

**Test Bank: Safe  
Maternity &  
Pediatric Nursing  
Care, 1st Edition,  
Luanne Linnard-  
Palmer, Gloria  
Haile Coats**

## **Chapter 1: Healthy People 2020 and Initiatives for Healthy Families**

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### **MULTIPLE CHOICE**

1. Which statement is accurate regarding the *Healthy People 2020* initiative related to families, children, and infants?
  - 1) Most of the Healthy People documents apply specifically to infants and children.
  - 2) Healthy People documents address the good health of adults, which benefits children.
  - 3) There are no Healthy People initiatives specifically addressing infants or children.
  - 4) The only initiative impacting families, infants, and children encourages breastfeeding.

ANS: 2

Chapter number and title: 1: *Healthy People 2020* and Initiatives for Healthy Families  
Chapter learning objective: Describe how the *Healthy People 2020* initiative relates to families, children, and infants.

Chapter page reference: 4

Heading: Leading Health Indicators

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Promoting Health

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	Very few of the <i>Healthy People 2020</i> initiatives are specific to families, children, or infants.
<b>2</b>	By helping adults stay healthy, <i>Healthy People 2020</i> creates healthier families with healthier children, so this statement is accurate.
<b>3</b>	Some <i>Healthy People 2020</i> initiatives do address children, but they are in the minority.
<b>4</b>	There are initiatives impacting families, infants, and children other than the one mentioned in the chapter on breastfeeding.

PTS: 1

CON: Promoting Health

2. What two federal agencies oversee objectives related to maternal, infant, and child health in the *Healthy People 2020* initiative?
  - 1) The Department of Agriculture and the Centers for Disease Control and Prevention
  - 2) The Department of Children and Youth Services and the Health Resources and Services Administration
  - 3) The Centers for Medicare & Medicaid Services and the Health Resources and Services Administration
  - 4) The Centers for Disease Control and Prevention and the Health Resources and Services Administration

ANS: 4

Chapter number and title: 1: *Healthy People 2020* and Initiatives for Healthy Families

Chapter learning objective: List government agencies that are involved in the Healthy People objectives.

Chapter page reference: 3

Heading: Historical Perspective

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Promoting Health

Difficulty: Easy

	<b>Feedback</b>
<b>1</b>	The Department of Agriculture is not involved in overseeing objectives.
<b>2</b>	The Department of Children and Youth Services is not involved in overseeing objectives.
<b>3</b>	The Centers for Medicare & Medicaid Services has no role in overseeing objectives.
<b>4</b>	The Centers for Disease Control and Prevention and the Health Resources and Services Administration are the agencies that oversee the objectives of Healthy People 2020.

PTS: 1

CON: Promoting Health

3. Who created the original Healthy People initiative?

- 1) The Centers for Disease Control and Prevention
- 2) The Health Resources and Services Administration
- 3) President Jimmy Carter
- 4) The surgeon general of the United States

ANS: 4

Chapter number and title: 1: *Healthy People 2020* and Initiatives for Healthy Families

Chapter learning objective: Describe how the *Healthy People 2020* initiative relates to families, children, and infants.

Chapter page reference: 4

Heading: Leading Health Indicators

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Promoting Health

Difficulty: Easy

	<b>Feedback</b>
<b>1</b>	Although the Centers for Disease Control and Prevention oversees the objectives, it did not create the original Healthy People initiative.
<b>2</b>	Although the Health Resources and Services Administration oversees the objectives, it did not create the original Healthy People initiative.
<b>3</b>	President Jimmy Carter supported the original Healthy People initiative; he did not create it.
<b>4</b>	The surgeon general of the United States created the original Healthy People initiative to promote better health in the country.

PTS: 1

CON: Promoting Health

4. Which initiative did not demonstrate improvement over the past decades?
- 1) Air quality
  - 2) Childhood exposure to secondhand smoke
  - 3) Suicide and depression in adolescents
  - 4) Increased physical activity for adults

ANS: 3

Chapter number and title: 1: *Healthy People 2020* and Initiatives for Healthy Families  
Chapter learning objective: Describe historical perspectives related to the Healthy People initiative.

Chapter page reference: 1

Heading: Historical Perspective

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Promoting Health

Difficulty: Easy

	<b>Feedback</b>
1	Air quality has improved, although problems still exist in some areas.
2	Childhood exposure to secondhand smoke has declined as a result of a reduction in the number of adults who smoke.
3	Unfortunately, suicide and depression in adolescents is still a significant problem that has not improved and is actually getting worse.
4	Adults are more active, and physical activity has improved over the past decade.

PTS: 1

CON: Promoting Health

5. One initiative of *Healthy People 2020* is to increase the proportion of infants who are breastfed. What is the maternity nurse's primary role in helping to meet this initiative?
- 1) All nurses should become lactation consultants.
  - 2) Increasing the percentage of employers that offer a place to pump breast milk
  - 3) Providing support and teaching immediately after birth
  - 4) Increasing the percentage of live births in hospitals

ANS: 3

Chapter number and title: 1: *Healthy People 2020* and Initiatives for Healthy Families  
Chapter learning objective: Discuss how the Healthy People objectives apply to maternal and child well-being.

Chapter page reference: 4-6

Heading: Application: *Healthy People 2020* Objective – Increase Proportion of Infants Who Are Breastfed

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Promoting Health

Difficulty: Easy

	<b>Feedback</b>
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<b>1</b>	There is no need for all nurses to become lactation consultants, and this is not the primary role of nurses.
<b>2</b>	Although nurses can advocate for pumping areas in the workplace, this is not the primary role of nurses in meeting this initiative.
<b>3</b>	Nurses can take an active role in teaching and supporting new mothers in breastfeeding their babies after birth, but it is important to allow the patient autonomy to make her own decision.
<b>4</b>	Nurses cannot increase the percentage of live births in hospitals, but they can contribute to this initiative (although this has nothing to do with meeting the breastfeeding initiative).

PTS: 1 CON: Promoting Health

6. How can maternal and pediatric nurses promote Healthy People objectives for their clients?
- 1) Provide all patients with a copy of the current Healthy People objectives
  - 2) Plan care that includes teaching and support for Healthy People objectives
  - 3) Require all new mothers to breastfeed while hospitalized
  - 4) Discourage the father from ever bottle feeding the newborn

ANS: 2

Chapter number and title: 1: *Healthy People 2020* and Initiatives for Healthy Families

Chapter learning objective: Explain how maternal and pediatric nurses can be instrumental in promoting Healthy People objectives for their clients.

Chapter page reference: 6

Heading: *Healthy People 2020* Leads to Healthy Families

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Promoting Health

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	Providing patients with a copy of the current initiatives is not the most effective means of helping clients meet these initiatives.
<b>2</b>	The nurse, who has a primary role in health promotion, can plan care that keeps the Healthy People objectives in mind and can provide teaching and support to help patients meet the objectives.
<b>3</b>	Breastfeeding is a choice each woman makes, and it cannot be required of all new mothers.
<b>4</b>	Discouraging the father from ever bottle feeding the newborn is not realistic, reasonable, or helpful.

PTS: 1 CON: Promoting Health

7. When the *Healthy People 2020* initiatives are reviewed, which initiative related to infants and young children has shown improvement?
- 1) Suicide rates in adolescents
  - 2) Increased life expectancy
  - 3) Babies put to bed on their backs

4) Infant mortality rates

ANS: 3

Chapter number and title: 1: *Healthy People 2020* and Initiatives for Healthy Families

Chapter learning objective: Analyze the progress, or lack of, for each of the Leading Health Indicators that pertain to families.

Chapter page reference: 3

Heading: Introduction

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Promoting Health

Difficulty: Easy

	<b>Feedback</b>
<b>1</b>	The suicide rate in adolescents has not shown improvement and is actually worsening.
<b>2</b>	Increased life expectancy is seen in adults, not infants and young children.
<b>3</b>	More babies are sleeping on their backs, with a significant decline in the frequency of sudden infant death syndrome as a result.
<b>4</b>	Unfortunately, infant mortality rates are increasing and have not improved.

PTS: 1

CON: Promoting Health

## **Chapter 2: Introduction to Maternity Nursing**

### **Multiple Choice**

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

- \_\_\_\_ 1. What impact did moving births to hospitals in the early 20th century have on the rate of complications and deaths?
- 1) Dramatic decline
  - 2) Slow decline
  - 3) Slight increase
  - 4) Drastic increase
- \_\_\_\_ 2. What was the motivating factor for advancing nursing roles in the care of women in the early 20th century?
- 1) Lack of access to health care for poor women and those in rural areas
  - 2) Patients' modesty and desire to be cared for by a woman
  - 3) Fear of death if attended by a physician
  - 4) Changes in laws and regulations
- \_\_\_\_ 3. Which statement most accurately describes how maternity nursing has changed over the last 50 years?
- 1) Nurses have assumed many duties once assigned to physicians.
  - 2) Nurses no longer assist physicians in caring for the laboring patient.
  - 3) Nurses are reducing infant mortality by taking on greater responsibilities.
  - 4) Nurses are responsible for delivering more infants than physicians are.
- \_\_\_\_ 4. A patient is admitted to the labor and delivery unit, and a plan of care based on that patient's needs is developed by which member of the health-care team?
- 1) Licensed practical nurse (LPN)/Licensed vocational nurse (LVN)
  - 2) Registered nurse (RN)
  - 3) Nurse practitioner
  - 4) Certified nurse midwife
- \_\_\_\_ 5. How does a nurse practitioner's role differ from that of a certified nurse midwife with regard to maternity care?
- 1) The nurse practitioner does not usually deliver babies but cares for women before and after delivery.
  - 2) The certified nurse midwife cannot prescribe medications, but a nurse practitioner does have prescribing privileges.
  - 3) The certified nurse midwife is hired by the hospital, whereas a nurse practitioner practices independently and does not have hospital privileges.
  - 4) The certified nurse midwife and the nurse practitioner have very similar roles with little difference between the two.
- \_\_\_\_ 6. When moving to a new state, the nurse learns the scope of practice in the new state by doing what?
- 1) Reading the Nurse Practice Act on the Board of Nursing Web site

- 2) Asking other nurses with the same credentials what they are allowed to do
  - 3) Following the scope of practice learned in nursing school
  - 4) Reviewing research articles to find evidence of best practices
- 7. Which organization establishes standards of care for maternity nursing?
  - 1) American Nurses Association
  - 2) American Academy of Pediatrics
  - 3) Association of Women's Health, Obstetric and Neonatal Nurses
  - 4) National League for Nursing
- 8. The nurse wants to establish an evidence-based practice. Where can evidence be found to support a change in the way a procedure is performed?
  - 1) Past experience
  - 2) Facility procedure manual
  - 3) Nursing research
  - 4) Nursing organizations
- 9. The provider explains the need for an amniocentesis, but the patient declines the procedure. The nurse supports the patient's right to make this decision, demonstrating an understanding of which ethical principle?
  - 1) Autonomy
  - 2) Beneficence
  - 3) Nonmaleficence
  - 4) Justice
- 10. The nurse joins a community outreach program to promote vaccination of children, demonstrating which ethical principle?
  - 1) Autonomy
  - 2) Beneficence
  - 3) Nonmaleficence
  - 4) Justice
- 11. The nurse working in an acute care facility makes it a point to never look at the declaration page showing the patient's insurance or lack of insurance because of a belief that all patients should be treated equally. This demonstrates which ethical principle?
  - 1) Autonomy
  - 2) Beneficence
  - 3) Nonmaleficence
  - 4) Justice
- 12. A patient asks the student nurse whether a medication is safe to take during pregnancy. The student thinks it is an approved medication during pregnancy. Which is the student's best response?
  - 1) "I'm pretty sure it is a safe medication."
  - 2) "I'm not qualified to answer that question."
  - 3) "I will ask your obstetric provider."
  - 4) "I really don't know."

- \_\_\_ 13. Which statement made by a nursing student to a patient indicates the need for the nursing instructor to clarify the student's role in providing maternity care?
- 1) "I've had three children, and I know from experience how helpful Lamaze breathing is to pain control."
  - 2) "You're not allowed to have anything to eat this close to delivery, but let me get you some ice chips."
  - 3) "You're doing really great. You're almost fully dilated, so it won't be much longer now. Hang in there."
  - 4) "You said you wanted to deliver without taking pain medications. Are you sure you want to change your mind now?"

**Multiple Response**

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

- \_\_\_ 14. The nurse working in the neonatal intensive care unit (NICU) sits with the family as the provider explains that the neonate has no hope of survival and recommends discontinuation of life support. Which ethical dilemma(s) should the nurse identify in this situation? (*Select all that apply.*)
- 1) Quality of life versus quantity of life
  - 2) The cost of providing futile care
  - 3) Euthanasia versus God's will
  - 4) Lack of support for decision making
  - 5) Knowledge deficit
- \_\_\_ 15. The nurse working in an obstetric clinic admits a woman who is 5 months pregnant and admits to a heroin addiction. Which interventions will be effective in meeting the nurse's ethical obligation to the unborn fetus? (*Select all that apply.*)
- 1) Reporting the patient's heroin use to the police
  - 2) Teaching the patient about the impacts to babies born to heroin addicts
  - 3) Providing referrals to community resources for drug treatment
  - 4) Discussing the option of abortion because the mother will be unable to care for the child
  - 5) Determining whether the patient has family support during her pregnancy

## **Chapter 2: Introduction to Maternity Nursing**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Discuss the history of maternity nursing.

Chapter page reference: 15

Heading: History of Maternity Nursing

Integrated processes: Caring

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
1	Moving the delivery of babies to the hospital did not result in a dramatic decline in birth-related complications and deaths.
2	After birthing was moved to hospitals, there was a slow decline in birth-related complications and deaths.
3	Complications and death rates did not increase after birthing was moved to hospitals.
4	There was no drastic increase in complications and death rates when more births occurred in hospitals.

PTS: 1

CON: Pregnancy

2. ANS: 1

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Discuss the history of maternity nursing.

Chapter page reference: 15

Heading: History of Maternity Nursing

Integrated processes: Caring

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
1	There were few physicians in rural areas or physicians available to treat the poor, which motivated the advancement of nursing roles in caring for women.
2	Patient modesty did not play a role in advancing nursing roles in caring for women.
3	Women feared hospitals would cause death in the 19th century, but this fear was

	not significant in the 20th century.
4	Laws and regulations did not play a role in advancing nursing roles in caring for women.

PTS: 1 CON: Pregnancy

3. ANS: 1

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Compare and contrast the roles of the LPN/LVN, RN, NP, CNS, and CNM.

Chapter page reference: 15-16

Heading: History of Maternity Nursing

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	Today, nurses perform many of the duties that were once assigned to physicians, so this is a correct statement.
2	Nurses still assist physicians, but they also have an independent practice and make a significant, autonomous contribution to maternity nursing.
3	Unfortunately, infant mortality rates are not declining, largely because of barriers in accessing care; so this statement is not accurate.
4	Although nurses provide a great deal of care before and after delivery, physicians and other providers deliver most babies.

PTS: 1 CON: Pregnancy

4. ANS: 2

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Compare and contrast the roles of the LPN/LVN, RN, NP, CNS, and CNM.

Chapter page reference: 16

Heading: Roles in Maternity Nursing

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	The LPN/LVN is responsible for carrying out the plan of care but does not develop the plan of care.
2	The RN is responsible for developing the plan of care.

<b>3</b>	Nurse practitioners do not develop the plan of care but may contribute to the development if they wish.
<b>4</b>	Certified nurse midwives do not develop the plan of care but may contribute to the development if they wish.

PTS: 1 CON: Pregnancy

5. ANS: 1

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Compare and contrast the roles of the LPN/LVN, RN, NP, CNS, and CNM.

Chapter page reference: 16

Heading: Roles in Maternity Nursing

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	Both the nurse midwife and the nurse practitioner care for women before and after delivery; however, nurse practitioners do not take responsibility for delivering babies, whereas midwives do deliver babies.
<b>2</b>	Both the nurse practitioner and the certified nurse midwife can prescribe medications.
<b>3</b>	Either can be employed by a facility, but usually the midwife has an independent practice with hospital privileges.
<b>4</b>	There are significant differences between a nurse practitioner and a midwife.

PTS: 1 CON: Pregnancy

6. ANS: 1

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Define scope of practice, standards of care, and evidence-based practice.

Chapter page reference: 17

Heading: Scope of Practice

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	The scope of practice varies from state to state in the Nurse Practice Act, which is published by the Board of Nursing.
<b>2</b>	Asking another nurse can result in misinformation.

<b>3</b>	Although nursing schools teach according to the Nurse Practice Act in the state where they are located, moving to a new state requires learning how that state's Nurse Practice Act differs.
<b>4</b>	Research evidence describes best practices but does not address the scope of practice.

PTS: 1 CON: Pregnancy

7. ANS: 3

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Define scope of practice, standards of care, and evidence-based practice.

Chapter page reference: 17

Heading: Standards of Care

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	The American Nurses Association provides general guidelines but does not specifically address maternity nursing.
<b>2</b>	The American Academy of Pediatrics is a medical organization aimed at physicians, not nurses.
<b>3</b>	The Association of Women's Health, Obstetric and Neonatal Nurses is an organization that helps to establish standards of care for maternity nursing, including promoting and publishing maternity nursing research.
<b>4</b>	The National League for Nursing is an organization for nurse educators and does not establish standards of care for clinical nursing.

PTS: 1 CON: Pregnancy

8. ANS: 3

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Define scope of practice, standards of care, and evidence-based practice.

Chapter page reference: 17

Heading: Evidence-Based Practice

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	Past experience is not a good source for evidence.
<b>2</b>	Facility procedures should be based on evidence, but changing a procedure

	requires newer evidence.
3	Nursing research is the best source of evidence for changing how a procedure is done.
4	Nursing organizations may support research, but the organizations do not provide the evidence.

PTS: 1 CON: Pregnancy

9. ANS: 1

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice.

Chapter page reference: 17

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

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

PTS: 1 CON: Pregnancy

10. ANS: 2

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice.

Chapter page reference: 17-18

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Autonomy is allowing patients to make their own decisions regarding health care

	and is not the principle involved in this scenario.
2	Beneficence is doing good and doing what is needed; it is the principle involved in this scenario because the nurse is advocating for the health of children.
3	Nonmaleficence is doing no harm and is not the principle involved in this scenario.
4	Justice is treating people fairly and is not the principle demonstrated in this scenario.

PTS: 1 CON: Pregnancy

11. ANS: 4

Chapter number and title: 2: Introduction to Maternity Nursing

Chapter learning objective: Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice.

Chapter page reference: 17-18

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

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

PTS: 1 CON: Pregnancy

12. ANS: 3

Chapter number and title: 2: Introduction to Maternity Nursing

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

Chapter page reference: 18

Heading: The Maternity Nursing Student

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
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<b>1</b>	Being “pretty sure” is not the standard of safe delivery of care and is a dangerous statement to make.
<b>2</b>	Although this is an accurate statement, it leaves the patient without an answer and is not the best response.
<b>3</b>	Questions regarding the safety of medications should always be referred to the provider, so this is the best response.
<b>4</b>	Although the last statement may be true, it does not answer the patient’s question. It is acceptable to admit not knowing something, but the response should indicate how you will find an answer.

PTS: 1 CON: Pregnancy

13. ANS: 1

Chapter number and title: 2: Introduction to Maternity Nursing

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

Chapter page reference: 18

Heading: The Maternity Nursing Student

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	This statement shows role confusion because the nurse is not the patient. What worked for the nurse may not be best for the patient, so the instructor needs to clarify roles.
<b>2</b>	This is an appropriate statement that does not require clarification.
<b>3</b>	The student is encouraging the patient, and this is an appropriate comment that does not require clarification.
<b>4</b>	It is appropriate to make sure the patient truly wants pain medication if she voiced a desire to deliver without medication previously; so this is an appropriate comment.

PTS: 1 CON: Pregnancy

## MULTIPLE RESPONSE

14. ANS: 1, 2, 3

Chapter number and title: 2: Introduction to Maternity Nursing

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

Chapter page reference: 17-18

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

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

PTS: 1 CON: Pregnancy

15. ANS: 2, 3, 5

Chapter number and title: 2: Introduction to Maternity Nursing

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

Chapter page reference: 17-18

Heading: Ethics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

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

PTS: 1 CON: Pregnancy

## Chapter 3: Human Reproduction and Fetal Development

### Multiple Choice

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

- \_\_\_ 1. The nurse is teaching a class about female reproduction for middle school girls. Which statement made by one of the students requires the nurse to correct a misunderstanding?
- Boys have a penis that gets erect when they are excited, but girls don't have anything like that.**
  - "Bartholin glands secrete a lubricant to make sexual intercourse more comfortable."
  - "The ovaries secrete eggs that, when fertilized, start a baby growing in the woman's body."
  - "The fallopian tubes are the passageways for eggs to travel to the uterus."
- \_\_\_ 2. A pregnant woman lives in a community that is experiencing a measles outbreak because of a lack of immunization. The woman says she heard that measles are teratogenic and does not know what that means. Which statement by the nurse best explains this concept?
- "The growing baby can catch measles and get very sick."
  - The measles virus acts as a harmful substance that could hurt the fetus.**
  - "A teratogen, such as the measles virus, can cause fetal death."
  - "It means that a mother exposed to measles will probably miscarry."
- \_\_\_ 3. The nurse is caring for a young man with testicular cancer who is preparing for removal of the left testicle. The patient asks, "Does this mean I won't be able to father a child?" Which is the nurse's best response?
- "You can arrange with your doctor to have sperm frozen and stored for when you want children."
  - "Although your sperm count will be lower, there is still a chance you could father a child. However, it may take longer."
  - "This is an important discussion to have with your physician, who can discuss the chances of fathering a child."
  - Removal of one testicle will have no impact on your ability to father a child because the other testicle will function.**
- \_\_\_ 4. An adult woman's laboratory studies indicate a lack of estrogen production. As a result, the nurse anticipates the patient's history will report which finding?
- Inability to produce breast milk
  - Small breast size
  - Inability to carry a pregnancy to term
  - Inability to become pregnant**
- \_\_\_ 5. The nurse admits a woman in the second trimester of pregnancy to the obstetric clinic for her regular examination. The patient asks the nurse if it is safe to take acetaminophen for minor pain during pregnancy. Which is the nurse's best response?
- "Acetaminophen is a Category A medication, so it is safe to take during

pregnancy.”

- 2) “The safest thing for the growing fetus is to avoid all medications during pregnancy.”
  - 3) “What kind of medication have you taken in the past for minor pain?”
  - 4) **“Talk with the provider about the safest medications to take during pregnancy.”**
- 6. The nurse caring for a family shortly after a birth overhears the father of the baby say, “Well, you gave me another daughter. I guess you can’t produce boys.” Which is the nurse’s best response?
- 1) **“It is the father who determines the sex of the baby.”**
  - 2) “Girls are nice, too, and are often closer to their father than boys.”
  - 3) “It isn’t the mother’s fault when girls are produced instead of boys.”
  - 4) “There are scientific methods of producing male children if you are interested.”
- 7. The newborn nursery nurse admits a baby born with a congenital defect of the digestive tract and recognizes this is due to an anomaly in which layer during cell differentiation?
- 1) Ectoderm
  - 2) Mesoderm
  - 3) **Endoderm**
  - 4) Pyloderm
- 8. A fetal ultrasound demonstrates a cardiac anomaly in a 22-week fetus. The mother says, “My baby is sick, all because I insisted on having a cup of coffee last week.” Which statement by the nurse is most appropriate?
- 1) “Caffeine is a stimulant and impacts the baby by speeding up the heartbeat and increasing activity, which can result in metabolic problems.”
  - 2) **“The fetal heart is beating and pumping blood by 4 weeks and is fully formed by 8 weeks, so your actions last week did not affect your baby’s heart.”**
  - 3) “What’s done is done and can’t be undone, but try to follow the doctor’s advice from this point onward in your pregnancy.”
  - 4) “Drinking coffee doesn’t cause any problem for the fetus, so don’t feel bad about what you did last week.”
- 9. A mother goes into preterm labor and delivers a baby who weighs 435 g and has fused eyelids. The nurse assesses the infant at what stage of gestational development?
- 1) 4 months
  - 2) **5 months**
  - 3) 6 months
  - 4) 7 months
- 10. A woman delivers an infant assessed prenatally at 34 weeks’ gestation. Which nursing assessment indicates the baby’s gestation is closer to term than anticipated?
- 1) Fused eyelids
  - 2) Hand grip reflex present
  - 3) Sole creases on the heel of the foot
  - 4) **Earlobes that are firm and not easily creased**

- \_\_\_\_ 11. Which statement indicates a mother understood the information about the function of the placenta taught by the nurse?
- 1) "My blood flows through the placenta into the baby and returns to my body to oxygenate."
  - 2) "My body removes wastes and provides nutrients and oxygen to the baby when our blood mixes."
  - 3) "The placenta grows and functions because of the production of progesterone from the ovaries."
  - 4) **"The placenta separates my blood from the baby's and produces hormones until delivery."**
- \_\_\_\_ 12. Which finding is normal when assessing a newborn shortly after birth?
- 1) **The umbilical cord has two arteries and one vein.**
  - 2) The umbilical cord has one artery and one vein.
  - 3) The umbilical cord has one artery and two veins.
  - 4) The umbilical cord is 0.25 in. in diameter.
- \_\_\_\_ 13. The mother of a premature newborn is crying and tells the nurse the neonatologist said the baby will need surgery to close the patent ductus arteriosus. She asks what this is. Which is the best explanation?
- 1) It is an opening in the blood vessel that shunts blood away from the liver and needs to close after birth.
  - 2) **It is an opening in the aorta that shunts blood away from the lungs, which is normal in the fetus but needs to close after birth.**
  - 3) It is a small hole in the atria of the heart that shunts blood from the right atrium to the left atrium, reducing blood flow to the lungs.
  - 4) It is a small hole in the atria of the heart that shunts blood from the left atrium to the right atrium, reducing blood flow to the lungs.
- \_\_\_\_ 14. A patient who recently delivered twins has learned that each baby has a different father. How does the nurse interpret this finding?
- 1) The twins are monozygotic.
  - 2) **The twins are dizygotic.**
  - 3) There was a mistake in testing because this is not possible.
  - 4) The twins have different gestational ages.
- \_\_\_\_ 15. Which finding during a nursing assessment of twins supports the diagnosis of dizygotic twins?
- 1) Both twins are boys.
  - 2) One twin weighs more than the other.
  - 3) **One twin is blonde, the other is brunette.**
  - 4) One twin required oxygen at birth.
- \_\_\_\_ 16. The nurse receives an order to administer a Category A medication to a pregnant patient. Which is the nurse's best action?
- 1) Holding the medication until verifying the order with the obstetrician
  - 2) **Administering the medication as ordered**
  - 3) Calling the pharmacist and verifying the safety of this medication

- 4) Giving the medication only if essential to the woman's well-being
- \_\_\_ 17. The nurse receives an order to administer a Category X medication to a woman of childbearing age who denies pregnancy. Which action will the nurse take before administering this medication?
- 1) Asking the woman if there is any chance of pregnancy
  - 2) **Requesting an order to perform a serum pregnancy test**
  - 3) Administering the medication
  - 4) Requesting an order for a different medication

### Multiple Response

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

- \_\_\_ 18. The nurse reviews the chart of a man undergoing testing to determine the cause of infertility. Which hormone levels will the nurse review as a possible cause of the patient's low sperm count? (*Select all that apply.*)
- 1) **Follicle-stimulating hormone**
  - 2) **Luteinizing hormone**
  - 3) **Testosterone**
  - 4) Estrogen
  - 5) Progesterone
- \_\_\_ 19. The nurse performs a cervical examination on a woman in labor and recognizes that the elasticity of the cervix results from which characteristics of the anatomy? (*Select all that apply.*)
- 1) **High fibrous content of the supportive tissue**
  - 2) **Large number of folds in the cervical lining**
  - 3) **High collagenous content of the supportive tissue**
  - 4) Location of the uterosacral ligaments
  - 5) Mucus-secreting glands

### Completion

*Complete each statement.*

20. Rank these events in the order in which they occur. (Enter the number of each step in the proper sequence; do not use punctuation or spaces. Example: 1234)
- 1) **Secretion of luteinizing hormone**
  - 2) **Release of an egg**
  - 3) **Release of progesterone by the corpus luteum**
  - 4) **Fertilization of the ovum**

## 5) Implantation into the endometrium Chapter 4: Physical and Psychological Changes of Pregnancy

### Multiple Choice

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

- \_\_\_\_ 1. While assisting the physician with a physical examination, the nurse notes which sign or symptom as most definitive of a diagnosis of pregnancy?
  - 1) Positive Goodell's sign
  - 2) Quickening felt by mother
  - 3) Auscultation of fetal heart sounds**
  - 4) Breast enlargement and tenderness
- \_\_\_\_ 2. Which nursing assessment finding indicates the need for further testing before a diagnosis of pregnancy can be confirmed?
  - 1) Audible fetal heart tones
  - 2) Fetal movement felt by the nurse
  - 3) Fetal ultrasound showing a growing fetus
  - 4) Amenorrhea**
- \_\_\_\_ 3. The nurse caring for a woman who is beginning the second trimester of pregnancy recognizes the need for further assessment when the woman reports which change in her body?
  - 1) Constipation
  - 2) Feels short of breath with mild exertion**
  - 3) Nasal congestion
  - 4) A dark line appearing on the abdomen
- \_\_\_\_ 4. The nurse caring for a woman who is in the third trimester of pregnancy suspects a urinary tract infection on the basis of which reported symptom?
  - 1) Urinary frequency
  - 2) Urgency
  - 3) Stress incontinence
  - 4) Burning on urination**
- \_\_\_\_ 5. A pregnant woman tells the nurse how clumsy she feels. Which teaching will the nurse provide?
  - 1) Kegel exercises
  - 2) Increased fluid intake
  - 3) Avoidance of standing or sitting for prolonged periods
  - 4) Wearing low-heeled shoes and using good body mechanics**
- \_\_\_\_ 6. When talking with the nurse, a pregnant patient points out her darkened areolas, the linea nigra on her abdomen, and the brown patches on her forehead and nose and says, "I'm never going to be able to wear a bikini again." Which is the nurse's best response?
  - 1) "Makeup will help you hide these after you have the baby."
  - 2) "Be sure to point these out to the doctor. You may need to see a dermatologist."
  - 3) "These changes normally go away after you have the baby."**
  - 4) "Applying vitamin E oil or cocoa butter will reverse these discolorations."

- \_\_\_ 7. The nurse reviews a pregnant patient's laboratory values and notes a reduced red blood cell count and hemoglobin level. Which symptom reported by the patient results from these findings?
- 1) Insomnia
  - 2) Pica
  - 3) Fatigue**
  - 4) Leg pain
- \_\_\_ 8. After assessing the cardiovascular system of a pregnant woman, the nurse recognizes the need to report which finding to the provider?
- 1) Asymptomatic systolic murmur
  - 2) Heart rate of 96 bpm
  - 3) Blood pressure of 152/94 mm Hg**
  - 4) Nasal congestion
- \_\_\_ 9. Which symptom reported to the nurse by the patient needs to be brought to the attention of the health-care provider?
- 1) Vaginal itching**
  - 2) Leakage of fluid from the nipples
  - 3) Increase in vaginal discharge
  - 4) Breast tenderness and enlargement
- \_\_\_ 10. The nurse reviews the patient's laboratory findings and suspects anemia when noting which result?
- 1) Hemoglobin 12.4 g/dL
  - 2) Red blood cell count 4.1**
  - 3) White blood cell count 24.3
  - 4) Hematocrit 53.5%
- \_\_\_ 11. Which finding does the nurse recognize as a normal result of pregnancy?
- 1) Reduction in red blood cell count
  - 2) Reduced platelet count**
  - 3) Increased urine glucose level
  - 4) Elevated hematocrit value
- \_\_\_ 12. The nurse reviews the patient's laboratory values and sees the following:

Hemoglobin	12.2 g/dL
Hematocrit	42.8%
Serum blood urea nitrogen (BUN)	18 mg/dL
Serum creatinine	0.68 mg/dL
Alanine transaminase (ALT)	8 units/L
Aspartate aminotransferase (AST)	12 units/L
Alkaline phosphatase (ALP)	108 ImU/mL
Lactate dehydrogenase (LDH)	635 units/L

Which conclusion does the nurse draw on the basis of these findings?

- 1) The patient is anemic.

- 2) The patient has liver damage.  
3) The patient has kidney damage.  
**4) The patient is dehydrated.**
- \_\_\_ 13. During the woman's first prenatal visit, she makes many statements about the recommendations she has received from her friends about maintaining her health and the health of the growing fetus. According to Reva Rubin, which maternal task is this woman demonstrating?  
**1) Seeking safe passage for herself and her fetus**  
2) Securing acceptance for herself as a mother and for her fetus  
3) Learning to give of herself and to accept herself as a mother to the infant  
4) Committing herself to the child as she progresses through pregnancy
- \_\_\_ 14. The nurse learns that a pregnant patient lost her mother when she was a teenager and recognizes that the absence of a mother figure will cause this patient to have difficulty with which of Reva Rubin's four maternal tasks?  
1) Seeking safe passage for herself and her fetus  
**2) Securing acceptance for herself as a mother and for her fetus**  
3) Learning to give of herself and to accept herself as a mother to the infant  
4) Committing herself to the child as she progresses through pregnancy
- \_\_\_ 15. Upon examining a woman in the late second trimester of pregnancy, the nurse notes circular bruises around each wrist and circular bruises above the umbilicus. What should the nurse suspect?  
**1) Physical abuse from the father of the baby**  
2) Clumsiness resulting from changes in the woman's body  
3) The woman's attempt to induce a miscarriage  
4) A motor vehicle accident
- \_\_\_ 16. A pregnant woman is telling the nurse about her other children's reaction to news of the pregnancy but says she is waiting to tell her toddler until she's further along. Which is the nurse's best response?  
1) "If you've told the other children, you should also tell your toddler."  
**2) "That's a wise decision because toddlers have no concept of time."**  
3) "It would've been better if you hadn't told any of the children yet."  
4) "The younger the child, the sooner you should tell him to give him time to prepare."
- \_\_\_ 17. When the nurse cares for a pregnant adolescent, which psychosocial assessment takes priority before teaching self-care?  
1) Gestational age  
**2) Developmental level**  
3) Support system  
4) School progression
- \_\_\_ 18. The emergency department nurse admits an adolescent who is complaining of abdominal pain and denies pregnancy. Assessment findings include a distended, pregnant-appearing abdomen and fetal heart tones. How does the nurse interpret these contradictory findings?  
**1) Denial of pregnancy until late in gestation is not uncommon in adolescence.**

- 2) The adolescent is mentally ill and incapable of recognizing pregnancy.
- 3) The adolescent is developmentally delayed and does not recognize pregnancy.
- 4) Further testing is needed to determine the cause of the assessment findings.

### Multiple Response

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

- \_\_\_ 19. The nurse is caring for a pregnant Indian woman. Which observations does the nurse attribute to the woman's cultural beliefs? (*Select all that apply.*)
  - 1) The woman may play the sick role.
  - 2) The woman may report eating a great deal of chicken broth.
  - 3) **The woman believes it is her husband's responsibility to satisfy her food cravings.**
  - 4) **The woman continues to carry heavy loads.**
  - 5) **The woman does not believe doctors are necessary during pregnancy.**
- \_\_\_ 20. The nurse working with a culturally diverse obstetric patient population recognizes which common cultural practices? (*Select all that apply.*)
  - 1) **Hispanic and Indian women tend to remain physically active.**
  - 2) **Japanese women do not freely discuss problems with morning sickness.**
  - 3) Chinese and Japanese women avoid physical activity.
  - 4) **Hispanic women rely on older women in the family for advice.**
  - 5) **Indian women expect others to satisfy food cravings.**

## Chapter 5: Antepartal Nursing Assessment

### Multiple Choice

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

- \_\_\_ 1. The nurse cares for a newly diagnosed pregnant woman with a history of three spontaneous abortions in the first trimester and an emergency Cesarean section because of breech presentation with her last pregnancy. Which health-care provider is most appropriate to care for this patient?
  - 1) Family physician
  - 2) **Obstetrician-gynecologist**
  - 3) Certified nurse midwife
  - 4) Doula
- \_\_\_ 2. A woman arrives at the clinic and tells the nurse she thinks she is pregnant. Which symptom, as related by the patient, does the nurse consider the best indicator of pregnancy?
  - 1) Amenorrhea
  - 2) Irritability
  - 3) **Positive urine human chorionic gonadotropin (hCG; home test)**
  - 4) Enlarged abdomen

- \_\_\_ 3. Which information should the nurse include when teaching a pregnant patient who is scheduled to have an abdominal ultrasound?
- 1) Pain medication will be administered before the procedure.
  - 2) Do not eat or drink anything for 4 hours prior to the procedure.
  - 3) The probe will be inserted through the vagina.
  - 4) Do not empty your bladder prior to the procedure.**
- \_\_\_ 4. Using Naegele's rule, calculate the estimated date of delivery for a patient whose first day of the last menstrual period was October 8, 2016.
- 1) July 15, 2017**
  - 2) January 1, 2017
  - 3) July 1, 2016
  - 4) June 14, 2017
- \_\_\_ 5. The nurse is collecting a patient's personal information to contribute to the client history. How should the nurse question the woman regarding physical abuse and safety in her living situation?
- 1) "Does your significant other ever hit you?"
  - 2) "Are you happily married?"
  - 3) "Tell me about your home life."**
  - 4) "Tell me about your husband."
- \_\_\_ 6. The clinical instructor observes a student nurse collecting the client history of a new prenatal patient. Which question asked by the student indicates that he or she needs further education?
- 1) "Do you use drugs?"**
  - 2) "Have you ever been pregnant before?"
  - 3) "Are your parents and siblings living?"
  - 4) "What is your current living situation?"
- \_\_\_ 7. A woman comes for her first prenatal visit and learns the obstetrician will perform a complete physical examination. She asks the nurse, "Why is a complete physical required?" Which is the nurse's best response?
- 1) "Your general health will influence your pregnancy, so the doctor needs to do a complete examination."**
  - 2) "If you have health problems, the doctor needs to know so you can receive the treatment you need to return to health."
  - 3) "This is a requirement for all newly pregnant women because the doctor wants to learn as much about you as possible."
  - 4) "The doctor wants to make sure that the baby is healthy and that your pregnancy will progress without complications."
- \_\_\_ 8. The nurse reviews a patient's medical record and sees the measurement of the ischial tuberosity is 8.5 cm. How does the nurse interpret this measurement?
- 1) The woman may be unable to carry the pregnancy to term.
  - 2) The woman has an adequate blood supply to the fetus.
  - 3) The woman may require a Cesarean section.**
  - 4) The woman will experience a prolonged labor.

- \_\_\_ 9. Which laboratory test does the nurse recognize as not part of the routine order set required for pregnant women?
- 1) Complete blood cell count (CBC)
  - 2) Blood type and Rh
  - 3) Papanicolaou (PAP) screen
  - 4) Serum calcium level**
- \_\_\_ 10. A pregnant woman looks over the required laboratory tests and asks the nurse why they need a rubella titer and varicella titer when she knows she has already received these immunizations as a child. Which is the nurse's best response?
- 1) "We have to be sure that you actually received these vaccines."
  - 2) "Some people require booster shots to attain full immunity."**
  - 3) "Maybe the doctor didn't notice that you reported having had the vaccines."
  - 4) "Even when people have received the vaccine, they still need to be tested for immunity."
- \_\_\_ 11. The nurse reviews a woman's quadruple screen. Which finding indicates a higher risk for Down syndrome in the fetus?
- 1) Elevated alpha-fetoprotein level
  - 2) Elevated hCG level**
  - 3) Elevated unconjugated estriol level
  - 4) Low level of inhibin A
- \_\_\_ 12. Which potential complication is the nurse unlikely to associate with amniocentesis?
- 1) Spontaneous abortion
  - 2) Leaking of amniotic fluid
  - 3) Infection
  - 4) Maternal liver damage**
- \_\_\_ 13. At which point will the nurse begin scheduling a pregnant woman for weekly obstetric visits?
- 1) 22 weeks
  - 2) 28 weeks
  - 3) 36 weeks**
  - 4) 38 weeks
- \_\_\_ 14. A patient is late for her prenatal visit, and when she arrives she blames symptoms, suggesting a urinary tract infection for her late arrival. Upon examination, the nurse finds mild spotting and notes bruising on the woman's abdomen. What does the nurse suspect?
- 1) Preterm labor
  - 2) Placental abruption
  - 3) Pre-eclampsia
  - 4) Domestic abuse**
- \_\_\_ 15. The nurse caring for a woman at 32 weeks' gestation finds elevated protein and nitrate levels in the urine. What will the nurse assess for next?
- 1) Symptoms of pre-eclampsia
  - 2) Symptoms of a urinary tract infection**

- 3) Symptoms of gestational diabetes  
4) Inadequate nutrition
- \_\_\_\_ 16. The nurse admits a patient who arrives late for her appointment. The examination demonstrates vaginal spotting, anxiety and depression, reports of alcohol abuse, and bruising on the chest and abdomen. Which question is most appropriate for the nurse to ask?
- 1) "Do you have reliable transportation?"
  - 2) "Have you considered giving the baby up for adoption?"
  - 3) "Are you experiencing any rhythmic abdominal pain?"
  - 4) **"Has your partner ever hit you during a fight?"**
- \_\_\_\_ 17. The nurse is unable to locate fetal heart tones in a woman who is at 10 weeks' gestation. What is the nurse's priority action?
- 1) **Reassuring the woman that this is a normal finding**
  - 2) Notifying the provider immediately
  - 3) Recommending complete bedrest
  - 4) Scheduling the patient for an abdominal ultrasound

### Multiple Response

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

- \_\_\_\_ 18. The nurse reviews a pregnant patient's medical record and sees G5, T2, P5, A1, L5. Which statements reflect an accurate analysis of this information? (*Select all that apply.*)
- 1) **The woman has been pregnant a total of five times, including the current pregnancy.**
  - 2) The woman requested to have one pregnancy terminated.
  - 3) **Two of the children born alive died after birth.**
  - 4) One pregnancy resulted in the birth of quintuplets.
  - 5) The woman adopted one of her children.
- \_\_\_\_ 19. The nurse is examining a woman who is at 20 weeks' gestation. Which findings does the nurse consider appropriate at this stage of pregnancy? (*Select all that apply.*)
- 1) **Fundal height – 20 cm**
  - 2) **Fetal heart rate – 148 bpm**
  - 3) **Quickening**
  - 4) +1 glycosuria
  - 5) 3-lb weight loss

### Completion

*Complete each statement.*

20. The nurse is caring for a woman who is 16 weeks pregnant. One child was born at term, and a set of triplets were born at 26 weeks' gestation (one of whom died at 3 years of age). She experienced two spontaneous abortions prior to 8 weeks of pregnancy and had one therapeutic abortion many years ago as a young teen. Document the GTPAL for this patient by filling in the appropriate number for each letter.

G6, T1, P3, A3, L3

## Chapter 6: Nursing Care During Pregnancy

### Multiple Choice

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

- \_\_\_\_ 1. The nurse is caring for a pregnant woman who is complaining of nasal stuffiness. Which intervention does the nurse identify as problematic and encourage the patient to stop?
- 1) Increased fluid intake
  - 2) Use of nasal saline drops
  - 3) Use of a humidifier in the home
  - 4) Taking a decongestant**
- \_\_\_\_ 2. Which statement made by a pregnant woman who is complaining of increased vaginal discharge should the nurse correct?
- 1) "I try to wear loose clothes and avoid anything that too tight fitting."
  - 2) "I changed from my usual nylon underwear to cotton underwear."
  - 3) "The discharge has gotten so bad that I have to wear panty liners all the time."
  - 4) "I've started douching at least once a day and sometimes twice a day."**
- \_\_\_\_ 3. The nurse is providing teaching to a woman during her first prenatal visit. The woman says she has been told to avoid baths and asks if that is true. Which statement made by the nurse is incorrect?
- 1) "Baths are safe until the membranes rupture."
  - 2) "Apply antiskid devices to the bottom of the tub to prevent injury."
  - 3) "Soaking in a hot tub can be very relaxing and can reduce morning sickness."**
  - 4) "In the third trimester, get help getting out of the bathtub."
- \_\_\_\_ 4. When the nurse assesses a pregnant woman, which form of exercise previously enjoyed by the woman should be discouraged?
- 1) Running
  - 2) Skiing**
  - 3) Swimming
  - 4) Cycling
- \_\_\_\_ 5. The nurse teaches a pregnant woman about healthy nutrition to prevent neural tube defects in the fetus. The nurse assesses that the patient understood the teaching when which food choices are made for breakfast?
- 1) Bacon, eggs, and hash browns
  - 2) Pancakes with syrup and sausage
  - 3) Peanut butter on toast and orange juice**

**4) Cereal with milk and peanut butter on toast**

- \_\_\_ 6. Which question from the nurse is most effective in assessing a pregnant patient for potential pica?
- 1) "You're not eating anything that would be considered a nonfood item, are you?"
  - 2) "Are you eating anything weird that you didn't eat before you got pregnant?"
  - 3) "Some women experience cravings. Are you experiencing anything like that?"
  - 4) "Pica, a craving to eat nonfood items, is common in pregnancy. What have you experienced?"**
- \_\_\_ 7. During a woman's routine prenatal visit, the nurse notices scratches on her arms and learns she has adopted a kitten. Which teaching should the nurse include during this visit?
- 1) Cytomegalovirus prevention
  - 2) Toxoplasmosis prevention**
  - 3) Rubella prevention
  - 4) Parvovirus prevention
- \_\_\_ 8. During the prenatal visit of a woman who is 38 weeks pregnant, the pelvic examination reveals active genital herpes. Which anticipatory guidance should the nurse provide?
- 1) Potential for the newborn to require neonatal intensive care
  - 2) Increased risk of congenital anomaly in the neonate
  - 3) Preparation for Cesarean section**
  - 4) Need to notify the public health department
- \_\_\_ 9. The nurse includes which teaching as the greatest priority when caring for a pregnant woman over age 35?
- 1) Healthy nutrition
  - 2) Proper self-care
  - 3) Regular prenatal care
  - 4) Chromosomal testing**
- \_\_\_ 10. The nurse is caring for a woman in the first trimester of pregnancy whose body mass index (BMI) is 16.5. Which nutritional counseling should the nurse provide?
- 1) Follow a healthy diet low in calories and fat.
  - 2) Follow a healthy diet low in sodium and calories.
  - 3) Follow a healthy diet high in protein and fat.
  - 4) Follow a healthy diet with increased calories and calcium.**
- \_\_\_ 11. A pregnant adolescent tells the nurse, "There is something wrong with me. I can't sit through a class without having to urinate." A physical examination reveals no urinary or renal problems. What is the nurse's priority of care?
- 1) Telling the patient to reduce fluid intake during the school day
  - 2) Having the patient attend a pregnant adolescent group class**
  - 3) Encouraging the patient's mother to monitor her urine output
  - 4) Telling the patient to have friends take notes in class while she urinates
- \_\_\_ 12. A pregnant adolescent asks the nurse, "Did I hurt the baby because I went to a party last night and had a few beers?" Which is the nurse's best response?

- 1) "Drinking alcohol can be very harmful to the fetus, but you won't know if harm was done until the baby is born."
  - 2) **"Alcohol is a drug, and all drugs have the potential to harm the baby, so they should be avoided throughout pregnancy."**
  - 3) "It is unlikely that drinking one time hurt the baby, but repeated intake of alcohol can have serious negative effects."
  - 4) "Drinking alcohol at your age is illegal, and I am required to report this to the authorities because I'm a nurse."
- \_\_\_ 13. The nurse is teaching a pregnant adolescent about maintaining a healthy diet. Which statement by the patient indicates further teaching is needed?
  - 1) **"I'll drink only diet soda until after I have the baby."**
  - 2) "I will increase my calcium intake by eating more yogurt."
  - 3) "I will order a salad when I go to a fast-food place with my friends."
  - 4) "I will take a calcium supplement every day until I deliver."
- \_\_\_ 14. While reviewing a new patient's medical record prior to her arrival at the clinic, the nurse sees the patient is classified as an AMA and interprets this to mean what?
  - 1) **Advanced medical age**
  - 2) Against medical advice
  - 3) Always making assumptions
  - 4) Acute myeloid leukemia
- \_\_\_ 15. The triage nurse receives a call from a woman who is 32 weeks pregnant and reports feeling no fetal movements in the last hour. What should the nurse advise?
  - 1) See the doctor immediately for an ultrasound examination.
  - 2) **Eat and rest, then do another kick count for 1 hour.**
  - 3) Go to the emergency department immediately.
  - 4) Get some sleep and try again tomorrow.
- \_\_\_ 16. The nurse reviews a patient's L/S ratio and sees the results are 4:1. How is this finding interpreted?
  - 1) **Mature fetal lungs**
  - 2) Immature fetal lungs
  - 3) Inconclusive
  - 4) Fetal demise
- \_\_\_ 17. Which statement by a laboring patient informs the nurse that the couple is using the Bradley method?
  - 1) **"No matter how severe the pain becomes, I do not want to take anything to control it."**
  - 2) "I have learned all of the breathing exercises to help me control pain."
  - 3) "I have been practicing my relaxation techniques to help me manage the pain."
  - 4) "If the pain becomes more than I can handle, I will let you know and will request medication."
- \_\_\_ 18. Which request does the nurse not expect to find in a birth plan?
  - 1) Preference to avoid induction

- 2) Preference for an epidural to manage pain
- 3) Preference to deliver in a birthing chair
- 4) Preference for a specific drug for induction**

### **Multiple Response**

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

- \_\_\_ 19. The nurse is caring for a woman who had a pre-pregnancy BMI of 22.3 and has gained 53 lb. Which assessments are most important for this patient? (*Select all that apply.*)
  - 1) Serum glucose**
  - 2) Blood pressure**
  - 3) Urine glucose**
  - 4) Premature rupture of membranes
  - 5) Fetal anomalies
- \_\_\_ 20. The nurse provides nutritional counseling for a pregnant woman diagnosed with anemia. The woman demonstrates understanding of the dietary changes needed when choosing to increase which foods in her diet? (*Select all that apply.*)
  - 1) Chicken**
  - 2) Spinach**
  - 3) Dried apricots**
  - 4) Tofu

## **Chapter 7: Nursing Care of the Woman With Complications During Pregnancy**

### **Multiple Choice**

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

- \_\_\_ 1. The nurse provides teaching for a patient with hyperemesis gravidarum and determines further teaching is needed when the patient makes which statement?
  - 1) “I will sip water throughout the day.”
  - 2) “I will call the provider if there is any blood in the vomit.”
  - 3) “I will be sure to eat three good meals a day.”**
  - 4) “I will not eat spicy or fatty foods till I feel better.”
- \_\_\_ 2. The nurse teaches a patient with hyperemesis gravidarum when to notify the provider. The nurse recognizes clarification is needed when the patient says she will notify the provider for which sign?
  - 1) Dark urine
  - 2) Bloody vomit
  - 3) Inability to keep food down for 24 hours
  - 4) Frequent urination**
- \_\_\_ 3. A pregnant woman presents to the clinic at 16 weeks' gestation with lack of fetal movement. Ultrasonography reveals fetal demise. How does the nurse document this pregnancy?

- 1) Threatened abortion
- 2) Inevitable abortion
- 3) Complete abortion
- 4) Missed abortion**

- 4. A woman presents to the emergency department with a history of pelvic inflammatory disease after a medical abortion, with acute vaginal bleeding and abdominal pain accompanied by shoulder pain. What does the nurse suspect as the cause?
- 1) Threatened abortion
  - 2) Ectopic pregnancy**
  - 3) Gestational trophoblastic disease
  - 4) Hyperemesis gravidarum
- 5. The nurse is caring for a patient with blood type O-negative following a spontaneous abortion. Which is the priority of care?
- 1) Providing emotional support
  - 2) Administering oxytocin
  - 3) Notifying the laboratory for a blood type and crossmatch
  - 4) Administering RhoGAM**
- 6. When discharging a woman following a spontaneous abortion, the nurse instructs her to report which priority complication?
- 1) Difficulty becoming pregnant again
  - 2) Increased risk of future fetal demise
  - 3) Infection**
  - 4) Weakness and lethargy
- 7. The nurse caring for a patient 1 hour post-salpingostomy recognizes which priority of care?
- 1) Psychosocial support
  - 2) Administration of RhoGAM
  - 3) Pain management**
  - 4) Fertility planning
- 8. When planning care, the nurse recognizes which pregnant woman as being at greatest risk for gestational diabetes?
- 1) A Caucasian adolescent with a diabetic mother who participates on the high school swim team
  - 2) A 28-year-old Native American whose last pregnancy ended with a stillbirth**
  - 3) An African American adolescent with a history of cystic fibrosis and hypertension
  - 4) A 22-year-old Caucasian woman whose last baby weighed 11 lb 3 oz at birth
- 9. A nursing assessment reveals heavy vaginal bleeding; a firm, boardlike abdomen; contractions lasting 3 minutes with less than 30 seconds between them; and uterine tenderness in a woman last assessed to be 3 cm dilated and in early labor. Which is the nurse's priority of care?
- 1) Frequent vital signs and fetal heart tones
  - 2) Notification of the health-care provider**
  - 3) Assessment and documentation of pain levels

- 4) Providing emotional support
- \_\_\_ 10. A patient is informed that her pregnancy is a complete molar pregnancy and says to the nurse, "So my baby died?" What is the nurse's best response?
- 1) "Yes, I'm afraid that's true, but you can get pregnant again."
  - 2) **"The pregnancy resulted in the development of a placenta, but there was no baby."**
  - 3) "This is a genetic abnormality that resulted in a nonviable fetus."
  - 4) "Have you ever experienced a molar pregnancy before?"
- \_\_\_ 11. The nurse is caring for a patient who is 18 weeks pregnant and has a complete placenta previa. Which risk factor will the nurse assess for?
- 1) Multiple pregnancies
  - 2) History of premature delivery
  - 3) **Endometriosis**
  - 4) Excessive exercise
- \_\_\_ 12. While caring for a patient diagnosed with an ectopic pregnancy, the nurse recognizes which sign as an indication of hypovolemic shock?
- 1) Elevated blood pressure
  - 2) Decreased heart rate
  - 3) Lethargy
  - 4) **Confusion**
- \_\_\_ 13. Which woman is at greatest risk for Rh incompatibility?
- 1) A mother who has O- blood type, the father has A- blood type
  - 2) **A mother who has AB- blood type, the father has O+ blood type**
  - 3) A mother who has O+ blood type, the father has B- blood type
  - 4) A mother who has A+ blood type, the father has B+ blood type
- \_\_\_ 14. The nurse is caring for a pregnant woman with a positive indirect Coombs test and type O- blood. Her last pregnancy resulted in the delivery of an infant with hemolytic anemia. Which is the priority of care?
- 1) Administer RhoGAM
  - 2) Monitor the woman for anemia
  - 3) **Administer immunoglobulin at 28 weeks' gestation**
  - 4) Prepare the patient for premature delivery
- \_\_\_ 15. The nurse is caring for a woman carrying multiple gestations. When providing nutritional teaching, the nurse encourages which dietary changes?
- 1) Increased calcium and reduced fat and calories
  - 2) Increased folic acid and calcium and reduced protein
  - 3) **Increased calories, protein, and iron**
  - 4) Increased fat and calories with reduced protein
- \_\_\_ 16. The labor nurse admits a patient who is known to be carrying quadruplets at 28 weeks' gestation and is in active labor. The nursing plan of care will include all of the following except what?

- 1) Encouraging the woman to verbalize her fears and ask questions
  - 2) Continuous monitoring of fetal heart rates
  - 3) **Preparing the woman for prolonged vaginal delivery times**
  - 4) Ensuring that extra nurses and physicians will attend the birth
- \_\_\_\_ 17. The nurse is caring for one patient with chronic hypertension and another patient with gestational hypertension and recognizes which as the primary difference between the two?
  - 1) The patient with gestational hypertension does not require medication.
  - 2) The patient with chronic hypertension needs to maintain a low-sodium diet.
  - 3) **Blood pressure in gestational hypertension returns to normal 12 weeks postpartum.**
  - 4) Chronic hypertension carries greater risk of fetal complications.
- \_\_\_\_ 18. The nurse is caring for a patient who is in the third trimester of pregnancy and has been diagnosed with severe pre-eclampsia. Which is the nurse's priority intervention to prevent seizures?
  - 1) Monitoring hourly urine output and protein
  - 2) Monitoring fetal well-being
  - 3) Checking for hyperreflexia
  - 4) **Maintaining a low-stimulation environment**

#### **Multiple Response**

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

- \_\_\_\_ 19. The nurse who is caring for a pregnant woman diagnosed with gestational diabetes includes which topics in the teaching plan? (*Select all that apply.*)
  - 1) Blood sugar monitoring four times a day
  - 2) **Eating six meals per day**
  - 3) **Including carbohydrates with every meal**
  - 4) **Maintaining blood sugar level at less than 120 mg/dL**
  - 5) Reducing daily activity
- \_\_\_\_ 20. When caring for a pregnant patient with a history of recreational cocaine use, the nurse recognizes the woman is at risk for which disorders? (*Select all that apply.*)
  - 1) **Placenta previa**
  - 2) **Placenta abruption**
  - 3) Placenta accreta
  - 4) Hydatidiform mole
  - 5) Pre-eclampsia

## **Chapter 4: Physical and Psychological Changes of Pregnancy**

### **Multiple Choice**

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

- \_\_\_\_ 1. While assisting the physician with a physical examination, the nurse notes which sign or symptom as most definitive of a diagnosis of pregnancy?
- 1) Positive Goodell's sign
  - 2) Quickening felt by mother
  - 3) Auscultation of fetal heart sounds
  - 4) Breast enlargement and tenderness
- \_\_\_\_ 2. Which nursing assessment finding indicates the need for further testing before a diagnosis of pregnancy can be confirmed?
- 1) Audible fetal heart tones
  - 2) Fetal movement felt by the nurse
  - 3) Fetal ultrasound showing a growing fetus
  - 4) Amenorrhea
- \_\_\_\_ 3. The nurse caring for a woman who is beginning the second trimester of pregnancy recognizes the need for further assessment when the woman reports which change in her body?
- 1) Constipation
  - 2) Feels short of breath with mild exertion
  - 3) Nasal congestion
  - 4) A dark line appearing on the abdomen
- \_\_\_\_ 4. The nurse caring for a woman who is in the third trimester of pregnancy suspects a urinary tract infection on the basis of which reported symptom?
- 1) Urinary frequency
  - 2) Urgency
  - 3) Stress incontinence
  - 4) Burning on urination
- \_\_\_\_ 5. A pregnant woman tells the nurse how clumsy she feels. Which teaching will the nurse provide?
- 1) Kegel exercises
  - 2) Increased fluid intake
  - 3) Avoidance of standing or sitting for prolonged periods
  - 4) Wearing low-heeled shoes and using good body mechanics
- \_\_\_\_ 6. When talking with the nurse, a pregnant patient points out her darkened areolas, the linea nigra on her abdomen, and the brown patches on her forehead and nose and says, "I'm never going to be able to wear a bikini again." Which is the nurse's best response?
- 1) "Makeup will help you hide these after you have the baby."
  - 2) "Be sure to point these out to the doctor. You may need to see a dermatologist."
  - 3) "These changes normally go away after you have the baby."
  - 4) "Applying vitamin E oil or cocoa butter will reverse these discolorations."

- \_\_\_ 7. The nurse reviews a pregnant patient's laboratory values and notes a reduced red blood cell count and hemoglobin level. Which symptom reported by the patient results from these findings?
- 1) Insomnia
  - 2) Pica
  - 3) Fatigue
  - 4) Leg pain
- \_\_\_ 8. After assessing the cardiovascular system of a pregnant woman, the nurse recognizes the need to report which finding to the provider?
- 1) Asymptomatic systolic murmur
  - 2) Heart rate of 96 bpm
  - 3) Blood pressure of 152/94 mm Hg
  - 4) Nasal congestion
- \_\_\_ 9. Which symptom reported to the nurse by the patient needs to be brought to the attention of the health-care provider?
- 1) Vaginal itching
  - 2) Leakage of fluid from the nipples
  - 3) Increase in vaginal discharge
  - 4) Breast tenderness and enlargement
- \_\_\_ 10. The nurse reviews the patient's laboratory findings and suspects anemia when noting which result?
- 1) Hemoglobin 12.4 g/dL
  - 2) Red blood cell count 4.1
  - 3) White blood cell count 24.3
  - 4) Hematocrit 53.5%
- \_\_\_ 11. Which finding does the nurse recognize as a normal result of pregnancy?
- 1) Reduction in red blood cell count
  - 2) Reduced platelet count
  - 3) Increased urine glucose level
  - 4) Elevated hematocrit value
- \_\_\_ 12. The nurse reviews the patient's laboratory values and sees the following:

Hemoglobin	12.2 g/dL
Hematocrit	42.8%
Serum blood urea nitrogen (BUN)	18 mg/dL
Serum creatinine	0.68 mg/dL
Alanine transaminase (ALT)	8 units/L
Aspartate aminotransferase (AST)	12 units/L
Alkaline phosphatase (ALP)	108 ImU/mL
Lactate dehydrogenase (LDH)	635 units/L

Which conclusion does the nurse draw on the basis of these findings?

- 1) The patient is anemic.
- 2) The patient has liver damage.

- 3) The patient has kidney damage.  
4) The patient is dehydrated.
- \_\_\_ 13. During the woman's first prenatal visit, she makes many statements about the recommendations she has received from her friends about maintaining her health and the health of the growing fetus. According to Reva Rubin, which maternal task is this woman demonstrating?  
1) Seeking safe passage for herself and her fetus  
2) Securing acceptance for herself as a mother and for her fetus  
3) Learning to give of herself and to accept herself as a mother to the infant  
4) Committing herself to the child as she progresses through pregnancy
- \_\_\_ 14. The nurse learns that a pregnant patient lost her mother when she was a teenager and recognizes that the absence of a mother figure will cause this patient to have difficulty with which of Reva Rubin's four maternal tasks?  
1) Seeking safe passage for herself and her fetus  
2) Securing acceptance for herself as a mother and for her fetus  
3) Learning to give of herself and to accept herself as a mother to the infant  
4) Committing herself to the child as she progresses through pregnancy
- \_\_\_ 15. Upon examining a woman in the late second trimester of pregnancy, the nurse notes circular bruises around each wrist and circular bruises above the umbilicus. What should the nurse suspect?  
1) Physical abuse from the father of the baby  
2) Clumsiness resulting from changes in the woman's body  
3) The woman's attempt to induce a miscarriage  
4) A motor vehicle accident
- \_\_\_ 16. A pregnant woman is telling the nurse about her other children's reaction to news of the pregnancy but says she is waiting to tell her toddler until she's further along. Which is the nurse's best response?  
1) "If you've told the other children, you should also tell your toddler."  
2) "That's a wise decision because toddlers have no concept of time."  
3) "It would've been better if you hadn't told any of the children yet."  
4) "The younger the child, the sooner you should tell him to give him time to prepare."
- \_\_\_ 17. When the nurse cares for a pregnant adolescent, which psychosocial assessment takes priority before teaching self-care?  
1) Gestational age  
2) Developmental level  
3) Support system  
4) School progression
- \_\_\_ 18. The emergency department nurse admits an adolescent who is complaining of abdominal pain and denies pregnancy. Assessment findings include a distended, pregnant-appearing abdomen and fetal heart tones. How does the nurse interpret these contradictory findings?  
1) Denial of pregnancy until late in gestation is not uncommon in adolescence.  
2) The adolescent is mentally ill and incapable of recognizing pregnancy.

- 3) The adolescent is developmentally delayed and does not recognize pregnancy.
- 4) Further testing is needed to determine the cause of the assessment findings.

**Multiple Response**

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

- \_\_\_ 19. The nurse is caring for a pregnant Indian woman. Which observations does the nurse attribute to the woman's cultural beliefs? (*Select all that apply.*)
- 1) The woman may play the sick role.
  - 2) The woman may report eating a great deal of chicken broth.
  - 3) The woman believes it is her husband's responsibility to satisfy her food cravings.
  - 4) The woman continues to carry heavy loads.
  - 5) The woman does not believe doctors are necessary during pregnancy.
- \_\_\_ 20. The nurse working with a culturally diverse obstetric patient population recognizes which common cultural practices? (*Select all that apply.*)
- 1) Hispanic and Indian women tend to remain physically active.
  - 2) Japanese women do not freely discuss problems with morning sickness.
  - 3) Chinese and Japanese women avoid physical activity.
  - 4) Hispanic women rely on older women in the family for advice.
  - 5) Indian women expect others to satisfy food cravings.

## **Chapter 4: Physical and Psychological Changes of Pregnancy**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 3

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Differentiate presumptive, probable, and positive signs of pregnancy.

Chapter page reference: 39

Heading: Diagnosis of Pregnancy

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
1	Although a positive Goodell's sign is a probable sign of pregnancy, it is not a definitive sign.
2	Reported quickening, or fetal movement, felt by the mother is considered a subjective presumptive sign, but it is not a definitive diagnosis of pregnancy.
3	When the health-care provider auscultates fetal heart sounds, it is considered a positive and definitive indication of pregnancy.
4	Breast enlargement and tenderness are considered a subjective presumptive sign of pregnancy, but they are not a definitive or positive sign of pregnancy.

PTS: 1

CON: Pregnancy

2. ANS: 4

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Differentiate presumptive, probable, and positive signs of pregnancy.

Chapter page reference: 39

Heading: Diagnosis of Pregnancy

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
1	Audible fetal heart tones are considered a positive sign of pregnancy and do not require further testing.
2	Fetal movement felt by the nurse is considered a positive sign of pregnancy and does not require further testing.
3	A fetal ultrasound demonstrating a growing fetus is considered a positive sign of

	pregnancy, eliminating the need for further testing.
4	Although amenorrhea is considered a presumptive sign of pregnancy, it can be caused by other factors; thus, further testing is needed before making a diagnosis of pregnancy.

PTS: 1 CON: Pregnancy

3. ANS: 2

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Describe the physiological changes in each body system occurring during pregnancy.

Chapter page reference: 39-46

Heading: Tables 4-1 to 4-7

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	Constipation is not uncommon in pregnancy and requires patient teaching, not further assessment.
2	Shortness of breath with mild exertion during the early part of the second trimester indicates a problem requiring further assessment.
3	Nasal congestion at this stage of pregnancy is common, and the nurse should provide teaching to help the woman cope with this symptom.
4	A dark line appearing on the abdomen is known as the <i>linea nigra</i> ; it is not uncommon and does not require further assessment.

PTS: 1 CON: Pregnancy

4. ANS: 4

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Describe the physiological changes in each body system occurring during pregnancy.

Chapter page reference: 39-46

Heading: Table 4-5 Urinary System Changes in Pregnancy

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Urinary frequency is not uncommon in the third trimester of pregnancy because of the pressure of the fetus on the bladder and does not indicate a urinary tract

	infection.
2	Urgency is common in late-stage pregnancy and does not indicate a urinary tract infection.
3	Stress incontinence due to the pressure of the fetus on the bladder is not uncommon in the third trimester of pregnancy.
4	Burning on urination is not an anticipated urinary symptom of pregnancy and indicates the potential for a urinary tract infection, requiring further testing.

PTS: 1 CON: Pregnancy

5. ANS: 4

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Plan safe and effective nursing interventions addressing the common physiological discomforts of pregnancy.

Chapter page reference: 43-48

Heading: Tables 4-3 to 4-7

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Kegel exercises are performed to reduce urinary incontinence, not to reduce clumsiness.
2	Increased fluid intake prevents dehydration that may be due to wanting to reduce frequency of urination.
3	Teaching to avoid sitting or standing for long periods is done to prevent thrombophlebitis.
4	Wearing low-heeled shoes and using good body mechanics will help avoid injury from the clumsiness that occurs as the result of relaxin secretion.

PTS: 1 CON: Pregnancy

6. ANS: 3

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Plan safe and effective nursing interventions addressing the common physiological discomforts of pregnancy.

Chapter page reference: 48

Heading: Table 4-6

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	This is an incorrect statement because makeup will not be needed.
<b>2</b>	Hyperpigmentation is not unusual in pregnancy and does not require a referral to a dermatologist.
<b>3</b>	This statement is accurate and will help to reassure the woman.
<b>4</b>	Vitamin E oil or cocoa butter may be helpful with striae, but they will not help with the hyperpigmentation the woman is demonstrating.

PTS: 1 CON: Pregnancy

7. ANS: 3

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Plan safe and effective nursing interventions addressing the common physiological discomforts of pregnancy.

Chapter page reference: 43

Heading: Table 4-3 Cardiovascular System Changes in Pregnancy

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
<b>1</b>	The patient's laboratory values reflect anemia, which does not result in insomnia.
<b>2</b>	Pica is an abnormal craving for nonfood substances and is not reflected by the laboratory values.
<b>3</b>	Fatigue is a common symptom associated with anemia, which is what the laboratory values reflect.
<b>4</b>	Leg pain is associated with a venous thrombosis and is not reflected in these laboratory values.

PTS: 1 CON: Pregnancy

8. ANS: 3

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Identify physiological discomfort symptoms that should be reported to the health-care provider.

Chapter page reference: 43

Heading: Table 4-3 Cardiovascular System Changes in Pregnancy

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback

<b>1</b>	It is not unusual for a pregnant woman to develop an asymptomatic systolic murmur.
<b>2</b>	It is not unusual for her heart rate to increase 10 to 20 beats above prepregnancy levels.
<b>3</b>	Blood pressure is expected to remain stable, perhaps with a slight decrease in systolic pressure and an increase in diastolic pressure, so this unexpected elevation in blood pressure should be reported to the provider.
<b>4</b>	Nasal blood flow is often increased in pregnancy, resulting in nasal congestion, and does not need to be reported to the provider.

PTS: 1 CON: Pregnancy

9. ANS: 1

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Identify physiological discomfort symptoms that should be reported to the health-care provider.

Chapter page reference: 41

Heading: Table 4-1 Reproductive System Changes in Pregnancy

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	Vaginal itching is a symptom of a vaginal yeast infection and should be reported to the provider.
<b>2</b>	Leakage of fluid from the nipples is most likely colostrum, which indicates the breasts are preparing to lactate, and is an expected finding.
<b>3</b>	An increase in vaginal discharge is expected because of the increased vascularity in the area.
<b>4</b>	Breast tenderness and enlargement are expected findings and do not need to be reported to the health-care provider.

PTS: 1 CON: Pregnancy

10. ANS: 2

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Identify normal laboratory values for the pregnant woman.

Chapter page reference: 44

Heading: Lab and Diagnostics

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	A hemoglobin value of 12.4 g/dL is within normal limits and does not indicate anemia.
<b>2</b>	A red blood cell count of 4.1 indicates mild anemia because it is lower than the expected finding.
<b>3</b>	The white blood cell count is elevated and indicates a potential infection, not anemia.
<b>4</b>	The hematocrit value is elevated, which indicates dehydration rather than anemia.

PTS: 1 CON: Pregnancy

11. ANS: 2

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Identify normal laboratory values for the pregnant woman.

Chapter page reference: 44

Heading: Lab and Diagnostics

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	The normal range for red blood cell count does not change with pregnancy.
<b>2</b>	The normal range for platelets drops from 140,000 to 300,000 mm <sup>3</sup> to less than 100,000 per mm <sup>3</sup> .
<b>3</b>	Urine glucose values are expected to be elevated in the pregnant female.
<b>4</b>	The normal range for hematocrit values decreases in pregnancy; it does not increase.

PTS: 1 CON: Pregnancy

12. ANS: 4

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Identify normal laboratory values for the pregnant woman.

Chapter page reference: 44

Heading: Lab and Diagnostics

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	The hemoglobin level is within the normal range, and the hematocrit value is elevated, so there is no reason to suspect anemia.

<b>2</b>	The ALT, AST, ALP, and LDH values are within normal limits for a pregnant woman, so there is no indication of liver damage.
<b>3</b>	Although the BUN value is elevated, the creatinine level is normal, so there is no indication of kidney damage.
<b>4</b>	An elevated BUN level accompanied by an elevated hematocrit value is an indication of dehydration, possibly caused by frequent vomiting if the pregnant woman is in the first trimester.

PTS: 1 CON: Pregnancy

13. ANS: 1

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Discuss Reva Rubin's four maternal tasks the woman accomplishes during pregnancy.

Chapter page reference: 47

Heading: The Mother

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	During the first trimester, a woman expresses concerns for her own health and her pregnancy symptoms, demonstrating her attempt to seek safe passage for herself and her fetus (as demonstrated by this woman).
<b>2</b>	Securing acceptance of herself as a mother is demonstrated by a desire for acceptance of the pregnancy by others in the family, which is not what this woman is demonstrating during her first prenatal visit.
<b>3</b>	Learning to give of herself and accept herself as a mother to the infant occurs when the woman begins to bond and feel love for the infant, which is not what this woman is demonstrating.
<b>4</b>	Committing herself to the child is demonstrated by preparing for the birth, which is not what this woman is demonstrating.

PTS: 1 CON: Pregnancy

14. ANS: 2

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Discuss Reva Rubin's four maternal tasks the woman accomplishes during pregnancy.

Chapter page reference: 47

Heading: The Mother

Integrated processes: Clinical Problem-Solving Process

Client need: Health Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	The absence of a mother will not impact the patient's ability to seek safe passage, which involves concern for her health and that of her fetus.
<b>2</b>	The absence of a mother will be noted during this stage because a mother's reaction to the pregnancy and reminiscence about her own pregnancy help the daughter anticipate and prepare for the pregnancy.
<b>3</b>	This phase of maternal tasks involves the mother recognizing the presence of the fetus and will not be impacted by the absence of the patient's mother.
<b>4</b>	The fourth maternal task involves preparing for the baby's birth; although the patient may miss her mother, the absence of the mother will not impact this stage as heavily as it impacts another stage.

PTS: 1 CON: Pregnancy

15. ANS: 1

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Discuss the psychosocial changes occurring during pregnancy for the woman, her partner, and family.

Chapter page reference: 50

Heading: The Father

Integrated processes: Nursing Process: Assessment

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	When a pregnancy is unplanned or unwanted, it is not unusual for the father to demonstrate disappointment and frustration through violence; so the potential for abuse should be considered, especially with the type of bruising described.
<b>2</b>	Although it is not unusual for a woman to become clumsier as her pregnancy progresses, clumsiness cannot explain the circular bruises around the wrists.
<b>3</b>	These bruises, especially the circular bruises around the wrists, do not indicate an attempt to induce a miscarriage.
<b>4</b>	The types of bruises described are not consistent with a motor vehicle accident.

PTS: 1 CON: Pregnancy

16. ANS: 2

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Discuss the psychosocial changes occurring during pregnancy for the woman, her partner, and family.

Chapter page reference: 50

Heading: Siblings

Integrated processes: Communication and Documentation

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	This is not an accurate statement because older children are often told before younger children.
2	This is an accurate statement; because toddlers have no concept of time, they will think the new baby is only a story, not a reality, if informed too early.
3	It is not the nurse's place to judge the mother and her decisions about telling her children, so this is an inappropriate statement.
4	This statement is backward because the younger the child, the longer you should wait to tell her.

PTS: 1 CON: Pregnancy

17. ANS: 2

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Identify psychosocial issues of the pregnant adolescent.

Chapter page reference: 50

Heading: The Pregnant Adolescent

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Although determining how far along the adolescent is in pregnancy is important, it is not a psychosocial assessment.
2	It is important to prioritize assessment of the adolescent's developmental level to determine how best to teach her.
3	Assessing the support system should be a part of caring for this patient, but it is not a priority before beginning teaching.
4	School progression (i.e., what grade the adolescent is in) should be assessed, but it is not the priority.

PTS: 1 CON: Pregnancy

18. ANS: 1

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Identify psychosocial issues of the pregnant adolescent.

Chapter page reference: 50

Heading: The Pregnant Adolescent  
Integrated processes: Clinical Problem-Solving Process  
Client need: Psychosocial Integrity  
Cognitive level: Analysis [Analyzing]  
Concept: Pregnancy  
Difficulty: Moderate

	Feedback
1	This is a true statement; adolescents often deny pregnancy out of fear.
2	There is no indication of mental illness.
3	There is no indication of a developmental delay.
4	The presence of fetal heart tones is a positive sign of pregnancy; although further testing may be done to determine the health of the adolescent and fetus, it is not needed to explain the findings.

PTS: 1 CON: Pregnancy

#### MULTIPLE RESPONSE

19. ANS: 3, 4, 5  
Chapter number and title: 4: Physical and Psychological Changes of Pregnancy  
Chapter learning objective: Discuss possible cultural differences in viewing a normal pregnancy.  
Chapter page reference: 49  
Heading: Cultural Considerations Box  
Integrated processes: Caring  
Client need: Psychosocial Integrity  
Cognitive level: Application [Applying]  
Concept: Diversity  
Difficulty: Moderate

	Feedback
1.	Chinese women, not Indian women, may assume a sick role, depending on others for assistance.
2.	Chinese women, not Indian women, may eat special soups and chicken broth to manage the disruption in the balance of hot and cold foods.
3.	Indian women may believe that it is the responsibility of others to satisfy their cravings.
4.	Indian women do not believe in restricting physical activity and may continue their daily activities, including carrying heavy loads, until labor begins.
5.	Indian women view pregnancy as a normal process that does not require any intervention by health-care professionals.

PTS: 1 CON: Diversity

20. ANS: 1, 2, 4, 5

Chapter number and title: 4: Physical and Psychological Changes of Pregnancy

Chapter learning objective: Discuss possible cultural differences in viewing a normal pregnancy.

Chapter page reference: 49

Heading: Cultural Considerations Box

Integrated processes: Caring

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Diversity

Difficulty: Moderate

Feedback	
1.	Both Hispanic and Indian women tend to see pregnancy as a normal process that <u>does not require a reduction in physical activity</u> .
2.	Japanese women will not discuss morning sickness, even with family members, and need to be specifically questioned about this issue.
3.	Although Chinese women avoid physical activity, often playing the sick role, this is not true of Japanese women.
4.	The Hispanic culture is very respectful of elders, and it is not uncommon for a woman to rely on mothers, aunts, and grandmothers for advice about pregnancy.
5.	Some Indian women believe that it is the responsibility of others to satisfy a woman's cravings; and if the newborn baby drools excessively, it is interpreted as the mother's cravings not being met during pregnancy.

