactivation of old infection is common with Measles.
- B. immunity from Measles is lifelong after the first attack.
- C. no immunity is induced by the infection.
- D. immunity from Measles is just for 6 months after the first attack.

59. When can you say that a child is already a "Fully Immunized Child"?

- A. If he received one dose of BCG, 3 doses of OPV, 2 doses of DPT, 3 doses of HB and one dose of measles before his/her first birthday.
- B. If he received two doses of BCG, 3 doses of OPV, 3 doses of DPT, 3 doses of HB and one dose of measles before his/her first birthday.
- C. If he received one dose of BCG, 2 doses of OPV, 3 doses of DPT, 3 doses of HB and one dose of measles before his/her first birthday.
- D. If he received one dose of BCG, 3 doses of OPV, 3 doses of DPT, 3 doses of HB and one dose of measles before his/her first birthday.

60. Mirabella, a new mother, asks the nurse about the purpose of the first BCG vaccination given to her son. The nurse's best response should be:

- A. "An early start with BCG reduces the chance of severe pertussis."

- B. "The extent of protection against polio is increased the earlier the BCG is given."
- C. "BCG given at earliest possible age protects the possibility of TB meningitis and other TB infections in which infants are prone."
- D. "An early start of BCG reduces the chance of being infected and becoming a carrier. It prevents liver cirrhosis and liver cancer."

Situation: Breastfeeding is one of the major responsibilities of OPD Nurse Sassa. Along this line, she gathers pregnant women to provide them health education about the topic.

61. Nurse Sassa explains that exclusive breastfeeding is giving the baby_____.

- A. Breast milk and introducing solids at one month
- B. Breast milk with drops of syrup
- C. Breast milk alternating with sips of boiled water
- D. Only breast milk for 6 months

62. She further explains that the specific objectives of exclusive and extended breastfeeding from 2005 to 2010 are the following EXCEPT_____.

- A. 50% of infants are exclusively breastfeeding up to 6 months
- B. 90% of infants are started on complementary feeding by 6 months of age.
- C. 70% of newborns are initiated to breastfeeding within an hour after birth.
- D. Twelve (12) months is the median duration of breastfeeding.

63. A mother questioned Nurse Sassa in the event that she does not produce milk, what should she do? The BEST answer of Nurse Sassa would be_____.

- A. "If it is difficult on your part, then you can use local herbs said to help the production of the breast milk."
- B. "That's a big problem ma'am, but you can still try again."
- C. "Just continue breastfeeding. This will stimulate the hypothalamus in the production of breast milk."
- D. I empathize with you. I too, do not have breast milk."

64. Angela, one of the pregnant women, asked Nurse Sassa to teach her the proper positioning of the baby while breastfeeding. Among Nurse Sassa's answers, which one is NOT CORRECT?

- A. The baby can lie down perpendicularly with the mother to promote better bonding.
- B. The baby's face should be towards the mother's breast to have an eye to eye contact.
- C. The baby's head and body should be aligned to promote better swallowing.
- D. The baby's tummy should be close to the mother's tummy for better support.

65. To convince the pregnant mothers to breastfeed their newborns upon delivery, the BEST thing that Nurse Sassa must do is to _____.

- A. Explain the hospital policy on "No breastfeeding; No admission"

- B. Relate her own experience on breastfeeding
- C. Prepare the mothers physically, emotionally and psychologically
- D. Ask other mothers to convince them to breastfeed

Situation – Mimi was diagnosed with gestational diabetes. She is 34 years old and is on her 26 weeks Age of Gestation.

66. Gestational diabetes is said to exist in pregnancy because of the diabetogenic effect of what hormone secreted by the placenta?

- A. Human placental lactogen
- B. Human chorionic gonadotropin
- C. Estrogen and progesterone
- D. Relaxin

67. Which of the following infection will mothers with diabetes have FREQUENTLY?

- A. Moniliasis
- B. Herpes zoster
- C. psoriasis
- D. herpes simplex

68. In 36 weeks, amniocentesis was ordered by the doctor for this patient. What is the purpose of this procedure? To detect/determined _____.

- A. An increase level of bilirubin
- B. Genetic abnormalities
- C. Down syndrome
- D. Fetal lung maturity

69. Aside from an endocrinologist, to whom should the nurse also plan to refer the patient to?

- A. General practitioner
- B. Neurologist
- C. Surgeon
- D. Hyperglycemia

70. What is the PRIMARY effect to the newborn of a diabetic mother?

- A. Hypoglycemia
- B. Anemia
- C. hyperinsulinism
- D. hyperglycemia

Situation: Hemophilia is a rare blood disorder that affects the body's clotting factors. This may result to incapacitation complications to children affected with this disorder. A 3-year-old child Dane was diagnosed with hemophilia.

71. When counselling parents of a child who has recently been diagnosed with hemophilia, what must Nurse Helen KNOW about Dane's condition whose father is normal and the mother is the carrier?

1 point

- A. It is likely that all sons are affected.
- B. There is a 50% probability that sons will have the disease.
- C. Every daughter is likely to be a carrier.
- D. There is a 25% chance a daughter will be a carrier.

72. Dane has slipped on the ice and bumped his knee. Which among the following should Nurse Helen prepare to administer, as per doctor's order? Intravenous infusion of _____?

- A. Cryoprecipitate
- B. Factor VIII
- C. Factor X
- D. Desmopressin (DDAVP)

73. Nurse Helen is providing home care instructions to the mother of Dane. Which of the following complications should Nurse Thelma tell the mother, should repeated bleeding continues?

- A. Leukemia
- B. Hemarthrosis
- C. Ecchymosis
- D. Hematoma

74. A nurse analyzes the laboratory results of Dane. The nurse understands that the MOST likely ABNORMAL finding in Dane is which of the following?

- A. Partial thromboplastin time
- B. Hemoglobin level
- C. Hematocrit level
- D. Platelet count

75. The nurse is planning a meal that would provide IRON for a child with bleeding disorders. Which dinner menu would be the BEST?

- A. Chicken nuggets, macaroni, peas, cantaloupe, milk
- B. Fish sticks, French fries, banana, cookies, milk
- C. Ground beef patty, lima beans, wheat roll, raisins, milk
- D. Peanut butter and jelly sandwich, apple slices, milk

Situation: A Maternal-Child staff nurse is attending to the pregnant mothers with varied obstetric disorders. A comprehensive assessment was conducted. One of the clients seeks further question regarding Placenta Previa.

76. Which of the following would be the physiologic basis for a Placenta Previa?

- A. A loose placental implantation.
- B. Low placental implantation.
- C. A placenta with multiple lobes.
- D. A uterus with a midseptum.

77. A patient diagnosed with Placenta Previa should be given specific instruction before discharge from the hospital. To ensure standards of nursing practice, which among the following should be considered by the nurse as part of instruction to the client?

- A. Eat a low calorie diet
- B. May resume with regular exercise if minimal bleeding has been noted.
- C. Avoid sexual intercourse.
- D. Avoid intake of spicy foods

78. Another pregnant mother wants to be clarified on her laboratory studies which reveals blood Type -A and she is Rh negative. Problems related to incompatibility may develop in her infant if the infant is:

- A. Type O
- B. Rh positive
- C. Delivered preterm
- D. Type B, Rh negative

79. An Obstetric nurse is assessing a 39 year old pregnant woman who is married to an American citizen and Rh negative, is seen by the Physician during the first trimester of pregnancy. A test to detect presence of antibodies was conducted to her. The nurse's teaching is effective if the client understands that she will first receive Rho (D) immunoglobulin (RhIg):

- A. If the result of Indirect Coomb's test is positive
- B. If the result of Indirect Coomb's test is negative
- C. If the result of Direct Coomb's test is positive
- B. If the result of Direct Coomb's test is negative

80. During the prenatal visit the Nurse explains further to a client who is Rh negative that RhogAM will be administered:

- a. Weekly during the ninth month, because this is her third pregnancy
- b. Within 72 hours after delivery if infant is found to be Rh positive
- c. During the second trimester , if an Amniocentesis indicates a problem
- d. To her infant , immediately after delivery if the Coomb's test is positive

Situation: Nurse Lara assists in the in-service training of nurses in St. Augustine Hospital. Based from the needs assessment, the nurses need to be trained on patient's safety. The first lecture was on medication administration. Nurse Lara gave the following problems for the nurse to solve.

81. An eight-year-old- patient is to receive Aminophylline 3 mg/kg TID. If the girl weights 25 kg, how much Aminophylline should she receive daily?

- A. 125 mg
- B. 225 mg
- C. 200 mg
- D. 100 mg

82. Mrs. Madrigal is to receive Digoxin 0.325 mg p.o. because of her heart ailment. The stock is 0.250 mg per tablet. How many TABLETS should the nurse request for 7 days supply for the patient?

- A. 9
- B. 7
- C. 10
- D. 8

83. In giving insulin to an OB diabetic patient, the nurse must use an APPROPRIATE needle size and length, which among the following will this be?

- A. 23 G, 3/8
- B. 22 G, 2/8
- C. 24 G, 4/8
- D. 25 G, 5/8

84. Nurse Lara emphasized that patient safety is _____.

- A. Preventing errors and adverse reactions to patients associated with health care
- B. Being careful in caring for patients at all times
- C. Providing treatment and care to patients and documenting the same
- D. Being mindful of the needs of others at all times

85. Nurse Lara has provided instructions that all care provided by nurses must be documented, as one of their legal responsibilities. In case errors occur, which is the correct way of documenting it?

- A. Wrong medicine given to wrong patient. Physician notified. Patient observed
- B. Medication inadvertently omitted. Supervisor notified.
- C. Medication given to patient A instead to patient B. Patient advised.
- D. Wrong dose of medicine administered to patient. Sorry.

Situation: Barangay Santol is situated in a remote area. The Public Health Nurse conducted several health training programs regarding Herbal plants that would be useful in the treatment of illness and health problems. The following can be found in the small garden of the Barangay.

86. Tsaang Gubat is used to treat which of the following?

- A. Diarrhea and Stomachache
- B. Cough and Fever
- C. Colds and Pain
- D. Hypertension

87. Niyug-niyogan is an:

- A. Analgesic
- B. Anti-helminthic
- C. Anti-hypertensive
- D. Anti-gout

88. Ulasimang Bato or Pansit-pansitan is used to:

- A. lower cholesterol levels

B. lower blood sugar levels

C. lower ammonia levels

D. lower uric acid levels

89. This refers to a drug outlet managed by a legitimate community organization, non-government organization, and the local government unit with a trained operator and a supervising pharmacist, and specifically licensed by the Bureau of Food and Drugs to sell, distribute, offer for sale, and or make available low-priced generic home remedies, Over the Counter (OTC) drugs, antibiotics, and medication for chronic diseases.

- A. Mercury drugs
- B. Right Med
- C. Generic Pharmacy
- D. Botika ng Barangay

90. One strategy to address the problem in a poor Barangay aside from Herbal Plants is food production. Which of the following is a priority?

- A. A community managed poultry and piggery
- B. Planting plenty of Malunggay
- C. Planting tomatoes and eggplants in containers
- D. Engaging in a home-based food processing business

Situation: A newly married couple Chris and Angie wants to practice Family Planning to prepare a good future for their family. Nurse Fern a Family Planning Counselor is planning a lecture regarding the different methods of family planning.

91. Which of the following family planning method which identifies the fertile and infertile days of the menstrual cycle as determined through a combination of observations made on the cervical mucus, basal body temp recording and other signs of ovulation?

- A. Basal Body Temperature
- B. Standard Days Method
- C. Sympto-thermal Method
- D. Lactational Amenorrhea Method

92. During a family planning seminar conducted in the Barangay Health Center, Nurse Ding was asked by Susan, a married woman who wants to try using contraceptives, if it is true that contraceptives will render couples sterile. Nurse Ding's response should be:

- A. "Yes, It's true."
- B. "Yes, If you are already using it for more than 3 months."
- C. "No, It will not cause sterility if you are also using condoms."
- D. "No, Once you stop using the contraceptive method, you can have children again."

93. Bart the husband, further asked Nurse Ding if contraceptive method will result to loss of sexual

desire. Nurse Ding's most appropriate response would be:

- A. "No, but it will make you uncomfortable with your sexual relationship."
- B. "Yes, it causes lack of sexual desire of the male partner."
- C. "Yes, it causes lack of sexual desire of the female partner."
- D. "No, it can actually enhance your sexual relationship."

94. In a CHN class, a student asked Mr. Paolo, the Clinical Instructor, if family planning methods can cause abortion. As an instructor, Mr. Paolo's response should be:

- A. "No, family planning prevents pregnancy, but it does not terminate pregnancy."
- B. "No, family planning puts a pregnant woman at risk for miscarriage, but not abortion."
- C. "Yes, family planning can cause abortion."
- D. "Yes, if the couple is using the artificial methods of family planning."

95. Cardi, a Public Health Nurse (PHN), is assigned in conducting seminars on Family Planning Program in the different Barangays. She is aware that the roles of PHNs on Family Planning Program are the following EXCEPT:

- A. Provide counseling among the clients to help increase family planning acceptors and avoid defaulters.
- B. Ensure availability of family planning supplies and logistics for the PHNs and other barangay health workers only.
- C. Provide packages of health services among reproductive age group in all health facilities.
- D. Inform the clients about the importance and benefits/advantages/disadvantages of family planning.

Situation: Nurse Patella a Pediatric Nurse enjoys taking care of children in the ward even though it is so difficult and takes so much time to attend to their needs.

96. Joon, 8 months old was diagnosed with Acute Laryngotracheobronchitis (LTB) and is managed inside a mist tent. As Nurse Patella conducts assessment, which of the following observations would lead her to suspect that airway occlusion is occurring?

- A. He states he is tired and wants to sleep.
- B. His respiratory rate is gradually increasing.
- C. His cough is becoming harsher.
- D. His nasal discharge is increasing.

97. A child is scheduled for a Myringotomy with placement of Tympanostomy tube. What is the goal of this procedure that Nurse Patella will discuss with the parents?

- A. To decrease infection in the ear
- B. To irrigate the eustachian tube
- C. To correct a malformation in the inner ear
- D. To equalize pressure in the tympanic membrane

98. An 8 year old female child was admitted in the hospital with medical diagnosis of Acute Rheumatic fever. When obtaining a health history from the child's mother, the nurse should ask the questions to determine if the child was recently ill with:

- A. Mumps
- B. Measles
- C. viral flu
- D. sore throat

99. You would teach the mother of a boy with Tetralogy of Fallot (TOF) that if he suddenly becomes cyanotic and dyspneic to:

- A. place him in a semi-Fowler's position in an infant seat.
- B. lie him supine with the head turned to one side.
- C. lie him prone, being sure he can breathe easily.
- D. place him in a knee-chest position.

100. Dyspnea, cough, weight gain, weakness, and edema are classic signs and symptoms of which condition?

- A. Pericarditis
- B. Hypertension
- C. Myocardial infarction (MI)
- D. Heart failure

RECALLS 7: NURSING PRACTICE 3

Situation: Ulma rushed to the ER due to severe abdominal pain radiating to the scapular region. Health history revealed that his meals were mostly from KFC. Patient appeared jaundiced with facial grimaces. The physician on duty (POD) examined him and an impression of Cholelithiasis was given by the POD. Patient was ordered to be admitted for further work-up and possible surgery.

1. Which of the following questions should be asked by the nurse to accurately describe biliary colic?

- A. Nararamdaman niyo po ba ang sakit bagomatulog?
- B. Nararamdaman niyo po bang sakit sa kaliwang parte ng inyong tiyan?
- C. Panandalian lamang po ba ang sakit?
- D. Nararamdaman niyo po ba ang sakit matapos kumain?

2. In a patient with obstructive jaundice, which of the following assessment findings would you expect?

- a. Itchiness of the abdomen
- b. Clay-colored stool
- c. Reddish-colored urine and stool
- d. Presence of urobilinogen in the urine

3. Mr. Ulma undergoes bile duct exploration with open cholecystectomy. A t-tube was connected to drain after surgery. After 12 hours, there was a marked decrease in output from 260 ml to 90 ml. What is the nurse's priority action?

- A. Call the physician stat
- B. Assess the tube for any obstruction
- C. Irrigate the tube with normal saline
- D. Change the position.

4. One of the most common complications post-operatively is:

- A. Pleurisy
- B. Bronchopneumonia
- C. Pneumonia
- D. COPD

5. Which dietary restriction should be recommended by the nurse to help prevent recurrence of stone formation?

- A. Orange juice, pan de sal
- B. Whole milk, dairy crème , fried chicken breast
- C. Steamed lapu-lapu, nilagang okra, salabat
- D. Nilangasaba, vegetable salad,

Situation: In her 15 years of being a ward nurse, Hayley has witnessed and taken care of several terminally-ill patients and their families.

6. Which among the following is not considered palliative care?

- A. Administering anti-emetics to a cancer patient who underwent chemotherapy
- B. Frequently turning the position of a comatose patient post-CVA
- C. Removing the tumor in a Stage I breast cancer
- D. Providing pain relief to a cancer patient

7. What is the immediate focus of nurses in caring for a grieving family who just lost their father from cancer?

- A. Post-mortem care
- B. Return patient's belongings (watch, clothes, etc) to the family
- C. Obtaining consent for autopsy
- D. Provide and facilitate time for mourning

8. Which among the following is not true regarding grief in the older population?

- A. Many older adults exhibit resilience in facing losses.
- B. They are not at risk for complicated grieving.
- C. Their increased age increases their likelihood of having faced multiple losses.
- D. Positive reappraisal helps older adults adapt to significant losses.

9. Which among the following statements from Nurse Hayley assesses the social support systems of a person experiencing grief from the death of his sister?

- A. "What does this loss mean to you?"
- B. "Tell me how you are feeling."
- C. "Which friends or family members do you wish were here with you?"
- D. "Tell me about your relationship with your sister."

10. Which nursing action of Nurse Hayley will promote a dying, elderly patient's dignity and self-esteem?

- A. Providing him regular baths and good hygiene
- B. Instructing the patient's family members to decide for his food choices
- C. Calling the elderly patient by his first name only

Situation: Nurse Kiyoko is a staff nurse in the medical ward. Most of her patients are afflicted with intestinal and rectal disorders.

11. Upon assessment, which of the following differentiates Crohn's disease from ulcerative colitis?

- A. Presence of bleeding: severe in Crohn's disease while in Ulcerative Colitis bleeding is mild.
- B. Presence of diarrhea: severe in Crohn's disease in ulcerative colitis it is mild
- C. Affected area: Crohn's disease is the descending while Ulcerative colitis is the ascending colon.
- D. Course of the disease: Crohn's disease is prolonged and variable, Ulcerative colitis has a remission and exacerbation

12. In terms of therapeutics, which of the following medications can be used for inflammatory bowel diseases?

- A. Corticosteroids
- B. Atropine sulfate
- C. Dulcolax
- D. Maalox

13. Which systemic complication can be expected from a patient with Crohn's Disease?

- A. Perforation
- B. Small bowel obstruction
- C. Hemorrhage
- D. Megacolon

14. In order to accurately diagnose ulcerative colitis, which of the following laboratory studies is needed?

- a. Proctosigmoidoscopy
- b. Albumin study
- c. colonoscopy
- d. ultrasound

15. Which of the following is the MOST appropriate nursing diagnoses for a patient in acute exacerbation of ulcerative colitis?

i. Imbalanced nutrition less than body requirements R/T impaired absorption

ii. Risk for deficient fluid volume R/T abnormal fluid loss

iii. Risk for ineffective tissue perfusion R/T low hemoglobin

iv. Acute Diarrhea R/T inflammation of the bowel

a. ii & iii

b. i, ii, & iii

c. i, ii, iii, & iv

d. i & ii

Situation: Marisse, while going on a date with Joshua, suddenly complains "I can't breathe". Joshua rushed her immediately in the ER. She was given Theophylline and Cromolyn sodium for the attack.

16. The following are expected assessment findings for Anna except:

A. Decreased tactile fremitus

B. Resonant to tympanic

C. Wheezing sounds

D. Crackles

17. Upon administration of theophylline, you are monitoring Anna for which drug induced adverse effect?

A. Bradycardia

B. Diarrhea

C. Constipation

D. Restlessness

18. Upon administration of Theophylline, the therapeutic effect that you would expect is:

A. Decrease in breath sounds

B. Increase in body temperature

C. Decrease in wheezing

D. Pruritus

19. Joshua asks the nurse why Anna needs Theophylline. The best response of the nurse is:

A. "Pinaluluwag nito ang daluyan ng hangin."

B. "Iniwasan nito na magkaroon pa ng allergic attack si Athena."

C. "Iniwasan nito na atakihin ng epilepsy si Athena"

D. "Binabawasan nito ang pamamaga ng baga"

20. Joshua brought food in Anna's room. Which of the following food should be restricted for Anna in consideration to her therapeutic regimen?

A. White Chocolate Mocha drink

B. Mango juice

C. One piece chicken with rice

D. One peach mango pie

Situation: Because it is already her board exams in a few days, Camille practices computing medications dosages with the following scenarios.

21. Nurse Camille administered 2 tablets of Losartan to Patient Grande within the past 24 hours. According to the doctor's orders, Patient Grande is to receive 100mg of valsartan a day. With this information, Camille knows that the stock dose Nurse Camille has on hand is:

a. Losartan 1 mg/tablet

b. Losartan 25 mg/tablet

c. Losartan 20mg/tablet

d. Losartan 50 mg/tablet

22. Phenytoin (Dilantin) 200mg PO BID was prescribed to a patient. The medication label reads 0.1 g/capsule. For each dose, the nurse prepares how many capsules to give to the patient?

a. 500

b. 2

c. 3

d. 4

23. Mannitol 0.25g/kg/day was prescribed to a 7-year-old patient with meningitis. The patient weighs 28.6 lbs. How much mannitol should the nurse give?

*

1 point

a. 32.5 g

b. 3.25 mg

c. 3.25 g

d. 0.325 g

24. Nurse Camille received an order of enalapril 10 mg OD for a hypertensive patient. How many tablets will she give to the patient if they have a stock dose of 20mg/tablet?

*

1 point

A. 1/2 tablet

B. 1 tablet

c. 1 1/2 tablets

d. 2 tablets

25. Amoxicillin 250 mg oral suspension is prescribed to a patient q8h. Nurse Joan checked the stock dose and saw that the bottle reads Erythromycin Oral Suspension 125mg/5mL. How much will Nurse Camille administer to the patient in a day?

*

1 point

- A. 6 mL
- b. 12 mL
- c. 10mL
- d. 30mL

Situation: Mr. Summer, a 62 year-old male, complains of shortness of breath, dyspnea on exertion, palpitation, and expectorating frothy, blood-tinged sputum. He was brought to the emergency room of Hospital C. During the interview, he also complained of easy fatigability and weakness.

26. Given the following assessment cues, Nurse Sven makes a nursing care plan with the priority nursing diagnosis of:

*

1 point

- A. Anxiety related to actual threat to biological integrity secondary to heart failure
- B. Ineffective breathing patterns related to decreased respiratory depth secondary to pain
- C. Activity intolerance related to compromised oxygen transport system secondary to heart failure
- D. Activity intolerance related to compromised oxygen transport system secondary to heart muscle dysfunction

27. Mr. Summer has been diagnosed with heart failure. Nurse Sven expects this patient to not exhibit the following signs and symptoms EXCEPT:

- A. Pulse rate of 48 bpm
- B. Murmurs
- C. Respiratory rate of 18 cpm
- D. Strong, bounding pulse

28. The doctor ordered oxygen administration for the patient. The nurse knows that the rationale behind this intervention is that:

- A. Oxygen helps to decrease the work of breathing
- B. Oxygen is contraindicated in heart failure so the order is questionable
- C. Oxygen is given to reduce anxiety
- D. Oxygen is administered through mechanical ventilation only

29. Nurse Sven prepares to perform the following interventions for the immediate management of Mr. Summer excluding:

- A. Establish an IV line and administer PNSS immediately

B. Monitor heart rate and dysrhythmia by using a cardiac monitor

C. Continuously assess level of consciousness

D. Provide reassurance and support to the patient

30. The nurse knows that the management of a patient with heart failure requires interprofessional collaboration. Mr. Summer asks Nurse Sven from whom can he ask for assistance and counsel regarding home care services. Nurse Sven responds that the professional who can help him with his concern and who assists the continuing care nurse with planning the patient's discharge is the:

- A. Physical therapist
- B. Social worker
- C. Psychologist
- D. Head nurse

Situation: Nurse Solar has newly admitted patients in the Medicine Ward who are for workup.

31. A patient with suspected pneumonia is ordered to have sputum culture and sensitivity. Nurse Solar orders the patient to cough up how much sputum into the container?

- a. 15-30mL
- b. 1-5 mL
- c. 4-10mL
- d. 250mL

32. Wilma is a 25-year-old patient suspected to have chronic myelogenous leukemia. He is advised to undergo bone marrow biopsy. The following bones may be used for the procedure, except:

- a. Posterior superior iliac crest
- b. Anterior superior iliac spine
- c. Sternum
- d. Triquetrium

33. Patient Solar likes to eat melons and strawberries. On the day of her specimen collection for fecal occult blood, she claimed that she has been bingeing on these fruits since 5 days ago. What will be its implication on the test/results?

- A. Results can become falsely positive for occult blood.
- B. Results can become falsely negative for occult blood.
- C. Increased intake of fruits will confirm presence of occult blood in stool.
- D. Stool specimen will become clay-colored.

34. Nurse Solar knows that 24-hour urine collection is needed in determining the following, except:

- A. Vanillylmandelic acid (VMA) in pheochromocytoma
- B. Uric acid in gouty arthritis
- C. Culture and sensitivity of causative agent in urinary tract infections
- D. Creatinine clearance in acute kidney injury (AKI)

35. Immediately after obtaining blood for an arterial blood gas examination, Nurse Solar instructs the

patient to do which of the following?

- A. Perform ROM exercise on the proximal joint.
- B. Apply pressure for 5-10 minutes
- C. Elevate extremity above heart level.
- D. Increase oral fluid intake.

Situation: Nurse Sheila is reviewing concepts and practicing skills on intravenous transfusions.

36. Nurse Sheila is selecting a vein for an intravenous transfusion in a 62-year-old patient. He wants to dilate and distend the veins for easier insertion. He does the following methods, except:

- A. Tapping the selected vein multiple times
- B. Placing extremity in a dependent position if there are no contraindications
- C. Applying warm washcloth on to the extremity for several minutes
- D. Stroking the extremity from distal to proximal below his desired site

37. Which among the following catheters is used for less than 24 hours?

- a. Butterfly needle
- b. Midline catheter
- c. Plastic indwelling cannula
- d. Angiocath

38. How often should Nurse Sheila observe a patient with intravenous infusions?

- a. very 2 hours
- b. Every 6 hours
- c. Every 8 hours
- d. Every 12 hours

39. Six hours after initiating an IV line in a patient, Nurse Sheila noticed that the IV site was red and warm. The patient complained that it was painful. Nurse Sheila would suspect which of the following?

- a. Phlebitis
- b. Extravasation
- c. Infiltration
- d. Clot formation

40. What should be the size/gauge of the needle Nurse Sheila would use in administering IV infusions for trauma patients?

- a. 18
- b. 22
- c. 20
- d. 24

Situation: The nursing director assigned Anthony, RN in the orthopedic ward to care for patients with mobility problems.