PTS: 1

CON: Diversity

## **Chapter 5: Antepartal Nursing Assessment**

### **Multiple Choice**

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

- \_\_\_ 1. The nurse cares for a newly diagnosed pregnant woman with a history of three spontaneous abortions in the first trimester and an emergency Cesarean section because of breech presentation with her last pregnancy. Which health-care provider is most appropriate to care for this patient?
- 1) Family physician
  - 2) Obstetrician-gynecologist
  - 3) Certified nurse midwife
  - 4) Doula
- \_\_\_ 2. A woman arrives at the clinic and tells the nurse she thinks she is pregnant. Which symptom, as related by the patient, does the nurse consider the best indicator of pregnancy?
- 1) Amenorrhea
  - 2) Irritability
  - 3) Positive urine human chorionic gonadotropin (hCG; home test)
  - 4) Enlarged abdomen
- \_\_\_ 3. Which information should the nurse include when teaching a pregnant patient who is scheduled to have an abdominal ultrasound?
- 1) Pain medication will be administered before the procedure.
  - 2) Do not eat or drink anything for 4 hours prior to the procedure.
  - 3) The probe will be inserted through the vagina.
  - 4) Do not empty your bladder prior to the procedure.
- \_\_\_ 4. Using Naegele's rule, calculate the estimated date of delivery for a patient whose first day of the last menstrual period was October 8, 2016.
- 1) July 15, 2017
  - 2) January 1, 2017
  - 3) July 1, 2016
  - 4) June 14, 2017
- \_\_\_ 5. The nurse is collecting a patient's personal information to contribute to the client history. How should the nurse question the woman regarding physical abuse and safety in her living situation?
- 1) "Does your significant other ever hit you?"
  - 2) "Are you happily married?"
  - 3) "Tell me about your home life."
  - 4) "Tell me about your husband."
- \_\_\_ 6. The clinical instructor observes a student nurse collecting the client history of a new prenatal patient. Which question asked by the student indicates that he or she needs further education?
- 1) "Do you use drugs?"
  - 2) "Have you ever been pregnant before?"
  - 3) "Are your parents and siblings living?"

- 4) "What is your current living situation?"
- \_\_\_ 7. A woman comes for her first prenatal visit and learns the obstetrician will perform a complete physical examination. She asks the nurse, "Why is a complete physical required?" Which is the nurse's best response?
- 1) "Your general health will influence your pregnancy, so the doctor needs to do a complete examination."
  - 2) "If you have health problems, the doctor needs to know so you can receive the treatment you need to return to health."
  - 3) "This is a requirement for all newly pregnant women because the doctor wants to learn as much about you as possible."
  - 4) "The doctor wants to make sure that the baby is healthy and that your pregnancy will progress without complications."
- \_\_\_ 8. The nurse reviews a patient's medical record and sees the measurement of the ischial tuberosity is 8.5 cm. How does the nurse interpret this measurement?
- 1) The woman may be unable to carry the pregnancy to term.
  - 2) The woman has an adequate blood supply to the fetus.
  - 3) The woman may require a Cesarean section.
  - 4) The woman will experience a prolonged labor.
- \_\_\_ 9. Which laboratory test does the nurse recognize as not part of the routine order set required for pregnant women?
- 1) Complete blood cell count (CBC)
  - 2) Blood type and Rh
  - 3) Papanicolaou (PAP) screen
  - 4) Serum calcium level
- \_\_\_ 10. A pregnant woman looks over the required laboratory tests and asks the nurse why they need a rubella titer and varicella titer when she knows she has already received these immunizations as a child. Which is the nurse's best response?
- 1) "We have to be sure that you actually received these vaccines."
  - 2) "Some people require booster shots to attain full immunity."
  - 3) "Maybe the doctor didn't notice that you reported having had the vaccines."
  - 4) "Even when people have received the vaccine, they still need to be tested for immunity."
- \_\_\_ 11. The nurse reviews a woman's quadruple screen. Which finding indicates a higher risk for Down syndrome in the fetus?
- 1) Elevated alpha-fetoprotein level
  - 2) Elevated hCG level
  - 3) Elevated unconjugated estriol level
  - 4) Low level of inhibin A
- \_\_\_ 12. Which potential complication is the nurse unlikely to associate with amniocentesis?
- 1) Spontaneous abortion
  - 2) Leaking of amniotic fluid

- 3) Infection
  - 4) Maternal liver damage
- \_\_\_\_ 13. At which point will the nurse begin scheduling a pregnant woman for weekly obstetric visits?
  - 1) 22 weeks
  - 2) 28 weeks
  - 3) 36 weeks
  - 4) 38 weeks
- \_\_\_\_ 14. A patient is late for her prenatal visit, and when she arrives she blames symptoms, suggesting a urinary tract infection for her late arrival. Upon examination, the nurse finds mild spotting and notes bruising on the woman's abdomen. What does the nurse suspect?
  - 1) Preterm labor
  - 2) Placental abruption
  - 3) Pre-eclampsia
  - 4) Domestic abuse
- \_\_\_\_ 15. The nurse caring for a woman at 32 weeks' gestation finds elevated protein and nitrate levels in the urine. What will the nurse assess for next?
  - 1) Symptoms of pre-eclampsia
  - 2) Symptoms of a urinary tract infection
  - 3) Symptoms of gestational diabetes
  - 4) Inadequate nutrition
- \_\_\_\_ 16. The nurse admits a patient who arrives late for her appointment. The examination demonstrates vaginal spotting, anxiety and depression, reports of alcohol abuse, and bruising on the chest and abdomen. Which question is most appropriate for the nurse to ask?
  - 1) "Do you have reliable transportation?"
  - 2) "Have you considered giving the baby up for adoption?"
  - 3) "Are you experiencing any rhythmic abdominal pain?"
  - 4) "Has your partner ever hit you during a fight?"
- \_\_\_\_ 17. The nurse is unable to locate fetal heart tones in a woman who is at 10 weeks' gestation. What is the nurse's priority action?
  - 1) Reassuring the woman that this is a normal finding
  - 2) Notifying the provider immediately
  - 3) Recommending complete bedrest
  - 4) Scheduling the patient for an abdominal ultrasound

#### **Multiple Response**

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

- \_\_\_\_ 18. The nurse reviews a pregnant patient's medical record and sees G5, T2, P5, A1, L5. Which statements reflect an accurate analysis of this information? (*Select all that apply.*)
  - 1) The woman has been pregnant a total of five times, including the current pregnancy.

- 2) The woman requested to have one pregnancy terminated.
- 3) Two of the children born alive died after birth.
- 4) One pregnancy resulted in the birth of quintuplets.
- 5) The woman adopted one of her children.
- 19. The nurse is examining a woman who is at 20 weeks' gestation. Which findings does the nurse consider appropriate at this stage of pregnancy? (*Select all that apply.*)
- 1) Fundal height – 20 cm
- 2) Fetal heart rate – 148 bpm
- 3) Quickening
- 4) +1 glycosuria
- 5) 3-lb weight loss

### **Completion**

*Complete each statement.*

20. The nurse is caring for a woman who is 16 weeks pregnant. One child was born at term, and a set of triplets were born at 26 weeks' gestation (one of whom died at 3 years of age). She experienced two spontaneous abortions prior to 8 weeks of pregnancy and had one therapeutic abortion many years ago as a young teen. Document the GTPAL for this patient by filling in the appropriate number for each letter.

G \_\_\_ T \_\_\_ P \_\_\_ A \_\_\_ L \_\_\_

## Chapter 5: Antepartal Nursing Assessment

### Answer Section

#### MULTIPLE CHOICE

1. ANS: 2

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Describe scopes of practice and roles of members of the health-care team, specifically the family practice physician, an obstetrician, and a certified nurse midwife.

Chapter page reference: 55

Heading: Selection of Health-Care Provider

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	The family physician is qualified to manage uncomplicated pregnancies, but this woman's pregnancy history indicates a risk for complications; thus, she needs more specialized care.
2	The obstetrician-gynecologist specializes in the care of pregnant women from preconception planning to postpartum recovery and is most appropriate to care for a patient with a history of complications.
3	The nurse midwife cares for women at low risk, and this woman's history of complications indicates the need for more specialized care.
4	A doula supports the woman and family during childbirth but does not have the education or ability to deliver a baby independently; she is inappropriate to care for a mother with a history of complications.

PTS: 1

CON: Pregnancy

2. ANS: 3

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Discuss diagnostic testing to confirm pregnancy.

Chapter page reference: 59-60

Heading: Diagnosis of Pregnancy

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Moderate

Feedback

<b>1</b>	Although amenorrhea is often the first sign a woman notices, it can be caused by other conditions; thus, it is not the best indicator of pregnancy.
<b>2</b>	Irritability is not an expected sign of pregnancy and can be caused by any number of factors, so it is not the best indicator of pregnancy.
<b>3</b>	A positive hCG result is the best indicator of pregnancy because this hormone is released only during a developing pregnancy.
<b>4</b>	An enlarged abdomen is not the best indicator of pregnancy, because it can be caused by a number of factors.

PTS: 1 CON: Pregnancy

3. ANS: 4

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Discuss diagnostic testing to confirm pregnancy.

Chapter page reference: 59-60

Heading: Diagnosis of Pregnancy

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	There is only mild pressure on the abdomen during the procedure, so there is no need for analgesia.
<b>2</b>	Women will be required to push fluids in order to enter the procedure with a full bladder.
<b>3</b>	A transvaginal ultrasound, not an abdominal ultrasound, requires insertion of the probe into the vagina.
<b>4</b>	It is important for the patient to have a full bladder during the procedure, so teaching her not to empty her bladder is important.

PTS: 1 CON: Pregnancy

4. ANS: 1

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Determine the estimated date of delivery using Naegele's rule.

Chapter page reference: 55

Heading: Determining the Estimated Date of Delivery

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	

<b>1</b>	To calculate the due date, subtract 3 months (October – 3 months = July) and add 7 days ( $8 + 7 = 15$ ), resulting in an estimated delivery date of July 15, 2017.
<b>2</b>	To calculate the due date, subtract 3 months (October – 3 months = July) and add 7 days ( $8 + 7 = 15$ ), resulting in an estimated delivery date of July 15, 2017.
<b>3</b>	To calculate the due date, subtract 3 months (October – 3 months = July) and add 7 days ( $8 + 7 = 15$ ), resulting in an estimated delivery date of July 15, 2017.
<b>4</b>	To calculate the due date, subtract 3 months (October – 3 months = July) and add 7 days ( $8 + 7 = 15$ ), resulting in an estimated delivery date of July 15, 2017.

PTS: 1 CON: Pregnancy

5. ANS: 3

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Describe how patient-centered care is dependent upon a thorough past medical history, cultural history, social history, and pregnancy history.

Chapter page reference: 56-57

Heading: Initial Client History

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	A closed-ended question such as this, especially early in the nurse-patient relationship when trust has yet to be developed, is most likely going to be answered “no.”
<b>2</b>	The patient may or may not be married, and this is a closed-ended question that will return only a “yes” or “no” answer.
<b>3</b>	This question is open-ended and makes no assumptions about the living situation; thus, it is most likely to return information that allows the nurse to question her further depending on what is said.
<b>4</b>	There are many different lifestyles, and not all pregnant women are married, so this question makes assumptions that may not be based in reality and could offend the patient.

PTS: 1 CON: Pregnancy

6. ANS: 1

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Describe how patient-centered care is dependent upon a thorough past medical history, cultural history, social history, and pregnancy history.

Chapter page reference: 56-57

Heading: Initial Client History

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	Although it is important to learn about drug use, many patients do not consider alcohol or tobacco to be drugs and may not share this information. It is better to be specific and ask if the patient drinks alcohol or uses any tobacco products and then question her medication and drug use.
2	It is appropriate to ask if the woman has ever been pregnant before.
3	Asking if parents and siblings are still alive tells the nurse if there is a need to question further about cause(s) of death, depending upon how the patient answers.
4	Asking about the current living situation begins the process of learning if the father of the child is involved, who the woman lives with, and whether there are any safety issues related to where the woman lives.

PTS: 1 CON: Pregnancy

7. ANS: 1

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Explain the purpose and procedure of the complete physical examination and pelvic examination.

Chapter page reference: 56-57

Heading: Physical Examination

Integrated processes: Teaching and Learning

Client need: Safe and Effective Care Environment

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	This explains the role of health in pregnancy and the need to examine the entire body without frightening the patient.
2	Telling the patient she may have health problems and may be in need of treatment may frighten her and implies there is a problem with the pregnancy.
3	Simply saying it is a requirement does not adequately explain the rationale for the procedure.
4	The doctor examines the woman, not the baby, so this statement is not accurate.

PTS: 1 CON: Pregnancy

8. ANS: 3

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Explain the purpose and procedure of the complete physical examination and pelvic examination.

Chapter page reference: 56-57

Heading: Physical Examination

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	Because the ischial tuberosity measurement is an indication of the smallest diameter of the pelvis through which the head must pass, it gives no indication of whether the pregnancy will be preterm or term.
2	Because the ischial tuberosity measurement is an indication of the smallest diameter of the pelvis through which the head must pass, it gives no indication of blood supply to the fetus.
3	Because the ischial tuberosity measurement is an indication of the smallest diameter of the pelvis through which the head must pass, a measurement less than 10 cm indicates she may not have a large enough opening to deliver vaginally.
4	Because the ischial tuberosity measurement is an indication of the smallest diameter of the pelvis through which the head must pass, it gives no indication of the length of labor.

PTS: 1

CON: Pregnancy

9. ANS: 4

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Define the common laboratory tests utilized during pregnancy.

Chapter page reference: 58

Heading: Laboratory Tests

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	A CBC is routinely drawn on all pregnant women to determine overall health and to screen for potential anemia.
2	All pregnant women should have their blood type and Rh status identified.
3	A PAP smear, or Papanicolaou screen, is routinely performed on pregnant women.
4	A serum calcium test is not routine.

PTS: 1

CON: Pregnancy

10. ANS: 2

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Define the common laboratory tests utilized during pregnancy.

Chapter page reference: 58

Heading: Laboratory Tests

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	This response damages the trust between the nurse and the patient because it is essentially saying the patient is not to be believed; thus, this is not the best answer.
2	<u>This response explains why the titers are performed and is the best response.</u>
3	This response is not accurate and puts the responsibility on the doctor instead of answering the patient's question.
4	Although this answer is correct, it is not complete and does not explain why the patient needs to be tested.

PTS: 1 CON: Pregnancy

11. ANS: 2

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Explain the commonly used screening tests for fetal abnormalities.

Chapter page reference: 59-60

Heading: Screening Tests for Fetal Health

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	An elevated alpha-fetoprotein level indicates a potential neural tube defect, not Down syndrome.
2	An elevated hCG level is an indication of potential Down syndrome.
3	A low unconjugated estriol level, not a high level, indicates a risk for Down syndrome.
4	An elevated level of inhibin A, not a low level, indicates a risk for Down syndrome.

PTS: 1 CON: Pregnancy

12. ANS: 4

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Explain the commonly used screening tests for fetal abnormalities.

Chapter page reference: 59-60

Heading: Screening Tests for Fetal Health

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	Spontaneous abortion is a potential complication following amniocentesis.
2	Leaking of amniotic fluid is a potential complication following amniocentesis.
3	Infection is a potential complication following amniocentesis.
4	Maternal liver damage is highly unusual and is not normally associated with amniocentesis.

PTS: 1 CON: Pregnancy

13. ANS: 3

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: List the usual pattern of prenatal visits to the health-care provider.

Chapter page reference: 60-61

Heading: Subsequent Prenatal Visits

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	At 22 weeks, the woman will be seen monthly unless problems occur.
2	At 28 weeks, the woman will begin appointments every 2 weeks.
3	At 36 weeks, the woman will begin weekly appointments.
4	At 38 weeks, the woman should have already started weekly appointments.

PTS: 1 CON: Pregnancy

14. ANS: 4

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Discuss nursing care provided during subsequent visits to the health-care provider.

Chapter page reference: 60-61

Heading: Care During Subsequent Prenatal Visits

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Although a bladder infection can increase risk for preterm labor, there is no indication of this problem at this time.
<b>2</b>	Abruptio placenta does not present with these symptoms.
<b>3</b>	Pre-eclampsia symptoms include protein in the urine, elevated blood pressure, and edema, so that is not a consideration with the presenting symptoms.
<b>4</b>	Arriving late for an appointment, urinary tract infection, and unexplained bruising will lead the nurse to suspect potential domestic abuse and to question the woman regarding her safety.

PTS: 1 CON: Pregnancy

15. ANS: 2

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Discuss nursing care provided during subsequent visits to the health-care provider.

Chapter page reference: 60-61

Heading: Care During Subsequent Prenatal Visits

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Although an elevated urine protein level can indicate pre-eclampsia, elevated nitrate levels will cause the nurse to consider another problem as more likely.
<b>2</b>	With elevated protein and nitrate levels, the patient should be assessed for symptoms of a urinary tract infection, including dysuria, frequency, urgency, and/or incontinence.
<b>3</b>	Gestational diabetes is indicated by elevated glucose levels, not protein and nitrate levels, in the urine.
<b>4</b>	Inadequate nutrition is indicated by ketones in the urine.

PTS: 1 CON: Pregnancy

16. ANS: 4

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Communicate effectively with the patient regarding domestic violence.

Chapter page reference: 61

Heading: Care During Subsequent Prenatal Visits

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Reliable transportation is of no significance in this situation.
2	It is not the nurse's place to suggest adoption unless the woman raises the option and says she is considering it.
3	Although abdominal bruising could induce preterm labor if severe, that is not the priority question to pursue.
4	The woman is demonstrating multiple warning signs of domestic abuse, so the nurse should question the woman regarding her safety.

PTS: 1 CON: Pregnancy

17. ANS: 1

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Discuss the monitoring of fetal growth and development.

Chapter page reference: 55

Heading: Assessment of Fetal Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	When fetal heart tones are not heard, the mother is likely to become concerned; she needs to be reassured that it is not uncommon for heart tones to be inaudible until 12 weeks of pregnancy.
2	Fetal heart tones may not be heard until 12 weeks of pregnancy, so there is no need to notify the provider immediately; however, the finding should be documented.
3	Fetal heart tones may not be heard until 12 weeks of pregnancy, so there is no need for bedrest.
4	Fetal heart tones may not be heard until 12 weeks of pregnancy, so there is no need for an ultrasound at this time.

PTS: 1 CON: Pregnancy

## MULTIPLE RESPONSE

18. ANS: 1, 3

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Explain the GTPAL system.

Chapter page reference: 55

Heading: Pregnancy Terminology

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1.	G5 indicates the woman has been pregnant a total of five times, and that includes her current pregnancy.
2.	From this information, there is no way of knowing whether the abortion was spontaneous or therapeutic.
3.	Because she had two term children and five preterm children but has only five living children, it is correct to interpret this information as indicating two children died after being born alive.
4.	Because four past pregnancies resulted in seven children, it is apparent that at least one pregnancy resulted in a multiple birth; however, there is no way of knowing if one pregnancy was a multiple birth or if there were several multiple births, so the nurse cannot draw the conclusion that she had quintuplets.
5.	Adopted children are not included in the GTPAL.

PTS: 1 CON: Pregnancy

19. ANS: 1, 2, 3

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Discuss the monitoring of fetal growth and development.

Chapter page reference: 62

Heading: Assessment of Fetal Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1.	At 20 weeks, the fundal height should be 20 cm, so this is an expected finding.
2.	Fetal heart rate between 110 and 160 bpm is an expected finding.
3.	Quickening, or fetal movement, should be felt between 16 and 22 weeks, so this is an expected finding.
4.	Glucose in the urine is never an expected finding and could indicate gestational diabetes.
5.	By 20 weeks' gestation, the woman should be steadily gaining weight, so weight loss is not an anticipated finding.

PTS: 1 CON: Pregnancy

## COMPLETION

20. ANS:

G6, T1, P3, A3, L3

6, 1, 3, 3, 3

61333

Chapter number and title: 5: Antepartal Nursing Assessment

Chapter learning objective: Explain the GTPAL system.

Chapter page reference: 55

Heading: Pregnancy Terminology

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

### Feedback

The woman has been pregnant 6 times (1 term, 1 triplet, current pregnancy, and 2 spontaneous and 1 voluntary abortions = 6), so her gravida is 6. One child was born at term (T = 1), and 3 infants (triplets) were born between 20 and 37 weeks (P = 3), she has had 2 spontaneous abortions and 1 therapeutic abortion (A = 3), and she has 3 living children (1 term + 3 from triplet birth – 1 child who died = 3 children, so L = 3).

PTS: 1

CON: Pregnancy

## Chapter 6: Nursing Care During Pregnancy

### Multiple Choice

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

- \_\_\_ 1. The nurse is caring for a pregnant woman who is complaining of nasal stuffiness. Which intervention does the nurse identify as problematic and encourage the patient to stop?
- 1) Increased fluid intake
  - 2) Use of nasal saline drops
  - 3) Use of a humidifier in the home
  - 4) Taking a decongestant
- \_\_\_ 2. Which statement made by a pregnant woman who is complaining of increased vaginal discharge should the nurse correct?
- 1) "I try to wear loose clothes and avoid anything that too tight fitting."
  - 2) "I changed from my usual nylon underwear to cotton underwear."
  - 3) "The discharge has gotten so bad that I have to wear panty liners all the time."
  - 4) "I've started douching at least once a day and sometimes twice a day."
- \_\_\_ 3. The nurse is providing teaching to a woman during her first prenatal visit. The woman says she has been told to avoid baths and asks if that is true. Which statement made by the nurse is incorrect?
- 1) "Baths are safe until the membranes rupture."
  - 2) "Apply antiskid devices to the bottom of the tub to prevent injury."
  - 3) "Soaking in a hot tub can be very relaxing and can reduce morning sickness."
  - 4) "In the third trimester, get help getting out of the bathtub."
- \_\_\_ 4. When the nurse assesses a pregnant woman, which form of exercise previously enjoyed by the woman should be discouraged?
- 1) Running
  - 2) Skiing
  - 3) Swimming
  - 4) Cycling
- \_\_\_ 5. The nurse teaches a pregnant woman about healthy nutrition to prevent neural tube defects in the fetus. The nurse assesses that the patient understood the teaching when which food choices are made for breakfast?
- 1) Bacon, eggs, and hash browns
  - 2) Pancakes with syrup and sausage
  - 3) Peanut butter on toast and orange juice
  - 4) Cereal with milk and peanut butter on toast
- \_\_\_ 6. Which question from the nurse is most effective in assessing a pregnant patient for potential pica?
- 1) "You're not eating anything that would be considered a nonfood item, are you?"
  - 2) "Are you eating anything weird that you didn't eat before you got pregnant?"
  - 3) "Some women experience cravings. Are you experiencing anything like that?"
  - 4) "Pica, a craving to eat nonfood items, is common in pregnancy. What have you

experienced?"

- \_\_\_ 7. During a woman's routine prenatal visit, the nurse notices scratches on her arms and learns she has adopted a kitten. Which teaching should the nurse include during this visit?
  - 1) Cytomegalovirus prevention
  - 2) Toxoplasmosis prevention
  - 3) Rubella prevention
  - 4) Parvovirus prevention
- \_\_\_ 8. During the prenatal visit of a woman who is 38 weeks pregnant, the pelvic examination reveals active genital herpes. Which anticipatory guidance should the nurse provide?
  - 1) Potential for the newborn to require neonatal intensive care
  - 2) Increased risk of congenital anomaly in the neonate
  - 3) Preparation for Cesarean section
  - 4) Need to notify the public health department
- \_\_\_ 9. The nurse includes which teaching as the greatest priority when caring for a pregnant woman over age 35?
  - 1) Healthy nutrition
  - 2) Proper self-care
  - 3) Regular prenatal care
  - 4) Chromosomal testing
- \_\_\_ 10. The nurse is caring for a woman in the first trimester of pregnancy whose body mass index (BMI) is 16.5. Which nutritional counseling should the nurse provide?
  - 1) Follow a healthy diet low in calories and fat.
  - 2) Follow a healthy diet low in sodium and calories.
  - 3) Follow a healthy diet high in protein and fat.
  - 4) Follow a healthy diet with increased calories and calcium.
- \_\_\_ 11. A pregnant adolescent tells the nurse, "There is something wrong with me. I can't sit through a class without having to urinate." A physical examination reveals no urinary or renal problems. What is the nurse's priority of care?
  - 1) Telling the patient to reduce fluid intake during the school day
  - 2) Having the patient attend a pregnant adolescent group class
  - 3) Encouraging the patient's mother to monitor her urine output
  - 4) Telling the patient to have friends take notes in class while she urinates
- \_\_\_ 12. A pregnant adolescent asks the nurse, "Did I hurt the baby because I went to a party last night and had a few beers?" Which is the nurse's best response?
  - 1) "Drinking alcohol can be very harmful to the fetus, but you won't know if harm was done until the baby is born."
  - 2) "Alcohol is a drug, and all drugs have the potential to harm the baby, so they should be avoided throughout pregnancy."
  - 3) "It is unlikely that drinking one time hurt the baby, but repeated intake of alcohol can have serious negative effects."
  - 4) "Drinking alcohol at your age is illegal, and I am required to report this to the

authorities because I'm a nurse.”

- \_\_\_ 13. The nurse is teaching a pregnant adolescent about maintaining a healthy diet. Which statement by the patient indicates further teaching is needed?
- 1) “I'll drink only diet soda until after I have the baby.”
  - 2) “I will increase my calcium intake by eating more yogurt.”
  - 3) “I will order a salad when I go to a fast-food place with my friends.”
  - 4) “I will take a calcium supplement every day until I deliver.”
- \_\_\_ 14. While reviewing a new patient's medical record prior to her arrival at the clinic, the nurse sees the patient is classified as an AMA and interprets this to mean what?
- 1) Advanced medical age
  - 2) Against medical advice
  - 3) Always making assumptions
  - 4) Acute myeloid leukemia
- \_\_\_ 15. The triage nurse receives a call from a woman who is 32 weeks pregnant and reports feeling no fetal movements in the last hour. What should the nurse advise?
- 1) See the doctor immediately for an ultrasound examination.
  - 2) Eat and rest, then do another kick count for 1 hour.
  - 3) Go to the emergency department immediately.
  - 4) Get some sleep and try again tomorrow.
- \_\_\_ 16. The nurse reviews a patient's L/S ratio and sees the results are 4:1. How is this finding interpreted?
- 1) Mature fetal lungs
  - 2) Immature fetal lungs
  - 3) Inconclusive
  - 4) Fetal demise
- \_\_\_ 17. Which statement by a laboring patient informs the nurse that the couple is using the Bradley method?
- 1) “No matter how severe the pain becomes, I do not want to take anything to control it.”
  - 2) “I have learned all of the breathing exercises to help me control pain.”
  - 3) “I have been practicing my relaxation techniques to help me manage the pain.”
  - 4) “If the pain becomes more than I can handle, I will let you know and will request medication.”
- \_\_\_ 18. Which request does the nurse not expect to find in a birth plan?
- 1) Preference to avoid induction
  - 2) Preference for an epidural to manage pain
  - 3) Preference to deliver in a birthing chair
  - 4) Preference for a specific drug for induction

#### **Multiple Response**

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

- \_\_\_\_ 19. The nurse is caring for a woman who had a pre-pregnancy BMI of 22.3 and has gained 53 lb. Which assessments are most important for this patient? (*Select all that apply.*)
- 1) Serum glucose
  - 2) Blood pressure
  - 3) Urine glucose
  - 4) Premature rupture of membranes
  - 5) Fetal anomalies
- \_\_\_\_ 20. The nurse provides nutritional counseling for a pregnant woman diagnosed with anemia. The woman demonstrates understanding of the dietary changes needed when choosing to increase which foods in her diet? (*Select all that apply.*)
- 1) Chicken
  - 2) Spinach
  - 3) Dried apricots
  - 4) Tofu
  - 5) Milk

## **Chapter 6: Nursing Care During Pregnancy**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 4

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Provide guidance to the pregnant patient on managing the common discomforts of pregnancy.

Chapter page reference: 65

Heading: Nasal Stuffiness, Discharge, and Obstruction

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
1	Increased fluid intake helps to promote drainage and reduce nasal stuffiness, so this intervention is not problematic.
2	Use of saline nose drops is healthy and is not problematic.
3	A humidifier in the home helps to reduce nasal stuffiness and is not problematic, but the nurse will want to instruct the patient on the importance of regular cleaning of the humidifier.
4	Decongestants are contraindicated in pregnancy because they constrict blood vessels, which can reduce oxygen supply to the fetus, and should be discouraged.

PTS: 1

CON: Pregnancy

2. ANS: 4

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Provide guidance to the pregnant patient on managing the common discomforts of pregnancy.

Chapter page reference: 65

Heading: Increased Leukorrhea

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Wearing loose-fitting clothing and avoiding anything that is too tight is a good response to increased vaginal discharge and does not need to be corrected.
2	Wearing cotton underwear, which is more porous than nylon, is a good response

	to increased vaginal discharge and does not need to be corrected.
3	Use of panty liners or pads helps to absorb moisture and is a good response to increased vaginal discharge that does not need correction.
4	Although daily perineal hygiene is needed to prevent infection, douching is dangerous and can result in increased risk of infection; thus, this practice should be discouraged by the nurse.

PTS: 1 CON: Pregnancy

3. ANS: 3

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Promote safe and effective self-care practices during pregnancy.

Chapter page reference: 66

Heading: Personal Hygiene

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	This is a true statement that does not need to be corrected because it is safe to take a bath as long as the amniotic membranes are intact.
2	To reduce the risk of sliding in the tub and afterward, placement of antiskid devices is a good thing to teach this patient and does not need correcting.
3	Hot tubs and excessively hot showers should be avoided to prevent hyperthermia, which can cause neural tube defects, so this is an incorrect statement.
4	In the third trimester, patients should be encouraged to request help when getting out of the bathtub, so this is a correct statement.

PTS: 1 CON: Pregnancy

4. ANS: 2

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Promote safe and effective self-care practices during pregnancy.

Chapter page reference: 67

Heading: Exercise

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
1	If the woman was a runner before pregnancy, it is safe for her to continue through pregnancy.

<b>2</b>	Skiing, gymnastics, and other sports that include a risk of falling should be discouraged during pregnancy.
<b>3</b>	Swimming is a safe exercise during pregnancy.
<b>4</b>	Cycling is a safe exercise during pregnancy.

PTS: 1 CON: Pregnancy

5. ANS: 4

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Discuss the nutritional needs of the pregnant patient.

Chapter page reference: 71

Heading: Nutrition in Pregnancy

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	Although bacon and eggs are high in protein, foods high in folate are most important for preventing neural tube defects; folate is not found in these foods.
<b>2</b>	Pancakes with syrup and sausage are not high in folate and will not contribute to healthy nutrition to prevent neural tube defects.
<b>3</b>	Although peanuts are high in folate, this is not the best breakfast among those suggested.
<b>4</b>	Cereal is high in folate as are peanuts in peanut butter, so this is the best choice for adequate folate intake to prevent neural tube defects and reflects that the patient understood what she was taught.

PTS: 1 CON: Pregnancy

6. ANS: 4

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Define pica and the dangers for the pregnant patient.

Chapter page reference: 71

Heading: Management of Pica

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	This is a leading question that encourages the woman to say “no.”
<b>2</b>	The nurse’s role is to remain nonjudgmental; using a term such as <i>weird</i> is judgmental and is not likely to elicit an honest response.

<b>3</b>	This question is too broad and is more likely to elicit a response regarding food cravings than what the nurse is trying to assess.
<b>4</b>	This statement is specific to pica, is nonjudgmental, and is open-ended to encourage the woman to share.

PTS: 1 CON: Pregnancy

7. ANS: 2

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Discuss the dangers and prevention of viral infections in pregnancy.

Chapter page reference: 69

Heading: Avoiding Viral Infection

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	Cytomegalovirus is not caused by contact with cats.
<b>2</b>	Toxoplasmosis can be spread through cat feces and is the appropriate teaching to include for this patient.
<b>3</b>	Rubella is not transmitted through contact with cats.
<b>4</b>	Parvovirus is spread through human contact, not from cats, so it is not the priority teaching for this woman.

PTS: 1 CON: Pregnancy

8. ANS: 3

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Discuss the dangers and prevention of viral infections in pregnancy.

Chapter page reference: 69

Heading: Herpes Simplex Virus

Integrated processes: Teaching and Learning

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	There is no reason to suspect that this newborn will have an increased need for neonatal intensive care.
<b>2</b>	There is no reason to expect this neonate to be at higher risk for a congenital anomaly.
<b>3</b>	Most obstetricians will schedule a Cesarean birth if the woman has active herpes at the due date, so the woman should be prepared for this possibility.

<b>4</b>	There is no need to notify the public health department of the woman's diagnosis of genital herpes.
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PTS: 1 CON: Pregnancy

9. ANS: 4

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Identify risks for the pregnant patient over the age of 35.

Chapter page reference: 73

Heading: Risks for Pregnancy in Patients Older Than Age 35

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Teaching about healthy nutrition is important for all age groups and is not more important for a woman over age 35.
<b>2</b>	Proper self-care should be taught to all age groups and does not take priority in a woman over age 35.
<b>3</b>	Regular prenatal care is an important component of teaching for all age groups, with no greater priority for women over age 35.
<b>4</b>	Chromosomal testing is of particular priority in women over age 35 because of an increased risk in this age group for chromosomal abnormalities.

PTS: 1 CON: Pregnancy

10. ANS: 4

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Teach the pregnant patient about the recommended weight gain in pregnancy.

Chapter page reference: 72

Heading: Recommended Weight Gain

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	A woman with a BMI of 16.5 should not be told to reduce calories.
<b>2</b>	A diet low in sodium is wise for all healthy diets, but a woman with a BMI of 16.5 should not be told to reduce calories.
<b>3</b>	There is no reason to recommend a high-protein, high-fat diet for this patient.
<b>4</b>	A woman with a BMI of 16.5 needs to gain weight and should be encouraged to

	eat more calories, and all pregnant women should be encouraged to get adequate calcium.
--	---

PTS: 1 CON: Pregnancy

11. ANS: 2

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Plan appropriate prenatal care for the pregnant adolescent.

Chapter page reference: 72

Heading: Care of the Pregnant Adolescent

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	It is important for this adolescent to remain hydrated, so this is dangerous advice.
2	Adolescents experience egocentric thinking, in which they consider their experiences unique; so encouraging this patient to attend a group class where discomforts of pregnancy can be shown as common should be the priority of care.
3	The adolescent is aiming for independence, so she should be made responsible for herself rather than using her parents whenever possible.
4	This does not address the issue of the patient thinking frequent urination is abnormal. Also, because the adolescent wants to fit in with peers, it is not a developmentally appropriate response.

PTS: 1 CON: Pregnancy

12. ANS: 2

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Plan appropriate prenatal care for the pregnant adolescent.

Chapter page reference: 72

Heading: Care of the Pregnant Adolescent

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	Although this statement is technically true, it is not the best response to the patient's question because it does not alleviate her fears or encourage alcohol avoidance.
2	This statement is true, encourages better performance throughout pregnancy, and also introduces the idea that all drugs should be avoided; thus, it is the best

	response to the patient's question.
3	Although recent evidence shows this may be true, the nurse does not want to give the patient the impression that occasional alcohol intake is acceptable.
4	This statement will destroy the patient's trust in the nurse and is not true because the nurse has no legal requirement to report this.

PTS: 1 CON: Pregnancy

13. ANS: 1

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Discuss the additional nutritional needs of the pregnant adolescent.

Chapter page reference: 72

Heading: The Nutritional Needs of the Pregnant Adolescent

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Drinking diet soda should be discouraged because chemicals used for sweeteners can be hazardous to the fetus; this statement indicates the need for further teaching.
2	Increasing calcium intake is particularly important in the adolescent, whose bones are still growing, so this is an accurate statement.
3	This statement reflects healthy nutritional choices and should be encouraged.
4	Adolescents need more calcium than the average pregnant patient because their bones are still growing, so this is an accurate statement reflecting a healthy choice.

PTS: 1 CON: Pregnancy

14. ANS: 1

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Identify risks for the pregnant patient over the age of 35.

Chapter page reference: 73

Heading: Care of the Expectant Couple Older Than Age 35

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	When a pregnant patient is classified as AMA, it means she has advanced medical age, generally indicating the woman is over the age of 35.

<b>2</b>	In this context, AMA does not mean “against medical advice.”
<b>3</b>	In this context, AMA does not mean “always making assumptions.”
<b>4</b>	In this context, AMA does not mean “acute myeloid leukemia.”

PTS: 1 CON: Pregnancy

15. ANS: 2

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Explain the tests used to monitor fetal well-being during the pregnancy.

Chapter page reference: 74

Heading: Fetal Kick Counts

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	Because lack of fetal movement has existed for only an hour, other steps should be taken first before seeing the physician, who may or may not order an ultrasound.
<b>2</b>	The fetus has periods of rest in utero, so the woman should be advised to eat and rest and then do another kick count for 1 hour.
<b>3</b>	Because fetal movements have been lacking for only an hour, it is not necessary for the woman to rush to the emergency department.
<b>4</b>	Lack of fetal movements can be a serious problem, so the woman should not wait until tomorrow to do another kick count.

PTS: 1 CON: Pregnancy

16. ANS: 1

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Explain the tests used to monitor fetal well-being during the pregnancy.

Chapter page reference: 75

Heading: Amniocentesis: Explanation

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	An L/S ratio greater than 2:1 indicates mature fetal lungs.
<b>2</b>	An L/S ratio less than 2:1 indicates immature fetal lungs, but that is not the case in this situation.
<b>3</b>	The L/S ratio is not inconclusive but points to specific findings.

**4** There is no indication of fetal demise in this L/S ratio.

PTS: 1 CON: Pregnancy

17. ANS: 1

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Compare and contrast the Bradley method and Lamaze method of childbirth education.

Chapter page reference: 78-79

Heading: Lamaze and The Bradley Method

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Integrity

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	The Bradley method discourages use of pain medications, so this statement differentiates it from Lamaze, which helps with pain control but does not promote medication-free labor.
2	The Bradley method does not emphasize breathing but focuses on relaxation, so this indicates the Lamaze method was studied.
3	Both Lamaze and Bradley methods teach relaxation techniques, so this does not emphasize the Bradley method exclusively.
4	Because the Bradley method discourages use of pain medication, this statement indicates another method is being used.

PTS: 1 CON: Pregnancy

18. ANS: 4

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Discuss the components of a birth plan.

Chapter page reference: 79

Heading: Birth Plan

Integrated processes: Communication and Documentation

Client need: Physiological Integrity

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	Feedback
1	Women often include their preference on induction in the birth plan.
2	Pain management is something that should be included in the birth plan before labor begins so decisions can be made logically.
3	How the woman wants to deliver, whether in a birthing chair, bed, or squatting, should be included in the birth plan.

<b>4</b>	The specific drug used for induction will be determined by the physician on the basis of the woman's health history and condition and other factors and is not normally included in the birth plan.
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PTS: 1

CON: Pregnancy

## MULTIPLE RESPONSE

19. ANS: 1, 2, 3

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Teach the pregnant patient about the recommended weight gain in pregnancy.

Chapter page reference: 72

Heading: Recommended Weight Gain

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1.	This woman has gained almost double what she should for her BMI, causing increased risk of gestational diabetes; her serum glucose levels should be carefully followed.
2.	As a result of excessive weight gain, this woman is at increased risk for pregnancy-associated hypertension and should have her blood pressure carefully followed.
3.	Excessive weight gain puts this woman at increased risk of gestational diabetes; this will result in glucose spillage into the urine, which should be monitored.
4.	Excessive weight gain and obesity are not associated with premature rupture of the membranes.
5.	Excessive weight gain is not associated with fetal anomalies.

PTS: 1

CON: Pregnancy

20. ANS: 1, 2, 3

Chapter number and title: 6: Nursing Care During Pregnancy

Chapter learning objective: Discuss the nutritional needs of the pregnant patient.

Chapter page reference: 71

Heading: Nutrition in Pregnancy

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1.	Chicken is high in iron and is a good choice.
2.	Spinach is high in iron and is a good choice.
3.	Dried fruit, such as apricots, is a good choice.
4.	Tofu is high in protein, but it is not high in iron and is not a good choice.
5.	Milk is high in calcium and vitamin D but is not high in iron and is not a good choice.

PTS: 1

CON: Pregnancy

## **Chapter 7: Nursing Care of the Woman With Complications During Pregnancy**

### **Multiple Choice**

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

- \_\_\_\_ 1. The nurse provides teaching for a patient with hyperemesis gravidarum and determines further teaching is needed when the patient makes which statement?
- 1) "I will sip water throughout the day."
  - 2) "I will call the provider if there is any blood in the vomit."
  - 3) "I will be sure to eat three good meals a day."
  - 4) "I will not eat spicy or fatty foods till I feel better."
- \_\_\_\_ 2. The nurse teaches a patient with hyperemesis gravidarum when to notify the provider. The nurse recognizes clarification is needed when the patient says she will notify the provider for which sign?
- 1) Dark urine
  - 2) Bloody vomit
  - 3) Inability to keep food down for 24 hours
  - 4) Frequent urination
- \_\_\_\_ 3. A pregnant woman presents to the clinic at 16 weeks' gestation with lack of fetal movement. Ultrasonography reveals fetal demise. How does the nurse document this pregnancy?
- 1) Threatened abortion
  - 2) Inevitable abortion
  - 3) Complete abortion
  - 4) Missed abortion
- \_\_\_\_ 4. A woman presents to the emergency department with a history of pelvic inflammatory disease after a medical abortion, with acute vaginal bleeding and abdominal pain accompanied by shoulder pain. What does the nurse suspect as the cause?
- 1) Threatened abortion
  - 2) Ectopic pregnancy
  - 3) Gestational trophoblastic disease
  - 4) Hyperemesis gravidarum
- \_\_\_\_ 5. The nurse is caring for a patient with blood type O-negative following a spontaneous abortion. Which is the priority of care?
- 1) Providing emotional support
  - 2) Administering oxytocin
  - 3) Notifying the laboratory for a blood type and crossmatch
  - 4) Administering RhoGAM
- \_\_\_\_ 6. When discharging a woman following a spontaneous abortion, the nurse instructs her to report which priority complication?
- 1) Difficulty becoming pregnant again
  - 2) Increased risk of future fetal demise
  - 3) Infection

- 4) Weakness and lethargy
- \_\_\_ 7. The nurse caring for a patient 1 hour post-salpingostomy recognizes which priority of care?
- 1) Psychosocial support
  - 2) Administration of RhoGAM
  - 3) Pain management
  - 4) Fertility planning
- \_\_\_ 8. When planning care, the nurse recognizes which pregnant woman as being at greatest risk for gestational diabetes?
- 1) A Caucasian adolescent with a diabetic mother who participates on the high school swim team
  - 2) A 28-year-old Native American whose last pregnancy ended with a stillbirth
  - 3) An African American adolescent with a history of cystic fibrosis and hypertension
  - 4) A 22-year-old Caucasian woman whose last baby weighed 11 lb 3 oz at birth
- \_\_\_ 9. A nursing assessment reveals heavy vaginal bleeding; a firm, boardlike abdomen; contractions lasting 3 minutes with less than 30 seconds between them; and uterine tenderness in a woman last assessed to be 3 cm dilated and in early labor. Which is the nurse's priority of care?
- 1) Frequent vital signs and fetal heart tones
  - 2) Notification of the health-care provider
  - 3) Assessment and documentation of pain levels
  - 4) Providing emotional support
- \_\_\_ 10. A patient is informed that her pregnancy is a complete molar pregnancy and says to the nurse, "So my baby died?" What is the nurse's best response?
- 1) "Yes, I'm afraid that's true, but you can get pregnant again."
  - 2) "The pregnancy resulted in the development of a placenta, but there was no baby."
  - 3) "This is a genetic abnormality that resulted in a nonviable fetus."
  - 4) "Have you ever experienced a molar pregnancy before?"
- \_\_\_ 11. The nurse is caring for a patient who is 18 weeks pregnant and has a complete placenta previa. Which risk factor will the nurse assess for?
- 1) Multiple pregnancies
  - 2) History of premature delivery
  - 3) Endometriosis
  - 4) Excessive exercise
- \_\_\_ 12. While caring for a patient diagnosed with an ectopic pregnancy, the nurse recognizes which sign as an indication of hypovolemic shock?
- 1) Elevated blood pressure
  - 2) Decreased heart rate
  - 3) Lethargy
  - 4) Confusion
- \_\_\_ 13. Which woman is at greatest risk for Rh incompatibility?
- 1) A mother who has O- blood type, the father has A- blood type
  - 2) A mother who has AB- blood type, the father has O+ blood type

- 3) A mother who has O+ blood type, the father has B- blood type  
4) A mother who has A+ blood type, the father has B+ blood type
- \_\_\_ 14. The nurse is caring for a pregnant woman with a positive indirect Coombs test and type O- blood. Her last pregnancy resulted in the delivery of an infant with hemolytic anemia. Which is the priority of care?
- 1) Administer RhoGAM
  - 2) Monitor the woman for anemia
  - 3) Administer immunoglobulin at 28 weeks' gestation
  - 4) Prepare the patient for premature delivery
- \_\_\_ 15. The nurse is caring for a woman carrying multiple gestations. When providing nutritional teaching, the nurse encourages which dietary changes?
- 1) Increased calcium and reduced fat and calories
  - 2) Increased folic acid and calcium and reduced protein
  - 3) Increased calories, protein, and iron
  - 4) Increased fat and calories with reduced protein
- \_\_\_ 16. The labor nurse admits a patient who is known to be carrying quadruplets at 28 weeks' gestation and is in active labor. The nursing plan of care will include all of the following except what?
- 1) Encouraging the woman to verbalize her fears and ask questions
  - 2) Continuous monitoring of fetal heart rates
  - 3) Preparing the woman for prolonged vaginal delivery times
  - 4) Ensuring that extra nurses and physicians will attend the birth
- \_\_\_ 17. The nurse is caring for one patient with chronic hypertension and another patient with gestational hypertension and recognizes which as the primary difference between the two?
- 1) The patient with gestational hypertension does not require medication.
  - 2) The patient with chronic hypertension needs to maintain a low-sodium diet.
  - 3) Blood pressure in gestational hypertension returns to normal 12 weeks postpartum.
  - 4) Chronic hypertension carries greater risk of fetal complications.
- \_\_\_ 18. The nurse is caring for a patient who is in the third trimester of pregnancy and has been diagnosed with severe pre-eclampsia. Which is the nurse's priority intervention to prevent seizures?
- 1) Monitoring hourly urine output and protein
  - 2) Monitoring fetal well-being
  - 3) Checking for hyperreflexia
  - 4) Maintaining a low-stimulation environment

### **Multiple Response**

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

- \_\_\_ 19. The nurse who is caring for a pregnant woman diagnosed with gestational diabetes includes which topics in the teaching plan? (*Select all that apply.*)
- 1) Blood sugar monitoring four times a day
  - 2) Eating six meals per day

- 3) Including carbohydrates with every meal
  - 4) Maintaining blood sugar level at less than 120 mg/dL
  - 5) Reducing daily activity
- 20. When caring for a pregnant patient with a history of recreational cocaine use, the nurse recognizes the woman is at risk for which disorders? (*Select all that apply.*)
  - 1) Placenta previa
  - 2) Placenta abruption
  - 3) Placenta accreta
  - 4) Hydatidiform mole
  - 5) Pre-eclampsia

## **Chapter 7: Nursing Care of the Woman With Complications During Pregnancy**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 3

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
Chapter learning objective: Discuss the nursing care of a patient experiencing hyperemesis gravidarum.

Chapter page reference: 82

Heading: Hyperemesis Gravidarum: Patient Teaching

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	This is a good plan to maintain hydration and does not demonstrate the need for further teaching.
2	This is an appropriate statement and does not reflect the need for further teaching.
3	The patient would be better off eating several small meals than eating three large meals, so this statement reflects the need for further teaching.
4	This is an appropriate statement because spicy and fatty foods increase nausea and vomiting, so this does not demonstrate the need for further teaching.

PTS: 1

CON: Pregnancy

2. ANS: 4

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
Chapter learning objective: Discuss the nursing care of a patient experiencing hyperemesis gravidarum.

Chapter page reference: 83

Heading: Hyperemesis Gravidarum: Patient Teaching

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Dark urine indicates dehydration and is appropriate to report to the provider.
2	Bloody vomit is a sign requiring notification of the provider.
3	Inability to keep food down for 24 hours is something the provider should be informed of.

<b>4</b>	Frequent urination is common in pregnancy and is not a sign that needs to be reported to the provider.
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PTS: 1 CON: Pregnancy

3. ANS: 4

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Identify bleeding complications of early and late pregnancy.

Chapter page reference: 83

Heading: Abortion: Incidence and Risk Factors

Integrated processes: Communication and Documentation

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
<b>1</b>	A threatened abortion is demonstrated by vaginal bleeding and possible abdominal cramping that may or may not result in the loss of pregnancy; it does not apply to this situation.
<b>2</b>	An inevitable abortion occurs when the cervix dilates and the amniotic membranes rupture with the fetus and placenta expelled, which does not apply to this situation.
<b>3</b>	A complete abortion occurs when all uterine contents are expelled and cramping and bleeding stop without intervention, which does not apply to this situation.
<b>4</b>	This woman has experienced a missed abortion, finding fetal death during the first half of pregnancy without expelling the dead fetus.

PTS: 1 CON: Pregnancy

4. ANS: 2

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Identify bleeding complications of early and late pregnancy.

Chapter page reference: 84

Heading: Ectopic Pregnancy: Signs and Symptoms

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	The patient's symptoms are serious and point to a diagnosis other than a threatened abortion.
<b>2</b>	The patient's history and signs and symptoms all point to a likely diagnosis of ectopic pregnancy.

<b>3</b>	These symptoms are not expected and do not indicate a likely diagnosis of gestational trophoblastic disease.
<b>4</b>	Hyperemesis gravidarum does not present with the signs and symptoms described in this scenario.

PTS: 1 CON: Pregnancy

5. ANS: 4

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Recognize signs of complications following a spontaneous abortion.

Chapter page reference: 84

Heading: Abortion: Nursing Care

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	Although providing emotional support is an essential of nursing care, it is not the priority of care.
<b>2</b>	A spontaneous abortion indicates expulsion of all products of conception, so oxytocin is not needed.
<b>3</b>	There is no indication of excessive blood loss or the need for blood transfusions, so a type and crossmatch are not indicated.
<b>4</b>	Administration of RhoGAM is the priority of care because it must be administered within 72 hours to avoid problems with future pregnancies.

PTS: 1 CON: Pregnancy

6. ANS: 3

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Recognize signs of complications following a spontaneous abortion.

Chapter page reference: 84

Heading: Abortion: Medical Care

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	A spontaneous abortion should not make becoming pregnant more difficult, although the patient may be advised to avoid becoming pregnant until her body recovers.
<b>2</b>	A spontaneous abortion does not mean there is increased risk for fetal demise.

<b>3</b>	Infection is a potential complication following a spontaneous abortion, so the nurse should teach the patient the signs and symptoms of infection and the need to report them to her provider.
<b>4</b>	Weakness and lethargy may be experienced immediately after delivery, particularly with significant blood loss, but this is not the priority complication to report.

PTS: 1 CON: Pregnancy

7. ANS: 3

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
 Chapter learning objective: Discuss the nursing care for the patient following a ruptured ectopic pregnancy.

Chapter page reference: 85

Heading: Ectopic Pregnancy: Nursing Care

Integrated processes: Clinical Problem-Solving Process

Client need: Basic Care and Comfort

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	Although psychosocial support is a component of the plan of care, it is not the priority in the first hour postoperatively.
<b>2</b>	Administering RhoGAM may be indicated, but further information regarding the patient's blood type is needed before determining if this should be in the plan of care.
<b>3</b>	Pain management following surgery is the priority of care.
<b>4</b>	Fertility planning may or may not be necessary, but it is not the priority of care within 1 hour of surgery.

PTS: 1 CON: Pregnancy

8. ANS: 2

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
 Chapter learning objective: Outline the nurse's role in assessment, managing care, and patient teaching for a patient with gestational diabetes.

Chapter page reference: 99

Heading: Incidence and Risk Factors

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
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<b>1</b>	The Caucasian adolescent's only risk factor is having a diabetic mother, so this is not the patient at greatest risk for gestational diabetes.
<b>2</b>	The 28-year-old Native American has risk factors due to age and ethnicity as well as increased risk due to the stillbirth she experienced with her last pregnancy, so she is at highest risk.
<b>3</b>	The African American adolescent is at risk only as a result of her ethnicity, because cystic fibrosis and hypertension do not increase the risk for gestational diabetes.
<b>4</b>	The 22-year-old Caucasian woman whose last baby weighed 11 lb 3 oz is at risk only because her last baby's weight was over 9 pounds at birth, so she is not at greatest risk.

PTS: 1 CON: Pregnancy

9. ANS: 2

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Provide safe and effective nursing care for patients experiencing a placental abnormality such as a previa, abruption, and accreta.

Chapter page reference: 89

Heading: Placental Abruption: Nursing Care

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	Although vital signs and fetal heart tones should be measured frequently, this is not the priority of care.
<b>2</b>	It is important to notify the health-care provider immediately because the symptoms indicate a placental abruption in the woman, which likely requires an emergency cesarean section.
<b>3</b>	Although the pain level should be assessed and documented, this is not the priority of care.
<b>4</b>	Emotional support should be provided, but this is not the priority of care.

PTS: 1 CON: Pregnancy

10. ANS: 2

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Explain hydatidiform mole and usual medical treatment and nursing care.

Chapter page reference: 85-86

Heading: Gestational Trophoblastic Disease

Integrated processes: Communication Documentation

Client need: Physiological Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	If it was a complete molar pregnancy, there never was a baby, so this is an inaccurate statement.
2	This statement adequately explains what is meant by a complete molar pregnancy.
3	Because the fetus never developed, this is an inaccurate statement.
4	This question does not address the patient's statement.

PTS: 1 CON: Pregnancy

11. ANS: 3

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Compare and contrast the placental abnormalities of previa, abruption, and accreta.

Chapter page reference: 87

Heading: Placenta Previa: Incidence and Risk Factors

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Multiple pregnancies are associated with placenta accreta, not placenta previa.
2	History of premature delivery is not associated with placenta previa.
3	Endometriosis can cause uterine scarring, resulting in placenta previa, so this is an important risk factor to assess for.
4	Excessive exercise is not associated with placenta previa.

PTS: 1 CON: Pregnancy

12. ANS: 4

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Identify signs of hypovolemic shock due to blood loss from bleeding complications of pregnancy.

Chapter page reference: 85

Heading: Ectopic Pregnancy: Nursing Care

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

Feedback	
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<b>1</b>	Blood pressure decreases with hypovolemic shock.
<b>2</b>	Heart rate increases when a patient is in hypovolemic shock.
<b>3</b>	Restlessness is more likely than lethargy when a patient is in hypovolemic shock.
<b>4</b>	Confusion can be a late indicator that inadequate blood is circulating to the brain secondary to hypovolemic shock.

PTS: 1 CON: Pregnancy

13. ANS: 2

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
Chapter learning objective: Summarize the management of patients with Rh incompatibility.

Chapter page reference: 89 and 91

Heading: Care of the Woman With Rh Incompatibility Between Maternal and Fetal Blood

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	If both the mother and father have an absence of Rh factor, indicated by a negative blood type, there is no risk for Rh incompatibility.
<b>2</b>	When the mother's blood type is Rh negative and the father's is Rh positive, there is an increased risk for Rh incompatibility.
<b>3</b>	When the mother is Rh positive, there is little risk for Rh incompatibility.
<b>4</b>	When the mother is Rh positive, there is little risk for Rh incompatibility.

PTS: 1 CON: Pregnancy

14. ANS: 3

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
Chapter learning objective: Summarize the management of patients with Rh incompatibility.

Chapter page reference: 89 and 91

Heading: Care of the Woman With Rh Incompatibility Between Maternal and Fetal Blood: Medical Care

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	Because sensitization has already occurred, as indicated by the positive indirect Coombs test, administration of RhoGAM is too late.
<b>2</b>	Rh incompatibility does not impact the woman, so she is at no greater risk for anemia.

<b>3</b>	Immunoglobulin is administered at 28 weeks to prevent the formation of antibodies against Rh-positive blood and to help prevent the fetus from developing complications of hemolytic anemia.
<b>4</b>	There is no reason to anticipate premature delivery at this time.

PTS: 1 CON: Pregnancy

15. ANS: 3

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Outline a plan of care for women pregnant with multiple gestations.

Chapter page reference: 91-92

Heading: Care of the Woman With Multiple Gestations: Medical Management

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	The woman carrying multiple gestations should not reduce fat and calories but does require additional calcium.
<b>2</b>	The woman carrying multiple gestations needs increased calcium and folic acid but should not reduce protein.
<b>3</b>	The woman carrying multiple gestations requires increased calories, protein, and iron.
<b>4</b>	Calories and protein should be increased, but care should be taken to increase fat intake related only to healthy fats.

PTS: 1 CON: Pregnancy

16. ANS: 3

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy

Chapter learning objective: Outline a plan of care for women pregnant with multiple gestations.

Chapter page reference: 91-92

Heading: Care of the Woman With Multiple Gestations: Nursing Care

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	The woman in preterm labor carrying multiple gestations is likely to be fearful about outcomes and should be encouraged to verbalize her fears and ask questions.
<b>2</b>	It is important to monitor all fetal heart rates continuously because of the high

	risk of complications.
3	A woman carrying multiple gestations is far more likely to require a Cesarean section than to deliver vaginally, and the patient should be prepared for this likelihood.
4	One nurse and one physician will be needed to attend each of the infants when they are born, so it is important for the labor nurse to arrange for extra help.

PTS: 1 CON: Pregnancy

17. ANS: 3

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
 Chapter learning objective: Develop a plan of care for a patient experiencing pregnancy-related hypertensive disorders.

Chapter page reference: 94-95

Heading: Care of the Woman With Hypertension Disorders: Gestational Hypertension and Chronic Hypertension

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	The decision to treat hypertension with medication is dependent on the severity of the elevation and is not impacted by whether the elevated blood pressure is gestational or chronic.
2	Both the patient with gestational hypertension and the patient with chronic hypertension should maintain a low-sodium diet as a means of controlling blood pressure.
3	Chronic hypertension does not go away after delivery, but gestational hypertension will improve approximately 12 weeks postpartum.
4	Neither form of hypertension should cause fetal complications if it is appropriately controlled, and both can cause complications if they are not controlled.

PTS: 1 CON: Pregnancy

18. ANS: 4

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
 Chapter learning objective: Develop a plan of care for a patient experiencing pregnancy-related hypertensive disorders.

Chapter page reference: 96

Heading: Preeclampsia: Nursing Care

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	Although monitoring urine output and urine protein is an important intervention to monitor progression of pre-eclampsia, this is not the priority intervention to prevent seizures.
2	It is important to monitor fetal well-being because of the risk of complications in the patient with pre-eclampsia, but this is not the priority intervention to prevent seizures.
3	Checking for hyperreflexia is important to determine the severity of pre-eclampsia, but is not the priority intervention to prevent seizures.
4	Maintaining a quiet, low-stimuli environment is one of the most important nursing interventions to prevent seizures in addition to administering IV magnesium.

PTS: 1

CON: Pregnancy

## MULTIPLE RESPONSE

19. ANS: 2, 3, 4

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
Chapter learning objective: Outline the nurse's role in assessment, managing care, and patient teaching for a patient with gestational diabetes.

Chapter page reference: 100-101

Heading: Recommended Therapies

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1.	Blood sugar should be tested upon awakening, before and after meals, and before bed, so four times a day is not adequate.
2.	The woman should be encouraged to eat six meals a day, with three major meals and three snacks.
3.	Carbohydrates should be limited to less than 50% of the meal but should be included with every meal.
4.	Ideal blood sugar levels range between 70 and 120 mg/dL.
5.	The woman should be encouraged to exercise at least 30 minutes per day and should not be taught to reduce daily activity.

PTS: 1

CON: Pregnancy

20. ANS: 1, 2

Chapter number and title: 7: Nursing Care of the Woman With Complications During Pregnancy  
Chapter learning objective: Compare and contrast the placental abnormalities of previa, abruption, and accreta.

Chapter page reference: 87 and 89

Heading: Placenta Previa and Placenta Abruption

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback
1. Use of cocaine is a risk factor for developing placenta previa.
2. Use of cocaine is a risk factor for developing placental abruption.
3. Placenta accreta is not associated with use of cocaine.
4. Hydatidiform mole is not associated with recreational cocaine use.
5. Pre-eclampsia is not associated with recreational cocaine use, although the drug can cause hypertension.

PTS: 1

CON: Pregnancy

## **Chapter 8: Process and Stages of Labor and Birth**

### **Multiple Response**

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

- \_\_\_ 1. Which maternal hormones are suspected of contributing to the onset of labor? (Select all that apply.)
- 1) Increased oxytocin levels
  - 2) Increased prostaglandin levels
  - 3) Reduced progesterone levels
  - 4) Increased cortisol levels
  - 5) Uterine stretch theory
- \_\_\_ 2. Which signs do the nurse observe in a woman who is in labor? (Select all that apply.)
- 1) Lightening
  - 2) Cervical effacement
  - 3) Cervical dilation
  - 4) Burst of energy
  - 5) Cervical softening

### **Multiple Choice**

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

- \_\_\_ 3. Which cervical change does the nurse caring for a primipara expect to find during an assessment?
- 1) The cervix dilates first, then begins to efface.
  - 2) Cervical dilation occurs at the same rate as cervical effacement.
  - 3) Cervical effacement occurs slowly, before significant dilation occurs.
  - 4) Cervical dilation begins; then effacement reaches 100% before dilation is complete.
- \_\_\_ 4. The triage nurse receives a call from a pregnant woman. Which statement by the pregnant woman makes the nurse suspect the woman is experiencing false labor?
- 1) “The pain is in my back and circles around to the front.”
  - 2) “The pain gets more intense when I walk.”
  - 3) “The pain is becoming more intense and more frequent.”
  - 4) “I’ve been timing the contractions, and they are not regular.”
- \_\_\_ 5. The nurse reviews the medical record of a woman admitted in labor and sees she has a narrow pelvis. Which of the seven Ps of labor does this impact?
- 1) Passage
  - 2) Passenger
  - 3) Power
  - 4) Presentation
- \_\_\_ 6. When reviewing a laboring patient’s medical record, the nurse sees that a longitudinal lie has been documented. How is the fetus positioned?
- 1) The fetus is lying parallel with the mother’s body.
  - 2) The fetus is lying perpendicular to the mother’s body.

- 3) The fetus is lying at an angle to the mother's body, between parallel and perpendicular.
- 4) The fetus is in the head-down position.
- \_\_\_\_
7. After reinforcing teaching on how to determine the duration of a contraction, the nurse determines further teaching is needed when the mother makes which statement?
- 1) "I will time from the end of one contraction to the end of the next contraction."
  - 2) "As soon as the contraction stops, I will time until the next one begins."
  - 3) "I will write down the exact time the contraction begins and ends."
  - 4) "I will time from the beginning of one contraction till the beginning of the next one."
- \_\_\_\_
8. A student nurse is observed providing care to a woman in active labor. The instructor recognizes the need for corrective action when the student makes which statement?
- 1) "You're doing great with your breathing during contractions."
  - 2) "Your partner could roll tennis balls over your back during contractions to reduce pain."
  - 3) "Only your obstetrician can tell you how far your cervix has dilated."
  - 4) "I will stay with you as long as I can to help you manage labor pain."
- \_\_\_\_
9. Which assessment finding does the nurse recognize is the result of the laboring patient's increasing anxiety level as contractions become stronger?
- 1) Abnormal fetal heart rate patterns
  - 2) Increased uterine contractility
  - 3) Shorter second stage of labor
  - 4) Reduced maternal heart rate
- \_\_\_\_
10. While being admitting, a patient in labor says, "I want plenty of narcotics so I am asleep until the baby comes." The nurse recognizes that meeting this request will cause which risk for cesarean section?
- 1) The patient's inability to push and participate in delivery
  - 2) Risk for fetal harm secondary to medications passing through the placenta
  - 3) Elimination of the partner's involvement in the labor and delivery process
  - 4) Increased contractility of the uterus as a potential side effect
- \_\_\_\_
11. Which is the priority of nursing care for a woman in the early latent phase of labor?
- 1) Encourage rest between contractions
  - 2) Encourage activity such as walking
  - 3) Perform frequent cervical checks
  - 4) Encourage acceptance of pain medications
- \_\_\_\_
12. After observing a laboring patient, the experienced nurse tells the student nurse that a cervical examination will likely confirm the transition phase has begun. What did the experienced nurse observe to suggest this diagnosis?
- 1) The woman reports that rupture of the membranes has occurred.
  - 2) The woman keeps saying she is so glad to finally be in labor.
  - 3) The contractions are 2 to 3 minutes apart.

- 4) The woman is irritable and has trouble concentrating.
- \_\_\_ 13. While the doctor awaits delivery of the placenta after delivery of the newborn, the nurse documents that the patient is in which state of labor?
- 1) Latent
  - 2) Second
  - 3) Transition
  - 4) Third
- \_\_\_ 14. A laboring patient begins to demonstrate irritability, snapping at her labor coach and complaining of pelvic pressure. The nurse suspects cervical assessment will reveal which dilation measurement?
- 1) 2 to 3 cm
  - 2) 4 to 5 cm
  - 3) 5 to 6 cm
  - 4) 8 to 9 cm
- \_\_\_ 15. The nurse expects expulsion of the head to occur following which fetal movement?
- 1) Restitution and external rotation
  - 2) Extension
  - 3) Internal rotation
  - 4) Flexion
- \_\_\_ 16. After handing a wrapped newborn to the mother, the nurse sees the umbilical cord lengthening and a sudden trickle of blood at the vaginal opening and recognizes what is about to happen?
- 1) Hemorrhage
  - 2) Multiple birth
  - 3) Placental separation
  - 4) Uterine inversion
- \_\_\_ 17. When assessing maternal response to labor, the nurse sees the most significant responses in which system?
- 1) Cardiovascular
  - 2) Respiratory
  - 3) Gastrointestinal
  - 4) Reproductive
- \_\_\_ 18. Which finding does the nurse identify as unexpected and concerning when assessing a woman in labor during the peak of a contraction?
- 1) Increased blood pressure
  - 2) Decreased pulse rate
  - 3) Increase in depth and rate of respirations
  - 4) White blood cell (WBC) count of 26,000/mm<sup>3</sup>
- \_\_\_ 19. As the fetal head moves through the birth canal, the nurse expects which assessment finding?
- 1) Reduction in heart rate
  - 2) Increase in fetal oxygen pressure
  - 3) Decrease in fetal arterial carbon dioxide pressure
  - 4) Increase in fetal breathing movements

- \_\_\_ 20. A laboring patient asks the nurse if the baby is injured during the delivery process. Which response by the nurse demonstrates understanding of fetal response to labor and delivery?
- 1) "Circulation and perfusion stop during contractions, so it is important not to labor too long."
  - 2) "The baby can't breathe, so carbon dioxide builds up in the bloodstream and the oxygen level falls."
  - 3) "The stress of labor does not produce any ill effects for the baby as long as the baby is healthy."
  - 4) "No one really knows what happens to the baby during delivery, but it is a normal process."

## **Chapter 8: Process and Stages of Labor and Birth**

### **Answer Section**

#### **MULTIPLE RESPONSE**

1. ANS: 1, 2, 3

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the theories related to the factors that cause the onset of labor.

Chapter page reference: 107

Heading: Possible Causes of Labor

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1.	Increased oxytocin is believed to stimulate the uterine muscle and contribute to the onset of labor.
2.	An increase in prostaglandins produces cervical softening and increased uterine muscle sensitivity, which are believed to contribute to stimulating contractions.
3.	Progesterone, produced by the placenta, hinders contractions, so a reduction in progesterone allows estrogen to stimulate contractions.
4.	It is the fetus, not the mother, who produces cortisol.
5.	Although the uterine stretch theory is believed to be a contributing factor to the onset of labor, it is not hormone related.

PTS: 1

CON: Pregnancy

2. ANS: 2, 3

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: List the signs of labor.

Chapter page reference: 108

Heading: Signs of Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1.	Lightening is the dropping of the fetus into the pelvis, which occurs at approximately 38 weeks' gestation, prior to the onset of labor.
2.	Cervical effacement is the thinning of the cervix, which occurs during labor.

3.	Cervical dilation is the opening of the cervical os, which occurs during labor.
4.	The burst of energy women report generally occurs 24 to 48 hours before labor begins.
5.	Cervical softening occurs in the last weeks of pregnancy, prior to the onset of labor, preparing the cervix for effacement and dilation.

PTS: 1

CON: Pregnancy

#### MULTIPLE CHOICE

3. ANS: 3

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Describe the process of effacement and dilation that occurs in the cervix during labor.

Chapter page reference: 108

Heading: Effacement

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Effacement, not dilation, occurs first in primiparas.
2	Multiparas efface and dilate at the same time, but primiparas do not.
3	The cervix of the primipara effaces slowly before significant dilation occurs.
4	Total effacement generally occurs with completion of dilation.

PTS: 1

CON: Pregnancy

4. ANS: 4

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Distinguish between true and false labor.

Chapter page reference: 109

Heading: Differences Between True and False Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	True labor often begins in the back and radiates to the front.
2	True labor intensifies with walking, whereas false labor does not.
3	Contractions become more intense and more frequent over time in true labor.

**4** False labor contractions are irregular and do not become more intense.

PTS: 1 CON: Pregnancy

5. ANS: 1

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: List and describe the “Seven Ps” of labor.

Chapter page reference: 109

Heading: Critical Factors in Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
1	The passage is impacted by a narrow pelvis and may impede the fetus’ ability to move through the passage to be delivered vaginally.
2	The passenger is the fetus, who is not impacted by the size of the mother’s pelvis.
3	Power is the strength of the uterine muscle for contracting and pushing the fetus, which is not impacted by a narrow pelvis.
4	Presentation describes the part of the fetus that delivers first according to how the fetus lies in the uterus, which is not impacted by a narrow pelvis.

PTS: 1 CON: Pregnancy

6. ANS: 1

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Distinguish between fetal lie, presentation, and position.

Chapter page reference: 110

Heading: Fetal Lie; Fetal Presentation; Fetal Position

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
1	A longitudinal lie means the fetus is lying parallel with the mother’s body but does not indicate whether it is head-down or breach.
2	A transverse lie indicates the fetus is perpendicular to the mother’s body.
3	An oblique lie describes a fetus that is lying at an angle between the transverse and longitudinal lie.
4	Presentation, not position, describes which body part of the infant will present first.

PTS: 1 CON: Pregnancy

7. ANS: 3

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Teach a patient how to time uterine contractions.

Chapter page reference: 112

Heading: Patient Teaching: How to Time Uterine Contractions

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Timing from the end of one contraction to the end of the next does not reveal the duration of the contraction; this is a combination of duration and frequency, with neither clearly revealed.
2	Timing from the end of one contraction to the beginning of the next contraction reveals frequency of the contractions, not duration.
3	Timing from when a contraction begins until it ends reveals the duration of the contraction.
4	The time from the beginning of one contraction to the beginning of the next is the sum of the duration and frequency, with neither clearly revealed.

PTS: 1 CON: Pregnancy

8. ANS: 3

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the factors that contribute to patient satisfaction with the birth experience.

Chapter page reference: 113

Heading: Psyche

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	The patient's satisfaction is improved when support and reassurance are given during labor, so this is an appropriate statement requiring no corrective action.
2	Suggesting ways to manage pain improves patient satisfaction, so this is an appropriate statement requiring no corrective action.
3	The patient needs clear concise information about labor progress, so this statement requires the instructor's corrective intervention.
4	Continuous one-on-one support throughout labor by someone who can advocate

for the woman's needs is appropriate, so this statement requires no corrective action.

PTS: 1 CON: Pregnancy

9. ANS: 1

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the factors that contribute to patient satisfaction with the birth experience.

Chapter page reference: 113

Heading: Pain Management

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	Abnormal fetal heart rate patterns can result from maternal anxiety and an increase in epinephrine production.
2	Uterine contractility reduces with anxiety and an increase in epinephrine production.
3	Anxiety results in longer active labor.
4	Anxiety causes the production of epinephrine, which increases maternal heart rate.

PTS: 1 CON: Pregnancy

10. ANS: 1

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the *Healthy People 2020* goal of reducing Cesarean births.

Chapter page reference: 113

Heading: Patience

Integrated processes: Caring

Client need: Pharmacological Therapies

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	Excessive use of narcotics eliminates the patient's ability to push and participate in the delivery process, which can result in increased risk for a Cesarean section.
2	Although fetal sedation can occur secondary to the administration of narcotics, this does not increase the risk for Cesarean section.
3	There is no reason for narcotic administration to eliminate the partner's involvement, and this does not increase the risk for Cesarean section.

<b>4</b>	Use of narcotics does not increase the contractility of the uterus, so this is not a factor causing increased risk for Cesarean section.
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PTS: 1 CON: Pregnancy

11. ANS: 1

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Recognize the characteristics of a normal labor to provide knowledgeable care to the laboring patient.

Chapter page reference: 114

Heading: Latent Phase

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	The first stage of labor can last up to 20 hours, so it is important for the woman to rest and conserve energy during the early latent phase.
<b>2</b>	Although walking helps to promote labor, this is not the priority of care in the early latent phase of labor.
<b>3</b>	Frequent cervical checks are not necessary until contractions become more frequent and last longer.
<b>4</b>	Pain during contractions can often be controlled with relaxation and breathing techniques.

PTS: 1 CON: Pregnancy

12. ANS: 4

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Recognize the characteristics of a normal labor to provide knowledgeable care to the laboring patient.

Chapter page reference: 114

Heading: Transition Phase

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Rupture of membranes can occur at any stage of labor so this would not indicate the transition phase.
<b>2</b>	A woman who is glad to finally be in labor is likely to be in early labor before the contractions become stronger and more frequent.

<b>3</b>	Contractions come more frequently than every 2-3 minutes during the transition phase.
<b>4</b>	One of the classic indications of the transition phase of labor occurs when the woman becomes irritable and has trouble concentrating.

PTS: 1 CON: Pregnancy

13. ANS: 4

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Describe the stages of labor.

Chapter page reference: 115

Heading: Third Stage

Integrated processes: Communication and Documentation

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	Latent stage is the first phase of the first stage of labor.
<b>2</b>	The second stage of labor occurs after complete dilation and ends with the birth of the newborn.
<b>3</b>	Transition is the third phase of the first stage of labor and lasts until the cervix has dilated to 10 cm.
<b>4</b>	The third stage of labor begins with the birth of the newborn and ends with delivery of the placenta, so the nurse documents that the woman is in the third stage of labor.

PTS: 1 CON: Pregnancy

14. ANS: 4

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the three phases of the first stage of labor.

Chapter page reference: 114

Heading: The Transition Phase

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	At 2 to 3 cm, the patient is in the latent phase of labor, which is not marked by irritability and pelvic pressure.
<b>2</b>	At 4 to 5 cm, the patient is in the latent phase of labor, which is not marked by irritability and pelvic pressure.

<b>3</b>	At 5 to 6 cm, the patient is in the latent phase of labor, which is not marked by irritability and pelvic pressure.
<b>4</b>	Irritability and pelvic pressure mark the transition phase of labor, when the cervix goes from 8 cm dilated to 10 cm dilated, so 8 to 9 cm fits in this range.

PTS: 1 CON: Pregnancy

15. ANS: 1

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Explain the positional movements that occur as the fetus exits the birth canal.

Chapter page reference: 115

Heading: Positional Changes of the Fetus

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	Extension follows descent and flexion of the head, when the occiput comes into contact with the inferior margin of the symphysis pubis and the force of uterine contractions causes the occiput to extend and rotate around the symphysis, just before expulsion of the head.
<b>2</b>	Extension follows descent and flexion of the head, when the occiput comes into contact with the inferior margin of the symphysis pubis and the force of uterine contractions causes the occiput to extend and rotate around the symphysis.
<b>3</b>	Internal rotation occurs as the head, which is usually in the transverse position, rotates 45 degrees to an anterior-posterior position under the symphysis pubis of the pelvis.
<b>4</b>	Flexion occurs as the fetal head encounters resistance from the pelvic bones and soft tissues of the pelvic floor, causing the fetus to flex the head.

PTS: 1 CON: Pregnancy

16. ANS: 3

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Describe the signs of placental separation from the uterus.

Chapter page reference: 115

Heading: Placental Separation

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	A trickle of blood at this time is not an indication of hemorrhage and is normal and expected.
<b>2</b>	These are not symptoms of a multiple birth, which would be indicated by presentation of the body part of another fetus.
<b>3</b>	These are indications of placental separation because some bleeding results and the umbilical cord appears to lengthen as the placenta is delivered.
<b>4</b>	Uterine inversion is indicated by the appearance of the fundus protruding from the vagina.

PTS: 1 CON: Pregnancy

17. ANS: 4

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the maternal systemic responses to labor.

Chapter page reference: 118-119

Heading: Maternal Systemic Response to Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	Although the cardiovascular system is impacted by labor, it is not the location of the most significant responses.
<b>2</b>	Although the respiratory system is impacted by labor, it is not the location of the most significant responses.
<b>3</b>	Although the gastrointestinal system is impacted by labor, it is not the location of the most significant responses.
<b>4</b>	The most significant responses during labor occur in the reproductive system.

PTS: 1 CON: Pregnancy

18. ANS: 4

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the maternal systemic responses to labor.

Chapter page reference: 118-119

Heading: Maternal Systemic Response to Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

**Feedback**

<b>1</b>	A decrease in blood to the placenta at the peak of contractions causes the woman's blood volume to increase, with a correlated rise in blood pressure and a decrease in pulse rate.
<b>2</b>	A decrease in blood to the placenta at the peak of contractions causes the woman's blood volume to increase, with a correlated rise in blood pressure and a decrease in pulse rate.
<b>3</b>	Anxiety and pain cause an increase in the rate and depth of respirations.
<b>4</b>	Although the WBC may be slightly elevated in the term woman, this WBC count is higher than the expected 14,000 to 16,000/mm <sup>3</sup> and requires further assessment.

PTS: 1 CON: Pregnancy

19. ANS: 1

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the fetal response to labor.

Chapter page reference: 119

Heading: Fetal Response to Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	As the fetal head moves through the birth canal, an expected assessment finding is reduction in heart rate due to head compression.
<b>2</b>	Fetal oxygen pressure is expected to decrease because of reduced fetal circulation and perfusion.
<b>3</b>	Fetal PCO <sub>2</sub> is expected to rise because of reduced circulation and perfusion.
<b>4</b>	Fetal breathing movements decrease because of the pressure of the birth canal on the fetal chest.

PTS: 1 CON: Pregnancy

20. ANS: 3

Chapter number and title: 8: Process and Stages of Labor and Birth

Chapter learning objective: Discuss the fetal response to labor.