41. Anthony is caring for a patient with an arm cast. He knows that the functional position of the wrist and fingers is which among the following:

- A. Wrist in extension, fingers and thumb in flexion
- B. Wrist in flexion, fingers in flexion, thumb in extension
- C. Wrist in flexion, fingers and thumb in flexion
- D. Wrist in extension, fingers in flexion, thumb in extension

42. Anthony is teaching a patient with crutches how to go up the stairs. Which among the following should he instruct the patient with?

- A. When moving the affected leg up, the body weight should be on the crutches.
- B. The unaffected leg goes up the step after the affected leg.
- C. Patient should keep his feet together at the bottom of the stairs
- D. The crutches and the affected leg go up the step together.

43. Anthony is assisted by another staff nurse in lifting a patient. Which among the following actions will prevent injury to Anthony?

- A. Keeping the feet wide apart and knees extended
- B. Positioning himself close to the patient
- C. Using the muscles of the back in lifting
- D. Rotating at the waist in lifting

44. Nurse Anthony asks two more nurses to help him logroll a patient. Where should Anthony place the patient's arms prior to logrolling?

- a. Along the sides
- b. Crossed on the chest
- c. Overhead, extended
- d. Behind the hips

45. In applying restraints, Anthony should employ which type of tie?

- a. Half-bow
- b. Surgical tie
- c. Double knot
- d. Two-throw knot

Situation: Nurse Arvie handles various patients with elimination problems. She always performs her best nursing care to these patients.

46. Nurse Arvie teaches an incontinent patient bowel training. Which among the following would Arvie not include in her health teaching?

- A. Opioids are avoided to prevent decrease in bowel peristalsis.
- B. Regular exercise is encouraged.
- C. Leaning backward at the hips while sitting on the toilet will help stimulate colon emptying.
- D. A hot tea or fruit juice may be taken before the patient defecates.

47. An enema to provide relief from gaseous distention is prescribed to a patient. Arvie knows that this is a/an:

- a. Oil retention enema
- b. Carminative enema
- c. Soapsuds enema
- d. Fleet enema

48. After inserting a nasogastric tube, Arvie checks its placement by measuring the pH of the aspirate.

Arvie knows that proper placement has likely been made if the aspirate has a pH of:

- a. pH 3.0
- b. pH 7.0
- c. pH 9.0
- d. pH 7.4

49. Nurse Arvie knows that the approximate length of a normal female urethra is:

- a. 1.5-2.5 cm
- b. 4-6.5 cm
- c. 20-25 cm
- d. 10-12 cm

50. To prevent urinary tract infection in a female patient with an indwelling catheter, Arvie instructs her to decrease intake of which of the following fruit juices?

- a. Pineapple juice
- b. Prune juice
- c. Apple juice
- d. Cranberry juice

Situation: The nurse admitted a new patient to the Medicine Ward. 30 year old patient complains of diarrhea for more than two weeks prior to consultation. The diagnosis made was Crohn's Disease (CD). A plan of care was made for Hector.

51. The nurse should include which of the following interventions for Hector?

- a. Increase physical activity to promote intestinal activity
- b. Instruct the patient to increase intake of raw fruits and vegetables
- c. Include high-fiber food choices following the acute phase of the condition
- d. Provide Sitz bath for the skin excoriation from bowel movements

52. If the patient were a geriatric client, which of these is the first indication of dehydration from fluid volume depletion?

- a. Tachycardia
- b. Altered mentation
- c. Hypotension
- d. Fever

53. Which of these assessments does the nurse expect to see in the patient's records?

- i. Weight gain of 1kg/day
- ii. Arthralgia

iii. 10-20 liquid, bloody stools per day

iv. Tenesmus

v. Anorexia

vi. Crampy, intermittent pain

- a. i, ii, iii, iv, v, vi
- b. iii, iv, v, vi
- c. i, ii, iii, iv, v
- d. ii, iv, v, vi

54. What is the nurse's priority for the patient if the latter develops fistula from his CD?

- a. Fluid and electrolyte balance
- b. Pain management
- c. Self-esteem needs
- d. Skin protection

55. Which of the following signs and symptoms may suggest presence of megacolon from antidiarrheal drug use?

- a. Leukopenia
- b. Fever
- c. Bradypnea
- d. Hypothermia

Situation: A 55 years old patient underwent partial gastrectomy with gastrojejunostomy.

56. Priority nursing diagnosis is identified by the nurse for the patient is "Imbalanced nutrition related to patients' inadequate intake of food." Which of the following is an appropriate intervention?

- a. Based on list of patients choice of food, prepare diet plan
- b. Plan diet with family members in consultation with dietician
- c. Prepare a diet plan taking into consideration the patients preferred eating pattern
- d. Have physician order a specific diet for the patient

57. The nurse identified iron deficiency anemia as a potential problem. Which of the following specifically would predispose the patient to this problem?

- a. Rapid gastric emptying due to gastrojejunostomy
- b. Inadequate intake of food rich in iron
- c. Excessive loss of blood during surgery
- d. Inability to eat large meals

58. The nurse understands that iron deficiency anemia results in decreased RBC which are:

- a. Abnormally crescent shaped
- b. Large and immature
- c. Microcytic and hypochromic
- d. Fragile and megaloblastic

59. The physician emphasized that Vitamin B12 levels will be routinely monitored. Which of the following

mechanism correctly explains the possibility of the patient developing Vitamin B12 deficiency?

- a. Vitamin B12 is primarily absorbed in the duodenum
- b. Fast emptying of food from the stomach interfere with Vitamin B12 absorption
- c. Intrinsic factor is necessary for absorption of Vitamin B12 is inadequate
- d. Inadequate liver storage of Vitamin b12 due to decreased stomach size

60. Which of the following group of manifestations will the nurse expect in case Vitamin B12 deficiency develops in the patient?

- a. Pallor, weakness, spoon shaped nails, smooth sore tongue
- b. Progressive weakness, shortness of breath, palpitations, cheilosis
- c. Fatigue, irritability, pallor, painful swelling of hands
- d. Slight jaundice, fatigue, paresthesia, glossitis

Situation: The nurse at the Operating Room should be made aware of the functions and implications of being both a circulating and a scrub nurse. The following questions apply.

61. Which among the following is considered as part of the intraoperative phase?

- a. Patient has decided to have a reconstructive surgery
- b. Induction of the anesthesia
- c. Patient having two CTT after a heart transplant
- d. A patient diagnosed to have a constrictive pericarditis

62. Which part of the anesthetic ladder is the patient noted to have increased autonomic activity?

- a. Analgesia Phase
- b. Delirium Phase
- c. Surgical Phase
- d. Danger Stage

63. Which among the following is NOT a principle of surgical asepsis?

- a. Always face the sterile field.
- b. Sterile articles unused and unopened are still considered sterile after the procedure.
- c. The sterile field is above the waist level and on top of the sterile field.
- d. Eliminate moisture that causes contamination.

64. The nurse was not able to completely account for the sharps that were used during an exploratory laparotomy. The surgeon agreed to close the suture even if the situation was mentioned above. It was found out that one needle was still left at the peritoneum of the client. The surgeon was accused of malpractice because of what happened. Which among the following doctrines explains the scenario above?

- a. Res Ipsa Loquitur
- b. Force Majeure
- c. Respondeat Superior
- d. Subpoena duce tecum

65. Which among the following post-operative complications is characterized as the collapse of one lung segment or the whole lobe or a number of alveolar groups?

- a. Pneumoecetasis
- b. Atelectasis
- c. Pulmonary embolism
- d. Pulmonary Shock

Situation: A 48 year old Bank manager is receiving an antihypertensive drug intravenously for control of severe hypertension. The client's blood pressure is unstable and is 160/94 mm Hg before the infusion. Fifteen minutes after the infusion is started, the blood pressure rises to 180/100 mm Hg.

66. The patient is further being treated for hypertension reports having a persistent hacking cough. The nurse explains that this may be a side effect associated with:

- a. ACE inhibitors
- b. thiazide diuretics
- c. calcium channel blockers
- d. Angiotensin receptor blockers

67. The response to the drug is described as a (n):

- a. allergic response
- b. synergistic response
- c. paradoxical response
- d. hypersusceptibility response

68. Nifepidine (Procardia XL) 90 mg is prescribed for another client with Hypertension. The nurse should instruct the client to notify the Physician if the client experiences:

- a. blurred vision
- b. dizziness on rising
- c. excessive urination
- d. difficulty breathing

69. What should the nurse assess to determine if the patient is experiencing the therapeutic effect of valsartan (Diovan), an Angiotensin II receptor blocking agent?

- a. lipid profile
- b. apical pulse
- c. urinary output
- d. blood pressure

70. To assess the effectiveness of a vasodilator administered to a client, what should the nurse assess?

- a. pulse rate
- b. breath sounds
- c. cardiac output
- d. blood pressure

Situation: To carry out management functions in any health care setting, it is necessary for the nurse to integrate leadership skills that he/she developed.

71. What ethical principle applies when the surgical team adheres to surgical asepsis during surgical procedure?

- a. Justice
- b. Nonmaleficence
- c. Maleficence
- d. Beneficence

72. The doctor assigned to the patient was also sued together with the nurses. When it was his turn to take the stand during the next hearing, he was told to bring with him a copy of the patient's chart. The hearing officer will have to issue what legal order to bring the patient's chart?

- a. Writ of certiorari
- b. Subpoena duce tecum
- c. Subpoena ad testificandum
- d. Writ of quo warranto

73. The organizational chart of a nursing department illustrates the structure and relationships of the nursing leaders and staff of the organization. The following are the functions of an organizational chart, except:

- a. To illustrate centrality of control in the organization and chain of command
- b. To indicate relationship of leaders to other management staff
- c. To identify managerial levels
- d. To list all functions and duties of the staff

74. Coercing a patient into taking medications by threatening punishment could legally be considered as:

- a. Assault
- b. False imprisonment
- c. Malpractice
- d. Battery

75. The patient's status has declined after being revived yesterday after suffering from arrest. The physician wrote a DNR order. This order implies that:

- a. The patient need not be given food and water.
- b. The nurse need not give due care to Mr. Smith even giving a bed bath.
- c. The nurses and the attending physician need not do any heroic or extraordinary measures for the patient.
- d. The patient need not be given ordinary care so that his dying process is hastened.

Situation: *Gastrointestinal problems are rampant in the ward. The following questions apply.*

76. Which of these refers to the upper abdominal pain when eating?

- a. GERD
- b. Gastritis
- c. Achalasia
- d. Dyspepsia

77. A patient admitted in the ward for her hemorrhoid management. The following are recommended for caring for the patient, except:

- a. Tepid Sitz baths
- b. Wiping to clean the anal area
- c. High-fiber diet
- d. Use of moistened tissues in cleaning the anal area

78. Once peristalsis is established and confirmed after a patient underwent surgery for diverticulitis, which among these does the nurse expect to be given first?

- a. Mashed potato
- b. Yogurt
- c. Plain gelatin
- d. Pudding

79. A patient with duodenal ulcer experiences pain that is usually aggravated by which of the following?

i. Ingestion of food

ii. Caffeine

iii. Fried foods

iv. Spicy food

v. NSAID use

vi. Corticosteroid use

- a. i, ii, iii, iv, v, vi
- b. ii, iii, iv, v
- c. i, ii, iv, v, vi
- d. ii, iii, iv, v, vi

80. A patient with colorectal cancer who underwent surgery a week ago had a colostomy in place. What assessment finding of the stoma is expected?

- a. It is draining bright red blood profusely.
- b. It protrudes about 2 centimeters from the abdominal wall.
- c. It is dark red and flaccid.
- d. It is reddish pink and dry.

Situation: *The following questions pertain to nursing care of patients with Diabetes Mellitus.*

81. A female client is asking about sugar substitutes. She knows that she needs to reduce her calorie intake to reduce her weight to avoid complications associated with diabetes. What sugar substitute would be best?

- a. Fructose
- b. Sucrose
- c. Sorbitol
- d. Sucralose

82. A middle-age male client has recently been started on insulin therapy. During one of the nurse's rounds, the client asked whether drinking alcohol would be possible. How should the nurse respond?

- a. "Alcohol is a fast-acting sugar that will increase your blood sugar rapidly."
- b. "The calories from alcohol must be figured into the daily plan to prevent weight gain."
- c. "Alcohol can impair the client's ability to recognize and treat hypoglycemia."
- d. "Alcohol does not require insulin for absorption so hypoglycemia may be a problem."

83. A 23-year-old woman is asking the nurse regarding the preparation of a mixed dose of insulin. Which of the following instructions should he give to the patient?

- a. When drawing the insulin, turn the vial and syringe upside down.
- b. Inject air into the bottle of insulin equivalent to the number of units of insulin to be withdrawn.
- c. Draw the needed amount of NPH before drawing the needed amount of regular insulin.
- d. Do not shake the vial of insulin. Instead, roll it in between your hands or palms.

84. The nurse is preparing to administer insulin to a client with a blood sugar level of 124 mg/dL. He compared the result to the medication record and the physician's order and noted that the client is ordered Novolog insulin. He acquired the appropriate amount of insulin and then went to the client's room to administer the medication. The meal tray is due in 30 minutes. What should he do?

★

1 point

- a. Give the insulin immediately after the client has finished the entire meal.
- b. Administer the insulin immediately to coincide the medication's onset with the time of the meal.
- c. Administer the insulin because the blood glucose is high enough to prevent hypoglycemia.
- d. Hold the medication until the meal tray is in front of the client.

85. Another patient in the unit was recently diagnosed with Type 1 Diabetes. The nurse is providing education on what is termed as "survival skills." Which of the following skills should he prioritize to teach the client?

★

1 point

- a. Treatment of hypoglycemia
- b. Sick day management
- c. Insulin self-injection technique
- d. Basic dietary information

Situation: You are caring for a married woman who underwent modified radical left mastectomy

86. On admission to Post-anesthesia Care Unit, you read the OR report which indicates that estimated blood loss during surgery was 1000mL. From the list

below, select the MOST objective indicator for the nurse to monitor closely.

- a. Changes in vital signs
- b. Altered level of consciousness
- c. Soaked dressing
- d. Pupillary reaction to light

87. When the patient woke up from anesthesia, she refuses to see her husband. She remarks that she is "not the same person, no longer a woman; much, much less a wife." Which psychosocial nursing diagnosis would best describe this situation?

- a. Altered role performance r/t impaired physical function
- b. Anxiety r/t surgical removal of the breast
- c. Altered body image r/t perception of disfigurement and incapacity
- d. Self-esteem disturbance r/t changing ability to perform basic wife function

88. You assisted positioning the client. Her left arm should be placed in which of the following manner?

- a. Placed above the level of the heart
- b. Hyperextended away from the chest
- c. Placed at the level of the heart and the hand below the heart
- d. Adducted and flexed

89. The client was obviously withdrawn although her recovery from the surgery was uneventful. How can the nurse be of best help during this period of recovery?

- a. Allowing the client to have more time to herself
- b. Encouraging The client to have more time to verbalize concerns with her family
- c. Allowing the client to talk with other clients in the ward who had the same kind of surgery
- d. Allowing the patient more time to reflect about the effects of surgery

90. During the first 8 hours postoperative, the total drainage from the Jackson-Pratt drain attached to the wound totaled to 25 mL. What is your next best action?

- a. Do nothing as the drainage is expected
- b. Empty the Jackson-Pratt device
- c. Notify the surgeon stat
- d. Inform the client that her wound is draining well.

Situation: The patient's readiness for surgery is critical to the outcome. Preoperative care focuses on preparing the patient for surgery, interventions needed and responding to potential anxiety.

91. What is the priority nursing intervention for a client during the immediate postoperative period?

- a. observe for hemorrhage
- b. maintaining a patent airway
- c. recording the intake and output
- d. checking the vital signs every 15 minutes

92. The nurse in the postanesthesia care unit identifies that after an abdominal cholecystectomy a client has

sero-sanguineous drainage on the abdominal dressing.
What should the nurse do?

- a. change the dressing
- b. reinforce the dressing
- c. apply an abdominal binder
- d. replace the tape with Montgomery traps

93. This is an independent nursing measure that would be helpful in preventing the accumulation of secretions in a client who had general anesthesia during surgery.

- a. postural drainage
- b. cupping the chest
- c. nasotracheal suctioning
- d. frequent changes of position

94. The nurse in the ambulatory Preoperative unit identifies that a client is more anxious than most clients. The nurse's best intervention is to:

- a. attempt to identify the client's concerns
- b. report the client's anxiety to the surgeon
- c. reassure the client that the surgery is routine
- d. provide privacy by pulling the curtain around the client

95. A client has corrective surgery for a bladder laceration. Which nursing intervention takes priority during this client's postoperative period?

- a. turning frequently
- b. raising side rails on the bed
- c. providing range-of-motion exercises
- d. massaging the back three times a day

Situation: *Problems in Oxygenation involves patients with disturbances in lower and upper airways. A Pulmonary Nurse is attending to clients with respiratory diseases.*

96. A client arterial blood gas report indicates the pH is 7.52, Pco₂ is 32 mm Hg, and HCO₃ is 24 mEq/L. What imbalance does the nurse identify as a possible cause of these results?

- a. airway obstruction
- b. inadequate nutrition
- c. prolonged gastric suction
- d. excessive mechanical ventilation

97. The nurse observes an anxious client hyperventilating after learning that his mother met an accident and intervenes to prevent:

- a. cardiac arrest
- b. carbonic acid deficit
- c. reduction in serum pH
- d. excess oxygen saturation

98. The client stated that the Physician said the tidal volume is slightly diminished and asks the nurse what this means. What explanation should the nurse give the client? Tidal volume is the amount of air:

- a. exhaled forcibly after a normal expiration
- b. exhaled after there is a normal inspiration

- c. inspired forcibly above a normal inspiration
- d. trapped in the alveoli that cannot be exhaled

99. The nurse understands that in the absence of pathology, a client's respiratory center is stimulated by:

- a. oxygen
- b. lactic acid
- c. calcium ions
- d. carbon dioxide

100. The nurse admitted another client with an arterial blood gas report indicates the client's pH is 7.25, Pco₂ is 35 mm Hg, and HCO₃ is 20 mEq/L. Which disturbance does the nurse identify based on these results?

- a. metabolic acidosis
- b. metabolic alkalosis
- c. respiratory acidosis
- d. respiratory alkalosis

RECALLS 7: NURSING PRACTICE 4

Situation: *The nurse cares for a female client who is terminally ill and is experiencing pain.*

1. The nurse prepares a care plan for the client. The overall goal for the client is _____. The client will:

- a. Achieve control of pain and discomfort.
- b. Receive adequate cerebral oxygenation and perfusion.
- c. Be free from infection.
- d. Receive life sustaining food and liquids.

2. The nurse is aware of the document that expresses a client's wish for life sustaining treatment in the event of terminal illness or permanent unconsciousness. This document is the _____;

- a. No-code order – DNR is an order written by a HCP when a client has indicated a desire to be allowed to die

if the client suffers cardiac or respiratory arrest (Saunders, p.234).

b. Durable power of attorney – appoints a person (health care proxy) chosen by the client to make health care decisions on the client's behalf when the client can no longer make decisions (Saunders, p.234).

c. Living will – lists the medical treatment that a client chooses to omit or refuse if the client becomes unable to make decisions and is terminally ill (Saunders, p.234).

d. Last will and testament

3. The client nears death and requests that no medication be given that would cause a loss of consciousness, including pain medication. The nurse would promote the best end-of-life care for the client by which of the following?

a. Discuss the request of the dying client with family members and respect their wishes.

b. Comfort is the highest priority in this situation so give medications as ordered.

c. Respect the client's wishes and withhold pain medications and other medications ordered.

d. Be compassionate and give half of dose of the medication ordered.

4. Which of the following statement is TRUE about terminally ill clients?

a. Terminally ill clients require minimum physical care.

b. Health care personnel do not understand their own feelings about death and dying therefore they avoid caring for terminally clients.

c. Terminally ill clients have the right to die with dignity.

d. Terminally ill client's experiences pain most of the time.

5. The dying client wishes to donate her eyes after she dies. Which of the following statements is NOT TRUE about organ donation?

a. Any individual, at least 15 years old of age and of a sound mind may donate a part of his body to take the effect after transplantation needed by the recipient.

b. Sharing of human organs or tissues shall be made only through exchange programs duly approved by the Department of Health.

c. The choice to donate an organ must be a written document.

d. Laws do not require the consent of a family members to retrieve organs if the donor has expressed his last wish to donate.

Situation: The nurse in the emergency department admits a 45 year old female for

vomiting blood. According to a family member who accompanied the client, the client had a gastric ulcer for several years. The nurse assesses that the client is in shock.

6. Which of the following assessment findings indicate hypovolemic shock?

a. Systolic blood pressure is less than 90 mmHg. – during the initial stage of shock, BP is increased due to vasoconstriction (Udan, p.582).

b. Pupils are unequally dilated. – may indicate brain stem damage

c. Respiratory rate is more than 30 breaths per minute. – during the initial stage of shock, respiratory rate is increased to provide more oxygen to tissues, but this may lead to respiratory alkalosis (Udan, p.582).

d. Pulse is less than 60 beats per minute – during the initial stage of shock, heart rate is increased to increase blood supply to body parts (Udan, p.582).

7. In the early stages of shock, the nurse expects the result of arterial blood gas (ABG) analysis to indicate which of the following conditions

_____:

a. Respiratory alkalosis

b. Respiratory acidosis

c. Metabolic alkalosis

d. Metabolic acidosis

8. The physician orders intravenous infusion of packed red blood cells and normal saline solutions. The nurse assesses the client for which of the following _____:

a. Hypovolemia

b. Anaphylactic reaction

c. Altered level of consciousness

d. Pain

9. The nurse understands that the best indication that fluid replacement for the client in hypovolemic shock is adequate is when the _____:

a. Systolic blood pressure is above 110 mmHg.

b. Diastolic blood pressure is above 90 mmHg.

c. Urine output of 20- 30 mL/Hour. – urine output of less than 30 mL/hour is a sign of hypovolemic shock (Brunner &Suddarth, p.2043).

d. Urine output is greater than 30 mL/Hour.

10. The physician schedules the client for surgery within six hours. The nurse minimize anxiety of the client by answering the client's questions regarding the surgery in calm manner, keeps the client warm, advise the client to be on bed rest and

dims the lights in the room. The reason for these interventions is to _____:

- a. Increase comfort of the client and her family.
- b. Minimize oxygen consumption.
- c. Prevent infection.
- d. Stabilize fluid and electrolyte balance.

Situation: A nurse supervisor attends an orientation seminar on hospital records management.

11. The nurse understands that good client care relies on good record keeping. Which of the following is NOT a purpose of hospital record keeping?

- a. Records provide evidence of a hospital's accountability.
- b. Records are a key source of data for medical research or statistical reports.
- c. Records provide data on health information system.
- d. Records provide personal information on the physicians and nurses caring for the clients.

12. The nurse is aware that when a client is readmitted to a hospital, the client's file is retrieved from the _____.

- a. physician's file
- b. civil service file
- c. master patient index file
- d. hospital library record file

13. The nurse is aware that when a client is discharged or dies, the following details should be entered in the client's record which is the _____.

- a. Final diagnosis
- b. Outcomes classification
- c. Educational attainment
- d. Religion

14. The following statements are true about patients and hospital records EXCEPT:

- a. Confidential records must be protected against loss, damage, unauthorized access, modification and disclosure
- b. Patients have the right to confidential treatment of information they provide to health professional
- c. Health records are the property of community where the patient is treated
- d. Hospital records maybe released without the patient's consent when required in investigation for serious criminal offenses

Situation: A mother with the diagnosis of AIDS states that she has been caring for her baby even though she has not been feeling well.

15. What important information should the nurse determine?

- a. is she has kissed the baby
- b. if the baby is breastfeeding
- c. when the baby last received antibiotics
- d. how long she has been caring for the baby

16. The nurse is planning to provide discharge teaching to the family of a client with AIDS. Which statement should the nurse include in the teaching plan?

- a. "Wash the dishes in hot soap as you usually do."
- b. "Let the dishes soak in hot water overnight before washing."
- c. "You should boil the client's dishes for 30 minutes after use."
- d. "have the client eat from paper plates so they can be discharged."

17. During an AIDS education class a client states, "Vaseline works great when I use condoms." Which conclusions about the client's knowledge of condom use can the nurse draw this statement?

- a. an understanding of safer sex
- b. an ability to assume self-responsibility
- c. ignorance concerning correct condom use
- d. ignorance concerning the transmission of HIV

18. The client with AIDS is experiencing nausea and vomiting. The Nurse would make which of the following dietary alterations for this client to enhance nutritional intake?

- a. Avoid dairy products and red meat
- b. Plan large nutritious meals
- c. Add spices to food to enhance flavour
- d. Serve foods while they are warm

19. The Physician orders a Paracentesis. How should the nurse instruct the client to prepare for the radiograph?

- a. void before the procedure
- b. a laxative the evening before the procedure
- c. nothing by mouth for 8 hours before the procedure
- d. a low soap suds enema the morning of the procedure

Situation: The nurse assists in the care of a 25 year old male who is admitted in the emergency department for burns in the chest, abdomen, right arm and right leg.

20. The physician orders total parenteral nutrition (TPN) for the burn patient. Which of the following statements is TRUE in this case? TPN is needed to _____.

- a. Provide supplemental vitamins and minerals
- b. Correct water and electrolyte imbalances
- c. Ensure adequate caloric and protein intake
- d. Allow the gastrointestinal tract to rest

21. The nurse is aware that fluid shifts occur during the emergent phase of a burn injury. This shifting is due to fluid moving from what space? From _____.

- a. Intracellular to extracellular space
- b. Extracellular to intracellular space
- c. Vascular to intracellular space
- d. Interstitial to vascular space

22. The nurse understands that fluid shift results from an increase of which of the following?

- a. Total volume of intravascular plasma
- b. Total volume of circulating whole blood
- c. Permeability of the kidney tubules
- d. Permeability of capillary walls

23. Which of the following fluid and electrolyte imbalance would the nurse anticipate that the patient would be particularly susceptible to in the emergent phase of burn care?

- a. Hyperkalemia
- b. Metabolic Alkalosis
- c. Hemodilution
- d. Hypernatremia

24. The patient is ordered to receive fluid resuscitation therapy. Nurse Tess adjusts the infusion rate by evaluating the patient's:

- a. Hourly body temperature
- b. Hourly urine output
- c. Hourly urine specific gravity
- d. Daily body weight

Situation: In a Medical ward there are clients with potential or actual disorders of fluids and electrolytes disturbance and homeostatic mechanisms.

25. The nurse is caring for a client with chronic kidney failure. The nurse understands that ammonia is normally exerted by the kidney to help maintain:

- a. osmotic pressure of the blood
- b. acid-base balance of the body

- c. low bacterial level in the urine
- d. normal red blood cell production

26. Which finding best suggests that nursing interventions for a client with an excess fluid volume have been effective?

- a. clear breath sounds
- b. positive pedal pulses
- c. normal potassium level
- d. increased urine specific gravity

27. The nurse understands that a client with albuminuria has edema because of:

- a. fall in tissue hydrostatic pressure
- b. rise in plasma hydrostatic pressure
- c. rise in tissue colloid osmotic pressure
- d. fall in plasma colloid oncotic pressure

28. When the nurse uses the clamp on the administration set to manually adjust the flow of IV fluid into a client by gravity, what change in energy takes place?