Chapter page reference: 119

Heading: Fetal Response to Labor

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Although circulation and perfusion slow during the peak of a contraction, they do not stop, so this is not an accurate statement.
<b>2</b>	Removal of carbon dioxide and delivery of oxygen occur because of perfusion through the placenta, so fetal breathing is not required.
<b>3</b>	This is a true statement that will relieve the mother's concern because adverse effects do not result from labor in a healthy fetus.
<b>4</b>	This statement is not accurate because the impact of labor on the fetus is known; also, this statement does not reassure the mother.

PTS: 1

CON: Pregnancy

## **Chapter 9: Nursing Assessment During Labor**

### **Multiple Choice**

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

- \_\_\_\_ 1. The nurse reviews the charts of patients who have expressed an interest in home birth and recommends which patient as a potential candidate?
- 1) A woman whose 1-year-old child was born via Cesarean section
  - 2) A primipara with a history of infertility
  - 3) A woman desiring an epidural for pain control
  - 4) A woman whose last child was stillborn
- \_\_\_\_ 2. A woman considering options for where to give birth asks the nurse if home birth is safe. Which is the nurse's best response?
- 1) "Home birth is safe if there are no complications for the mother or infant."
  - 2) "Home delivery is an option you should talk with the physician about."
  - 3) "Delivering at home is safe as long as there's a hospital within a 5-minute drive."
  - 4) "I would never consider delivering my baby at home because of the rate of poor outcomes."
- \_\_\_\_ 3. Which statement by the nurse is most appropriate when a patient is reluctant to sign the consent for admission?
- 1) "Signing this form gives us permission to take care of you."
  - 2) "If you don't sign this form, we cannot take care of you."
  - 3) "Everyone admitted to the hospital needs to sign this form."
  - 4) "It's your choice whether to sign or not sign this form."
- \_\_\_\_ 4. Upon admitting a laboring patient, the nurse collects maternal assessment for which purpose?
- 1) To learn about the patient's medication usage
  - 2) To learn about any complications during the pregnancy
  - 3) To establish a baseline of the patient's condition
  - 4) To determine any cultural needs the patient may have
- \_\_\_\_ 5. The nurse assesses a fetal heart rate as 190 bpm, with minimal baseline variability and recurring variable decelerations with moderate variability. How does the nurse classify these findings?
- 1) Category I
  - 2) Category II
  - 3) Category III
  - 4) Falling between category II and category III
- \_\_\_\_ 6. The nurse performs an assessment of fetal heart rate and determines that the findings indicate a category I on the basis of which assessment finding?
- 1) Marked baseline variability
  - 2) Recurring late
  - 3) Fetal heart rate of 110 bpm
  - 4) Prolonged decelerations of 5 minutes

- \_\_\_ 7. Under which circumstance does the nurse avoid performing a cervical examination?
- 1) When the membranes have ruptured
  - 2) When vaginal bleeding is noted
  - 3) When the woman has a multiple pregnancy
  - 4) When the woman has complained of pain on past cervical examinations
- \_\_\_ 8. After Leopold's maneuver is performed, the patient asks the nurse, "Why did you do that?" Which is the nurse's best explanation?
- 1) "This is a check for fetal well-being."
  - 2) "This tells me if there will be any complications during delivery."
  - 3) "I was checking to see what position the fetus is in."
  - 4) "I was checking to see how you are progressing."
- \_\_\_ 9. While the nurse is talking to a laboring woman, her amniotic membranes rupture. Which is the nurse's priority of care?
- 1) Vital signs
  - 2) Cervical examination
  - 3) Assessment of fluid
  - 4) Assessment of fetal heart rate
- \_\_\_ 10. The nurse is assisting with the care of multiple patients in labor and recognizes the need to notify the health-care provider for which patient?
- 1) A primipara whose dilation has progressed from 4 to 5 cm over the past 2 hours
  - 2) A primipara who dilated to 6 cm, and then her contractions stopped
  - 3) A multipara who is 7 cm dilated with an intact amniotic membrane
  - 4) A multipara who is 8 cm dilated and is becoming irritable and restless
- \_\_\_ 11. When planning care, the nurse determines that which patient is appropriate for intermittent fetal monitoring?
- 1) The woman whose pregnancy is at 38 weeks' gestation
  - 2) The woman receiving an epidural anesthetic
  - 3) The woman with controlled gestational diabetes
  - 4) The woman whose 5-year-old was born by Cesarean section
- \_\_\_ 12. A patient with pregnancy-induced hypertension asks the nurse to please remove the continuous fetal monitor to allow for easier movement. Which is the nurse's best response?
- 1) "I cannot remove the fetal monitor without a direct order from your provider, and there is an order to keep it on."
  - 2) "The fetal monitor allows me to make sure the baby is okay during contractions, so we need to leave it on."
  - 3) "Fetal monitoring restricts movement, but you don't want something to happen to the baby, do you?"
  - 4) "Let me try to adjust the monitor to give you more freedom to move about in bed so you can be more comfortable."
- \_\_\_ 13. The nurse is caring for an obese pregnant woman in preterm labor with intact amniotic membranes who is receiving medications to stop labor. Which type of monitoring is best for this patient?

- 1) Internal fetal and contraction monitoring
  - 2) Internal fetal and external contraction monitoring
  - 3) External fetal and internal contraction monitoring
  - 4) External fetal and contraction monitoring
- \_\_\_ 14. The nurse, while assessing a fetal monitor strip for a woman in term labor, determines there is significant fetal distress when she notes which finding?
  - 1) Fetal heart rate of 160 bpm
  - 2) Moderate variability
  - 3) Accelerations of 25 bpm with contractions
  - 4) Recurrent late decelerations with minimal variability
- \_\_\_ 15. When analyzing a fetal monitor strip, the nurse recognizes that which decelerations are not an indication for concern and require no nursing interventions?
  - 1) Early decelerations
  - 2) Late decelerations
  - 3) Variable decelerations
  - 4) Absent decelerations
- \_\_\_ 16. When analyzing a fetal heart strip, the nurse notes the absence of accelerations for the past 15 minutes. Which is the nurse's priority action?
  - 1) Change the maternal position
  - 2) Notify the health-care provider
  - 3) Administer oxygen to the mother
  - 4) Monitor for an additional 15 minutes
- \_\_\_ 17. A laboring patient's amniotic membranes rupture, and a sudden variable deceleration is seen on the fetal heart monitor. Which is the nurse's priority action before notifying the health-care provider?
  - 1) Increase IV fluids
  - 2) Perform amniotic infusion
  - 3) Change the patient's position
  - 4) Administer oxygen
- \_\_\_ 18. The nurse is caring for a patient who is receiving oxytocin to promote labor and notes late decelerations on the fetal monitor. Which is the nurse's priority of care?
  - 1) Performing Leopold's maneuver to wake the sleeping fetus
  - 2) Administering tocolytics
  - 3) Discontinuing oxytocin
  - 4) Increasing administration of IV fluids

### **Completion**

*Complete each statement.*

- 19. The nurse is preparing to perform a vaginal cervical examination. Place the steps the nurse will perform in the proper order, from first to last. (Enter the number of each step in the proper sequence; do not use punctuation or spaces. Example: 1234)

- 1) Insert the index and middle finger into the vagina
- 2) Open the labia and observe for vaginal drainage
- 3) Document findings
- 4) Perform hand hygiene and provide privacy
- 5) Position the woman
- 6) Determine effacement, dilation, station, and presenting part

**Multiple Response**

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

- \_\_\_ 20. The nurse admits a laboring patient who is progressing rapidly and says she feels the need to push. Which priority data should be assessed with this patient? (*Select all that apply.*)
- 1) Cultural needs
  - 2) Medication history
  - 3) Timing of contractions
  - 4) Cervical dilation
  - 5) Fetal well-being

## **Chapter 9: Nursing Assessment During Labor**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Compare and contrast the advantages and disadvantages of a hospital birth, birthing center birth, and home birth.

Chapter page reference: 122

Heading: Home

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	A woman who delivered via Cesarean section a year ago is likely to require another Cesarean section and is not a candidate for home birth.
2	Infertility is not seen as high risk, and this woman may be a good candidate for home birth.
3	Medications for pain control are not available to women delivering at home, especially medications delivered via epidural, so this woman is not a candidate for home birth.
4	A woman whose last birth resulted in the complication of a stillborn infant is considered high risk and is not a candidate for home birth.

PTS: 1

CON: Pregnancy

2. ANS: 2

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Compare and contrast the advantages and disadvantages of a hospital birth, birthing center birth, and home birth.

Chapter page reference: 122

Heading: Home

Integrated processes: Communication and Documentation

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	This statement is accurate, but the woman needs guidance in determining if she is a good candidate for home birth and an assessment of risk factors.

<b>2</b>	This is the best response because the patient should discuss the safety of home delivery on the basis of her particular situation and condition.
<b>3</b>	Being within 5 minutes of a hospital does not improve the safety of delivery if complications occur, so this is not a good response.
<b>4</b>	What the nurse would do in this situation has no bearing on the patient's choices, so this is not a good response.

PTS: 1 CON: Pregnancy

3. ANS: 1

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Summarize admission procedures in the labor and delivery unit.

Chapter page reference: 123

Heading: Admission to the Hospital or Birthing Center

Integrated processes: Communication and Documentation

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	This is the best statement because it explains the reason why the form needs to be signed.
<b>2</b>	This statement could be interpreted as a threat and is not the best way of responding to the patient's concern.
<b>3</b>	Telling the patient that everyone admitted needs to sign the form doesn't explain the purpose of the form or address the patient's concerns.
<b>4</b>	Although it is true that the patient can choose to sign the form or not, this statement makes it sound like it is optional when, in fact, care cannot be delivered unless the form is signed.

PTS: 1 CON: Pregnancy

4. ANS: 3

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Review the initial maternal assessment in the labor and delivery unit.

Chapter page reference: 123-124

Heading: Maternal Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
<b>1</b>	Although medication use is one area to be explored, it does not explain the

	purpose of maternal assessment.
2	The nurse assesses for any complications that may have occurred during the pregnancy, but this is only one area to be assessed and does not explain the purpose of the full maternal assessment.
3	The maternal assessment gathers information to provide a baseline of the patient's current condition, which helps to plan care.
4	Cultural needs are only one aspect of the maternal assessment, and this is not the entire purpose for collecting information.

PTS: 1 CON: Pregnancy

5. ANS: 2

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Define the three categories of fetal heart rate classification system.

Chapter page reference: 132

Heading: Fetal Heart Rate Classification System

Integrated processes: Communication and Documentation

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	Category I is considered normal or reassuring, with fetal heart rate between 110 and 160 bpm, no decelerations, and absence of late or variable decelerations, which does not match the described assessment findings in this scenario.
2	The assessment findings are consistent with a category II classification.
3	The assessment findings are not consistent with a category III classification, which includes a finding of bradycardia and recurring variable and late decelerations.
4	The classification system does not allow for classifying between categories; the classification is either one or the other.

PTS: 1 CON: Pregnancy

6. ANS: 3

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Define the three categories of fetal heart rate classification system.

Chapter page reference: 132

Heading: Fetal Heart Rate Classification System

Integrated processes: Communication and Documentation

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	Marked baseline variability indicates a category II.
<b>2</b>	Recurring late variable decelerations indicate a category III.
<b>3</b>	A fetal heart rate of 110 bpm falls within the normal range, indicating a category I classification.
<b>4</b>	Prolonged decelerations lasting more than 2 minutes but less than 10 minutes indicate a category II classification.

PTS: 1 CON: Pregnancy

7. ANS: 2

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Describe the process of a cervical examination and discuss the information obtained during the cervical examination.

Chapter page reference: 124

Heading: Safety STAT

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	It is important to perform a cervical examination after the membranes have ruptured to make sure the amniotic cord is not compressed, cutting off circulation to the fetus.
<b>2</b>	A cervical examination should not be conducted when vaginal bleeding is noted because of the potential for placenta previa and the risk of placental hemorrhage.
<b>3</b>	Multiple pregnancy does not eliminate the need for cervical examination.
<b>4</b>	Cervical examination is uncomfortable and should be performed carefully; however, it contributes essential information and cannot be eliminated because of discomfort.

PTS: 1 CON: Pregnancy

8. ANS: 3

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Demonstrate Leopold's maneuvers and discuss the purpose of the maneuvers.

Chapter page reference: 125

Heading: Fetal Assessment

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	Leopold's maneuver does not indicate fetal well-being.
<b>2</b>	Leopold's maneuver may indicate the possibility of complications, but this is not the best response to this mother because complications can arise from many causes.
<b>3</b>	Leopold's maneuver is conducted specifically to determine the fetal position; malposition can result in complications during delivery, and placement of fetal monitoring is improved when the position is known.
<b>4</b>	Cervical examination, not Leopold's maneuver, is conducted to determine how the woman is progressing in labor.

PTS: 1 CON: Pregnancy

9. ANS: 4

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Describe continuing assessment of the woman and fetus during labor.

Chapter page reference: 127

Heading: Amniotic Fluid

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
<b>1</b>	Rupture of amniotic membranes does not necessitate immediate measurement of vital signs.
<b>2</b>	A cervical examination may be indicated, but that is not the priority of care.
<b>3</b>	Assessment of fluid should be performed and can be done while making other assessments, but this is not the priority of care.
<b>4</b>	Assessment of fetal heart rate is the first priority of care to ensure that the umbilical cord was not compressed with the rupture of the membranes.

PTS: 1 CON: Pregnancy

10. ANS: 2

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Describe continuing assessment of the woman and fetus during labor.

Chapter page reference: 127

Heading: Progress of Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

Feedback	
<b>1</b>	It is normal for a primipara to dilate approximately 0.5 to 1.0 cm per hour, so this patient's progress is within expected limits.
<b>2</b>	Labor should not stop after a woman has dilated to 6 cm, whether this is the first baby or not, so this should be reported to the health-care provider.
<b>3</b>	Lack of rupture of the amniotic membrane does not need to be cause for notification of the provider unless there is a standing order to do so.
<b>4</b>	When dilation reaches 7 to 10 cm, it is not unusual for the laboring woman to become irritable and restless in the transition phase of labor, so this does not have to be reported to the physician.

PTS: 1 CON: Pregnancy

11. ANS: 1

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Identify maternal and fetal conditions that indicate that fetal monitoring is necessary for promotion of a safe birth.

Chapter page reference: 128

Heading: Continual Fetal Monitoring

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

Feedback	
<b>1</b>	Because 38 weeks' gestation is considered term, barring any other complications, this woman may be a candidate for intermittent fetal monitoring.
<b>2</b>	The woman who is receiving an epidural anesthetic will require continuous fetal monitoring.
<b>3</b>	The woman with diabetes—whether controlled, gestational, or uncontrolled—will require continuous fetal monitoring.
<b>4</b>	A woman attempting vaginal delivery after Cesarean delivery requires continuous fetal monitoring.

PTS: 1 CON: Pregnancy

12. ANS: 4

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Identify maternal and fetal conditions that indicate that fetal monitoring is necessary for promotion of a safe birth.

Chapter page reference: 128

Heading: Continual Fetal Monitoring

Integrated processes: Communication and Documentation

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Although this may be true, it just shifts responsibility to the provider and is not the best response.
2	Although this is true, it does not do anything to help the laboring woman move more comfortably.
3	Placing responsibility for the safety of the baby on the woman in labor is inappropriate, so this is not the best response.
4	This response may make the woman more comfortable while still allowing continuation of fetal monitoring and is the best response.

PTS: 1 CON: Pregnancy

13. ANS: 4

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Differentiate internal and external monitoring.

Chapter page reference: 128

Heading: External Monitoring

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	Internal fetal and contraction monitoring is not possible with intact amniotic membranes.
2	Internal fetal monitoring is not possible with intact amniotic membranes.
3	Internal contraction monitoring is not possible with intact amniotic membranes.
4	Because of the intact amniotic membranes, only external monitoring is an option.

PTS: 1 CON: Pregnancy

14. ANS: 4

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Analyze a fetal monitor strip.

Chapter page reference: 127-132

Heading: Fetal Monitoring

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	A fetal heart rate of 160 bpm is within normal limits and does not indicate fetal distress.
<b>2</b>	Moderate variability is considered normal and indicates a functioning central nervous system in the fetus, so it does not indicate fetal distress.
<b>3</b>	Accelerations of 25 bpm with contractions are considered a normal response and are not an indication of significant fetal distress.
<b>4</b>	Recurrent late decelerations with minimal or absent variability are an indication of significant fetal distress that may require a Cesarean section.

PTS: 1 CON: Pregnancy

15. ANS: 1
- Chapter number and title: 9: Nursing Assessment During Labor  
 Chapter learning objective: Analyze a fetal monitor strip.  
 Chapter page reference: 131-132  
 Heading: Decelerations  
 Integrated processes: Clinical Problem-Solving Process  
 Client need: Physiological Adaptation  
 Cognitive level: Analysis [Analyzing]  
 Concept: Pregnancy  
 Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	Early decelerations are due to the compression of the fetal head in the pelvis, are not considered dangerous for the fetus, and require no nursing intervention.
<b>2</b>	Late decelerations can be caused by maternal hypotension, uterine hyperactivity, or placental insufficiency, leading to a decrease in oxygen to the fetus and requiring intervention.
<b>3</b>	Variable decelerations can be caused by cord compression, which disrupts oxygenation of the fetus and requires nursing intervention.
<b>4</b>	Absent decelerations indicate significant problems requiring rapid nursing interventions.

PTS: 1 CON: Pregnancy

16. ANS: 1
- Chapter number and title: 9: Nursing Assessment During Labor  
 Chapter learning objective: Choose appropriate nursing interventions for nonreassuring fetal heart patterns.  
 Chapter page reference: 131  
 Heading: Accelerations  
 Integrated processes: Clinical Problem-Solving Process  
 Client need: Physiological Adaptation  
 Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	The absence of accelerations should prompt the nurse to change the maternal position to awaken a sleeping fetus and observe for accelerations.
<b>2</b>	Although notifying the health-care provider may be necessary in the future, nursing interventions should be attempted first before making this decision.
<b>3</b>	There is no indication of the need for maternal oxygen.
<b>4</b>	Absence of accelerations should not be ignored for an additional 15 minutes; the nurse should intervene to prompt accelerations because prolonged absence of accelerations (i.e., greater than 80 minutes) is associated with increased neonatal morbidity.

PTS: 1 CON: Pregnancy

17. ANS: 3

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Choose appropriate nursing interventions for nonreassuring fetal heart patterns.

Chapter page reference: 132

Heading: Variable Decelerations

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	In all likelihood, the cause of the sudden variable deceleration will not respond to increased IV fluids, and this wastes time, so it is not the priority action.
<b>2</b>	Amniotic infusion cannot be performed without a physician's order, so this is not the priority of care.
<b>3</b>	The umbilical cord is likely compressed, having washed out with the amniotic fluid, and it is important to position the patient to decrease cord compression until the health-care provider can intervene.
<b>4</b>	Although administering oxygen may be the second priority, if the cord is compressed, oxygen will not reach the fetus.

PTS: 1 CON: Pregnancy

18. ANS: 3

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Choose appropriate nursing interventions for nonreassuring fetal heart patterns.

Chapter page reference: 131

Heading: Late Decelerations

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological Therapies

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	Late decelerations are not the result of a sleeping fetus, so Leopold's maneuver will not correct the problem.
2	Tocolytics are counterproductive in a woman receiving oxytocin, so this is not the priority of care.
3	Discontinuing oxytocin to decrease uterine activity is the priority of care to improve oxygenation to the fetus.
4	Administration of IV fluids may be necessary if maternal dehydration is determined, but it is not the priority of care at this time.

PTS: 1

CON: Pregnancy

## COMPLETION

19. ANS:

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Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Describe the process of a cervical examination and discuss the information obtained during the cervical examination.

Chapter page reference: 127

Heading: Cervical Examination

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
	The nurse begins by performing hand hygiene and providing privacy for the patient. The nurse positions the woman on her back with her knees flexed. After applying sterile gloves and placing lubricant on the dominant hand, the nurse uses the nondominant hand to gently open the labia while inspecting for any fluid or blood leaking from the vagina or any ulcerated lesions or vesicles. The nurse then inserts the index and middle fingers of the dominant hand into the vagina, toward the posterior wall. The nurse touches the cervix and notes the position, amount of effacement and dilation, and presenting part and rates the station in the pelvis. The nurse's hand is withdrawn, the lubricant is wiped from front to back, and the

woman is assisted to a comfortable position before the nurse documents the findings and reports progress if needed.

PTS: 1

CON: Pregnancy

## MULTIPLE RESPONSE

20. ANS: 3, 4, 5

Chapter number and title: 9: Nursing Assessment During Labor

Chapter learning objective: Review the initial maternal assessment in the labor and delivery unit.

Chapter page reference: 124

Heading: Safety STAT

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1.	Although the woman's cultural needs are important to know, in a woman who may deliver at any moment, they are a low priority.
2.	Medication history is important to know, but that can be gathered later prior to administering any medications; this is not a priority in the woman who is close to delivery.
3.	Timing of contractions in terms of length of contraction and time between contractions is essential information to gather in this patient and is a high priority.
4.	Cervical dilation is among the most important information to gather in this patient.
5.	Fetal well-being is essential to assess in order to determine how the woman's labor is impacting the fetus; these are priority data.

PTS: 1

CON: Pregnancy

## **Chapter 10: Nursing Care During Labor**

### **Multiple Choice**

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

- \_\_\_\_ 1. A woman in the latent phase of labor is admitted with a diagnosis of group B *Streptococcus*. Which order should the nurse question?
- 1) Begin an infusion of lactated Ringer's IV at 125 mL/hr
  - 2) Collect her complete blood cell (CBC) count, blood type, Rh, and urinalysis
  - 3) Prepare for an amniotomy
  - 4) Administer penicillin G 5 million units IV times one dose, then 2.5 million units every 4 hours
- \_\_\_\_ 2. A patient is in active labor, 6 cm dilated, 100% effaced with intact amniotic membranes. Which procedure does the nurse anticipate?
- 1) Amniotomy
  - 2) Episiotomy
  - 3) Amnioinfusion
  - 4) Intermittent fetal monitoring
- \_\_\_\_ 3. The physician performs an amniotomy on a laboring woman. Which is the nurse's priority of care after the procedure?
- 1) Pain assessment
  - 2) Measuring fetal heart tones
  - 3) Assessing cervical dilation
  - 4) Encouraging intake of clear liquids
- \_\_\_\_ 4. A woman in active labor has not progressed since reaching 6 cm dilation. Which is the nurse's priority of care?
- 1) Assisting with bladder emptying
  - 2) Administering analgesics
  - 3) Encouraging and reinforcing relaxation and breathing
  - 4) Encouraging position changes
- \_\_\_\_ 5. During contractions, which is the nurse's priority teaching for a woman in active labor?
- 1) Encouraging proper breathing and relaxation techniques
  - 2) Encouraging position changes
  - 3) Encouraging urination
  - 4) Teaching about the progression of labor contractions
- \_\_\_\_ 6. A patient in the transition phase of labor is 8 cm dilated and reports feeling the need to push. Which is the nurse's priority teaching for this patient?
- 1) Warning her labor coach of potential irritability during this phase
  - 2) Assisting with pant-blow breathing
  - 3) Instructing her to inform the nurse of feelings of nausea
  - 4) Assisting her into a position to push effectively

- \_\_\_ 7. After delivery of an infant and prior to delivery of the placenta, which is the priority assessment of the mother?
- 1) Suturing of any tears
  - 2) Administering oxytocin infusion
  - 3) Examination of the umbilical cord
  - 4) Condition of the cervix, vagina, and perineum
- \_\_\_ 8. Which is the nurse's priority of care during the immediate postdelivery period?
- 1) Inspection of the placenta
  - 2) Administration of naloxone
  - 3) Assessment of the umbilical cord
  - 4) Care of the newborn
- \_\_\_ 9. A newborn has a 1-minute Apgar of 3 and a 5-minute Apgar of 5. When will the next Apgar be performed by the nurse?
- 1) At 6 minutes of life
  - 2) Every 15 minutes until a score of 10 is achieved
  - 3) 4 minutes later
  - 4) At 10 minutes of life
- \_\_\_ 10. The nurse accepts a newborn from the provider immediately after delivery and assesses the 1-minute Apgar as 6. How does the nurse maintain thermoregulation for this newborn?
- 1) Wrap the infant in warm blankets
  - 2) Apply a hat
  - 3) Place the infant skin-to-skin with the mother
  - 4) Place the infant on a radiant warmer
- \_\_\_ 11. A father who is watching the nurse prepare an injection of vitamin K for his infant asks why the medication is necessary. Which is the nurse's best explanation?
- 1) "It is a routine procedure for all infants immediately after birth."
  - 2) "It prevents eye infections and preserves eyesight."
  - 3) "Newborns can't produce vitamin K and are at risk for bleeding."
  - 4) "It is given to promote blood clotting till the newborn begins eating."
- \_\_\_ 12. The nurse who is teaching a class for peers to explain the physiology of pain explains that somatic pain is caused by what?
- 1) Decrease in blood supply to the uterus during contractions
  - 2) Stretching of the perineum during fetal descent
  - 3) Afferent and efferent impulses sent from fibers near the cervix
  - 4) The early stages of labor from stretching and dilation of the cervix
- \_\_\_ 13. A woman in labor uses hypnosis to manage pain, which the nurse recognizes as a component of which method?
- 1) Dick-Read method
  - 2) Bradley method
  - 3) Lamaze method
  - 4) Leboyer method

- \_\_\_\_ 14. A laboring patient has received IV fentanyl for labor pain management and requests it again after the cervical check indicates she is 10 cm dilated and ready to start pushing. Which is the nurse's best response to the patient's request?
- 1) "Try to give one or two good pushes, and then I'll get your medication for you."
  - 2) "Receiving medication now is a good idea to help you control the pain of delivery."
  - 3) "Administering a narcotic now could be dangerous because it will suppress the baby's breathing."
  - 4) "If I give you fentanyl now, you might miss the birth of your baby because you'll be asleep."
- \_\_\_\_ 15. The nurse is caring for a patient who received an epidural analgesic minutes ago. Which assessment finding should the nurse report to the provider immediately?
- 1) A slowdown in labor contractions
  - 2) A reduction in blood pressure
  - 3) Complaints of numbness in the legs
  - 4) Shortness of breath, itching, and hives
- \_\_\_\_ 16. A multipara woman presents to the labor unit in active labor, dilated to 9 cm, and requesting something to manage the pain. Which anesthetic is most appropriate for this patient?
- 1) Epidural
  - 2) Spinal
  - 3) IV narcotic
  - 4) Local
- \_\_\_\_ 17. Which patient does the nurse consider at lowest risk for urinary retention?
- 1) The patient who received an IV narcotic for pain management
  - 2) The patient who received a pudendal block prior to delivery
  - 3) The patient who received an epidural anesthetic
  - 4) The patient who received a spinal anesthetic
- \_\_\_\_ 18. The nurse is caring for a patient in labor with a known history of drug abuse. How does the patient's history impact the nursing plan of care?
- 1) Narcotics should not be administered to someone with a history of drug abuse.
  - 2) Higher dosages of medications may be needed to manage this patient's pain.
  - 3) Local anesthetics are the anesthetic of choice for this patient.
  - 4) The woman should be encouraged to use nonpharmacological pain management.
- \_\_\_\_ 19. The nurse assesses a patient immediately after she receives an epidural anesthetic to control labor pain and notes tachycardia, hypertension, and reports of dizziness and a metallic taste in her mouth. Which is the nurse's priority intervention?
- 1) Administering diphenhydramine if ordered
  - 2) Encouraging deep breathing and relaxation techniques
  - 3) Notifying the provider immediately
  - 4) Administering an IV fluid bolus if ordered

### **Multiple Response**

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

- \_\_\_ 20. Which nonpharmacological pain relief measures can the nurse provide a laboring woman to ease the pain of contractions? (*Select all that apply.*)
- 1) Ice chips
  - 2) A cool washcloth to the forehead
  - 3) Progressive relaxation
  - 4) Breathing techniques
  - 5) Diversion and distraction

## **Chapter 10: Nursing Care During Labor**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 3

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Explain medical interventions that may occur during each stage of labor.

Chapter page reference: 137-138

Heading: Early or Latent Phase of Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	There is no need to question an order to start an IV of lactated Ringer's in the latent phase of labor.
2	A CBC, blood type, Rh, and urinalysis are routinely done in the latent phase of labor, so there is no need to question this order.
3	The nurse should question the order to prepare for an amniotomy because this is not routinely done in the latent phase of labor.
4	The order for penicillin G is standard practice for treating a woman with group B <i>Streptococcus</i> infection.

PTS: 1

CON: Pregnancy

2. ANS: 1

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Explain medical interventions that may occur during each stage of labor.

Chapter page reference: 138-139

Heading: Stage 1: Active Phase of Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Performance of an amniotomy can be anticipated if the woman is 6 cm dilated and still has intact membranes.
2	Episiotomy is not performed until birth.
3	Amnioinfusion is not indicated for this patient and is not anticipated.
4	Continuous fetal monitoring rather than intermittent fetal monitoring is

anticipated for this patient.

PTS: 1 CON: Pregnancy

3. ANS: 2

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Plan safe and effective patient-centered nursing care for each stage of labor.

Chapter page reference: 141

Heading: Stage 1: Active Phase of Labor: Safety STAT!

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	Pain assessment is an ongoing expectation for the laboring woman but is not the priority after performance of amniotomy.
2	Following amniotomy, there is a risk of nuchal cord prolapse, so the priority of care is to measure fetal heart tones to determine the fetal condition.
3	Assessing cervical dilation is an ongoing implementation throughout labor but is not the priority following amniotomy.
4	Fluid intake is generally limited to ice chips in the later stage of labor in case a Cesarean section is needed, so this is not the priority of care after an amniotomy.

PTS: 1 CON: Pregnancy

4. ANS: 1

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Plan safe and effective patient-centered nursing care for each stage of labor.

Chapter page reference: 139

Heading: Patient Teaching Guidelines for Active Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	A full bladder can slow labor progression, so the nurse should assess for a full bladder and assist the patient in urinating.
2	Analgesics, especially narcotic analgesics, can slow labor progression, so this is not the nurse's priority of care but may be required depending on the patient's pain level and birth plan.

<b>3</b>	Although encouraging and reinforcing relaxation and breathing is an ongoing standard of care throughout labor, it is not the priority of care with this patient.
<b>4</b>	Although the patient should be encouraged to change positions as needed and for comfort throughout labor, this is not the priority of care.

PTS: 1 CON: Pregnancy

5. ANS: 1

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Prepare patient teaching appropriate for each stage of labor.

Chapter page reference: 139

Heading: Patient Teaching Guidelines for Active Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	During a contraction, the nurse's priority is to encourage the patient to breathe and use relaxation techniques to reduce pain.
<b>2</b>	Position changes are not the priority during contractions.
<b>3</b>	A woman is most likely unable to urinate during a contraction, so this is not the priority of care at this time.
<b>4</b>	During painful contractions, a woman will find it difficult to concentrate on teaching of any kind, so this is not the priority of care.

PTS: 1 CON: Pregnancy

6. ANS: 2

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Prepare patient teaching appropriate for each stage of labor.

Chapter page reference: 141

Heading: Patient Teaching Guidelines for Transition Phase of Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	Although the woman in transition may indeed be irritable, this teaching involves the partner, not the patient, and is not the priority of care.
<b>2</b>	To help the woman avoid pushing during contractions when she is only 8 cm dilated, assisting and coaching her to pant-blow will help her resist the urge to push.

<b>3</b>	Although nausea and vomiting may occur during the transition phase of labor and the patient should be instructed to inform the nurse if this occurs, this is not the priority of care.
<b>4</b>	Pushing when only 8 cm dilated will cause edema and damage to the cervix, so pushing should be discouraged until the patient is fully dilated and effaced.

PTS: 1 CON: Pregnancy

7. ANS: 4

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Discuss immediate postdelivery care for the woman.

Chapter page reference: 142-143

Heading: Stage 3: Birth Through Delivery of the Placenta

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	It is the provider's responsibility to suture tears caused by the birth, and this will not be done until after the placenta has been delivered.
<b>2</b>	Oxytocin is ordered by some providers to promote stronger uterine contractions, leading to a faster placenta delivery; however, this is not an assessment but an implementation, so it is not the correct answer choice.
<b>3</b>	The umbilical cord is usually not examined until after the placenta has been delivered and the entire cord can be visualized.
<b>4</b>	This is a good time to examine the condition of the cervix, vagina, and perineum because this will indicate the immediate postpartum care needs of the patient.

PTS: 1 CON: Pregnancy

8. ANS: 4

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Discuss immediate postdelivery care for the woman.

Chapter page reference: 142-143

Heading: Stage 3: Birth Through Delivery of the Placenta

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	Although the placenta should be inspected, it is not the priority of care and may be done by the provider.

<b>2</b>	Naloxone is administered only if the woman is demonstrating respiratory distress as a result of a narcotic, which is not indicated in this scenario.
<b>3</b>	Although the umbilical cord should be assessed, it is not the priority of care and may be done by the provider.
<b>4</b>	The nurse's first priority is to care for the newborn and ensure adequate oxygenation and circulation.

PTS: 1 CON: Pregnancy

9. ANS: 4

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Complete an Apgar score on a newborn.

Chapter page reference: 143

Heading: Stage 3: Birth Through Delivery of the Placenta

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	The next Apgar will not be performed at 6 minutes of life, but ongoing assessment will be performed until the newborn is stable.
<b>2</b>	Apgar tests are not performed every 15 minutes because this time period is too lengthy.
<b>3</b>	The Apgar is not performed at 9 minutes of life according to standards.
<b>4</b>	The next documented Apgar score will be at 10 minutes of life, 5 minutes after the last Apgar was performed.

PTS: 1 CON: Pregnancy

10. ANS: 4

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Explain the immediate needs and goals of care for the newborn.

Chapter page reference: 144

Heading: Care of the Infant

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	With an Apgar of only 6, this newborn requires critical intervention and assessment and should not be wrapped in blankets at this time.
<b>2</b>	Although a hat may be applied, this will not maintain thermoregulation on its

	own.
3	With an Apgar of only 6, this newborn requires medical crisis intervention and cannot be handed off to the mother for skin-to-skin contact.
4	The infant should be placed on a radiant warmer where he or she can be warmed and still visualized.

PTS: 1 CON: Pregnancy

11. ANS: 4

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Explain the immediate needs and goals of care for the newborn.

Chapter page reference: 145

Heading: Drug Alert: Vitamin K

Integrated processes: Teaching and Learning

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	Although this answer is correct, it does not really answer the father's question or provide information about why the shot is given.
2	Vitamin K plays no role in preventing eye infections or preserving eyesight, so this answer is incorrect.
3	This response is only partially correct because it is not the newborn's inability to produce vitamin K but the newborn's inability to produce clotting factors that puts him at risk for bleeding.
4	This is the most accurate response because once the newborn starts to eat, he will be able to produce clotting factors on his own; in the meantime, he is given vitamin K to promote blood clotting.

PTS: 1 CON: Pregnancy

12. ANS: 2

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Explain the physiological causes of labor pain.

Chapter page reference: 145

Heading: The Physiology of Pain

Integrated processes: Teaching and Learning

Client need: Basic Care and Comfort

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	Feedback
1	Pain caused by a decrease in blood supply to the uterus during contractions is

	visceral pain, not somatic pain.
2	Stretching of the perineum during fetal descent causes somatic pain through the pudendal nerve, originating through the second to fourth sacral nerves.
3	Afferent and efferent impulses sent from fibers near the cervix result in visceral pain.
4	Stretching and dilation of the cervix in the early stages of labor cause visceral pain.

PTS: 1 CON: Pregnancy

13. ANS: 1

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Identify nursing interventions that provide nonpharmacological pain relief.

Chapter page reference: 145

Heading: Nonpharmacological Pain Management

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	The Dick-Read method uses hypnosis to help the woman feel relaxed, calm, and in control during labor.
2	The Bradley method does not use hypnosis as part of the pain management techniques.
3	The Lamaze method does not use hypnosis as part of pain management.
4	The Leboyer method involves delivering a baby in a pool of water to make entry into the world a gentler process and does not involve pain management.

PTS: 1 CON: Pregnancy

14. ANS: 3

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Discuss the advantages and disadvantages of analgesics and anesthesia options for pain control in labor.

Chapter page reference: 146

Heading: Systemic Analgesics

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
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<b>1</b>	This is not the best answer because a narcotic should not be given immediately before the birth of the baby.
<b>2</b>	This is a false statement because receiving medication immediately prior to delivery risks complications.
<b>3</b>	This is the best answer because administering a narcotic immediately before birth can result in neonatal respiratory depression when medication travels into the baby's bloodstream.
<b>4</b>	Although this is a true statement, it is not the primary reason for not administering an IV narcotic now.

PTS: 1 CON: Pregnancy

15. ANS: 4

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Discuss the advantages and disadvantages of analgesics and anesthesia options for pain control in labor.

Chapter page reference: 147

Heading: Epidural Anesthesia

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological Therapies

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Easy

<b>Feedback</b>	
<b>1</b>	A slowdown in labor contractions is common and expected immediately after administration of an epidural analgesic and for the first hour.
<b>2</b>	A mild reduction in blood pressure is a common result of an epidural anesthetic, perhaps because of pain relief and reduced anxiety.
<b>3</b>	Numbness or tingling in the legs is expected with an epidural anesthetic and does not need to be reported.
<b>4</b>	Shortness of breath, itching, and hives may indicate an allergic or adverse reaction and should be reported immediately to the provider.

PTS: 1 CON: Pregnancy

16. ANS: 2

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Compare and contrast epidural anesthesia and spinal anesthesia.

Chapter page reference: 148

Heading: Spinal Anesthesia

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological Therapies

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Because the woman is dilated to 9 cm, an epidural is too long acting to be appropriate for this patient.
2	A spinal anesthetic will provide the short-term pain control that she needs without endangering the fetus and is most appropriate.
3	An IV narcotic can result in neonatal respiratory distress because the infant is likely to be born before the medication wears off, so this is not the best choice of anesthetic for this woman.
4	Although a local anesthetic may be effective if an episiotomy is required, it will not help manage the pain related to active labor, so it is not the best choice for this woman.

PTS: 1 CON: Pregnancy

17. ANS: 1

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Describe nursing responsibilities for the patient receiving analgesia and anesthesia during labor.

Chapter page reference: 147-148

Heading: Pharmacological Pain Management

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological Therapies

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Although the patient who received an IV narcotic could potentially experience urinary retention, especially if deeply sedated, this patient is at lowest risk for the condition.
2	The patient who received a pudendal block prior to delivery is at high risk for urinary retention because of lack of sensation in the perineum, and should be carefully monitored.
3	A patient who receives an epidural anesthetic often has reduced sensation from the injection site down, and will need to be carefully monitored for urinary retention.
4	The patient who received a spinal anesthetic has reduced sensation below the point of injection, and needs to be carefully monitored for urinary retention.

PTS: 1 CON: Pregnancy

18. ANS: 2

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Describe nursing responsibilities for the patient receiving analgesia and anesthesia during labor.

Chapter page reference: 146

Heading: Systemic Analgesics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Although the patient may choose to not accept narcotics during labor, the nurse cannot make this decision for her, and a narcotic should be administered if ordered.
<b>2</b>	The patient with a history of drug abuse may have higher tolerance levels, requiring higher dosages to achieve effects.
<b>3</b>	Local anesthetics can be helpful with pain associated with delivery, but they are not useful in managing labor pain.
<b>4</b>	All women should be encouraged to use nonpharmacological pain management, whether or not anesthetics are administered. This patient's history would not impact this encouragement.

PTS: 1 CON: Pregnancy

19. ANS: 3

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Identify safety issues that may arise when the patient receives analgesia and anesthesia for pain control in labor.

Chapter page reference: 147

Heading: Epidural Anesthesia

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological Therapies

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	These signs and symptoms do not indicate an allergic reaction, so diphenhydramine is not the intervention of choice.
<b>2</b>	Deep breathing and relaxation techniques will not address the problem causing the signs and symptoms, so this is not the intervention of choice.
<b>3</b>	These signs and symptoms indicate potential inadvertent infusion of the anesthetic into the intravascular space instead of the epidural space and requires emergency intervention, so the provider should be notified immediately.
<b>4</b>	Although an IV fluid bolus may be required, it is not the emergent, priority intervention needed at this time.

PTS: 1

CON: Pregnancy

## MULTIPLE RESPONSE

20. ANS: 3, 4, 5

Chapter number and title: 10: Nursing Care During Labor

Chapter learning objective: Identify nursing interventions that provide nonpharmacological pain relief.

Chapter page reference: 145

Heading: Nonpharmacological Pain Management

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1.	Although ice chips will soothe the patient's dry mouth and throat and help her feel more comfortable, they will not help with the pain associated with contractions.
2.	Although a cool washcloth to the forehead may make the woman more comfortable, it will not reduce the pain of contractions.
3.	Progressive relaxation helps the woman's muscles to be less tense, reducing the pain of contractions.
4.	Breathing techniques promote optimal oxygenation of the tissues, reducing the pain associated with contractions.
5.	Diversion and distraction help to reduce anxiety, thus promoting relaxation and reducing the pain associated with contractions.

PTS: 1

CON: Pregnancy

## **Chapter 11: Nursing Care of the Woman With Complications During Labor and Birth**

### **Multiple Choice**

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

- \_\_\_\_ 1. The nurse admits a patient at 32 weeks' gestation with a history of cervical cerclage to rule out preterm labor. Which finding is inconsistent with the patient's history?
- 1) Rupture of membranes
  - 2) Signs of infection
  - 3) Cervical dilation to 3 cm
  - 4) Mild vaginal bleeding
- \_\_\_\_ 2. A 28-year-old woman is a primipara who is pregnant with triplets, is at 18 weeks' gestation, and is receiving regular prenatal care. The nurse identifies a risk for preterm labor related to which factor?
- 1) The patient's age
  - 2) 18 weeks' gestation
  - 3) Multiple gestations
  - 4) Previous obstetric history
- \_\_\_\_ 3. The nurse questions an order to administer a tocolytic drug for which patient?
- 1) The patient under age 18
  - 2) The patient with a history of multiple gestations
  - 3) The patient who is 2 cm dilated
  - 4) The patient with acute vaginal bleeding
- \_\_\_\_ 4. The experienced nurse recognizes that a graduate nurse needs guidance in caring for a woman at 38 weeks' gestation with premature rupture of membranes when the graduate nurse is seen preparing to do what?
- 1) Fetal monitoring
  - 2) Vital signs
  - 3) Provide support and education
  - 4) Conduct a cervical examination
- \_\_\_\_ 5. A patient is approaching 42 weeks' gestation and has been admitted for induction of labor. The patient tells the nurse she does not want an induction and prefers to wait for labor to begin naturally. Which is the nurse's best response?
- 1) "Waiting for labor to begin naturally could result in the death of your baby."
  - 2) "The longer you wait, the bigger the baby gets and the harder delivery will be."
  - 3) "Complications for you and your baby increase after 42 weeks of gestation."
  - 4) "If you had controlled your weight gain during pregnancy, you might have gone into natural labor."
- \_\_\_\_ 6. The nurse is caring for a woman who has been admitted with a diagnosis of polyhydramnios and recognizes which as the most likely cause?
- 1) Fetal kidney failure
  - 2) Gastrointestinal blockage

- 3) Rupture of the membranes
- 4) Fetal demise

- \_\_\_\_ 7. A woman's labor is not progressing, and the fetus is found to be in the breech position. Which of the seven Ps of labor is involved with this woman's failure to progress?
- 1) Presentation
  - 2) Passenger
  - 3) Passage
  - 4) Powers
- \_\_\_\_ 8. A laboring patient's water breaks, and the umbilical cord protrudes from the vagina. The nurse immediately places the patient in the Trendelenburg position. Which of the seven Ps is most impacted?
- 1) Passage
  - 2) Pain
  - 3) Powers
  - 4) Position
- \_\_\_\_ 9. The fetus of a laboring patient is found to be in a breech position, and the nurse prepares the patient for a Cesarean section. The patient asks, "Can't I try to deliver vaginally?" Which is the nurse's best response?
- 1) "If the fetus has CPD, it could result in serious complications for you and the baby."
  - 2) "A fetus in the breech position causes labor to progress more slowly."
  - 3) "We'll have to talk to the delivering provider to see if that is even possible."
  - 4) "When the fetus is breech, a Cesarean section is the safest choice for you and the baby."
- \_\_\_\_ 10. The nurse is caring for a woman with suspected macrosomia. Which assessment finding best indicates the ability to deliver vaginally?
- 1) Cervical dilation at 10 cm
  - 2) Fetus at +3 station
  - 3) 100% effacement
  - 4) Fetus at +1 station
- \_\_\_\_ 11. A laboring woman's membranes rupture, and the umbilical cord prolapses. The nurse notifies the provider and prepares the patient for an immediate Cesarean section. The patient asks, "Why is a Cesarean section necessary?" Which is the nurse's best response?
- 1) "It is our policy to always perform a Cesarean section when there is a prolapsed cord."
  - 2) "The baby could die if we don't rush to deliver it, and a Cesarean section is the fastest method."
  - 3) "A Cesarean section is needed to save your life and prevent the risk of hemorrhaging."
  - 4) "The baby cannot be born vaginally without crimping off blood supply through the cord."

- \_\_\_\_ 12. The nurse identifies which client as being at highest risk for placental abruption?
- 1) The client with hypertension
  - 2) The client who reports drinking one beer 2 months ago
  - 3) The client who uses marijuana
  - 4) The client delivering triplets
- \_\_\_\_ 13. The nurse admits a patient who reports a desire to push. A quick assessment shows crowning of the fetal head. Which is the nurse's priority action?
- 1) Running to the nursing station and calling the provider
  - 2) Hurrying to the supply room for a precipitous delivery pack
  - 3) Washing the hands, applying gloves, and cleansing the perineum
  - 4) Remaining calm and staying with the patient while calling for help
- \_\_\_\_ 14. The nurse recognizes which patient is at risk for delivering an infant with shoulder dystocia?
- 1) The patient in premature labor
  - 2) The patient with fetal macrosomia
  - 3) The patient whose labor has been induced
  - 4) The patient with hypertension
- \_\_\_\_ 15. The nurse admits a woman in labor after a motor vehicle accident that also involved her 14-month-old child. Fetal monitoring shows a nonreassuring fetal heart rate pattern with variable and late decelerations. Maternal examination reveals uterine tenderness and constant abdominal pain. After notifying the provider, which is the nurse's priority of care?
- 1) Encouraging the patient to begin pushing
  - 2) Obtaining a precipitous delivery pack
  - 3) Initiating an IV with an 18-gauge catheter
  - 4) Cleansing the perineum
- \_\_\_\_ 16. The postpartum nurse finds a patient who delivered 15 hours ago in shock with hypotension and tachycardia. Perineal assessment reveals hemorrhage and a mass protruding from the vagina. Upon reviewing the woman's medical record, the nurse recognizes which risk factor for this event?
- 1) Precipitous delivery
  - 2) Premature delivery
  - 3) Multiple pregnancy
  - 4) Placenta accreta
- \_\_\_\_ 17. The nurse examines a patient with postpartum hemorrhaging. Which assessment finding indicates placenta accreta rather than retained placenta?
- 1) Severe lower abdominal pain
  - 2) Heavy vaginal bleeding
  - 3) Elevated heart rate and hypotension
  - 4) Pale mucous membranes and nailbeds
- \_\_\_\_ 18. A laboring patient becomes severely hypoxic and hypotensive, has altered mental status, and begins to have seizures. Which is the priority nursing intervention?
- 1) Administering oxygen
  - 2) Initiating the rapid response team

- 3) Providing emotional support for patient and family  
4) Administering IV fluids
- \_\_\_ 19. The nurse reviews a plan of care and sees the nursing diagnosis of Fear Related to Uncertainty of Pregnancy Outcome. Which priority nursing intervention should the nurse include when caring for this patient?
- 1) Reinforcing teaching provided to the patient by the provider and registered nurse
  - 2) Providing information both verbally and in writing for the patient to refer to
  - 3) Monitoring the patient and fetus for any nonreassuring signs and symptoms
  - 4) Encouraging the participation of the support person in providing care

**Multiple Response**

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

- \_\_\_ 20. The nurse is caring for a patient who delivered at 22 weeks' gestation and experienced a fetal demise when the newborn could not be resuscitated in the delivery room. Which actions will the postpartum nurse include in the immediate plan of care for this family? (*Select all that apply.*)
- 1) Clean and dress the baby
  - 2) Allow the family to hold the baby
  - 3) Obtain footprints and pictures of the baby
  - 4) Encourage the parents to cry over their loss
  - 5) Connect the family to a support group

## **Chapter 11: Nursing Care of the Woman With Complications During Labor and Birth**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 3

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Discuss the medical management and nursing care for the patient with an incompetent cervix.

Chapter page reference: 153

Heading: Care of the Woman With an Incompetent Cervix

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Easy

	<b>Feedback</b>
1	Rupture of membranes is possible following a cervical cerclage.
2	Infection is not inconsistent with the patient's history.
3	Cervical cerclage should not allow for cervical dilation, so the finding that the patient is 3 cm dilated is inconsistent with the patient's history unless the cervical cerclage has been removed.
4	Mild vaginal bleeding is not inconsistent with the patient's history.

PTS: 1 CON: Pregnancy

2. ANS: 3

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Identify 10 risk factors associated with preterm labor.

Chapter page reference: 154

Heading: Care of the Woman at Risk of Preterm Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Age younger than 17 and older than 35 is a risk for preterm labor, but this patient is 28 years old, so this is not a factor.
2	Gestational progress is not a factor in identifying the risk for preterm labor.
3	A woman carrying multiple gestations is at risk for preterm labor because of

	overdistention of the uterus.
4	Because this woman is a primipara, she has no previous obstetrical history, so this is not a factor related to risk for preterm labor.

PTS: 1 CON: Pregnancy

3. ANS: 4

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Discuss nursing care and the common tocolytic medications used to manage preterm labor.

Chapter page reference: 156

Heading: Box 11-1 Contraindications for Use of Tocolytic Drugs

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological Therapies

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	There is no contraindication to administering tocolytics to patients under age 18.
2	Multiple gestations often result in preterm labor, and tocolytics can be administered safely.
3	The patient who is 2 cm dilated may receive tocolytics safely to prevent further progression of labor.
4	Acute vaginal bleeding may be a sign of placental abruption, and the order for a tocolytic should be questioned until placental abruption has been ruled out.

PTS: 1 CON: Pregnancy

4. ANS: 4

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Identify the major complication of premature rupture of membranes.

Chapter page reference: 157

Heading: Care of the Woman With Premature Rupture of Membranes

Integrated processes: Teaching and Learning

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	Performing fetal monitoring is appropriate and does not indicate the graduate nurse needs guidance.
2	Collecting vital signs at least every 4 hours is appropriate and does not indicate

	the graduate nurse needs guidance.
3	Providing support and education to both the patient and her support person is appropriate nursing care and does not indicate the need for guidance.
4	Conducting a cervical examination is contraindicated in the woman with premature rupture of membranes because of the risk of introducing infection and does indicate the need for guidance.

PTS: 1 CON: Pregnancy

5. ANS: 3

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Define postterm pregnancy and the possible fetal consequences of postterm pregnancy.

Chapter page reference: 158

Heading: Care of the Woman With a Postterm Pregnancy

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Telling a pregnant woman that her baby could die will increase her anxiety significantly and cause unnecessary fear, so this is not the most appropriate response.
2	Although this statement is true, the woman may feel that it is safer for the baby to begin labor naturally and may not see this as a reason for induction.
3	This statement is true and indicates the importance of why induction should be started now; it also avoids unnecessarily frightening the mother-to-be with potential horrors that could occur.
4	There is no indication that this patient is obese; even if she is, it is never appropriate to place responsibility and guilt on the patient when there is no certainty that this statement is true.

PTS: 1 CON: Pregnancy

6. ANS: 2

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Differentiate between oligohydramnios and polyhydramnios and potential complications.

Chapter page reference: 158

Heading: Care of the Woman With Abnormal Amniotic Fluid Volume

Integrated processes: Caring

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	Polyhydramnios is an abnormally high level of fluid and is not indicative of kidney failure in the fetus.
2	An inability to swallow or gastrointestinal blockage in the fetus is the most common cause of polyhydramnios.
3	Rupture of the membranes results in oligohydramnios, not polyhydramnios.
4	Fetal demise does not result in polyhydramnios.

PTS: 1 CON: Pregnancy

7. ANS: 1

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Describe the variations in the passage, passenger, powers, position, psyche, pain management, or patience that can contribute to complications in labor.

Chapter page reference: 159-161

Heading: Care of the Woman With Dysfunctional Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Fetal presentation is the cause of failure to progress.
2	Macrosomia, or a large fetus, involves the passenger, but breech presentation is not the result of the passenger.
3	Passage indicates the path through which the fetus must pass during delivery and is not involved in this case.
4	Power refers to the ability of the uterus to contract strongly enough to expel the fetus, which is not involved in this case.

PTS: 1 CON: Pregnancy

8. ANS: 3

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Describe the variations in the passage, passenger, powers, position, psyche, pain management, or patience that can contribute to complications in labor.

Chapter page reference: 159-161

Heading: Care of the Woman With Dysfunctional Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation  
Cognitive level: Analysis [Analyzing]  
Concept: Pregnancy  
Difficulty: Difficult

	<b>Feedback</b>
1	Placing the patient in the Trendelenburg position will not alter the passage for the fetus.
2	Placing the patient in the Trendelenburg position will not alter the pain experienced by the laboring woman.
3	The Trendelenburg position will alter the powers because the contractions are pushing the fetus against gravity and will require stronger power to move the fetus through the passage.
4	The fetal position is not likely to be altered by the Trendelenburg position.

- PTS: 1 CON: Pregnancy
9. ANS: 4
- Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth
- Chapter learning objective: Discuss the risks of a breech vaginal delivery.
- Chapter page reference: 159-161
- Heading: Care of the Woman With Dysfunctional Labor
- Integrated processes: Teaching and Learning
- Client need: Physiological Adaptation
- Cognitive level: Application [Applying]
- Concept: Pregnancy
- Difficulty: Moderate

	<b>Feedback</b>
1	Although this statement is true, it is unlikely the woman will understand the meaning of CPD.
2	Although this statement is true, this is not the reason why a Cesarean section is necessary.
3	This statement makes it sound as if delivering vaginally is an option, which it is not; so this is not the nurse's best response.
4	This statement explains the need for a Cesarean section without causing undue anxiety for the patient and may be followed by a more precise explanation.

- PTS: 1 CON: Pregnancy
10. ANS: 2
- Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth
- Chapter learning objective: Define macrosomia and describe nursing care for the patient and fetus.
- Chapter page reference: 163

Heading: Care of the Woman and Fetus at Risk for Macrosomia

Integrated processes: Clinical Problem-Solving Process

Client need: Health Maintenance and Promotion

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	Cervical dilation to 10 cm is a positive finding, but it is not the best indicator of the ability to deliver vaginally because the fetal head can still be too large to pass through the pelvis.
2	If the fetal head is at +3 station, the largest part of the head has passed through the pelvis, and this indicates that vaginal delivery is possible.
3	A 100% effacement can occur before the fetal head passes through the pelvis, so it does not indicate the ability to deliver vaginally.
4	When the fetal head is at +1 station, it has not begun to pass through the pelvis; thus, it does not indicate the ability to deliver vaginally.

PTS: 1

CON: Pregnancy

11. ANS: 4

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Describe umbilical cord prolapse and potential risk to the fetus.

Chapter page reference: 163

Heading: Care of the Woman With a Prolapsed Umbilical Cord

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	While this may be true, it is not the best answer because it does not explain why this policy is necessary.
2	While this may be true, it would be unnecessarily frightening for the parents if worded this way.
3	This statement is incorrect because the primary risks of a prolapsed cord are neither risk to the mother's life nor hemorrhage.
4	This statement is correct because the prolapsed cord stops blood flow, carrying nutrition and oxygen from mother to baby, and the length of time it would take to deliver the baby would risk fetal demise from hypoxia. Stating it this way reduces the risk of frightening the mother and family.

PTS: 1

CON: Pregnancy

12. ANS: 1

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Identify risk factors, symptoms, and management of the patient with a placental abruption.

Chapter page reference: 164

Heading: Uterine Bleeding

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	The client with hypertension is at greatest risk for placental abruption because this is the most common cause.
2	Drinking one beer 2 months ago does not put this patient at risk for placental abruption, although a woman who consumes alcohol regularly is at increased risk.
3	Marijuana use is not linked to placental abruption, although cocaine use is a risk factor.
4	Multiple pregnancies is not a risk factor for placental abruption.

PTS: 1

CON: Pregnancy

13. ANS: 4

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Define precipitous labor and delivery and state nursing care that promotes safety for the woman and her fetus.

Chapter page reference: 166

Heading: Care of the Woman Experiencing Precipitous Labor and Birth

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	Although the provider needs to be notified, the nurse should not leave the patient alone.
2	Although a precipitous delivery pack is needed, the nurse should not leave the patient alone.
3	Although these actions should be taken if time allows, they are not the priority action.
4	The priority action is to remain calm to avoid scaring the patient and call for help

by ringing the call bell or using the phone in the patient's room; however, it is most important to stay with the patient and never leave her alone.

PTS: 1 CON: Pregnancy

14. ANS: 2

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Identify risk factors for shoulder dystocia.

Chapter page reference: 167

Heading: Shoulder Dystocia

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	The risk is reduced with premature delivery because the fetus is smaller, making shoulder dystocia unlikely.
2	The fetus with macrosomia is at greatest risk for shoulder dystocia because of the large size and difficulty of passing through the pelvic opening.
3	Induction does not increase the risk of shoulder dystocia.
4	Hypertension is not a risk factor for shoulder dystocia.

PTS: 1 CON: Pregnancy

15. ANS: 3

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Formulate an emergency nursing care plan for a patient experiencing uterine rupture.

Chapter page reference: 167-168

Heading: Uterine Rupture

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	The woman should not be encouraged to push because this could complicate the problem.
2	A precipitous delivery pack is not needed for this patient.
3	The priority action is to initiate an IV using an 18-gauge catheter for possible blood transfusions.

<b>4</b>	This woman will require a Cesarean section, so cleansing the perineum is not necessary.
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PTS: 1 CON: Pregnancy

16. ANS: 4

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Discuss the causes of a uterine inversion.

Chapter page reference: 167-168

Heading: Uterine Rupture

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Precipitous delivery does not cause uterine inversion.
<b>2</b>	Premature delivery does not cause uterine inversion.
<b>3</b>	Multiple pregnancy is not a risk factor for uterine inversion.
<b>4</b>	Placenta accreta can be a causative factor for uterine inversion.

PTS: 1 CON: Pregnancy

17. ANS: 1

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Compare and contrast retained placenta and placenta accreta.

Chapter page reference: 169

Heading: Retained Placenta

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	Retained placenta is not usually painful, whereas placenta accreta causes pain, so this finding should lead the nurse to suspect the latter.
<b>2</b>	Heavy vaginal bleeding can occur with both retained placenta and placenta accreta, so this assessment finding does not help to differentiate between the two diagnoses.
<b>3</b>	Elevated heart rate and hypotension result from hemorrhage, so they do not help to differentiate between placenta accreta and retained placenta.
<b>4</b>	Pale mucous membranes and nailbeds result from hemorrhage, so they do not

help to differentiate between placenta accreta and retained placenta.

PTS: 1 CON: Pregnancy

18. ANS: 1

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Identify signs and symptoms of amniotic fluid embolism and discuss medical management of amniotic fluid embolism.

Chapter page reference: 170

Heading: Amniotic Fluid Embolism

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	First, provide oxygen to reduce hypoxia.
2	Initiating the rapid response team is the second priority action.
3	Although providing emotional support is important, it is not the priority action.
4	Although administering blood and IV fluids is an important action, it is not the priority action.

PTS: 1 CON: Pregnancy

19. ANS: 4

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Using the nursing process plan, formulate a plan of care with appropriate nursing diagnoses for a patient experiencing a complication of labor and birth.

Chapter page reference: 171

Heading: Nursing Care Plan for a Woman With a Labor Complication

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	Reinforcing teaching is not the best intervention to reduce fear, although it may be necessary if the woman is so fearful she cannot take in prior teaching.
2	Teaching is not the priority intervention for a patient who is fearful.
3	Monitoring well-being is necessary but is not the priority intervention for a fearful patient.
4	Encouraging the support person to participate in delivery of care will help reduce

the patient's fear and anxiety by providing help from someone she is comfortable sharing her feelings with.

PTS: 1

CON: Pregnancy

## MULTIPLE RESPONSE

20. ANS: 1, 2, 3, 5

Chapter number and title: 11: Nursing Care of the Woman With Complications During Labor and Birth

Chapter learning objective: Discuss the grieving process and patient-centered nursing care of the family experiencing perinatal loss.

Chapter page reference: 170

Heading: Care of the Family Experiencing Perinatal Loss

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1.	The baby should be cleaned, dressed, and wrapped, although some parents will remove the blanket to better examine him or her.
2.	Allow family members to hold the baby if they wish, but do not force this if they defer.
3.	Obtain footprints, pictures, and other mementos for the family to keep, but ask permission before obtaining a lock of hair because some cultures consider cutting the hair to be disrespectful.
4.	Everyone grieves differently, and some may not be comfortable crying; crying or not crying should be accepted as appropriate and should not be required of the grieving family members.
5.	Connecting family members to a support group may not be welcomed initially, but later as they grieve and take in the loss, they may find the idea of talking to others very helpful. Provide brochures or other written material they can refer to at a later time.

PTS: 1

CON: Pregnancy

## **Chapter 12: Birth-Related Procedures**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which patient does the nurse recognize as not an appropriate candidate for amniotomy?
- 1) The woman who is at 41 weeks' gestation
  - 2) The woman with a fetus in the breech presentation
  - 3) The woman with a history of hypertension
  - 4) The woman with a history of precipitous delivery
- \_\_\_\_ 2. Which assessment finding is most important for the nurse to report immediately after the performance of an amniotomy?
- 1) Temperature of 37.6°C
  - 2) Clear, odorless amniotic fluid
  - 3) Abnormal fetal heart rate (FHR) pattern
  - 4) Leakage of clear fluid from the vagina
- \_\_\_\_ 3. Which patient does the nurse recognize as a candidate for an amnioinfusion?
- 1) The woman who is postterm
  - 2) The woman with multiple gestations
  - 3) The woman with oligohydramnios
  - 4) The woman carrying a fetus with a neural tube defect
- \_\_\_\_ 4. After a successful external cephalic version, the patient says, "Oh good! Now I won't have to worry about having a Cesarean section!" Which teaching should the nurse provide this patient in response to this comment?
- 1) The fetus can drift back into an abnormal presentation.
  - 2) There is no reason to worry about having a Cesarean section.
  - 3) Potential complications following the procedure
  - 4) Need to drink plenty of fluids for the next 24 hours
- \_\_\_\_ 5. A patient is 39 weeks pregnant and is admitted for induction of labor. Her Bishop score is 2. Which teaching does the nurse prepare for this patient?
- 1) Explain the process of inducing labor
  - 2) Describe the fetal monitoring equipment
  - 3) Explain the importance of monitoring fetal activity
  - 4) Explain the need for chemical or mechanical cervical ripening
- \_\_\_\_ 6. A patient's cervix is 2 cm dilated and 40% effaced, the fetal head is in the 0 station, and the consistency of the cervix is medium and is in the midposition. On the basis of the calculated Bishop score, how does the nurse interpret these findings?
- 1) The patient's cervix is ripe and ready for induction.
  - 2) The patient's cervix is ripening, but readiness for induction is questionable.
  - 3) Induction could be attempted, but cervical ripening is questionable.
  - 4) The patient's cervix is not ripe, and induction should not be initiated at this time.

- \_\_\_ 7. Which method of cervical ripening and induction of labor does the nurse consider safest and least likely to result in complications?
- 1) Insertion of a transcervical Foley catheter
  - 2) Application of prostaglandin gel
  - 3) Administration of Prepidil Endocervical Gel
  - 4) Infusion of oxytocin (Pitocin)
- \_\_\_ 8. Which outcome is most appropriate for a nursing diagnosis of Risk for Injury in a patient whose labor is induced?
- 1) Demonstrates and verbalizes reduced anxiety
  - 2) Verbalizes understanding of the process of labor induction
  - 3) Verbalizes readiness to become a mother
  - 4) Maintains a good labor pattern with a reassuring FHR pattern
- \_\_\_ 9. During the induction process, a patient frequently asks, "What are you doing now?" or "What is that for?" Which nursing diagnosis is most appropriate for this patient?
- 1) Knowledge Deficit related to induction of labor
  - 2) Fear/Anxiety
  - 3) Risk for Injury
  - 4) Altered Mental Status
- \_\_\_ 10. What will the nurse instruct the patient to do when the provider begins to apply traction to the vacuum extractor?
- 1) Hold her breath and count to 10
  - 2) Push with the contraction
  - 3) Turn to her left side
  - 4) Pant to avoid pushing
- \_\_\_ 11. Which patient does the nurse identify as likely to require a Cesarean delivery?
- 1) Postterm
  - 2) O-negative blood type
  - 3) Active genital herpes
  - 4) 35 weeks' gestation
- \_\_\_ 12. Which patient does the nurse assess as most likely to be able to delivery vaginally rather than requiring a Cesarean delivery?
- 1) Active genital herpes
  - 2) Fetal macrosomia
  - 3) Multiple gestations
  - 4) History of previous Cesarean section
- \_\_\_ 13. Which assessment data will the nurse obtain from a patient who is being prepared for a Cesarean section?
- 1) Cervical dilation and effacement
  - 2) Obtain a signed consent form
  - 3) Diet history for the past 8 hours
  - 4) Insert an indwelling catheter

- \_\_\_\_ 14. Which medication is contraindicated immediately prior to performance of a Cesarean section?
- 1) Cefazolin 1 g IV
  - 2) Famotidine 20 mg IV
  - 3) Fentanyl 100 mcg IV
  - 4) Citric acid-sodium citrate solution 30 mL PO
- \_\_\_\_ 15. When a patient is prepared for discharge post-Cesarean section, which teaching does the nurse provide?
- 1) Plan to be in the hospital for 3 to 5 days.
  - 2) Arrange for help at home.
  - 3) Keep hair on the lower abdomen and pubis clipped.
  - 4) Avoid unnecessary activity for 2 weeks.
- \_\_\_\_ 16. Which teaching should the patient scheduled for a Cesarean birth receive during a routine visit with the provider 2 weeks prior to hospital admission?
- 1) Pack for 3 to 5 days in the hospital.
  - 2) Obtain preoperative laboratory work.
  - 3) Sign a consent for the operative procedure.
  - 4) Maintain good hydration.
- \_\_\_\_ 17. The nurse assesses which patient as having the best chance of a successful vaginal birth after a Cesarean section?
- 1) The woman whose first and third children were born vaginally
  - 2) The woman with well-controlled gestational diabetes
  - 3) The woman whose last child is 12 months old and was born by Cesarean section
  - 4) The woman requiring induction of labor 4 years after a Cesarean section
- \_\_\_\_ 18. When caring for a woman undergoing a trial of labor after Cesarean (TOLAC), the nurse most carefully observes for signs of what?
- 1) Macrosomia
  - 2) Failure to progress
  - 3) Anxiety
  - 4) Uterine rupture

#### **Multiple Response**

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

- \_\_\_\_ 19. An immediate Cesarean section will need to be performed if the nurse assesses which signs or symptoms in a woman attempting vaginal birth after a prior Cesarean section? (*Select all that apply.*)
- 1) A popping sensation reported by the patient
  - 2) Acute, continuous abdominal pain
  - 3) Repetitive or prolonged fetal heart rate decelerations
  - 4) Slow labor progression
  - 5) Vaginal bleeding

- \_\_\_\_\_ 20. Prior to discharging a patient, following cephalic version, which teaching does the nurse provide? (*Select all that apply.*)
- 1) Teach the patient how to monitor for fetal activity and when to call the provider.
  - 2) Teach the patient how to monitor the fetal heart rate and when to call the provider.
  - 3) Teach the patient the signs of the rupture of membranes and when to return to the hospital.
  - 4) Teach the patient the signs and symptoms of labor and when to return to the hospital.
  - 5) Teach the patient the importance of receiving RhoGAM prior to delivery.

## **Chapter 12: Birth-Related Procedures**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Describe the amniotomy procedure and discuss nursing responsibilities.

Chapter page reference: 176

Heading: Amniotomy

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	A woman who is past her due date is a candidate for an amniotomy to promote labor.
2	The fetus in a breech position requires a Cesarean section if it cannot be repositioned; in addition, amniotomy could result in a prolapsed cord, so this patient is not a candidate for an amniotomy.
3	Hypertension is not a contraindication for amniotomy.
4	A history of precipitous delivery may make an amniotomy unnecessary, but it is not a contraindication.

PTS: 1 CON: Pregnancy

2. ANS: 3

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Describe the amniotomy procedure and discuss nursing responsibilities.

Chapter page reference: 176

Heading: Amniotomy

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	A slight increase in temperature is expected during labor and does not need to be reported unless it exceeds 38°C.
2	Clear, odorless amniotic fluid is expected and does not need to be reported.
3	An abnormal FHR pattern can indicate a compressed umbilical cord and should be reported immediately.

<b>4</b>	Leakage of clear fluid from the vagina is expected and will continue because amniotic fluid continues to be produced.
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PTS: 1 CON: Pregnancy

3. ANS: 3

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Explain the purpose of an amnioinfusion.

Chapter page reference: 177

Heading: Amnioinfusion

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	A woman past her due date is not a candidate for amnioinfusion.
<b>2</b>	A woman carrying multiple gestations is not a candidate for amnioinfusion and would receive no benefit from the procedure.
<b>3</b>	The woman with oligohydramnios, or a reduction in amniotic fluid, is the best candidate for an amnioinfusion.
<b>4</b>	A woman carrying a fetus with a neural tube defect is not a candidate for amnioinfusion, and it is contraindicated for this woman.

PTS: 1 CON: Pregnancy

4. ANS: 1

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Prepare patient teaching for the patient undergoing an external cephalic version.

Chapter page reference: 177

Heading: External Cephalic Version

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	It is important to explain that while the fetus has been repositioned, it is possible for fetal movement to cause repositioning to the breech position.
<b>2</b>	This is false reassurance and does not provide the most important information the woman needs.
<b>3</b>	Although the woman should be taught what to watch for and what to report, this is not the best response to her statement.

<b>4</b>	There is no need for the woman to increase fluid intake following this procedure.
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PTS: 1 CON: Pregnancy

5. ANS: 4

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Describe how a Bishop score is calculated and explain the significance of the score.

Chapter page reference: 179

Heading: Care of the Woman Undergoing Induction/Augmentation of Labor

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Teaching on the process of induction is not required because the woman's score is too low for induction.
<b>2</b>	Fetal monitoring equipment should be explained when it is applied.
<b>3</b>	This teaching will be provided when induction has begun.
<b>4</b>	A score less than 5 means the patient's cervix is not adequately ripened, and she is not a candidate for induction until chemical or mechanical cervical ripening is conducted. Thus, it is important to teach the patient what to expect.

PTS: 1 CON: Pregnancy

6. ANS: 1

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Describe how a Bishop score is calculated and explain the significance of the score.

Chapter page reference: 179

Heading: Care of the Woman Undergoing Induction/Augmentation of Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	The patient receives 1 point for cervical dilation, 1 point for effacement, 2 points for station, 1 point for consistency, and 1 point for cervical position; the total score is 6, meaning the cervix is ripe and ready for induction.
<b>2</b>	This statement is inaccurate on the basis of the calculated Bishop score.
<b>3</b>	Cervical ripening is not questionable on the basis of the calculated Bishop score.
<b>4</b>	This statement is inaccurate on the basis of the calculated Bishop score.

PTS: 1 CON: Pregnancy

7. ANS: 1

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Discuss methods used to ripen a cervix and induce contractions.

Chapter page reference: 179

Heading: Cervical Ripening

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Use of a Foley rarely results in complications and is the safest method of ripening the cervix.
2	Application of prostaglandin gel is relatively safe, but medication complications of fever, nausea and vomiting, headache, diarrhea, tachysystole, and fetal decelerations in response to tachysystole are possible.
3	Prepidil Endocervical Gel is a brand-name prostaglandin gel and carries possible complications because it is a medication.
4	Oxytocin administration carries the greatest potential side effects and is not the safest method of ripening the cervix.

PTS: 1 CON: Pregnancy

8. ANS: 4

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Prepare a nursing care plan for the patient undergoing labor induction or augmentation.

Chapter page reference: 182

Heading: Nursing Care Plan for Induction of Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Reduced anxiety is an outcome for the nursing diagnosis of Fear or Anxiety.
2	Verbalizing understanding is an outcome for a diagnosis of Knowledge Deficit.
3	Verbalizing readiness to become a mother is not an outcome for Risk for Injury.
4	A good labor pattern and reassuring FHR are a good outcome for a patient with a diagnosis of Risk for Injury related to labor and delivery.

PTS: 1 CON: Pregnancy

9. ANS: 1

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Prepare a nursing care plan for the patient undergoing labor induction or augmentation.

Chapter page reference: 182

Heading: Nursing Care Plan for Induction of Labor

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	The patient is demonstrating a Knowledge Deficit related to induction of labor and requires teaching to explain the procedure.
2	Although the questions may be related to Fear or Anxiety, that is not the most appropriate diagnosis for this patient.
3	Risk for Injury is not indicated according to the information provided.
4	There is no reason to suspect an Altered Mental Status because the questions are appropriate and coherent.

PTS: 1

CON: Pregnancy

10. ANS: 2

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Differentiate between vacuum extractor and forceps used for assisted vaginal delivery.

Chapter page reference: 181

Heading: Vacuum Extraction—Assisted Birth

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	The woman should not be instructed to hold her breath because this results in fetal hypoxia.
2	The woman should be instructed to push with the contraction to assist in delivering the fetus.
3	The woman needs to remain supine so the provider has access to the fetal head to attach the vacuum extractor.
4	Panting to avoid pushing is incorrect information to teach the client.

PTS: 1

CON: Pregnancy

11. ANS: 3

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: List common indications for a cesarean delivery.

Chapter page reference: 183

Heading: Cesarean Birth

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	Although being postterm increases the risk of macrosomia, it does not automatically mean a Cesarean is required because most postterm pregnancies are delivered vaginally.
2	O-negative blood type does not have any impact on how the delivery is performed.
3	Active genital herpes is an indication for a Cesarean section, to avoid infecting the baby.
4	A fetus of 35 weeks' gestation is small and more likely to be delivered vaginally.

PTS: 1

CON: Pregnancy

12. ANS: 4

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: List common indications for a Cesarean delivery.

Chapter page reference: 183

Heading: Cesarean Birth

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	A woman with active genital herpes will be encouraged to deliver via Cesarean section to avoid infecting the fetus.
2	Fetal macrosomia is an indicator for Cesarean section.
3	Multiple gestations are often delivered by Cesarean section because of the increased likelihood that at least one of the fetuses will be malpositioned for vaginal delivery.
4	Some patients who had a previous Cesarean may be able to deliver vaginally, but this requires careful assessment.

PTS: 1

CON: Pregnancy

13. ANS: 3

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Discuss nursing responsibilities when preparing a patient for a Cesarean birth.

Chapter page reference: 184-185

Heading: The Procedure of a Cesarean Birth

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	A patient who has a planned Cesarean section does not experience labor, so dilation and effacement are not required assessment data.
2	A signed consent form is needed, but this does not represent assessment data.
3	It is important to know what the patient ate and drank over the last 8 hours, because a Cesarean procedure is surgery and has risks of nausea and vomiting.
4	An indwelling catheter is inserted to keep the bladder empty, but this is an intervention and not assessment data.

PTS: 1

CON: Pregnancy

14. ANS: 3

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Discuss nursing responsibilities when preparing a patient for a Cesarean birth.

Chapter page reference: 186

Heading: Drug Facts: Preoperative Medications

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Cefazolin (Ancef®) or other antibiotics are often administered prophylactically to avoid postoperative wound infection.
2	Famotidine (Pepcid®) is usually administered to reduce nausea and vomiting.
3	Fentanyl is a narcotic that causes respiratory depression in the neonate, so it is normally avoided preoperatively.
4	Citric acid-sodium citrate solution (Bicitra®) is an optional drug that may be given to reduce or prevent nausea and vomiting.

PTS: 1

CON: Pregnancy

15. ANS: 2

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Plan patient teaching for a Cesarean birth.

Chapter page reference: 184

Heading: Health Promotion: Preparing for a Scheduled Cesarean Birth

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	If the patient is preparing for discharge, it is too late to tell her to prepare for 3 to 5 days.
2	The patient should be advised to seek help while she recovers, especially if she has small children at home.
3	There is no need for the hair to be clipped once the baby has been born.
4	Activity should be “as tolerated” and should be gradually increased, so it is inaccurate to tell her to avoid unnecessary activity.

PTS: 1 CON: Pregnancy

16. ANS: 1

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Plan patient teaching for a Cesarean birth.

Chapter page reference: 184

Heading: The Procedure of a Cesarean Birth

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	The woman should be warned that she is likely to spend at least 3 to 5 days in the hospital after a Cesarean birth.
2	Preoperative laboratory work will be obtained within 72 hours of the scheduled procedure, so it is too soon to obtain it now.
3	The consent form will be signed on admission.
4	Good hydration should be maintained at all times, and this instruction is not needed at this time.

PTS: 1 CON: Pregnancy

17. ANS: 1

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Identify the factors that indicate a patient is a good candidate for a vaginal birth after Cesarean (VBAC).

Chapter page reference: 186

Heading: Vaginal Birth After Cesarean

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	Having delivered a child vaginally in the past is a positive indicator of successful vaginal delivery after a Cesarean section.
2	Women with gestational diabetes, even when well controlled, are at increased risk for macrosomia, requiring a Cesarean section.
3	A recent Cesarean section is a poor indicator for vaginal birth.
4	The need for induction increases the risk of injury when attempting vaginal delivery following a Cesarean section.

PTS: 1 CON: Pregnancy

18. ANS: 4

Chapter number and title: 12: Birth-Related Procedures

Chapter learning objective: Plan nursing care for the patient undergoing a trial of labor after Cesarean (TOLAC).

Chapter page reference: 186

Heading: Vaginal Birth After Cesarean

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Macrosomia should be ruled out before allowing the woman to attempt vaginal delivery.
2	Failure to progress is an ominous sign but not the most carefully observed sign.
3	Anxiety is not a negative sign, and some anxiety is expected.
4	Uterine rupture is the greatest risk of women delivering vaginally after a prior Cesarean section, so the nurse must observe the woman carefully for any signs of this potentially fatal complication.