- a. potential energy is converted to kinetic energy
- b. kinetic energy is converted to potential energy
- c. chemical energy is converted to kinetic energy
- d. potential energy is converted to chemical energy

29. The client with which condition has an increased risk for developing Hyperkalemia?

- a. Crohn's disease
- b. Cushing's syndrome
- c. Chronic heart failure
- d. End-stage renal disease

Situation: The nurse assists in the care of a 15 year old female experiencing anaphylaxis due to insect bite by honeybees.

30. Upon assessment, the nurse observes the client reacting to the insect bites. The following are common reactions to an insect sting EXCEPT:

- a. Swelling
- b. Redness
- c. Appearance of lesions
- d. Pain

Situation: The nurse assists in the care of a 15 year old female experiencing anaphylaxis due to insect bite by honeybees.

30. Upon assessment, the nurse observes the client reacting to the insect bites. The following are common reactions to an insect sting EXCEPT:

- a. Swelling
- b. Redness
- c. Appearance of lesions

d. Pain

Situation: A 21 year old male is admitted to the burn unit of a hospital. He sustained burns on the chest, abdomen, right arm and right leg.

32. The nurse assigned to his care anticipates that the client would be particularly susceptible to which of the following fluid and electrolyte imbalances during the emergent phase of burn case.

- a. Metabolic acidosis – results from accumulation of metabolites, hyponatremia and hyperkalemia. Primarily, it is due to hyponatremia. Since sodium is unavailable because it is trapped in the edema fluids, bicarbonate produced by the kidneys will be excreted (Udan, p.570).
- b. Hypernatremia
- c. Hypokalemia
- d. Metabolic alkalosis

33. The nurse assesses the client for fluid shifting. During the emergent phase of a burn injury, shifts occur due to fluid moving from the _____.

- a. Extracellular to intracellular space.
- b. Intracellular to extracellular space.
- c. Vascular to interstitial space.
- d. Interstitial to vascular space

34. The nurse understands that the fluid shift results from an increase in the _____.

1 point

- a. Total volume of intravascular plasma
- b. Total volume of circulating whole blood
- c. Permeability of capillary walls
- d. Permeability of the kidney tubules

35. The client receives fluid resuscitation therapy. The nurse adjusts the infusion rate by evaluating the client's _____:

- a. Hourly urine output
- b. Daily body weight
- c. Hourly urine specific gravity
- d. Hourly body temperature

36. The client receives total parenteral nutrition (TPN). The nurse understands this therapy will help the client _____.

- a. Provide adequate nutrition
- b. Ensure adequate caloric and protein intake
- c. Correct water and electrolyte imbalances
- d. Allow the gastrointestinal tract to rest

Situation: The nurse director of a critical care unit utilizes the nursing process to communicate care to the client.

37. The nurse is called to the bedside of a client who is scheduled to have laparoscopic cholecystectomy. The client's pulse is slightly irregular. The nurse confers with the primary nurse regarding the client's condition, which step of the nursing process is the nurse applying?

- a. Implementation
- b. Evaluation
- c. Planning
- d. Assessment

38. The nurse calls for a conference with the staff members who are attending to the client. They decide to obtain a 12-lead ECG for a more definitive picture. They conclude that the client has no serious cardiac or pulmonary problems. Which step of the nursing process is in effect in this situation?

- a. nursing diagnosis
- b. assessment
- c. evaluation
- d. planning

39. The nurse consults with the attending physician and the anesthesiologist. She advises the primary nurse to proceed with the preparations and to remain alert for any adverse symptoms. Which step of the nursing process is this?

- a. Assessment
- b. nursing diagnosis
- c. planning
- d. evaluation

40. The nurse confers with the client's primary nurse the following morning. Together they determine that the client is ready for surgery. This step of the nursing process is:

- a. evaluation
- b. planning
- c. nursing diagnosis
- d. assessment

41. The nurse applies the human relations approach in this situation. She is aware that the key to productivity is _____.

- a. the degree of independence allowed
- b. meeting the objectives of the critical care unit
- c. Firm control of the situation
- d. the behavior of people under direction

Situation. The nurse assists in the care of a female client, 45 years old admitted for severe pain related to cancer.

42. In relieving pain related to cancer, which of the following nursing actions is MOST appropriate?

- a. Keep the room well-lighted so that the nurse can assess the client thoroughly.
- b. Allow the client to stay in one position to prevent the occurrence of pain.
- c. Apply heat or cold in the areas that are painful as prescribed by the physician.
- d. Place a hand bedroll behind the client's back.

43. The client has a tunneled epidural catheter to control pain. The catheter site should be assessed every shift by the nurse on duty. Which of the following signs indicate catheter migration or tissue trauma?

- a. Bright red bleeding under the dressing.
- b. Catheter insertion site is red, swollen with purulent discharges.
- c. Bright red bleeding and fluid collecting under the dressing with loss of pain control.
- d. Bright red bleeding and fluid collecting under the dressing.

44. If catheter becomes disconnected from the tubing, the nurse should use which of the following solutions to clean the tubing or connectors:

- a. Alcohol
- b. Povidone-iodine solution
- c. Sterile water
- d. Saline

45. The nurse instructs the client to report if she experiences signs and symptoms of local anesthetic toxicity which includes the following:

- 1. Perioral numbness
 - 2. Palpitations
 - 3. Ringing in the ears
 - 4. Seizures
- a. 2 & 3
 - b. All of the options
 - c. 1, 2, 3
 - d. 3 & 4

46. The client describes the pain as knifelike chest pains that increase in intensity on respiration.

Which of the following systems is most likely its origin?

- a. Pulmonary
- b. Gastrointestinal
- c. Cardiac
- d. Musculoskeletal

Situation. A nurse manager applies principles of resource management to improve client care in the unit.

47. The nurse supervises four nurses in the male surgical unit with forty clients in various stages of care. Ten clients are receiving preoperative care; five are ambulatory and ready for discharge; ten are scheduled for major operation; five are recovering from operation and ten clients are in rehabilitation. The nurse applies a concept in resource management which means making a choice among individuals competing for scarce resources. This concept is _____

- a. Rationing care
- b. Technical scale application
- c. Conflict resolution
- d. Resource allocation

48. The nurse applies an ESSENTIAL element in resource management in the surgical unit which is _____

- a. Effective communication
- b. Technical skills
- c. Good interpersonal relations
- d. Organization skills

49. The nurse participated in budget preparation for the unit. Which of the following terms refer to salaries of personnel, and cost of supplies and equipment?

- a. Cost centers
- b. Direct costs
- c. Cost – benefit analysis
- d. Indirect costs

50. The nurse explains the concept of resource management to his staff. Which of the following statements is TRUE about resource management?

- a. Resource management is a principle in evidence based nursing practice.
- b. Controlling the environment of the client.
- c. Applying the management in client care.

d. Controlling the rising costs of health care while providing quality care of clients.

51. The nurse participates in recruiting and retaining nursing staff and other personnel. This is an example of what type of resources?

- a. Financial resources
- b. Human resources
- c. Material resources
- d. Nursing resources

Situation: A 51 year old male is admitted for complaints of rectal bleeding, abdominal pain, weight loss and change in bowel habits. The nurse is aware that these are manifestations of colon cancer. The physician prescribes radiation therapy and chemotherapy.

52. The nurse knows that radiation therapy is used to treat colon cancer before surgery. Which of the following is the effect of radiation therapy? It ____.

- a. Help heal the bowl after surgery
- b. Eliminates malignant cells
- c. Cures the cancer
- d. Reduces the size of the tumor

53. The patient undergoes radiation therapy. The nurse noted that the patient's white blood cell (WBC) count is severely depressed. The PRIORITY nursing intervention would be to ____:

- a. Place the patient in a private room and maintain strict aseptic technique for all procedures.
- b. Instruct the patient to avoid shaving with a sharp razor
- c. Encourage visitors to visit the patient regularly to reduce the feelings of isolation the patient may feel.
- d. Encourage the patient to include fresh fruits and green leafy vegetables in his diet.

54. The nurse is aware that chemotherapy should only be administered by nurses who have taken special courses in administering chemotherapy and who are highly skilled. Before the nurse gives the prescribed dose of chemotherapeutic agent, the nurse should do which of the following:

- a. Verify the dose, drug and schedule with another trained nurse.
- b. Collect an extra syringe and needle in case of contamination.
- c. Explain the expected side effects of the drug to the patient
- d. Cover the patient with a water resistant shield

55. The nurse assesses the patient receiving chemotherapy. Select the signs and symptoms that would require further evaluation.

- a. Patient complains of fatigue
- b. Hair loss on scalp
- c. Large areas of ecchymosis in various sites on the body.
- d. Dry mucous membrane

56. The nurse writes a care plan for the patient receiving chemotherapy. Select what should be included in the care plan.

- 1. Nursing Diagnosis
 - 2. Medical Diagnosis
 - 3. Outcome
 - 4. Interventions
 - 5. Patient Education
 - 6. Evaluation
- a. 1,2,3,4,5
 - b. 1,2,3,4,6
 - c. 1,3,4,5,6
 - d. 2,3,4,5,6

Situation: A charge nurse of an oncology unit attends a seminar on evidence based nursing practice.

57. The conference speaker explained the difference between evidence based practice and evidence based nursing practice. Which of the following is NOT TRUE regarding evidence based nursing practice? Evidence- based nursing practice ____.

- a. Has a medical focus
- b. Uses a theory derived and research based information in making decision about nursing care delivery.
- c. Considers the patient's need and preferences based on nursing theory and research
- d. Is a strategy used to improve patient care outcome.

58. The speaker encouraged the nurses to participate in the use of evidence- based nursing practice. The speaker said that nurses must ____.

- 1. Participate in the development, use, or evaluation of practice guidelines.

2. Read and analyze outcome of research studies

3. Involve themselves in everyday patient care and nursing practice.

4. Know why they are doing what they are doing

- a. 2, 3 and 4
- b. 1 and 2
- c. 1, 2, 3 and 4
- d. 1, 3 and 4

59. The nurse is aware of the importance of patient outcomes as a measure of quality care. Which of the following statements is TRUE regarding patient-focused outcome indicators? To _____.

1. Achieve safe, quality, cost effective care for patients in daily practice.

2. Realize that individual nursing practice styles directly affect the rates at which patients recover.

3. Prevent development of unnecessary complications and injury.

4. Determine satisfaction rate from patients or family care received from nursing staff.

- a. 1, 2, 3 and 4
- b. 1 and 3
- c. 2 and 4
- d. 1, 3 and 4

60. A model for using evidence-based practice was presented. The model has the following elements: Plan, Do, Study and Act (PSDA). If the nurse wants to utilize this model to improve ward management, what questions will she ask?

1. What are we trying to accomplish?

2. How well do we know that a change is an improvement?

3. Will the patient be satisfied with the improvement?

4. What change/changes can we make that will result in an improvement?

- a. 2 and 4
- b. 3 and 4
- c. 1 and 3
- d. 1, 2 and 4

61. The nurse is aware that patient care improvement must be based on which of the following?

a. Total cost of health care

b. Building and apply knowledge

c. Hospital policy on how to staff a nursing unit.

d. Accreditation standards

Situation. The hospice nurse cares for a 60-year-old female client with terminal illness.

62. To provide holistic care, the nurse assists the client in meeting her spiritual needs. Which of the therapeutic nursing interventions BEST addresses the spiritual needs of the clients with terminal illness?

- a. Use therapeutic touch
- b. Communicate empathy
- c. Play soft classical music
- d. Pray with the client

63. As death approaches, the nurse provides invaluable support to the family. Other support people for the family includes the _____

- a. Funeral director
- b. Spiritual adviser
- c. Social worker
- d. Physician

64. The client is experiencing dyspnea which is causing the client to be anxious. The nurse plans a holistic approach of care for the client. the nurse should_____

- a. Use an interdisciplinary approach
- b. Allow the family to stay with the client
- c. Prepare the client for a morphine injection
- d. Secure an order from the physician liberal doses of anxiolytics

65. The hospice nurse assists the family to establish a relationship with the health care team by _____:

- a. Supporting the decisions of the family
- b. Allowing the family to take time to maintain good relation with the health care team
- c. Explaining the roles of all interdisciplinary team members involved in the care of the client
- d. Explaining to the family the client being cared of

66. The nurse assesses the client whose condition is deteriorating. A cardiovascular indicator of imminent death is_____:

- a. Narrowing pulse pressure
- b. Bradycardia
- c. Fluctuating blood pressure
- c. Irregular heart rate

Situation: The nurse cares for a client with cancer who had lung surgery. The nurse educates the client on breathing exercise and ambulation.

67. The nurse teaches the client how to deep breath effectively after a lobectomy. The nurse instructs the client to:

- a. Contract the abdominal muscles, take a deep breath through the mouth and exhale slowly as one trying to blow out a candle.
- b. Relax the abdominal muscle, take a slow deep breath through the nose, and hold it for 3 to 5 seconds.
- c. Relax the abdominal muscle, take deep breath through the mouth and exhale slowly for 15 seconds
- d. Contract the abdominal muscles, take a slow deep breath through the nose, and hold it for 3 to 5 seconds.

68. The client asks the nurse how much of his lungs are removed. The nurse responds based on information that in lobectomy, a lobe is removed. In a wedge resection, which of the following is removed?

- a. A small, localized area near the surface of the lung
- b. One entire lung
- c. Two lobes of the lung
- d. A segment of the lung, including a bronchiole and its alveoli.

69. The client asks the nurse, what will fill the space where the lobe was? The correct response would be: The ____.

- a. Lung space will be filled up with serous fluid.
- b. Surgeon filled the space with gel.
- c. Space stays empty
- d. Remaining lobe or lobes over expand to fill the space.

70. On the second post-operative day, the nurse auscultates the lungs and determines scattered crackles bilaterally. Which of the following interventions would be MOST appropriate for the nurse to perform?