PTS: 1 CON: Pregnancy

## MULTIPLE RESPONSE

19. ANS: 1, 2, 3, 5
- Chapter number and title: 12: Birth-Related Procedures
- Chapter learning objective: Plan nursing care for the patient undergoing a trial of labor after Cesarean (TOLAC).
- Chapter page reference: 186
- Heading: Vaginal Birth After Cesarean
- Integrated processes: Clinical Problem-Solving Process
- Client need: Health Promotion and Maintenance
- Cognitive level: Application [Applying]
- Concept: Pregnancy
- Difficulty: Moderate
- | Feedback |   |
|----------|---|
| 1.       | A popping sensation is a sign of uterine rupture and indicates the need for a Cesarean section.   |
| 2.       | Acute, continuous abdominal pain is a sign of uterine rupture and indicates the need for a Cesarean section.  |
| 3.       | Repetitive or prolonged fetal heart rate decelerations indicate fetal distress and may be an indication of uterine rupture, indicating the need for a Cesarean section. |
| 4.       | Slow labor progression is not a sign of uterine rupture, and a Cesarean section is not required unless progression is excessively slow.                                 |
| 5.       | Vaginal bleeding must be assessed to determine if it is an indicator of uterine rupture, requiring an immediate Cesarean section.                                       |
- PTS: 1 CON: Pregnancy
20. ANS: 1, 3, 4
- Chapter number and title: 12: Birth-Related Procedures
- Chapter learning objective: Prepare patient teaching for the patient undergoing an external cephalic version.
- Chapter page reference: 177
- Heading: External Cephalic Version
- Integrated processes: Teaching and Learning
- Client need: Health Promotion and Maintenance
- Cognitive level: Application [Applying]
- Concept: Pregnancy
- Difficulty: Moderate

Feedback	
1.	It is important for the mother to monitor fetal movement and contact the provider if movement stops or declines.
2.	The mother will have no way to monitor fetal heart rate, so this is not a required teaching.
3.	The mother should be taught the signs of membrane rupture, a potential

	complication following cephalic version.
4.	Cephalic version can induce labor, so the woman should be aware of the signs and symptoms of labor and when to return to the hospital.
5.	RhoGAM administration is related to the mother's blood type, not a cephalic version.

PTS: 1

CON: Pregnancy

## **Chapter 13: Physiological and Behavioral Adaptations During the Postpartum Period**

### **Multiple Choice**

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

- \_\_\_\_ 1. The nurse examines a postpartum woman who is 1 day postdelivery. Which finding does the nurse consider abnormal?
- 1) Fundus 1 cm below the umbilicus
  - 2) Bright red lochia
  - 3) Dilated cervix
  - 4) Reduced fibrinogen levels
- \_\_\_\_ 2. While reviewing laboratory values, the nurse sees a postpartum patient's white blood cell count is 26,699 mg/dL, and her neutrophil count is also elevated. Which is the nurse's priority action?
- 1) Assessing the episiotomy for signs of infection
  - 2) Notifying the RN and/or provider
  - 3) Continuing to monitor laboratory findings
  - 4) Obtaining STAT vital signs
- \_\_\_\_ 3. When does the nurse expect to be unable to palpate the uterus in a postpartum patient?
- 1) Immediately after delivery
  - 2) 5 days postdelivery
  - 3) 1 week postdelivery
  - 4) 2 weeks postdelivery
- \_\_\_\_ 4. Which events after delivery of the placenta cause the uterus to contract and begin shrinking to nonpregnant size?
- 1) Reduced estrogen and progesterone levels
  - 2) Reduced estrogen and oxytocin levels
  - 3) Reduced progesterone and oxytocin levels
  - 4) Estrogen, progesterone, and oxytocin levels decline.
- \_\_\_\_ 5. The nurse examines a woman's lochia and notices excessive bleeding. Which is the nurse's priority action?
- 1) Assessing for a full bladder
  - 2) Placing the patient in the Trendelenburg position
  - 3) Massaging the uterus
  - 4) Encouraging the woman to breastfeed
- \_\_\_\_ 6. A woman reports she has not urinated since delivering 8 hours ago and says she has no urge to void despite drinking adequate fluids postpartum. The nurse attributes this to what?
- 1) The woman was dehydrated and has not fully hydrated yet to produce urine.
  - 2) The woman's bladder tone is reduced, and she does not feel the urge to urinate.
  - 3) The bladder has more room to expand and can hold more urine because of a smaller uterus.
  - 4) The woman is experiencing a release of epinephrine, causing absence of bladder

sensation.

- \_\_\_ 7. The nurse is caring for a woman who delivered her third child 2 days ago and who says, "I am having pain; it feels like labor pain. I never experienced this with my other children, and it is worse when I breastfeed." Which is the nurse's priority response?
- 1) Further assess the pain's location, intensity, and frequency
  - 2) Explain the purpose of afterpains and reassure the patient
  - 3) Immediately obtain vital signs and monitor vital signs every 15 minutes
  - 4) Administer a narcotic analgesic to control pain
- \_\_\_ 8. Which patient does the nurse anticipate is most likely to experience afterpains?
- 1) The woman who had a precipitous delivery
  - 2) The woman who delivered a preterm infant
  - 3) The primipara who had a difficult pregnancy
  - 4) The multipara who delivered her fifth child
- \_\_\_ 9. The nurse working in a women's clinic admits a patient who is almost 6 weeks postpartum and describes a yellow-white vaginal drainage. The nurse interprets this as indicating what?
- 1) Bacterial infection
  - 2) Retained placenta
  - 3) Expected lochia progression
  - 4) Fungal infection
- \_\_\_ 10. The ICU nurse is caring for a postpartum patient who experienced complications. Which color of lochia does the nurse expect to find on the fifth day postpartum?
- 1) Bright red
  - 2) Dark red
  - 3) Pink
  - 4) Yellow-white
- \_\_\_ 11. A breastfeeding mother says, "One good thing about breastfeeding is that I won't have to worry about getting pregnant till I stop." Which information will the nurse provide to this patient?
- 1) Ovulation and menstruation may be delayed by breastfeeding, but not always.
  - 2) Ovulation will resume as early as 27 days after delivery.
  - 3) Ovulation will resume within 30 days of stopping breastfeeding.
  - 4) By breastfeeding even once a day, she can delay ovulation.
- \_\_\_ 12. Which statement by a postpartum patient indicates teaching regarding menses and contraception has been understood?
- 1) "I don't have to worry about getting pregnant until I get my first menstrual period."
  - 2) "Because I am breastfeeding, I don't have to worry about getting pregnant until I quit."
  - 3) "I should resume using my diaphragm as soon as I resume sexual activity."
  - 4) "I should use a contraceptive when I resume sexual activity to avoid pregnancy."

- \_\_\_ 13. The nurse is making a home-care visit when the newborn starts to cry. The new mother smiles and says, "That's his hungry cry." The nurse interprets this as indicating the mother is in which phase of maternal role attainment?
- 1) Taking-in phase
  - 2) Taking-hold phase
  - 3) Letting-go phase
  - 4) Transitioning from taking-in to taking-hold phase
- \_\_\_ 14. Which observed behavior arouses the nurse's concern as an indication the mother is not bonding with her baby?
- 1) The mother expresses fear she will hurt the baby because she doesn't know what to do.
  - 2) The mother stares at the baby's face and touches it only with her fingertips.
  - 3) The mother does not want to hold the infant and asks to keep the baby in the nursery.
  - 4) The mother asks many questions about self-care and newborn care.
- \_\_\_ 15. Which behavior observed by the nurse indicates a new mother is beginning to bond with her newborn?
- 1) Takes the en face position
  - 2) Tells the nurse about her labor experience
  - 3) Needs reassurance of her ability to be a good mother
  - 4) Asks to keep the baby in the nursery overnight so she can sleep
- \_\_\_ 16. The nurse enters a postpartum patient's room and finds the father staring at the newborn in the bassinet with a contemplative look on his face. How should the nurse interpret this behavior?
- 1) The father may be a danger to the baby.
  - 2) The father feels resentful toward the baby.
  - 3) The father is uncertain about being a father.
  - 4) The father is bonding with the baby.
- \_\_\_ 17. Which is the best intervention for the nurse to use to promote eye contact between the mother and newborn?
- 1) Pointing out characteristics of the newborn such as eye color, milia, and other facial features
  - 2) Encouraging the mother to change the baby's diaper
  - 3) Encouraging the mother to hold the baby
  - 4) Taking the baby to the nursery and allowing the mother to rest
- \_\_\_ 18. It is time for a newborn to have blood collected for the newborn screening. How does the nurse turn this into a bonding opportunity for the mother?
- 1) Perform the test in the mother's room and encourage her to comfort the newborn afterward
  - 2) Take the baby to the nursery for the test to avoid upsetting the mother
  - 3) Explain the bandage on the baby's foot when returning the baby to the mother's room
  - 4) Perform the test without mentioning it to the mother to reduce anxiety

**Multiple Response**

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

- \_\_\_ 19. A new mother asks the nurse what she can do to foster attachment between the newborn and her 8-year-old daughter. Which recommendations should the nurse make? (*Select all that apply.*)
- 1) Have the child visit in the hospital
  - 2) Let the child help care for the baby as he or she is able
  - 3) Have Mom spend some time alone with the child
  - 4) Keep the baby away from the child as much as possible
  - 5) Anticipate unpredictable and uncomplimentary statements about the baby
- \_\_\_ 20. Which behaviors observed by the nurse indicate that a postpartum patient is in the taking-in phase? (*Select all that apply.*)
- 1) Introduces information about her labor into every conversation
  - 2) Strokes the baby with just the tips of her fingers
  - 3) Asks the nurse to keep the baby in the nursery so she can sleep
  - 4) When caring for the newborn, often asks the nurse, "Did I do that right?"
  - 5) Spontaneously begins to cry with no explanation for why she is crying

## **Chapter 13: Physiological and Behavioral Adaptations During the Postpartum Period**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 4

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Identify the normal physiological changes following childbirth in the reproductive, integumentary, gastrointestinal, cardiovascular, respiratory, urinary, and musculoskeletal systems.

Chapter page reference: 193

Heading: Cardiovascular System

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	The fundus drops 1 cm per day starting at the umbilicus immediately after a birth, so a fundus 1 cm below the umbilicus on the first day after delivery is a normal finding.
2	Lochia is bright red for 1 to 3 days after delivery, so this is not an abnormal finding.
3	The cervix closes slowly over 2 weeks, so the continued dilation is not an abnormal finding.
4	Fibrinogen levels normally increase for several days after delivery, so this is an abnormal finding that should be reported to the registered nurse (RN) or provider.

PTS: 1

CON: Pregnancy

2. ANS: 3

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Identify the normal physiological changes following childbirth in the reproductive, integumentary, gastrointestinal, cardiovascular, respiratory, urinary, and musculoskeletal systems.

Chapter page reference: 193

Heading: Lab and Diagnostics

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	Although the episiotomy should be assessed regularly as part of the standard of care, these laboratory values do not indicate the need for assessment of the episiotomy.
<b>2</b>	Notification of the RN and/or provider is not indicated by these laboratory values.
<b>3</b>	These are expected changes after childbirth, so the nurse should continue to monitor laboratory findings.
<b>4</b>	There is no indication for STAT vital signs on the basis of the laboratory values in this scenario.

PTS: 1 CON: Pregnancy

3. ANS: 4

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Explain the process of involution of the uterus following delivery.

Chapter page reference: 191

Heading: Uterus Involution

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	Immediately after delivery, the fundus of the uterus is located midline and halfway between the umbilicus and symphysis pubis and is palpable.
<b>2</b>	The uterus should be palpable approximately 5 cm below the umbilicus on day 5 postdelivery.
<b>3</b>	One week after delivery, the fundus of the uterus should be palpable 7 cm below the umbilicus.
<b>4</b>	After 10 days, the uterus descends below the symphysis pubis and is no longer palpable, so by 2 weeks postdelivery, the nurse should expect to no longer palpate the uterus.

PTS: 1 CON: Pregnancy

4. ANS: 1

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Explain the process of involution of the uterus following delivery.

Chapter page reference: 191

Heading: Uterus Involution

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

Feedback	
1	After delivery, estrogen and progesterone levels drop quickly, which cause the uterus to contract and begin the process of shrinking to prepregnancy size.
2	Oxytocin levels remain stable while estrogen levels drop.
3	Oxytocin levels remain stable while progesterone levels decline.
4	Estrogen and progesterone levels decline while oxytocin levels remain stable.

PTS: 1 CON: Pregnancy

5. ANS: 1

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Discuss the effect of a full bladder on uterine involution.

Chapter page reference: 194

Heading: Urinary System

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	A distended bladder pushes the uterus upward and to the side, leading to hemorrhage, so the priority action is to assess for a full bladder and encourage urination.
2	There is no indication the woman is in shock, so the Trendelenburg position is not the priority action.
3	Massaging the uterus has no positive effect until other actions are taken.
4	Breastfeeding does not reduce bleeding until other actions are taken.

PTS: 1 CON: Pregnancy

6. ANS: 2

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Discuss the effect of a full bladder on uterine involution.

Chapter page reference: 194

Heading: Urinary System

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	It is unlikely the woman is dehydrated if she has been drinking adequate fluids.
<b>2</b>	In the first days after delivery, the woman's bladder tone is reduced, resulting in the lack of an urge to void. She is not aware of the full bladder but should be encouraged to try to void.
<b>3</b>	The full bladder dislocates the uterus and can cause an increased risk of hemorrhage, so it does not have more room to expand.
<b>4</b>	The lack of need to void is not caused by a release of epinephrine.

PTS: 1 CON: Pregnancy

7. ANS: 2

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Explain afterpains to a multiparous patient.

Chapter page reference: 192

Heading: Patient Teaching: Afterpains

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	The woman has already provided the location, intensity, and frequency of the pain, so this is not the priority action.
<b>2</b>	The nurse should explain that these are afterpains resulting from the involution of the uterus and that they are stronger in women who are multiparous.
<b>3</b>	There is no indication for vital signs STAT or every 15 minutes.
<b>4</b>	A narcotic analgesic is not needed, but ibuprofen or acetaminophen can help to control the pain.

PTS: 1 CON: Pregnancy

8. ANS: 4

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Explain afterpains to a multiparous patient.

Chapter page reference: 192

Heading: Patient Teaching: Afterpains

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Although any woman can experience afterpains, precipitous delivery is not a risk factor for afterpains.
<b>2</b>	Although any woman can experience afterpains, the woman who delivered a preterm infant is at lowest risk because her uterus was not as stretched as that of a woman with a full-term infant.
<b>3</b>	Difficulty with pregnancy does not increase the risk of afterpains, so this patient is not at highest risk.
<b>4</b>	The multipara woman is at greatest risk for afterpains because the repeated stretching of the uterus causes a decrease in muscle tone.

PTS: 1 CON: Pregnancy

9. ANS: 3

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Describe the phases of lochia progression.

Chapter page reference: 192

Heading: Lochia

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Yellow-white drainage does not indicate a bacterial infection, which would present with other signs and symptoms.
<b>2</b>	Retained placenta causes frank bleeding, so that is not the cause of yellow-white drainage.
<b>3</b>	The final stage of uterine sloughing is a yellow-white drainage that can continue for up to 6 weeks after delivery.
<b>4</b>	Yellow-white drainage does not indicate a fungal infection, which would present with thick white drainage with an odor of yeast.

PTS: 1 CON: Pregnancy

10. ANS: 3

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Describe the phases of lochia progression.

Chapter page reference: 192

Heading: Lochia

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance  
Cognitive level: Application [Applying]  
Concept: Pregnancy  
Difficulty: Moderate

	<b>Feedback</b>
1	Lochia rubra, or bright red blood, lasts for 1 to 3 days postpartum, so it is not an expected finding on day 5.
2	Dark red drainage is old blood and is not an expected lochia finding.
3	Lochia serosa, a pink or brown color, lasts for 4 to 9 days postpartum and is the anticipated lochia on day 5.
4	Lochia alba, a yellow-white discharge, is expected up to 6 weeks after delivery but is not anticipated until around day 9.

PTS: 1 CON: Pregnancy

11. ANS: 1
- Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period  
Chapter learning objective: Prepare patient teaching regarding resumption of menses after childbirth.  
Chapter page reference: 192  
Heading: Ovaries and Ovulation  
Integrated processes: Teaching and Learning  
Client need: Health Promotion and Maintenance  
Cognitive level: Application [Applying]  
Concept: Pregnancy  
Difficulty: Moderate

	<b>Feedback</b>
1	Although many women delay ovulation and menstruation by breastfeeding, this should not be relied upon for contraception because it is not true for all women.
2	Ovulation resumes as early as 27 days for nonbreastfeeding women.
3	There is no specific time when a breastfeeding woman begins ovulating again.
4	Delay of ovulation is impacted by frequency of breastfeeding, so the woman who does not nurse as often may not see any delay in ovulating.

PTS: 1 CON: Pregnancy

12. ANS: 4
- Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period  
Chapter learning objective: Prepare patient teaching regarding resumption of menses after childbirth.  
Chapter page reference: 192-193  
Heading: Patient Teaching Guidelines: Postpartum Menstruation  
Integrated processes: Clinical Problem-Solving Process  
Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	Ovulation occurs before menses, so the woman could get pregnant before she gets her first period.
2	Although breastfeeding may delay ovulation, every woman is different. In addition, there are several factors that determine when ovulation occurs, so this is not an accurate statement.
3	After stretching of the cervix and uterus during pregnancy, the old diaphragm will not fit snugly and should be discarded.
4	The safest way to avoid pregnancy is to begin using a contraceptive when sexual activity is resumed.

PTS: 1 CON: Pregnancy

13. ANS: 3

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Describe the postpartum psychological adaptations including the taking-in phase, taking-hold phase, and letting-go phase.

Chapter page reference: 195

Heading: Letting-Go Phase

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1	During the taking-in phase, the mother's care of the infant is tentative, and she does not initiate caring for the newborn.
2	During the taking-hold phase, she looks to the nurse for praise and reassurance.
3	This mother is demonstrating confidence in her ability to interpret her baby's cry and indicates she is in the letting-go phase.
4	There is no defined behavior for transitioning from one phase to another.

PTS: 1 CON: Pregnancy

14. ANS: 3

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Identify signs that the mother is bonding with her newborn.

Chapter page reference: 194

Heading: Taking-in Phase

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	It is not uncommon for a woman to fear hurting the newborn, especially if she has no prior experience with babies; this is not a cause for concern related to bonding but does indicate the need for more education.
2	During the taking-in phase of maternal role attainment, it is common for women to face the infant and stare at him or her, examining the face and other characteristics while stroking only with the fingertips; thus, this is a positive sign of bonding.
3	A mother who does not want to touch, hold, or care for the infant could be having bonding issues and requires more assessment to determine if there is a problem.
4	During the taking-hold phase, the woman is interested in learning about self-care and how to care for the newborn.

PTS: 1 CON: Pregnancy

15. ANS: 1

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Identify signs that the mother is bonding with her newborn.

Chapter page reference: 195

Heading: Development of Family Attachment

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	The en face position is a classic indication of bonding between the mother and newborn.
2	Talking about labor and delivery is a component of the taking-in phase of maternal role attainment, but it is not an indication of bonding.
3	Requiring reassurance is a component of the taking-hold phase of maternal role attainment, but it is not an indication of bonding.
4	Asking for the baby to stay in the nursery so she can sleep is common in the taking-in phase of maternal role attainment.

PTS: 1 CON: Pregnancy

16. ANS: 4

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Distinguish between bonding and attachment.

Chapter page reference: 195-196

Heading: Development of Family Attachment

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	This behavior is not an indication of aggression or danger.
2	This behavior does not represent resentful feelings.
3	This behavior does not indicate uncertainty about being a father.
4	Men can often be observed staring at the baby, which is a form of attachment and bonding with the newborn.

PTS: 1 CON: Pregnancy

17. ANS: 1

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Plan nursing interventions that can facilitate family-centered care and family attachment.

Chapter page reference: 195

Heading: Health Promotion: Promoting Bonding With the Newborn

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	By pointing out facial characteristics, the nurse encourages the mother to look at the baby and begin to see him or her as an individual.
2	Changing the diaper and providing care is helpful, but it does not require the mother to look at the baby's face.
3	Holding the baby is helpful, but it does not encourage the mother to look at the baby's face.
4	Taking the baby to the nursery slows the bonding process and should be discouraged as much as possible.

PTS: 1 CON: Pregnancy

18. ANS: 1

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Plan nursing interventions that can facilitate family-centered care and family attachment.

Chapter page reference: 195

Heading: Health Promotion: Promoting Bonding With the Newborn

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	When the test is performed in the mother's room, the new mother can comfort the baby during and after the procedure.
2	Taking the baby to the nursery strips the woman of an opportunity to act like a mother and does not promote bonding.
3	Waiting until after the procedure to bring the baby to the room does not promote the bonding experience.
4	The mother should be informed of any procedure performed on her baby to avoid damaging the trusting nurse-patient relationship.

PTS: 1

CON: Pregnancy

## MULTIPLE RESPONSE

19. ANS: 1, 2, 3, 5

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Distinguish between bonding and attachment.

Chapter page reference: 195

Heading: Development of Family Attachment

Integrated processes: Teaching and Learning

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1.	Having the child visit in the hospital can reduce separation anxiety and promote sibling attachment.
2.	Allowing the child to help with baby care, such as running for a diaper or holding

	the baby, can promote attachment.
3.	Spending some time alone with the older child can reduce jealousy and promote attachment.
4.	The baby should not be kept separate because that will distance the siblings.
5.	Even though the child is older, the mother should expect the child will occasionally make uncomplimentary or unpredictable statements about the baby.

PTS: 1 CON: Pregnancy

20. ANS: 1, 2, 3

Chapter number and title: 13: Physiological and Behavioral Adaptations During the Postpartum Period

Chapter learning objective: Describe the postpartum psychological adaptations including the taking-in phase, taking-hold phase, and letting-go phase.

Chapter page reference: 194

Heading: Taking-in Phase

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1.	During the taking-in phase, women often want to review their labor and delivery experience to integrate it with the reality of birthing a baby.
2.	During the taking-in phase, the patient may not initiate care and strokes the baby with her fingertips.
3.	During the taking-in phase, she is focused on her own needs and may ask that the baby be kept in the nursery so she can rest and sleep.
4.	Looking for reassurance and praise occurs during the taking-hold phase.
5.	Postpartum depression begins during the taking-hold phase, not the taking-in phase.

PTS: 1 CON: Pregnancy

## **Chapter 14: Assessment and Care of the Family After Birth**

### **Multiple Choice**

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

- \_\_\_\_ 1. After the nurse assesses a woman's uterus and finds it soft and boggy with no improvement after massage, which is the priority intervention?
- 1) Notifying the provider
  - 2) Assessing the bladder
  - 3) Inserting a catheter
  - 4) Having the woman breastfeed
- \_\_\_\_ 2. The nurse caring for a patient during the first hour after delivery needs to notify the provider when which condition is assessed?
- 1) Several small blood clots on the peripad
  - 2) Saturation of two peripads over the hour
  - 3) Passing a large clot the size of a fist
  - 4) Yellow-white drainage from the nipples
- \_\_\_\_ 3. The nurse performs a focal postpartum assessment using the BUBBLE LE mnemonic. Which assessment finding is incorrect to document as part of this examination?
- 1) Breasts firm and tender; patient reports sore nipples
  - 2) Fundus 2 cm below umbilicus, firm
  - 3) Lochia pink, small amount of drainage
  - 4) Pulse strong and regular at rate of 84 beats per minute
- \_\_\_\_ 4. While performing a BUBBLE LE postpartum assessment, the nurse notes a raised area just above the symphysis pubis. Which is the nurse's priority action?
- 1) Completing the assessment and documenting the findings
  - 2) Notifying the provider and obtaining orders
  - 3) Assisting the patient to the bathroom
  - 4) Massaging the uterus until it becomes firm
- \_\_\_\_ 5. The nursing instructor observes a student providing care to an adolescent postpartum patient. Which statement made by the student indicates the need for further teaching?
- 1) "Let me show you a way to hold the baby when you're giving him a bath."
  - 2) "Do you want your little friend to stay while you breastfeed?"
  - 3) "You're going to be a great mother because you really want to learn."
  - 4) "Do you have any questions or need help with anything?"
- \_\_\_\_ 6. A new adolescent mother asks the nurse how to bathe her baby. Which is the nurse's best approach to teach her this procedure?
- 1) Have the new mother bathe the baby while the nurse talks her through the process
  - 2) Explain the procedure using pictures and diagrams
  - 3) Give the new mother a brochure and tell her to ask if she has any questions
  - 4) Let the new mother watch the nurse bathe the baby and then give a return

demonstration tomorrow

- \_\_\_ 7. What is the nurse's role when caring for a mother who is relinquishing her infant for adoption?
  - 1) Discouraging her from holding or seeing her infant
  - 2) Encouraging her to see the infant and take pictures
  - 3) Avoiding discussion about the baby or her labor unless she brings it up
  - 4) Respecting the mother's choices regarding the baby
- \_\_\_ 8. A postpartum patient who plans to relinquish her baby for adoption says, "I'm having second thoughts. Maybe I should keep the baby." Which is the nurse's best response?
  - 1) "If you aren't sure, you should keep the baby until you make up your mind."
  - 2) "You've made a promise to the adopting parents, and it's too late to change your mind."
  - 3) "It is such a difficult decision to make. You must feel pulled in two directions."
  - 4) "I can hear the indecision in your voice. Would you like to talk about it?"
- \_\_\_ 9. After a patient has been taught postpartum self-care, which statement by the mother indicates the need for further teaching?
  - 1) "I will make an appointment with my provider to have my episiotomy stitches removed next week."
  - 2) "I can take acetaminophen and use warm sitz baths to control discomfort at my episiotomy site."
  - 3) "I'll keep a squirt bottle filled with warm water in the bathroom to cleanse with each time I urinate."
  - 4) "I will wear my nursing bra at all times, even when I go to bed, as long as I continue to nurse the baby."
- \_\_\_ 10. A postpartum patient is experiencing early postpartum hemorrhage. Which is the nurse's priority intervention?
  - 1) Notifying the provider
  - 2) Performing fundal massage
  - 3) Expressing clots from the boggy uterus
  - 4) Weighing peripads and linens to determine blood loss
- \_\_\_ 11. The nurse is caring for a postpartum patient experiencing hemorrhage that has not responded to massage, compression, or medications. Which should the nurse prepare for?
  - 1) Moving the patient to the operating room (OR)
  - 2) Bimanual compression of the uterus
  - 3) Pelvic examination with visualization
  - 4) Administration of whole blood
- \_\_\_ 12. The nurse assesses a postpartum patient's perineum and notes a discoloration and bulging of the vagina that is very tender to the touch. Which symptom reported by the patient is the result of this assessment finding?
  - 1) "When I urinate, it burns until after I finish cleansing with the water bottle."
  - 2) "I am bleeding much less today than I did yesterday, and it's pink rather than red now."

- 3) "I have the constant feeling of needing to have a bowel movement, but I can't do anything."
- 4) "I am so tired. I just want to sleep whenever I don't have visitors or the baby with me."
- \_\_\_ 13. What does the nurse do to reduce the size of a newly discovered 3-cm hematoma and encourage reabsorption of the clot?
- 1) Administer analgesics
  - 2) Apply ice
  - 3) Encourage warm sitz baths
  - 4) Prepare the patient for the OR
- \_\_\_ 14. The nursing assessment of a postpartum patient indicates a temperature of 39.4°C, lower left abdominal tenderness, and foul-smelling lochia. Which independent nursing intervention does the nurse begin before notifying the provider?
- 1) Administering IV fluids
  - 2) Administering antipyretics
  - 3) Encouraging fluid intake
  - 4) Administering analgesics
- \_\_\_ 15. Which statement made by a patient at high risk for venous thrombosis indicates the need for further teaching?
- 1) "I have to continue wearing compression stockings for only the first 2 weeks after delivery."
  - 2) "I will not start smoking again because that will increase the risk of a blood clot developing."
  - 3) "I will try to remain active and avoid prolonged periods of sitting or resting in bed."
  - 4) "I will report any pain, swelling, or redness in my legs to my provider."
- \_\_\_ 16. When the nurse reviews a patient's past history, which finding is identified as placing the patient at greater risk for postpartum psychosis?
- 1) Depression
  - 2) Bipolar disorder
  - 3) Obsessive-compulsive disorder
  - 4) Previous postpartum depression
- \_\_\_ 17. Which new mother is not at increased risk for postpartum depression?
- 1) The mother who relinquishes her baby
  - 2) The adolescent mother
  - 3) The mother with a history of previous postpartum depression
  - 4) The mother who delivered by scheduled Cesarean section

#### **Multiple Response**

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

- \_\_\_ 18. A new mother is having difficulty getting the baby to latch on properly, resulting in cracked, sore nipples. The nurse recognizes this as a risk factor for what? (*Select all that apply.*)
- 1) Mastitis
  - 2) Blocked milk ducts
  - 3) Milk stasis
  - 4) Inability to breastfeed
  - 5) Breast abscess
- \_\_\_ 19. What does the nurse assess as part of the BUBBLE LE mnemonic? (*Select all that apply.*)
- 1) Episiotomy or abdominal incision
  - 2) Bonding and attachment
  - 3) Pain
  - 4) Circulation in the legs
  - 5) Gait
- \_\_\_ 20. Which actions performed by the nurse demonstrate appropriate uterine massage for the postpartum patient? (*Select all that apply.*)
- 1) Positioning one hand at the fundus of the uterus
  - 2) Pressing down until the fundus is palpated as a firm, hard, globular mass
  - 3) Noting the position of the fundus
  - 4) Placing one hand at the base of the uterus
  - 5) Calling and informing the provider of the uterine location

## **Chapter 14: Assessment and Care of the Family After Birth**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Discuss possible causes of uterine atony.

Chapter page reference: 199

Heading: Uterine Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Administering IV fluids is not an independent nursing intervention.
2	If the uterus does not become firm with massage, the bladder should be assessed because a full bladder will displace the uterus and make involution difficult.
3	A catheter should be considered only if the bladder is full and the patient is unable to urinate, which is not indicated in this scenario.
4	Although breastfeeding promotes involution, that is not the priority intervention.

PTS: 1

CON: Pregnancy

2. ANS: 3

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Outline postpartum care in the first hour after delivery.

Chapter page reference: 200

Heading: Lochia Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	It is not uncommon for a woman to pass small clots during the first hour after delivery, and this does not need to be reported to the provider.
2	During the first hour after delivery, it is acceptable to saturate two peripads in 1 hour; after the first hour, however, the woman should saturate no more than one pad per hour.
3	Passing a large clot can be an indication of hemorrhage and should be reported to the provider.

<b>4</b>	Yellow-white drainage from the nipples is colostrum and is expected.
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PTS: 1 CON: Pregnancy

3. ANS: 4

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Demonstrate a focal postpartum assessment using the BUBBLE LE mnemonic.

Chapter page reference: 222-223

Heading: Postpartum Assessment and Nursing Intervention

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Breast assessment is a component of BUBBLE LE, so this documentation is appropriate.
<b>2</b>	Assessment of the uterus is part of BUBBLE LE, so this is an appropriate assessment to document.
<b>3</b>	Lochia is assessed in the BUBBLE LE mnemonic, so this is appropriate documentation.
<b>4</b>	Pulse rate is not a part of the BUBBLE LE mnemonic and should not be included in this assessment.

PTS: 1 CON: Pregnancy

4. ANS: 3

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Demonstrate a focal postpartum assessment using the BUBBLE LE mnemonic.

Chapter page reference: 201

Heading: Bladder

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	The raised area indicates the need for the nurse to intervene before completing the assessment.
<b>2</b>	There is no reason to notify the provider for orders at this time.
<b>3</b>	The patient should be assisted to the bathroom because the raised area indicates a full bladder, which will interfere with uterine involution; thus, the patient should

	be encouraged to void.
<b>4</b>	Massaging the uterus will not have the desired effect until the proper nursing intervention is performed.

PTS: 1 CON: Pregnancy

5. ANS: 2

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Plan patient-centered care that addresses the special needs of the adolescent postpartum patient.

Chapter page reference: 203

Heading: Nursing Care of the Adolescent

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	It is important for the nurse to teach the mother different ways to hold the baby to keep it safe, so this is an appropriate statement.
<b>2</b>	Although it is correct to ask the adolescent whether she prefers privacy while breastfeeding, the phrase “little friend” is talking down to the patient and should be avoided.
<b>3</b>	The adolescent mother requires reassurance and encouragement, so this is an appropriate statement.
<b>4</b>	The nurse should always be open to questions from any new mother, so this is an appropriate statement.

PTS: 1 CON: Pregnancy

6. ANS: 4

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Plan patient-centered care that addresses the special needs of the adolescent postpartum patient.

Chapter page reference: 203

Heading: Nursing Care of the Adolescent

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

<b>Feedback</b>	
<b>1</b>	Expecting the new mother to bathe the baby may be dangerous and anxiety producing and is not the best approach, because adolescents with no experience

	need structured instruction.
2	Although pictures and diagrams may be a good adjunct to teaching, this is not the best approach by itself.
3	A brochure may be a good resource, but it is not the best way to teach the adolescent by itself.
4	The nurse should bathe the baby, pointing out what is being done and how the baby's head is supported. The new mother should then bathe the baby the next day while the nurse observes and assists.

PTS: 1 CON: Pregnancy

7. ANS: 4

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Describe a therapeutic approach for managing the psychosocial needs of a patient who is relinquishing her infant for adoption.

Chapter page reference: 203

Heading: Nursing Care for the Woman Who Relinquishes Her Infant for Adoption

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	The nurse should not discourage the mother from interaction with the infant. The nurse should enforce the mother's wishes and not make recommendations regarding interaction with the infant.
2	The nurse should enforce the mother's wishes and not make recommendations regarding interaction with the infant.
3	The woman will want to talk about her labor, and this topic cannot and should not be avoided.
4	The nurse should respect the mother's choices regarding the baby because each mother has her own birth plan.

PTS: 1 CON: Pregnancy

8. ANS: 4

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Describe a therapeutic approach for managing the psychosocial needs of a patient who is relinquishing her infant for adoption.

Chapter page reference: 203

Heading: Nursing Care for the Woman Who Relinquishes Her Infant for Adoption

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	The nurse should not guide the patient on the basis of his or her preferences but should respect whatever the mother chooses to do.
2	Reprimanding the mother is not the appropriate response because a change in plans will be difficult for the mother.
3	Although this statement may be true, it is not therapeutic because it ends the discussion instead of encouraging the mother to voice her feelings.
4	This response validates that the nurse is listening and offers the mother the option of discussing her feelings in more detail if she wishes.

PTS: 1 CON: Pregnancy

9. ANS: 1

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Plan discharge teaching for the postpartum patient.

Chapter page reference: 204

Heading: Preparation for Discharge

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1	Episiotomy stitches dissolve and do not need to be removed, so this statement indicates the need for further teaching.
2	This statement is accurate; it does not indicate the need for further teaching because acetaminophen and sitz baths are appropriate.
3	This statement is accurate and reflects the mother's understanding of the need to keep the perineum as clean as possible to prevent infection.
4	This statement is accurate and reflects the need to support the nursing breast.

PTS: 1 CON: Pregnancy

10. ANS: 2

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Identify the signs and symptoms of postpartum hemorrhage and review appropriate management of postpartum hemorrhage.

Chapter page reference: 205

Heading: Care of the Woman With Postpartum Hemorrhage

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	Another nurse can inform the provider, but the nurse caring for the patient should not leave her alone.
2	The priority intervention is to begin fundal massage in order to reduce bleeding.
3	Clots should not be expressed from the boggy uterus because they may provide pressure at the placental site and reduce bleeding.
4	Although an accurate assessment of blood loss is important, it can be done later and is not the priority intervention.

PTS: 1 CON: Pregnancy

11. ANS: 1

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Identify the signs and symptoms of postpartum hemorrhage and review appropriate management of postpartum hemorrhage.

Chapter page reference: 205

Heading: Care of the Woman With Postpartum Hemorrhage

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	When massage, compression, and medications do not slow the bleeding, the patient will be taken to the OR for uterine artery ligation, uterine packing, a D&C, or a hysterectomy, depending on what is indicated.
2	Bimanual compression has already been tried (compression) without success.
3	A pelvic examination has most likely been done if compression has not worked.
4	Administration of blood, most likely packed cells, was likely done as soon as the provider arrived, depending on the woman's status.

PTS: 1 CON: Pregnancy

12. ANS: 3

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Discuss the causes, signs and symptoms, and management of a patient with a hematoma.

Chapter page reference: 208

Heading: Care of the Woman With a Hematoma

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	This statement is the result of the episiotomy, not the result of the assessment finding.
<b>2</b>	This is an expected progression of lochia and is not the result of the assessment finding.
<b>3</b>	The hematoma assessed by the nurse is placing pressure on the rectum, resulting in the sensation of needing to have a bowel movement.
<b>4</b>	Labor and delivery are hard work, so it is not unusual for the new mother to be tired afterward; this is not the result of the assessment finding.

PTS: 1 CON: Pregnancy

13. ANS: 2

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Discuss the causes, signs and symptoms, and management of a patient with a hematoma.

Chapter page reference: 208

Heading: Care of the Woman With a Hematoma

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Although analgesics can reduce pain, they will not reduce the size of a hematoma and encourage clot reabsorption.
<b>2</b>	Applying ice helps to reduce the size of the hematoma by encouraging reabsorption of the clot.
<b>3</b>	Sitz baths are encouraged 12 hours after development of a hematoma, but not at this time.
<b>4</b>	A small hematoma (3 cm) does not require an operative procedure.

PTS: 1 CON: Pregnancy

14. ANS: 3

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Recognize signs and symptoms of a postpartum infection and discuss appropriate management of the infection.

Chapter page reference: 209

Heading: Care of the Woman With a Uterine Infection

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	A small hematoma (3 cm) does not require an operative procedure.
<b>2</b>	Antipyretics are medications that must be ordered by the provider and are not an independent nursing intervention.
<b>3</b>	The nurse can encourage fluid intake without a provider's order, so this is an independent nursing action.
<b>4</b>	Analgesics are medications requiring a provider's order, so this is not an independent nursing intervention.

PTS: 1 CON: Pregnancy

15. ANS: 1

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Identify women at risk for thrombophlebitis and nursing interventions to prevent thromboembolism in the postpartum patient.

Chapter page reference: 211

Heading: Care of the Woman With Postpartum Thromboembolic Disease

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	Risk factors continue for 12 weeks after delivery, so this statement requires further teaching to promote use of compression stockings until the risk diminishes.
<b>2</b>	Smoking increases the risk, so this statement is accurate and does not reflect the need for further teaching.
<b>3</b>	Avoiding prolonged sitting and inactivity helps to reduce the risk for developing a deep vein thrombosis.
<b>4</b>	This statement reflects appropriate signs and symptoms that should be reported and does not indicate the need for further teaching.

PTS: 1 CON: Pregnancy

16. ANS: 2

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Differentiate between postpartum depression and postpartum psychosis and identify appropriate nursing interventions for each disorder.

Chapter page reference: 212

Heading: Care of the Woman With Postpartum Depression

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance  
Cognitive level: Application [Applying]  
Concept: Pregnancy  
Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	A history of depression puts the patient at risk for postpartum depression, not postpartum psychosis.
<b>2</b>	A history of a diagnosis of bipolar disorder increases the patient's risk for postpartum psychosis.
<b>3</b>	A history of obsessive-compulsive disorder puts the patient at risk for postpartum depression, not postpartum psychosis.
<b>4</b>	A history of previous postpartum depression puts the patient at risk for postpartum depression, not postpartum psychosis.

PTS: 1 CON: Pregnancy

17. ANS: 4

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Differentiate between postpartum depression and postpartum psychosis and identify appropriate nursing interventions for each disorder.

Chapter page reference: 212

Heading: Found under multiple headings

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	The mother who relinquishes her infant to adoption is at increased risk for postpartum depression.
<b>2</b>	The adolescent mother is at increased risk for postpartum depression.
<b>3</b>	The mother with a history of depression or postpartum depression with prior children is at increased risk for postpartum depression.
<b>4</b>	The mother who delivered by Cesarean section is not at increased risk for postpartum depression.

PTS: 1 CON: Pregnancy

## MULTIPLE RESPONSE

18. ANS: 1, 2, 3, 4

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Recognize signs and symptoms of a postpartum infection and discuss appropriate management of the infection.

Chapter page reference: 210-211

Heading: Care of the Woman With Mastitis

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1.	Cracked, sore nipples allow the entry of bacteria and can result in mastitis.
2.	Poor latching-on can result in blocked milk ducts as a result of incomplete emptying.
3.	Milk stasis can result from poor latching on because milk ducts are not emptied, allowing milk to pool in some ducts.
4.	This is not an indication that the woman cannot breastfeed, but just indicates the need for further teaching and encouragement.
5.	A breast abscess can result from mastitis, which can result from bacteria entering the breast through the open areas of the cracked nipples.

PTS: 1 CON: Pregnancy

19. ANS: 1, 3, 4

Chapter number and title: 14: Assessment and Care of the Family After Birth

Chapter learning objective: Demonstrate a focal postpartum assessment using the BUBBLE LE mnemonic.

Chapter page reference: 200-201

Heading: Postpartum Assessment and Nursing Interventions

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
1.	Assessing the episiotomy or Cesarean-section incision is part of the BUBBLE LE mnemonic.
2.	The patient's emotions (how she is feeling) are assessed in the BUBBLE LE mnemonic, not attachment and bonding with the infant.
3.	Pain should be assessed as part of the BUBBLE LE mnemonic.
4.	Circulation in the legs should be assessed to rule out a potential deep vein thrombosis as part of the BUBBLE LE mnemonic.
5.	Gait is not assessed as part of the BUBBLE LE mnemonic.

- PTS: 1 CON: Pregnancy
20. ANS: 2, 3, 4
- Chapter number and title: 14: Assessment and Care of the Family After Birth
- Chapter learning objective: Demonstrate the correct method of uterine massage for postpartum assessment.
- Chapter page reference: 199
- Heading: Uterine Assessment
- Integrated processes: Clinical Problem-Solving Process
- Client need: Health Promotion and Maintenance
- Cognitive level: Application [Applying]
- Concept: Pregnancy
- Difficulty: Difficult

Feedback	
1.	The nurse should place the hand at the umbilicus and press down until the fundus is felt; it is not possible to place the hand at the fundus until it is located.
2.	The nurse presses down with the hand at the umbilicus until the fundus is palpated.
3.	The position of the uterus should be noted and documented.
4.	One hand—the nondominant hand—is placed at the base of the uterus, just above the symphysis pubis.
5.	There is no need to call the provider with the assessment findings, but they should be documented.

PTS: 1 CON: Pregnancy

## **Chapter 15: Physiological and Behavioral Adaptations of the Newborn**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which action does the nurse take to reduce the newborn's evaporative heat loss?
- 1) Placing the newborn on a warm surface
  - 2) Keeping the room temperature warm
  - 3) Keeping the newborn away from cool objects
  - 4) Drying the infant thoroughly after birth
- \_\_\_\_ 2. After a newborn has been bathed, which action performed by the nurse indicates a need for further teaching about maintaining the baby's thermoregulation?
- 1) The newborn is placed in a clean bassinet.
  - 2) The newborn is thoroughly dried.
  - 3) The newborn is dressed and swaddled in a blanket.
  - 4) A hat is placed on the newborn's head.
- \_\_\_\_ 3. The nurse needs to draw blood via heel stick for a newborn screening examination. How can the nurse use understanding of the newborn's heat production physiology to promote blood collection?
- 1) By applying a warm pack to the heel before attempting to draw blood
  - 2) By wrapping the baby in a blanket with a hat
  - 3) By placing the baby under a radiant warmer
  - 4) By elevating the head of the bassinet
- \_\_\_\_ 4. The nurse admits a newborn to the admission nursery and prepares to bathe the baby for the first time after assessing what?
- 1) Drying of the umbilical cord
  - 2) Two hours since last eating
  - 3) Stable temperature for 2 hours
  - 4) Temperature 36.2°C axillary on radiant warmer
- \_\_\_\_ 5. The nurse accepts a newborn from the provider after delivery. Which is the priority intervention?
- 1) Placing the infant skin-to-skin with the mother
  - 2) Drying the newborn
  - 3) Placing a hat on the baby's head
  - 4) Placing the baby on the radiant warmer
- \_\_\_\_ 6. When caring for a newborn born by Cesarean section, the nurse recognizes the increased risk for respiratory distress because the baby did not experience which external stimuli?
- 1) Chest squeeze
  - 2) Stimulation of skin sensors
  - 3) Cutting of the umbilical cord
  - 4) Decreased pH
- \_\_\_\_ 7. Immediately after the umbilical cord is cut, the newborn has a weak, shallow cry. Which is the nurse's priority action to promote breathing?

- 1) Assessing vital signs
  - 2) Placing the newborn skin-to-skin with the mother
  - 3) Flicking the newborn's heels
  - 4) Drying the newborn vigorously
- 8. The nurse reviews the laboratory results of a 1-hour-old newborn. Which finding does the nurse need to report to the provider immediately?
  - 1) Elevated hemoglobin and hematocrit – 17 g/100 mL and 48%
  - 2) Elevated white blood cell count – 17,000
  - 3) Prolonged clotting time
  - 4) Elevated bilirubin
- 9. The nurse is caring for an 18-hour-old newborn who has not voided for the first time yet. Which is the nurse's priority action?
  - 1) Notifying the provider immediately
  - 2) Pressing on the bladder to prevent urine retention
  - 3) Encouraging frequent breastfeeding
  - 4) Documenting and continuing monitoring
- 10. The nurse observes a mother bottle feeding her newborn and recognizes further teaching is needed when the mother does what?
  - 1) Holds the bottle upright to fill the nipple
  - 2) Holds the baby flat in her arms after the feeding
  - 3) Feeds the baby until he stops sucking
  - 4) Burps the baby halfway through the feeding
- 11. Which intervention is most effective for the nurse to perform to promote elimination of conjugated bilirubin?
  - 1) Administering IV fluid
  - 2) Encouraging frequent feeding
  - 3) Discourage breastfeeding
  - 4) Administering packed blood cells
- 12. What is the liver's job related to bilirubin?
  - 1) Changing unconjugated bilirubin to conjugated bilirubin
  - 2) Slowing the breakdown of red blood cells
  - 3) Changing direct bilirubin to indirect bilirubin
  - 4) Attaching bilirubin to albumin
- 13. The nurse notes a newborn's skin and sclera have taken on a yellow hue. Which finding does the nurse expect to see when reviewing the laboratory values?
  - 1) Elevated red blood cell count
  - 2) Elevated direct bilirubin
  - 3) Elevated unconjugated bilirubin
  - 4) Elevated serum albumin levels
- 14. Which newborn is at lowest risk for elevated unconjugated bilirubin levels?
  - 1) The newborn with significant bruising from a face presentation

- 2) The premature newborn  
3) The newborn with O+ blood type, born to a mother with O- blood type  
4) The baby born at 41 weeks' gestation
- \_\_\_ 15. Normal physiological jaundice is assessed when the nurse observes what?  
1) Lethargy, disinterest in feeding, and decreased urine output  
2) Serum conjugated bilirubin of 3.2 mg/dL  
3) Elevated unconjugated bilirubin at 12 hours of life  
4) Serum total bilirubin of 7.2 mg/dL on day 4 of life
- \_\_\_ 16. A mother who is holding her 2-hour-old newborn says, "I don't think she likes breastfeeding, but last time, when we were in the delivery room, she did really well." Which is the nurse's best response?  
1) "After birth, babies go into a deep sleep, but when she wakes up, she'll be hungry."  
2) "Your milk isn't in yet. That is why she acts disinterested in eating."  
3) "You just need to wake her up so she'll be alert and ready to eat."  
4) "Let me help you get her to latch on. Once she takes hold, she'll be fine."
- \_\_\_ 17. The nurse encourages bonding when a baby is in which stage of the sleep-wake cycle?  
1) Light sleep  
2) Drowsy  
3) Alert  
4) Active alert
- \_\_\_ 18. A mother says, "I changed his diaper, fed him, burped him, and he won't stop crying. I even tried playing music for him and shaking this toy for him. What am I doing wrong?" Which is the nurse's best response?  
1) "Why don't you try feeding him a little bit more?"  
2) "Here, I'll take him back to the nursery so you can rest."  
3) "Are you sure you burped him enough?"  
4) "He may be overstimulated. Try snuggling him close."

### Multiple Response

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

- \_\_\_ 19. Which changes in newborn circulation does the nurse anticipate immediately after the first lusty cry, prior to clamping of the umbilical cord? (*Select all that apply.*)  
1) Closure of the ductus arteriosus  
2) Closure of the ductus venosus  
3) Closure of the foramen ovale  
4) Increased blood flow to the lungs  
5) Closure of the umbilical vessels
- \_\_\_ 20. Which assessment findings indicate the newborn is cold stressed and burning brown fat to produce heat? (*Select all that apply.*)  
1) Hypoglycemia  
2) Metabolic acidosis  
3) Respiratory distress

- 4) Respiratory alkalosis
- 5) Irritability

## **Chapter 15: Physiological and Behavioral Adaptations of the Newborn**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 4

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn  
Chapter learning objective: Identify ways in which heat loss occurs in infants.

Chapter page reference: 218

Heading: Thermoregulation System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Thermo-regulation; Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	Placing the infant on a warm surface reduces conduction of heat.
2	Keeping the room temperature warm reduces convection heat loss.
3	Keeping the infant away from cool objects reduces radiation of heat.
4	Drying the infant reduces the evaporative heat loss that occurs as a result of fluid evaporating off the baby's skin.

PTS: 1

CON: Thermo-regulation | Pregnancy

2. ANS: 1

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn  
Chapter learning objective: Identify ways in which heat loss occurs in infants.

Chapter page reference: 218

Heading: Thermoregulation System

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Thermo-regulation; Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
1	A clean bassinet will be the same temperature as the room and will promote heat loss by conduction, so it is better to place the newborn on a radiant warmer after temperature reduction caused by a bath.
2	Thorough drying reduces evaporative heat loss and is an appropriate action to take, so it does not indicate the need for further teaching.
3	By dressing and swaddling the infant, the nurse reduces conduction- and convection-related heat loss.
4	The newborn's head has a large area of skin surface, so covering the head reduces

heat loss through convection.

PTS: 1 CON: Thermo-regulation | Pregnancy

3. ANS: 1

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Describe how infants can produce body heat.

Chapter page reference: 218

Heading: Thermoregulation System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Thermo-regulation; Pregnancy

Difficulty: Difficult

Feedback	
1	Applying heat to the heel will promote circulation and increase blood flow to make drawing blood easier.
2	While wrapping the baby in a blanket with a hat will maintain thermoregulation, it will not promote easier blood collection.
3	A radiant warmer may be used to maintain thermoregulation if the baby has to be unwrapped for any reason, but it will not promote blood flow following the heel stick.
4	Elevating the head of the bed may help promote blood flow to the heel, but it will not impact thermoregulation.

PTS: 1 CON: Thermo-regulation | Pregnancy

4. ANS: 3

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: List nursing interventions that support thermoregulation in the newborn.

Chapter page reference: 218

Heading: Thermoregulation System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Thermo-regulation; Pregnancy

Difficulty: Moderate

Feedback	
1	The umbilical cord does not dry and fall off for 2 weeks, so this is not assessed prior to the first bath.
2	Although the baby should not be bathed immediately after eating, initial breastfeeding provides a very low quantity of milk, so it is not necessary to wait 2 hours.
3	The baby's temperature should be stable for 2 hours prior to bathing.

<b>4</b>	The radiant warmer maintains whatever temperature is desired and does not indicate the baby's ability to self-regulate his or her temperature.
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PTS: 1 CON: Thermo-regulation | Pregnancy

5. ANS: 2

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: List nursing interventions that support thermoregulation in the newborn.

Chapter page reference: 218

Heading: Thermoregulation System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Thermo-regulation; Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Although skin-to-skin contact with the mother is high on the priority list, it is not the first priority.
<b>2</b>	The infant should be thoroughly dried as the first and highest priority action to prevent evaporative heat loss.
<b>3</b>	A hat should be applied as soon as possible, but it is not the priority action.
<b>4</b>	A radiant warmer may be used if the mother cannot hold the baby with skin-to-skin contact, but that is not indicated in this scenario.

PTS: 1 CON: Thermo-regulation | Pregnancy

6. ANS: 1

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Discuss the role of external and internal stimuli in the initiation of breathing in the newborn.

Chapter page reference: 219

Heading: Respiratory System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Oxygenation; Pregnancy

Difficulty: Easy

	<b>Feedback</b>
<b>1</b>	Infants born via Cesarean section do not experience the chest squeeze as they pass through the birth canal, putting them at increased risk of respiratory distress.
<b>2</b>	A newborn born via Cesarean section still experiences the stimulation of skin sensors when dried after birth.
<b>3</b>	Both the newborn who is born via Cesarean section and the newborn born via vaginal delivery have their umbilical cord cut.

<b>4</b>	The reduction in pH occurs after the umbilical cord is cut in both Cesarean section and vaginal delivery of newborns.
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PTS: 1 CON: Oxygenation | Pregnancy

7. ANS: 4

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Discuss the role of external and internal stimuli in the initiation of breathing in the newborn.

Chapter page reference: 219

Heading: Respiratory System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Oxygenation; Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	Although vital signs may be needed, promoting a loud, lusty cry is the priority need in order to inflate the alveoli, so this is not the most important action right now.
<b>2</b>	Although skin-to-skin contact with the mother promotes bonding, it is more important to promote breathing right now.
<b>3</b>	Flicking the newborn's heels will likely make the baby cry, thus promoting deep breathing and inflation of the alveoli; however, it is also painful and not the best means of eliciting a cry.
<b>4</b>	When the infant is vigorously dried, the sensors in the skin are stimulated, which encourages the respiratory center to begin the first sequences of breathing.

PTS: 1 CON: Oxygenation | Pregnancy

8. ANS: 4

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Identify the changes that occur as fetal circulation transitions into newborn circulation after birth.

Chapter page reference: 220

Heading: Cardiovascular System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Hematologic Regulation; Pregnancy

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	Elevations in hemoglobin and hematocrit values are expected in the newborn because of the need for more red blood cells to provide extra oxygen during labor,

	so this does not need to be reported.
2	An elevation in the white blood cell count occurs as a result of the stress of birth and is not a sign of infection, so this does not have to be reported to the provider.
3	Newborns have a diminished ability to clot blood because of a lack of vitamin K, so a prolonged clotting time is expected and does not need to be reported to the provider.
4	Although destruction of red blood cells over several days causes an increase in bilirubin, this should not be seen in a 1-hour-old newborn and needs to be reported to the provider.

PTS: 1 CON: Hematologic Regulation | Pregnancy

9. ANS: 4

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Plan appropriate nursing interventions to assist with the transitions of the renal and gastrointestinal systems after birth.

Chapter page reference: 221-222

Heading: Renal System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Fluid and Electrolyte Balance; Pregnancy

Difficulty: Easy

Feedback	
1	There is no need to notify the provider yet.
2	Pressing on the bladder is both unnecessary and dangerous because it could cause abdominal trauma.
3	The mother's milk has not come in yet, so she is producing small amounts of colostrum, which is not an adequate increase in fluid intake to promote urine output.
4	It is not unusual for a newborn to go as long as 24 hours without urinating, so the finding should be documented and the nurse should continue to monitor for the first void.

PTS: 1 CON: Fluid and Electrolyte Balance | Pregnancy

10. ANS: 2

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Plan appropriate nursing interventions to assist with the transitions of the renal and gastrointestinal systems after birth.

Chapter page reference: 222

Heading: Gastrointestinal System

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Digestion; Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
<b>1</b>	This is an appropriate action because the nipple should not contain air and should be full of formula, so it does not indicate the need for further teaching.
<b>2</b>	The baby's head should be elevated to prevent spitting up after eating because of the immature cardiac sphincter, so this behavior indicates the need for further teaching.
<b>3</b>	It is appropriate to feed the baby until he falls asleep and stops sucking, so this does not indicate the need for further teaching.
<b>4</b>	Burping the baby halfway through the feeding makes room for more intake and is appropriate feeding behavior.

PTS: 1 CON: Digestion | Pregnancy

11. ANS: 2

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn  
Chapter learning objective: Discuss the role of the liver in conjugating bilirubin.

Chapter page reference: 222

Heading: Hepatic System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Hematologic Regulation; Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Although some conjugated bilirubin is eliminated in urine, this is not the most effective means for reducing conjugated bilirubin.
<b>2</b>	Bilirubin is changed to a water-soluble form and excreted in the stool, so increased feeding will increase stooling.
<b>3</b>	There is no need to avoid breastfeeding, and this can negatively impact milk supply.
<b>4</b>	There is no indication for administration of blood.

PTS: 1 CON: Hematologic Regulation | Pregnancy

12. ANS: 1

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Discuss the role of the liver in conjugating bilirubin.

Chapter page reference: 222

Heading: Hepatic System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Hematologic Regulation; Pregnancy

Difficulty: Moderate

Feedback	
1	The liver's role is to convert unconjugated bilirubin to conjugated bilirubin so it can be excreted by the body.
2	The liver has no role in slowing the breakdown of red blood cells.
3	This statement is incorrect because direct bilirubin is the end product, not the starting point.
4	Bilirubin attaches to albumin to be carried to the liver, but the liver plays no part in this connection.

PTS: 1 CON: Hematologic Regulation | Pregnancy

13. ANS: 3

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn  
Chapter learning objective: Differentiate between unconjugated and conjugated bilirubin.

Chapter page reference: 222

Heading: Hepatic System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Hematologic Regulation; Pregnancy

Difficulty: Difficult

Feedback	
1	Elevated red blood cell levels do not cause a yellow hue.
2	Direct bilirubin is not what causes the yellow hue.
3	Elevated unconjugated bilirubin is the cause of a yellow discoloration of the skin and sclera known as <i>jaundice</i> .
4	Albumin levels do not cause a yellow hue of the skin and sclera.

PTS: 1 CON: Hematologic Regulation | Pregnancy

14. ANS: 4

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Differentiate between unconjugated and conjugated bilirubin.

Chapter page reference: 222

Heading: Hepatic System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Hematologic Regulation; Pregnancy

Difficulty: Difficult

Feedback	
1	The baby with significant bruising will have faster breakdown of blood from the

	bruises and is at high risk for elevated bilirubin levels.
2	The premature infant has a liver that is far more immature than that of the term infant, making the process of changing unconjugated bilirubin to conjugated bilirubin slower and putting him or her at higher risk for elevated unconjugated bilirubin levels.
3	Blood type incompatibility between mother and child increases the rate of red blood cell breakdown, putting the newborn at increased risk of elevated unconjugated bilirubin levels.
4	The baby born at 41 weeks' gestation does not have an increased risk of elevated bilirubin levels.

PTS: 1 CON: Hematologic Regulation | Pregnancy

15. ANS: 4

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn  
Chapter learning objective: Define normal physiological jaundice.

Chapter page reference: 223

Heading: Labs and Diagnostics

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Hematologic Regulation; Pregnancy

Difficulty: Moderate

Feedback	
1	These are not symptoms of physiological jaundice but could indicate sepsis.
2	A conjugated bilirubin level is not an indication of physiological jaundice, which is caused by elevated unconjugated bilirubin levels.
3	An elevated unconjugated bilirubin level within 12 hours of life is more serious than normal physiological jaundice, and should be reported because it may indicate a blood incompatibility issue.
4	On day 4 of life, a serum total bilirubin above 5.8 mg/dL and less than 11.7 mg/dL is an indication of physiological jaundice.

PTS: 1 CON: Hematologic Regulation | Pregnancy

16. ANS: 1

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Provide family-centered care by teaching parents about the behavioral changes and sleep-wake cycles of the newborn.

Chapter page reference: 224

Heading: Periods of Reactivity

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Sleep, Rest, and Activity; Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	Babies go into a very deep sleep 39 to 60 minutes after birth and do not wake to eat, so the mother should be reassured.
<b>2</b>	The mother produces colostrum before her milk comes in, so the lack of milk does not explain the baby's disinterest in eating.
<b>3</b>	During this time, it is virtually impossible to wake the baby, so this statement will only cause the mother more frustration.
<b>4</b>	The baby is in a period of deep sleep and will not latch on, with or without the nurse's help, and this action is likely to make the mother more anxious and frustrated.

PTS: 1 CON: Sleep, Rest, and Activity | Pregnancy

17. ANS: 3

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Provide family-centered care by teaching parents about the behavioral changes and sleep-wake cycles of the newborn.

Chapter page reference: 224

Heading: Periods of Reactivity

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Sleep, Rest, and Activity; Pregnancy

Difficulty: Moderate

	<b>Feedback</b>
<b>1</b>	During light sleep, the baby's eyes are closed and are not looking at the mother, so this is not the best stage in which to encourage bonding.
<b>2</b>	During the drowsy period, the baby's eyes may open for short periods, but he or she is not awake enough to promote bonding.
<b>3</b>	During the alert state, the baby's eyes are open and he or she is attentive to things going on around them, so it is the best time to promote bonding.
<b>4</b>	During the active alert stage, the baby may require comforting and may be fussy, so this is not the best time to promote bonding.

PTS: 1 CON: Sleep, Rest, and Activity | Pregnancy

18. ANS: 4

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Provide family-centered care by teaching parents about the behavioral changes and sleep-wake cycles of the newborn.

Chapter page reference: 224

Heading: Periods of Reactivity

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance  
Cognitive level: Application [Applying]  
Concept: Sleep, Rest, and Activity; Pregnancy  
Difficulty: Moderate

	<b>Feedback</b>
1	Overfeeding can cause problems, so suggesting another feeding is not helpful.
2	This statement essentially tells the mother she is doing something wrong and the nurse can do it better, so it is not the best response.
3	In all but the most experienced mothers, this statement will arouse doubt and reduce confidence in the mothering skills, so it is not the best response.
4	Music, toys, feeding, and all the other activities may have resulted in overstimulation; cuddling him quietly may be all it takes to calm him, which will give the mother a sense of accomplishment.

PTS: 1 CON: Sleep, Rest, and Activity | Pregnancy

## MULTIPLE RESPONSE

19. ANS: 1, 3, 4

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn  
Chapter learning objective: Identify the changes that occur as fetal circulation transitions into newborn circulation after birth.

Chapter page reference: 221

Heading: Table 15-1 Cardiovascular Changes After Birth

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Perfusion; Pregnancy

Difficulty: Difficult

	<b>Feedback</b>
1.	With the first cry, as the lungs expand, the ductus arteriosus closes.
2.	The ductus venosus does not close until after the umbilical cord is clamped and blood flow stops.
3.	The foramen ovale closes with the first cry, as pressure in the left atrium increases and pressure in the right atrium decreases.
4.	Blood flow to the lungs increases as a result of closure of the ductus arteriosus, after the baby takes her first big breath of air with the lusty cry.
5.	Umbilical vessels do not close until the umbilical cord is clamped and blood flow

	through the vessels stops.
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PTS: 1 CON: Perfusion | Pregnancy

20. ANS: 1, 2, 3

Chapter number and title: 15: Physiological and Behavioral Adaptations of the Newborn

Chapter learning objective: Describe how infants can produce body heat.

Chapter page reference: 218

Heading: Thermoregulation System

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Thermo-regulation; Pregnancy

Difficulty: Difficult

	Feedback
1.	Cold stressing in a newborn results in increased use of stored glycogen, which leads to hypoglycemia.
2.	Metabolic acidosis results from the rapid metabolism of brown fat.
3.	An increased need for oxygen and a reduction in surfactant production lead to respiratory distress.
4.	Respiratory alkalosis does not indicate cold stress.
5.	Newborns may cry and kick their legs initially to produce heat, but they tire quickly; this is not an indication of irritability, and lethargy is more likely to result as they find it increasingly difficult to breathe.

PTS: 1 CON: Thermo-regulation | Pregnancy

## Chapter 16: Assessment and Care of the Newborn

### Multiple Choice

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

- 1. Which term should the nurse use to describe the fine, downy hair that covers the forehead, ears, and body of the newborn?

1)	Lanugo
2)	Petechiae
3)	Acrocyanosis
4)	Vernix caseosa

- 2. Which type of assessment should the nurse conduct to identify life-threatening problems when providing care to a newborn?

1)	Initial
2)	Baseline
3)	Emergency
4)	Problem-focused

- 3. Which datum collected by the nurse is indicative of normal newborn vital signs?

1)	Axillary temperature of 96.8°F (37°C)
2)	Heart rate at rest of 180 beats per minute
3)	Respiratory rate of 62 breaths per minute
4)	Blood pressure of 90/60 mm Hg on day 1 of life

- 4. Which is the nurse's first action when conducting a head-to-toe assessment of a newborn?

1)	Examining the newborn's eyes
2)	Assessing the newborn's mouth
3)	Observing the newborn's skin color
4)	Conducting an ear assessment of the newborn

- 5. Which data noted by the nurse during the newborn skin assessment require a report to the registered nurse (RN) in charge of the shift?

1)	Milia
2)	Lanugo
3)	Cyanosis
4)	Nevus simplex

- 6. The nurse is conducting a skin assessment for a newborn patient. Which data indicate a normal skin variation that requires no further intervention?

1)	Melanocytic nevus on the left forearm
2)	Nevus simplex on the nape of the neck
3)	Hemangioma on the back that is 1 cm
4)	Erythema toxicum neonatorum noted on the trunk

- 7. Which data cause the nurse to document a caput succedaneum when conducting a newborn assessment?

1)	Bruising of the scalp and extremities
2)	Swelling of the head that does not cross the suture line
3)	Bruising and swelling of the scalp that crosses the suture line
4)	Swelling of the head that appears at day 2 of life

- 8. Which assessment finding should the nurse anticipate for a male newborn as a result of exposure to maternal hormones?

1)	Gynecomastia
2)	Pseudomenstruation
3)	Small and tight scrotum
4)	Nocturnal emission

- 9. Which reflex is considered normal during the newborn stage of development, but considered abnormal after 2 years of life?

1)	Gag
2)	Moro
3)	Rooting
4)	Babinski

- 10. Which immunization(s) should the nurse plan to administer as part of normal newborn care prior to discharge?

1)	Vitamin K
2)	Erythromycin ointment
3)	Hepatitis B
4)	Measles, mumps, and rubella

- 11. Which parental statement regarding newborn screening indicates correct understanding of the information presented by the nurse?

1)	"My baby will have newborn
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	screenings drawn periodically during the first year of life.”
2)	“My baby will have to have his first newborn screenings completed during our first pediatrician visit.”
3)	“Because my baby failed both the newborn hearing screens, he will need to be retested before we can take him home.”
4)	“Because my baby didn’t start eating by mouth until today, we will wait until tomorrow for the newborn screening test.”

\_\_\_ 12. Which statement regarding the New Ballard gestational assessment tool is accurate?

1)	“This tool cannot be used to assess gestational age for newborns born before 30 weeks’ gestation.”
2)	“This tool is used to assess gestational age on the basis of neurological activity only.”
3)	“This tool is used to assess gestational age on the basis of physical activity only.”
4)	“This tool is used to assess gestational age on the basis of six areas of neurological and physical activity.”

\_\_\_ 13. When the licensed practical nurse (LPN) is drawing newborn blood via a heel stick, which action requires intervention by the RN?

1)	Cooling the heel to increase circulation
2)	Cleansing the heel with alcohol
3)	Allowing the heel to dry
4)	Using the outer aspect of the heel

\_\_\_ 14. Which action by the nurse is inappropriate when performing the newborn bath in the nursery?

1)	Using a pH-neutral cleanser
2)	Scrubbing the vernix off the skin

3)	Swaddling during immersion in the water
4)	Ensuring the environment is free from drafts

- \_\_\_ 15. Which action should the nurse implement to enhance parental comfort during the discharge teaching process?

1)	Establishing rapport
2)	Demonstrating skills
3)	Encouraging questions
4)	Asking for a return demonstration

- \_\_\_ 16. Which nursing action enhances family-centered care during the discharge teaching process?

1)	Stating a personal opinion when discussing circumcision
2)	Asking the grandparents to leave when providing instruction
3)	Including the newborn's sibling in the educational session
4)	Documenting the session in the medical record

### Multiple Response

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

- \_\_\_ 17. During the discharge teaching process, which statements should the nurse include when teaching the parents of a newborn to enhance safety? (Select all that apply.)

1)	"When riding in a car, your baby should be secured in a child safety seat in a rear-facing position for the first 12 months of life."
2)	"You should avoid trimming or filing your baby's nails because this can increase the risk for injury."
3)	"Your baby requires two extra layers of clothing to stay warm during the winter months."
4)	"You should place your baby on the stomach to sleep in order to decrease the risk for SIDS."
5)	"Your baby may require

	assistance clearing the airway via the bulb syringe after spitting up."
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- \_\_\_ 18. Which disorders are assessed when conducting a newborn screening process? (*Select all that apply.*)

1)	Genetic
2)	Metabolic
3)	Endocrine
4)	Respiratory
5)	Cardiovascular

- \_\_\_ 19. Which nursing actions enhance safety when providing newborn care? (*Select all that apply.*)

1)	Placing the newborn on the back to sleep
2)	Reporting newborn cyanosis to the health-care provider
3)	Notifying the charge nurse of a newborn heart rate of 118 beats per minute
4)	Placing an extra blanket on the newborn for an axillary temperature less than 97°F
5)	Verifying the newborn's identification with the mother's band prior to administering medication

- \_\_\_ 20. The nurse is providing care to a newborn postcircumcision. Which actions by the nurse are appropriate? (*Select all that apply.*)

1)	Using an approved scale to monitor for pain
2)	Administering prescribed analgesics for a pain rating of 2
3)	Documenting the first void in the medical record postprocedure
4)	Teaching the parents to place petroleum jelly on the tip of the penis for 10 days
5)	Placing a numbing cream on the tip of the penis for 24 hours

## Chapter 16: Assessment and Care of the Newborn Answer Section

## MULTIPLE CHOICE

1. ANS: 1

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Define the key terms.

Chapter page reference: 229

Heading: Skin Assessment

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Assessment

Difficulty: Easy

	Feedback
1	<i>Lanugo</i> is the term the nurse uses to describe the fine, downy hair that covers the forehead, ears, and body of the newborn.
2	<i>Petechiae</i> are tiny pinpoint bruises that occur from pushing during delivery or from a rapid delivery.
3	<i>Acrocyanosis</i> is the bluish color of the hands and feet due to immature peripheral circulation.
4	<i>Vernix caseosa</i> is a white protective coating on the skin of the newborn. It is usually more prominent in the folds of the legs, arms, and neck.

PTS: 1

CON: Assessment

2. ANS: 3

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Define assessment.

Chapter page reference: 228

Heading: Conceptual Cornerstone—Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
1	There are three different types of assessments that the nurse may

	use while providing care for patients in the hospital. The first type is the initial assessment, which is done on admission to establish a baseline for reference and future comparison.
2	There are three different types of assessments that the nurse may use while providing care for patients in the hospital. The first type is the baseline assessment, which is done on admission to establish a baseline for reference and future comparison.
3	There are three different types of assessments that the nurse may use while providing care for patients in the hospital. The third type is emergency assessment, which is done to identify any life-threatening problems.
4	There are three different types of assessments that the nurse may use while providing care for patients in the hospital. The second type of assessment is problem-focused and is done to determine the status of a particular problem.

PTS: 1 CON: Assessment

3. ANS: 1

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Identify normal newborn vital signs.

Chapter page reference: 228

Heading: Table 16-1 Normal Newborn Vital Signs

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
1	The normal range for an axillary temperature of a newborn is 97.7°F to 98.6°F (36.5°C to

	37°C).
2	The normal ranges for a newborn heart rate are: asleep, 100 bpm; awake, 110 to 160 bpm; crying, 180 bpm.
3	The normal range for newborn respirations is 30 to 60 breaths per minute.
4	Although blood pressure is not routinely assessed, the average for a 1- to 3-day-old newborn is 66/40 mm Hg.

PTS: 1 CON: Assessment

4. ANS: 3

Chapter number and title: 16: Assessment and Care of the Newborn  
 Chapter learning objective: Demonstrate a head-to-toe assessment of the newborn.

Chapter page reference: 229

Heading: Skin Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Assessment

Difficulty: Difficult

	Feedback
1	Although an eye examination is included in the head-to-toe assessment of the newborn, the first action by the nurse is not to examine the eyes.
2	Although a mouth examination is included in the head-to-toe assessment of the newborn, the first action by the nurse is not to examine the mouth.
3	The first action by the nurse when conducting a head-to-toe assessment of the newborn is to observe the baby's skin color.
4	Although an ear examination is included in the head-to-toe assessment of the newborn, the first action by the nurse is not to

examine the ears.

PTS: 1 CON: Assessment

5. ANS: 3

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Summarize abnormal findings from the head-to-toe assessment that must be reported.

Chapter page reference: 231

Heading: Skin Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1	<i>Milia</i> are sebaceous glands occluded with keratin. They look like tiny white papules about 1 mm in size and are located on the nose, chin, cheeks, and forehead. Milia usually disappear within 4 weeks and require no special care or notification of the RN in charge.
2	<i>Lanugo</i> is fine, downy hair that covers the forehead, ears, and body of the newborn. This is a normal finding and does not require notification of the RN in charge.
3	<i>Cyanosis</i> , or a bluish discoloration of the skin, should be reported immediately to the RN in charge because this is often an indication of respiratory or cardiovascular problems.
4	<i>Nevus simplex</i> , also known as <i>stork bites</i> , <i>angel kisses</i> , or <i>salmon patches</i> , appears in 40% of all newborns. It may be found on the forehead or nape of the neck. It is pink in color and blanches when pressure is applied. It may be more prominent when the newborn

	cries. No treatment is required, and it frequently fades by 18 months of age; therefore, there is no need to notify the RN in charge.
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PTS: 1 CON: Assessment

6. ANS: 1

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Identify normal newborn skin variations.

Chapter page reference: 230

Heading: Skin Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
1	Melanocytic nevus is an abnormal skin finding for a newborn. The nurse should document this finding and report it to the health-care provider because this finding increases the newborn's risk for skin cancer.
2	Nevus simplex on the nape of the neck, or a "stork bite," is a normal skin variation during the newborn stage of development.
3	Hemangioma is a normal newborn skin variation. It may be present at birth or may appear in the first few weeks of life. Usually, no medical intervention is required unless the hemangioma is larger than 5 cm. The hemangioma gradually fades away over a few years, with 50% of hemangiomas gone by age 5 and 70% gone by age 7.
4	<i>Erythema toxicum neonatorum</i> , also known as <i>newborn rash</i> , may appear as macules, papules, or vesicles. The rash appears on

	any part of the body except the palms and the soles of the feet. It appears suddenly and also disappears quickly, rarely lasting more than 7 days. It does not cause any discomfort for the newborn and does not require any medical treatment.
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PTS: 1 CON: Assessment

7. ANS: 3

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Differentiate between cephalohematoma and caput succedaneum.

Chapter page reference: 231

Heading: Head Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment, Documentation

Difficulty: Moderate

	Feedback
1	Caput succedaneum is not bruising of the scalp and the extremities.
2	Cephalohematoma, not caput succedaneum, is swelling of the head that does not cross the suture line.
3	Caput succedaneum is bruising and swelling of the scalp that crosses the suture line.
4	Cephalohematoma, not caput succedaneum, is swelling of the head that appears at day 2 of life.

PTS: 1 CON: Assessment | Documentation

8. ANS: 1

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Explain the effects of maternal hormones on the newborn's physical characteristics.

Chapter page reference: 232-233

Heading: Chest Assessment; Genitourinary Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance  
Cognitive level: Comprehension [Understanding]  
Concept: Assessment  
Difficulty: Easy

	Feedback
1	Gynecomastia, or enlarged breast tissue, is an expected finding for both male and female newborns due to maternal hormones.
2	Pseudomenstruation is an expected finding for female, not male, newborns due to maternal hormones.
3	A large and loose, not small and tight, scrotum is expected for a male newborn as a result of maternal hormones.
4	Nocturnal emission, or ejaculation during sleep, is an expected finding for male adolescents, not male newborns.

PTS: 1 CON: Assessment

9. ANS: 4

Chapter number and title: 16: Assessment and Care of the Newborn  
Chapter learning objective: Identify normal newborn reflexes.

Chapter page reference: 234-236

Heading: Table 16-2 Newborn Reflexes

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
1	The gag reflex is a cough in response to stimulation of the posterior oral cavity. This reflex continues into adulthood.
2	With the Moro reflex, the newborn quickly makes a symmetrical abduction of the extremities and places the index fingers and thumbs into a "C"

	shape in response to a slight drop, a sudden movement of the crib, or a loud noise. The reflex disappears at 6 months of age.
3	With the rooting reflex, the newborn turns the mouth to the same side as the cheek that is being stroked. This reflex becomes voluntary around 3 weeks of life.
4	With the Babinski reflex, the newborn flexes the big toe when the sole of the foot is stroked from the heel to the head of the fifth metatarsal. This reflex disappears by, and is considered abnormal after, 2 years of life.

PTS: 1 CON: Assessment

10. ANS: 3

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Discuss nursing care of the newborn.

Chapter page reference: 237

Heading: Nursing Care of the Newborn

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Medication, Promoting Health

Difficulty: Hard

	Feedback
1	Although vitamin K is administered as part of newborn care, this medication is not an immunization.
2	Although erythromycin ointment is administered as part of newborn care, this medication is not an immunization.
3	Hepatitis B is an immunization that is often administered as part of normal newborn care prior to hospital discharge.
4	Although measles, mumps, and rubella are immunizations, they

	are not administered until 12 to 15 months of life.
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PTS: 1 CON: Medication | Promoting Health

11. ANS: 4

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Summarize the usual newborn screenings that are completed for health promotion.

Chapter page reference: 238

Heading: Newborn Screening

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Promoting Health

Difficulty: Difficult

	Feedback
1	Newborn screenings are not drawn periodically throughout the first year of life. This statement indicates the need for further education.
2	Newborn screenings are completed prior to hospital discharge. A repeat screening may be required after discharge; however, the initial screening occurs in the hospital setting. This statement indicates the need for further education.
3	Although failing two newborn hearing screens will require follow-up, the newborn will not remain in the hospital until retesting occurs. This statement indicates the need for further education.
4	Newborn screenings are drawn after the newborn has been eating for at least 24 hours; therefore, this statement indicates correct understanding of the information provided.

PTS: 1 CON: Promoting Health

12. ANS: 4

Chapter number and title: 16: Assessment and Care of the Newborn  
Chapter learning objective: Discuss the New Ballard tool used to determine gestational age.

Chapter page reference: 237-238

Heading: Estimation of Gestational Age

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
1	The New Ballard gestational assessment tool is used to assess gestational age for all newborns, regardless of gestation.
2	The New Ballard tool is used to assess gestational age on the basis of neurological activity; however, this is not the only activity used by the tool.
3	The New Ballard tool is used to assess gestational age on the basis of physical activity; however, this is not the only activity used by the tool.
4	The New Ballard tool is used to assess gestational age on the basis of six areas of neurological activity and six areas of physical activity. The scores from the neuromuscular activity assessment and physical maturity assessment are combined to classify the newborn as preterm, term, or postterm.

PTS: 1 CON: Assessment

13. ANS: 1

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Demonstrate the correct technique for an infant heel stick.

Chapter page reference: 238

Heading: Labs & Diagnostics

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Analysis [Analyzing]

Concept: Critical Thinking

Difficulty: Difficult

	Feedback
1	The newborn's heel should be warmed, not cooled, to increase circulation when drawing blood via heel stick. This action requires intervention.
2	Cleansing the newborn's heel with alcohol is an appropriate action when drawing blood via heel stick.
3	Allowing the heel to dry after cleansing with alcohol is an appropriate action when drawing newborn blood via heel stick.
4	Using the outer aspect of the heel is an appropriate action when drawing newborn blood via heel stick.

PTS: 1 CON: Critical Thinking

14. ANS: 2

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Demonstrate a newborn bath.

Chapter page reference: 238

Heading: Bath

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nursing

Difficulty: Moderate

	Feedback
1	When a newborn is bathed, it is appropriate to use a pH-neutral cleanser.
2	The nurse should be sure to remove all blood and other bodily fluids during the initial bath; however, the vernix should not be scrubbed or forced off the skin.

3	When a newborn is bathed, it is appropriate to swaddle the baby during immersion in the water.
4	When the newborn is bathed, the environment should be warm and free from drafts.

PTS: 1 CON: Nursing

15. ANS: 1

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Develop a discharge teaching plan on newborn care basics.

Chapter page reference: 240

Heading: Discharge Teaching for Newborn Care

Integrated processes: Teaching and Learning

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Critical Thinking; Promoting Health

Difficulty: Moderate

	Feedback
1	During the discharge teaching process, the nurse should establish rapport with the newborn's parents in order to enhance their comfort, which encourages the parents to ask questions.
2	Although demonstrating newborn skills during discharge teaching is appropriate, this action does not enhance parental comfort during the teaching process.
3	Although encouraging questions during discharge teaching is appropriate, this action does not enhance parental comfort during the teaching process.
4	Although asking for a return demonstration is appropriate to evaluate parental readiness and ability to provide newborn care, this action does not enhance parental comfort during the teaching process.

PTS: 1 CON: Critical Thinking | Health Promotion

16. ANS: 3

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Plan family-centered care by including the family in discharge teaching.

Chapter page reference: 240

Heading: Discharge Teaching for Newborn Care

Integrated processes: Caring

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Critical Thinking; Family

Difficulty: Moderate

	Feedback
1	The nurse should refrain from personal opinions during the discharge teaching process and provide information related to circumcision to the parents in order to enhance family-centered care.
2	The nurse should encourage family involvement, such as including grandparents when providing discharge instruction, in order to enhance family-centered care.
3	Including the newborn's sibling in the educational session is a nursing action that enhances family-centered care during the discharge teaching process.
4	Although documenting the discharge teaching session is appropriate, this action does not enhance family-centered care during the discharge teaching process.

PTS: 1

CON: Critical Thinking | Family

## MULTIPLE RESPONSE

17. ANS: 1, 5

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Instruct the parents on newborn safety.

Chapter page reference: 240

Heading: Key Points

Integrated processes: Teaching and Learning

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
1.	This is correct. Newborns and infants up to 12 months of age should be placed in an approved child safety seat in a rear-facing position to enhance safety. This statement is appropriate to include in the discharge teaching session.
2.	This is incorrect. Although nurses do not trim a newborn's nails, the parents should be taught how to trim or file their baby's nails to decrease the risks for scratching and injury. It is also important for the nurse to emphasize appropriate actions if the newborn's finger is cut during this process, such as applying pressure and avoiding the use of bandages because they are a choking hazard.
3.	This is incorrect. Newborns and infants require only one, not two, extra layers of clothing during the winter months. Overheating the newborn and infant can increase the risk for SIDS.
4.	This is incorrect. Parents should be taught to place their newborns on the back to sleep. Placing a newborn or infant on the stomach can increase, not decrease, the risk for SIDS.
5.	This is correct. The nurse should teach the parents how to use the

	bulb syringe to assist the newborn in clearing the airway if spitting up occurs. This decreases the risk of aspiration.
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PTS: 1 CON: Safety

18. ANS: 1, 2, 3

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Summarize the usual newborn screenings that are completed for health promotion.

Chapter page reference: 238-239

Heading: Newborn Screening

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Promoting Health

Difficulty: Easy

	Feedback
1.	This is correct. The newborn screening process tests for certain genetic disorders.
2.	This is correct. The newborn screening process tests for certain metabolic disorders.
3.	This is correct. The newborn screening process tests for certain endocrine disorders.
4.	This is incorrect. The newborn screening process does not test for respiratory disorders.
5.	This is incorrect. The newborn screening process does not test for cardiovascular disorders.

PTS: 1 CON: Promoting Health

19. ANS: 1, 2

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Summarize abnormal findings from the head-to-toe assessment that must be reported.

Chapter page reference: 236; 240

Heading: Safety STAT!

Integrated processes: Clinical Decision-Making Process

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Safety

Difficulty: Difficult

	Feedback
1.	This is correct. Placing the newborn on the back to sleep decreases the risk for SIDS; therefore, this nursing action enhances safety.
2.	This is correct. Acrocyanosis is a normal finding during the newborn period and does not require notification of the health-care provider to enhance safety. Cyanosis requires immediate notification and intervention to enhance newborn safety.
3.	This is incorrect. A newborn heart rate of less than 110 beats per minute requires notification of the charge nurse or health-care provider and intervention to enhance safety.
4.	This is incorrect. Although placing an extra blanket on the newborn for an axillary temperature less than 97°F is appropriate, the nurse must also immediately report this information because more thorough assessment and intervention may be needed to enhance newborn safety.
5.	This is incorrect. Although the nurse should verify the newborn's identification with the mother's band each time the baby is brought to the room, this verification is not required prior to administering medication. The nurse should verify the newborn's identity by checking the newborn's band prior to medication administration to enhance safety.

PTS: 1 CON: Safety

20. ANS: 1, 3

Chapter number and title: 16: Assessment and Care of the Newborn

Chapter learning objective: Discuss nursing care of the newborn.

Chapter page reference: 237; 241

Heading: Pain Assessment; Circumcision

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Comfort

Difficulty: Difficult

	Feedback
1.	This is correct. The nurse should monitor the newborn's pain using the Neonatal Infant Pain Scale (NIPS) postprocedure.
2.	This is incorrect. A pain rating of 2 does not indicate newborn pain; therefore, it is inappropriate for the nurse to administer a prescribed analgesic.
3.	This is correct. The nurse should document the first void postprocedure in the medical record. A newborn who doesn't void after a circumcision may require intervention.
4.	This is incorrect. Although petroleum jelly or gauze should be placed on the tip of the penis for several days postcircumcision to avoid sticking to the diaper, it is not required to teach the parents to complete this task for 10 days postcircumcision.
5.	This is incorrect. A numbing cream may be placed on the tip of the penis prior to circumcision; however, it is not appropriate to use this cream postprocedure.

PTS: 1

CON: Comfort

## **Chapter 17: Newborn Nutrition**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which term should the nurse use when documenting a new mother's milk production in the medical record?
- 1) Lactoferrin
  - 2) Lactogenesis
  - 3) Galactosemia
  - 4) Engorgement
- \_\_\_\_ 2. When determining a term newborn's caloric needs, which should the nurse use?
- 1) 60 to 80 kcal/kg/day
  - 2) 105 to 108 kcal/kg/day
  - 3) 110 to 120 kcal/kg/day
  - 4) 140 to 160 kcal/kg/day
- \_\_\_\_ 3. Which must occur for lactogenesis to occur?
- 1) A slow drop in estrogen level after childbirth
  - 2) An increase in progesterone level prior to childbirth
  - 3) An increase in prolactin with nipple stimulation
  - 4) A dramatic drop in oxytocin level with nipple stimulation
- \_\_\_\_ 4. Which type of breast milk is produced in stage 1 of human milk production?
- 1) Foremilk
  - 2) Colostrum
  - 3) Hindmilk
  - 4) Transitional milk
- \_\_\_\_ 5. Which statement regarding the advantages of breastfeeding should the nurse include in an educational session for a pregnant woman?
- 1) "Breastfeeding is economical."
  - 2) "Breastfeeding in public may cause embarrassment."
  - 3) "Certain medications may interfere with breastfeeding."
  - 4) "It may be necessary to wear breast pads because of leakage while breastfeeding."
- \_\_\_\_ 6. Which patient condition contraindicates breastfeeding?
- 1) Maternal HIV
  - 2) Newborn jaundice
  - 3) Newborn prematurity
  - 4) Maternal intake of antibacterial medications
- \_\_\_\_ 7. Which parental statement regarding newborn readiness to nurse indicates the need for further education?
- 1) "The rooting reflex indicates that my baby is ready to breastfeed."
  - 2) "When my baby makes hand-to-mouth movements, this indicates readiness for

- breastfeeding.”
- 3) “My baby will make tongue movements to indicate breastfeeding readiness.”
- 4) “My baby will initiate the palmar grasp when ready to breastfeed.”
- \_\_\_\_ 8. Which parental statement regarding latch-on during breastfeeding indicates the need for additional teaching by the nurse?
- 1) “I will cup my breast with my fingers to help my baby latch on while breastfeeding.”
  - 2) “I should place my thumb on the bottom of my breast when helping my baby latch on during breastfeeding.”
  - 3) “I should avoid covering the areola with my hand while assisting my baby to latch on during breastfeeding.”
  - 4) “I should brush my nipple lightly across my baby’s lips to assist with latch-on during breastfeeding.”
- \_\_\_\_ 9. A nursing mother states, “I think my baby has developed nipple confusion.” Which question should the nurse ask to further assess the mother’s statement?
- 1) “How often are you changing your breast pads?”
  - 2) “How many weeks have you been breastfeeding?”
  - 3) “Are you offering both breasts each time you nurse?”
  - 4) “Are you using the breast shield recommended by the lactation consultant?”
- \_\_\_\_ 10. Which data collected during a newborn wellness visit indicate the need for further intervention?
- 1) Losing 5% of the birth weight
  - 2) Failing to gain back initial weight loss by day 7 of life
  - 3) Having two bowel movements each day
  - 4) Changing four wet diapers each day
- \_\_\_\_ 11. Which mother might benefit from bottle feeding rather than breastfeeding?
- 1) A mother diagnosed with epilepsy who takes medications that pass through the breast milk
  - 2) A mother who will return to work 12 weeks after childbirth
  - 3) A mother with inverted nipples who delivered by Cesarean section
  - 4) A mother with two other small children at home
- \_\_\_\_ 12. Which parental statement indicates the need for further education related to formula preparation?
- 1) “Any unused formula should be thrown out after 24 hours.”
  - 2) “I will add equal amounts of formula and water when using concentrated formula.”
  - 3) “Ready-to-use formula can be further diluted if my baby experiences constipation.”
  - 4) “Powder formula is mixed with tap water and poured in a bottle for feedings.”
- \_\_\_\_ 13. Which statement made by the mother of a bottle-feeding newborn necessitates the need for additional education related to safety?
- 1) “I use a cup of warm water to heat the formula prior to feedings.”
  - 2) “I prop the bottle only if I need to multitask during feedings.”
  - 3) “I always follow the instructions for mixing powdered formula.”
  - 4) “I can begin to give my baby juice at 6 months of age.”

- \_\_\_\_ 14. Which parental action indicates the need for additional teaching related to bottle feeding?
- 1) Mixing rice cereal with formula and feeding it to the baby with a spoon
  - 2) Providing juice through a bottle at 5 months of age
  - 3) Allowing the baby to drink water at 9 months of age
  - 4) Adding an equal amount of water and concentrated formula when mixing a bottle
- \_\_\_\_ 15. Which nursing action assists the mother of a newborn who wants to breastfeed?
- 1) Providing formula to the newborn in the nursery
  - 2) Encouraging rooming-in during the hospital stay
  - 3) Giving the newborn a pacifier between feedings
  - 4) Encouraging bottle feeding overnight to allow for rest
- \_\_\_\_ 16. Which is a disadvantage of bottle feeding?
- 1) Purchasing formula for the first year of life
  - 2) Pumping breast milk
  - 3) Leaking breast milk
  - 4) Having to avoid certain medications

#### **Multiple Response**

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

- \_\_\_\_ 17. Which maternal conditions will cause the nurse to educate a new mother that formula, not breast milk, should be used for newborn nutrition? (*Select all that apply.*)
- 1) Hypertension (HTN)
  - 2) Bipolar disorder (BD)
  - 3) Diabetes mellitus (DM)
  - 4) Active tuberculosis (TB)
  - 5) HIV
- \_\_\_\_ 18. Which statements regarding the disadvantages of breastfeeding should the nurse include in an educational session for a pregnant woman? (*Select all that apply.*)
- 1) “Breastfeeding is economical.”
  - 2) “Breastfeeding in public may cause embarrassment.”
  - 3) “Certain medications may interfere with breastfeeding.”
  - 4) “It may be necessary to wear breast pads because of leakage while breastfeeding.”
  - 5) “Breastfeeding provides your baby with protection from certain illnesses and diseases.”
- \_\_\_\_ 19. Which parental statements regarding newborn readiness to nurse indicate correct understanding of the information provided? (*Select all that apply.*)
- 1) “The rooting reflex indicates that my baby is ready to breastfeed.”
  - 2) “When my baby makes hand-to-mouth movements, this indicates readiness for breastfeeding.”
  - 3) “My baby will make tongue movements to indicate breastfeeding readiness.”
  - 4) “My baby will initiate the palmar grasp when ready to breastfeed.”
  - 5) “The Babinski reflex indicates that my baby is ready to breastfeed.”

- \_\_\_\_ 20. Which parental statements indicate correct understanding of the characteristics and benefits of colostrum? (*Select all that apply.*)
- 1) "It contains high levels of protein."
  - 2) "It will provide my baby with protection against certain diseases."
  - 3) "It has a laxative effect, facilitating the meconium stools."
  - 4) "It contains high levels of both carbohydrates and fats."
  - 5) "It has a high water content, decreasing the risk for dehydration."

## **Chapter 17: Newborn Nutrition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Define the key terms.

Chapter page reference: 247

Heading: Lactogenesis

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
1	<i>Lactoferrin</i> is a protein found in breast milk that has bactericidal and iron-binding properties.
2	<i>Lactogenesis</i> is the medical term the nurse should use when documenting a new mother's milk production in the medical record.
3	<i>Galactosemia</i> is a rare genetic metabolic disorder that makes it difficult for the infant to metabolize milk sugar, which can damage the liver, kidneys, and brain.
4	<i>Engorgement</i> can happen when the body is adjusting to the amount of milk to make. It can also occur the first time the baby sleeps through the night. The breasts may feel heavy and swollen, with a flat nipple.

PTS: 1

CON: Communication

2. ANS: 2

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Discuss infant nutritional needs.

Chapter page reference: 246

Heading: Nutritional Needs of the Infant

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Nutrition

Difficulty: Easy

	Feedback
1	The nurse should use 60 to 80 mL/kg/day to determine the fluid, not the caloric, needs for a preterm neonate.
2	The nurse should determine the caloric needs for a term neonate using 105 to 108

	kcal/kg/day.
<b>3</b>	The nurse should use 110 to 120 kcal/kg/day to determine the caloric needs of a preterm, not a term, neonate.
<b>4</b>	The nurse should use 140 to 160 mL/kg/day to determine the fluid, not the caloric, needs for a term neonate.

PTS: 1 CON: Nutrition

3. ANS: 3

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Describe the process of human milk production.

Chapter page reference: 247-248

Heading: Lactogenesis

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Nutrition

Difficulty: Easy

	Feedback
<b>1</b>	A quick, not slow, drop in estrogen level after childbirth is needed for lactogenesis to occur.
<b>2</b>	An increase in estrogen level after, not prior to, childbirth is needed for lactogenesis to occur.
<b>3</b>	An increase in prolactin levels with nipple stimulation results in lactogenesis.
<b>4</b>	An increase, not a decrease, in oxytocin level is needed for lactogenesis.

PTS: 1 CON: Nutrition

4. ANS: 2

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Describe the stages of milk production.

Chapter page reference: 248

Heading: Stages of Human Milk

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Nutrition

Difficulty: Easy

	Feedback
<b>1</b>	Foremilk is produced during stage 3, not stage 1, of human milk production.
<b>2</b>	Colostrum is produced during stage 1 of human milk production.
<b>3</b>	Hindmilk is produced during stage 3, not stage 1, of human milk production.
<b>4</b>	Transitional milk is produced during stage 2, not stage 1, of human milk production.

PTS: 1 CON: Nutrition

5. ANS: 1

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: List the advantages and disadvantages of breastfeeding.

Chapter page reference: 248

Heading: Advantages of Breastfeeding

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

	Feedback
1	Breastfeeding is economical because it eliminates the need to purchase infant formula. This is one of the advantages of breastfeeding.
2	Public embarrassment is a disadvantage, not an advantage, of breastfeeding.
3	Being unable to take certain medications is a disadvantage, not an advantage, of breastfeeding.
4	Having to wear breast pads to conceal leakage is a disadvantage, not an advantage, of breastfeeding.

PTS: 1 CON: Nutrition

6. ANS: 1

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Identify contraindications for breastfeeding.

Chapter page reference: 249

Heading: Contraindications for Breastfeeding

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Nutrition

Difficulty: Easy

	Feedback
1	A maternal diagnosis of HIV contraindicates breastfeeding.
2	A newborn diagnosis of galactosemia, not jaundice, contraindicates breastfeeding.
3	A newborn diagnosis of galactosemia, not prematurity, contraindicates breastfeeding.
4	Maternal use of antiretroviral, not antibacterial, medications contraindicates breastfeeding.

PTS: 1 CON: Nutrition

7. ANS: 4

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Identify cues of infant readiness to nurse.

Chapter page reference: 249

Heading: Newborn Cues

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition

Difficulty: Difficult

Feedback	
<b>1</b>	The rooting reflex is a cue of newborn readiness to nurse. This statement indicates correct understanding of the information presented.
<b>2</b>	Hand-to-mouth movements indicate readiness to nurse. This statement indicates correct understanding of the information presented.
<b>3</b>	Tongue movements indicate readiness to nurse. This statement indicates correct understanding of the information presented.
<b>4</b>	Although a palmar grasp is a normal newborn reflex, it is not a cue of newborn readiness to nurse. This statement indicates the need for further education.

PTS: 1

CON: Nutrition

8. ANS: 2

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Teach a mother how to correctly latch on a baby for breastfeeding.

Chapter page reference: 249-250

Heading: Achieving Latch-On

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition

Difficulty: Difficult

Feedback	
<b>1</b>	The mother should cup the breast with the fingers to help the baby latch on during breastfeeding. This statement indicates correct understanding of the information presented.
<b>2</b>	The thumb should be placed on the top, not the bottom, of the breast to help the baby latch on during breastfeeding. This statement indicates the need for additional education.
<b>3</b>	The mother should avoid covering the areola with her fingers because this is the portion of the breast the baby will latch on to during breastfeeding. This statement indicates correct understanding of the information presented.
<b>4</b>	The mother should brush her nipple lightly across the baby's lips to assist with

	latch-on during breastfeeding. This statement indicates correct understanding of the information presented.
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PTS: 1 CON: Nutrition

9. ANS: 2

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Discuss common breastfeeding problems and how to manage these problems.

Chapter page reference: 251

Heading: Breastfeeding Challenges

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition

Difficulty: Difficult

Feedback	
<b>1</b>	The nurse should ask how often the mother is changing her breast pads to further explore sore nipples, not nipple confusion.
<b>2</b>	In order to avoid nipple confusion, it is recommended that the mother solely breastfeed for 2 to 3 weeks prior to introducing a bottle. This question is appropriate to further explore if the baby is experiencing nipple confusion.
<b>3</b>	The nurse should ask if the mother is offering both breasts each time she nurses to further explore engorgement, not nipple confusion.
<b>4</b>	The nurse should ask the mother about use of the breast shield to further explore inverted nipples, not nipple confusion.

PTS: 1 CON: Nutrition

10. ANS: 4

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Identify warning signs of inadequate breastfeeding in the newborn.

Chapter page reference: 252

Heading: Warning Signs of Breastfeeding Problems

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

Feedback	
<b>1</b>	Losing more than 7%, not 5%, of birth weight is an indicator of inadequate breastfeeding and the need for further intervention.
<b>2</b>	Failing to gain back birth weight loss by day 10, not day 7, is an indicator of inadequate breastfeeding and the need for further intervention.

<b>3</b>	Having two bowel movements a day is a sign of adequate breastfeeding and does not indicate the need for further intervention.
<b>4</b>	Fewer than six wet diapers per day is often an indication of inadequate breastfeeding and necessitates further intervention.

PTS: 1 CON: Nutrition

11. ANS: 1

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: List the advantages and disadvantages of bottle feeding.

Chapter page reference: 252

Heading: Advantages of Formula

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Nutrition

Difficulty: Moderate

Feedback	
<b>1</b>	Certain medications can be harmful if passed through breast milk; this is true for a mother who is being treated for a chronic illness such as epilepsy. Therefore, this mother might benefit from bottle feeding rather than breastfeeding.
<b>2</b>	The mother who will return to work 12 weeks postchildbirth will have an established milk supply; therefore, this mother will not benefit from bottle feeding rather than breastfeeding.
<b>3</b>	A mother with inverted nipples who delivered by Cesarean section does not have any contraindications to breastfeeding, and a nipple guard can be used to assist inverted nipples; therefore, this mother will not benefit from bottle feeding rather than breastfeeding.
<b>4</b>	Having other children at home does not indicate that this mother will benefit from bottle feeding rather than breastfeeding.

PTS: 1 CON: Nutrition

12. ANS: 3

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Teach bottle feeding parents how to prepare formula.

Chapter page reference: 253

Heading: Types of Formula

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition

Difficulty: Difficult

Feedback
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<b>1</b>	Unused formula should be thrown out after 24 hours. This statement indicates correct understanding related to formula preparation.
<b>2</b>	When concentrated formula is used, equal amounts of water and formula are mixed together. This statement indicates correct understanding related to formula preparation.
<b>3</b>	Ready-to-use formula should never be diluted. If the baby is constipated, there are other methods to increase fluid consumption. This statement indicates the need for further education.
<b>4</b>	Powder formula is mixed with tap water and poured into a bottle for feedings. This statement indicates correct understanding related to formula preparation.

PTS: 1 CON: Nutrition

13. ANS: 2

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Discuss bottle feeding and safety issues for parents.

Chapter page reference: 253-254

Heading: Bottle Feeding the Infant

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition; Safety

Difficulty: Difficult

Feedback	
<b>1</b>	Heating a bottle in the microwave, not with warm water, necessitates the need for further education related to safety.
<b>2</b>	It is never appropriate to prop a bottle because this can increase the risk of aspiration. This statement indicates the need for additional education related to safety.
<b>3</b>	Following the instructions for mixing powdered formula is an appropriate action and does not require further education related to safety.
<b>4</b>	Water and juice should be avoided until 6 months of age. This statement does not indicate the need for additional education related to safety.

PTS: 1 CON: Nutrition | Safety

14. ANS: 2

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Identify signs of bottle-feeding problems.

Chapter page reference: 254

Heading: Warning Signs of Bottle-Feeding Problems

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition; Safety

Difficulty: Difficult

	Feedback
1	Infant cereal should be fed with a spoon and not by the bottle. This action does not necessitate additional teaching related to bottle feeding.
2	Juice should not be introduced into the diet until 6 months of age. This action necessitates additional teaching related to bottle feeding.
3	Water can be introduced at 6 months of age. This action does not necessitate additional teaching related to bottle feeding.
4	Concentrated formula should be mixed by using equal amounts of water and formula. This action does not necessitate additional teaching related to bottle feeding.

PTS: 1 CON: Nutrition | Safety

15. ANS: 2

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Provide patient-centered care when assisting parents to implement their choice of feeding method for their newborn.

Chapter page reference: 252

Heading: Team Works

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

	Feedback
1	Providing formula to the newborn in the nursery can impede latch-on and the production of milk and can cause nipple confusion. This action does not assist the mother of a newborn who wants to breastfeed.
2	Rooming-in allows the mother to breastfeed the newborn on demand, which encourages bonding and facilitates milk production. This action assists the mother of the newborn who wants to breastfeed.
3	Artificial nipples should be avoided during the first 2 to 3 weeks of life in order to avoid nipple confusion until the mother's milk supply is established. Offering a pacifier does not assist the mother of the newborn who wants to breastfeed.
4	Bottle feeding should be avoided during the first 2 to 3 weeks of life in order to avoid nipple confusion until the mother's milk supply is established. Offering a bottle does not assist the mother of the newborn who wants to breastfeed.

PTS: 1 CON: Nutrition

16. ANS: 1

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: List the advantages and disadvantages of bottle feeding.

Chapter page reference: 252-253  
Heading: Disadvantages of Formula  
Integrated processes: Teaching and Learning  
Client need: Health Promotion and Maintenance  
Cognitive level: Comprehension [Understanding]  
Concept: Nutrition  
Difficulty: Easy

Feedback	
1	A disadvantage of bottle feeding is purchasing formula.
2	Pumping breast milk is a disadvantage of breastfeeding, not bottle feeding.
3	Leaking breast milk is a disadvantage of breastfeeding, not bottle feeding.
4	Having to avoid certain medications is a disadvantage of breastfeeding, not bottle feeding.

PTS: 1 CON: Nutrition

#### MULTIPLE RESPONSE

17. ANS: 4, 5  
Chapter number and title: 17: Newborn Nutrition  
Chapter learning objective: Identify contraindications for breastfeeding.  
Chapter page reference: 249  
Heading: Contraindications to Breastfeeding  
Integrated processes: Clinical Decision-Making Process  
Client need: Health Promotion and Maintenance  
Cognitive level: Analysis [Analyzing]  
Concept: Nutrition  
Difficulty: Difficult

Feedback	
1.	HTN is not a maternal condition that contraindicates breastfeeding.
2.	BD is not a maternal condition that contraindicates breastfeeding. Some medications used to treat BD, however, may contraindicate breastfeeding.
3.	DM is not a maternal condition that contraindicates breastfeeding. Some medications used to treat DM, however, may contraindicate breastfeeding.
4.	Active TB that has not been treated is a contraindication for breastfeeding.
5.	HIV is a contraindication for breastfeeding.

PTS: 1 CON: Nutrition

18. ANS: 2, 3, 4  
Chapter number and title: 17: Newborn Nutrition  
Chapter learning objective: List the advantages and disadvantages of breastfeeding.  
Chapter page reference: 248-249

Heading: Advantages of Breastfeeding

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

Feedback	
1.	This is incorrect. Not having to buy infant formula is an economic advantage, not a disadvantage, of breastfeeding.
2.	This is correct. Public embarrassment is a disadvantage of breastfeeding.
3.	This is correct. Not being able to take certain medications because of the effect they have on the breast milk is a disadvantage of breastfeeding.
4.	This is correct. It is often necessary to wear breast pads to conceal leakage. This is a disadvantage of breastfeeding.
5.	This is incorrect. Breast milk provides the newborn with protection from certain illnesses and diseases and is an advantage, not a disadvantage, of breastfeeding.

PTS: 1 CON: Nutrition

19. ANS: 1, 2, 3

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Identify cues of infant readiness to nurse.

Chapter page reference: 249

Heading: Newborn Cues

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition

Difficulty: Difficult

Feedback	
1.	This is correct. The rooting reflex is a cue indicating newborn readiness to nurse.
2.	This is correct. Hand-to-mouth movements are a cue indicating newborn readiness to nurse.
3.	This is correct. Tongue movements are a cue indicating newborn readiness to nurse.
4.	This is incorrect. The palmar grasp is a newborn reflex; however, it is not a cue indicating readiness to nurse. This statement indicates the need for further education.
5.	This is incorrect. A positive Babinski is an expected newborn reflex that disappears around the age of 2 years; however, it is not a cue indicating readiness to nurse. This statement indicates the need for further education.

PTS: 1 CON: Nutrition

20. ANS: 1, 2, 3

Chapter number and title: 17: Newborn Nutrition

Chapter learning objective: Describe the stages of milk production.

Chapter page reference: 248

Heading: Stages of Human Milk

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition

Difficulty: Difficult

	Feedback
1.	This is correct. Colostrum is high in protein; therefore, this statement indicates correct understanding of the information provided.
2.	This is correct. Colostrum is rich in immunoglobulins A and G, which protect the newborn against certain diseases; therefore, this statement indicates correct understanding of the information provided.
3.	This is correct. Colostrum has a laxative effect that facilitates the evacuation of meconium stools; therefore, this statement indicates correct understanding of the information provided.
4.	This is incorrect. Transitional milk, not colostrum, contains high levels of both carbohydrates and fats; therefore, this statement indicates the need for further instruction.
5.	This is incorrect. Foremilk, a type of mature milk, has a high water content. Colostrum does not have a high water content; therefore, this statement indicates the need for further instruction.

PTS: 1

CON: Nutrition

## **Chapter 18: Newborn at Risk: Conditions Present at Birth**

### **Multiple Choice**

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

- \_\_\_ 1. Which term should the nurse use to document decreased fetal growth due to impaired perfusion of the placenta?
- 1) Low birth weight
  - 2) Premature neonate
  - 3) Small for gestational age (SGA)
  - 4) Intrauterine growth restriction (IGR)
- \_\_\_ 2. The nurse is providing care to a newborn whose blood glucose level is 25 mg/dL. Which term should the nurse use to document this datum in the medical record?
- 1) Hypothermia
  - 2) Hyperthermia
  - 3) Hypoglycemia
  - 4) Hyperglycemia
- \_\_\_ 3. The nurse is providing care to several patients on a labor and delivery unit. Which patient's delivery requires that the newborn intensive care team be present at the time of birth?
- 1) A 25-year-old patient with a history of depression
  - 2) A 30-year-old patient with a history of anxiety
  - 3) A 35-year-old patient with a history of kidney stones
  - 4) A 40-year-old patient with a history of hypertension
- \_\_\_ 4. Which data collected during the health history of a laboring patient increase the risk of delivering an SGA newborn?
- 1) Blood pressure level of 110/60 mm Hg
  - 2) Serum glucose level of 85 mg/dL
  - 3) Weight gain of 12 lb (5.5 kg)
  - 4) Pulse rate of 90 beats per minute
- \_\_\_ 5. Which data collected during the newborn admission process support the documentation of an SGA neonate?
- 1) Abundant lanugo
  - 2) Elastic ear cartilage
  - 3) Thin umbilical cord
  - 4) Lack of posterior sole creases
- \_\_\_ 6. Which complication should the nurse monitor for when providing care to a large-for-gestational-age (LGA) newborn?
- 1) Hypothermia
  - 2) Hyperglycemia
  - 3) Fractured clavicle
  - 4) Uncontrolled hypertension

- \_\_\_ 7. Which data collected during the pregnant patient's health history interview indicate the need for the nurse to closely monitor for premature labor?
- 1) Single gestation pregnancy
  - 2) Birth of first child at 37 weeks' gestation
  - 3) History of cigarette use during pregnancy
  - 4) Urinary tract infection treated with 7 days of antibiotics
- \_\_\_ 8. Which complication associated with prematurity manifests with apnea, decreased reflexes, a weak suck, and seizure activity?
- 1) Neonatal jaundice
  - 2) Intraventricular hemorrhage
  - 3) Patent ductus arteriosus (PDA)
  - 4) Necrotizing enterocolitis (NEC)
- \_\_\_ 9. Which clinical manifestations should the nurse anticipate when providing care to a postterm newborn?
- 1) Vernix and lanugo
  - 2) Partially formed fingernails
  - 3) Abundant subcutaneous tissue
  - 4) Meconium-stained umbilical cord
- \_\_\_ 10. Which data for a pregnant patient in labor indicate the need to closely monitor the newborn for polycythemia after birth?
- 1) Hyperglycemia during the third trimester
  - 2) Hypoglycemia during the second trimester
  - 3) Blood glucose that is well controlled during the first trimester
  - 4) Blood glucose that is poorly controlled during the first trimester
- \_\_\_ 11. Which condition should the nurse closely monitor for when providing care to a neonate whose mother is diagnosed with DM?
- 1) Hypoxia
  - 2) Hypokalemia
  - 3) Hyperglycemia
  - 4) Hyperbilirubinemia
- \_\_\_ 12. The nurse is providing care to a newborn in the general nursery. The newborn is exhibiting symptoms associated with neonatal abstinence syndrome (NAS). Which is the priority nursing action?
- 1) Administering prescribed morphine
  - 2) Assessing the neonate's blood glucose level
  - 3) Monitoring IV fluid administration
  - 4) Transferring the neonate to the intensive care unit
- \_\_\_ 13. Which nursing intervention is appropriate when providing care to a newborn exposed to HIV in utero?
- 1) Obtaining a complete blood count
  - 2) Consulting with a pediatric infectious control specialist

- 3) Strict maintenance of transmission-based precautions
  - 4) Advising the mother to bottle feed rather than breastfeed
- \_\_\_ 14. When planning care for a newborn who was exposed to HIV in utero, which member of the health-care team should the nurse include in an interdisciplinary care conference?
  - 1) Physical therapist
  - 2) Endocrine specialist
  - 3) Occupational therapist
  - 4) Infectious control specialist
- \_\_\_ 15. Which term should the nurse use when documenting the care provided to a neonate born at 38 weeks and 1 day of gestation?
  - 1) Preterm
  - 2) Full term
  - 3) Late term
  - 4) Early term
- \_\_\_ 16. Which medication prescription should the nurse anticipate when providing care to a newborn exposed to HIV in utero?
  - 1) Caffeine
  - 2) Morphine
  - 3) Zidovudine
  - 4) Phenobarbital

#### **Multiple Response**

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

- \_\_\_ 17. Which complications should the nurse monitor for when providing care to an LGA newborn? (*Select all that apply.*)
  - 1) Hypoglycemia
  - 2) Respiratory distress
  - 3) Meconium aspiration
  - 4) Palpable abdominal mass
  - 5) Hypoactive bowel sounds
- \_\_\_ 18. Which complications should the nurse monitor for when providing care to a premature newborn suspected of having NEC? (*Select all that apply.*)
  - 1) Hematochezia
  - 2) Hypoglycemia
  - 3) Respiratory distress
  - 4) Palpable abdominal mass
  - 5) Hypoactive bowel sounds
- \_\_\_ 19. Which clinical manifestations support the diagnosis of polycythemia for a neonate born to a diabetic mother? (*Select all that apply.*)
  - 1) Hematuria

- 2)** Ruddy skin
- 3)** Poor feeding
- 4)** Hematochezia
- 5)** Hyperglycemia

\_\_\_ 20. Which parental actions indicate correct understanding of the care required for a newborn diagnosed with NAS? (*Select all that apply.*)

- 1)** Swaddling the neonate
- 2)** Avoiding strong fragrances
- 3)** Providing a calm environment
- 4)** Allowing the neonate to “cry it out”
- 5)** Handling the neonate as often as possible

## **Chapter 18: Newborn at Risk: Conditions Present at Birth**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 4

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Define the key terms.

Chapter page reference: 258

Heading: The Small-for-Gestational-Age (SGA)/Intrauterine Growth Restriction Newborn

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
1	<i>Low birth weight</i> is not the term the nurse should use to document decreased fetal growth due to impaired perfusion of the placenta.
2	<i>Premature neonate</i> is not the term the nurse should use to document decreased fetal growth due to impaired perfusion of the placenta.
3	<i>SGA</i> is not the term the nurse should use to document decreased fetal growth due to impaired perfusion of the placenta.
4	<i>IGR</i> is the term the nurse should use to document decreased fetal growth due to impaired perfusion of the placenta.

PTS: 1

CON: Communication

2. ANS: 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Define the key terms.

Chapter page reference: 258

Heading: The Small-for-Gestational-Age (SGA)/Intrauterine Growth Restriction Newborn

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
1	<i>Hypothermia</i> is the term the nurse should use to document a significant decrease in body temperature, not a blood glucose level of 25 mg/dL.
2	<i>Hyperthermia</i> is the term the nurse should use to document a significant increase in body temperature, not a blood glucose level of 25 mg/dL.

<b>3</b>	<i>Hypoglycemia</i> is the term the nurse should use to document a blood glucose level that is less than 30 mg/dL within the first 24 hours of life.
<b>4</b>	<i>Hyperglycemia</i> is the term the nurse should use to document a blood glucose level that is greater than the normal range for a newborn patient.

PTS: 1 CON: Communication

3. ANS: 4

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Identify factors present at birth that can help identify a high-risk newborn.

Chapter page reference: 257

Heading: Identification of the At-Risk Newborn

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
<b>1</b>	A history of maternal depression is not a factor that places the neonate at high risk; therefore, this patient does not require that the newborn intensive care team be present at the time of birth.
<b>2</b>	A history of maternal anxiety is not a factor that places the neonate at high risk; therefore, this patient does not require that the newborn intensive care team be present at the time of birth.
<b>3</b>	A history of maternal kidney stones is not a factor that places the neonate at high risk; therefore, this patient does not require that the newborn intensive care team be present at the time of birth.
<b>4</b>	A history of maternal hypertension is a factor that places the neonate at high risk because of altered perfusion of the placenta; therefore, this patient does require that the newborn intensive care team be present at the time of birth.

PTS: 1 CON: Pregnancy

4. ANS: 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: List risk factors that can lead to a small-for-gestational age newborn.

Chapter page reference: 258

Heading: The Small-for-Gestational-Age (SGA)/Intrauterine Growth Restriction Newborn

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
<b>1</b>	Maternal hypertension is a risk factor for an SGA newborn. The patient's current blood pressure level does not indicate hypertension.
<b>2</b>	Uncontrolled diabetes mellitus (DM) is a risk factor for an SGA newborn. The patient's current serum glucose level does not indicate uncontrolled DM.
<b>3</b>	Poor maternal nutrition, noted by inadequate weight gain during pregnancy, is a risk factor for delivering an SGA newborn.
<b>4</b>	The patient's current pulse rate does not place the neonate at risk for SGA.

PTS: 1 CON: Pregnancy

5. ANS: 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Compare and contrast the small-for-gestational-age newborn and the premature newborn.

Chapter page reference: 258

Heading: The Small-for-Gestational-Age (SGA)/Intrauterine Growth Restriction Newborn

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
<b>1</b>	Abundant lanugo is a characteristic of a premature, not an SGA, neonate.
<b>2</b>	Elastic ear cartilage is a characteristic of a premature, not an SGA, neonate.
<b>3</b>	An SGA neonate often has a thin umbilical cord.
<b>4</b>	The presence of anterior sole creases is a characteristic only of a premature, not an SGA, neonate.

PTS: 1 CON: Assessment

6. ANS: 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Discuss possible complications that can occur at birth for the large-for-gestational-age newborn.

Chapter page reference: 258-259

Heading: The Large-for-Gestational-Age (LGA) Newborn

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
<b>1</b>	Hypothermia is a complication associated with an SGA, not an LGA, newborn.

<b>2</b>	Hypoglycemia, not hyperglycemia, is a complication associated with an LGA newborn.
<b>3</b>	Shoulder dystocia is a complication associated with the delivery of an LGA newborn that can cause a fractured clavicle or limb.
<b>4</b>	Uncontrolled hypertension is not a complication associated with an LGA newborn.

PTS: 1 CON: Assessment

7. ANS: 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Identify risk factors for a premature delivery.

Chapter page reference: 259

Heading: The Preterm Newborn – Etiology

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
<b>1</b>	A multiple, not a single, gestation pregnancy is a risk factor for premature labor.
<b>2</b>	A history of premature labor during previous pregnancies places the patient at risk for premature labor. A previous delivery at 37 weeks' gestation does not constitute a history of preterm labor.
<b>3</b>	A history of cigarette use during pregnancy is a risk factor for premature labor.
<b>4</b>	An untreated, not a treated, urinary tract infection places the patient at risk for premature labor.

PTS: 1 CON: Pregnancy

8. ANS: 2

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Discuss potential complications of prematurity.

Chapter page reference: 259-261

Heading: The Preterm Newborn—Potential Complications

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
<b>1</b>	Neonatal jaundice manifests with an elevated bilirubin level and a yellow skin color.
<b>2</b>	Intraventricular hemorrhage is a complication of prematurity that presents with

	the clinical manifestations of apnea, decreased reflexes, a weak suck, and seizure activity.
<b>3</b>	PDA is a cardiovascular complication associated with prematurity and does not present with the clinical manifestations noted.
<b>4</b>	NEC is a gastrointestinal complication associated with prematurity that manifests with vomiting and diarrhea.

PTS: 1 CON: Assessment

9. ANS: 4

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Describe the physical characteristics of a postterm newborn.

Chapter page reference: 261

Heading: The Postterm Newborn—Assessment

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
<b>1</b>	Vernix and lanugo are anticipated for a preterm, not a postterm, newborn.
<b>2</b>	Partially formed fingernails are anticipated for a preterm, not a postterm, newborn.
<b>3</b>	A decrease in, not an abundance of, subcutaneous tissue is anticipated for a postterm newborn.
<b>4</b>	A meconium-stained umbilical cord is often noted when providing care to a postterm newborn.

PTS: 1 CON: Assessment

10. ANS: 1

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Explain the situation that causes the condition of polycythemia in the infant of a diabetic mother.

Chapter page reference: 261-263

Heading: Care of the Infant of a Diabetic Mother

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Pregnancy

Difficulty: Easy

	Feedback
<b>1</b>	High levels of glucose late in pregnancy increase the risk for newborn polycythemia.

<b>2</b>	Maternal hypoglycemia in the second trimester of pregnancy does not indicate the need to closely monitor the neonate for polycythemia.
<b>3</b>	Well-controlled blood glucose during the first trimester of pregnancy does not indicate the need to closely monitor the neonate for polycythemia.
<b>4</b>	Poorly controlled blood glucose during the first trimester increases the risk for fetal malformation, not polycythemia.

PTS: 1 CON: Pregnancy

11. ANS: 1

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Explain possible complications for the infant of a diabetic mother.

Chapter page reference: 262

Heading: Care of the Infant of a Diabetic Mother—Fetal Hypoxia

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

Feedback	
<b>1</b>	Respiratory depression and hypoxia are neonatal complications associated with maternal DM.
<b>2</b>	Although electrolyte abnormalities often occur in a neonate born to a mother diagnosed with DM, hypokalemia is not anticipated. Hypocalcemia and hypomagnesemia are anticipated for this neonate.
<b>3</b>	Hypoglycemia, not hyperglycemia, is anticipated for a neonate born to a mother diagnosed with DM.
<b>4</b>	Hyperbilirubinemia is not anticipated for a neonate born to a mother diagnosed with DM.

PTS: 1 CON: Assessment

12. ANS: 4

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Plan nursing care for a chemically exposed infant.

Chapter page reference: 263-265

Heading: Care of Chemically Exposed Infants

Integrated processes: Clinical Decision-Making Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Addiction

Difficulty: Difficult

Feedback	
<b>1</b>	Although administering prescribed morphine is an appropriate nursing action

	when providing care to a newborn exhibiting symptoms of NAS, this is not the priority.
<b>2</b>	Hyperglycemia and hypoglycemia are not associated with NAS. This is an appropriate nursing action for a newborn of a diabetic mother.
<b>3</b>	Although administering IV fluid is an appropriate nursing action when providing care to a newborn exhibiting symptoms of NAS, this is not the priority.
<b>4</b>	The priority action for any newborn exhibiting symptoms of NAS is a transfer to the newborn intensive care unit (NICU).

PTS: 1 CON: Addiction

13. ANS: 4

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Discuss medical management and nursing interventions for the newborn exposed to HIV.

Chapter page reference: 265

Heading: Care of the Newborn Exposed to HIV/AIDS

Integrated processes: Clinical Decision-Making Process

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Immunity

Difficulty: Moderate

Feedback	
<b>1</b>	Obtaining a complete blood count is a medical, not a nursing, intervention when providing care for a newborn exposed to HIV in utero.
<b>2</b>	Consulting with a pediatric infectious control specialist is a medical, not a nursing, intervention when providing care for a newborn exposed to HIV in utero.
<b>3</b>	Strict maintenance of standard, not transmission-based, precautions is an appropriate nursing intervention when providing care to a newborn exposed to HIV in utero.
<b>4</b>	The nurse should advise the mother of a newborn exposed to HIV in utero to bottle feed rather than breastfeed because HIV can be transmitted from mother to newborn via breast milk.

PTS: 1 CON: Immunity

14. ANS: 4

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Using the nursing process, plan nursing care for the high-risk infant that includes teamwork and collaboration, patient-centered care, and evidence-based practice.

Chapter page reference: 265

Heading: Care of the Newborn Exposed to HIV/AIDS

Integrated processes: Clinical Decision-Making Process

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Collaboration

Difficulty: Moderate

	Feedback
1	A newborn exposed to HIV in utero will not benefit from the expertise of a physical therapist.
2	A newborn exposed to DM, not HIV, in utero will benefit from the expertise of an endocrine specialist.
3	A newborn exposed to HIV in utero will not benefit from the expertise of an occupational therapist.
4	A pediatric infectious control specialist should be included in the care conference for a newborn exposed to HIV in utero. The newborn often requires antiretroviral therapy and close monitoring for at least 18 months of life until the HIV status can be determined.

PTS: 1

CON: Collaboration

15. ANS: 4

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Define the key terms.

Chapter page reference: 257

Heading: Care of the Newborn With Problems Related to Gestational Age and Development

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
1	<i>Preterm</i> is the term used for a neonate born before 37 weeks and 6 days of gestation.
2	<i>Full term</i> is the term used for a neonate born from 39 weeks through 40 weeks and 6 days of gestation.
3	<i>Late term</i> is the term used for a neonate born from 41 weeks to 41 weeks and 6 days of gestation.
4	<i>Early term</i> is the term used for a neonate born from 37 weeks and 6 days of gestation through 38 weeks and 6 days of gestation.

PTS: 1

CON: Communication

16. ANS: 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Discuss medical management and nursing interventions for the newborn exposed to HIV.

Chapter page reference: 257

Heading: Care of the Newborn Exposed to HIV/AIDS

Integrated processes: Clinical Decision-Making Process  
Client need: Pharmacological and Parenteral Therapies  
Cognitive level: Comprehension [Understanding]  
Concept: Medication  
Difficulty: Easy

	Feedback
1	Caffeine is prescribed to treat apnea and is not prescribed for a newborn exposed to HIV in utero.
2	Morphine is prescribed to treat NAS and is not prescribed for a newborn exposed to HIV in utero.
3	Zidovudine is an antiretroviral medication that is often prescribed for newborns who are exposed to HIV in utero.
4	Phenobarbital is prescribed to treat seizures and is not prescribed for a newborn exposed to HIV in utero.

PTS: 1 CON: Medication

#### MULTIPLE RESPONSE

17. ANS: 1, 2, 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Discuss possible complications that can occur at birth for the large-for-gestational-age newborn.

Chapter page reference: 258-259

Heading: The Large-for-Gestational-Age (LGA) Newborn

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1.	This is correct. Hypoglycemia is a complication that the nurse should monitor for when providing care to an LGA newborn. LGA newborns are often the result of a pregnancy complicated by DM. Hypoglycemia occurs because of the retention of maternal insulin transferred while in utero.
2.	This is correct. Respiratory distress is often a complication that the nurse should monitor for when providing care to an LGA newborn. These neonates tend to be large in size, but their New Ballard assessment score finds them neurologically immature.
3.	This is correct. Meconium aspiration is often a complication that the nurse should monitor for when providing care to an LGA newborn. Meconium aspiration is a

	complication associated with postterm newborns, which is often associated with LGA status.
4.	This is incorrect. A palpable abdominal mass is a clinical manifestation associated with NEC and is not associated with LGA status.
5.	This is incorrect. Hypoactive bowel sounds are clinical manifestations associated with NEC and are not associated with LGA status.

PTS: 1 CON: Assessment

18. ANS: 1, 4, 5

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Discuss potential complications of prematurity.

Chapter page reference: 260

Heading: The Preterm Newborn—Complications

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Assessment

Difficulty: Difficult

	Feedback
1.	This is correct. Hematochezia, or bright red blood in the stool, is a clinical manifestation associated with NEC.
2.	This is incorrect. Although hypoglycemia is a clinical manifestation associated with prematurity, it is not a clinical manifestation associated with NEC.
3.	This is incorrect. Although respiratory distress is a clinical manifestation associated with prematurity, it is not a clinical manifestation associated with NEC.
4.	This is correct. A palpable abdominal mass is a clinical manifestation associated with NEC.
5.	This is correct. Hypoactive bowel sounds are clinical manifestations associated with NEC.

PTS: 1 CON: Assessment

19. ANS: 1, 2, 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Explain possible complications for the infant of a diabetic mother.

Chapter page reference: 262-263

Heading: Care of the Infant of a Diabetic Mother—Fetal Hypoxia

Integrated processes: Clinical Decision-Making Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Assessment; Oxygenation

Difficulty: Easy

Feedback	
1.	This is correct. Hematuria is a clinical manifestation associated with polycythemia.
2.	This is correct. Ruddy skin is a clinical manifestation associated with polycythemia.
3.	This is correct. Poor feeding is a clinical manifestation associated with polycythemia.
4.	This is incorrect. Hematochezia, or blood in the stool, is a clinical manifestation of NEC, not polycythemia.
5.	This is incorrect. Hyperglycemia is not a clinical manifestation associated with polycythemia.

PTS: 1 CON: Assessment | Oxygenation

20. ANS: 1, 2, 3

Chapter number and title: 18: Newborn at Risk: Conditions Present at Birth

Chapter learning objective: Plan nursing care for a chemically exposed infant.

Chapter page reference: 263-265

Heading: Care of Chemically Exposed Infants

Integrated processes: Teaching and Learning

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Addiction

Difficulty: Difficult

Feedback	
1.	This is correct. Swaddling the neonate is an appropriate action when caring for a newborn diagnosed with NAS.
2.	This is correct. Avoiding strong fragrances is an appropriate action when caring for a newborn diagnosed with NAS.
3.	This is correct. Providing a calm environment is an appropriate action when caring for newborn diagnosed with NAS.
4.	This is incorrect. Responding quickly to cries is an appropriate action when caring for a newborn diagnosed with NAS.
5.	This is incorrect. Handling the neonate as little as possible to provide a calm environment is an appropriate action when caring for a newborn diagnosed with NAS.

PTS: 1

CON: Addiction

## **Chapter 19: Newborn at Risk: Birth-Related Stressors**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which term should the nurse use to describe gas exchange in which no oxygen is reaching the cells?
- 1) Anoxia
  - 2) Hypoxia
  - 3) Asphyxia
  - 4) Hypercapnia
- \_\_\_\_ 2. To decrease the risk for birth asphyxia, which maternal condition should the nurse monitor for during labor and delivery?
- 1) Anemia
  - 2) Hypertension
  - 3) Precipitous childbirth
  - 4) Too much oxygen during childbirth
- \_\_\_\_ 3. Which newborn condition requires the nurse to closely monitor for the development of respiratory distress syndrome (RDS)?
- 1) Postterm birth
  - 2) Precipitous delivery
  - 3) Hyperbilirubinemia
  - 4) Meconium aspiration
- \_\_\_\_ 4. Which data cause the licensed practical nurse (LPN) to notify the registered nurse (RN) when providing care for a newborn patient?
- 1) Eupnea
  - 2) Acrocyanosis
  - 3) Crying with a blood draw
  - 4) Grunting with expirations
- \_\_\_\_ 5. Which nursing intervention should be included in the plan of care for a newborn experiencing transient tachypnea?
- 1) Encouraging breastfeeding
  - 2) Monitoring ordered IV fluids
  - 3) Providing stimulation every 30 minutes
  - 4) Maintaining oxygen saturation level above 95%
- \_\_\_\_ 6. Which data collected during the newborn's physical assessment support the current diagnosis of meconium aspiration syndrome?
- 1) Bradypnea
  - 2) Hypertension
  - 3) Increased breath sounds
  - 4) Decreased oxygen saturation

- \_\_\_ 7. Which description regarding the pathophysiology of persistent pulmonary hypertension should the nurse include in the teaching session with a newborn's parents?
- 1) "Gas exchange occurs in the alveoli."
  - 2) "Oxygen is picked up, and carbon dioxide is released."
  - 3) "Blood is shunted away from the lungs, affecting oxygenation."
  - 4) "Blood flows from the right ventricle into the pulmonary artery."
- \_\_\_ 8. Which nursing action is appropriate when providing care to a newborn who is experiencing cold stress?
- 1) Placing the baby in an open crib
  - 2) Monitoring temperature every hour
  - 3) Warming the formula prior to feedings
  - 4) Avoiding skin-to-skin contact with the mother
- \_\_\_ 9. Which data cause the nurse to monitor a newborn's blood glucose level?
- 1) Strong cry
  - 2) Poor feeding
  - 3) Hyperthermia
  - 4) Hypertonicity
- \_\_\_ 10. Which intervention should the nurse include in the plan of care for a newborn experiencing hypoglycemia?
- 1) Maintaining an NPO status
  - 2) Drawing a blood glucose level once per day
  - 3) Making sure the baby is breastfed or bottle fed
  - 4) Checking the blood glucose level 1 hour after feeding
- \_\_\_ 11. Which intervention should the nurse include in the plan of care for a newborn who is diagnosed with a brachial plexus injury?
- 1) Lifting the baby using the axillae
  - 2) Allowing the affected arm to dangle
  - 3) Monitoring for pain using an approved scale
  - 4) Teaching the parents not to use a car seat because of the diagnosis
- \_\_\_ 12. Which intervention should the nurse include in the plan of care for a jaundiced newborn who is to receive phototherapy?
- 1) Keeping the baby fully clothed to avoid burns
  - 2) Encouraging breastfeeding four to six times per day
  - 3) Placing eye protection on the baby during therapy
  - 4) Reporting fewer than two stools per day to the provider
- \_\_\_ 13. Which data will cause the nurse to monitor a newborn for sepsis?
- 1) Postterm delivery
  - 2) Maternal respiratory infection
  - 3) Frequent vaginal examinations during labor and delivery
  - 4) Amniotic fluid ruptured for less than 24 hours during childbirth

- \_\_\_\_ 14. A septic newborn has been transferred to the Level III newborn intensive care unit (NICU) for treatment. Which statement regarding medical management should the nurse share with the newborn's parents?
- 1) "We will be promoting thermoregulation in the NICU."
  - 2) "We will be monitoring your baby's vital signs closely in the NICU."
  - 3) "We will be administering penicillin to treat your baby's viral infection."
  - 4) "We will be placing a central line for the prescribed antibiotics in the NICU."
- \_\_\_\_ 15. Which intervention should be included in the nursing plan of care for a newborn diagnosed with sepsis?
- 1) IV fluid
  - 2) Placing a central line
  - 3) Cardiopulmonary support
  - 4) Promoting thermoregulation
- \_\_\_\_ 16. Which intervention should be included by the nurse in the plan of care for a family whose newborn is admitted to the NICU?
- 1) Referring to the baby using the last name
  - 2) Allowing the parents to participate in the baby's care
  - 3) Withholding the baby's true diagnosis until more family is present
  - 4) Explaining to the parents that their baby cannot be held if intubated

### **Multiple Response**

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

- \_\_\_\_ 17. Which clinical manifestations should the nurse anticipate in a newborn who develops respiratory distress within the first 8 hours of life? (*Select all that apply.*)
- 1) Dyspnea
  - 2) Tachypnea
  - 3) Hypothermia
  - 4) Nasal flaring
  - 5) Intercostal retractions
- \_\_\_\_ 18. Which nursing interventions are appropriate when providing care to a newborn who is experiencing cold stress? (*Select all that apply.*)
- 1) Assessing skin temperature
  - 2) Monitoring respiratory status
  - 3) Providing skin-to-skin contact
  - 4) Infusing warmed IV fluids
  - 5) Administering prescribed vasopressors
- \_\_\_\_ 19. Which clinical manifestations cause the nurse to report to the provider that a newborn is experiencing hypoglycemia? (*Select all that apply.*)
- 1) Hypotonia
  - 2) Strong cry
  - 3) Tachypnea

- 4)** Poor feeding
- 5)** Hypothermia

- 20. Which interventions should the nurse include in the plan of care for a newborn diagnosed with hyperbilirubinemia who is receiving phototherapy? (*Select all that apply.*)
- 1)** Monitoring for hypothermia
  - 2)** Placing patches to protect the retinas
  - 3)** Monitoring for lethargy and irritability
  - 4)** Weighing each diaper to determine stool output
  - 5)** Administering a prescribed exchange transfusion

## **Chapter 19: Newborn at Risk: Birth-Related Stressors**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 1

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Define the key terms.

Chapter page reference: 269

Heading: Conceptual Cornerstone: Gas Exchange

Integrated processes: Communication and Documentation

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Communication; Oxygenation

Difficulty: Moderate

	Feedback
1	<i>Anoxia</i> is the term the nurse should use when communicating that no oxygen is reaching the cells during gas exchange.
2	<i>Hypoxia</i> , not <i>anoxia</i> , is the term the nurse should use when communicating that insufficient oxygen is reaching the cells during gas exchange.
3	<i>Asphyxia</i> , not <i>anoxia</i> , is the term the nurse should use to describe a condition arising when the body is deprived of oxygen, causing unconsciousness or death.
4	<i>Hypercapnia</i> , not <i>anoxia</i> , is the term the nurse should use to describe a blood gas carbon dioxide level greater than 45 mm Hg.

PTS: 1

CON: Communication | Oxygenation

2. ANS: 2

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Identify possible causes of birth asphyxia.

Chapter page reference: 269-270

Heading: Care of the Newborn at Risk Because of Birth Asphyxia

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Assessment; Oxygenation

Difficulty: Moderate

	Feedback
1	Fetal, not maternal, anemia is a risk factor for birth asphyxia.
2	Maternal hypotension and hypertension are both risk factors for birth asphyxia.
3	A prolonged, not a precipitous, labor is a risk factor for birth asphyxia.
4	Too little, not too much, oxygen during childbirth is a risk factor for birth

asphyxia.

PTS: 1 CON: Assessment | Oxygenation

3. ANS: 4

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Discuss the risk factors for respiratory distress syndrome.

Chapter page reference: 270

Heading: Care of the Newborn With Respiratory Distress

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment; Oxygenation

Difficulty: Moderate

	Feedback
1	A preterm, not a postterm, birth is a risk factor for RDS that necessitates close monitoring by the nurse.
2	A prolonged, not a precipitous, birth is a risk factor for RDS that necessitates close monitoring by the nurse.
3	Hyperbilirubinemia is not a risk factor associated with the development of RDS.
4	Meconium aspiration is a risk factor associated with the development of RDS that necessitates close monitoring by the nurse.

PTS: 1 CON: Assessment | Oxygenation

4. ANS: 4

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Recognize signs of respiratory distress.

Chapter page reference: 271

Heading: Respiratory Distress Syndrome

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Collaboration; Oxygenation

Difficulty: Moderate

	Feedback
1	Eupnea, or normal breathing, does not require the LPN to notify the RN when providing care to a newborn.
2	Acrocyanosis does not require the LPN to notify the RN when providing care to a newborn. Central cyanosis does indicate the need for immediate notification.
3	Crying during a blood draw is an expected finding; therefore, it does not require the LPN to notify the RN when providing care to a newborn.
4	Grunting with expirations is a clinical manifestation associated with RDS; therefore, the LPN should notify the RN immediately.

PTS: 1 CON: Collaboration | Oxygenation

5. ANS: 2

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Plan nursing care for a newborn with transient tachypnea.

Chapter page reference: 271

Heading: Transient Tachypnea of the Newborn (TTN)

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Oxygenation

Difficulty: Moderate

	Feedback
1	Oral intake of formula and breastfeeding are discouraged until the newborn's respirations are within normal limits because of the risk of aspiration.
2	The nurse should include monitoring of IV fluids in the plan of care until the newborn is able to eat by mouth.
3	The nurse should minimize stimulation when providing care to a newborn diagnosed with transient tachypnea.
4	The newborn's oxygen saturation level should be kept above 93%, not 95%, with the diagnosis of transient tachypnea.

PTS: 1 CON: Oxygenation

6. ANS: 4

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Identify physical signs of a newborn with meconium aspiration syndrome.

Chapter page reference: 271

Heading: Meconium Aspiration Syndrome

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Oxygenation

Difficulty: Easy

	Feedback
1	Tachypnea, not bradypnea, supports the current diagnosis of meconium aspiration syndrome.
2	Hypertension is not a clinical manifestation that supports the current diagnosis of meconium aspiration syndrome.
3	Decreased, not increased, breath sounds support the current diagnosis of meconium aspiration syndrome.
4	Decreased oxygen saturation level is a clinical manifestation that supports the

current diagnosis of meconium aspiration syndrome.

PTS: 1 CON: Oxygenation

7. ANS: 3

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Discuss the underlying pathophysiology of persistent pulmonary hypertension of the newborn.

Chapter page reference: 271-272

Heading: Persistent Pulmonary Hypertension

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Oxygenation

Difficulty: Moderate

	Feedback
1	Gas exchange occurs in the alveoli during normal oxygenation.
2	Oxygen is picked up and carbon dioxide is released during normal oxygenation.
3	Blood is shunted away from the lungs, which affects oxygenation in persistent pulmonary hypertension of the newborn.
4	Blood flows from the right ventricle into the pulmonary artery during normal oxygenation.

PTS: 1 CON: Oxygenation

8. ANS: 3

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Plan nursing interventions to manage cold stress in the newborn.

Chapter page reference: 272

Heading: Care of the Newborn With Cold Stress

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Thermo-Regulation

Difficulty: Moderate

	Feedback
1	A newborn should not be placed in an open crib if experiencing cold stress. The newborn should be placed under a radiant warmer or in an incubator.
2	A newborn who is experiencing cold stress should have the temperature monitored every 15 minutes, not every 60 minutes.
3	Formula should be warmed prior to feedings for a newborn who is experiencing cold stress.
4	Skin-to-skin contact with the mother should be encouraged for a newborn who is experiencing cold stress.

PTS: 1 CON: Thermo-regulation

9. ANS: 2

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Recognize signs of hypoglycemia in the newborn.

Chapter page reference: 272-273

Heading: Neonatal Hypoglycemia

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	A weak, not a strong, cry is a clinical manifestation associated with hypoglycemia that necessitates monitoring of the newborn's blood glucose level.
2	Poor newborn feeding is a risk factor for hypoglycemia; therefore, the nurse should monitor the newborn's blood glucose level.
3	Hypothermia, not hyperthermia, is a datum that supports the diagnosis of hypoglycemia, which necessitates monitoring of the newborn's blood glucose level.
4	Hypotonicity, not hypertonicity, is a clinical manifestation associated with hypoglycemia that necessitates monitoring of the newborn's blood glucose level.

PTS: 1 CON: Pregnancy

10. ANS: 3

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Discuss nursing interventions for the newborn with hypoglycemia.

Chapter page reference: 272-273

Heading: Neonatal Hypoglycemia

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
1	It is not appropriate to maintain an NPO status for a newborn who is experiencing hypoglycemia.
2	Blood glucose levels should be monitored more frequently than once per day for a newborn who is experiencing hypoglycemia.
3	The nurse should ensure that a newborn experiencing hypoglycemia is either breastfed or bottle fed.
4	Blood glucose levels should be monitored 20 minutes after each feeding for a

newborn who is experiencing hypoglycemia.

PTS: 1 CON: Pregnancy

11. ANS: 3

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Plan nursing interventions for a newborn with a brachial plexus injury.

Chapter page reference: 273-274

Heading: Brachial Plexus Injuries

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	The newborn should not be lifted under the axillae when diagnosed with a brachial plexus injury.
2	The newborn's affected arm should not be allowed to dangle when he or she is diagnosed with a brachial plexus injury.
3	The newborn with a diagnosis of brachial plexus injury should be monitored with an appropriate scale for pain.
4	The parents of a newborn with a brachial plexus injury should be taught how to support the affected extremity with the use of a car seat.

PTS: 1 CON: Pregnancy

12. ANS: 3

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Discuss the nursing interventions for the jaundiced newborn undergoing phototherapy.

Chapter page reference: 274-275

Heading: Hyperbilirubinemia

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1	The baby should have clothing removed, with the exception of a diaper, during phototherapy.
2	Breastfeeding should be encouraged eight to 12, not four to six, times per day for a newborn who is receiving phototherapy.
3	To protect the retina from injury, eye protection should be placed on a newborn who is receiving phototherapy for the treatment of hyperbilirubinemia.

<b>4</b>	Although the number of stools is monitored during phototherapy, it is not necessary to report fewer than two stools per day to the provider.
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PTS: 1 CON: Pregnancy

13. ANS: 3

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Summarize the risk factors, medical management, and nursing interventions for the newborn with sepsis.

Chapter page reference: 276-277

Heading: Sepsis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
<b>1</b>	A preterm, not a postterm, delivery is a risk factor for newborn sepsis.
<b>2</b>	Maternal group beta strep, not a respiratory infection, is a risk factor for newborn sepsis.
<b>3</b>	Frequent vaginal examinations during labor and delivery are a risk factor for newborn sepsis.
<b>4</b>	Amniotic fluid ruptured for more than, not less than, 24 hours is a risk factor for newborn sepsis.

PTS: 1 CON: Pregnancy

14. ANS: 4

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Summarize the risk factors, medical management, and nursing interventions for the newborn with sepsis.

Chapter page reference: 276-277

Heading: Sepsis

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

Feedback	
<b>1</b>	Promoting thermoregulation is nursing, not medical, management for a newborn diagnosed with sepsis.
<b>2</b>	Monitoring vital signs is nursing, not medical, management for a newborn diagnosed with sepsis.
<b>3</b>	Penicillin is administered to treat bacterial, not viral, infections in the NICU.

<b>4</b>	A central line is placed for the prescribed antibiotics in the NICU. This is considered medical management.
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PTS: 1 CON: Pregnancy

15. ANS: 4

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Summarize the risk factors, medical management, and nursing interventions for the newborn with sepsis.

Chapter Page Reference: 276-277

Heading: Sepsis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

	Feedback
<b>1</b>	IV fluid is a medical, not a nursing, intervention implemented to treat a newborn diagnosed with sepsis.
<b>2</b>	Central line placement is a medical, not a nursing, intervention implemented to treat a newborn diagnosed with sepsis.
<b>3</b>	Cardiopulmonary support is a medical, not a nursing, intervention implemented to treat a newborn diagnosed with sepsis.
<b>4</b>	Promoting thermoregulation is a nursing intervention implemented in the plan of care for a newborn diagnosed with sepsis.

PTS: 1 CON: Pregnancy

16. ANS: 2

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Formulate a plan to provide family-centered care in the NICU.

Chapter page reference: 277-278

Heading: Care of the Family of an At-Risk Newborn

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy; Family

Difficulty: Moderate

	Feedback
<b>1</b>	The nurse should refer to the newborn using his or her first name in order to promote family-centered care.
<b>2</b>	The family should be allowed to provide care, as appropriate, in order to promote family-centered care.
<b>3</b>	The nurse should always provide the family with truthful information in order to

	promote family-centered care.
4	The nurse should allow the parents to hold their newborn, even if intubated, in order to promote family-centered care.

PTS: 1 CON: Pregnancy | Family

## MULTIPLE RESPONSE

17. ANS: 1, 2, 4, 5

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Recognize signs of respiratory distress.

Chapter page reference: 271-272

Heading: Respiratory Distress Syndrome

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Oxygenation

Difficulty: Moderate

	Feedback
1.	This is correct. Dyspnea is a clinical manifestation anticipated when providing care for a newborn who develops respiratory distress within the first 8 hours of life.
2.	This is correct. Tachypnea is a clinical manifestation anticipated when providing care for a newborn who develops respiratory distress within the first 8 hours of life.
3.	This is incorrect. Hypothermia is not a clinical manifestation anticipated when providing care for a newborn who develops respiratory distress within the first 8 hours of life.
4.	This is correct. Nasal flaring is a clinical manifestation anticipated when providing care for a newborn who develops respiratory distress within the first 8 hours of life.
5.	This is correct. Intercostal retractions are a clinical manifestation anticipated when providing care for a newborn who develops respiratory distress within the first 8 hours of life.

PTS: 1 CON: Oxygenation

18. ANS: 1, 3, 4

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Plan nursing interventions to manage cold stress in the newborn.

Chapter page reference: 272

Heading: Care of the Newborn With Cold Stress

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1.	This is correct. Assessing skin temperature is a nursing intervention when providing care to a newborn who is experiencing cold stress.
2.	This is incorrect. Monitoring respiratory status is a nursing intervention when providing care to a newborn experiencing respiratory distress, not cold stress.
3.	This is correct. Providing skin-to-skin contact is a nursing intervention when providing care to a newborn experiencing cold stress.
4.	This is correct. Infusing warmed IV fluids is a nursing intervention when providing care to a newborn experiencing cold stress.
5.	This is incorrect. Administering vasopressors is not a nursing intervention when providing care to a newborn experiencing cold stress.

PTS: 1 CON: Pregnancy

19. ANS: 1, 4, 5

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Recognize signs of hypoglycemia in the newborn.

Chapter page reference: 272-273

Heading: Neonatal Hypoglycemia

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1.	This is correct. Hypotonia is a clinical manifestation of hypoglycemia that necessitates reporting to the provider.
2.	This is incorrect. A weak, not a strong, cry is a clinical manifestation of hypoglycemia that necessitates reporting to the provider.
3.	This is incorrect. Apnea, not tachypnea, is a clinical manifestation of hypoglycemia that necessitates reporting to the provider.
4.	This is correct. Poor feeding is a clinical manifestation of hypoglycemia that necessitates reporting to the provider.
5.	This is correct. Hypothermia is a clinical manifestation of hypoglycemia that necessitates reporting to the provider.

PTS: 1 CON: Pregnancy

20. ANS: 1, 2, 3

Chapter number and title: 19: Newborn at Risk: Birth-Related Stressors

Chapter learning objective: Discuss the nursing interventions for the jaundiced newborn undergoing phototherapy.

Chapter page reference: 274-275

Heading: Hyperbilirubinemia

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Pregnancy

Difficulty: Moderate

Feedback	
1.	This is correct. Monitoring for hypothermia due to lack of clothing and exposure to bilirubin lights is an appropriate intervention to include in the plan of care for a newborn diagnosed with hyperbilirubinemia who is receiving phototherapy.
2.	This is correct. Placing patches to protect the retinas is an appropriate intervention to include in the plan of care for a newborn diagnosed with hyperbilirubinemia who is receiving phototherapy.
3.	This is correct. Monitoring for lethargy and irritability, manifestations indicating that the bilirubin level is irritating the brain, is an appropriate intervention to include in the plan of care for a newborn diagnosed with hyperbilirubinemia who is receiving phototherapy.
4.	This is incorrect. Weighing each diaper to determine urine, not stool, output is an appropriate intervention to include in the plan of care for a newborn diagnosed with hyperbilirubinemia who is receiving phototherapy.
5.	This is incorrect. Administering a prescribed exchange transfusion is not an appropriate intervention to include in the plan of care for a newborn diagnosed with hyperbilirubinemia who is receiving phototherapy. This intervention is reserved for newborns who are approaching kernicterus levels of hyperbilirubinemia.

PTS: 1

CON: Pregnancy

## **Chapter 20: Introduction to Pediatric Nursing**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which term describes assisting a family to feel supported, listened to, and competent?
- 1) Enable
  - 2) Empathy
  - 3) Egocentric
  - 4) Empowerment
- \_\_\_\_ 2. On which new morbidity topic should the pediatric nurse focus when providing health promotion to families?
- 1) Dietary fads
  - 2) Unsafe neighborhoods
  - 3) Cost of health insurance
  - 4) Post-traumatic stress disorder
- \_\_\_\_ 3. Which initiative is the nurse following by not using the abbreviation QOD when documenting care that is provided every other day?
- 1) Read back verbal orders
  - 2) Do Not Use Abbreviations
  - 3) Handoff reports
  - 4) Critical test results
- \_\_\_\_ 4. Which action should the nurse implement in order to apply the principles of family-centered care in the hospital environment?
- 1) Implementing strict visitation policy for siblings
  - 2) Allowing a child to “cry it out” when parents leave the bedside
  - 3) Encouraging parents to continue bedtime routines, such as reading a story
  - 4) Discouraging cultural foods because they cannot be provided by the dietary department
- \_\_\_\_ 5. Which anatomical difference between adults and children places a pediatric patient at risk for insensible losses?
- 1) Large body surface area
  - 2) Obligatory nose breathing
  - 3) Disproportionate head size
  - 4) Poorly developed intercostal chest muscles
- \_\_\_\_ 6. Which is the best method for providing orientation to a novice pediatric nurse to enhance communication skills when working with this population?
- 1) Real-time training
  - 2) Simulation activities
  - 3) Computer-based training
  - 4) Written module instructions

- \_\_\_ 7. Which intervention is meant to enhance medication safety for inpatient pediatric units?
- 1) Computerized order entry
  - 2) Hospital-based pharmacies
  - 3) Double-checking drug orders with three nurses
  - 4) Interaction with other nurses in the medication room
- \_\_\_ 8. For which stage of development must the nurse engage in total safety perception when providing patient care?
- 1) Toddler
  - 2) Preschooler
  - 3) Older infant
  - 4) Younger infant
- \_\_\_ 9. Which toy should the nurse provide to the toddler-aged patient to promote development?
- 1) Music box
  - 2) Board game
  - 3) Pail and shovel
  - 4) Large-piece puzzle
- \_\_\_ 10. Which toy should the nurse provide to the infant patient to promote development?
- 1) Music box
  - 2) Board game
  - 3) Pail and shovel
  - 4) Large-piece puzzle
- \_\_\_ 11. Which toy should the nurse provide to the school-aged patient to promote development?
- 1) Music box
  - 2) Board game
  - 3) Pail and shovel
  - 4) Large-piece puzzle
- \_\_\_ 12. Which toy should the nurse provide to the preschool-aged patient to promote development?
- 1) Music box
  - 2) Board game
  - 3) Pail and shovel
  - 4) Large-piece puzzle
- \_\_\_ 13. Which pediatric anatomical factor increases the risk for respiratory failure when care is provided to a child?
- 1) Smaller airway
  - 2) Obligatory nose breathing
  - 3) Large posterior head bone occiput
  - 4) Poorly developed intercostal chest muscles
- \_\_\_ 14. Which pediatric anatomical factor increases the risk for airway occlusion when care is provided to a child?
- 1) A large posterior head bone occiput
  - 2) An increase in total body surface area

- 3) A decrease in circulatory blood volume  
4) Intercostal chest muscles that are poorly developed
- \_\_\_ 15. Which nursing action supports the National Patient Safety Goals for 2016?
- 1) Securing oxygen and suction equipment at each bedside
  - 2) Using two identifiers prior to medication administration
  - 3) Teaching the pediatric patient how to use the call button
  - 4) Ensuring the bed is left in the lowest position when leaving the room
- \_\_\_ 16. Which action enhances crib safety when providing care to a pediatric patient in the hospital setting?
- 1) Ensuring that all patients wear nonskid footwear
  - 2) Keeping a name badge on the patient at all times
  - 3) Storing items such as diapers and wipes at the bedside table
  - 4) Allowing a toddler to sleep in an adult bed with side rails engaged

#### **Multiple Response**

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

- \_\_\_ 17. Which toddler characteristics require the nurse to implement enhanced safety precautions when providing care? (*Select all that apply.*)
- 1) Feeling invincible
  - 2) Learning to crawl
  - 3) Challenging limits
  - 4) Desiring autonomy
  - 5) Testing the environment
- \_\_\_ 18. Which infant characteristics require the nurse to implement enhanced safety precautions when providing care? (*Select all that apply.*)
- 1) Feeling invincible
  - 2) Learning to crawl
  - 3) Beginning to walk
  - 4) Desiring autonomy
  - 5) Testing the environment
- \_\_\_ 19. Which toys should the nurse include in the plan of care to promote age-appropriate development for the infant? (*Select all that apply.*)
- 1) Rattles
  - 2) Music boxes
  - 3) Picture books
  - 4) Cubes for stacking
  - 5) Multicolored mobiles
- \_\_\_ 20. Which toys should the nurse include in the plan of care to promote age-appropriate development for the toddler? (*Select all that apply.*)
- 1) Rattles
  - 2) Music boxes
  - 3) Picture books

- 4) Cubes for stacking
- 5) Black-and-white mobiles

## **Chapter 20: Introduction to Pediatric Nursing**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 4

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: Define the key terms

Chapter page reference: 285-287

Heading: Family-Centered Care

Integrated processes: Caring

Client need: Coordinated Care

Cognitive level: Knowledge [Remembering]

Concept: Family

Difficulty: Easy

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

PTS: 1 CON: Family

2. ANS: 2

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: Discuss contemporary issues facing children and their families in the 21st century including social issues and morbidity and mortality outcomes.

Chapter page reference: 284

Heading: Overview of Critical Pediatric Nursing Issues: Issues of New Morbidity

Integrated processes: Teaching and Learning

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Promoting Health; Safety

Difficulty: Moderate

	Feedback
1	Obesity and anorexia nervosa, not dietary fads, are new morbidity topics the nurse should focus on when providing health promotion education to families.
2	Societal violence and unsafe neighborhoods with limited forms of safe recreation across childhood are new morbidity topics the nurse should focus on when

	providing health promotion education to families.
<b>3</b>	The number of medically uninsured or underinsured people within the nation is decreasing because of the implementation of the Affordable Care Act (ACA).
<b>4</b>	Depression, anxiety, and low self-esteem, not post-traumatic stress disorder, are new morbidity topics the nurse should focus on when providing health promotion education to families.

PTS: 1 CON: Promoting Health | Safety

3. ANS: 2

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: Analyze national pediatric health goals as identified from professional and government organizations.