- a. Encourage deep breathing and ambulation as soon as the client is able.
- b. Encourage coughing and check the water seal system
- c. Reduce the frequency of pain medications and increase the suction in the water seal bottle.
- d. Perform endotracheal suctioning every shift.

71. The nurse teaches the client to perform which of the following exercises to prevent shoulder ankylosis?

- a. Raise and lower the head
- b. Turn from side to side
- c. Raise the arm on the affected side over the head

- d. Flex and extend the elbow on the affected side

Situation: The nurse admits a 30 year old female with tentative diagnosis of hypercalcemia.

72. The nurse recognizes the signs and symptoms of hypercalcemia. Which of the following signs is an indication of the diagnosis hypercalcemia?

- a. Positive trousseau's sign
- b. Hyperactive bowel sounds
- c. Hypertonicity of the muscles

73. The nurse recognizes the signs and symptoms of hypercalcemia. Which of the following signs is an indication of the diagnosis hypercalcemia?

- a. Muscle strength
- b. Blood Pressure
- c. Weight
- d. Edema

74. The patient informs the nurse that she is taking Thiazide diuretics. The nurse knows that Thiazide diuretics drug are one of the most common causes of hypercalcemia. Which of the following signs should the nurse observe for?

- a. Increased peristalsis
- b. Neurologic Depression
- c. Neuromuscular Irritability
- d. Decreased urine output

75. The patient goes into hypercalcemic crisis. Family members are anxious and worried. One relative expresses to the nurse "We don't know what to do if she dies". What is the BEST response of the nurse?

*

1 point

- a. "Do not worry. We always see this kind of crisis and we can treat it."
- b. "I understand your concern, but I have to take care of the patient first".
- c. "Yes, it is serious but I can come back, talk to you and answer your questions."
- d. "Has your loved one been eating processed food and drinking alcoholic beverages lately?"

76. Fortunately, the patient recovers from the hypercalcemic crisis. The patient is ready for discharge. Which of the following activities should be included in the discharge plan? Instruct the patient to ____.

*

1 point

- a. Take in anti-diarrheal medications as prescribed by the physician
- b. Encourage foods that increase urine acidity
- c. Decrease sodium and calcium intake
- d. Restrict fluid intake to less than 1 liter a day

Situation: A nine year old male child is hospitalized for burns on the right arm, right leg and abdomen. The nurse documents the treatment performed on the child.

77. The nurse determines the extent of burns using the rule of nines. Which of the following assessment findings should the nurse document?

*

1 point

- a. 18% of the child's body surface is burned.
- b. 45% of the child's body surface is burned.
- c. 50% of the child's body surface is burned.
- d. 25% of the child's body surface is burned.

78. The nurse writes a nursing diagnosis for the child which is the basis of care for the first 24 hours of admission. The MOST appropriate nursing diagnosis would be _____:

- a. Fear and Anxiety
- b. Disturbed Body Image
- c. Risk for Infection
- d. Impaired Mobility

79. The physician writes an order for the client. Infuse D5 water 500 cc to run for 8 hours. The IV micro set delivers 60 drops per ml. How many drops should the nurse regulate the flow and record it in the client's chart?

- a. 50 drops per minute
- b. 62 drops per minute
- c. 35 drops per minute
- d. 30 drops per minute

80. The nurse commits an error in documenting the care of the burnt child. She consults the charge nurse to find out if the hospital has an established policy on correcting documentation errors. Which of the following is an accepted form for correcting errors?

- a. Enclose in parenthesis the erroneous statements, draw a line across the statement, and make the correct entry above the 1 drawn.

- b. Correct the error by applying correction fluid or tape and write the correct entry over it.
- c. Cross through the erroneous word or statement with a double line, affix your initials, write the phrase "mistaken entry" then write the correct information.
- d. Use the slide rule method. Cross through the erroneous word or statement with a single line, affix your initials, write the date and time the correction was made, then write the correct information.

81. The nurse is aware that documentation requires the following EXCEPT: Documentation should:

- a. Be systematic and organized
- b. Comply with policy standards of the health care facility.
- c. Present exact and correct details pertinent to the event.
- d. Include reactions and interpretations of the nurse on the event.

Situation: The charge nurse is responsible for the management and supervision of the unit.

82. The nurse observes that one of the female staff nurses is not performing her duties very well. Which of the following strategies will she implement to assist the staff nurse?

- a. Discuss with the staff nurse her performance and ways she can improve.
- b. Allow the staff nurse to select own assignment.
- c. Assign the staff nurse several clients with various illnesses.
- d. Ask the staff nurse to work as an assistant charge nurse.

83. The nurse notes one of the male staff nurse is frequently absent and his absence has adversely affected the quality of care given to the clients unit. Which of the following would be the BEST approach?

- a. Talk with the staff nurse regarding the concern and remind him of the standards of the agency.
- b. Write the staff nurse a memorandum regarding his absence.
- c. Inform the staff nurse that his absence will be a ground for termination.
- d. Record the absence of the staff nurse in a log book.

84. The nurse assigns a new staff nurse to administer the medications of a client. Which detail of the client's drug therapy is the staff nurse legally responsible to document? The _____.

- a. Peak concentration time of the drug.
- b. Safe ranges of the drug.
- c. Client's socio-economic status.
- d. Client's reaction to the drug.

85. The nurse decides what is best for a recovering client and acts on the decision without consulting the client. Ms. Hange is applying a moral principle which is _____.

- a. Paternalism
- b. Beneficence
- c. Fidelity
- d. Autonomy

Situation: A 60 year old male is admitted to the oncology unit. According to the client, he felt a growth during a routine digital prostate examination. He complains of pain on urination and frequent urination.

86. The nurse understands that the function of the prostate gland is primarily to _____;

- a. Regulate the acidity and alkalinity environment for proper sperm development.
- b. Produce a secretion that aids the nourishment and passage of sperm.
- c. Secrete a hormone that stimulates the production and maturation of sperm.
- d. Store undeveloped sperm before ejaculation.

87. The nurse analyzes the laboratory values and notes that the serum phosphate level is elevated. This finding indicates which of the following:

- a. It confirms the diagnosis of prostate cancer.
- b. The progression or regression of prostate cancer.
- c. The likelihood of metastasis to the bones.
- d. There are complications associated with cancer.

88. The nurse knows that hormone therapy is the mode of treatment for a client with prostate cancer. The goal of this form of treatment is to _____:

- a. Limit the amount of circulating androgens.
- b. Increase prostaglandin level.
- c. Increase the amount of circulating androgens.
- d. Increase testosterone level.

89. The nurse writes a nursing diagnosis of Fear and Anxiety secondary to the diagnosis of prostate cancer. Which of the following interventions would be BEST for the nurse?

- a. Encourage the client to keep his feelings to himself so his family will not be affected.
- b. Establish a nurse patient therapeutic relationship.
- c. Advise the client to have a positive outlook relationship.
- d. Provide spiritual support to the client.

Situation: The assistant chief nurse of X hospital attends a seminar on quality and performance improvement. The seminar is to increase awareness on how performance improvement affects client care and the health care organization.

90. Which of the following principles of quality improvement is MOST appropriate for patient care?

- a. The priority is to benefit clients and all other internal and external customers.
- b. Improvement of the quality of service is a continuous process.
- c. Improvement opportunities are developed by focusing on the work process.
- d. Quality is achieved through the participation of everyone in the organization.

91. The assistant chief nurse understands that the implication of quality improvement for client care can be measured by the overall value of care. Outcomes can be measure by which of the following?

- a. Client's recommendation
- b. Clinical outcome
- c. Cost of care
- d. Client satisfaction

92. The assistant chief nurse is oriented on the various improvement strategies at the organization level. One of these strategies is benchmarking. Which of the following describes the bench marking process?

- a. Comparing data on the literature with the data collected per client.
- b. Reviewing own unit's data for opportunities.
- c. Collecting data of the individual client.
- d. Comparing data with that of other organization to identify opportunities.

93. The assistant chief nurse understands that a sentinel event review is one strategy to improve the health care delivery system. The FIRST action to be initiated following a sentinel event is for the assistant chief nurse to ____.

- a. Conduct an immediate investigation
- b. Conduct a root cause analysis
- c. Recommend corrective action of personnel involved
- d. Recommend what action personnel involved should avoid

94. Quality improvement can be achieved through the participation of everybody in the health care organization at all levels. Which of the following is an example of nurses' participation as an individual?

- a. Work with others in the unit to change the way client's report is given to be more time efficient.
- b. Suggest the process for notifying the pharmacy department about a missing medication.
- c. Participate in a team to find a solution.
- d. Change the activities of her day to spend more time with a client's family.

95. The nurse plans care for a cancer client experiencing pain. She is aware that an important principle of using medication to manage pain is to:

- a. Individualize the medication therapy to the client.
- b. Provide the medication as soon as the client requests for it.
- c. Discontinue the medications periodically to discourage the development of drug tolerance.
- d. Avoid giving client addictive medications.

96. The nurse collaborates with the physician in the development of a drug regimen for the clients. Which of the following medications should be avoided in the treatment of cancer pain?

- a. Morphine
- b. Acetaminophen (Tylenol)
- c. Meperidine (Demerol)
- d. Hydrocodone

97. When titrating a drug for the client in pain, which of the following actions is MOST appropriate?

- a. Ask the physician to include a medication order for breakthrough pain.
- b. Follow the physician's order for the first 24 hours.
- c. Reassess the client every 8 hours for drug effectiveness.
- d. Seek a new order after 2 doses that do not achieve a tolerable level of pain relief.

98. One of the clients experiences severe, intractable pain and complains that the pain medication is not working for him. Which of the following actions is MOST appropriate?

- a. Suggest to the client to try deep breathing to cope with the pain.
- b. Explore the nature of the pain and encourage the client to perceive it in a different way.
- c. Support the client emotionally and tell him he will receive the next dose of medication as soon as possible.
- d. Refer the client to the attending physician immediately and report that the pain medication is not providing adequate pain relief.

99. The nurse assesses a client complaining of acute pain. The MOST appropriate nursing assessment would include which of the following?

- a. The nurses' impression of clients' pain.
- b. The clients' pain rating.
- c. Nonverbal cues from the client.
- d. Pain relief after appropriate nursing interventions.

100. Immediately following the patient's complaint of pain with a pain score of 7, which of the following nursing interventions is most appropriate?

- a. Educate the patient on deep breathing exercises and guided imagery for non-pharmacologic pain management
- b. Administer Morphine as ordered
- c. Instruct family member to talk to the patient to distract the patient
- d. Encourage patient to go for a walk and get some fresh air

RECALLS 7: NURSING PRACTICE 5

Situation: Poppy a Psychiatric Nurse responds in a variety setting to different clients with Personality disorder. (1-5)

1. The Psychiatrist orders "Restraints PRN" for a client who has a history of violent behavior. Nurse Poppy should:

- a. Utilize the restraint order if the client begins to act-out
- b. Ask the psychiatrist to clarify the type of restraint order
- c. Ensure that the entire staff is aware of the restraint order
- d. Recognize that PRN orders for restraints are unacceptable

2. Strict toilet and too early training to a toddler child will cause problems in personality development because at this age a child is learning

to:

- a. Satisfy own needs
- c. Identify own needs
- d. Satisfy parents' needs
- e. Live up to society's expectations

3. The nurse encourages a client to join a self-helping group after being discharged from a Mental health facility. The purpose of having people work in a group is to provide:

- A. Support
- B. Confrontation
- C. Psychotherapy
- D. Self-awareness

4. As Depression begins to lift, a client is asked to join a small discussion group that meets every evening on the unit. The client is reluctant to join because, "I have nothing to talk about." What is the best response by the nurse?

- a. "Maybe tomorrow you will feel more like talking."
- b. "Could you start off by talking about your family?"
- c. "A person like you has a great deal to offer the group."
- d. "You feel you will not be accepted unless you have something to say?"

5. A client on the Psychiatric unit asks Nurse Poppy about Psychiatric Advance Directives (PAD). The nurse explains that these advances directives:

- a. Make the appointment of a surrogate decision maker unnecessary
- b. Permit the client to dictate what treatments will be given during future hospitalization
- c. Eliminate the need for involuntary admissions when the client is a threat to self or others
- d. Allow the client, while having the capacity, to consent or refuse potential psychiatric treatments in the event of a future incapacitating mental health crisis

Situation: The Nursing Service Department of the hospital you are working in has planned a training program on Computerized Documentation. To keep yourself updated with

advanced technology, you signed up for it. (6-10)

6. What equipment is NOT considered technologically sophisticated?

- A. Blood gas analyzer
- B. Patient-controlled analgesia
- C. Computerized infusion pumps
- D. Chest X-ray machine

7. Which of the following is a language system that includes common nursing terms from a variety of vocabularies?

- A. Cochrane Collaboration System
- B. National Information Center
- C. Unified Nursing Language System
- D. NANDA

8. The "virtual office visit" is a growing trend in patient care. Which of the following is NOT TRUE of this type of visit?

- A. The nurse communicates with the patient via audio monitors
- B. The patient and the nurse are able to view and speak to one another
- C. The patient and the nurse are able to exchange information
- D. It uses e-mail

9. The specialty in which nurses are considered experts in healthcare information technology is _____.

- A. Information Specialist
- B. Nursing Informatics
- C. Computer System Expert
- D. Advanced Practice Nursing

10. Which of the following chronic disease conditions is NOT CONSIDERED in tele-monitoring?

- A. Chronic renal failure
- C. Congestive Heart Failure
- B. COPD
- D. Multiple Sclerosis

Situation: You are a staff nurse in the Neurologic Unit of the Hospital. You are taking

care of patients with different neurological conditions. The following questions refer to this statement. (11-15)

11. Patients suffering from Spinal Cord Injury are at risk for hypotension. This risk is attributable to _____.

- A. Volume depletion
- B. Pulmonary overload
- C. Loss of reflexes
- D. Fluid depletion

12. Which of the following can be used as a guide when establishing the functional ability of a patient with Spinal Cord Injury?

- A. Degree of Residual Muscle Function
- B. Absence of Hypotension
- C. Degree of Independence
- D. Absence of Complications

13. A 28 year old stuntman was admitted to your unit unconscious after falling from a horse. Tentative diagnosis of Spinal Cord Injury was the cause of?

- A. Motor Vehicle Crashes
- B. Sports
- C. Violence
- D. Falls

14. The final diagnosis for Benjamin is Spinal Cord Injury, Anterior Cord Syndrome. Which of the following is NOT a characteristic of this condition?

- A. Loss of motor power
- B. Loss of pain and temperature sensations
- C. Pronounced sensory loss in the upper extremities
- D. Preserved position, vibration and touch sense

15. Patients with Spinal Cord Injury benefit from rehabilitation. Which of the following is NOT a goal of rehabilitation?

- A. To promote independence
- B. To prevent infection
- C. To reduce morbidity
- D. To maximize function recovery

Situation: The diverse Neurologic disorders present unique challenges of nursing care. The Nurse must have a clear understanding of the pathologic processes for appropriate nursing management. The nurse is attending to clients in the ward with Multiple Sclerosis. (16-20)

16. A recently hospitalized client with Multiple Sclerosis is concerned about generalized weakness and a fluctuating physical status. What is the priority nursing intervention for this client?

- a. encourage bed rest
- b. space activities throughout the day
- c. teach the limitations imposed by the disease
- d. have one of the client's relatives stay at the bedside

17. Which clinical indicator does the nurse identify when assessing a client with hemiplegia?

- a. paresis of both lower extremities
- b. paralysis of one side of the body
- c. paralysis of both lower extremities
- d. paresis of upper and lower extremities

18. Which statement by a client with Multiple Sclerosis indicates to the nurse that the client needs further teaching?

*

1 point

- a. "I use a straw to drink liquids."
- b. "I will take a hot bath to help relax my muscles."
- c. "I plan to use an incontinence pad when I go out."
- d. "I may be having a rough time now, but I hope tomorrow will be better."

19. A 48 year old client carpenter admitted after a spinal cord injury and the Physician indicates that a client is a Paraplegic. The family asks the nurse what this means. What explanation should the nurse give to the family?

*

1 point

- a. upper extremities are paralyzed
- b. lower extremities are paralyzed
- c. one side of the body is paralyzed
- d. both lower and upper extremities are paralyzed

20. The nurse is preparing to conduct a Neurologic examination. What nursing

intervention is anticipated for a client in the plateau phase of Guillain-Barre syndrome?

★

1 point

- a. providing a straw to stimulate the facial muscles
- b. inserting an indwelling catheter to monitor urinary output
- c. encouraging aerobic exercises to avoid muscle atrophy
- d. administering antibiotic medication to prevent pneumonia

Situation: In the Psychiatric ward nurses are discussing the other factors that caused Alzheimer's disease (AD). And they all agree that it is a degenerative disease of the brain caused by gradual death and loss of brain cells resulting to progressive and irreversible Dementia. (21-25)

21. The Nurse develops a nursing diagnosis of self care deficit for an older client with Dementia. Which of the following is the most appropriate goal for this client?

- a. The client will be admitted to a long care facility to have activities of daily living needs met
- b. The client will function at the highest level of independence possible
- c. The client will complete all activities of daily living independently within one (1) hour time frame
- d. The Nursing staff will attend to all the client's activities of daily living needs during the hospitalization

22. The nurse recognizes that Dementia of the Alzheimer's type is characterized by:

- a. aggressive acting-out behavior
- b. periodic remissions and exacerbations
- c. hypoxia of selected areas of brain tissue
- d. areas of brain destruction called senile plaques

23. When attempting to understand the behavior of an older adult diagnosed with Vascular Dementia, the nurse recognizes that the client is probably:

- a. not capable of using any defense mechanisms
- b. using one method of defense for every situation
- c. making exaggerated use of old, familiar mechanism
- d. attempting to develop new defense mechanism to meet the current situation.

24. Which of the following nursing intervention is most helpful in meeting the needs of an older adult hospitalized with the diagnosis of Dementia of the Alzheimer's type?

- a. providing a nutritious diet high in carbohydrates and protein
- b. simplifying the environment as much as possible while eliminating the need for choices
- c. developing a consistent nursing plan with fixed time schedules to provide for emotional needs
- d. providing an opportunity for many alternative choices in the daily schedule to stimulate interest

25. A 75-year-old man with the diagnosis of Dementia has been cared for by his wife for 5 years. For the past 2 years he has not spoken and incontinent of urine and feces. During the last month he has changed from being placid and easygoing to agitated and aggressive. He is admitted to a Psychiatric hospital for treatment with Psychopharmacology. Which is the priority nursing care while this client is in the psychiatric facility?

- a. managing his behavior
- b. preventing further deterioration
- c. focusing on the needs of the wife
- d. establishing on the needs of the wife

Situation: The ICU nurse assigned to a 60-year old acutely ill client with Parkinson's disease who was hospitalized frequently. The initial confinement was due to electrolyte imbalance. The following confinement was due to injury sustained from fall, he became to have incontinent of stools that further lead to development of skin irritation and breakdown. Currently he was admitted due to respiratory infection. (26-30)

26. The review of literature does not only include published research studies but also theory. In this case which theory is least related to the study?

- a. Neuman's system model
- b. Lazarus' theory of stress and coping
- c. Nightingale's environmental theory
- d. Roy's theory of adaptation

27. Related literature included case situations similar to the case of the client. The nurse is interested in gaining further knowledge that can help the client at risk for fecal incontinence. The nurse should use which of the following methods to strengthen this report?

- a. Historical research method
- b. Qualitative research method
- c. Experimental research method
- d. Quantitative research method

28. The patient also reports multiple lumbar muscle strains, thus is also looking at using alternative therapies to reduce the pain. The client seeks advice from the nurse as to what type of alternative therapy would provide the best pain relief. How should the nurse respond?

- a. "I have seen many individuals with your type of pain be relieved of pain through the use of acupuncture."
- b. "These types of therapies are more than just therapies; they are really a mind over matter type of event or game."
- c. "Some of my other clients swear by magnet therapy to reduce pain as it is very small and very easy to use."
- d. "You need to choose the alternative therapy that is right for you based on research that supports the intervention."

29. While the nurse was able to identify the cases that were studied, it is important to understand the phenomenological experience of the client. This approach includes the following except:

- a. Exploring the idea expressed by the person
- b. Getting the whole picture of fecal incontinence and its associated factors
- c. Focusing interview on fecal incontinence
- d. Interviewing and using of questionnaire on client's responses to his situation

30. Which of the following can the nurse use in protecting the safety of the subjects undergoing the research study?

- 1. Code for Nurses
- 2. Nightingale's pledge
- 3. Patient's Bill of Rights

4. Human Rights Guidelines

- a. 1, 2, 3, 4
- b. 1, 3
- c. 1, 2
- d. 3 only

Situation: In a Nursing Practice you are directly involved in conducting a comprehensive physical assessment especially to older clients with sensory limitations. (31-35)

31. The client with head injury is having problems with several sensory functions. Nurse Ymir should understand that the structure that acts as a relay center for sensory impulses is the:

- A. thalamus
- B. cerebellum
- C. hypothalamus
- D. medulla oblongata

32. When formulating nursing care plans for older adults, Nurse Ymir should include special measures to accommodate for age-related sensory losses such as:

- a. difficulty in swallowing
- b. increased sensitivity to heat
- c. diminished sensation of pain
- d. heightened response to stimuli

33. After a brain attack a client remains unresponsive to sensory stimulation. Nurse Ymir understands general sensations such as heat, cold, pain, and touch are registered in the:

- A. frontal lobe
- B. parietal lobe
- C. occipital lobe
- D. temporal lobe

34. Visual Acuity declines with age. Presbyopia is a progressive decline in:

- a. Distinguishing between blues and greens and among pastel shades
- b. Ability to see in darkness

- c. The ability of the eyes to accommodate for close detailed work
- d. Adaptation to abrupt changes from dark areas to light areas

35. The novice nurse who is administering a beta blocker asks the Senior Staff Nurse about its effect on the Autonomic Nervous System. When formulating a response the nurse should understand which common misconception about the Autonomic Nervous System?

- a. both sympathetic and parasympathetic impulses continually affect most visceral effectors
- b. the autonomic nervous systems is regulated by impulses from the hypothalamus and other parts of the brain
- c. sympathetic impulses stimulate while parasympathetic impulses inhibit the functioning of any visceral effector
- d. visceral effectors (e.g., cardiac muscle, smooth muscle, glandular epithelial tissue) receive impulses only via autonomic neurons

Situation: You are a beginning nurse in a government hospital. You still need enhancement of your competencies in charting (36-40)

36. The following are methods of charting, EXCEPT _____.

- A. Sequential
- B. Narrative
- C. POMR
- D. Focus

37. In a PIE method of charting, P is for needs, EXCEPT _____.

- A. Admission
- B. Problem
- C. Teaching
- D. Discharge

38. Which statement is NOT true about medical records: Charts _____.

- A. Contents must be kept confidential
- B. Can be borrowed by any nursing student
- C. Can be accessed by a researcher.
- D. Can be given out only with patient's consent

39. You know that in narrative charting, documentation of patient care should be _____.

- A. Extensive
- B. Formatted
- C. Chronologic
- D. Descriptive

40. In charting neurologic assessment, the following should be indicated. SELECT all that apply.

- 1. Orientation
 - 2. Pupil movement
 - 3. Sensation
 - 4. Quality of speech
- A. 3 and 4
 - B. 1 and 2
 - C. 1, 2, 3, and 4
 - D. 1, 3, and 4

Situation: You are a staff nurse in the Eye Unit of the hospital. In the regular Quality Circle meeting one of the matters discussed was the increasing complaints of patients who underwent eye surgery in relation to instillation of eye drops. The case of a patient who has had cataract surgery was presented as a frame of reference in the reviewing the procedure on eye drops instillation. (41-45)

41. In instilling the eye drops you have to tilt the patient's head slightly back. Which of the following is the rationale for this nursing action?

- a. to prevent any spill from the eye during the procedure
- b. to keep any debris away from the lacrimal duct.
- c. to facilitate the procedure.
- d. to reach the conjunctival sac easily.

42. You have observed presence of drainage in the patient's eyes. Which of the following eye solutions would you use in cleaning her eyes?

- a. hydrochloric acid
- b. Normal saline solution
- c. Mineral water
- d. Soapsuds solutions

43. You cannot open the patient's eyes due to dried crust. Which of the following actions would

you do?

- a. Apply the eye drops the next day
- b. Apply eye ointment to soften the crust.
- c. Instill eye drops
- d. Place a warm wet wash cloth over her eyes for at least three minutes.

44. You accidentally touch the patient's eyelid during eye drop instillation causing her to blink. What should have you done to prevent this from occurring?

- a. Touch the inner side of the medicine cap
- g. Tilt back the patient's head slightly
- c. Hold the dropper close to the eye but do not allow the medication to fall into the cornea.
- d. Have the patient look up and focus on something

45. Which of the following is the rationale for instilling eye drops to patients who has eye surgery?

- a. to help control the intra-ocular pressure.
- b. to dilate the patient's pupils
- c. to treat an eye infection
- d. to constrict the patient's pupils

Situation: You are a staff nurse assigned at the Musculo-Skeletal unit of the Pediatrics Department. (46-50)

46. You do the initial assessment of a child diagnosed to have OSTEOMYELITIS, LEFT TIBIA. Which of the following would you expect to find when assessing the area over the tibia?

- A. Diffused tenderness
- B. Decreased pain
- C. Localized edema
- D. Increased warmth

47. Which of the following should you include in the care plan to meet the development needs of an 8 year old child confined at home with osteomyelitis?

- A. Talking to the child about his interests twice daily
- B. Allowing siblings to visit throughout the day

- C. Encourage the child to communicate with school mates
- D. Encourage the parents to stay with the child

48. A child with newly diagnosed osteomyelitis has nausea and vomiting. The parents wanted to give ginger candy to help control the nausea. Which of the following should you tell the parents?

- A. "Your child needs medication for the vomiting"
- B. "I will need to get a prescription"
- C. "We discourage the use of home remedies in children"
- D. "You can try them and see how it does"

49. A child is to receive IV antibiotics for osteomyelitis. Which of the following blood tests should be done before the initial dose of antibiotics can be given?

- A. Culture
- B. White blood count
- C. Creatinine
- D. Hemoglobin

50. You are caring for a child with osteomyelitis who will be receiving high-dose intravenous antibiotic therapy for 3 to 4 weeks. Which of the following should you plan to monitor?

- A. Urine glucose level
- B. Thrombin time
- C. Blood glucose level
- D. Urine specific gravity

Situation: You are on-duty in a psychiatric unit is assigned to care for patients at-risk for suicide. (51-55)

51. In evaluating the effectiveness of the care provided for a self-destructive patient, the BEST approach is to _____.

- a. modify the plan as little as possible to avoid confusing the patient.
- b. make sure the staff has followed the original care plan.
- c. involve the patient in the process of evaluation.
- d. Identify maladaptive coping behaviors.

52. Which of the following statements would BEST represent your attempt to assess a patient's current ability to organize and enact a suicide wish?

- a. "What is your educational background?"
- b. "What plan do you have for committing suicide?"
- c. "Have you ever thought about hurting yourself?"
- d. "Are your self-destructive thoughts frequent?"

53. You should pursue assessment of suicide risk for individuals who display tendencies to be _____.

- a. Compulsive, obsessive, or weak
- b. risk-taking, aggressive, or controlling
- c. hostile, impulsive, or depressed
- d. blaming, abusive, or confused

54. On admission, the nursing diagnosis for a patient who is depressed and suicidal is, "Risk for suicide." An appropriate outcome for this diagnosis at discharge from the hospital is, "The patient will _____.