Chapter page reference: 288

Heading: Quality and Safety Imperatives

Integrated processes: Communication and Documentation

Client need: Coordinated Care

Cognitive level: Comprehension [Understanding]

Concept: Communication

Difficulty: Easy

Feedback	
<b>1</b>	Read back verbal orders, or RBVO, is an initiative that requires the nurse to read back verbal orders to the provider prior to implementation.
<b>2</b>	Do Not Use Abbreviations is an initiative by the Joint Commission that lists abbreviations that should not be used when documenting data in the medical record because of safety concerns.
<b>3</b>	Handoff reports ensure that patient handoff, or report, is given between providers when care is relinquished and received in the clinical care environment.
<b>4</b>	Critical test results makes sure that when laboratory personnel call the pediatric nursing unit with a critically high or critically low laboratory value, the correct health-care provider is notified of the result in a timely fashion so an intervention can be provided.

PTS: 1 CON: Communication

4. ANS: 3

Chapter number and title: 20: Introduction to Pediatric Nursing

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

Chapter page reference: 286

Heading: Box 20.4 Family-Centered Care Principles

Integrated processes: Caring

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Family

Difficulty: Moderate

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

PTS: 1 CON: Family

5. ANS: 1

Chapter number and title: 20: Introduction to Pediatric Nursing

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

Chapter page reference: 291-292

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

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

PTS: 1 CON: Development

6. ANS: 2

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: Discuss effective communications patterns across childhood and tips to initiate engaged conversations with children of each age group.

Chapter page reference: 287

Heading: Nursing Care for Children on Medical-Surgical Units

Integrated processes: Communication and Documentation

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Communication

Difficulty: Easy

	Feedback
1	Real-time training may be appropriate; however, this isn't included when providing orientation to a novice nurse in the pediatric setting to enhance communication skills.
2	Simulation activities should be provided to the novice nurse during orientation to the pediatric setting to enhance communication skills.
3	Computer-based training might be appropriate; however, this is not the best method for providing orientation to the novice pediatric nurse to enhance communication skills.
4	Written module instructions might be appropriate; however, this is not the best method for providing orientation to the novice pediatric nurse to enhance communication skills.

PTS: 1 CON: Communication

7. ANS: 1

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: Analyze care environments for safety concerns across childhood.

Chapter page reference: 289

Heading: Interventions for Preventing Medication Errors

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
1	Computerized order entry is an intervention implemented in inpatient pediatric units to enhance medication safety.
2	The use of unit-based, not hospital-based, pharmacies is an intervention meant to enhance medication safety for inpatient pediatric units.
3	All medication orders for pediatric patients 12 months of age and younger should be double-checked with two, not three, nurses to enhance medication safety.
4	Interaction with other nurses in the medication room should not occur in order to enhance medication safety for inpatient pediatric units.

PTS: 1 CON: Safety

8. ANS: 4

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: Describe issues of growth and development within the eight stages of childhood including newborn, young infant, older infant, toddler, preschooler, early school age, later school age, and adolescence.

Chapter page reference: 293-299

Heading: Table 20-1 Growth, Development, and Perceptions Across Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Development; Safety

Difficulty: Easy

	Feedback
1	Safety perceptions continue to be a concern for the toddler-aged patient because of exploration of the environment; however, the nurse does not need to engage in total safety perception for this patient.
2	Safety perceptions continue to be a concern for the preschool-aged patient because of limit testing; however, the nurse does not need to engage in total safety perception for this patient.
3	Safety perception grows during older infancy because the patient is able to move within the environment; however, the nurse does not need to engage in total safety perception for this patient.
4	No safety perceptions exist for the younger infant; therefore, the nurse must engage in total safety perception when providing care to a young infant patient.

PTS: 1 CON: Development | Safety

9. ANS: 3

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: State the importance of play across childhood and the theory that contributes to selecting play for specified situations, such as promoting development, procedural distraction, and complementary therapy for symptom control.

Chapter page reference: 301

Heading: Table 20-2 Ideas for Play Across Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	A music box is an age-appropriate toy for an infant, not a toddler, patient.
2	A board game is an age-appropriate toy for a school-aged, not a toddler-aged, patient.
3	A pail and shovel are age-appropriate toys for a toddler-aged patient.
4	A large-piece puzzle is an age-appropriate toy for a preschool-aged, not a toddler-

aged, patient.

- PTS: 1 CON: Development
10. ANS: 1
- Chapter number and title: 20: Introduction to Pediatric Nursing
- Chapter learning objective: State the importance of play across childhood and the theory that contributes to selecting play for specified situations, such as promoting development, procedural distraction, and complementary therapy for symptom control.
- Chapter page reference: 301
- Heading: Table 20-2 Ideas for Play Across Childhood
- Integrated processes: Clinical Problem-Solving Process
- Client need: Health Promotion and Maintenance
- Cognitive level: Application [Applying]
- Concept: Development
- Difficulty: Moderate

Feedback	
1	A music box is an age-appropriate toy for an infant patient.
2	A board game is an age-appropriate toy for a school-aged, not an infant, patient.
3	A pail and shovel are age-appropriate toys for a toddler, not an infant, patient.
4	A large-piece puzzle is an age-appropriate toy for a preschool-aged, not an infant, patient.

- PTS: 1 CON: Development
11. ANS: 2
- Chapter number and title: 20: Introduction to Pediatric Nursing
- Chapter learning objective: State the importance of play across childhood and the theory that contributes to selecting play for specified situations, such as promoting development, procedural distraction, and complementary therapy for symptom control.
- Chapter page reference: 301
- Heading: Table 20-2 Ideas for Play Across Childhood
- Integrated processes: Clinical Problem-Solving Process
- Client need: Health Promotion and Maintenance
- Cognitive level: Application [Applying]
- Concept: Development
- Difficulty: Moderate

Feedback	
1	A music box is an age-appropriate toy for an infant, not a school-aged, patient.
2	A board game is an age-appropriate toy for a school-aged patient.
3	A pail and shovel are age-appropriate toys for a toddler, not a school-aged, patient.
4	A large-piece puzzle is an age-appropriate toy for a preschool-aged, not a school-aged, patient.

PTS: 1

CON: Development

12. ANS: 4

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: State the importance of play across childhood and the theory that contributes to selecting play for specified situations, such as promoting development, procedural distraction, and complementary therapy for symptom control.

Chapter page reference: 301

Heading: Table 20-2 Ideas for Play Across Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	A music box is an age-appropriate toy for an infant, not a preschool-aged, patient.
<b>2</b>	A board game is an age-appropriate toy for a school-aged, not a preschool-aged, patient.
<b>3</b>	A pail and shovel are age-appropriate toys for a toddler, not a preschool-aged, patient.
<b>4</b>	A large-piece puzzle is an age-appropriate toy for a preschool-aged patient.

PTS: 1

CON: Development

13. ANS: 4

Chapter number and title: 20: Introduction to Pediatric Nursing

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

Chapter page reference: 291-292

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development; Oxygenation

Difficulty: Easy

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

patient's risk for fatigue, leading to respiratory failure.

PTS: 1 CON: Development | Oxygenation

14. ANS: 1

Chapter number and title: 20: Introduction to Pediatric Nursing

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

Chapter page reference: 291-292

Heading: Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development; Oxygenation

Difficulty: Easy

Feedback	
1	A large posterior head bone occiput increases the risk for airway occlusion for pediatric patients.
2	An increase in total body surface area results in greater heat loss and insensible losses.
3	A decrease in circulatory blood volume does not increase the risk for airway occlusion.
4	The poorly developed intercostal muscles of the chest increase the pediatric patient's risk for fatigue, leading to respiratory failure not airway occlusion.

PTS: 1 CON: Development | Oxygenation

15. ANS: 2

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: Analyze care environments for safety concerns across childhood.

Chapter page reference: 288

Heading: National Patient Safety Goals

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Safety

Difficulty: Difficult

Feedback	
1	Although securing oxygen and suction equipment at the bedside is a nursing action that enhances safety, it is not an action that supports the National Patient Safety Goals for 2016.
2	The National Patient Safety Goals for 2016 are supported when the nurse uses two identifiers prior to medication administration.

<b>3</b>	Although teaching a pediatric patient how to use the call button is a nursing action that enhances safety, it is not an action that supports the National Patient Safety Goals for 2016.
<b>4</b>	Although ensuring the bed is left in the lowest position when leaving the room is a nursing action that enhances safety, it is not an action that supports the National Patient Safety Goals for 2016.

PTS: 1 CON: Safety

16. ANS: 3

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: Analyze care environments for safety concerns across childhood.

Chapter page reference: 291

Heading: Crib Safety

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Safety

Difficulty: Difficult

Feedback	
<b>1</b>	Providing nonskid footwear is an action that decreases the risk for falls; however, this action does not enhance crib safety.
<b>2</b>	Keeping a name badge on the patient is a safety feature for a nonverbal child; however, this action does not enhance crib safety.
<b>3</b>	Storing diapers and wipes in the bedside table is an action that enhances crib safety. These items can be stacked and used for climbing if kept in the crib with the patient.
<b>4</b>	Although some hospitals allow children aged 3 and up to sleep in a hospital bed versus a crib, this does not enhance crib safety.

PTS: 1 CON: Safety

## MULTIPLE RESPONSE

17. ANS: 3, 5

Chapter number and title: 20: Introduction to Pediatric Nursing

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

Chapter page reference: 293-299

Heading: Table 20-1 Growth, Development, and Perceptions Across Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Development; Safety

Difficulty: Moderate

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

PTS: 1 CON: Development | Safety

18. ANS: 2, 3

Chapter number and title: 20: Introduction to Pediatric Nursing

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

Chapter page reference: 293-299

Heading: Table 20-1 Growth, Development, and Perceptions Across Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Development; Safety

Difficulty: Moderate

	Feedback
1.	This is incorrect. A feeling of invincibility is an adolescent, not an infant, characteristic that requires the nurse to implement enhanced safety precautions when providing care.
2.	This is correct. Learning to crawl is an infant characteristic that requires the nurse to implement enhanced safety precautions when providing care.
3.	This is correct. Beginning to walk is an infant characteristic that requires the nurse to implement enhanced safety precautions when providing care.
4.	This is incorrect. Desiring autonomy is a school-aged, not an infant, characteristic that requires the nurse to implement enhanced safety precautions when providing care.
5.	This is incorrect. Testing the environment is a toddler, not an infant, characteristic that requires the nurse to implement enhanced safety precautions when providing care.

	care.
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PTS: 1 CON: Development | Safety

19. ANS: 1, 2

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: State the importance of play across childhood and the theory that contributes to selecting play for specified situations, such as promoting development, procedural distraction, and complementary therapy for symptom control.

Chapter page reference: 301

Heading: Table 20-2 Ideas for Play Across Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1.	This is correct. A rattle is an age-appropriate toy to promote development when planning care for an infant.
2.	This is correct. A music box is an age-appropriate toy to promote development when planning care for an infant.
3.	This is incorrect. Picture books are an age-appropriate toy for a toddler, not an infant, to promote development.
4.	This is incorrect. Cubes for stacking are an age-appropriate toy for a toddler, not an infant, to promote development.
5.	This is incorrect. Black-and-white, not multicolored, mobiles are an age-appropriate toy to promote development when planning care for an infant.

PTS: 1 CON: Development

20. ANS: 3, 4

Chapter number and title: 20: Introduction to Pediatric Nursing

Chapter learning objective: State the importance of play across childhood and the theory that contributes to selecting play for specified situations, such as promoting development, procedural distraction, and complementary therapy for symptom control.

Chapter page reference: 301

Heading: Table 20-2 Ideas for Play Across Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1.	This is incorrect. A rattle is an age-appropriate toy to promote development when

	planning care for an infant, not a toddler.
2.	This is incorrect. A music box is an age-appropriate toy to promote development when planning care for an infant, not a toddler.
3.	This is correct. Picture books are an age-appropriate toy for a toddler to promote development when planning care.
4.	This is correct. Cubes for stacking are an age-appropriate toy for a toddler to promote development when planning care.
5.	This is incorrect. Black-and-white, not multicolored, mobiles are an age-appropriate toy to promote development when planning care for an infant.

PTS: 1

CON: Development

## **Chapter 21: Health Promotion of the Infant: Birth to One Year**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which is an example of an anthropometric measurement the nurse documents for the infant in the medical record?
- 1) Heart rate
  - 2) Pain rating
  - 3) Blood pressure
  - 4) Head circumference
- \_\_\_\_ 2. Which parental statement indicates the need for further education regarding newborn safety?
- 1) "I should lay my baby on his back when I put him to sleep."
  - 2) "It is important to support my baby's head when I hold him."
  - 3) "My baby doesn't require a hat unless I am wearing one also."
  - 4) "I shouldn't overextend my baby's shoulders when changing his clothing."
- \_\_\_\_ 3. Which assessment data increase the risk for newborn airway compromise?
- 1) Long torso
  - 2) Long neck
  - 3) Large tongue
  - 4) Large mandible
- \_\_\_\_ 4. Which statement regarding infant physical growth patterns should the nurse share with the parents of an infant?
- 1) "Your baby will double his birth weight by 3 months of age."
  - 2) "Your baby should double his birth weight by 9 months of age."
  - 3) "Your baby should triple his birth weight by 12 months of age."
  - 4) "Your baby will lose 15% of his body weight by 1 month of age."
- \_\_\_\_ 5. At which age should the nurse suggest introducing rice cereal to the infant's diet?
- 1) 3 months
  - 2) 6 months
  - 3) 9 months
  - 4) 12 months
- \_\_\_\_ 6. Which parental statement about newborn and infant stooling patterns indicates the need for further education?
- 1) "A formula stool has a soft consistency."
  - 2) "A transitional stool is less thick and sticky."
  - 3) "A breastfed baby will stool only once per day."
  - 4) "A meconium stool is the first stool my baby will have."
- \_\_\_\_ 7. Which parental statement regarding the sleep needs of a younger infant is accurate?
- 1) "My baby requires 22 to 23 hours of sleep each day."
  - 2) "My baby requires a 1- to 2-hour nap in the afternoon."

- 3) "My baby requires a 1- to 2-hour nap in the morning."  
4) "My baby requires 16 hours of sleep each day, including two naps."
- 8. Which immunization should the nurse plan to give prior to newborn discharge from the hospital?
- 1) Rotavirus
  - 2) Hepatitis B
  - 3) Inactivated polio virus (IPV)
  - 4) Measles, mumps, rubella (MMR)
- 9. Which data cause the nurse to provide the parents of an infant with education regarding colic?
- 1) Abdominal pain accompanied by crying 3 days per week
  - 2) No weight gain since the last well-child visit
  - 3) Muscle mass that has decreased
  - 4) Frequent emesis
- 10. Which nursing action is appropriate when assessing an infant for respiratory distress?
- 1) Palpating for masses
  - 2) Inspecting for head bobbing
  - 3) Documenting the frequency of stools
  - 4) Monitoring for visible loops of bowel
- 11. Which data obtained during an infant's health history interview cause the nurse to provide specific information about SIDS?
- 1) Sleeping on the back
  - 2) Smoking in the home
  - 3) Attending day care each day
  - 4) Being behind on current vaccinations
- 12. Which complementary therapy might the nurse encourage for an infant who is experiencing colic?
- 1) Herbal tea
  - 2) Acupressure
  - 3) Stone therapy
  - 4) Massage therapy
- 13. Which intervention should be included in the plan of care for an infant who is experiencing diaper rash?
- 1) Changing the diaper three times per day
  - 2) Keeping the diaper area clean and dry
  - 3) Using scented lotion on the diaper area
  - 4) Applying nystatin cream four times per day
- 14. Which data cause the nurse to report to the charge nurse that an infant is experiencing moderate dehydration?
- 1) A 5% weight loss
  - 2) A 15% weight loss
  - 3) A decrease in urine output
  - 4) A delayed capillary refill time

- \_\_\_ 15. Which parental statement indicates understanding of methods to prevent newborn neurological injury?
- 1) "I should cover my baby's head."
  - 2) "I should place my baby on her back to sleep."
  - 3) "I should never shake my baby, even if she won't stop crying."
  - 4) "I should use the bulb syringe to remove secretions from my baby's nose."
- \_\_\_ 16. Which statement regarding plotting anthropometric measurements indicates correct parental understanding?
- 1) "Body mass index (BMI) is monitored closely during the first year of life."
  - 2) "Height, weight, and BMI are monitored from 3 to 18 years of age."
  - 3) "You will plot my baby's weight, length, and head circumference through 4 years of age."
  - 4) "There are four charts used to monitor physical growth from birth to 18 years of age."

### **Multiple Response**

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

- \_\_\_ 17. Which nursing actions are included when collecting anthropometric measurements during the newborn assessment? (*Select all that apply.*)
- 1) Measuring head circumference
  - 2) Monitoring blood pressure
  - 3) Determining heart rate
  - 4) Documenting length
  - 5) Assessing weight
- \_\_\_ 18. Which immunizations should the nurse prepare the parents of an infant for during the 4-month well-child visit? (*Select all that apply.*)
- 1) Rotavirus
  - 2) Hepatitis B
  - 3) IPV
  - 4) MMR
  - 5) Diphtheria, tetanus, pertussis (DTP)

### **Completion**

*Complete each statement.*

19. The nurse is calculating the kilocalorie needs for a newborn aged 15 days of life. Which is the maximum number of kilocalories the newborn needs per day if the current weight is 4.5 kg? Record your answer as a whole number. \_\_\_\_\_

20. What is the minimum overall fluid requirement, in milliliters, for a newborn who weighs 5 kg?  
Record your answer as a whole number. \_\_\_\_\_

## Chapter 21: Health Promotion of the Infant: Birth to One Year

### Answer Section

#### MULTIPLE CHOICE

1. ANS: 4

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Define the key terms in this chapter.

Chapter page reference: 312

Heading: Physical Growth and Development

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Communication; Development

Difficulty: Easy

Feedback	
1	Heart rate is an example of a vital sign, not an anthropometric measurement.
2	Pain rating is an assessment that is documented with vital signs. It is not an example of an anthropometric measurement.
3	Blood pressure is an example of a vital sign, not an anthropometric measurement.
4	Head circumference is an anthropometric measurement that the nurse documents for the infant in the medical record.

PTS: 1

CON: Communication | Development

2. ANS: 3

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Describe the unique needs of the newborn and infant as compared to older children in relation to safety, bonding, communication, and development.

Chapter page reference: 312

Heading: Safety STAT!

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Safety

Difficulty: Difficult

Feedback	
1	Newborns should be placed on their backs to sleep to decrease the risk for sudden infant death syndrome (SIDS).
2	Newborns should have their head supported at all times to decrease the risk for

	injury.
3	Newborns should wear a hat at all times to decrease the risk for cold stress. This statement indicates the need for further education.
4	It is important not to overextend a newborn's joints when changing clothing to prevent injury.

PTS: 1 CON: Safety

3. ANS: 3

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Describe the differences between infants and older children and adults in relation to body systems, anatomy, and physiology.

Chapter page reference: 307-308

Heading: Respiratory System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Oxygenation

Difficulty: Easy

	Feedback
1	The newborn does not have a long torso that leads to airway compromise.
2	The newborn has a short neck, not a long neck that leads to airway compromise.
3	The newborn has a large tongue, which leads to airway compromise.
4	The newborn has a small mandible, not a large mandible that leads to airway compromise.

PTS: 1 CON: Oxygenation

4. ANS: 3

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Describe the patterns of rapid growth and development of the newborn, young infant, and older infant.

Chapter page reference: 312

Heading: Physical Growth and Development

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
1	Birth weight is doubled by 6, not 3, months of age.
2	Birth weight is doubled by 6, not 9, months of age.
3	Birth weight should be tripled by 12 months of age.
4	Newborns are expected to lose up to 10% of the birth weight within the first week

of life.

PTS: 1 CON: Communication

5. ANS: 2

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Compare the nutritional needs and eating patterns of the infant, including accurate kilocalorie and fluid maintenance calculations.

Chapter page reference: 309-311

Heading: Nutrition

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Development; Nutrition

Difficulty: Easy

	Feedback
1	Rice cereal is not introduced to the infant's diet at 3 months of age.
2	Rice cereal is introduced to the infant's diet at 6 months of age.
3	Rice cereal is not introduced to the infant's diet at 9 months of age.
4	Rice cereal is not introduced to the infant's diet at 12 months of age.

PTS: 1 CON: Development | Nutrition

6. ANS: 3

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Discuss the elimination patterns of the newborn, young infant, and older infant.

Chapter page reference: 308

Heading: Table 21-1 Stooling Patterns of Infants in the First Year of Life

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Pregnancy

Difficulty: Difficult

	Feedback
1	A formula stool should have a soft consistency; therefore, this parental statement indicates correct understanding of the information presented.
2	A transitional stool is less thick and sticky; therefore, this parental statement indicates correct understanding of the information presented.
3	A breastfed baby is expected to stool several times each day; therefore, this parental statement indicates the need for further education.
4	A meconium stool is the first stool a baby passes; therefore, this parental statement indicates correct understanding of the information presented.

PTS: 1 CON: Pregnancy

7. ANS: 1

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Describe the need infants have for stimulation, play, and sleep in order to promote normal growth and development.

Chapter page reference: 311

Heading: Sleeping Patterns and Requirements

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Sleep, Rest, and Activity

Difficulty: Difficult

	Feedback
1	During the first few weeks of life, a younger infant requires 22 to 23 hours of sleep per day. This statement indicates correct understanding.
2	An older, not a younger, infant requires 16 hours of sleep each day and takes a 1- to 2-hour nap in the afternoon. This statement indicates the need for further education.
3	An older, not a younger, infant requires 16 hours of sleep each day and takes a 1- to 2-hour nap in the morning. This statement indicates the need for further education.
4	An older, not a younger, infant requires 16 hours of sleep each day, including two naps. This statement indicates the need for further education.

PTS: 1 CON: Sleep, Rest, and Activity

8. ANS: 2

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Differentiate the various schedules, infectious diseases, and care required for infants undergoing immunizations.

Chapter page reference: 319

Heading: Table 21-5 Schedule for Well-Infant Checkup and Immunizations

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

	Feedback
1	Rotavirus is not an immunization that is administered to the newborn prior to hospital discharge.
2	Hepatitis B is an immunization that is administered to the newborn prior to hospital discharge.
3	IPV is not an immunization that is administered to the newborn prior to hospital

	discharge.
<b>4</b>	MMR is not an immunization that is administered to the newborn prior to hospital discharge.

PTS: 1 CON: Promoting Health

9. ANS: 1

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Differentiate various nutritional disorders that can be found during infancy including organic and nonorganic failure to thrive.

Chapter page reference: 323

Heading: Colic

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Digestion

Difficulty: Easy

Feedback	
<b>1</b>	Colic manifests with abdominal pain accompanied by 3 hours of crying for at least 3 days per week.
<b>2</b>	Education for failure to thrive (FTT), not colic, is required for an infant who does not gain weight between well-child visits.
<b>3</b>	Education for FTT, not colic, is required for an infant with decreased muscle mass.
<b>4</b>	Education for FTT, not colic, is required for an infant with frequent emesis.

PTS: 1 CON: Digestion

10. ANS: 2

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Describe respiratory distress in the infant including assessment and interventions.

Chapter page reference: 308

Heading: Respiratory System

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment; Oxygenation

Difficulty: Moderate

Feedback	
<b>1</b>	Palpating for masses is an appropriate nursing action when assessing for gastrointestinal issues, not respiratory distress.
<b>2</b>	Head bobbing is often an indication of respiratory distress.
<b>3</b>	Documenting the frequency of stools is an appropriate nursing action when

	monitoring for gastrointestinal issues, not respiratory distress.
<b>4</b>	Monitoring for visible loops of bowel is an appropriate nursing action when monitoring for gastrointestinal issues, not respiratory distress.

PTS: 1 CON: Assessment | Oxygenation

11. ANS: 2

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Describe the phenomenon of sudden infant death syndrome (SIDS) and the needs of the family immediately after the infant's death through the period of grief and loss.

Chapter page reference: 323

Heading: Sudden Infant Death Syndrome (SIDS)

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Promoting Health

Difficulty: Easy

Feedback	
<b>1</b>	Prone sleeping indicates the need for education regarding SIDS prevention.
<b>2</b>	Exposure to secondhand smoke increases the risk for SIDS; therefore, this datum indicates the need for education regarding SIDS prevention.
<b>3</b>	Day-care attendance does not indicate the need for education regarding SIDS prevention.
<b>4</b>	Lagging behind with vaccinations does not indicate the need for education regarding SIDS prevention.

PTS: 1 CON: Promoting Health

12. ANS: 1

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Discuss the interventions that can assist a caregiver who is caring for an infant experiencing colic.

Chapter page reference: 323

Heading: Colic

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Diversity

Difficulty: Moderate

Feedback	
<b>1</b>	Some cultural groups have found that herbal tea decreases the irritability and crying associated with colic.
<b>2</b>	There is no evidence to support the use of acupressure in the treatment of infant colic.

<b>3</b>	This is no evidence to support the use of stone therapy in the treatment of infant colic.
<b>4</b>	There is no evidence to support the use of massage therapy in the treatment of infant colic.

PTS: 1 CON: Diversity

13. ANS: 2

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: List the assessments and interventions that assist a child experiencing diaper rashes.

Chapter page reference: 309

Heading: Integumentary System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

Feedback	
<b>1</b>	The diaper should be changed as needed and not just three times per day.
<b>2</b>	The diaper area should be kept clean and dry for all infants, including those experiencing diaper rash.
<b>3</b>	Scented lotions should be avoided, especially in the diaper area.
<b>4</b>	Nystatin cream is appropriate for an infant who is diagnosed with a fungal diaper rash.

PTS: 1 CON: Promoting Health

14. ANS: 3

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Describe key assessments and interventions for an infant demonstrating dehydration.

Chapter page reference: 323

Heading: Dehydration

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Fluid and Electrolyte Balance

Difficulty: Difficult

Feedback	
<b>1</b>	A 5% weight loss or less indicates mild dehydration.
<b>2</b>	A 15% weight loss or greater indicates severe dehydration.
<b>3</b>	A decrease in urine output is a clinical manifestation associated with moderate dehydration.

<b>4</b>	A delayed capillary refill time is a clinical manifestation associated with severe dehydration.
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PTS: 1 CON: Fluid and Electrolyte Balance

15. ANS: 3

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Understand the importance of discussing safety issues for infants with parents, including maintaining a clear airway and preventing severe injuries such as shaking baby syndrome.

Chapter page reference: 312

Heading: Safety STAT!

Integrated processes: Teaching and Learning

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Safety

Difficulty: Difficult

<b>Feedback</b>	
<b>1</b>	Although covering the baby's head decreases the risk for cold stress, this statement does not indicate understanding of methods to prevent newborn neurological injury.
<b>2</b>	Although a baby should be placed on her back to sleep to prevent SIDS, this statement does not indicate understanding of methods to prevent newborn neurological injury.
<b>3</b>	A baby should never be shaken, especially when crying. This statement indicates correct understanding of methods to prevent newborn neurological injury.
<b>4</b>	Although using a bulb syringe to remove secretions decreases the risk for aspiration, this statement does not indicate understanding of methods to prevent newborn neurological injury.

PTS: 1 CON: Safety

16. ANS: 2

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Describe the patterns of rapid growth and development of the newborn, young infant, and older infant.

Chapter page reference: 312

Heading: Physical Growth and Development

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Promoting Health

Difficulty: Difficult

<b>Feedback</b>
-----------------

<b>1</b>	BMI is monitored at 3 years of age; therefore, this parental statement indicates the need for additional education.
<b>2</b>	Height, weight, and BMI are monitored from 3 to 18 years of age; therefore, this parental statement indicates correct parental understanding.
<b>3</b>	Head circumference is not plotted after the age of 3 years; therefore, this parental statement indicates the need for additional education.
<b>4</b>	There are two, not four, charts used to monitor physical growth from birth to 18 years of age; therefore, this parental statement indicates the need for additional education.

PTS: 1

CON: Promoting Health

#### MULTIPLE RESPONSE

17. ANS: 1, 4, 5

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Define the key terms in this chapter.

Chapter page reference: 312

Heading: Physical Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Easy

	Feedback
1.	This is correct. Head circumference is an anthropometric measurement; therefore, this nursing action is appropriate.
2.	This is incorrect. Blood pressure is a vital sign and not an anthropometric measurement.
3.	This is incorrect. Heart rate is a vital sign and not an anthropometric measurement.
4.	This is correct. Length is an anthropometric measurement; therefore, this nursing action is appropriate.
5.	This is correct. Weight is an anthropometric measurement; therefore, this nursing action is appropriate.

PTS: 1

CON: Assessment

18. ANS: 1, 3, 5

Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year

Chapter learning objective: Differentiate the various schedules, infectious diseases, and care required for infants undergoing immunizations.

Chapter page reference: 319

Heading: Table 21-5 Schedule for Well-Infant Checkup and Immunizations

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance  
Cognitive level: Application [Applying]  
Concept: Promoting Health  
Difficulty: Moderate

	Feedback
1.	This is correct. The rotavirus immunization is administered during the 4-month well-child visit.
2.	This is incorrect. The hepatitis B immunization is not administered during the 4-month well-child visit.
3.	This is correct. The IPV immunization is administered during the 4-month well-child visit.
4.	This is incorrect. The MMR immunization is not administered during the 4-month well-child visit.
5.	This is correct. The DTP immunization is administered during the 4-month well-child visit.

PTS: 1

CON: Promoting Health

## COMPLETION

19. ANS:  
495  
Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year  
Chapter learning objective: Compare the nutritional needs and eating patterns of the infant, including accurate kilocalorie and fluid maintenance calculations.  
Chapter page reference: 311  
Heading: Table 21-3 Kilocalorie Requirements  
Integrated processes: Clinical Problem-Solving Process  
Client need: Health Promotion and Maintenance  
Cognitive level: Application [Applying]  
Concept: Nutrition  
Difficulty: Moderate

Feedback: The kilocalorie range for a newborn aged 0 to 30 days of life is 100 to 110 kcal/kg/day. A newborn who weighs 4.5 kg requires a minimum of 450 kcal/day and a maximum of 495 kcal/day.

- PTS: 1 CON: Nutrition
20. ANS:  
625  
Chapter number and title: 21: Health Promotion of the Infant: Birth to One Year  
Chapter learning objective: Compare the nutritional needs and eating patterns of the infant, including accurate kilocalorie and fluid maintenance calculations.  
Chapter page reference: 308

Heading: Gastrointestinal System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Fluid and Electrolyte Balance

Difficulty: Moderate

Feedback: The fluid requirement for newborns and infants up to 6 months of age is 125 to 150 mL/kg/day. A newborn who weighs 5 kg has a minimum fluid requirement of 625 mL/day and a maximum fluid requirement of 750 mL/day.

PTS: 1

CON: Fluid and Electrolyte Balance

## **Chapter 22: Health Promotion of the Toddler**

### **Multiple Choice**

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

- \_\_\_\_ 1. The parent of a toddler states, "My child is constantly saying 'no.'" When documenting this in the medical record, which term should the nurse use?
- 1) Autonomy
  - 2) Egocentric
  - 3) Negativism
  - 4) Temperament
- \_\_\_\_ 2. The parent of a toddler states, "My child wants to do everything by herself." Which term should the nurse use to describe this behavior in the medical record?
- 1) Autonomy
  - 2) Egocentric
  - 3) Negativism
  - 4) Temperament
- \_\_\_\_ 3. Which risk is increased for a child during the toddler stage of development because of exploration and curiosity?
- 1) SIDS
  - 2) Suffocation injuries
  - 3) Accidental poisoning
  - 4) Motor vehicle accidents
- \_\_\_\_ 4. Which should the nurse recommend to the parents of a toddler who is exhibiting tantrums?
- 1) Ignoring the child's behavior
  - 2) Locking the child in the bedroom
  - 3) Swatting the child on the backside
  - 4) Giving in to the demands of the child
- \_\_\_\_ 5. Which is a priority teaching point regarding nutrition for the toddler-aged child?
- 1) Limiting milk consumption
  - 2) Offering water with each meal
  - 3) Offering the child finger foods only
  - 4) Emphasizing the need for two snacks per day
- \_\_\_\_ 6. Which parental statement regarding the sleep needs of a toddler indicates the need for additional education from the nurse?
- 1) "My child should sleep a total of 14 hours per day."
  - 2) "My child will need only one afternoon nap versus two naps per day."
  - 3) "I should not put my child down for a nap too late in the afternoon."
  - 4) "I should expect my child to sleep 14 hours each night in addition to an afternoon nap."

- \_\_\_ 7. Which activity should the nurse recommend to the parents of a toddler-aged child to challenge object permanence?
- 1) Jumping rope
  - 2) Stacking blocks
  - 3) Playing hide-and-go-seek
  - 4) Reading books about colors
- \_\_\_ 8. Which should the nurse identify as most important to social development during the toddler stage of development?
- 1) Peers
  - 2) Siblings
  - 3) Religious figures
  - 4) Day-care providers
- \_\_\_ 9. Which form of discipline should the nurse encourage when providing care to the family of a toddler-aged child?
- 1) Saying “no”
  - 2) Ignoring the behavior
  - 3) Implementing “time-outs”
  - 4) Implementing corporal punishment
- \_\_\_ 10. The parents of a toddler have not sought the recommended dental care for their child. Which type of abuse should the nurse identify in this situation?
- 1) Physical abuse
  - 2) Physical neglect
  - 3) Emotional abuse
  - 4) Emotional neglect
- \_\_\_ 11. Which data collected during the health history process cause the nurse to assess for autism?
- 1) Using pronouns incorrectly
  - 2) Sleeping less than 14 hours per day
  - 3) Using two-word sentences at 20 months of age
  - 4) Lacking interest in games such as hide-and-go-seek
- \_\_\_ 12. The nurse is providing care to a toddler-aged client whose laboratory data indicate anemia. Which question should the nurse include in the health history of this patient?
- 1) “Does your child eat green leafy vegetables?”
  - 2) “Does your child have a history of bleeding?”
  - 3) “How much milk does your child drink each day?”
  - 4) “Does your child eat the same types of foods as the rest of the family?”
- \_\_\_ 13. Which goal should the nurse include in the plan of care for a toddler-aged client who is diagnosed with seasonal flu?
- 1) “The child will verbalize the need to have a bowel movement.”
  - 2) “The child will ask for fever reducers when hyperthermia occurs.”
  - 3) “The child will sneeze and cough into a tissue provided by the caregiver.”
  - 4) “The child will use hand sanitizer prior to touching other children in the day-care

environment.”

- \_\_\_ 14. The home-care nurse is conducting a home visit for the family of a toddler-aged patient. Which finding necessitates education related to safety?
- 1) Drugs kept in a medicine cabinet in the bathroom
  - 2) Knives stored on the counter out of reach
  - 3) A bucket of water used for mopping in the hallway
  - 4) Cleaning supplies stored in a locked cabinet under the sink
- \_\_\_ 15. Which point should the nurse include in a teaching session for the parents of a toddler-aged patient who live in a home with stairs?
- 1) Allowing the child to walk up and down the steps to enhance autonomy
  - 2) Ensuring that the child is instructed not to use the steps without assistance
  - 3) Placing a gate so the child is unable to access the steps without supervision
  - 4) Suggesting that the family consider moving to a home that does not have steps
- \_\_\_ 16. Which nursing action is appropriate when assisting with the assessment of a toddler-aged patient who is diagnosed with a communicable disease?
- 1) Asking the parents if the child has been exposed to anyone who has been sick
  - 2) Determining if the child has received the human papillomavirus (HPV) vaccine
  - 3) Establishing if the mother was exposed to any sexually transmitted infections (STIs) during pregnancy
  - 4) Monitoring for any musculoskeletal abnormalities

### **Multiple Response**

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

- \_\_\_ 17. Which statements should the nurse include when discussing the use of child safety seats for the parents of a toddler-aged patient? (*Select all that apply.*)
- 1) “Your child should be placed in a safety seat that is rear facing.”
  - 2) “If your child must be placed in the front seat, it is important to adjust the seat so it is as far from the dashboard as possible and to disengage the airbag system.”
  - 3) “Your child can be secured using the seat belt provided within the vehicle without an additional car seat.”
  - 4) “It is appropriate to hold your child in your lap for short distances if there isn’t room for a safety seat within the vehicle.”
  - 5) “It is appropriate to place your child in the back seat with the use of an appropriate child safety seat.”
- \_\_\_ 18. Which push-pull toys should the nurse recommend for play when providing education to the parents of a toddler-aged patient? (*Select all that apply.*)
- 1) Child grocery carts
  - 2) Large trucks or cars
  - 3) Soft foam balls
  - 4) Soft mats
  - 5) Safety noodles

**Completion**

*Complete each statement.*

19. The nurse is providing care to a toddler-aged patient who weighs 10 kg. What is the minimum number of kilocalories this child should receive each day? Record your answer as a whole number.

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20. The nurse is providing care to a toddler-aged patient who weighs 10 kg. What is the maximum number of kilocalories this child should receive each day? Record your answer as a whole number.

## Chapter 22: Health Promotion of the Toddler

### Answer Section

#### MULTIPLE CHOICE

1. ANS: 3

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Define the key terms.

Chapter page reference: 331-335

Heading: Psychosocial Growth and Development

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	<i>Autonomy</i> is defined as being self-governing. This is not the best term to use to describe this situation in the medical record.
2	<i>Egocentric</i> , or not being able to process the views of others, is a common trait during the toddler stage of development. However, this is not the best term to use to describe this situation in the medical record.
3	<i>Negativism</i> , or the tendency to be negative with attitude, is a common trait for the toddler that is manifested by the word <i>no</i> .
4	<i>Temperament</i> is the mental, physical, and emotional traits of the child. This is not the best term to use to describe this situation in the medical record.

PTS: 1

CON: Development

2. ANS: 1

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Define the key terms.

Chapter page reference: 331-335

Heading: Psychosocial Growth and Development

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback

<b>1</b>	<i>Autonomy</i> is defined as being self-governing. A toddler-aged child is exhibiting autonomy by wanting to do everything by herself.
<b>2</b>	<i>Egocentric</i> , or not being able to process the views of others, is a common trait during the toddler stage of development. However, this is not the best term to use to describe this situation in the medical record.
<b>3</b>	<i>Negativism</i> , or the tendency to be negative with attitude, is a common trait for the toddler that is manifested by the word <i>no</i> .
<b>4</b>	<i>Temperament</i> is the mental, physical, and emotional traits of the child. This is not the best term to use to describe this situation in the medical record.

PTS: 1 CON: Development

3. ANS: 3

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Describe the unique needs of the toddler as compared to older children in relation to safety, bonding, communication, and development.

Chapter page reference: 327

Heading: Safety STAT!

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Development; Safety

Difficulty: Easy

	Feedback
<b>1</b>	SIDS, or sudden infant death syndrome, occurs during infancy and not the toddler stage of development.
<b>2</b>	Suffocation injuries are more likely to occur in infancy than during the toddler stage of development.
<b>3</b>	Accidental poisoning is a risk for injury during the toddler stage of development because of exploration.
<b>4</b>	Motor vehicle accidents are the leading cause of death among adolescents, not toddlers.

PTS: 1 CON: Development | Safety

4. ANS: 1

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Describe the unique needs of the toddler as compared to older children in relation to safety, bonding, communication, and development.

Chapter page reference: 327

Heading: Safety STAT!

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
<b>1</b>	The nurse should recommend that the parents ignore the toddler's behavior during a tantrum; however, safety should also be ensured.
<b>2</b>	Locking the child in the bedroom without supervision is a safety risk.
<b>3</b>	Swatting the child on the backside is not a recommended response to a child who is exhibiting a tantrum.
<b>4</b>	Giving in to the demands of the child will encourage the behavior to continue.

PTS: 1 CON: Development

5. ANS: 1

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Compare the nutritional needs and eating patterns of the toddler, including accurate kilocalorie needs and socialization at the table.

Chapter page reference: 328-330

Heading: Physical Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Nutrition

Difficulty: Difficult

	Feedback
<b>1</b>	Milk consumption should be limited to no more than 24 to 32 ounces per day. Milk consumption greatly reduces the toddler's consumption of other sources of vitamins and proteins.
<b>2</b>	Although offering water with meals is appropriate, this is not the priority teaching point.
<b>3</b>	Although offering finger foods enhances autonomy, the toddler-aged child should be offered the same foods that other members of the family are eating during mealtimes.
<b>4</b>	The toddler should consume three meals per day with three snacks per day in order to take in adequate calories without drops in blood glucose.

PTS: 1 CON: Nutrition

6. ANS: 4

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Describe the need toddlers have for stimulation, play, and sleep in order to promote normal growth and development.

Chapter page reference: 329-330

Heading: Sleeping Patterns and Requirements

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Development

Difficulty: Difficult

	Feedback
1	A toddler-aged child should sleep a total of 14 hours in a 24-hour period.
2	A toddler-aged child needs only one afternoon nap versus two naps per day.
3	Late afternoon naps should be avoided because they interfere with the toddler's ability to sleep at night.
4	The total amount of sleep the toddler should get in a 24-hour period is 14 hours; this includes the afternoon nap, which is expected.

PTS: 1 CON: Development

7. ANS: 3

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Differentiate the cognitive development during the toddler period including causality, spatial relationships, object permanence, and learning through toys.

Chapter page reference: 330

Heading: Understanding Object Permanence

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	The toddler-aged child does not have the coordination for jumping rope. Also, this activity does not challenge object permanence.
2	Stacking blocks is an age-appropriate activity for the toddler for mastery of fine motor skills but does not challenge object permanence.
3	Playing hide-and-go-seek is an activity that challenges the toddler's object permanence.
4	Reading books about colors is not an activity that challenges object permanence for the toddler-aged child.

PTS: 1 CON: Development

8. ANS: 2

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Differentiate the psychosocial development of the toddler in relation to social engagement, temperament, stranger anxiety, separation anxiety, moral development, and spirituality.

Chapter page reference: 332

Heading: Socialization

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development; Family

Difficulty: Moderate

	Feedback
1	Peers become important for socialization during school age and adolescence.
2	Family members, including siblings, are most important to socialization during the toddler stage of development.
3	Religious figures may be important to moral development, not social development.
4	Day-care providers or teachers become important to socialization during the preschool and school-age years.

PTS: 1 CON: Development | Family

9. ANS: 3

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Analyze the importance of discipline for the toddler and how anticipatory guidance can be used while families are caring for a toddler's social development, motor milestones, active lifestyle, injury prevention, and safety needs.

Chapter page reference: 335

Heading: Discipline

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	Saying "no" is an appropriate form of discipline for the infant.
2	Ignoring the behavior is encouraged during tantrums; however, this is not a form of discipline.
3	Implementing time-outs is an effective form of discipline during the toddler stage of development.
4	Corporal punishment should never be encouraged as a form of discipline.

PTS: 1 CON: Development

10. ANS: 2

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Describe child abuse during the toddler developmental period including assessment and interventions.

Chapter page reference: 342-343

Heading: Child Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Safety

Difficulty: Easy

	Feedback
1	Physical abuse is the act of hitting a child to produce harm.
2	Physical neglect occurs when a child's medical needs, such as dental visits, are not provided.
3	Emotional abuse includes constant belittling.
4	Emotional neglect occurs when a child's emotional needs are not attended to appropriately.

PTS: 1 CON: Safety

11. ANS: 4

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Describe the phenomenon of autism, which is often first noticed in the toddler developmental period.

Chapter page reference: 343

Heading: Autism

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	Pronoun use begins during the toddler stage of development; however, it is not uncommon for a toddler to use pronouns incorrectly, and this does not necessitate further assessment for autism.
2	A toddler who sleeps less than 14 hours per day is not manifesting a behavior indicative of autism.
3	The toddler is expected to use two-word sentences by 20 months of age.
4	Poor social and play skills may indicate autism. These data necessitate further examination for autism.

PTS: 1 CON: Development

12. ANS: 3

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Discuss the interventions that can assist a caregiver who is caring for a toddler experiencing iron-deficiency anemia.

Chapter page reference: 343

Heading: Iron-Deficiency Anemia

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation  
Cognitive level: Application [Applying]  
Concept: Nutrition  
Difficulty: Moderate

Feedback	
<b>1</b>	Although green leafy vegetables are a source of iron, this is not the question the nurse should include in the health history for a toddler-aged child.
<b>2</b>	This question is more appropriate if the toddler-aged child is suspected of having a clotting disorder versus anemia.
<b>3</b>	Many toddler-aged children develop iron-deficiency anemia because of overconsumption of milk; therefore, this question is most appropriate to include in the health history for this child.
<b>4</b>	Although it is important to determine if the toddler-aged child eats the same types of foods as the rest of the family to determine developmental milestones, this question is not appropriate to determine the source of anemia.

PTS: 1 CON: Nutrition

13. ANS: 3
- Chapter number and title: 22: Health Promotion of the Toddler  
Chapter learning objective: List the assessments and interventions that assist a child experiencing common childhood infectious diseases.  
Chapter page reference: 344  
Heading: Nursing Care Plan – Toddler With an Infectious Disease  
Integrated processes: Clinical Problem-Solving Process  
Client need: Safety and Infection Control  
Cognitive level: Application [Applying]  
Concept: Development; Infection  
Difficulty: Moderate

Feedback	
<b>1</b>	Verbalization of bowel movements is not an age-appropriate intervention because many toddlers are not toilet-trained.
<b>2</b>	It is unrealistic to expect a toddler-aged patient to ask for a fever reducer with hyperthermia.
<b>3</b>	It is appropriate to ask the toddler-aged patient to sneeze or cough into a tissue provided by the caregiver.
<b>4</b>	Although the toddler-aged child can be provided hand sanitizer for use, it is unrealistic to expect a child in this stage of development to implement hand hygiene practices independently.

PTS: 1 CON: Development | Infection

14. ANS: 3
- Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Understand the importance of discussing safety issues for toddlers with parents, including maintaining a safe environment for an active and explorative child.

Chapter page reference: 327

Heading: Conceptual Cornerstone – Safety

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Safety

Difficulty: Easy

Feedback	
<b>1</b>	Drugs kept in a medicine cabinet that is out of reach of the toddler-aged child are not a safety concern necessitating education.
<b>2</b>	Knives kept on the counter that are out of reach of the toddler-aged child are not a safety concern necessitating education.
<b>3</b>	A bucket of water used for mopping, kept out in the open, is a drowning risk for the toddler-aged child. The nurse should educate the family regarding this issue.
<b>4</b>	Cleaning supplies that are stored in a locked cabinet under the sink are not a safety concern necessitating education.

PTS: 1 CON: Safety

15. ANS: 3

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Understand the importance of discussing safety issues for toddlers with parents, including maintaining a safe environment for an active and explorative child.

Chapter page reference: 337

Heading: Gates and Barriers

Integrated processes: Teaching and Learning

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

Feedback	
<b>1</b>	Allowing the toddler-aged patient who is still learning to walk independently to walk up and down the steps is not safe.
<b>2</b>	Teaching the child not to use the steps without assistance is not an age-appropriate teaching point because the child may not understand and follow verbal rules.
<b>3</b>	Placing a gate so the child is unable to access the steps without assistance is an appropriate teaching point for the parents of a toddler-aged child in a home with stairs.
<b>4</b>	Suggesting that the family move because of this safety issue is not an appropriate suggestion.

PTS: 1 CON: Safety

16. ANS: 1

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: List the assessments and interventions that assist a child experiencing common childhood infectious diseases.

Chapter page reference: 344

Heading: Nursing Care Plan – Toddler With an Infectious Disease

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
1	It is important to determine if the toddler-aged patient who presents with symptoms of an infectious disease process has been exposed to anyone who has recently been ill.
2	The Centers for Disease Control and Prevention (CDC) does not recommend that the toddler-aged patient be immunized with HPV; therefore, this is not an appropriate action by the nurse.
3	Although exposure to STIs during pregnancy can expose the newborn to infectious diseases, this topic is not applicable when assessing the toddler-aged patient with an infectious disease.
4	The nurse should closely assess the child's skin and respiratory systems, but not the musculoskeletal system.

PTS: 1 CON: Infection

## MULTIPLE RESPONSE

17. ANS: 2, 5

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Analyze the importance of discipline for the toddler and how anticipatory guidance can be used while families are caring for a toddler's social development, motor milestones, active lifestyle, injury prevention, and safety needs.

Chapter page reference: 339

Heading: Patient Teaching Guidelines – Guidelines for Parents for Car Travel With Children

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health; Safety

Difficulty: Moderate

	Feedback
1.	This is incorrect. The toddler-aged child does not need to be rear facing when placed in a child safety seat.
2.	This is correct. If the child must be placed in the front seat, it is important to ensure the seat is as far as possible from the dashboard and that the airbag system is disengaged.
3.	This is incorrect. The toddler-aged child should be placed in a child safety seat, and the seat should be secured using the seat belt provided. It is not appropriate for the child to be secured with a seat belt alone.
4.	This is incorrect. The child should never be held on the lap, even for short distances.
5.	This is correct. The best place for the child in the car is in the back seat with the use of an appropriate child safety seat.

PTS: 1 CON: Promoting Health | Safety

18. ANS: 1, 2

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Analyze the importance of discipline for the toddler and how anticipatory guidance can be used while families are caring for a toddler's social development, motor milestones, active lifestyle, injury prevention, and safety needs.

Chapter page reference: 331

Heading: Table 22-1 Toys for Toddlers

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Development

Difficulty: Difficult

	Feedback
1.	This is correct. A child grocery cart is an appropriate push-pull toy for the nurse to recommend to the parents of a toddler-aged patient.
2.	This is correct. A large truck or car is an appropriate push-pull toy for the nurse to recommend to the parents of a toddler-aged patient.
3.	This is incorrect. Although a soft foam ball is an appropriate toy for a toddler, it is used for throwing and catching and not for pushing and pulling.
4.	This is incorrect. Although a soft mat is an appropriate toy for a toddler, it is used for rocking and rolling and not for pushing and pulling.
5.	This is incorrect. Although safety noodles are appropriate for swimming, this is not an example of a pushing-and-pulling toy.

PTS: 1

CON: Development

## COMPLETION

19. ANS:

700

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Compare the nutritional needs and eating patterns of the toddler, including accurate kilocalorie needs and socialization at the table.

Chapter page reference: 329

Heading: Nutrition

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

Feedback: The minimum number of kilocalories per day for a toddler-aged patient is 70 kcal/kg/day. For a toddler who is 10 kg, this means a minimum of 700 kcal per day.

PTS: 1

CON: Nutrition

20. ANS:

900

Chapter number and title: 22: Health Promotion of the Toddler

Chapter learning objective: Compare the nutritional needs and eating patterns of the toddler, including accurate kilocalorie needs and socialization at the table.

Chapter page reference: 329

Heading: Nutrition

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

Feedback: The maximum number of kilocalories per day for a toddler-aged patient is 90 kcal/kg/day. For a toddler who is 10 kg, this means a maximum of 900 kcal per day.

PTS: 1

CON: Nutrition

## **Chapter 23: Health Promotion of the Preschooler**

### **Multiple Choice**

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

- \_\_\_ 1. A pediatric nurse assesses the language skills of a preschool child. This nurse is assessing an aspect of which developmental domain?
- 1) Physical
  - 2) Cognitive
  - 3) Psychosocial
  - 4) Moral/spiritual
- \_\_\_ 2. The mother of a 4-year-old male tells the clinic nurse that her son asked her about the differences in his anatomy and that of his baby sister. The nurse reassures the mother that this is normal behavior for her son because the child is in which of Freud's developmental stages?
- 1) Oral stage
  - 2) Anal stage
  - 3) Phallic stage
  - 4) Latency stage
- \_\_\_ 3. Which type of play should the nurse encourage when providing age-appropriate care to a preschool-aged child?
- 1) Team
  - 2) Parallel
  - 3) Solitary
  - 4) Associative
- \_\_\_ 4. The nurse is conducting a health history for a preschool-aged patient. Which should the nurse anticipate regarding language development at the age of 4 years?
- 1) Using 50 words
  - 2) Knowing 900 words
  - 3) Answering simple questions with simple answers
  - 4) Articulating complex and compound sentences
- \_\_\_ 5. According to Erikson, which should the nurse anticipate when assessing a preschool-aged child?
- 1) Being engaged in tasks
  - 2) Questioning sexual identity
  - 3) Having highly imaginative thoughts
  - 4) Wanting to participate in organized activities
- \_\_\_ 6. Which result does the nurse anticipate when providing care to a preschool-aged child who successfully completes tasks associated with this stage of Erikson's theory of psychosocial development?
- 1) Faith and optimism
  - 2) Devotion and fidelity
  - 3) Direction and purpose

- 4) Self-control and willpower
- \_\_\_ 7. The nurse is preparing to assess a preschool-aged child who states, "This is Bella, my bear. People tell me that they can't hear Bella talking, but that hurts her feelings and makes her cry." When documenting this interaction in the child's medical record, which term should the nurse use?
- 1) Animism
  - 2) Seriation
  - 3) Conservation
  - 4) Object permanence
- \_\_\_ 8. Which question allows the nurse to assess a preschool-aged child for delayed peer relationships?
- 1) "Can your child independently dress each day?"
  - 2) "Does your child play with the other children in the playroom?"
  - 3) "Has your child ever thought that asthma is a punishment?"
  - 4) "Does your child become anxious before respiratory treatments?"
- \_\_\_ 9. Which activity should the nurse identify as a safety risk for a preschool-aged patient?
- 1) The parents are participating in a methadone program.
  - 2) The parents consume alcohol on a daily basis.
  - 3) The child watches television for 2 hours each day.
  - 4) The child is permitted to swim in the family pool unsupervised.
- \_\_\_ 10. For which immunization booster does the nurse provide parental education during the health maintenance visit for a 4-year-old patient?
- 1) Hepatitis B
  - 2) *Haemophilus influenzae* type B
  - 3) Inactivated poliovirus (IPV)
  - 4) Human papillomavirus (HPV)
- \_\_\_ 11. Which parental statement during a scheduled health maintenance assessment for a preschool-aged child causes the nurse concern?
- 1) "We have dinner together as a family each evening."
  - 2) "We are so proud that our child is able to recognize letters of the alphabet."
  - 3) "Our child wakes up each night screaming because of nightmares."
  - 4) "Our child attends a day-care program 3 days per week."
- \_\_\_ 12. Which action should the nurse include when providing education regarding methods to enhance health promotion during a scheduled health maintenance visit for a 4-year-old child?
- 1) Recognizing that food jags are common
  - 2) Mentioning the importance of foods high in sodium
  - 3) Encouraging the use of a high chair with a safety strap
  - 4) Recommending that the child consume high-fat foods
- \_\_\_ 13. The nurse is conducting a physical assessment for a preschool-aged child. When plotting the child's body mass index (BMI), the nurse notes that the child is in the 90th percentile. Which action by the nurse is most appropriate?
- 1) Referring the child to a nutritionist
  - 2) Conducting a developmental assessment

- 3) Assessing the child's level of activity  
4) Checking the child's blood glucose level
- \_\_\_ 14. Which growth characteristic should the nurse anticipate when assisting with the physical examination process?
- 1) An increase in physical growth
  - 2) The need for snacks due to blood glucose instability
  - 3) The eruption of 15 of the 20 deciduous teeth
  - 4) A weight gain of 5 lb per year
- \_\_\_ 15. The nurse is providing education to the parents of a preschool-aged child. Which statement regarding infectious disease should the nurse include in the teaching session?
- 1) "Immunizations are voluntary prior to entering the public school system."
  - 2) "Immunizations can increase the risk of your child developing ovarian cancer."
  - 3) "Immunizations decrease your child's risk for developing autism spectrum disorder."
  - 4) "Immunizations can decrease the risk for serious complications associated with communicable diseases."
- \_\_\_ 16. Which action is appropriate when assisting a preschool-aged child with hand washing?
- 1) Offering a hand towel to dry the hands
  - 2) Using hot water to wash the hands
  - 3) Singing the Happy Birthday song while washing the hands for timing purposes
  - 4) Rinsing the hands, ensuring that the hands are upright

### **Multiple Response**

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

- \_\_\_ 17. Which recommendations does the nurse make to the parents of a preschool-aged child who is experiencing frequent nightmares? (*Select all that apply.*)
- 1) Reassure the child by back rubbing
  - 2) Repeat a nighttime routine, such as reading a story
  - 3) Bring the child to the parental bed
  - 4) Allow the child time to settle back into sleep
  - 5) Place a television in the child's room for distraction
- \_\_\_ 18. Which teaching points regarding pertussis should the nurse include in an educational session in the community? (*Select all that apply.*)
- 1) "This infection manifests on the scalp."
  - 2) "This infection will cause a scalelike rash."
  - 3) "This infection may cause the formation of scars."
  - 4) "This infection will cause violent coughing to occur."
  - 5) "This infection can be prevented through immunization."
- \_\_\_ 19. Which statements should the nurse include in an educational session for a preschool-aged patient diagnosed with enuresis? (*Select all that apply.*)

- 1)** “Bed-wetting might occur because of anxiety.”
- 2)** “A diagnosis of enuresis occurs when bed-wetting occurs nightly.”
- 3)** “Girls are more likely to experience bed-wetting than boys.”
- 4)** “Bed-wetting can alter a child’s social experiences.”
- 5)** “Nightmares are often associated with bed-wetting.”

\_\_\_\_ 20. Which health screenings should the nurse include during a scheduled health maintenance visit for a preschool-aged patient? (*Select all that apply.*)

- 1)** Vision
- 2)** Obesity
- 3)** Lead
- 4)** Asthma
- 5)** Platelets

## **Chapter 23: Health Promotion of the Preschooler**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter/learning objective: Describe the unique needs of the preschool-aged child in relation to children in other developmental stages and age groups.

Chapter page reference: 351-352

Heading: Language Development

Integrated process: Clinical Problem-Solving Process

Client needs: Health Promotion and Maintenance

Cognitive Level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
1	Language skills are not included in a physical assessment.
2	Language skills are included during the cognitive assessment.
3	Language skills are not included in a psychosocial assessment.
4	Language skills are not included in a moral/spiritual assessment.

PTS: 1

CON: Development

2. ANS: 3

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter/learning objective: Differentiate the physical growth and development of the preschool period in comparison to other developmental stages.

Chapter page reference: 357

Heading: Sexual Development

Integrated process: Clinical Problem-Solving Process

Client needs: Health Promotion and Maintenance

Cognitive Level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
1	The infant, not the preschool-aged child, is classified as experiencing the oral stage of Freud's developmental stages.
2	The toddler, not the preschool-aged child, is classified as experiencing the anal stage of Freud's developmental stages.
3	The preschool-aged child is expected to experience the phallic stage of sexual development as exhibited by this scenario.

<b>4</b>	This behavior is not characteristic of the latency stage of sexual development.
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PTS: 1 CON: Development

3. ANS: 4

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Contrast the play needs and socialization practices of the preschooler to other developmental stages.

Chapter page reference: 355-357

Heading: Play

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	Team play is expected for the school-aged, not preschool-aged, child.
<b>2</b>	Parallel play is expected for the toddler, not the preschool-aged child.
<b>3</b>	Solitary play is expected for the infant, not the preschool-aged child.
<b>4</b>	Associative play should be encouraged when providing care to a preschool-aged child.

PTS: 1 CON: Development

4. ANS: 3

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Differentiate the physical growth and development of the preschool period in comparison to other developmental stages.

Chapter page reference: 351-352

Heading: Language Development

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Communication

Difficulty: Easy

Feedback	
<b>1</b>	A toddler, not a preschool-aged child, is expected to know 50 words.
<b>2</b>	A preschool-aged child at the age of 3 years should know approximately 900 words.
<b>3</b>	A preschool-aged child at the age of 4 years is expected to answer simple questions with simple answers.
<b>4</b>	The preschool-aged child at the age of 5 years should articulate complex and compound sentences.

- PTS: 1 CON: Communication
5. ANS: 3
- Chapter number and title: 23: Health Promotion of the Preschooler
- Chapter learning objective: Describe magical thinking in the preschool period and its impact on the child's view of his or her world.
- Chapter page reference: 351
- Heading: Magical Thinking
- Integrated processes: Clinical Problem-Solving Process
- Client need: Health Promotion and Maintenance
- Cognitive level: Comprehension [Understanding]
- Concept: Development
- Difficulty: Easy

Feedback	
<b>1</b>	According to Erikson, being engaged in tasks is not anticipated when assessing a preschool-aged child.
<b>2</b>	According to Erikson, questioning sexual identity is not anticipated when assessing a preschool-aged child.
<b>3</b>	According to Erikson, having highly imaginative thoughts, such as magical thinking, is anticipated when assessing a preschool-aged child.
<b>4</b>	According to Erikson, wanting to participate in organized activities is not anticipated when assessing a preschool-aged child.

- PTS: 1 CON: Development
6. ANS: 3
- Chapter number and title: 23: Health Promotion of the Preschooler
- Chapter learning objective: Describe the unique needs of the preschool-aged child in relation to children in other developmental stages and age groups.
- Chapter page reference: 352-353
- Heading: Psychosocial and Developmental Growth and Development
- Integrated processes: Clinical Problem-Solving Process
- Client need: Health Promotion and Maintenance
- Cognitive level: Application [Applying]
- Concept: Development
- Difficulty: Moderate

Feedback	
<b>1</b>	Faith and optimism are not anticipated for the preschool-aged child when completing tasks associated with Erikson's theory of psychosocial development.
<b>2</b>	Devotion and fidelity are not anticipated for the preschool-aged child when completing tasks associated with Erikson's theory of psychosocial development.
<b>3</b>	Direction and purpose are anticipated for the preschool-aged child when completing tasks associated with Erikson's theory of psychosocial development.
<b>4</b>	Self-control and willpower are not anticipated for the preschool-aged child when

completing tasks associated with Erikson's theory of psychosocial development.

PTS: 1 CON: Development

7. ANS: 1

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Describe the unique needs of the preschool-aged child in relation to children in other developmental stages and age groups.

Chapter page reference: 351

Heading: Box 23-1 Components of Preconceptual Thinking

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
1	Animism, a characteristic of preconceptual thinking, is documented for the preschool-aged patient who believes that inanimate objects are alive.
2	The nurse should not document seriation given this scenario.
3	The nurse should not document conservation given this scenario.
4	The nurse should not document object permanence given this scenario.

PTS: 1 CON: Development

8. ANS: 2

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Contrast the play needs and socialization practices of the preschooler to other developmental stages.

Chapter page reference: 353

Heading: Socialization

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
1	Asking if the child is able to independently dress does not assess for delayed peer relationships.
2	Associative play is anticipated for the preschool-aged patient; therefore, this question is appropriate to monitor for delayed peer relationships.
3	Asking if the child views asthma as a punishment does not assess for delayed peer relationships.
4	Asking if the child becomes anxious before respiratory treatments does not assess for delayed peer relationships.

PTS: 1 CON: Development

9. ANS: 4

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Outline a plan of care that focuses on the safety needs of the preschool child, including prevention of illnesses, accidents, and injuries in both home and school settings.

Chapter page reference: 357-358

Heading: Anticipatory Guidance for Parents With a Preschooler

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

Feedback	
<b>1</b>	Parents who are participating in a methadone program receive their medication at a clinic, not in the home.
<b>2</b>	Consumption of alcohol by the parents on a daily basis is not a safety risk for the child.
<b>3</b>	Although watching 2 hours of television each day can impact physical activity, this is not a safety risk for the child.
<b>4</b>	The preschooler who is swimming alone is at risk for drowning; therefore, this should be identified as a safety risk.

PTS: 1 CON: Safety

10. ANS: 3

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective:

Chapter page reference: 360

Heading: Immunization Booster Shots

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

Feedback	
<b>1</b>	A hepatitis B booster is not required during the preschool stage of development.
<b>2</b>	An <i>H influenzae</i> type B booster is not required during the preschool stage of development.
<b>3</b>	An IPV booster is required during the preschool stage of development; therefore, the nurse should provide education to the parents during the health maintenance visit.
<b>4</b>	An HPV booster is not required during the preschool stage of development.

PTS: 1 CON: Promoting Health

11. ANS: 3

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Describe the unique needs of the preschool-aged child in relation to children in other developmental stages and age groups

Chapter page reference: 350

Heading: Nightmares and Night Terrors

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Development

Difficulty: Difficult

	Feedback
1	Eating dinner together as a family is encouraged; therefore, this should not cause the nurse concern.
2	Recognition of letters in the alphabet is expected during the preschool stage of development; therefore, this should not cause the nurse concern.
3	Night terrors should be expanded upon because they can be a source of concern.
4	Day-care attendance is often needed when both parents work full-time; therefore, this should not cause the nurse concern.

PTS: 1 CON: Development

12. ANS: 1

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Compare the nutritional needs and eating patterns of the preschooler to previous behaviors of the infant and toddler.

Chapter page reference: 349-350

Heading: Nutrition

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

	Feedback
1	Food jags may still occur during the preschool-age stage of development, which can affect the child's nutritional intake; therefore, the nurse should include this information in the educational session.
2	Salt should be limited and not encouraged for the preschool-aged child.
3	A high chair with a safety strap is appropriate to include in the teaching session for an infant or toddler, not a preschool-aged child.
4	High-fat foods should be consumed in moderation.

PTS: 1 CON: Nutrition

13. ANS: 3

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Compare the nutritional needs and eating patterns of the preschooler to previous behaviors of the infant and toddler.

Chapter page reference: 350

Heading: Obesity

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Promoting Health

Difficulty: Moderate

Feedback	
<b>1</b>	Although referring the child to a nutritionist may be necessary, this is not the most appropriate action based on the information provided.
<b>2</b>	The information provided does not support the implementation of a developmental assessment.
<b>3</b>	The most appropriate action is to assess the child's level of activity and then suggest activities that will enhance the child's level of activity.
<b>4</b>	Checking the blood glucose level may be necessary if the child is also exhibiting symptoms associated with type 2 diabetes mellitus.

PTS: 1 CON: Promoting Health

14. ANS: 4

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Describe the differences between the preschool child and older children and adults in relation to body systems, anatomy, and physiology.

Chapter page reference: 348

Heading: Physical Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
<b>1</b>	A decrease, not an increase, in physical growth is expected during the preschool stage of development.
<b>2</b>	The need to snack decreases, not increases, during the preschool stage of development. Blood glucose levels stabilize during this stage of development.
<b>3</b>	The nurse should anticipate that all 20 deciduous teeth are present during this stage of development.

<b>4</b>	Weight gain during the preschool stage of development is typically 5 lb per year.
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PTS: 1 CON: Development

15. ANS: 4

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Outline a plan of care that focuses on the safety needs of the preschool child, including prevention of illnesses, accidents, and injuries in both home and school settings.

Chapter page reference: 349

Heading: Patient Teaching Guidelines – Immunizations

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

Feedback	
<b>1</b>	Immunizations are mandatory, not voluntary, prior to admission to a public school.
<b>2</b>	Immunizations do not impact the risk for the development of ovarian cancer.
<b>3</b>	Immunizations do not impact the development of autism spectrum disorder.
<b>4</b>	Immunizations can decrease the risk for serious complications associated with communicable diseases.

PTS: 1 CON: Promoting Health

16. ANS: 3

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Identify the need to promote hand washing and hygiene practices in the preschool period.

Chapter page reference: 362

Heading: Handwashing for Preschoolers

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
<b>1</b>	The child should be offered a paper towel and not a hand towel for drying the hands.
<b>2</b>	The child should be told to use warm, not hot, water when washing the hands.
<b>3</b>	Singing the Happy Birthday song for timekeeping purposes is an appropriate action when teaching a preschool-aged patient to perform hand hygiene.
<b>4</b>	The child should be told to ensure that the hands are down, not upright, during hand washing.

PTS: 1

CON: Infection

## MULTIPLE RESPONSE

17. ANS: 1, 2, 4

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Describe the unique needs of the preschool-aged child in relation to children in other developmental stages and age groups.

Chapter page reference: 350-351

Heading: Nightmares and Night Terrors

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1.	This is correct. Reassuring the child by rubbing his or her back is an appropriate recommendation from the nurse.
2.	This is correct. Repeating a nighttime ritual, such as reading a story, is an appropriate recommendation from the nurse.
3.	This is incorrect. Bringing the child to the parental bed is not an appropriate recommendation because the child may continue this behavior.
4.	This is correct. Allowing the child time to settle back into sleep is an appropriate recommendation from the nurse.
5.	This is incorrect. Placing a television in the child's room for distraction may cause overstimulation and increase the occurrence of nightmares.

PTS: 1

CON: Development

18. ANS: 4, 5

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Outline a plan of care that focuses on the safety needs of the preschool child, including prevention of illnesses, accidents, and injuries in both home and school settings.

Chapter page reference: 362

Heading: Pertussis

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

	Feedback
1.	This is incorrect. Ringworm, not pertussis, manifests on the scalp.

2.	This is incorrect. Ringworm, not pertussis, manifests as a scalelike rash.
3.	This is incorrect. Impetigo, not pertussis, can cause the formation of scars.
4.	This is correct. Pertussis causes violent coughing to occur. This statement is appropriate to include in the teaching session.
5.	This is correct. Pertussis can be prevented through immunization. This statement is appropriate for the nurse to include in a community education session.

PTS: 1 CON: Promoting Health

19. ANS: 1, 4, 5

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Define the phenomenon of enuresis and encopresis in the preschool period and state appropriate resources for the parents of a child with these disorders.

Chapter page reference: 354

Heading: Enuresis

Integrated processes: Clinical Problem-Solving Process

Client need: Teaching and Learning

Cognitive level: Application [Applying]

Concept: Urinary Elimination

Difficulty: Moderate

Feedback	
1.	This is correct. Bed-wetting might occur because of anxiety; therefore, this statement is appropriate to include in an educational setting.
2.	This is incorrect. Enuresis is diagnosed with two bed-wetting episodes in a 3-month period.
3.	This is incorrect. Boys, not girls, are more prone to bed-wetting.
4.	This is correct. Bed-wetting can alter a child's social experiences.
5.	This is correct. Nightmares, especially with the preschool-aged patient, are often associated with bed-wetting.

PTS: 1 CON: Urinary Elimination

20. ANS: 1, 2, 3

Chapter number and title: 23: Health Promotion of the Preschooler

Chapter learning objective: Teach the family of a preschooler anticipatory guidance practices to reduce injury and accidents.

Chapter page reference: 357-358

Heading: Anticipatory Guidance for Parents With Preschoolers

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

Feedback
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1.	This is correct. Vision is a screening that should be included during a scheduled health maintenance visit.
2.	This is correct. Obesity is a screening that should be included during a scheduled health maintenance visit.
3.	This is correct. Lead is a screening that should be included during a scheduled health maintenance visit.
4.	This is incorrect. Asthma is not a screening that should be included during a scheduled health maintenance visit.
5.	This is incorrect. Hemoglobin and hematocrit, not platelets, are screenings that should be included during a scheduled health maintenance visit.

PTS: 1

CON: Promoting Health

## **Chapter 24: Health Promotion of the School-Aged Child**

### **Multiple Choice**

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

- \_\_\_\_ 1. The nurse is teaching the parents of a 6-year-old child what to expect in terms of normal growth and development. Which parental statement indicates the need for further education?
- 1) "My child's vision has reached maturity."
  - 2) "I should expect my child to be constantly active."
  - 3) "Finger feeding is abnormal and indicates the need for intervention."
  - 4) "A coloring book is a developmentally appropriate activity for my child."
- \_\_\_\_ 2. Which physical change noted by the nurse during a growth and developmental assessment for a 7-year-old patient necessitates further action?
- 1) Pubescent changes
  - 2) Weight gain of 4 lb (2 kg) per year
  - 3) Eruption of central incisors
  - 4) Height increase of 1 to 2 feet (30 to 60 cm) during the entire period
- \_\_\_\_ 3. Which should the nurse encourage for a school-aged patient to enhance a sense of accomplishment?
- 1) Wearing makeup
  - 2) Going on a date
  - 3) Participating in sports activities
  - 4) Gaining weight during the school year
- \_\_\_\_ 4. The nurse is conducting a growth and development assessment and must calculate the body mass index (BMI) of a pediatric client. The child's weight is 33 lb and 4 oz. The child's height is 37 and 5/8 in. tall. What is the child's BMI?
- 1) 14.5
  - 2) 15.5
  - 3) 16.5
  - 4) 17.5
- \_\_\_\_ 5. Which stage of development is characterized by a slower, steadier pattern of growth and development?
- 1) Toddler
  - 2) Preschool
  - 3) School-age
  - 4) Adolescence
- \_\_\_\_ 6. The mother of a school-aged patient says, "My daughter appears much thinner than she did a few years ago. Should I be worried?" Which response by the nurse is most appropriate?
- 1) "Does your child vomit after meals?"
  - 2) "How many meals does your child eat each day?"
  - 3) "It is important that we monitor your concern closely with frequent visits."
  - 4) "Body fat diminishes and distribution changes during this stage of development."

- \_\_\_ 7. Which activity is easier for a school-aged child because of changes in proportions from the preschool stage of development?
- 1) Climbing
  - 2) Handwriting
  - 3) Problem-solving
  - 4) Cooperative play
- \_\_\_ 8. Which psychosocial concern should the nurse monitor for when providing care to a school-aged child who is diagnosed with pediculosis?
- 1) Itching of the scalp
  - 2) Feeling dirty
  - 3) Applying medication appropriately
  - 4) Educating the family on prevention
- \_\_\_ 9. Which growth and developmental change indicates increased maturity during the school-aged stage of development?
- 1) An increase in leg length in relation to height
  - 2) A decreased head circumference in relation to standing height
  - 3) The face growing faster in relation to the remainder of the cranium
  - 4) Little increase in the size of the skull and the brain, which grow very slowly
- \_\_\_ 10. Which type of relationship is most important to the school-aged child?
- 1) Same-sex peer relationship
  - 2) Opposite-sex peer relationship
  - 3) Same-sex parental relationship
  - 4) Opposite-sex parental relationship
- \_\_\_ 11. Which behavior noted by the school-aged patient indicates the development of conservation?
- 1) Learning to spell
  - 2) Becoming interested in collections
  - 3) Developing a sense of cause and effect
  - 4) Being able to classify objects according to mass
- \_\_\_ 12. At which stage of development should the nurse anticipate that pediatric patients will begin to show differences in play activities that are related to gender?
- 1) Preschool
  - 2) Adolescence
  - 3) Late school age
  - 4) Early school age
- \_\_\_ 13. Which teaching point regarding safety should the nurse include in instructions for the parents of a school-aged patient?
- 1) "Consider getting a pet for your child."
  - 2) "Plan play dates for your child to attend on afternoons you are not home."
  - 3) "Teach your children not to let others know that they are home alone after school."
  - 4) "Encourage your child to use a helmet when riding a bike. Other equipment is not necessary."

- \_\_\_ 14. The nurse is providing care to a school-aged patient who is overweight. Which nursing action is appropriate to enhance the child's intake of a healthy diet?
- 1) Offering food as a reward for good grades
  - 2) Encouraging the consumption of high-fat foods
  - 3) Educating on the importance of soda consumption
  - 4) Making fruits and vegetables available for daily snacks
- \_\_\_ 15. How many hours of sleep should the nurse recommend for an 11-year-old patient?
- 1) 6 to 8
  - 2) 8 to 10
  - 3) 10 to 12
  - 4) 14 to 16
- \_\_\_ 16. Which deciduous teeth should the nurse anticipate the school-aged child will lose first?
- 1) Lateral incisors
  - 2) Central incisors
  - 3) Third molars
  - 4) Second molars

#### **Multiple Response**

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

- \_\_\_ 17. According to Piaget, which data does the nurse expect for a school-aged child during the nursing assessment process? (*Select all that apply.*)
- 1) Classifying objects
  - 2) Understanding reversibility
  - 3) Having theoretical thoughts
  - 4) Describing a process without actually doing it
  - 5) Believing personal actions are constantly being scrutinized
- \_\_\_ 18. According to Erikson, which should the nurse anticipate when assessing a school-aged child? (*Select all that apply.*)
- 1) Being engaged in tasks
  - 2) Questioning sexual identity
  - 3) Having highly imaginative thoughts
  - 4) Wanting to participate in organized activities
  - 5) Struggling with self-control and independence
- \_\_\_ 19. Which questions related to socialization should the nurse include when assisting with the assessment of a school-aged child who is new to the pediatric practice? (*Select all that apply.*)
- 1) "What grade are you currently attending?"
  - 2) "At what age did your child cut the first tooth?"
  - 3) "Do you have a best friend at your new school?"
  - 4) "What was your child's approximate length at 1 year of age?"
  - 5) "What was your child's approximate weight at 6 months and at 1, 2, and 5 years of age?"

- \_\_\_ 20. Which information related to school-aged play should the nurse include in a teaching session for the parents of children in this stage of development? (*Select all that apply.*)
- 1) Team play
  - 2) Card games
  - 3) Parallel play
  - 4) Board games
  - 5) Club membership

## **Chapter 24: Health Promotion of the School-Aged Child**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 3

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Compare the nutritional needs and eating patterns of the school-aged child, including accurate kilocalorie and fluid maintenance calculations.

Chapter page reference: 367

Heading: Health, Wellness, and Illness

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Development

Difficulty: Difficult

Feedback	
<b>1</b>	Vision has reached maturity by 6 years of age.
<b>2</b>	A 6-year-old, school-aged child is expected to be constantly active.
<b>3</b>	A 6-year-old child is closer to preschool than adolescence; therefore, some preschool behaviors are still expected. This statement indicates the need for further education.
<b>4</b>	A coloring book is developmentally appropriate for a 6-year-old child.

PTS: 1 CON: Development

2. ANS: 1

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Evaluate the slower growth period that represents the school-aged time period.

Chapter page reference: 368-369

Heading: Physical Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
<b>1</b>	Pubescent changes are not anticipated until the age of 8 years.
<b>2</b>	This weight gain is within normal limits for the school-aged patient.
<b>3</b>	Eruption of central incisors is anticipated during the school-aged years.
<b>4</b>	This is an expected finding for the school-aged patient during this stage of

development.

PTS: 1 CON: Development

3. ANS: 3

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Describe the unique needs of the school-aged child as compared to older children in relation to safety, socialization, and communication.

Chapter page reference: 367

Heading: Health, Wellness, and Illness

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Application]

Concept: Development

Difficulty: Moderate

Feedback	
1	Wearing makeup is more appropriate for the adolescent than for the school-aged patient.
2	Going on a date is more appropriate for the adolescent than for the school-aged patient.
3	Participation in sports activities enhances a sense of accomplishment for the school-aged patient.
4	Weight gain is anticipated for the school-aged patient each year; however, this does not enhance a sense of accomplishment.

PTS: 1 CON: Development

4. ANS: 3

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Critically evaluate the concerns associated with the current epidemic of childhood obesity.

Chapter page reference: 375

Heading: Cultural and Ethnic Perspectives on Obesity

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

Feedback	
1	14.5 is not the BMI obtained when using the equation for this patient's height and weight.
2	15.5 is not the BMI obtained when using the equation for this patient's height and weight.
3	This child's BMI is 16.5 using the following equation: $[(33.25 \text{ lb} \div 37.625 \text{ in.}) \div$

	$37.625 \text{ in.}] \times 703 = 16.5.$
<b>4</b>	17.5 is not the BMI obtained when using the equation for this patient's height and weight.