- a. not harm self while hospitalized
- b. be able to problem-solve effectively
- c. increase feelings of self-worth
- d. develop a trusting relationship with the nursing staff.

55. A male suicidal patient is found as he tries to hang himself in the bathroom. What nursing intervention would address the patient's need for safety while maintaining his self-esteem?

- a. Advise him to use the bathroom only with staff supervision.
- b. Tell him that the police is coming to rescue him.
- c. Place him in the seclusion room with 15-minute checks.
- d. Assign a nursing staff to remain with him all times.

Situation: You are a staff nurse in the Psychiatric Unit of the hospital taking care of patients with manic disorder. The following relate to this statement. (56-61)

56. What would be your MOST therapeutic response to a manic patient demanding that you

call his attending physician to make an order for a pass to go out at the middle of the night?

- a. "You go to the recreation hall now while I call your attending physician"
- b. "You must really be upset to want a pass immediately. I will give you a medication to make you calm."
- c. "I can't call your physician now but you can talk to me about your request to pass."
- d. "Don't be unreasonable. I can't call your attending physician in the middle of the night"

57. One of your patients lacks food and fluid intake due to poor appetite. What foods would BEST meet the patient's nutritional needs?

- a. Steak and spaghetti
- b. Peanut butter, sandwich and milk
- c. Carrots, celery, raisins, apple
- d. Beef and non-diet soda

58. During lunchtime you have observed that a patient with mania taking food from other patient. What principle would guide you in determining the appropriate intervention in this situation?

- a. the patient needs foods and fluids any way possible
- b. the patient will calm down as soon as lunchtime is over.
- c. the intrusive behavior of a manic patient is not a threat to other patients.
- d. other patients need to be protected from the intrusive behavior of other patients.

59. A patient is manifesting some manic depression. Which of the following activities would you provide to distract such patient?

- a. you let the patient go for a walk
- b. give him a book to read.
- c. let him watch the final game of the UAAP
- d. let him play checkers with another patient.

60. What therapeutic activity would you provide a patient with mania?

- a. doing ceramics and whittling
- b. playing cards and checkers
- c. playing bingo and knitting
- d. drawing and folding towels

61. Antibiotics have limited use in the actual treatment of Mastoiditis because_____.

- a. Tissue destruction is extensive
- b. It is a long-term treatment
- c. Antibiotics do not easily penetrate the infected bony structure of the mastoid
- d. Culture has to be done to identify which antibiotic is most effective for the treatment of Mastoiditis

Situation: Addiction disorders are unnecessarily common in the modern lifestyle of Filipinos, especially with the rise of establishments selling products with caffeine. Because of the various “improvements” in performance, this industry is still unwavering. (62-70)

62. Caffeine greatly affects which part of the heart, as reflected in an ECG?

- a. Atrium
- b. Ventricles
- c. Purkinje fibers
- d. Interventricular septum

63. Which of the following do not have the potential of addiction, if consumed frequently and in large amounts?

- a. Chocolate-flavored Cola
- b. Apple juice
- c. Green tea
- d. Common cold preparations

64. In the previous situation of the young professional intoxicated with caffeine, he suddenly was unable to take any caffeine source for 24 hours already. The nurse expects to note the following findings, except?

- a. Headache
- b. Difficulty in stimulating
- c. Nausea and vomiting
- d. Muscle pain

65. The nurse suspects caffeine intoxication in a young professional if he notes which finding?

- a. Decreased flow of thought and speech
- b. Psychomotor agitation
- c. Urinary retention

d. Pale face

66. The following are the reasons why many people abuse caffeine. Choose the exception.

- a. Relieve fatigue
- b. Increase mental alertness
- c. Both A and B
- d. Neither A nor B

Situation: You are a staff nurse in a government hospital being transferred to the Psychiatric Unit. You were required to equip yourself by attending the enhancement program on Crisis Intervention. To assess your knowledge and skills on the subject you were given a pre-test. (67-70)

67. A crisis that is acute but temporary and due to an external source is_____.

- a. Developmental dependency, value conflicts, sexual identity, control, and capacity for emotional intimacy (Townsend, p.183).
- b. Transitional
- c. Traumatic
- d. Dispositional

68. The MAIN objective of crisis intervention is to_____

- a. Make the person realize his/her mistakes
- b. Ensure patient's safety
- c. Return the person to the root of the crisis to identify the cause
- d. Eliminate the stressor

69. Which of the following is NOT an assumption in the concept of crisis?

- a. Crisis is acute and resolved within a short period of time
- b. All individuals experience a crisis
- c. Crisis is a growth-retarding factor to the emotional development of a person
- d. Specific identifiable events precipitate a crisis

70. Which of the following nursing interventions is the most appropriate for a client who is in the early state of crisis?

- a. Encourage client to express feeling and emotions related to crisis

- b. Require client to be actively involved in establishing goals
- c. Encourage client to begin the development of insight
- d. Ask client to evaluate the situation

Situation: You are a staff nurse in a Rehabilitation Center for Substance Abuse. (71-75)

71. You admitted an intoxicated patient for alcohol withdrawal. Which of the following interventions should you implement to help the client become sober?

- a. have the patient take a cold shower
- b. walk the patient around the unit
- c. Provide the patient a quiet room to sleep in
- d. Give patient a black coffee to drink

72. While obtaining the history of a patient with several cases of driving under the influence of alcohol, you asked about the amount of alcohol the patient consumes daily. He answered "I just have a few drinks with the guys after work". Which of the following would be your MOST therapeutic response?

- a. "That's all the patients here say at first".
- b. "You say you have a few drinks, but you have a multiple arrests".
- c. "I think you cannot handle a few drinks".
- d. "Then you should have somebody driving for you".

73. Which of the following assessment data provides the best information on the patient's physiologic response and the effectiveness of the medication prescribed for alcohol withdrawal?

- a. Sleep pattern
- b. Evidence of tremors
- c. Vital signs
- d. Nutritional status

74. One of your patients is manifesting signs and symptoms of alcohol withdrawal such as: tremors, diaphoresis, and hyperactivity. Blood pressure is 190/92 mmHg and pulse rate of 92 beats/min. which of the following medications should you expect to be ordered for this patient?

- a. Lorazepam (Ativan)
- b. Naloxone (Narcan)
- c. Haloperidol (Haldol)
- d. Benzotropin (Cogentin)

75. A patient discharged from an alcohol rehabilitation program was on Clonazepam (Klonopin) 0.5 mg. three times a day. Several months later he reported having insomnia, shakiness, sweating, and one seizure. Which of the following questions should you ask FIRST? Ask if he _____.

- a. has stopped taking the Klonopin suddenly
- b. has been drinking alcohol with the Klonopin
- c. has developed tolerance to the Klonopin and needs to increase the dose.
- d. is having a panic attack and needs to take extra Klonopin.

Situation: One of your programs as a community health nurse is related to substance abuse addiction. You spearheaded an educational collaborative activity to address the increasing drug and alcohol problems in the community. A multi-sectoral committee was formed, and an initial organizational committee meeting was held. The following questions apply to this situation. (76-80)

76. To motivate and spark the interest of prospective participants in the proposed program, which of the following activities will you introduce as an initial activity of the group?

- A. Lecture-forum on alarming dangers of drug and alcohol use.
- B. A summer sport fest involving all age group.
- C. Values-formation program
- D. Lecture-forum to increase awareness of unhealthy lifestyle.

77. To assess the prevalence and incidence of substance abuse, a community survey was done by the barangay health workers. Using purposive sampling, what age group is at MOST risk to be considered as the survey respondents?

- A. Pre-schoolers
- B. Older adults
- C. Older Children
- D. Adolescents

78. A self-help support group for educational and caring approach for alcoholics is:

- A. Halfway homes
- B. Psychiatric treatment and rehabilitation center
- C. Alcoholic Anonymous
- D. Detoxification treatment programs

79. The LEAST effective education and preventive measure for drug abuse is:

- A. Activity workshops for out of school youths
- B. Family enrichment programs
- C. Regular advocacy meetings to include families, store, restaurant, bar owners
- D. Leaflets and brochures for mass distribution

80. The committee organized parent education classes. A representative from the local police department was invited to discuss:

- A. Stress management
- B. Parent effectiveness training
- C. The legal implications of illicit drug use
- D. Recognition of deviant child and adolescent behavior

Situation: In the PGH Ear Unit, the staff nurse is attending to several outpatient clients seeking follow-up care. (81-85)

81. In administering ear drops, the nurse observes which of the following principles?

- a. In a child, pull pinna upward and backward.
- b. Let the ear drops fall on the middle space of the canal.
- c. Lie on the unaffected side to facilitate absorption.
- d. Position unaffected ear uppermost.

82. The nurse assists in an ear irrigation. Which of the following statements by the nurse is correct?

- a. "Tilt the head towards the unaffected ear."
- b. "Direct the stream of irrigate at the sides of the ear canal."
- c. "After the procedure, lie on the unaffected side to allow the irrigate to soften any hardened mass."
- d. "This procedure is allowed for otitis media to clean the canal."

83. What makes children more predisposed to chronic otitis media?

- a. Shorter Eustachian tube
- b. Horizontal orientation of the ear canal
- c. Primary diaphragmatic breathing
- d. Both A and B

84. The Psychiatrist orders "Restraints PRN" for a client who has a history of violent behavior. Nurse Poppy should:

- a. Utilize the restraint order if the client begins to act-out
- b. Ask the psychiatrist to clarify the type of restraint order
- c. Ensure that the entire staff is aware of the restraint order
- d. Recognize that PRN orders for restraints are unacceptable

85. Which of the following is a characteristic sign of acute otitis media in children?

- a. Jumping in pain
- b. Ear tugging
- c. Painless inflammation
- d. Difficulty awakening

Situation: The student nurse is reviewing for his admission exam for a prestigious hospital in Taguig City. He is answering questions related to eye disorders. (86-90)

86. In the clinic, the school health nurse is conducting a vision screening to incoming Grade 1 and Grade 4 students. One of the students was able to read at 10 ft, what a normal eye sees at 20 feet. She documents this finding as:

- a. 10/20
- b. 20/10
- c. 2/1
- d. 1/2

87. A student was not able to read the letters in the 20/20 level. How should the nurse proceed with the visual assessment?

- a. Document this finding as visual impairment.

- b. Allow the student to come nearer at a distance of 10 ft.
- c. Ask the student to squint, and try reading the level again.
- d. Remind the student to avoid guessing at letters to have an accurate finding.

88. A patient is due to undergo tonometry for confirmation of the diagnosis of glaucoma. The nurse advises the patient against which of the following, except:

- a. Squinting
- b. Breathing through open glottis
- c. Coughing
- d. Bending at the hips

89. The nurse is caring for a client following enucleation. The nurse notes the presence of bright red drainage on the dressing. Which nursing action is appropriate?

- a. Notify the physician.
- b. Document the finding.
- c. Continue to monitor the drainage.
- d. Mark the drainage on the dressing and monitor for any increase in bleeding.

90. The nurse is performing an admission assessment on a client with a diagnosis of detached retina. Which of the following is associated with this eye disorder?

- a. Total loss of vision
- b. Pain in the affected eye
- c. A yellow discoloration of the sclera
- d. A sense of a curtain falling across the field of vision

Situation: The fundamental assumption of theory of life cycle theories is that development occurs in successive stages. The different life cycle theories try to explain personality development as well as development of Psychiatric disorders. The following questions refer to this situation. (91-95)

91. The nurse understands that problems with dependence versus independence develop during the stage of growth and development known as:

- a. Infancy

- b. School age
- c. Toddlerhood
- d. Preschool age

92. When planning to teach about the stages of growth and development, what stage does the nurse indicate as basically concerned with role identification?

- A. Oral stage
- B. Genital stage
- C. Oedipal stage
- D. Latency stage

93. The nurse understands that Freud's phallic stage of psychosexual development, which compares with Erikson's psychosocial phase of initiative versus guilt, is seen best at:

- A. adolescent
- B. 6 to 12 years
- C. 3 to 5 1/2 years
- D. birth to 1 year

94. A 3 year old boy was brought to a Pediatric clinic for indifferent behavior. About a month after their toddler is diagnosed as moderately retarded, the parents discuss the toddler's future, reflecting specifically on plans for their child's independent functioning. The nurse recognizes that the parents:

- a. Are using denial
- b. Accept the child's diagnoses
- c. Are using intellectualization
- d. Accept their child's limitation

95. The nurse utilizes play when interacting with children based on the understanding that play for the preschool-age child is necessary for the emotional development of:

- A. Projection
- B. Introjection
- C. Competition
- D. Independence**

Situation: As a beginning professional nurse one of the competencies expected of you is to engage in research. Basic knowledge in

research, therefore, is very important. The following questions related to these statements. (96-100)

96. Which of the following is a type of probability sampling?

- A. Cluster
- B. Purposive
- C. Quota
- D. Convenience

97. You want all people who are currently institutionalized for psychiatric problems to participate in your study. This is an example of _____.

- A. Universal population
- B. Target population
- C. Element
- D. Sample

98. What element distinguishes a true experimental research from a quasi-experimental research?

- A. The use of non-probability sampling
- B. Lack of random assignment of subject to group
- C. Size of the sample
- D. The introduction of experimental treatment.

99. You want to determine the difference of the anxiety level between male and female patients scheduled for abdominal surgery. The first 30 males and the first 30 females who are admitted to the hospital at the time of the study would be asked as study participants. This is an example of what sampling technique?

- A. Fish bowl technique
- B. Simple random
- C. Quota sampling
- D. Purposive sampling

100. You want to determine the effect of a planned exercise on low-back pain. Which of the following research designs would be MOST APPROPRIATE to use in this study?

- A. Posttest only control group design

- B. One-shot case study
- C. Pretest-posttest control group design
- D. One group pretest-posttest design