PTS: 1 CON: Nutrition

5. ANS: 3

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Evaluate the slower growth period that represents the school-aged time period.

Chapter page reference: 368-369

Heading: Physical Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Development

Difficulty: Easy

Feedback	
<b>1</b>	The toddler stage of development is not characterized by a slower, steadier pattern of growth and development.
<b>2</b>	The preschool stage of development is not characterized by a slower, steadier pattern of growth and development.
<b>3</b>	The school-aged stage of development is characterized by a slower, steadier pattern of growth and development.
<b>4</b>	The adolescent stage of development is not characterized by a slower, steadier pattern of growth and development.

PTS: 1 CON: Development

6. ANS: 4

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Evaluate the slower growth period that represents the school-aged time period.

Chapter page reference: 368-369

Heading: Physical Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	There is no indication that the patient is experiencing bulimia nervosa, which would necessitate this question.
<b>2</b>	Although the nurse should determine how many meals the patient eats per day,

	this is not the most appropriate response by the nurse given the situation.
<b>3</b>	A school-aged patient who appears thinner than a few years prior is not an abnormal finding necessitating close monitoring.
<b>4</b>	Body fat diminishes and distribution changes during the school-aged stage of development; therefore, this is the most appropriate response by the nurse.

PTS: 1 CON: Development

7. ANS: 1

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Evaluate the slower growth period that represents the school-aged time period.

Chapter page reference: 368-369

Heading: Physical Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
<b>1</b>	Activities such as bike riding, skateboarding, in-line skating, skiing, and climbing become more comfortable and much easier during the school-aged stage of development.
<b>2</b>	Handwriting is an activity that is still developing during this stage of development.
<b>3</b>	Problem-solving is an activity that is still developing during this stage of development.
<b>4</b>	Although cooperative play is an expectation during this stage of development, this is not due to changes in proportions that occur during the school-aged years.

PTS: 1 CON: Development

8. ANS: 2

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Discuss the care of a child with a pediculosis (lice) infestation and how this may affect the child's perception of his or her body image.

Chapter page reference: 374

Heading: Lice

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Self

Difficulty: Moderate

	Feedback
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<b>1</b>	Itching of the scalp is a physiological, not a psychosocial, concern associated with pediculosis.
<b>2</b>	A school-aged child who is diagnosed with pediculosis may have several psychosocial concerns including feeling very bad, dirty, and sad. These are often due to teasing by other children with whom the patient is in contact.
<b>3</b>	Application of the medication is a physiological, not a psychosocial, concern associated with pediculosis.
<b>4</b>	Education related to prevention is a physiological, not a psychosocial, concern associated with pediculosis.

PTS: 1 CON: Self

9. ANS: 1

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Evaluate the slower growth period that represents the school-aged time period.

Chapter page reference: 368-369

Heading: Physical Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
<b>1</b>	The school-aged child experiences an increase in leg length in relation to height.
<b>2</b>	The school-aged child does not experience a decrease in head circumference in relation to standing height.
<b>3</b>	The school-aged child's face does not grow faster in relation to the remainder of the cranium.
<b>4</b>	The skull and the brain have significant growth during the school-aged stage of development.

PTS: 1 CON: Development

10. ANS: 1

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Describe the unique needs of the school-aged child as compared to older children in relation to safety, socialization, and communication.

Chapter page reference: 371

Heading: Socialization

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
<b>1</b>	Same-sex peer relationships are most important for the school-aged child.
<b>2</b>	Same-sex, not opposite-sex, peer relationships are most important for the school-aged child.
<b>3</b>	Although the same-sex parental relationship is still important, the peer relationship is most important to the school-aged child.
<b>4</b>	Although the opposite-sex parental relationship is still important, the peer relationship is most important to the school-aged child.

PTS: 1 CON: Development

11. ANS: 4

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Define the key terms.

Chapter page reference: 370

Heading: Box 24-1 Task Related to Cognitive Development of the School-Aged Child

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Development

Difficulty: Difficult

	Feedback
<b>1</b>	Although learning to spell is an expected behavior during this stage of development, this is not an example of conservation.
<b>2</b>	Although becoming interested in collections is an expected behavior during this stage of development, this is not an example of conservation.
<b>3</b>	Although developing a sense of cause and effect is an expected behavior during this stage of development, this is not an example of conservation.
<b>4</b>	Classification of objects according to mass is an example of conservation.

PTS: 1 CON: Development

12. ANS: 3

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Contrast the play and sleep patterns of the school-aged child in relation to the other developmental stages.

Chapter page reference: 373-374

Heading: Play

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
<b>1</b>	The preschool-aged patient does not begin to show differences in play activities related to gender.
<b>2</b>	The adolescent patient has already shown differences (i.e., is not beginning to show differences) in play activities related to gender.
<b>3</b>	During the late school-aged years, the child begins to show differences in play activities related to gender.
<b>4</b>	The early school-aged child does not begin to show differences in play activities related to gender.

PTS: 1 CON: Development

13. ANS: 3

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Describe the teaching needs of the entire family of a school-aged child in relation to prevention of child abduction, sexual assault, and other forms of societal violence.

Chapter page reference: 377-378

Heading: Injury Prevention for the School-Aged Child

Integrated processes: Teaching and Learning

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
<b>1</b>	Although a pet may help a school-aged child learn responsibility, this is not a teaching point to enhance safety.
<b>2</b>	Play dates should be planned when a parent is present because the school-aged child requires adult supervision.
<b>3</b>	Children who are latchkey kids should not let others know that they are home alone after school.
<b>4</b>	A helmet, along with knee and elbow pads, should be encouraged for a school-aged child who rides a bike.

PTS: 1 CON: Safety

14. ANS: 4

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Critically evaluate the concerns associated with the current epidemic of childhood obesity.

Chapter page reference: 369

Heading: Nutrition

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

	Feedback
<b>1</b>	Food should not be offered as a reward for good grades because this can encourage overeating.
<b>2</b>	Low-fat, not high-fat, foods should be encouraged.
<b>3</b>	Soda should be consumed in moderation or not at all because this is a source of sugar.
<b>4</b>	Fruits and vegetables should be encouraged as snacks for the school-aged patient.

PTS: 1 CON: Nutrition

15. ANS: 3

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Contrast the play and sleep patterns of the school-aged child in relation to the other developmental stages.

Chapter page reference: 369

Heading: Sleeping Patterns and Requirements

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Sleep, Rest, and Activity

Difficulty: Easy

	Feedback
<b>1</b>	Six to 8 hours of sleep is not appropriate for a school-aged patient.
<b>2</b>	Eight to 10 hours of sleep is not appropriate for a school-aged patient.
<b>3</b>	Ten to 12 hours of sleep is appropriate for a school-aged patient.
<b>4</b>	Fourteen to 16 hours of sleep is not appropriate for a school-aged patient.

PTS: 1 CON: Sleep, Rest, and Activity

16. ANS: 2

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Define the key terms.

Chapter page reference: 368-369

Heading: Physical Growth and Development

Integrated processes: Clinical Problem Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
<b>1</b>	The nurse should not anticipate that the school-aged child will lose the lateral incisors first.

<b>2</b>	The nurse should anticipate that the school-aged child will lose the central incisors first.
<b>3</b>	The nurse should not anticipate that the school-aged child will lose the third molars at all because these are adult teeth.
<b>4</b>	The nurse should not anticipate that the school-aged child will lose the second molars at all because these are adult teeth.

PTS: 1

CON: Development

## MULTIPLE RESPONSE

17. ANS: 1, 2, 4

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Define the key terms.

Chapter page reference: 370

Heading: Box 24-1 Task Related to Cognitive Development in the School-Aged Child

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
1.	This is correct. According to Piaget, classifying objects is expected for the school-aged child.
2.	This is correct. According to Piaget, understanding reversibility is expected for the school-aged child.
3.	This is incorrect. Having theoretical thoughts is not anticipated for the school-aged child.
4.	This is correct. According to Piaget, describing a process without actually doing it is expected for the school-aged child.
5.	This is incorrect. Believing that personal actions are constantly being scrutinized is not anticipated for the school-aged child.

PTS: 1

CON: Development

18. ANS: 1, 4

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Describe the unique needs of the school-aged child as compared to older children in relation to safety, socialization, and communication.

Chapter page reference: 367

Heading: Health, Wellness, and Illness

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
1.	This is correct. According to Erikson, the school-aged child should be engaged in tasks.
2.	This is incorrect. According to Erikson, the school-aged child should not question sexual identity.
3.	This is incorrect. According to Erikson, the school-aged child should not have highly imaginative thoughts.
4.	This is correct. According to Erikson, the school-aged child should want to participate in organized activities.
5.	This is incorrect. According to Erikson, the school-aged child should not struggle with self-control and independence.

PTS: 1 CON: Development

19. ANS: 1, 3

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Describe the unique needs of the school-aged child as compared to older children in relation to safety, socialization, and communication.

Chapter page reference: 371

Heading: Socialization

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1.	This is correct. When assessing the school-aged patient's socialization, the nurse should ask which grade he or she is currently attending.
2.	This is incorrect. Asking when a school-aged child cut the first tooth is not appropriate when assessing socialization.
3.	This is correct. When assessing the school-aged patient's socialization, the nurse should ask if he or she has a best friend.
4.	This is incorrect. Asking about the child's approximate length at 1 year of age is not appropriate when assessing socialization.
5.	This is incorrect. Asking about the child's approximate weight throughout the stages of development is not appropriate when assessing socialization.

PTS: 1 CON: Development

20. ANS: 1, 2, 4, 5

Chapter number and title: 24: Health Promotion of the School-Aged Child

Chapter learning objective: Contrast the play and sleep patterns of the school-aged child in relation to the other developmental stages.

Chapter page reference: 373

Heading: Family Dynamics and Play

Integrated processes: Teaching and Learning

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1.	This is correct. Team play is an appropriate topic to include in a teaching session regarding school-aged play.
2.	This is correct. Card games are an appropriate topic to include in a teaching session regarding school-aged play.
3.	This is incorrect. Parallel play is more appropriate for the toddler and young preschool-aged child, not the school-aged child.
4.	This is correct. Board games are an appropriate topic to include in a teaching session regarding school-aged play.
5.	This is correct. Club membership is an appropriate topic to include in a teaching session regarding school-aged play.

PTS: 1

CON: Development

## **Chapter 25: Health Promotion of the Adolescent**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which is a theoretical reason for why adolescents engage in risky behavior?
- 1) As a coping mechanism
  - 2) To impress a teacher
  - 3) As a cry for help
  - 4) To receive peer approval
- \_\_\_\_ 2. Which is often the reason why an adolescent engages in self-harm activities such as cutting?
- 1) For peer approval
  - 2) For attention
  - 3) To release anger
  - 4) To seek medical attention
- \_\_\_\_ 3. According to Erikson, which person has the most influence over the adolescent?
- 1) Peers
  - 2) Siblings
  - 3) Parents
  - 4) Teachers
- \_\_\_\_ 4. Which is a psychological and developmental task of adolescence?
- 1) Being engaged in tasks
  - 2) Forming a self-identity
  - 3) Having highly imaginative thoughts
  - 4) Wanting to participate in organized activities
- \_\_\_\_ 5. The nurse is planning to teach a group of adolescents about what can happen during unprotected sex. Which nursing action allows effective communication with the group?
- 1) Offering personal opinions on the topic
  - 2) Allowing for discussion among the participants
  - 3) Lecturing on the topic for the allotted time without any discussion
  - 4) Discussing sex education related to religious belief
- \_\_\_\_ 6. Which developmental theorist stated that the adolescent is able to logically manipulate abstract, observable, and nonobservable concepts with greater depth?
- 1) Erikson
  - 2) Freud
  - 3) Kohlberg
  - 4) Piaget
- \_\_\_\_ 7. The nurse is assessing an adolescent patient to determine her relationships with others. Which nursing action is appropriate?
- 1) Telling the parents that information will be shared with them after the examination
  - 2) Providing separate times to communicate with the adolescent and the parents

- 3) Avoiding asking the parents their opinions of the adolescent's friends  
4) Telling the parents they are not allowed to come into the examination room
8. The nurse is planning care for an overweight adolescent. Which topic is appropriate to include in the plan of care?  
1) Preventing substance abuse  
2) Assessing for school phobia  
3) Monitoring for spiritual distress  
4) Determining self-esteem
9. Which should the nurse keep in mind when providing care to an adolescent patient during the initial health maintenance visit at the provider's office?  
1) The importance of explaining procedures and introducing personnel to adolescents  
2) Many adolescents are quiet and will offer no opinions.  
3) The importance of attending to and discharging the adolescent quickly  
4) Many adolescents are comfortable with their surroundings.
10. Which nursing action is appropriate when providing care to an adolescent patient who is accompanied to an appointment by a parent?  
1) Instructing the parent to stay in the waiting room, with the explanation that the adolescent will provide a report after the examination  
2) Telling the parent it is against policy for a parent to accompany the adolescent to the examination room  
3) Reassuring the parent that the nurse will discuss any parental concerns or questions after the examination  
4) Allowing the parent to come into the examination room with the adolescent
11. The school nurse is performing annual height and weight screenings. The nurse notes that three adolescent girls who are close friends have each lost 15 pounds over the past year. Which is the priority nursing action?  
1) Obtaining a nutritional history for each of these adolescents  
2) Referring these adolescents to the school psychologist  
3) Calling the respective parents to discuss the eating pattern of each adolescent  
4) Speaking with the adolescents in a group to discuss the problems associated with anorexia nervosa
12. When planning community health promotion activities, which should the nurse consider when catering an educational session to the adolescent?  
1) More females smoke cigarettes than males.  
2) Marijuana is not an issue until college.  
3) Alcohol and drug use often goes hand-in-hand with sexual intercourse.  
4) There is no risk of texting and driving during adolescence.
13. An obese adolescent who adamantly denies sexual activity has a positive pregnancy test. Which response by the nurse is most appropriate?  
1) "When was your last menstrual period (LMP)?"  
2) "Tell me how you feel about your body image."

- 3) "Let's discuss some activities that you have done within the past few months that could possibly lead to pregnancy."
- 4) "Why are you denying sexual intercourse?"
- \_\_\_ 14. A mother reports that her adolescent daughter is always late. The mother states, "She was born late and has been late every day of her life." Which response by the nurse is appropriate?
- 1) "Setting specific alarms and then reinforcing the value of being 'on time' may be helpful strategies."
  - 2) "Just let it go for now. Teachers and employers are the best people to help her be on time."
  - 3) "You need to establish specific time frames for your adolescent and be certain she adheres to them."
  - 4) "You have a major problem. There must be a lot of screaming in your home."
- \_\_\_ 15. The parent of an adolescent states, "My daughter slouches all the time. She is so lazy." Which should the nurse assess in order to provide the parent with the most appropriate anticipatory guidance?
- 1) Asthma
  - 2) Depression
  - 3) Alcohol use
  - 4) Scoliosis
- \_\_\_ 16. During a health maintenance visit, an adolescent says, "I have no friends in my new school, and I no longer want to go to college. I know I will be lonely there, too." Which priority screening should the nurse implement?
- 1) Substance abuse
  - 2) Depression
  - 3) Anorexia nervosa
  - 4) Pregnancy

### **Multiple Response**

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

- \_\_\_ 17. Which difficulties faced by an adolescent are attributed to normal development? (*Select all that apply.*)
- 1) Risk-taking
  - 2) Rebelliousness
  - 3) Peer socialization
  - 4) Lack of cooperation
  - 5) Hostility toward authority
- \_\_\_ 18. Which should be included in the anticipatory guidance for high-risk behaviors provided to adolescents and their parents during a health maintenance visit? (*Select all that apply.*)
- 1) Alcohol use
  - 2) Tobacco use
  - 3) Sexual preference
  - 4) College application process

- 5) Motor vehicle accidents**
- \_\_\_ 19. Which screenings are appropriate for an adolescent who admits to being sexually active during a scheduled health maintenance visit? (*Select all that apply.*)
- 1) Herpes simplex virus
  - 2) Gonorrhea
  - 3) Chlamydia
  - 4) Impetigo
  - 5) Mononucleosis
- \_\_\_ 20. Which topics are appropriate for the nurse to include in a teaching session for an adolescent patient who is experiencing acne? (*Select all that apply.*)
- 1) Discouraging the consumption of greasy foods
  - 2) Washing the face twice per day
  - 3) Using a mild soap on the face
  - 4) Scrubbing the face with a washcloth
  - 5) Recommending products that contain oil

## **Chapter 25: Health Promotion of the Adolescent**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 4

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Describe the unique needs of the adolescent in relation to children in other developmental stages and age groups.

Chapter page reference: 386

Heading: Cognitive Development of the Adolescent

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Knowledge [Remembering]

Concept: Development

Difficulty: Easy

	Feedback
1	Adolescents theoretically do not engage in risky behavior as a coping mechanism.
2	Adolescents theoretically do not engage in risky behavior to impress a teacher.
3	Adolescents theoretically do not engage in risky behavior as a cry for help.
4	Theoretically, adolescents engage in risky behavior to receive peer approval.

PTS: 1

CON: Development

2. ANS: 3

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Analyze the relationship between suicide and depression as it relates to the developmental stage of adolescence. Integrate aspects of safety in relation to rapid assessments and interventions for adolescent depression to prevent suicide ideation, gestures, and attempts.

Chapter page reference: 394

Heading: Self-Harm

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Mood

Difficulty: Easy

	Feedback
1	Adolescents do not engage in self-harm activities for peer approval.
2	Adolescents do not engage in self-harm activities for attention.
3	Self-harm activities such as cutting are often engaged in by the adolescent in order to release anger.
4	Adolescents do not engage in self-harm activities to seek medical attention.

PTS: 1 CON: Mood

3. ANS: 1

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Contrast the recreation, play needs, and socialization practices of the adolescent to the earlier developmental stages.

Chapter page reference: 383

Heading: Growth and Development of the Adolescent

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
1	Peers are highly influential during adolescence.
2	Peers, not siblings, are highly influential during adolescence.
3	Peers, not parents, are highly influential during adolescence.
4	Peers, not teachers, are highly influential during adolescence.

PTS: 1 CON: Development

4. ANS: 2

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Describe the unique needs of the adolescent in relation to children in other developmental stages and age groups.

Chapter page reference: 388-390

Heading: Psychological and Developmental Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
1	Being engaged in tasks is not a psychological and developmental task of adolescence.
2	Forming a self-identity is a psychological and developmental task of adolescence.
3	Having highly imaginative thoughts is not a psychological and developmental task of adolescence.
4	Wanting to participate in organized activities is not a psychological and developmental task of adolescence.

PTS: 1 CON: Development

5. ANS: 2

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Define the phenomenon of sexuality, sexual practices, and sexually transmitted disease prevention in the adolescent period.

Chapter page reference: 383

Heading: Health, Wellness, and Illness

Integrated processes: Communication and Documentation

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Communication; Sexuality

Difficulty: Moderate

	Feedback
1	Offering personal opinions on any topic is not an appropriate nursing action when communicating with adolescent patients.
2	Adolescents should be allowed to engage in discussion with other participants, their peers, when teaching them about the consequences of unprotected sex.
3	Lecturing on a topic without discussion is not an appropriate nursing action when teaching the adolescent population about the consequences of unprotected sex.
4	Although religious beliefs can impact safer sex practices, the nurse should communicate with adolescents using facts when discussing the consequences of unprotected sex.

PTS: 1

CON: Communication | Sexuality

6. ANS: 4

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Describe abstract thinking in the adolescent period and its impact on the teen's view of his/her world.

Chapter page reference: 388-390

Heading: Psychological and Developmental Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
1	Erikson is not the developmental theorist who stated that adolescents engage in abstraction thinking.
2	Freud is not the developmental theorist who stated that adolescents engage in abstraction thinking
3	Kohlberg is not the developmental theorist who stated that adolescents engage in abstraction thinking
4	Piaget is the developmental theorist who stated that the adolescent is able to logically manipulate abstract, observable, and nonobservable concepts with

greater depth.

PTS: 1 CON: Development

7. ANS: 2

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Contrast the recreation, play needs, and socialization practices of the adolescent to the earlier developmental stages.

Chapter page reference: 383

Heading: Health, Wellness, and Illness

Integrated processes: Communication and Documentation

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Assessment; Communication; Development

Difficulty: Difficult

Feedback	
<b>1</b>	The nurse should share with the adolescent's parents only information that is not protected by HIPAA.
<b>2</b>	In order for the adolescent to open up and communicate with the nurse, it is important to speak with the parents and the adolescent separately. There are certain topics that the adolescent may not feel comfortable sharing in front of his or her parents.
<b>3</b>	The nurse may need to determine the parents' opinion regarding the adolescent's friends if there is an issue.
<b>4</b>	It is not appropriate to tell the parents that they are not allowed in the examination room. The adolescent, however, does have the right to privacy, and this should be shared with the parents in a meaningful way.

PTS: 1 CON: Assessment | Communication | Development

8. ANS: 4

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Compare the nutritional needs and eating patterns of the adolescent to the behaviors of the earlier developmental stages.

Chapter page reference: 384-385

Heading: Obesity and Overweight

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Self

Difficulty: Moderate

Feedback	
<b>1</b>	There is no documented association between being overweight and substance abuse.

<b>2</b>	School phobia is more apt to occur for the school-aged, not the adolescent, patient who is overweight.
<b>3</b>	There is no documented association between being overweight and spiritual distress.
<b>4</b>	Being overweight can significantly impact the adolescent's self-esteem; therefore, the nurse should include this in the plan of care.

PTS: 1 CON: Self

9. ANS: 1

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Describe the unique needs of the adolescent in relation to children in other developmental stages and age groups.

Chapter page reference: 383

Heading: Health, Wellness, and Illness

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
<b>1</b>	In order to gain the trust of an adolescent, it is important for the nurse to explain each procedure and to introduce the personnel who will be working with the adolescent prior to the actual examination process.
<b>2</b>	Adolescent patients have strong opinions.
<b>3</b>	It is important for the nurse to spend time with the adolescent in order to gain his or her trust.
<b>4</b>	Adolescence is a time of tumultuous feelings; therefore, many are not comfortable with their surroundings.

PTS: 1 CON: Development

10. ANS: 3

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Describe the unique needs of the adolescent in relation to children in other developmental stages and age groups.

Chapter page reference: 383

Heading: Health, Wellness, and Illness

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
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<b>1</b>	The adolescent does not have to share information with the parent after the examination process.
<b>2</b>	It is not against policy for the parent to accompany the adolescent to the examination room; however, the adolescent does have the right to privacy during the examination process.
<b>3</b>	It is important for the nurse to communicate with the parents that he or she is available to discuss their concerns after the physical examination of the adolescent.
<b>4</b>	The nurse should allow the parent to come into the examination room only if the adolescent gives permission for this to occur.

PTS: 1 CON: Development

11. ANS: 1

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Compare the nutritional needs and eating patterns of the adolescent to the behaviors of the earlier developmental stages.

Chapter page reference: 385

Heading: Nursing Care Plan

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Assessment; Nutrition

Difficulty: Difficult

Feedback	
<b>1</b>	The priority action by the nurse is to obtain a nutritional history for each adolescent in order to assess the weight loss.
<b>2</b>	Although the adolescents may require a referral to the school psychologist, this is not the priority action by the nurse.
<b>3</b>	Although the nurse many need to discuss the adolescents' eating patterns with the respective parents, this is not the priority.
<b>4</b>	If anorexia nervosa is suspected, the nurse should speak to each adolescent privately.

PTS: 1 CON: Assessment | Nutrition

12. ANS: 3

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Identify the need to promote hygiene, self-care, disease prevention, and health promotion behaviors in the adolescent developmental period.

Chapter page reference: 385-387

Heading: Adolescent Risk-Taking Behaviors

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development; Promoting Health

Difficulty: Easy

	Feedback
1	More males than females smoke cigarettes.
2	Approximately 47% of high school students admit to trying marijuana.
3	Teenagers face many social pressures concerning experimentation with drugs, alcohol, and sexuality, and their decisions about these pressures influence their health. Pediatric nurses provide straightforward information to teens about health promotion and injury, disease, and infection prevention, as well as specific information about pregnancy and sexually transmitted infection prevention.
4	Adolescents often engage in risky behavior such as texting and driving.

PTS: 1

CON: Development | Promoting Health

13. ANS: 3

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Define the phenomenon of sexuality, sexual practices, and sexually transmitted disease prevention in the adolescent period.

Chapter page reference: 387-388

Heading: Sexual Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	Although this question is necessary, it is not a therapeutic response based on the current situation.
2	Although the adolescent is obese, this is not the time to discuss body image.
3	Offering straightforward information on sexuality, sexual activity, risks, and protection is an important nursing role.
4	This is accusatory and does not facilitate a therapeutic relationship with the adolescent.

PTS: 1

CON: Development

14. ANS: 1

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Describe the unique needs of the adolescent in relation to children in other developmental stages and age groups.

Chapter page reference: 388-390

Heading: Psychological and Developmental Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	This suggestion assists both the parent and the adolescent; therefore, it is an appropriate response by the nurse.
<b>2</b>	Telling the parent to let it go does not address the mother's concern.
<b>3</b>	This response places responsibility on the mother rather than the adolescent.
<b>4</b>	This response is not therapeutic and does not address the mother's concern.

PTS: 1 CON: Development

15. ANS: 4

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Identify the need to promote hygiene, self-care, disease prevention, and health promotion behaviors in the adolescent developmental period.

Chapter page reference: 390-391

Heading: Anticipatory Guidance for Parents of the Adolescent

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Difficult

Feedback	
<b>1</b>	Slouching is not a clinical manifestation associated with asthma.
<b>2</b>	Slouching is not a clinical manifestation associated with depression.
<b>3</b>	Slouching is not a clinical manifestation associated with alcohol use.
<b>4</b>	Slouching is a clinical manifestation associated with scoliosis and the nurse should assess for this in the adolescent patient to provide the most appropriate anticipatory guidance.

PTS: 1 CON: Promoting Health

16. ANS: 2

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Identify the need to promote hygiene, self-care, disease prevention, and health promotion behaviors in the adolescent developmental period.

Chapter page reference: 391-392

Heading: Screening and Health Promotion of the Adolescent

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Promoting Health

Difficulty: Difficult

Feedback	
<b>1</b>	Although substance abuse is often a required screening during adolescence, this is not the priority in this situation.
<b>2</b>	On the basis of the current situation, the nurse should address the adolescent's mental health by implementing a screening for depression.
<b>3</b>	Although anorexia nervosa is often a required screening during adolescence, this is not the priority in this situation.
<b>4</b>	Although pregnancy is often a required screening during adolescence, this is not the priority in this situation.

PTS: 1

CON: Promoting Health

#### MULTIPLE RESPONSE

17. ANS: 1, 2, 4, 5

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Describe the unique needs of the adolescent in relation to children in other developmental stages and age groups.

Chapter page reference: 385-387

Heading: Cognitive Development of the Adolescent

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
1.	This is correct. Risk-taking is an adolescent difficulty attributed to normal development.
2.	This is correct. Rebelliousness is an adolescent difficulty attributed to normal development.
3.	This is incorrect. Peer relationships, while important, are not an adolescent difficulty.
4.	This is correct. Lack of cooperation is an adolescent difficulty attributed to normal development.
5.	This is correct. Hostility toward authority is an adolescent difficulty attributed to normal development.

PTS: 1

CON: Development

18. ANS: 1, 2, 5

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Teach the adolescent and the family of an adolescent anticipatory guidance practices to reduce injury and accidents.

Chapter page reference: 385-387

Heading: Cognitive Development of the Adolescent  
Integrated processes: Clinical Problem-Solving Process  
Client need: Health Promotion and Maintenance  
Cognitive level: Comprehension [Understanding]  
Concept: Promoting Health  
Difficulty: Easy

	Feedback
1.	This is correct. Alcohol use is a high-risk behavior that is included in anticipatory guidance.
2.	This is correct. Tobacco use is a high-risk behavior that is included in anticipatory guidance.
3.	This is incorrect. Although unsafe sexual practices are considered high-risk behaviors, sexual preference is not.
4.	This is incorrect. The college application process is not a high-risk behavior requiring anticipatory guidance.
5.	This is correct. Motor vehicle accidents are high-risk behaviors that are included in anticipatory guidance.

PTS: 1 CON: Promoting Health

19. ANS: 1, 2, 3

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Define the phenomenon of sexuality, sexual practices, and sexually transmitted disease prevention in the adolescent period.

Chapter page reference: 387-388

Heading: Sexual Development

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Sexuality

Difficulty: Difficult

	Feedback
1.	This is correct. Herpes simplex virus is a sexually transmitted infection (STI) that is appropriate to include in the screening for an adolescent who is sexually active.
2.	This is correct. Gonorrhea is an STI that is appropriate to include in the screening for an adolescent who is sexually active.
3.	This is correct. Chlamydia is an STI that is appropriate to include in the screening for an adolescent who is sexually active.
4.	This is incorrect. Impetigo is not sexually transmitted.
5.	This is incorrect. Mononucleosis is not sexually transmitted.

PTS: 1 CON: Sexuality

20. ANS: 2, 3

Chapter number and title: 25: Health Promotion of the Adolescent

Chapter learning objective: Describe the pathology of acne and discuss prevention and intervention practices to assist an adolescent with acne.

Chapter page reference: 393

Heading: Acne

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

	Feedback
1.	This is incorrect. Foods such as chocolate and those that contain grease do not contribute to acne.
2.	This is correct. It is appropriate to wash the face twice per day.
3.	This is correct. It is appropriate to use a mild soap on the face.
4.	This is incorrect. Scrubbing the face should be discouraged. Instead, the nurse should recommend gentle cleansing when washing the face.
5.	This is incorrect. Products containing oil should be discouraged, not recommended.

PTS: 1

CON: Promoting Health

## **Chapter 26: The Hospitalized Child**

### **Multiple Choice**

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

- \_\_\_\_ 1. The pediatric nurse is explaining the procedure for débriding a wound to a preschool-aged patient. Which is an age-appropriate method to describe this process?
- 1) Use play to demonstrate the procedure
  - 2) Allow the child to see all of the equipment
  - 3) Allow the child to refuse the procedure
  - 4) Use pamphlets to describe the procedure
- \_\_\_\_ 2. The nurse prepares a child to receive oxygen via a tent delivery system by allowing the child to place a teddy bear in and out of the tent and then rewarding the child with a sticker. Which practice is the nurse using?
- 1) Therapeutic play
  - 2) Therapeutic rewards
  - 3) Therapeutic interventions
  - 4) Therapeutic communication
- \_\_\_\_ 3. The nurse is providing care to a pediatric patient who is experiencing separation anxiety as a result of hospitalization. Which data indicate the patient is experiencing the “despair” stage?
- 1) Lies quietly in bed
  - 2) Does not cry when parents return and leave again
  - 3) Appears to be happy and content with staff
  - 4) Screams and cries when parents leave
- \_\_\_\_ 4. Which is a common fear for hospitalized pediatric patients between the ages of 6 and 18 months?
- 1) Death
  - 2) Disfigurement
  - 3) Bodily mutilation
  - 4) Stranger anxiety
- \_\_\_\_ 5. Which nursing action is most appropriate when providing emergency care to a child whose parents do not wish to leave the room?
- 1) Asking the health-care provider if the parents can stay with the child
  - 2) Allowing the parents to stay with the child
  - 3) Escorting the parents to the waiting room and assuring them that they can see their child soon
  - 4) Telling the parents that they do not need to stay with the child
- \_\_\_\_ 6. Which pediatric patient is at greatest risk for experiencing separation anxiety if the parents are unable to stay with the child at all times?
- 1) A 3-month-old infant
  - 2) An 18-month-old toddler
  - 3) A 4-year-old, preschool-aged child

- 4) A 6-year-old, school-aged child
- \_\_\_ 7. A preschool-aged child is admitted to the pediatric unit for surgery. The parents request to stay with their child. Which is the best response by the nurse?
- 1) Tell the parents they can stay in the hospital but not on the unit
  - 2) Read the rules and regulations of rooming in with the child
  - 3) Let the parents know they are allowed to stay with the child
  - 4) Explain to the parents why they cannot stay with the child
- \_\_\_ 8. Which tool should the nurse use to monitor pain in a toddler-aged patient?
- 1) FACES pain scale
  - 2) FLACC pain scale
  - 3) Oucher pain scale
  - 4) Numeric pain scale
- \_\_\_ 9. Which nursing action is most appropriate to minimize stress for a pediatric patient who will have a planned hospitalization for a tonsillectomy and his or her family?
- 1) Telling the client and family that everything will be fine
  - 2) Explaining to the client and family how the child will benefit from the surgery
  - 3) Telling the client and family that the surgeon is very good
  - 4) Giving the client and family a tour of the hospital unit or surgical area
- \_\_\_ 10. Which pediatric patient can best tolerate separation from parents during hospitalization?
- 1) A 3-month-old
  - 2) A 15-month-old
  - 3) A 24-month-old
  - 4) A 36-month-old
- \_\_\_ 11. Which nursing action is most appropriate when updating the family of a preschool-aged patient?
- 1) Providing the update at the bedside
  - 2) Giving the parents a written report from the providers
  - 3) Stepping out of the room to discuss the information
  - 4) Asking the provider to discuss all of the information with the family
- \_\_\_ 12. Which nursing action is most appropriate to reduce stress during the preoperative period for a 4-year-old patient?
- 1) Explaining to the child that the surgery will fix her “broken” heart
  - 2) Waiting until the child is in the holding room to insert the Foley catheter
  - 3) Telling the child what will be seen, heard, and felt while awake prior to the procedure
  - 4) Asking the parents to wait in the waiting room when it is time to take the child to the holding area
- \_\_\_ 13. Which strategy is most appropriate for administering a medication to a toddler-aged child who has a history of being difficult?
- 1) Put the medication in a favorite drink in the child’s sippy cup
  - 2) Notify the health-care provider to change the route to IV
  - 3) Hold the child down and squirt the medication into the corner of his mouth

- 4) Allow the mother to administer the medication to the child
- \_\_\_ 14. Which action is most appropriate when providing care to a hospitalized pediatric patient who is on contact precautions because of a communicable disease?
- 1) Asking the parents to visit the child once per day
  - 2) Scheduling physical therapy for the child
  - 3) Providing age-appropriate stimulation for the child
  - 4) Discouraging the parents from holding their child during the visit
- \_\_\_ 15. Which nursing action is appropriate for the parents of a hospitalized patient to enhance safety?
- 1) Allowing the parent to sleep in the bed with the patient
  - 2) Keeping supplies on the bedside table to enhance their use
  - 3) Teaching the use of the call bell system
  - 4) Encouraging the child to walk barefoot to the bathroom
- \_\_\_ 16. For which topic, considered an adolescent stressor, should the nurse include interventions in the plan of care for a hospitalized teenage patient?
- 1) Fear of the dark
  - 2) Separation anxiety
  - 3) Mutilation concerns
  - 4) Loss of privacy

### **Multiple Response**

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

- \_\_\_ 17. Which nursing actions are appropriate when providing care to a toddler-aged patient who is restrained to protect an incision after a surgical procedure? (*Select all that apply.*)
- 1) Using the least restrictive method
  - 2) Obtaining an order containing the reason, the type of restraint, and a start/stop time
  - 3) Removing the restraints every 4 hours to assess skin
  - 4) Encouraging games and activities that promote growth and development
  - 5) Assessing hygiene and elimination needs frequently
- \_\_\_ 18. Which nursing actions are appropriate when providing care to a child who is hospitalized? (*Select all that apply.*)
- 1) Teaching the family that the doctor is the decision maker in the child's care
  - 2) Educating the family about procedures performed on the child
  - 3) Providing emotional support to the child and the family
  - 4) Administering age-appropriate care to the child
  - 5) Communicating in a genuine fashion with the child's family and health-care providers
- \_\_\_ 19. Which reactions should the nurse anticipate when providing care to a pediatric patient who is exhibiting the protest stage of separation anxiety? (*Select all that apply.*)
- 1) Clinging to the parents
  - 2) Crying or acting aggressively

- 3) Withdrawing from the environment
- 4) Being disinterested when the family visits
- 5) Exhibiting depression
- 20. Which nursing actions are appropriate when teaching a pediatric patient how to administer an insulin injection? (*Select all that apply.*)
- 1) Showing the child a syringe filled with water to practice on a favorite doll
- 2) Showing the child a video of another child receiving an insulin injection
- 3) Showing the child a picture of the beach to imagine jumping in the waves
- 4) Showing the child how the injection will occur by pretending to inject self
- 5) Showing the child how the injection occurs by allowing the child to watch another child receive the injection first

## **Chapter 26: The Hospitalized Child**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 1

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the unique needs of a pediatric patient across childhood while hospitalized for a variety of acute and chronic conditions.

Chapter page reference: 400

Heading: Hospital Unit Overview and Orientation

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
1	Medical play is structured play that provides the opportunity for a child to learn about his or her diagnosis, procedures, surgery, and diagnostic or medical equipment.
2	Although seeing all the equipment is important, the preschool-aged patient should be able to play with the equipment.
3	Refusal of a procedure is not always possible.
4	The use of pamphlets is appropriate for the adolescent, not the preschool-aged, patient.

PTS: 1

CON: Development

2. ANS: 1

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the variations in frequently encountered nursing care procedures for pediatric patients across childhood.

Chapter page reference: 400

Heading: Hospital Unit Overview and Orientation

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
1	<i>Therapeutic, or medical, play</i> is structured play that provides the opportunity for a child to learn about his or her diagnosis, procedures, surgery, and diagnostic or

	medical equipment.
2	<i>Therapeutic reward</i> is not the term used to describe this practice.
3	<i>Therapeutic intervention</i> is not the term used to describe this practice.
4	<i>Therapeutic communication</i> is not the term used to describe this practice.

PTS: 1 CON: Development

3. ANS: 1

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: State the three phases to hospitalization and separation for young children (protest, despair, and detachment) and describe the behaviors expected in each phase.

Chapter page reference: 401

Heading: Despair

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
1	In the second stage of separation, the young child withdraws and becomes inactive and uncommunicative. The child appears very sad and hopeless. Often, the child is lying on her side, turned away from the door or from others, lying quietly in despair.
2	A child who does not cry when parents return or leave is experiencing the detachment/denial stage of separation anxiety.
3	A child who appears happy and content with staff is experiencing the detachment/denial stage of separation anxiety.
4	A child who screams and cries when parents leave is experiencing the protest stage of separation anxiety.

PTS: 1 CON: Development

4. ANS: 4

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the unique needs of a pediatric patient across childhood while hospitalized for a variety of acute and chronic conditions.

Chapter page reference: 401

Heading: Detachment/Denial

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
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<b>1</b>	Death is not a common fear for the hospitalized pediatric patient between the ages of 6 and 18 months.
<b>2</b>	Disfigurement is not a common fear for the hospitalized pediatric patient between the ages of 6 and 18 months.
<b>3</b>	Bodily mutilation is not a common fear for the hospitalized pediatric patient between the ages of 6 and 18 months.
<b>4</b>	Stranger anxiety, along with separation anxiety, is a common fear for the hospitalized pediatric patient between the ages of 6 and 18 months.

PTS: 1 CON: Development

5. ANS: 2

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Differentiate between adult hospital units and policies and pediatric units and policies in relation to schedules, play environments, meals, equipment, and sleep needs.

Chapter page reference: 403

Heading: Parents at the Bedside

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	Asking the health-care provider if the parents can stay at the bedside is not the most appropriate action by the nurse.
<b>2</b>	The parents of a hospitalized child should be allowed to stay at the bedside at all times.
<b>3</b>	It is not appropriate to escort the parents to the waiting room and assure them that they will see their child soon. Parents of a hospitalized child should be allowed to stay at the bedside at all times.
<b>4</b>	Telling the parents that they do not need to stay with the child is inappropriate and does not facilitate family-centered care.

PTS: 1 CON: Development

6. ANS: 2

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: State the three phases to hospitalization and separation for young children (protest, despair, and detachment) and describe the behaviors expected in each phase.

Chapter page reference: 400-401

Heading: Emotional Responses to Hospitalization

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

	Feedback
1	Separation anxiety can occur during infancy; however, object permanence is required before separation anxiety occurs. Object permanence develops between 6 and 9 months of age.
2	Separation anxiety occurs between 6 and 36 months of age. The 18-month-old toddler is at great risk for experiencing separation anxiety.
3	The 4-year-old preschool-aged child is not at great risk for experiencing separation anxiety.
4	The 6-year-old school-aged child is not at great risk for experiencing separation anxiety.

PTS: 1 CON: Development

7. ANS: 3

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the basic guidelines for working with hospitalized children.

Chapter page reference: 403

Heading: Parents at the Bedside

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	This is an inaccurate response by the nurse.
2	Reading the rules and regulations regarding rooming-in is not an accurate response to parents who ask to stay with their child.
3	Letting the parents know they are allowed to stay with their child is the best response by the nurse. Every effort should be made to assist the parents in maintaining a presence as much as possible each day.
4	In this situation, there is no reason to explain to the parents why they cannot stay with the child. Although certain areas of the hospital (surgery, radiology, etc) may not allow parents to accompany a child, this is not applicable to the current situation.

PTS: 1 CON: Development

8. ANS: 2

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Analyze pain assessments and interventions for pediatric clients and describe both pharmaceutical and nonpharmaceutical nursing interventions to help relieve pain in children.

Chapter page reference: 409

Heading: Table 26-1 Patient Response to Pain  
Integrated processes: Clinical Problem-Solving Process  
Client need: Physiological Adaptation  
Cognitive level: Application [Applying]  
Concept: Comfort  
Difficulty: Moderate

	Feedback
1	The FACES pain scale is more appropriate for the preschool-aged, not the toddler-aged, patient.
2	The FLACC pain scale is an appropriate tool for the nurse to use to assess pain for the toddler-aged patient.
3	The Oucher pain scale is more appropriate for the preschool-aged, not the toddler-aged, patient.
4	The numeric pain scale is more appropriate for the school-aged and adolescent patients, not the toddler-aged patient.

PTS: 1 CON: Comfort

9. ANS: 4

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the basic guidelines for working with hospitalized children.

Chapter page reference: 400

Heading: Hospital Unit Overview and Orientation

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	Although it is appropriate to reassure the family of a child who will be hospitalized, this action does not minimize stress prior to a planned hospitalization.
2	Although it is appropriate to provide facts regarding the surgical procedure, this is not the best way to minimize stress prior to a planned hospitalization.
3	This action is based on opinion and will not minimize stress prior to a planned hospitalization.
4	Providing a tour of the hospital unit and surgical area prepares the family for what will be heard, seen, and experienced during the hospitalization. This action is appropriate to minimize stress.

PTS: 1 CON: Development

10. ANS: 1

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: State the three phases to hospitalization and separation for young children (protest, despair, and detachment) and describe the behaviors expected in each phase.  
Chapter page reference: 400-401

Heading: Emotional Responses to Hospitalization

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
<b>1</b>	Separation anxiety is most likely to occur during the time span of 6 to 36 months of age. The 3-month-old infant is not at risk for separation anxiety.
<b>2</b>	A 15-month-old toddler is likely to experience separation anxiety.
<b>3</b>	A 24-month-old toddler is likely to experience separation anxiety.
<b>4</b>	A 36-month-old toddler is likely to experience separation anxiety.

PTS: 1 CON: Development

11. ANS: 3

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: State the three phases to hospitalization and separation for young children (protest, despair, and detachment) and describe the behaviors expected in each phase.

Chapter page reference: 400-401

Heading: Emotional Responses to Hospitalization

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	Although it is usually appropriate to provide the family of a pediatric patient with an update at the bedside, this is not always appropriate for a preschool-aged patient.
<b>2</b>	A written report may be helpful to provide to the parents after the discussion; however, this is not the most appropriate nursing action.
<b>3</b>	Because the preschool-aged patient may have magical thinking developmentally, it is often better to step out of the room during updates with the family.
<b>4</b>	The nurse is an active member of the health-care team who can provide information to the parents. It is not appropriate for the nurse to ask the provider to discuss all of the information with the family.

PTS: 1 CON: Development

12. ANS: 3

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the basic guidelines for working with hospitalized children.

Chapter page reference: 400

Heading: Hospital Unit Overview and Orientation

Integrated processes: Clinical Problem-Solving Process

Client need: Application [Applying]

Cognitive level: Psychosocial Integrity

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	It is not appropriate to use the term <i>broken</i> because this will be interpreted literally by the preschool-aged patient.
<b>2</b>	Treatments and procedures, such as the insertion of a Foley catheter, should be implemented in a treatment room and not in the holding room.
<b>3</b>	In order to properly prepare a preschool-aged patient and decrease stress, the nurse should tell the child what will be seen, heard, and felt when awake prior to the procedure, using age-appropriate language.
<b>4</b>	Parents should be allowed to stay with their child until it is time to proceed to the surgical suite.

PTS: 1 CON: Development

13. ANS: 4

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: State measures to administer medications safely to children who are hospitalized.

Chapter page reference: 419

Heading: Oral Medications

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parental Therapies

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	Although it is appropriate to mix a medication with a small amount of food or beverage that the child likes, putting the medication in a favorite drink in the child's sippy cup means that the patient has to drink the entire beverage to ensure the medication has been administered.
<b>2</b>	Unless the child has an IV line, this is not an appropriate strategy.
<b>3</b>	Although squirting the medication into the corner of the mouth is appropriate for an infant, it is never appropriate to hold the child down during the process.
<b>4</b>	Soliciting the assistance of a parent is appropriate when administering a medication to a toddler-aged patient who has a history of being difficult with

medication administration.

PTS: 1 CON: Development

14. ANS: 3

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the unique needs of a pediatric patient across childhood while hospitalized for a variety of acute and chronic conditions.

Chapter page reference: 422

Heading: Influenza Specimen Collection

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Development

Difficulty: Difficult

Feedback	
<b>1</b>	The parents' presence at the bedside should be encouraged at all times.
<b>2</b>	Physical therapy is not warranted for a child who is on contact precautions because of a communicable disease. Scheduling a child life specialist to see the child is appropriate.
<b>3</b>	Age-appropriate stimulation is appropriate for all pediatric patients.
<b>4</b>	Parents should be encouraged to hold their children, with the use of appropriate personal protective equipment, when providing care to a child who is on contact precautions.

PTS: 1 CON: Development

15. ANS: 3

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Discuss the safety concerns for young children while hospitalized in fast-paced, chaotic health-care environments.

Chapter page reference: 405-406

Heading: Providing a Safe Environment

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

Feedback	
<b>1</b>	A parent should not be allowed to sleep in the bed with a pediatric patient. The nurse should order a pullout for the parent.
<b>2</b>	Supplies should be out of reach or locked when providing care to a pediatric patient in order to enhance safety.
<b>3</b>	The parents of a hospitalized child should be taught how to use the call bell system

	in order to enhance safety.
<b>4</b>	The child should not be allowed to walk barefoot under any circumstances during hospitalization.

PTS: 1 CON: Safety

16. ANS: 4

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the unique needs of a pediatric patient across childhood while hospitalized for a variety of acute and chronic conditions.

Chapter page reference: 400

Heading: Bill of Rights for the Hospitalized Patient

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

Feedback	
<b>1</b>	Fear of the dark is an appropriate topic to include in the plan of care for a toddler or preschool-aged patient, not an adolescent patient.
<b>2</b>	Separation anxiety is an appropriate topic to include in the plan of care for an infant or toddler, not for an adolescent patient.
<b>3</b>	Concern regarding mutilation is an appropriate topic to include in the plan of care for toddler and preschool patients, not an adolescent patient.
<b>4</b>	Although privacy should be provided to everyone, this is especially important for the adolescent patient.

PTS: 1 CON: Development

## MULTIPLE RESPONSE

17. ANS: 1, 2, 4, 5

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Discuss the safety concerns for young children while hospitalized in fast-paced, chaotic health-care environments.

Chapter page reference: 416

Heading: Restraints

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
1.	This is correct. The least restrictive method of restraint should always be used.
2.	This is correct. An order for a restraint must include the reason, type, and start/stop time for the restraint.
3.	This is incorrect. This is too long of a period for assessing the skin while a restraint is in use.
4.	This is correct. The nurse should encourage games and activities that promote growth and development for a child who is restrained.
5.	This is correct. The nurse should assess hygiene and elimination needs, per policy, when providing care for a child who is restrained.

PTS: 1 CON: Safety

18. ANS: 2, 3, 4, 5

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: Describe the basic guidelines for working with hospitalized children.

Chapter page reference: 416

Heading: Bill of Rights for the Hospitalized Child

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1.	This is incorrect. The doctor is not the decision maker in the child's care, but rather a partner with the family.
2.	This is correct. The family should receive education regarding procedures that will be performed on the child during hospitalization.
3.	This is correct. The nurse should provide emotional support to the family of a child who is hospitalized.
4.	This is correct. The nurse should administer age-appropriate care when providing care to a child who is hospitalized.
5.	This is correct. The nurse should communicate in a genuine fashion with the family and health-care providers when providing care to a child who is hospitalized.

PTS: 1 CON: Development

19. ANS: 1, 2

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: State the three phases to hospitalization and separation for young children (protest, despair, and detachment) and describe the behaviors expected in each phase.

Chapter page reference: 401

Heading: Protest

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Development

Difficulty: Easy

Feedback	
1.	This is correct. Clinging to the parents is an anticipated response for a patient who is experiencing the protest stage of separation anxiety.
2.	This is correct. Crying or acting aggressively is an anticipated response for a patient who is experiencing the protest stage of separation anxiety.
3.	This is incorrect. Withdrawing from the environment is expected during the despair, not the protest, stage of separation anxiety.
4.	This is incorrect. Being disinterested when the family visits is expected during the detachment/denial, not the protest, stage of separation anxiety.
5.	This is incorrect. Exhibiting depression is expected during the despair, not the protest, stage of separation anxiety.

PTS: 1 CON: Development

20. ANS: 1, 2, 4

Chapter number and title: 26: The Hospitalized Child

Chapter learning objective: State measures to administer medications safely to children who are hospitalized.

Chapter page reference: 419

Heading: Subcutaneous and Intradermal Medication

Integrated processes: Teaching and Learning

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Application [Applying]

Concept: Development; Medication

Difficulty: Moderate

Feedback	
1.	This is correct. The child should be allowed to practice giving the injection on a doll.
2.	This is correct. It is appropriate to show the child a video of another child receiving the injection.
3.	This is incorrect. This action is appropriate when using distraction but not when teaching how to administer an injection.
4.	This is correct. It is appropriate to mimic administering the injection to self when teaching the child how to administer an insulin injection.
5.	This is incorrect. Because the nurse cannot determine the other child's reaction, this is not an appropriate method for the nurse to implement.

PTS: 1

CON: Development | Medication

## **Chapter 27: Acutely Ill Children and Their Needs**

### **Multiple Choice**

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

- \_\_\_ 1. Which is a responsibility of the nurse when implementing safety precautions for pediatric patients each shift?
- 1) Checking that the bedside equipment is functional and the right size
  - 2) Verifying a dose of insulin with another nurse prior to administration
  - 3) Using the 10 rights of medication administration with each drug given
  - 4) Verifying the patient prior to administering a prescribed treatment
- \_\_\_ 2. Which nursing action exemplifies safe practice when providing care to pediatric patients?
- 1) Using therapeutic play for teaching
  - 2) Allowing the parents to remain at the bedside as long as they wish
  - 3) Implementing the rapid response team for a child who is experiencing complications
  - 4) Scheduling a child life specialist for a patient who is on contact precautions
- \_\_\_ 3. Which action by the nurse is appropriate when using the “S” of the SBAR system?
- 1) Identifying the reason for the phone call
  - 2) Giving the patient’s presenting complaint
  - 3) Providing the most recent vital signs
  - 4) Asking if the provider will be coming to assess the patient
- \_\_\_ 4. Which action by the nurse is appropriate when using the “A” of the SBAR system?
- 1) Identifying the reason for the phone call
  - 2) Giving the patient’s presenting complaint
  - 3) Providing the most recent vital signs
  - 4) Asking if the provider will be coming to assess the patient
- \_\_\_ 5. Which action by the nurse is appropriate when using the “B” of the SBAR system?
- 1) Identifying the reason for the phone call
  - 2) Giving the patient’s presenting complaint
  - 3) Providing the most recent vital signs
  - 4) Asking if the provider will be coming to assess the patient
- \_\_\_ 6. Which action by the nurse is appropriate when using the “R” of the SBAR system?
- 1) Identifying the reason for the phone call
  - 2) Giving the patient’s presenting complaint
  - 3) Providing the most recent vital signs
  - 4) Asking if the provider will be coming to assess the patient
- \_\_\_ 7. Which code should the nurse call for a pediatric patient who is not breathing?
- 1) Code red
  - 2) Code blue
  - 3) Code pink

- \_\_\_\_\_ 4) Code grey
- \_\_\_\_\_ 8. Which code should the nurse call for a fire in a patient care area?
- 1) Code red
  - 2) Code blue
  - 3) Code pink
  - 4) Code grey
- \_\_\_\_\_ 9. Which code should the nurse call if a newborn is missing from the nursery?
- 1) Code red
  - 2) Code blue
  - 3) Code pink
  - 4) Code grey
- \_\_\_\_\_ 10. The nurse witnesses a child collapsing in the cafeteria. Which is the priority action by the nurse?
- 1) Calling for help
  - 2) Determining unresponsiveness
  - 3) Performing chest compressions
  - 4) Giving a resuscitative breath
- \_\_\_\_\_ 11. Which should the nurse monitor when assisting with the rapid assessment of body systems to assess a child's cardiovascular system?
- 1) Presence of petechiae
  - 2) Retinal hemorrhage
  - 3) Paradoxical breathing
  - 4) Abnormal heart sounds
- \_\_\_\_\_ 12. Which should the nurse monitor when assisting with the rapid assessment of body systems to assess a child's integumentary system?
- 1) Presence of petechiae
  - 2) Retinal hemorrhage
  - 3) Paradoxical breathing
  - 4) Abnormal heart sounds
- \_\_\_\_\_ 13. In which position should the nurse place a child who is experiencing a medical emergency in order to use color-coded resuscitative response tape?
- 1) Supine
  - 2) Prone
  - 3) Side-lying
  - 4) Trendelenburg
- \_\_\_\_\_ 14. For which patient scenario should the nurse activate the rapid response team?
- 1) An infant who requires an IV catheter for antibiotic administration
  - 2) A toddler-aged patient who is experiencing separation anxiety
  - 3) A preschool-aged patient who requires a procedure with the implementation of restraints
  - 4) A school-aged patient who has a grand mal seizure in the playroom

- \_\_\_\_ 15. Which guideline should the nurse include in the education provided to the parents of pediatric patients regarding the implementation of the rapid response team?
- 1) The team should be activated for customer service issues.
  - 2) The team should be activated when an immediate care conference is required.
  - 3) The team can be activated only by the family, but the nurse can assist with this process.
  - 4) The team can be activated for signs and symptoms indicating the child is deteriorating, such as trouble breathing.
- \_\_\_\_ 16. Which nursing action exemplifies the therapeutic communication required when a child is moved to a higher level of care in an acute care facility?
- 1) Asking the provider on call to communicate why the child was transferred to intensive care
  - 2) Calling the hospital social worker to communicate with the parents during the transfer process
  - 3) Talking to the family in a calm, matter-of-fact manner, explaining each step of the transfer process
  - 4) Instructing the family to go to the waiting room until a provider is available to update them on their child

### **Multiple Response**

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

- \_\_\_\_ 17. Which information should the nurse include in the handoff communication with the receiving unit when a child is transferred to a higher level of care? (*Select all that apply.*)
- 1) The child's nickname in order to enhance comfort when on the new unit
  - 2) The date of admission and the diagnosis
  - 3) A comprehensive history of the hospital stay up until the transfer
  - 4) Any medical interventions that were attempted to stabilize the child prior to the transfer
  - 5) The family members who are approved to receive information about the child via telephone
- \_\_\_\_ 18. Which nursing actions are appropriate when attempting to stabilize a pediatric patient who is experiencing shock? (*Select all that apply.*)
- 1) Placing the child in a prone position
  - 2) Preparing for intubation and mechanical ventilation
  - 3) Protecting the child's vascular access line
  - 4) Administering prescribed antianxiety medications
  - 5) Using color-coded resuscitative tape to obtain accurate height and weight
- \_\_\_\_ 19. Which medications should the nurse be prepared to administer when providing care to a child who is experiencing shock? (*Select all that apply.*)
- 1) Cefazolin
  - 2) Epinephrine

- 3) Insulin
- 4) Hydrocortisone
- 5) Diazepam
- \_\_\_ 20. Which should the nurse include when assessing the central nervous system (CNS) of a child who is acutely ill? (*Select all that apply.*)
- 1) Irritability
- 2) Lethargy
- 3) Hypoventilation
- 4) Vomiting
- 5) Seizures

## **Chapter 27: Acutely Ill Children and Their Needs**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 1

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Discuss safety concerns when an acutely ill child is hospitalized and include every shift safety checks for emergency equipment and safety precautions all pediatric nurses should perform.

Chapter page reference: 427

Heading: Conceptual Cornerstone: Safety

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

Feedback	
<b>1</b>	<i>Safety precautions</i> is the term used to describe multiple safety measures implemented by the pediatric health-care team to keep a child safe. Checking that emergency equipment is present, is the right size for the child, and functions is a responsibility for each nurse at the beginning of the shift.
<b>2</b>	Although verifying a dose of insulin prior to administration is safe practice, this is not included in the safety precautions at the beginning of each shift.
<b>3</b>	Although using the 10 rights of medication administration with each drug given is safe practice, this is not included in the safety precautions at the beginning of each shift.
<b>4</b>	Although verifying the patient prior to administering a prescribed treatment is safe practice, this is not included in the safety precautions at the beginning of each shift.

PTS: 1

CON: Safety

2. ANS: 3

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Discuss safety concerns when an acutely ill child is hospitalized and include every shift safety checks for emergency equipment and safety precautions all pediatric nurses should perform.

Chapter page reference: 427

Heading: Conceptual Cornerstone – Safety

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
1	Although the use of therapeutic play for teaching is an appropriate intervention when providing care for a pediatric patient, this action does not exemplify safe practice.
2	Although allowing parents to stay at the bedside is an appropriate intervention when providing care for a pediatric patient, this action does not exemplify safe practice.
3	Safe practice means using a rapid response team (RRT) or a code blue team and then communicating clearly the child's status and recent assessments.
4	Although scheduling a child life specialist to see a child on contact precautions is an appropriate intervention when providing care for a pediatric patient, this action does not exemplify safe practice.

PTS: 1

CON: Safety

3. ANS: 1

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Apply the principles of professional interdisciplinary communication through the use of the SBAR system.

Chapter page reference: 428-429

Heading: Team Works – SBAR Communication Tool

Integrated processes: Clinical Problem-Solving Process

Client need: Communication and Documentation

Cognitive level: Analysis [Analyzing]

Concept: Communication; Safety

Difficulty: Difficult

	Feedback
1	The S in the SBAR system stands for the situation. Identifying the reason for a phone call to the provider is appropriate when implementing the S.
2	The B in the SBAR system stands for the background. Giving the patient's presenting complaint is appropriate when implementing the B.
3	The A in the SBAR system stands for the assessment. Providing the most recent set of vital signs is an appropriate action when implementing the A.
4	The R in SBAR stands for the recommendation. Asking if the provider will be coming to assess the patient is an appropriate action when implementing the R.

PTS: 1

CON: Communication | Safety

4. ANS: 3

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Apply the principles of professional interdisciplinary communication through the use of the SBAR system.

Chapter page reference: 428-429

Heading: Team Works – SBAR Communication Tool

Integrated processes: Clinical Problem-Solving Process

Client need: Communication and Documentation

Cognitive level: Analysis [Analyzing]

Concept: Communication; Safety

Difficulty: Difficult

	Feedback
1	The S in the SBAR system stands for the situation. Identifying the reason for a phone call to the provider is appropriate when implementing the S.
2	The B in the SBAR system stands for the background. Giving the patient's presenting complaint is appropriate when implementing the B.
3	The A in the SBAR system stands for the assessment. Providing the most recent set of vital signs is an appropriate action when implementing the A.
4	The R in SBAR stands for the recommendation. Asking if the provider will be coming to assess the patient is an appropriate action when implementing the R.

PTS: 1 CON: Communication | Safety

5. ANS: 2

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Apply the principles of professional interdisciplinary communication through the use of the SBAR system.

Chapter page reference: 428-429

Heading: Team Works – SBAR Communication Tool

Integrated processes: Clinical Problem-Solving Process

Client need: Communication and Documentation

Cognitive level: Analysis [Analyzing]

Concept: Communication; Safety

Difficulty: Difficult

	Feedback
1	The S in the SBAR system stands for the situation. Identifying the reason for a phone call to the provider is appropriate when implementing the S.
2	The B in the SBAR system stands for the background. Giving the patient's presenting complaint is appropriate when implementing the B.
3	The A in the SBAR system stands for the assessment. Providing the most recent set of vital signs is an appropriate action when implementing the A.
4	The R in SBAR stands for the recommendation. Asking if the provider will be coming to assess the patient is an appropriate action when implementing the R.

PTS: 1 CON: Communication | Safety

6. ANS: 4

Chapter number and title: 27: Acute Ill Children and Their Needs

Chapter learning objective: Apply the principles of professional interdisciplinary communication through the use of the SBAR system.

Chapter page reference: 428-429

Heading: Team Works – SBAR Communication Tool

Integrated processes: Clinical Problem-Solving Process

Client need: Communication and Documentation

Cognitive level: Analysis [Analyzing]

Concept: Communication; Safety

Difficulty: Difficult

	Feedback
1	The S in the SBAR system stands for the situation. Identifying the reason for a phone call to the provider is appropriate when implementing the S.
2	The B in the SBAR system stands for the background. Giving the patient's presenting complaint is appropriate when implementing the B.
3	The A in the SBAR system stands for the assessment. Providing the most recent set of vital signs is an appropriate action when implementing the A.
4	The R in SBAR stands for the recommendation. Asking if the provider will be coming to assess the patient is an appropriate action when implementing the R.

PTS: 1 CON: Communication | Safety

7. ANS: 2

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: State typical color-coding systems used within a hospital to call for rapid assistance from a variety of teams (i.e., code red, code blue, code pink, code grey, code yellow).

Chapter page reference: 428

Heading: Table 27-1 Color-Coded Response System

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
1	A code red is typically called for a fire, not for a patient who is not breathing.
2	A code blue is called for a patient who is experiencing cardiopulmonary arrest.
3	A code pink is called for a newborn abduction, not for a patient who is not breathing.
4	A code grey is called when an adult patient is missing from his or her room, not for a patient who is not breathing.

PTS: 1 CON: Safety

8. ANS: 1

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: State typical color-coding systems used within a hospital to call for rapid assistance from a variety of teams (i.e., code red, code blue, code pink, code grey, code yellow).

Chapter page reference: 428

Heading: Table 27-1 Color-Coded Response System

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

Feedback	
<b>1</b>	A code red is typically called for a fire.
<b>2</b>	A code blue is called for a patient who is experiencing cardiopulmonary arrest, not for a fire in a patient care area.
<b>3</b>	A code pink is called for a newborn abduction, not for a fire in a patient care area.
<b>4</b>	A code grey is called when an adult patient is missing from his or her room, not for a fire in a patient care area.

PTS: 1 CON: Safety

9. ANS: 3

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: State typical color-coding systems used within a hospital to call for rapid assistance from a variety of teams (i.e., code red, code blue, code pink, code grey, code yellow).

Chapter page reference: 428

Heading: Table 27-1 Color-Coded Response System

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

Feedback	
<b>1</b>	A code red is typically called for a fire, not for a newborn who is missing from the nursery.
<b>2</b>	A code blue is called for a patient who is experiencing cardiopulmonary arrest, not for a newborn who is missing from the nursery.
<b>3</b>	A code pink is called when a newborn is missing from the nursery and when abduction is suspected.
<b>4</b>	A code grey is called when an adult patient is missing from his or her room, not for a newborn who is missing from the nursery.

PTS: 1 CON: Safety

10. ANS: 2

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Review the most current American Heart Association guidelines for cardiopulmonary resuscitation.

Chapter page reference: 430-431

Heading: Table 27-3 Guidelines for Pediatric Cardiopulmonary Resuscitation

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Oxygenation; Perfusion

Difficulty: Difficult

Feedback	
<b>1</b>	Although it is appropriate to call for help, this is not the priority nursing action in this situation.
<b>2</b>	The priority nursing action in this situation is to determine unresponsiveness and then call for help.
<b>3</b>	Although performing chest compressions is important, this is not the priority action in this situation. The nurse must determine unresponsiveness and call for help first.
<b>4</b>	Although giving resuscitative breaths is important, this is not the priority action in this situation. The nurse must first determine unresponsiveness, call for help, and perform chest compressions prior to giving resuscitative breaths.

PTS: 1 CON: Oxygenation | Perfusion

11. ANS: 4

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Discuss a comprehensive assessment of an acutely ill child who is hospitalized.

Chapter page reference: 441-442

Heading: Table 27-7 Rapid Assessment of Body Systems

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Perfusion

Difficulty: Moderate

Feedback	
<b>1</b>	Although it is appropriate for the nurse to assess for the presence of petechiae during a rapid assessment of body systems, the nurse should monitor for this when assessing the skin.
<b>2</b>	Although it is appropriate for the nurse to assess for retinal hemorrhage during a rapid assessment of body systems, the nurse should monitor for this when assessing the head, ears, eyes, nose, and throat.
<b>3</b>	Although it is appropriate for the nurse to assess for the presence of paradoxical breathing during a rapid assessment of body systems, the nurse should monitor

	for this when assessing the respiratory system.
<b>4</b>	The nurse should assess for abnormal heart sounds during the rapid assessment of body systems when assessing the cardiovascular system.

PTS: 1 CON: Perfusion

12. ANS: 1

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Discuss a comprehensive assessment of an acutely ill child who is hospitalized.

Chapter page reference: 441-442

Heading: Table 27-7 Rapid Assessment of Body Systems

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Perfusion

Difficulty: Moderate

Feedback	
<b>1</b>	The nurse should assess for the presence of petechiae during a rapid assessment of body systems to assess the integumentary system, or the skin.
<b>2</b>	Although it is appropriate for the nurse to assess for retinal hemorrhage during a rapid assessment of body systems, the nurse should monitor for this when assessing the head, ears, eyes, nose, and throat.
<b>3</b>	Although it is appropriate for the nurse to assess for the presence of paradoxical breathing during a rapid assessment of body systems, the nurse should monitor for this when assessing the respiratory system.
<b>4</b>	The nurse should assess for abnormal heart sounds during the rapid assessment of body systems when assessing the cardiovascular system.

PTS: 1 CON: Perfusion

13. ANS: 1

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Define the system of emergency response with the color-coded length-based resuscitative response tape.

Chapter page reference: 437

Heading: Color-Coded Length-Based Resuscitation Tapes

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

Feedback	
<b>1</b>	In order for the color-coded length-based pediatric emergency tape to be

	effective, the tape must be used correctly. The child is placed supine on a flat surface with the color-coded side of the tape visible.
<b>2</b>	A prone position is not appropriate when using color-coded resuscitative response tape.
<b>3</b>	A side-lying position is not appropriate when using color-coded resuscitative response tape.
<b>4</b>	The Trendelenburg position is not appropriate when using color-coded resuscitative response tape.

PTS: 1 CON: Assessment

14. ANS: 4

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Analyze the use of and outcomes of a rapid response team.

Chapter page reference: 439-440

Heading: Definitions

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Management

Difficulty: Moderate

Feedback	
<b>1</b>	The infant who requires an IV catheter for antibiotic administration does not require the nurse to activate the RRT. This patient may require the IV team to place the catheter.
<b>2</b>	A toddler who is experiencing separation anxiety does not require the nurse to activate the RRT. This patient might benefit from a consultation with child life.
<b>3</b>	A preschool-aged patient who requires restraints during a procedure does not require the nurse to activate the RRT. This patient requires notification of the health-care provider to obtain an order for restraints.
<b>4</b>	A patient who experiences a grand mal seizure anywhere in the hospital environment requires the nurse to activate the RRT.

PTS: 1 CON: Management

15. ANS: 4

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Analyze the use of and outcomes of a rapid response team.

Chapter page reference: 440

Heading: How to Call a Rapid Response Team

Integrated processes: Teaching and Learning

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Management

Difficulty: Moderate

	Feedback
<b>1</b>	The RRT should not be activated for customer service issues; therefore, this should not be included in the guidelines provided to the parents of a pediatric patient.
<b>2</b>	The RRT should not be activated when an immediate care conference is required; therefore, this should not be included in the guidelines provided to the parents of a pediatric patient.
<b>3</b>	The RRT can be activated by the nurse if the parents believe the child's condition warrants it; therefore, this should not be included in the guidelines provided to the parents of a pediatric patient.
<b>4</b>	The RRT can be implemented by the parents of a child if signs and symptoms of deterioration, such as trouble breathing, are noted by the family; therefore, this should be included in the guidelines provided to the parents.

PTS: 1 CON: Management

16. ANS: 3

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Create a care plan that encompasses the needs of the family when a child is acutely ill and has a sudden change in clinical status that requires a higher level of care provision.

Chapter page reference: 440

Heading: Delegation and Request for a Higher Level of Care

Integrated processes: Communication and Documentation

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
<b>1</b>	It is not appropriate to ask the provider on call to discuss the need for the transfer with the child's family. The nurse assigned to care for the child, who has a relationship with the family, is the best person to communicate information.
<b>2</b>	Although it is appropriate to designate one member of the team to communicate with the family during a transfer to a higher level of care, this person should be a member of the team with whom the family is familiar, such as the nurse currently assigned to provide care.
<b>3</b>	When communicating a transfer to a higher level of care, the nurse should be calm and matter of fact while explaining each step of the process to the family. This action exemplifies therapeutic communication.
<b>4</b>	It is inappropriate to tell the family to go to the waiting room until a provider can update them on their child. This will cause the family anxiety and fear. The family should be communicated with during the entire transfer process.

PTS: 1 CON: Communication

## MULTIPLE RESPONSE

17. ANS: 2, 4

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Create a care plan that encompasses the needs of the family when a child is acutely ill and has a sudden change in clinical status that requires a higher level of care provision.

Chapter page reference: 443

Heading: Transferring to a Higher Level of Care

Integrated processes: Communication and Documentation

Client need: Coordinated Care

Cognitive level: Analysis [Analyzing]

Concept: Communication

Difficulty: Difficult

	Feedback
1.	This is incorrect. The child's full name, not a nickname, should be provided during the handoff communication.
2.	This is correct. The date of admission and admitting medical diagnosis should be provided during the handoff communication.
3.	This is incorrect. A short, not comprehensive, history of the hospital stay up to this time, including the severity of the child's condition and/or symptoms from admission to the present, should be included in the handoff communication.
4.	This is correct. The reason for the transfer, including any medical interventions that were attempted to stabilize the child's condition, should be included in the handoff communication.
5.	This is incorrect. The nurse should include the emotional condition of the family, which family members are present, and the depth of their knowledge about the need for immediate transfer in the handoff communication.

PTS: 1

CON: Communication

18. ANS: 2, 3, 5

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Describe the emergency response measures needed to assist a child in shock.

Chapter page reference: 431-433

Heading: General Management of Shock

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Perfusion

Difficulty: Moderate

	Feedback
1.	This is incorrect. The child should be placed in the Trendelenburg supine, not prone, position.
2.	This is correct. The nurse should prepare for intubation and mechanical ventilation if needed.
3.	This is correct. The nurse should protect the child's vascular access line because this will be needed to administer prescribed medications.
4.	This is incorrect. The nurse should prepare to administer the prescribed antibiotics or vasoactive drugs for a child who is experiencing shock.
5.	This is correct. The nurse should use the resuscitative tape to obtain an accurate height and weight for the child because emergency medications are often based on these data.

PTS: 1 CON: Perfusion

19. ANS: 1, 2, 4

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Describe the emergency response measures needed to assist a child in shock.

Chapter page reference: 433

Heading: Drug Facts

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapy

Cognitive level: Application [Applying]

Concept: Medication

Difficulty: Moderate

	Feedback
1.	This is correct. Cefazolin, a broad-spectrum antibiotic, is an appropriate medication for the nurse to prepare for administration when providing care to a child who is experiencing shock.
2.	This is correct. Epinephrine, a vasopressor, is an appropriate medication for the nurse to prepare for administration when providing care to a child who is experiencing shock.
3.	This is incorrect. Glucose is often needed to treat hypoglycemia for a child who is experiencing shock. Insulin is administered to treat hyperglycemia.
4.	This is correct. Hydrocortisone is an appropriate medication for the nurse to prepare for administration when providing care to a child who is experiencing shock.
5.	This is incorrect. The nurse does not prepare to administer diazepam when providing care to a child who is experiencing shock.

PTS: 1 CON: Medication

20. ANS: 1, 2, 5

Chapter number and title: 27: Acutely Ill Children and Their Needs

Chapter learning objective: Discuss a comprehensive assessment of an acutely ill child who is hospitalized.

Chapter page reference: 441-442

Heading: Table 27-7 Rapid Assessment of Body Systems

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1.	This is correct. The nurse would assess for irritability when monitoring the CNS of a child who is acutely ill.
2.	This is correct. The nurse would assess for lethargy when monitoring the CNS of a child who is acutely ill.
3.	This is incorrect. Hypoventilation is included in the respiratory, not the CNS, assessment of a child who is acutely ill.
4.	This is incorrect. Vomiting is included in the gastrointestinal, not the CNS, assessment of a child who is acutely ill.
5.	This is correct. Seizure activity is included when monitoring the CNS of a child who is acutely ill.

PTS: 1

CON: Assessment

## **Chapter 28: The Abused Child**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which health-care provider is mandated by law to report suspected child abuse?
- 1) Baptist priest
  - 2) Day-care provider
  - 3) Basketball coach
  - 4) Registered nurse
- \_\_\_\_ 2. Which is the most common form of child abuse around the world that the nurse should assess for when caring for children?
- 1) Physical
  - 2) Emotional
  - 3) Neglect
  - 4) Sexual
- \_\_\_\_ 3. Which child factor that contributes to abuse should the nurse assess for when abuse is suspected?
- 1) Low self-esteem
  - 2) Temperament that is demanding
  - 3) Stress that is chronic in nature
  - 4) Poverty-level socioeconomic status
- \_\_\_\_ 4. Which clinical manifestation noted during a physical examination causes the nurse to suspect physical abuse?
- 1) Traumatic alopecia
  - 2) Extremity fractures
  - 3) Unilateral ecchymosis of the eye
  - 4) Weight below the 10th percentile
- \_\_\_\_ 5. Which percentage of reported cases of child abuse in the United States reflects child neglect?
- 1) 12%
  - 2) 16%
  - 3) 24%
  - 4) 52%
- \_\_\_\_ 6. Which environmental influence should the nurse include when assessing a child's risk for abuse?
- 1) A history of cruelty to animals
  - 2) A lack of follow-through for medical follow-up
  - 3) The use of multiple health-care providers
  - 4) The family frequently relocates to different geographical locations.
- \_\_\_\_ 7. Which is a child factor that may increase the risk for abuse?
- 1) Substance abuse
  - 2) Lack of respite care
  - 3) Developmental delay

- 4) History of divorce
- \_\_\_ 8. Which pediatric patient is at increased risk for child abuse, necessitating a focused nursing assessment?
- 1) A 3-year-old child who is toilet-trained
  - 2) A 1-year-old child who was born at 41 weeks' gestation
  - 3) A 9-month-old child, born prematurely, who is diagnosed with reflux
  - 4) A 10-year-old child who is active in sports and recently made the honor roll
- \_\_\_ 9. Which is a priority nursing action when providing care to a school-aged child who is experiencing abuse?
- 1) Meeting the child's immediate psychological needs
  - 2) Planning for the child's long-term physical needs
  - 3) Earning the trust of the child's parents
  - 4) Engaging the child in play to encourage expression of anxiety
- \_\_\_ 10. Which is a component of constructing patient-centered goals when planning care for a school-aged patient who is being abused?
- 1) Family-centered
  - 2) Past-oriented
  - 3) Measurable
  - 4) Based on medical principles
- \_\_\_ 11. The nurse is providing care for a child of Asian descent who is experiencing an exacerbation of asthma. The nurse notes bruising on the child's back in the shape of a Christmas tree. Which question exhibits therapeutic communication when conducting the health history assessment on the basis of the current data?
- 1) "Why are you subjecting your child to this treatment?"
  - 2) "Do you use spooning when caring for your child's breathing issues?"
  - 3) "Have you ever been accused of abusing or neglecting your child?"
  - 4) "Do you require a medical translator during the interview process?"
- \_\_\_ 12. The licensed practical nurse (LPN) notes annular ecchymosis on a school-aged child's back. The LPN is not sure if this is due to abuse or a cultural practice. Which is the priority action by the LPN?
- 1) Contacting child protective services
  - 2) Asking the registered nurse to assist with the assessment
  - 3) Instructing the parent to proceed to the waiting room for the remainder of the examination
  - 4) Initiating a child life specialist consult for a more in-depth assessment of the current situation
- \_\_\_ 13. The nurse suspects that a child is being sexually abused. Which nursing action is appropriate?
- 1) Using a personal cell phone to collect images for documentation
  - 2) Asking a novice nurse to assist in the data collection
  - 3) Reviewing institutional policy regarding reporting abuse to authorities
  - 4) Bathing the child after the collection of evidence

- \_\_\_\_ 14. Which is a behavioral indicator of abuse when providing care to a pediatric patient?
- 1) Ecchymosis
  - 2) Rash
  - 3) Vaginal discharge
  - 4) Radar gaze
- \_\_\_\_ 15. Which is a nursing responsibility when providing care to a child who is being abused?
- 1) Filing a report with child protective services
  - 2) Taking photographs of the child's injuries on a personal cell phone
  - 3) Determining who is abusing the child
  - 4) Washing a child who is being sexually abused upon arrival to the department
- \_\_\_\_ 16. Which circumstance requires the nurse to obtain assistance from local law enforcement when providing care to a child who is being abused?
- 1) For a child who is at risk for further abuse
  - 2) For a child who is emotionally abused
  - 3) For any child who is sexually abused
  - 4) For any child who is physically neglected

### **Multiple Response**

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

- \_\_\_\_ 17. Which are clinical manifestations of sexual abuse that the nurse should include when assisting with the assessment process? (*Select all that apply.*)
- 1) Radar gaze
  - 2) Poor hygiene
  - 3) Vaginal discharge
  - 4) Positive chlamydia culture
  - 5) Ecchymosis located on the inner thighs
- \_\_\_\_ 18. Which factors associated with sexual abuse should the nurse include in an educational session regarding this topic? (*Select all that apply.*)
- 1) Anyone can be an abuser.
  - 2) The middle daughter is often the victim.
  - 3) Male victims are less likely to report the abuse.
  - 4) Pedophiles often choose to work closely with children.
  - 5) The perpetrator is typically someone the family does not know.
- \_\_\_\_ 19. Which factors associated with Munchausen syndrome by proxy should the nurse include in an educational session regarding this topic? (*Select all that apply.*)
- 1) The child is usually under the age of 10 years.
  - 2) The child often displays symptoms during the hospitalization.
  - 3) The child has had multiple hospitalizations in the medical history.
  - 4) The perpetrator is usually the father with some knowledge of health care.
  - 5) The claimed history is not supported by evidence found by health-care providers.
- \_\_\_\_ 20. Which individuals are mandatory reporters of child abuse? (*Select all that apply.*)

- 1)** Parents
- 2)** Grandparents
- 3)** Childcare providers
- 4)** Commercial film developers
- 5)** Child protective services employees

## **Chapter 28: The Abused Child**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 4

Chapter number and title: 28: The Abused Child

Chapter learning objective: Describe global perspectives, historical perspectives, and legal aspects of child abuse, including the development of laws aimed at protecting abused children and preventing abuse in society.

Chapter page reference: 447

Heading: Conceptual Cornerstone – Family

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Legal

Difficulty: Easy

	Feedback
1	Although clergy, such as a Baptist priest, is mandated to report suspected child abuse, this individual is not a health-care provider.
2	Although a day-care provider is mandated to report suspected child abuse, this individual is not a health-care provider.
3	Although a basketball coach is mandated to report suspected child abuse, this individual is not a health-care provider.
4	All persons involved with the care of the child will be held responsible in assessing and reporting any actual or suspected symptoms or signs of child abuse. These include nurses, physicians, social workers, and anyone involved with the care of the child.

PTS: 1

CON: Legal

2. ANS: 3

Chapter number and title: 28: The Abused Child

Chapter learning objective: Describe global perspectives, historical perspectives, and legal aspects of child abuse, including the development of laws aimed at protecting abused children and preventing abuse in society.

Chapter page reference: 448

Heading: Child Abuse Global Perspectives

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Assessment; Legal

Difficulty: Easy

	Feedback
<b>1</b>	Although physical abuse is a form of child abuse, this is not the most prevalent form around the world.
<b>2</b>	Although emotional abuse is a form of a child abuse, this is not the most prevalent form around the world.
<b>3</b>	Neglect is the most prevalent form of child abuse seen around the world. There are two types, physical neglect and emotional neglect.
<b>4</b>	Although sexual abuse is a form of child abuse, this is not the most prevalent form around the world.

PTS: 1

CON: Assessment | Legal

3. ANS: 2

Chapter number and title: 28: The Abused Child

Chapter learning objective: Analyze high-risk children and social/environmental influences in the development of child abuse.

Chapter page reference: 449

Heading: Table 28-1 Etiology of Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Assessment; Violence

Difficulty: Easy

	Feedback
<b>1</b>	Low self-esteem is a parental, not a child, factor that often contributes to abuse. The nurse should assess the parent for low self-esteem to determine the risk for child abuse.
<b>2</b>	A child's temperament, especially if demanding, is a risk factor for abuse. The nurse should assess the child's temperament to determine the risk for child abuse.
<b>3</b>	Chronic stress is an environmental, not a child, factor that often contributes to abuse. The nurse should assess the family's environment for chronic stress to determine the risk for child abuse.
<b>4</b>	Poverty is an environmental, not a child, factor that often contributes to abuse. The nurse should assess the family's socioeconomic status to determine the risk for child abuse.

PTS: 1

CON: Assessment | Violence

4. ANS: 1

Chapter number and title: 28: The Abused Child

Chapter learning objective: Discuss the various types of abuse, their incidences, and their prevalence rates, and give examples of abuse scenarios in each of the developmental stages of childhood.

Chapter page reference: 450

Heading: Box 28-1 Clinical Manifestations of Abuse (Symptoms)

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Assessment; Violence

Difficulty: Moderate

	Feedback
1	Traumatic hair loss (alopecia), in which hair is pulled from the scalp, is a clinical manifestation that causes the nurse to suspect physical abuse.
2	Spinal, not extremity, fractures are a clinical manifestation of physical abuse.
3	Bilateral, not unilateral, ecchymosis of the eye is a clinical manifestation of physical abuse.
4	Weight below the fifth, not the 10th, percentile is indicative of physical neglect.

PTS: 1 CON: Assessment | Violence

5. ANS: 4

Chapter number and title: 28: The Abused Child

Chapter learning objective: Discuss the various types of abuse, their incidences, and their prevalence rates, and give examples of abuse scenarios in each of the developmental stages of childhood.

Chapter page reference: 452

Heading: Abuse Statistics

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Knowledge [Remembering]

Concept: Violence

Difficulty: Easy

	Feedback
1	The rate of reported cases of sexual abuse, not neglect, is 12%.
2	The rate of reported cases of other types of abuse, not neglect, is 16%.
3	The rate of reported cases of physical abuse, not neglect, is 24%.
4	The rate of reported cases of child neglect is 52% in the United States.

PTS: 1 CON: Violence

6. ANS: 4

Chapter number and title: 28: The Abused Child

Chapter learning objective: Analyze high-risk children and social/environmental influences in the development of child abuse.

Chapter page reference: 449

Heading: Table 28-1 Etiology of Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Assessment; Violence

Difficulty: Moderate

	Feedback
<b>1</b>	A history of cruelty to animals is a parental, not an environmental, factor contributing to abuse.
<b>2</b>	A lack of follow-through for medical follow-up is a parental, not an environmental, factor contributing to abuse.
<b>3</b>	The use of multiple health-care providers is a parental, not an environmental, factor contributing to abuse.
<b>4</b>	Frequent relocations to different geographical locations is an environmental factor contributing to abuse.

PTS: 1 CON: Assessment | Violence

7. ANS: 3

Chapter number and title: 28: The Abused Child

Chapter learning objective: Describe the child, parent, and environmental influences on child abuse situations.

Chapter page reference: 449

Heading: Table 28-1 Etiology of Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Violence

Difficulty: Easy

	Feedback
<b>1</b>	Substance abuse is a parental factor that may increase the risk for abuse.
<b>2</b>	A lack of respite care is a parental factor that may increase the risk for abuse.
<b>3</b>	A developmental delay is a child factor that may increase the risk for abuse.
<b>4</b>	A history of divorce is an environmental factor that may increase the risk for abuse.

PTS: 1 CON: Violence

8. ANS: 3

Chapter number and title: 28: The Abused Child

Chapter learning objective: Analyze high-risk children and social/environmental influences in the development of child abuse.

Chapter page reference: 449

Heading: Table 28-1 Etiology of Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Assessment; Violence

Difficulty: Moderate

Feedback	
<b>1</b>	A 3-year-old patient who is toilet-trained does not have any risk factors associated with an increased risk for abuse.
<b>2</b>	A 1-year-old child born at 41 weeks' gestation does not have any risk factors associated with an increased risk for abuse. A history of prematurity, not postmaturity, is a risk factor for child abuse.
<b>3</b>	Both prematurity and a chronic condition such as gastroesophageal reflux are risk factors that increase a child's risk for abuse.
<b>4</b>	A 10-year-old child who is active in sports and recently made the honor roll does not have any risk factors associated with an increased risk for abuse.

PTS: 1 CON: Assessment | Violence

9. ANS: 1

Chapter number and title: 28: The Abused Child

Chapter learning objective: Create a child-abuse nursing care plan for a school-aged child, including physical, emotional, and social implications.

Chapter page reference: 454

Heading: Nursing Considerations

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Analysis [Analyzing]

Concept: Nursing

Difficulty: Difficult

Feedback	
<b>1</b>	The priority nursing action when providing care to a school-aged child who is experiencing abuse is to meet the child's immediate physical and psychological needs.
<b>2</b>	Although planning for the child's long-term physical needs is important, the priority is to meet the child's immediate physical and psychological needs.
<b>3</b>	Although earning the trust of the child's parents is important, the priority is to meet the child's immediate physical and psychological needs.
<b>4</b>	Although engaging the child in play to encourage the expression of anxiety is important, the priority is to meet the child's immediate physical and psychological needs.

PTS: 1 CON: Nursing

10. ANS: 3

Chapter number and title: 28: The Abused Child

Chapter learning objective: Create a child abuse nursing care plan for a school-aged child, including physical, emotional, and social implications.

Chapter page reference: 454

Heading: Nursing Considerations

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Knowledge [Remembering]

Concept: Nursing

Difficulty: Easy

	Feedback
1	Planning for child-centered, not family-centered, goals is a component of patient-centered nursing care for a child who is being abused.
2	Planning for future-centered, not past-centered, goals is a component of patient-centered nursing care for a child who is being abused.
3	Planning goals that are measureable is a component of patient-centered nursing care for a child who is being abused.
4	Goals included in a nursing plan of care should be focused on nursing, not medical, principles.

PTS: 1 CON: Nursing

11. ANS: 2

Chapter number and title: 28: The Abused Child

Chapter learning objective: Analyze the cultural influences to abuse identification and discuss the importance for members of the health-care team to investigate the differences between some cultural practices and evidence of child abuse.

Chapter page reference: 453-454

Heading: Medical and Nursing Management of Child Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1	This question is accusatory and judgmental and does not exhibit therapeutic communication by the nurse when conducting a health history assessment.
2	Many parents of Asian descent may implement cultural care practices in the treatment of chronic conditions such as asthma. Spooning, or coin rubbing, is an example of a practice that is not painful to the child and has cultural significance. This must be explored during the health history assessment to differentiate child abuse from cultural care practices.
3	This question is likely to put the parents on the offensive and is not open-ended, which decreases the likelihood of therapeutic communication during the health history assessment.
4	Although it is appropriate to determine the need for a medical translator, this question does not exhibit therapeutic communication by the nurse when conducting a health history assessment.

PTS: 1 CON: Assessment

12. ANS: 2

Chapter number and title: 28: The Abused Child

Chapter learning objective: Analyze the cultural influences to abuse identification and discuss the importance for members of the health-care team to investigate the differences between some cultural practices and evidence of child abuse.

Chapter page reference: 453-454

Heading: Medical and Nursing Management of Child Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Nursing

Difficulty: Moderate

	Feedback
1	Although all cases of suspected child abuse should be reported by the LPN, this is not the priority action based on the current scenario.
2	An LPN who is unsure whether marks left on a child's skin are the result of abuse or a cultural care practice should seek assistance from a more experienced member of the health-care team, such as a registered nurse. This is the priority action when providing care.
3	The parent of a school-aged child should not be asked to proceed to the waiting room during the examination process. The priority nursing action is to determine the cause of the marks.
4	Although a child life specialist may be needed during the care of a child who is being abused, this is not the priority action in this situation. The priority nursing action is to determine the cause of the marks.

PTS: 1 CON: Nursing

13. ANS: 4

Chapter number and title: 28: The Abused Child

Chapter learning objective: State the essential nursing care of the abused child and family, including identifying signs and symptoms, supporting medical assessments, and documenting appropriately.

Chapter page reference: 453-454

Heading: Medical and Nursing Management of Child Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Application [Applying]

Concept: Nursing

Difficulty: Moderate

	Feedback
1	A personal cell phone should not be used to collect images for documentation

	purposes from a child who is being sexually abused.
<b>2</b>	The nurse should ask a more experienced nurse, not a novice nurse, to assist in data collection if uncomfortable with the process.
<b>3</b>	The pediatric nurse should be familiar with institutional policy regarding reporting abuse to the authorities. This is not the most appropriate nursing action.
<b>4</b>	A child who is sexually abused should not be bathed or washed until after the collection of evidence. This is an appropriate nursing action.

PTS: 1 CON: Nursing

14. ANS: 4

Chapter number and title: 28: The Abused Child

Chapter learning objective: State the essential nursing care of the abused child and family, including identifying signs and symptoms, supporting medical assessments, and documenting appropriately.

Chapter page reference: 453-454

Heading: Medical and Nursing Management of Child Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

Feedback	
<b>1</b>	Ecchymosis, or bruising, is a physical indicator of abuse.
<b>2</b>	A rash is a physical indicator of abuse.
<b>3</b>	Vaginal discharge is a physical indicator of abuse.
<b>4</b>	A radar gaze, when the child is constantly surveying the environment for the onslaught of further abuse, is a behavioral indicator of abuse.

PTS: 1 CON: Assessment

15. ANS: 1

Chapter number and title: 28: The Abused Child

Chapter learning objective: Describe how to maintain safety for a child who has been abused, including essential communication, team membership, and legal steps needed for protection.

Chapter page reference: 448

Heading: Safety STAT!

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Nursing

Difficulty: Moderate

Feedback	
<b>1</b>	The nurse is responsible for filing a report with child protective services within 24 hours of encountering a child suspected of being the victim of abuse.

<b>2</b>	Although photographs are often required for documentation purposes if a child is being abused, the photographs should not be taken with a personal cell phone.
<b>3</b>	It is not the nurse's responsibility to determine who is abusing the child.
<b>4</b>	The nurse should not wash a child who is suspected of being the victim of sexual abuse until after the collection of evidence occurs.

PTS: 1 CON: Nursing

16. ANS: 1

Chapter number and title: 28: The Abused Child

Chapter learning objective: Describe how to maintain safety for a child who has been abused, including essential communication, team membership, and legal steps needed for protection.

Chapter page reference: 448

Heading: Safety STAT!

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Nursing

Difficulty: Easy

Feedback	
<b>1</b>	If the nurse believes that a child is at risk for further abuse, then it is a requirement to obtain assistance from local law enforcement.
<b>2</b>	The nurse is not required to obtain assistance from local law enforcement for a child who is emotionally abused. The nurse should report this to child protective services.
<b>3</b>	The nurse is not required to obtain assistance from local law enforcement for a child who is sexually abused. The nurse should report this to child protective services.
<b>4</b>	The nurse is not required to obtain assistance from local law enforcement for a child who is physically neglected. The nurse should report this to child protective services.

PTS: 1 CON: Nursing

## MULTIPLE RESPONSE

17. ANS: 3, 4, 5

Chapter number and title: 28: The Abused Child

Chapter learning objective: Discuss the various types of abuse, their incidences, and prevalence rates and give examples of abuse scenarios in each of the developmental stages of childhood.

Chapter page reference: 450

Heading: Box 28-1 Clinical Manifestations of Abuse

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

Feedback	
1.	This is incorrect. Although a radar gaze is a clinical manifestation associated with abuse, it is not specific to sexual abuse.
2.	This is incorrect. Poor hygiene is a manifestation associated with neglect, not sexual abuse.
3.	This is correct. Vaginal discharge is a clinical manifestation associated with sexual abuse.
4.	This is correct. A positive chlamydia culture, a sexually transmitted infection, is a clinical manifestation associated with sexual abuse.
5.	This is correct. Ecchymosis, or bruising, located on the inner thighs is a clinical manifestation associated with sexual abuse.

PTS: 1 CON: Assessment

18. ANS: 1, 3, 4

Chapter number and title: 28: The Abused Child

Chapter learning objective: Discuss the various types of abuse, their incidences and prevalence rates, and give examples of abuse scenarios in each of the developmental stages of childhood.

Chapter page reference: 451

Heading: Box 28-2 Factors Associated With Sexual Child Abuse

Integrated processes: Teaching and Learning

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Critical Thinking

Difficulty: Moderate

Feedback	
1.	This is correct. Anyone (e.g., father, mother, sibling, member of the extended family) can be an abuser.
2.	This is incorrect. The eldest daughter, not the middle daughter, is most often the victim of sexual abuse.
3.	This is correct. Male victims of sexual abuse are less likely to report it because of the social stigma.
4.	This is correct. Pedophiles often choose to work in an environment where kids are typically found.
5.	This is incorrect. The perpetrator of sexual abuse is typically someone who is known by the family.

PTS: 1 CON: Critical Thinking

19. ANS: 3, 5

Chapter number and title: 28: The Abused Child

Chapter learning objective: Discuss the various types of abuse, their incidences and prevalence rates, and give examples of abuse scenarios in each of the developmental stages of childhood.

Chapter page reference: 452

Heading: Box 28-3 Indicators of Munchausen Syndrome by Proxy

Integrated processes: Teaching and Learning

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Critical Thinking

Difficulty: Moderate

	Feedback
1.	This is incorrect. The child is often younger than 6, not 10, years of age.
2.	This is incorrect. The child often does not display symptoms of illness during a hospitalization.
3.	This is correct. The child typically has multiple hospitalizations in the medical history.
4.	This is incorrect. The perpetrator is typically the mother, not the father, with some knowledge of health care.
5.	This is correct. The claimed history of illness is typically not supported by evidence found by health-care providers.

PTS: 1 CON: Critical Thinking

20. ANS: 3, 4, 5

Chapter number and title: 28: The Abused Child

Chapter learning objective: Describe global perspectives, historical perspectives, and legal aspects of child abuse, including the development of laws aimed at protecting abused children and preventing abuse in society.

Chapter page reference: 447

Heading: Conceptual Cornerstone – Family

Integrated processes: Clinical Problem-Solving Process

Client need: Coordinated Care

Cognitive level: Knowledge [Remembering]

Concept: Legal

Difficulty: Easy

	Feedback
1.	This is incorrect. Parents are not mandatory reporters of child abuse.
2.	This is incorrect. Grandparents are not mandatory reporters of child abuse.
3.	This is correct. Childcare providers are mandatory reporters of child abuse.
4.	This is correct. Commercial film developers are mandatory reporters of child abuse.
5.	This is correct. Child protective services employees are mandatory reporters of child abuse.

PTS: 1 CON: Legal

## **Chapter 29: Child With a Neurological Condition**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which statement reflects appropriate understanding of the anatomy and physiology of the nervous system?
- 1) The brain is a network of nerve cells called *axons*.
  - 2) The central nervous system consists of the brain only.
  - 3) The peripheral nervous system consists of the cranial nerves and the spinal nerves.
  - 4) Gray matter consists of axons that are coated with myelin, which allows nerve impulses to travel rapidly.
- \_\_\_\_ 2. Which item regulates emotions and behavior?
- 1) Thalamus
  - 2) Brainstem
  - 3) Spinal cord
  - 4) Hypothalamus
- \_\_\_\_ 3. Which teaching point should be included in the plan of care for a toddler-aged patient to decrease the risk of traumatic brain injury (TBI)?
- 1) Using an appropriate rear-facing car seat
  - 2) Using head support devices when placed in a car seat
  - 3) Wearing a helmet when riding a tricycle
  - 4) Teaching appropriate technique for diving
- \_\_\_\_ 4. For which pediatric patient should the nurse provide focused teaching regarding near drowning?
- 1) Toddler
  - 2) Preschooler
  - 3) School-aged
  - 4) Early adolescent
- \_\_\_\_ 5. A child with a history of seizures arrives in the emergency department (ED) in status epilepticus. Which is the priority nursing action?
- 1) Taking vital signs
  - 2) Maintaining a patent airway
  - 3) Establishing an IV line
  - 4) Performing rapid neurological assessment
- \_\_\_\_ 6. Which nursing action is appropriate when providing care to a toddler-aged patient whose lead level is 8 mcg/dL?
- 1) Conducting a survey of the environment
  - 2) Following up as needed during future appointments
  - 3) Administering prescribed edetate calcium-disodium (EDTA)
  - 4) Preparing the patient for hospital admission for a full medical work-up

- \_\_\_ 7. Which action by the nurse is most appropriate for a child who presents with a history of migraine headaches?
- 1) Administering a prescribed opioid analgesic by intramuscular injection
  - 2) Determining when the child's last eye examination was conducted
  - 3) Conducting a weight assessment and documenting the information in the medical record
  - 4) Asking the parent if the child is experiencing night terrors
- \_\_\_ 8. Which assessment finding should the licensed practical nurse (LPN) report to the charge nurse when providing care to an infant with a ventral-peritoneal (VP) shunt?
- 1) Pupils equal and reactive to light
  - 2) Apical pulse 110 beats per minute
  - 3) Respiratory rate 32 breaths per minute
  - 4) Tympanic temperature 102°F (38.8°C)
- \_\_\_ 9. The nurse is providing care to a school-aged child who was treated with aspirin during a viral infection. Which data should the LPN report to the charge nurse?
- 1) Eupnea
  - 2) Lethargy
  - 3) Urine output 30 mL/hr
  - 4) Pupils equal and reactive to light
- \_\_\_ 10. A 9-month-old who is not sitting independently has been diagnosed with ataxic cerebral palsy (CP). Which clinical manifestation does the nurse expect to see in the baby?
- 1) Hypertonicity
  - 2) Muscle dystrophy
  - 3) Poor muscle coordination
  - 4) Involuntary wormlike movements
- \_\_\_ 11. A pediatric patient is admitted to the ED with a traumatic brain injury (TBI) that caused a loss of consciousness. The last set of vital signs showed a heart rate of 48 bpm, a BP of 148/74 mm Hg, and a respiratory rate of 12 breaths per minute and irregular. Which does the nurse suspect?
- 1) Improvement
  - 2) Typical for sleep
  - 3) Spinal cord injury
  - 4) Increased intracranial pressure
- \_\_\_ 12. Which nursing action is appropriate when assisting with the rapid assessment of a patient diagnosed with a neurological condition?
- 1) Assessing apical pulse
  - 2) Monitoring blood pressure
  - 3) Obtaining an oral temperature
  - 4) Determining level of consciousness
- \_\_\_ 13. A teacher states to the school nurse, "I have a student who often just stares at me for 15 seconds after being asked a question; then the student blinks and asks me to repeat the question. Should I be concerned?" Which statement should the nurse include in the response to the teacher?

- 1) The child may have Reye's syndrome.
  - 2) The child may have had a head injury.
  - 3) The child is experiencing absence seizures.
  - 4) The child has increased ICP.
- \_\_\_ 14. Which preventive strategies should the nurse include in a teaching session for a mother whose infant is at risk for febrile seizures?
  - 1) Decreasing oral fluid intake
  - 2) Patting the child dry after a tepid bath
  - 3) Administering dose-appropriate aspirin
  - 4) Providing a sponge bath with cold water
- \_\_\_ 15. When care is provided to an infant, which clinical manifestation supports the diagnosis of meningitis?
  - 1) Hypothermia
  - 2) Soft, flat fontanel
  - 3) Poor feeding habits
  - 4) Cries that are consoled with holding

### **Multiple Response**

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

- \_\_\_ 16. The nurse is planning a teaching session for the parents of a child who has been diagnosed with simple partial seizures. Which characteristics of this type of seizure should the nurse include in the session? (*Select all that apply.*)
  - 1) Lasts less than 30 seconds
  - 2) Pain or numbness may occur.
  - 3) Sudden stiffening followed by jerking
  - 4) Chewing and lip smacking are common.
  - 5) Remains conscious with no postictal period
- \_\_\_ 17. Which information should the nurse collect during the health history portion of the comprehensive neurological assessment for a pediatric patient? (*Select all that apply.*)
  - 1) Accidents
  - 2) Vital signs
  - 3) Family history of seizures
  - 4) Exposure to perinatal infection
  - 5) Glasgow coma scale assessment
- \_\_\_ 18. Which nursing actions are appropriate to assist in the assessment of CN V? (*Select all that apply.*)
  - 1) Asking the patient to smile
  - 2) Asking the patient to identify different tastes
  - 3) Asking the patient to follow finger commands with the eyes
  - 4) Testing the patient's response to cotton ball sensations on the face
  - 5) Asking the patient to perform chewing movements on command

- \_\_\_ 19. Which information should the nurse elicit when collecting assessment data related to a child's most recent seizure event? (*Select all that apply.*)
- 1) Precipitating events
  - 2) Current medications
  - 3) Any aura experienced
  - 4) Description of movements
  - 5) Family history of neurological disorders
- \_\_\_ 20. The parents of an infant visit the ED with complaints that their son is experiencing a high fever and lack of interest in breastfeeding. Upon examination, the nurse records the following symptoms of meningitis: nuchal rigidity, a bulging fontanel, and photophobia. Which tests does the nurse explain to the parents are necessary to confirm a diagnosis of meningitis? (*Select all that apply.*)
- 1) Kernig's sign
  - 2) Blood cultures
  - 3) Rooting reflex
  - 4) Lumbar puncture
  - 5) Computed tomography scan

## **Chapter 29: Child With a Neurological Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 3

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Describe the anatomy and physiology of the peripheral and central nervous systems.

Chapter page reference: 462-464

Heading: Peripheral Nervous System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Neurological Regulation

Difficulty: Easy

	Feedback
<b>1</b>	This statement does not reflect an appropriate understanding of the anatomy and physiology of the nervous system.
<b>2</b>	The central nervous system consists of the brain and the spinal cord, not just the brain.
<b>3</b>	The peripheral nervous system consists of cranial nerves and spinal nerves.
<b>4</b>	White, not gray, matter consists of axons that are coated with myelin, which allows nerve impulses to travel rapidly.

PTS: 1

CON: Neurological Regulation

2. ANS: 4

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Describe the anatomy and physiology of the peripheral and central nervous systems.

Chapter page reference: 461-462

Heading: Central Nervous System

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Knowledge [Remembering]

Concept: Neurological Regulation

Difficulty: Easy

	Feedback
<b>1</b>	The thalamus is the sensory relay for pain, pressure, and temperature.
<b>2</b>	The brainstem is responsible for primitive reflexes.
<b>3</b>	The spinal cord does not regulate emotions and behaviors.

<b>4</b>	The hypothalamus controls the autonomic nervous system; regulates emotion, behavior, hunger, and thirst; and secretes antidiuretic hormone and oxytocin.
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PTS: 1 CON: Neurological Regulation

3. ANS: 3

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Describe factors associated with a diagnosis of a traumatic brain injury.

Chapter page reference: 474-477

Heading: Traumatic Brain Injury

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

Feedback	
<b>1</b>	An infant, not a toddler, should use a rear-facing car seat to decrease the risk for TBI.
<b>2</b>	An infant, not a toddler, should use head support devices when placed in a car seat to decrease the risk for TBI.
<b>3</b>	The toddler-aged patient should wear a helmet when riding a tricycle to decrease the risk for TBI.
<b>4</b>	Adolescent, not toddler-aged, patients are at an increased risk for TBI due to a diving injury.

PTS: 1 CON: Safety

4. ANS: 2

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Discuss the phenomenon and clinical outcomes of a child who experiences “near drowning.”

Chapter page reference: 469

Heading: Drowning and Near Drowning

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Safety

Difficulty: Easy

Feedback	
<b>1</b>	Although the toddler-aged patient is at risk for near drowning, this is not the stage of development in which near drownings peak.
<b>2</b>	The preschool and later adolescent periods are identified as peak risk for near drowning.
<b>3</b>	Although the school-aged patient is at risk for near drowning, this is not the stage

	of development in which near drownings peak.
<b>4</b>	Later, not early, adolescent patients are at peak risk for near drowning.

PTS: 1 CON: Safety

5. ANS: 2

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Define the various types of seizure disorders and describe the assessments, nursing care, and treatments for each.

Chapter page reference: 482-484

Heading: Table 29-4 Types of Childhood Seizures

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Neurological Regulation

Difficulty: Difficult

	Feedback
<b>1</b>	Although it is important to monitor the child's vital signs, this is not the priority nursing action.
<b>2</b>	The priority nursing action for a pediatric patient experiencing status epilepticus is to maintain a patent airway. This child often requires treatment in the intensive care unit, including intubation and mechanical ventilation.
<b>3</b>	Although it is important to establish and maintain an IV line for medication administration, this is not the priority.
<b>4</b>	Although it is appropriate to perform a rapid neurological assessment, this is not the priority.

PTS: 1 CON: Neurological Regulation

6. ANS: 2

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: State the serum value of lead that denotes lead poisoning in children.

Chapter page reference: 471

Heading: Table 29-2 Centers for Disease Control and Prevention Lead Level Recommendations

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
<b>1</b>	A survey assessment is not needed until the child's lead level is greater than or equal to 10 mcg/dL, which is the level that is officially considered lead poisoning.
<b>2</b>	A lead level of 8 mcg/dL is not considered lead poisoning; however, the nurse

	should follow up as needed during future appointments to ensure that the child's lead level does not reach the level of poisoning.
<b>3</b>	Pharmacological treatment with EDTA is not initiated until the child's lead level is 55 mcg/dL or higher.
<b>4</b>	A hospital admission for a full medical work-up is not initiated until the child's lead level is at least 20 mcg/dL.

PTS: 1 CON: Safety

7. ANS: 2

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Discuss the clinical phenomenon of childhood migraine headaches and describe the various treatment options for this condition.

Chapter page reference: 478

Heading: Interventions for Childhood Headaches

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Neurological Regulation

Difficulty: Moderate

Feedback	
<b>1</b>	A child who presents with a migraine headache will benefit from pharmacological intervention; however, this patient presents with a history of migraine headaches.
<b>2</b>	A child with a history of migraine headaches may require glasses; therefore, it is appropriate for the nurse to determine when the last vision examination was performed.
<b>3</b>	Although a current weight will be helpful if medication is warranted, this is not the most appropriate intervention.
<b>4</b>	It is not necessary to determine if the child is experiencing night terrors when presenting with a history of migraine headaches.

PTS: 1 CON: Neurological Regulation

8. ANS: 4

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Analyze the consequences of various nervous system pathologies, including hydrocephalus, neural tube defects, meningitis, Reye's syndrome, and intraventricular hemorrhage.

Chapter page reference: 480

Heading: Nursing Considerations for Hydrocephalus

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Neurological Regulation

Difficulty: Moderate

	Feedback
<b>1</b>	Pupils that are equal and reactive to light are considered a normal assessment finding.
<b>2</b>	An apical pulse of 110 beats per minute is a normal finding for an infant.
<b>3</b>	A respiratory rate of 32 breaths per minute is a normal finding for an infant.
<b>4</b>	An elevated temperature is often an indication of sepsis; therefore, the LPN should report these data to the charge nurse because further evaluation is warranted.

PTS: 1 CON: Neurological Regulation

9. ANS: 2

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Analyze the consequences of various nervous system pathologies, including hydrocephalus, neural tube defects, meningitis, Reye's syndrome, and intraventricular hemorrhage.

Chapter page reference: 474

Heading: Table 29-3 Stages and Symptoms of Reye's Syndrome

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Neurological Regulation

Difficulty: Moderate

	Feedback
<b>1</b>	Eupnea, or normal breathing, is not a datum that the LPN should report to the charge nurse.
<b>2</b>	Lethargy indicates decreased levels of consciousness; therefore, the LPN would report this to the charge nurse because this finding is indicative of Reye's syndrome.
<b>3</b>	Urine output of 30 mL/hr is considered normal; therefore, the LPN will not report this to the charge nurse.
<b>4</b>	Pupils that are equal and reactive to light is a normal finding; therefore, the LPN will not report this to the charge nurse.

PTS: 1 CON: Neurological Regulation

10. ANS: 3

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Analyze the clinical presentation and various functioning levels of children with varying degrees of cognitive impairment.

Chapter page reference: 467-468

Heading: Cerebral Palsy

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Neurological Regulation

Difficulty: Moderate

	Feedback
1	Hypertonicity is a clinical manifestation of spastic, not ataxic, CP.
2	Muscle dystrophy is a clinical manifestation of hypotonic, not ataxic, CP.
3	Poor muscle coordination is a clinical manifestation expected in an infant diagnosed with ataxic CP.
4	Involuntary wormlike movements are a clinical manifestation of dyskinetic, not ataxic, CP.

PTS: 1 CON: Neurological Regulation

11. ANS: 4

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Describe factors associated with a diagnosis of a traumatic brain injury.

Chapter page reference: 481

Heading: Assessments of ICP

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Neurological Regulation

Difficulty: Moderate

	Feedback
1	These data do not suggest that the child is improving.
2	These data are not typical for a child who is sleeping.
3	These data do not suggest that the child has a spinal cord injury.
4	Bradycardia, hypertension, and bradypnea are all clinical manifestations associated with increased intracranial pressure (ICP), which can occur in a patient who is diagnosed with a TBI.

PTS: 1 CON: Neurological Regulation

12. ANS: 4

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Describe issues of safety relative to a child with a neurological disorder or condition, including safe environments, safety precautions, rapid assessments for changes in clinical status, and safety around medications for neurological conditions.

Chapter page reference: 465-467

Heading: Common Neurological Disorders During Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Assessment

Difficulty: Moderate

	Feedback
1	Although it is appropriate to assess an apical pulse during the comprehensive assessment process, this action is not appropriate during the rapid assessment process.
2	Although it is appropriate to monitor blood pressure during the comprehensive assessment process, this action is not appropriate during the rapid assessment process.
3	Although it is appropriate to obtain a temperature during the comprehensive assessment process, this action is not appropriate during the rapid assessment process.
4	The rapid neurological assessment includes level of consciousness, skin color for cyanosis, and the ability to breathe effectively.

PTS: 1 CON: Assessment

13. ANS: 3

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Define the various types of seizure disorders and describe the assessments, nursing care, and treatments for each.

Chapter page reference: 482-484

Heading: Table 29-4 Types of Childhood Seizures

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Neurological Regulation

Difficulty: Moderate

	Feedback
1	The data in the scenario do not support a diagnosis of Reye's syndrome.
2	The data in the scenario do not support a diagnosis of a head injury.
3	An absence seizure is identified in a classroom setting as a child suddenly "checking out" with a blank stare, flickering eyelids, and lack of general body movements. The child may demonstrate facial twitches or myoclonic movements. The seizure lasts approximately 30 seconds or less. The child may have many in one day. There is no postictal state.
4	The data in the scenario do not support a diagnosis of increased ICP.

PTS: 1 CON: Neurological Regulation

14. ANS: 2

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Define the various types of seizure disorders and describe the assessments, nursing care, and treatments for each.

Chapter page reference: 482; 485  
Heading: Seizure Disorders  
Integrated processes: Teaching and Learning  
Client need: Physiological Adaptation  
Cognitive level: Application [Applying]  
Concept: Neurological Regulation  
Difficulty: Moderate

Feedback	
<b>1</b>	Oral fluids should be encouraged for an infant who has a fever and is at risk for febrile seizures.
<b>2</b>	A tepid bath can be administered for an infant who is at risk for febrile seizures.
<b>3</b>	Acetaminophen, not aspirin, is administered for an infant who is at risk for febrile seizures. Aspirin is linked to Reye's syndrome when administered to the pediatric population.
<b>4</b>	Cold water should be avoided because this can cause a rapid decrease of body temperature and increase the risk for seizure activity.

PTS: 1 CON: Neurological Regulation

15. ANS: 3

Chapter number and title: 29: Child With a Neurological Condition  
Chapter learning objective: Analyze the consequences of various nervous system pathologies, including hydrocephalus, neural tube defects, meningitis, Reye's syndrome, and intraventricular hemorrhage.  
Chapter page reference: 472  
Heading: Assessments of Meningitis  
Integrated processes: Clinical Problem-Solving Process  
Client need: Physiological Adaptation  
Cognitive level: Comprehension [Understanding]  
Concept: Neurological Regulation  
Difficulty: Easy

Feedback	
<b>1</b>	Hyperthermia, not hypothermia, is a clinical manifestation associated with meningitis.
<b>2</b>	A bulging, not soft and flat, fontanel is a clinical manifestation associated with meningitis.
<b>3</b>	Poor feeding habits are a clinical manifestation associated with meningitis.
<b>4</b>	Cries that are not consoled with holding and are high-pitched indicate meningitis.

PTS: 1 CON: Neurological Regulation

## MULTIPLE RESPONSE

16. ANS: 1, 2, 5

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Define the various types of seizure disorders and describe the assessments, nursing care, and treatments for each.

Chapter page reference: 482-484

Heading: Table 29-4 Types of Childhood Seizures

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Neurological Regulation

Difficulty: Moderate

	Feedback
1.	This is correct. Simple partial seizures last anywhere from 10 to 25 seconds.
2.	This is correct. Sensory sensations such as pain and numbness are common with simple partial seizures.
3.	This is incorrect. Sudden stiffening followed by jerking movements are characteristic of infantile spasm seizures, not simple partial seizures.
4.	This is incorrect. Chewing and lip smacking are anticipated with complex, not simple, partial seizures.
5.	This is correct. A child who experiences simple partial seizures remains conscious and does not experience a postictal period.

PTS: 1

CON: Neurological Regulation

17. ANS: 1, 3, 4

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: State the components of a holistic nervous system assessment, including the 12 cranial nerves and rapid neurological checks.

Chapter page reference: 465-467

Heading: Common Neurological Disorders during Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Neurological Regulation

Difficulty: Moderate

	Feedback
1.	This is correct. The nurse collects information on accidents during the health history portion of the comprehensive neurological assessment for a pediatric patient.
2.	This is incorrect. Vital signs are collected during the physical examination, not the health history.
3.	This is correct. The nurse collects information on a family history of seizures during the health history portion of the comprehensive neurological assessment for a pediatric patient.

4.	This is correct. The nurse collects information on exposure to perinatal infection during the health history portion of the comprehensive neurological assessment for a pediatric patient.
5.	This is incorrect. The Glasgow coma scale is administered during the physical examination, not health history, portion of the comprehensive neurological assessment.

PTS: 1 CON: Neurological Regulation

18. ANS: 4, 5

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: State the components of a holistic nervous system assessment, including the 12 cranial nerves and rapid neurological checks.

Chapter page reference: 462-464

Heading: Peripheral Nervous System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1.	This is incorrect. Asking the patient to smile is appropriate when assessing CN VII, the facial nerve.
2.	This is incorrect. Asking the patient to identify different tastes is appropriate when assessing CN IX, the glossopharyngeal nerve.
3.	This is incorrect. Asking the patient to follow finger commands with the eyes is appropriate when assessing CN VI, the abducens nerve.
4.	This is correct. The nurse tests the patient's response to cotton ball sensations to the face when assessing CN V, the trigeminal nerve.
5.	This is correct. The nurse requests that the patient perform chewing movements on command when assessing CN V, the trigeminal nerve.

PTS: 1 CON: Assessment

19. ANS: 1, 2, 3, 4

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Define the various types of seizure disorders and describe the assessments, nursing care, and treatments for each.

Chapter page reference: 485

Heading: Assessments of Seizure Activity

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1.	This is correct. The nurse should gather information on any precipitating events when collecting information related to seizure events.
2.	This is correct. The nurse should gather information on current medications along with compliance with these medications when collecting information related to seizure events.
3.	This is correct. The nurse should ask about any aura that may have occurred prior to the seizure event.
4.	This is correct. The nurse should collect information related to movements experienced by the child when collecting information related to a seizure event.
5.	This is incorrect. The nurse collects information related to family history of neurological disorders when collecting the overall health history, not information specific to the most recent seizure.

PTS: 1                    CON: Assessment

20. ANS: 1, 2, 4

Chapter number and title: 29: Child With a Neurological Condition

Chapter learning objective: Analyze the consequences of various nervous system pathologies, including hydrocephalus, neural tube defects, meningitis, Reye's syndrome, and intraventricular hemorrhage.

Chapter page reference: 472

Heading: Assessments of Meningitis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Neurological Regulation

Difficulty: Moderate

	Feedback
1.	This is correct. A Kernig's sign is a test that is necessary to confirm a diagnosis of meningitis.
2.	This is correct. Blood cultures are often drawn to differentiate bacterial from viral meningitis.
3.	This is incorrect. A rooting reflex is not assessed.
4.	This is correct. A lumbar puncture is often needed to assess cerebrospinal fluid (CSF) to confirm a diagnosis of meningitis.
5.	This is incorrect. A computed tomography scan is not needed to confirm the diagnosis of meningitis.

PTS: 1                    CON: Neurological Regulation

## **Chapter 30: Child With a Sensory Impairment**

### **Multiple Choice**

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

- \_\_\_ 1. Which rationale for why young children are more prone to otitis media should the nurse include in the teaching session with a parent?
- 1) The eustachian tube is longer, wider, and vertical in younger children.
  - 2) The eustachian tube is shorter, wider, and horizontal in younger children.
  - 3) The eustachian tube is longer, more narrow, and vertical in younger children.
  - 4) The eustachian tube is shorter, more narrow, and horizontal in younger children.
- \_\_\_ 2. Which neonate requires a close nursing assessment for the development of retinopathy of prematurity (ROP)?
- 1) A newborn of 28 weeks' gestation who has been on long-term oxygen and weighed 1240 g at birth
  - 2) A small-for-gestational-age newborn of 36 weeks' gestation who was in an oxyhood for 12 hours and weighed 1800 g
  - 3) A female newborn of 28 weeks' gestation who was on short-term oxygen, weighed 1420 g, and was treated with phototherapy
  - 4) A newborn of African heritage and 32 weeks' gestation with a congenital heart defect who needed no oxygen and weighed 1850 g
- \_\_\_ 3. Which medication should the nurse plan to administer to decrease the risk of eye infection for a newborn?
- 1) Oral erythromycin
  - 2) IV penicillin
  - 3) Erythromycin eyedrops
  - 4) Fluoroquinolone ointment
- \_\_\_ 4. Which nursing action is appropriate when teaching the family of a child diagnosed with bacterial conjunctivitis regarding medication administration?
- 1) Teaching that the drug should be administered one time per day
  - 2) Encouraging the child to rub the eye after administration of the drug
  - 3) Asking the child to hold the eye open when the drug is administered
  - 4) Telling the child to lie down for 1 to 2 minutes after the drug is administered
- \_\_\_ 5. Which should the nurse include in the discharge instructions for the parents of an infant who is diagnosed with acute otitis media?
- 1) Administer a decongestant.
  - 2) Place the baby to sleep with a bottle.
  - 3) Keep the baby in a flat position during feedings.
  - 4) Administer acetaminophen (Tylenol) to relieve discomfort.
- \_\_\_ 6. Which nursing action is appropriate when providing care to a child with mild hearing loss who reads lips in order to enhance adaptation during hospitalization?

- 1) Engaging the child with medical toys and dolls
  - 2) Speaking directly to the parents for communication
  - 3) Collecting only objective data during the health history
  - 4) Providing only physiological support during the acute phase
- 7. Which is the reason for a health-care provider recommending that a preschool-aged male client with documented hearing loss attend preschool at least 2 days per week?
  - 1) To increase the child's socialization skills
  - 2) To help the child recognize his hearing deficit
  - 3) To teach other children that children are different
  - 4) To improve the child's immunity by increased exposure to organisms
- 8. Which tool should the nurse use to screen a pediatric patient for esotropia?
  - 1) Perform the cover-uncover test
  - 2) Examine the eye with an otoscope
  - 3) Use a tonometer to evaluate the eyes
  - 4) Check for the "red reflex" in the eyes
- 9. Which information should the nurse include in order to prevent noise-induced hearing loss (NIHL) for pediatric patients?
  - 1) Avoid the use of ear plugs
  - 2) Participate in annual screenings
  - 3) Stand close to amplifiers during live music
  - 4) Use a cotton-tipped applicator for wax removal
- 10. Which term should the nurse use when discussing a child with no sight sensory experience with other members of the health-care team?
  - 1) Deaf
  - 2) Blind
  - 3) Hard of hearing
  - 4) Visually impaired
- 11. Which should the nurse include in the plan of care for a pediatric client diagnosed with otitis media with effusion?
  - 1) Assessing for visual acuity
  - 2) Assessing for speech delays
  - 3) Administering prescribed aspirin for pain relief
  - 4) Administering prescribed IV antibiotics
- 12. Which term should the nurse use when discussing a child with a limited sensory experience for sight with other members of the health-care team?
  - 1) Deaf
  - 2) Blind
  - 3) Hard of hearing
  - 4) Visually impaired
- 13. Which clinical manifestation causes the nurse to plan care based on a diagnosis of retinoblastoma for a pediatric patient?

- 1) Enucleation
  - 2) Red reflex
  - 3) Leukokoria
  - 4) Cerumen buildup
- \_\_\_ 14. Which treatment should the nurse anticipate for a pediatric patient with an aggressive case of retinoblastoma?
  - 1) Enucleation
  - 2) Cryotherapy
  - 3) Laser surgery
  - 4) Cochlear implant
- \_\_\_ 15. Which may be a causative factor the nurse includes in a teaching session for a pediatric patient diagnosed with sensorineural hearing loss?
  - 1) Otitis media
  - 2) Foreign body
  - 3) Cerumen buildup
  - 4) Rubella syndrome
- \_\_\_ 16. Which reaction should the nurse anticipate when the family of an infant is told there is a sensory impairment?
  - 1) Fear
  - 2) Anger
  - 3) Blame
  - 4) Indifference

### **Multiple Response**

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

- \_\_\_ 17. Which parental statements indicate correct understanding of the care that is needed for a pediatric patient after the insertion of tympanostomy tubes? (*Select all that apply.*)
  - 1) "I should restrict my child to quiet activities after surgery."
  - 2) "It is important for my child to drink plenty of fluids after the procedure."
  - 3) "I will remind my child to use ear plugs prior to showering and swimming."
  - 4) "It is important to limit my child's diet after surgery and allow only soft, bland foods."
  - 5) "I should plan to administer a decongestant to my child for 1 to 2 weeks following surgery."
- \_\_\_ 18. Which topics should the nurse include in a teaching session for the parents of a 10-month-old infant who experiences frequent ear infections? (*Select all that apply.*)
  - 1) Continuing to breastfeed
  - 2) Avoiding use of woodburning stoves
  - 3) Prohibiting tobacco smoke in the home
  - 4) Cleaning the child's ears nightly with peroxide
  - 5) Avoiding use of a pacifier while the child is sleeping

- \_\_\_ 19. Which common eye disorders should the nurse include in a teaching session for the parents of pediatric clients? (*Select all that apply.*)
- 1) Myopia
  - 2) Cataracts
  - 3) Hyperopia
  - 4) Strabismus
  - 5) Astigmatism
- \_\_\_ 20. Which organizations should the nurse include in the teaching session for the parents of a child with a visual or hearing impairment? (*Select all that apply.*)
- 1) American Council of the Blind
  - 2) National Federation of the Blind
  - 3) American Academy of Pediatrics
  - 4) National Association for Visually Handicapped
  - 5) National Association for Parents of Children with Visual Impairments

## **Chapter 30: Child With a Sensory Impairment**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Describe the various types and causes of congenital and acquired hearing impairments during childhood.

Chapter page reference: 500-503

Heading: Otitis Media

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Sensory Perception

Difficulty: Moderate

	Feedback
1	This statement does not accurately reflect why young children are prone to otitis media.
2	This statement accurately reflects why young children are prone to otitis media.
3	This statement does not accurately reflect why young children are prone to otitis media.
4	This statement does not accurately reflect why young children are prone to otitis media.

PTS: 1

CON: Sensory Perception

2. ANS: 1

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Discuss the resurgence of retinopathy of prematurity and the care that can be provided to premature infants to reduce the possibility of the development of this pathology.

Chapter page reference: 497

Heading: Retinopathy of Prematurity

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Sensory Regulation

Difficulty: Moderate

	Feedback
1	Risk factors for ROP include birth at or less than 28 weeks' gestation, long-term use of oxygen, and a birth weight of less than 1250 g.
2	This neonate does not meet the criteria for having an increased risk for ROP.

<b>3</b>	Although this neonate is at risk because of gestational age, her birth weight is higher than 1250 g, which decreases the risk for ROP.
<b>4</b>	This neonate does not meet the criteria for having an increased risk for ROP.

PTS: 1 CON: Sensory Regulation

3. ANS: 3

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Describe the most common causes of visual impairment during childhood and differentiate between the care of a child with eye trauma, eye disease, or eye tumor.

Chapter page reference: 496

Heading: Neonatorum Eye Infections

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Comprehension [Understanding]

Concept: Medication

Difficulty: Easy

Feedback	
<b>1</b>	Oral erythromycin is not the anticipated treatment for the newborn to decrease the risk for eye infection.
<b>2</b>	IV penicillin is not the anticipated treatment for the newborn to decrease the risk for eye infection.
<b>3</b>	Erythromycin eyedrops are the anticipated treatment for a newborn to decrease the risk for eye infection.
<b>4</b>	Fluoroquinolone ointment is not the anticipated treatment for the newborn to decrease the risk for eye infection.

PTS: 1 CON: Medication

4. ANS: 4

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Describe the most common causes of visual impairment during childhood and differentiate between the care of a child with eye trauma, eye disease, or eye tumor.

Chapter page reference: 495

Heading: Conjunctivitis

Integrated processes: Teaching and Learning

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Application [Applying]

Concept: Medication

Difficulty: Moderate

Feedback	
<b>1</b>	Antibiotics prescribed to treat bacterial conjunctivitis are administered four times per day.
<b>2</b>	The child should be discouraged from rubbing the eye after medication

	administration.
<b>3</b>	The adult, not the child, should open the eye during medication administration.
<b>4</b>	The child should be encouraged to lie down with the eyes closed for 1 to 2 minutes after medication administration.

PTS: 1 CON: Medication

5. ANS: 4

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Outline a plan of care for a child with a new diagnosis of hearing impairment and describe the new technologies available to assist a child with a hearing impairment.

Chapter page reference: 501

Heading: Nursing Considerations for Otitis Media

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Sensory Regulation

Difficulty: Difficult

	Feedback
<b>1</b>	Decongestants are contraindicated for infants.
<b>2</b>	There is an increased risk for otitis media in infants who are placed in bed with a bottle. This practice should be avoided.
<b>3</b>	The baby should not be in a flat position during feedings.
<b>4</b>	Acetaminophen is often required to treat the pain and discomfort that is associated with otitis media.

PTS: 1 CON: Sensory Regulation

6. ANS: 1

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Outline a plan of care for a child with a new diagnosis of hearing impairment and describe the new technologies available to assist a child with a hearing impairment.

Chapter page reference: 501

Heading: Nursing Considerations for Otitis Media

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Sensory Regulation

Difficulty: Moderate

	Feedback
<b>1</b>	Medical toys and dolls should be used to engage the child to decrease stress and provide distraction during the assessment process.
<b>2</b>	The nurse should speak directly to the child and then ask the parents for clarification if needed.

<b>3</b>	Both subjective and objective data are collected during the health history.
<b>4</b>	Both physiological and psychosocial support should be given during the acute phase.

PTS: 1 CON: Sensory Regulation

7. ANS: 1

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Outline a plan of care for a child with a new diagnosis of hearing impairment and describe the new technologies available to assist a child with a hearing impairment.

Chapter page reference: 491

Heading: Conceptual Cornerstone – Safety

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Comprehension [Understanding]

Concept: Sensory Regulation

Difficulty: Moderate

Feedback	
<b>1</b>	Preschool is recommended for a child with documented hearing loss in order to enhance socialization skills.
<b>2</b>	Preschool is not recommended to help the child recognize his hearing deficit.
<b>3</b>	Preschool is not recommended to teach other children that those with hearing deficits are different.
<b>4</b>	Preschool is not recommended to improve the child's immunity via increased exposure.

PTS: 1 CON: Sensory Regulation

8. ANS: 1

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: State the definitions of the various visual impairment or visual disorders such as strabismus, amblyopia, nystagmus, and others.

Chapter page reference: 493

Heading: Assessments of Visual Acuity

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

Feedback	
<b>1</b>	A cover-uncover test is an appropriate tool for screening a pediatric patient for esotropia.
<b>2</b>	An ophthalmoscope, not an otoscope, is used to examine an eye.
<b>3</b>	A tonometer is used to assess cranial nerves and reflexes, not when screening a

	pediatric patient for esotropia.
4	Red reflex is used to test for cataracts and glaucoma, not esotropia.

PTS: 1 CON: Promoting Health

9. ANS: 2

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Outline a plan of care for a child with a new diagnosis of hearing impairment and describe the new technologies available to assist a child with a hearing impairment.

Chapter page reference: 503

Heading: Overall Nursing Considerations for a Child With a Sensory Impairment

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

	Feedback
1	Ear plugs should be encouraged, not avoided, to protect from NIHL.
2	The nurse should encourage the child and parents to participate in annual hearing screenings.
3	Standing away from, not close to, amplifiers during live music is encouraged.
4	Cotton-tipped applicators should be avoided, not encouraged, for wax removal.

PTS: 1 CON: Promoting Health

10. ANS: 2

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Differentiate between blindness and visually impaired and between hard of hearing and deafness.

Chapter page reference: 492-493

Heading: Visual Impairment

Integrated processes: Communication and Documentation

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Sensory Regulation

Difficulty: Easy

	Feedback
1	<i>Deaf</i> is the term used to describe no processing of acoustic stimuli.
2	<i>Blind</i> is the term used to describe no visual sensory experience.
3	<i>Hard of hearing</i> is the term used to describe some processing of acoustic stimuli.
4	<i>Visually impaired</i> is the term used to describe reduced or impaired vision in which some sensory stimulation takes place.

PTS: 1 CON: Sensory Regulation

11. ANS: 2

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Outline a plan of care for a child with a new diagnosis of hearing impairment and describe the new technologies available to assist a child with a hearing impairment.

Chapter page reference: 501

Heading: Nursing Considerations for Otitis Media

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Sensory Regulation

Difficulty: Moderate

	Feedback
1	Visual acuity is not included when planning care for a child who is diagnosed with otitis media with effusion.
2	Early identification of a hearing impairment allows for initiation of interventions that provide for speech development, socialization, growth and development, and academic success.
3	Aspirin is avoided for the pediatric patient because of the risk for developing Reye's syndrome.
4	IV antibiotics are not prescribed in the treatment of otitis media.

PTS: 1 CON: Sensory Regulation

12. ANS: 4

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Differentiate between blindness and visually impaired and between hard of hearing and deafness.

Chapter page reference: 492-493

Heading: Visual Impairment

Integrated processes: Communication and Documentation

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Sensory Regulation

Difficulty: Easy

	Feedback
1	<i>Deaf</i> is the term used to describe no processing of acoustic stimuli.
2	<i>Blind</i> is the term used to describe no visual sensory experience.
3	<i>Hard of hearing</i> is the term used to describe some processing of acoustic stimuli.
4	<i>Visually impaired</i> is the term used to describe reduced or impaired vision in which some sensory stimulation takes place.

PTS: 1 CON: Sensory Regulation

13. ANS: 3

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: State the diagnostic examinations, assessments, treatments, and clinical outcomes of children with a confirmed diagnosis of retinoblastoma.

Chapter page reference: 496-497

Heading: Retinoblastoma

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Sensory Regulation

Difficulty: Easy

Feedback	
<b>1</b>	Enucleation, removal of the eyeball, is a treatment for retinoblastoma and not a clinical manifestation.
<b>2</b>	Red reflex is a clinical manifestation of glaucoma or cataract, not retinoblastoma.
<b>3</b>	Leukokoria, or a whitish glow of the retina, is a clinical manifestation associated with retinoblastoma.
<b>4</b>	Cerumen buildup is not associated with retinoblastoma. It is often the cause of hearing loss.

PTS: 1 CON: Sensory Regulation

14. ANS: 1

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: State the diagnostic examinations, assessments, treatments, and clinical outcomes of children with a confirmed diagnosis of retinoblastoma.

Chapter page reference: 496-497

Heading: Retinoblastoma

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Sensory Regulation

Difficulty: Difficult

Feedback	
<b>1</b>	Enucleation, or removal of the eyeball, is often a treatment required for a pediatric patient with an aggressive case of retinoblastoma.
<b>2</b>	Cryotherapy is an anticipated treatment for small tumors.
<b>3</b>	Laser surgery is an anticipated treatment for small tumors.
<b>4</b>	A cochlear implant is used for a pediatric patient with hearing loss, not retinoblastoma.

PTS: 1 CON: Sensory Regulation

15. ANS: 4

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Describe the various types and causes of congenital and acquired hearing impairments during childhood.

Chapter page reference: 498

Heading: Three Main Types of Hearing Impairment

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Sensory Regulation

Difficulty: Moderate

Feedback	
1	Otitis media is the cause of conductive, not sensorineural, hearing loss.
2	A foreign body is the cause of conductive, not sensorineural, hearing loss.
3	Cerumen buildup is the cause of conductive, not sensorineural, hearing loss.
4	Rubella syndrome is one cause of sensorineural hearing loss.

PTS: 1 CON: Sensory Regulation

16. ANS: 1

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Analyze common reactions when a family is told the infant or young child will be sensory impaired.

Chapter page reference: 501

Heading: Nursing Considerations for Otitis Media

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Knowledge [Remembering]

Concept: Stress

Difficulty: Easy

Feedback	
1	Fear and anxiety are anticipated reactions from the family of an infant who is told there is a sensory impairment.
2	Anger is not an anticipated reaction from the family.
3	Blame is not an anticipated reaction from the family.
4	Indifference is not an anticipated reaction from the family.

PTS: 1 CON: Stress

## MULTIPLE RESPONSE

17. ANS: 1, 2, 3

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Outline a plan of care for a child with a new diagnosis of hearing impairment and describe the new technologies available to assist a child with a hearing impairment.

Chapter page reference: 501

Heading: Nursing Considerations for Otitis Media

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Sensory Regulation

Difficulty: Difficult

	Feedback
1.	This is correct. Activity restriction is often needed after the insertion of tubes.
2.	This is correct. The child should be encouraged to consume plenty of fluids after the procedure.
3.	This is correct. It is important to prevent the introduction of water in the ears after the insertion of the tubes.
4.	This is incorrect. A soft, bland diet is not required after the procedure.
5.	This is incorrect. Decongestants are contraindicated for the pediatric population.

PTS: 1 CON: Sensory Regulation

18. ANS: 1, 2, 3, 5

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Outline a plan of care for a child with a new diagnosis of hearing impairment and describe the new technologies available to assist a child with a hearing impairment.

Chapter page reference: 501

Heading: Nursing Considerations for Otitis Media

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Sensory Regulation

Difficulty: Moderate

	Feedback
1.	This is correct. Breastfeeding is recommended because this decreases the risk for otitis media.
2.	This is correct. A woodburning stove should be avoided for an infant experiencing frequent ear infections.
3.	This is correct. Secondhand smoke should be avoided for an infant experiencing frequent ear infections.
4.	This is incorrect. The child's ears should not be cleansed with peroxide.
5.	This is correct. The use of a pacifier is avoided because this increases the risk for ear infection.

PTS: 1 CON: Sensory Regulation

19. ANS: 1, 3, 4, 5

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: State the definitions of the various visual impairments or visual disorders such as strabismus, amblyopia, nystagmus, and others.

Chapter page reference: 494

Heading: Table 30-1 Visual Impairments Found in Children

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Sensory Regulation

Difficulty: Easy

	Feedback
1.	This is correct. Myopia, or nearsightedness, is a common eye disorder.
2.	This is incorrect. Cataracts are not a common eye disorder for the pediatric population.
3.	This is correct. Hyperopia, or farsightedness, is a common eye disorder.
4.	This is correct. Strabismus, or being cross-eyed, is a common eye disorder.
5.	This is correct. Astigmatism is a visual disorder in which the refraction of a ray of light is spread over a diffuse area rather than sharply focused on the retina. It is considered a common eye disorder.

PTS: 1 CON: Sensory Regulation

20. ANS: 1, 2, 4, 5

Chapter number and title: 30: Child With a Sensory Impairment

Chapter learning objective: Discuss the national organizations that provide support to families who have a child with a visual or hearing impairment.

Chapter page reference: 503

Heading: Overall Nursing Considerations for a Child With a Sensory Impairment

Integrated processes: Teaching and Learning

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Sensory Regulation

Difficulty: Moderate

	Feedback
1.	This is correct. The American Council of the Blind is an appropriate organization to include in the teaching session for the parents of a child with a visual or hearing impairment.
2.	This is correct. The National Federation of the Blind is an appropriate organization to include in the teaching session for the parents of a child with a visual or hearing impairment.
3.	This is incorrect. The American Academy of Pediatrics is not an organization the nurse should include in the teaching session for the parents of a child with a visual or hearing impairment.
4.	This is correct. The National Association for Visually Handicapped is an appropriate organization to include in the teaching session for the parents of a child with a visual or

	hearing impairment.
5.	This is correct. The National Association for Parents of Children with Visual Impairments is an appropriate organization to include in the teaching session for the parents of a child with a visual or hearing impairment.

PTS: 1

CON: Sensory Regulation

## Chapter 31 Child With a Mental Health Condition

- Attention-Deficit Hyperactivity Disorder (ADHD)
  - Neurobehavioral disorder
  - One of the most common mental disorders diagnosed in children and adolescents
  - Three main types:
    - Predominately inattentive
    - Predominately hyperactive-impulsive
    - Combined
  - Three clinical characteristics:
    - Impulsivity
    - Inattention
    - Hyperactivity
  - Six of nine symptoms must be identified to be diagnosed:
    - Fidgets with fingers, hands, objects
    - Often leaves a seat in the classroom
    - Experiences forgetfulness
    - Easily distracted and excited when distracted
    - Seems to not listen and does not follow through with expectations
    - Talks excessively and blurts out answers
    - Interrupts, intrudes on others, and does not wait for a turn
    - Cannot pay attention to detail and makes frequent mistakes
    - Difficulty playing quietly
  - Symptoms must be:
    - Present for longer than six months duration
    - Present in at least two settings
    - Occur prior to the child's seventh birthday
  - Medical interventions:
    - Medications
  - Nursing considerations (Patient Teaching Guide)
- Autism Spectrum Disorder
  - A pervasive developmental disorder
  - Included with:
    - Rett's syndrome
    - Asperger's syndrome
  - No known cause
  - Develops before age 30 months
  - Pervasive and severe impairment in communication skills and social interactions
  - Assessment:
    - Minimal interaction with others
    - Limited touching
    - Minimal display of anticipatory behaviors
    - Lack of anxiety

- Uses peripheral vision and avoids direct eye contact
  - Minimal meaningful speech and echolalia
  - Pronoun reversal and nonsensical rhyming
  - Appearance of being deaf
  - Abnormal responses to stimuli
  - Socially unacceptable behaviors
  - Distress and resistance to changes in daily routines
  - Sameness and attachment to objects
- Interventions
- Nursing considerations
- Eating Disorders
  - Anorexia nervosa:
    - Assessment:
      - Weight and height plotted on national growth charts
      - Metabolic and electrolyte panels
      - Cardiac function
      - Evidence of malnutrition
      - Russell's sign
      - Use of laxatives, diuretics, enemas, and diet pills
    - Diagnostic criteria:
      - Voluntary refusal to maintain a normal body weight
      - Tremendous fear of gaining weight
      - Deny the condition
      - Amenorrhea: absence of three periods in a row
    - Interventions
    - Nursing care
  - Bulimia and binge eating disorders:
    - Eating a large amount of calories followed by purging behaviors
    - Characterized by excessive appetite and insatiable eating
    - Recurrent episode of binge eating followed by guilt, humiliation, shame and then self-induced vomiting, dieting, and exercise
    - Will try to cover up the behaviors by sneaking food, hiding food, taking laxatives, vomiting, or over-exercising
  - Restrictive eating disorders:
    - Food restriction and severe calorie reduction
    - Prevents food consumption
  - Pica:
    - Consume materials that are not food substances
    - More common in young children
    - Complications:
      - Intestinal obstructions
      - Anemia
  - Must be present for no less than 30 days in order to be considered a diagnosis
- Personality, Anxiety, and Mood Disorders, and Schizophrenia

- Anxiety:
  - Begins with separation and stranger anxiety
  - Subtypes:
    - Separation anxiety disorder
    - Generalized anxiety
    - Panic disorders
    - Phobias
    - Posttraumatic stress disorder (PTSD)
    - Obsessive-compulsive disorder (OCD)
  - Assessment
  - Interventions
  - Nursing considerations (Patient Teaching Guidelines)
- Bipolar disorder:
  - Alternating mania and depression
  - Rapid cycling of moods
  - Treatment: lithium carbonate
- Dysthymic disorder:
  - Periods of major depression and alternating with normal mood
  - Treatment: antidepressants
- Depression:
  - Cause is unknown
  - Imbalance of brain chemistry
  - Hereditary link
  - Diagnosis: symptoms nearly every day for two weeks straight or longer
  - Assessment
  - Interventions:
    - Medications
  - Nursing considerations
- Suicide:
  - More common than in previous years
  - Main causes of death:
    - Guns
    - Poisoning
    - Strangling
  - Strong association between suicide and a major depressive disorder
  - (Box 31-1 Common Terms Associated with Suicide)
  - Assessment
  - Interventions:
    - Medications
  - Nursing considerations
- Schizophrenia: chronic, severe, and disabling psychiatric disorder characterized by delusions, hallucinations, and thought disorder
  - Five subtypes:
    - Paranoid schizophrenia

- Disorganized schizophrenia
- Catatonic schizophrenia
- Undifferentiated schizophrenia
- Residual schizophrenia
- Assessment
- Interventions
- Nursing considerations
- Substance abuse (Table 31-1 Common Drugs Abused by Youth; Patient Teaching Guidelines: Assessing for Signs of Alcohol and Drug Abuse in Children and Teens)
- Assessment:
  - Three categories of substance abuse:
    - Use
    - Abuse
    - Dependence
- Interventions
- Nursing considerations
- Bullying:
  - Assessment
  - Interventions
  - Nursing considerations

## Chapter 32: Child With a Respiratory Condition

### Multiple Choice

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

- 1. Which statement by the nurse accurately describes the difference between the respiratory systems of a child and an adult?
- |    |  |
|----|--|
| 1) | The nares in children are larger in size, shallow in depth, underdeveloped, and less easily occluded.  |
| 2) | The larynx and the glottis are lower in the younger child's neck, which makes the child more prone to aspiration.                                |
| 3) | The epiglottis in the younger child is longer and flaccid, making it more susceptible to swelling that may lead to airway occlusion.             |
| 4) | There are fewer functional muscles in the neck, and the decreased amount of soft tissue makes the child more susceptible to infection and edema. |
- 2. A pediatric nurse is performing a respiratory assessment on an 18-month-old child. The nurse most likely uses which recommended techniques?
- |    |   |
|----|---|
| 1) | Assess breath sounds by listening to all lung fields and alternating sides for comparison |
| 2) | Assess the resonance of the lungs and underlying organs by using auscultation             |
| 3) | Assess the child's respiratory status when fully awake and active                         |
| 4) | Assess for normal breath sounds using palpation   |
- 3. The pediatric nurse recognizes that normal breath sounds are equal bilaterally in intensity, rhythm, and pitch. Which respiratory sign may indicate that a child is hypoxic?
- |    |         |
|----|---------|
| 1) | Stridor |
| 2) | Anxiety |

3)	Rhonchi
4)	Crackles

4. Which should the nurse anticipate when providing care to a child who aspirated a foreign body (FB)?

1)	CT scan
2)	Chest x-ray
3)	Fluoroscopy
4)	Bronchoscopy

5. The nurse is providing care to an infant who is diagnosed as having *Pseudomonas aeruginosa* pneumonia. Which respiratory condition should the nurse suspect?

1)	Cystic fibrosis
2)	Choanal atresia
3)	Bronchopulmonary dysplasia
4)	Congenital diaphragmatic hernia

6. Which information should the nurse include when teaching information regarding peak flow to a child diagnosed with severe asthma?

1)	The test should be conducted at least once a week.
2)	The yellow zone is considered the danger zone and indicates the need for immediate intervention.
3)	The red zone is a caution zone indicating the need to slow down and have a rescue inhaler available.
4)	The green zone indicates the child should continue to take prescribed medication and participate in normal activity.

7. A pediatric nurse explains discharge instructions to the parents of a child who is postoperative from a tonsillectomy. Which instruction does the nurse stress?

1)	Recommend vigorous toothbrushing.
2)	Avoid highly seasoned and "sharp" foods.
3)	Encourage coughing and clearing the throat.
4)	Avoid popsicles the first day postoperative because of aspiration risk.

- 8. The mother of a toddler-aged patient states, "My daughter seems to be at an increased risk for complications associated with respiratory infections." Which response by the nurse is accurate?

1)	"You are incorrect in your assessment."
2)	"Younger children do not breathe as deeply as do older children."
3)	"The younger child's airway is smaller and more easily occluded."
4)	"Air passages are more likely to become blocked with mucus because younger children make more mucus than older children."

- 9. A toddler-aged patient presents to the emergency department with a sore throat and difficulty swallowing. The nurse suspects acute epiglottitis. Which nursing action is avoided on the basis of the current assessment data?

1)	Vital signs
2)	Throat culture
3)	Medical history
4)	Auscultation of breath sounds

- 10. Which nursing action is appropriate for the parents of a 4-month-old infant who died as a result of sudden infant death syndrome (SIDS)?

1)	Allowing the parents to hold, touch, and rock the infant
2)	Advising the parents that an infant autopsy is not necessary
3)	Interviewing the parents to determine the cause of the incident
4)	Sheltering the parents from grief by not giving them any personal items of the infant, such as footprints

- 11. Which parental statement at the conclusion of a teaching session regarding environmental controls for childhood asthma indicates correct understanding of the information presented?

1)	"We'll use pesticides to ensure that our home is free from pests."
2)	"We will replace the carpet in our child's bedroom with tile."

3)	"We're glad the dog can continue to sleep in our child's room."
4)	"We'll be sure to use the fireplace often to keep the house warm in the winter."

\_\_\_ 12. Which action should the nurse include in the plan of care for an infant who is diagnosed with acute respiratory distress?

1)	Suctioning the airway
2)	Placing in a prone position
3)	Daily peak flow readings
4)	Implementing breathing exercises

\_\_\_ 13. Which independent nursing action is appropriate for a 2-month-old infant who is a direct admission to the pediatric unit with a diagnosis of ALTE?

1)	Placing the child on contact isolation
2)	Drawing blood for arterial blood gases
3)	Placing the child on an apnea monitor
4)	Placing the child on nasal cannula oxygen

\_\_\_ 14. Which is the priority nursing action for a premature neonate who is experiencing intermittent apnea?

1)	Calling a code blue
2)	Administering oxygen
3)	Performing back blows and chest thrusts
4)	Providing stimulation by stroking the back

\_\_\_ 15. Which question should the nurse include in the health history to determine the causative factor for the diagnosis of croup?

1)	"Does your child have a history of asthma?"
2)	"Has your child received the varicella vaccine?"
3)	"Has your child recently been diagnosed with the flu?"
4)	"Did your child recently receive an immunization for measles, mumps, and rubella?"

- \_\_\_ 16. On which patient at the greatest risk for croup should the nurse focus information regarding prevention?

1)	A 3-year-old preschooler
2)	A 6-year-old school-ager
3)	A 10-year-old school-ager
4)	A 13-year-old adolescent

**Multiple Response**

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

- \_\_\_ 17. Which data collected during the pediatric respiratory assessment require further action by the nurse? (*Select all that apply.*)

1)	Stridor
2)	Strong cry
3)	Nasal flaring
4)	Substernal retractions
5)	Lung sounds clear to auscultation

- \_\_\_ 18. When assisting with the respiratory assessment of a pediatric patient, which should the nurse include to determine oxygenation? (*Select all that apply.*)

1)	Skin
2)	Sclera
3)	Cornea
4)	Nailbeds
5)	Mucous membranes

- \_\_\_ 19. Which prescribed medications should the nurse educate the parents of a child with asthma to administer on a daily basis? (*Select all that apply.*)

1)	Albuterol
2)	Ipratropium
3)	Theophylline
4)	Racemic epinephrine
5)	Leukotriene modifiers

- \_\_\_ 20. Which nursing actions are essential for safety when providing care to a pediatric patient at risk for respiratory compromise? (*Select all that apply.*)

1)	Identifying distress
2)	Documenting the care provided
3)	Supporting a compromised airway
4)	Keeping the parents abreast of changes
5)	Choosing the appropriate method of oxygen

## **Chapter 32: Child With a Respiratory Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 3

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Review the differences between the anatomy and physiology of a newborn's and a child's respiratory system and that of an adult.

Chapter page reference: 527-528

Heading: Anatomy of the Respiratory Tract of a Child Compared to an Adult

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Development; Oxygenation

Difficulty: Easy

	Feedback
1	This statement is not accurate.
2	This statement is not accurate.
3	The pediatric epiglottis is longer and flaccid, which makes it more susceptible to swelling and increasing the risk for airway occlusion. This statement is accurate.
4	This statement is not accurate.

PTS: 1 CON: Development | Oxygenation

2. ANS: 1

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: State the assessments conducted in the physical examination of an infant or child with a respiratory condition.

Chapter page reference: 528

Heading: Auscultation

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1	The nurse should assess breath sounds by listening to all lung fields and alternating sides for

	comparison.
2	Resonance is assessed via percussion, not auscultation.
3	The nurse should assess the child's respiratory status when the child is asleep or sitting quietly.
4	Breath sounds are assessed via auscultation, not palpation.

PTS: 1 CON: Assessment

3. ANS: 2

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Describe the breathing patterns, adventitious breath sounds, and symptoms one may encounter in respiratory distress.

Chapter page reference: 529-530

Heading: Assessments of Respiratory Distress

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Oxygenation

Difficulty: Easy

	Feedback
1	Stridor is an adventitious breath sound; however, it does not indicate hypoxia.
2	A child who is experiencing difficulty breathing looks extremely anxious in response to hypoxia.
3	Rhonchi are adventitious breath sounds; however, they do not indicate hypoxia.
4	Crackles are adventitious breath sounds; however, they do not indicate hypoxia.

PTS: 1 CON: Oxygenation

4. ANS: 4

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Discuss the various methods of intervention for a child with a respiratory condition, including the different oxygen delivery systems.

Chapter page reference: 540

Heading: Interventions for Foreign Body Aspiration

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Oxygenation

Difficulty: Easy

	Feedback
1	A CT scan is not anticipated when providing care to a child who aspirated an FB.
2	A chest x-ray is not anticipated when providing care to a child who aspirated an FB.
3	A fluoroscopy is not anticipated when providing care to a child who aspirated an FB.
4	Rigid bronchoscopy may be necessary for visualization of the airway and removal of the FB.

PTS: 1 CON: Oxygenation

5. ANS: 1

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: State the assessments conducted in the physical examination of an infant or child with a respiratory condition.

Chapter page reference: 539-540

Heading: Cystic Fibrosis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Oxygenation

Difficulty: Easy

	Feedback
1	Cystic fibrosis is an autosomal recessive genetic disorder caused by a mutation in the protein cystic fibrosis transmembrane conductance regulator ( <i>CFTR</i> ) gene that regulates sweat, digestive juices, and mucus. The gene initiates excessive sodium absorption in the lungs, turning usually thin secretions to thickened secretions. Thicker respiratory

	secretions are harder for the child to clear, which predisposes him or her to pneumonia. The bacteria <i>P aeruginosa</i> is the most prevalent cause of infection.
2	Choanal atresia is not a suspected disease process on the basis of the current data.
3	Bronchopulmonary dysplasia is not a suspected disease process on the basis of the current data.
4	Congenital diaphragmatic hernia is not a suspected disease process on the basis of the current data.

PTS: 1 CON: Oxygenation

6. ANS: 4

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Describe the pathophysiology of asthma, treatment protocols administered across childhood, and teaching required for the patient and family in order to minimize adverse effects.

Chapter page reference: 537-538

Heading: Nursing Considerations for Asthma

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Oxygenation

Difficulty: Moderate

	Feedback
1	A child with severe asthma should be taught to conduct peak flow once or twice a day, not once a week.
2	The yellow zone is considered a caution, not a danger, zone.
3	The red zone is considered a danger, not a caution, zone.
4	The green zone is the safety zone and indicates the child should continue to take prescribed medication and participate in normal activity.

PTS: 1 CON: Oxygenation

7. ANS: 2

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Compare the pathophysiology, diagnostic methods, and treatment for tonsillitis and epiglottitis.

Chapter page reference: 533

Heading: Nursing Considerations for Tonsillitis

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Nursing

Difficulty: Moderate

	Feedback
1	Vigorous toothbrushing should be avoided because this can increase the risk of hemorrhage.
2	Highly seasoned and sharp foods should be avoided, as these foods are likely to irritate the throat after a tonsillectomy.
3	Coughing and clearing the throat should be avoided because these can increase the risk for hemorrhage.
4	Popsicles should be encouraged because they are soothing to the throat.

PTS: 1 CON: Nursing

8. ANS: 3

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Review the differences between the anatomy and physiology of a newborn's and a child's respiratory system and that of an adult.

Chapter page reference: 527-528

Heading: Anatomy of the Respiratory Tract of a Child Compared to an Adult

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Development

Difficulty: Moderate

	Feedback
1	This statement is not appropriate or accurate in response to the parent's comment.

2	This statement is not appropriate or accurate in response to the parent's comment.
3	The airway of the pediatric patient is smaller and therefore more easily occluded. This statement is accurate and appropriate from the nurse.
4	This statement is not appropriate or accurate in response to the parent's comment.

PTS: 1 CON: Development

9. ANS: 2

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Compare the pathophysiology, diagnostic methods, and treatment for tonsillitis and epiglottitis.

Chapter page reference: 534

Heading: Epiglottis

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Nursing

Difficulty: Moderate

	Feedback
1	Vital signs are not avoided for a pediatric patient suspected of having acute epiglottitis.
2	Throat culture is avoided because of the risk of total airway occlusion.
3	A medical history is not avoided for a pediatric patient suspected of having acute epiglottitis.
4	Auscultation of breath sounds is not avoided for a pediatric patient suspected of having acute epiglottitis.

PTS: 1 CON: Nursing

10. ANS: 1

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Compare and contrast SIDS and apparent life-threatening events (ALTEs), including risk factors, monitoring, and possible causes.

Chapter page reference: 541-542

Heading: Nursing Considerations for SIDS

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Grief and Loss

Difficulty: Moderate

	Feedback
1	The parents of a child who passes away from SIDS should be allowed to hold, touch, and rock the infant.
2	An infant autopsy is often required to confirm the death was caused by SIDS.
3	Although an interview is necessary, this is not appropriate immediately following the infant's death.
4	The parents should be provided personal items, such as footprints, as a part of the bereavement package. The items can be held by the hospital if the parents are unable to take the items with them immediately following the infant's death.

PTS: 1 CON: Grief and Loss

11. ANS: 2

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Describe the pathophysiology of asthma, treatment protocols administered across childhood, and teaching required for the patient and family in order to minimize adverse effects.

Chapter page reference: 537-538

Heading: Nursing Considerations for Asthma

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Oxygenation

Difficulty: Difficult

	Feedback
1	Pesticides should be avoided because they can exacerbate the child's asthma.

2	Carpet should be avoided for a child with asthma. This statement indicates correct understanding of the information presented.
3	Pets should be removed from the home because they can exacerbate the child's asthma.
4	A fireplace does not offer a filter; therefore, this should be discouraged in the home of a child with asthma.

PTS: 1 CON: Oxygenation

12. ANS: 1

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Discuss the various methods of intervention for a child with a respiratory condition, including the different oxygen delivery systems.

Chapter page reference: 532

Heading: Interventions to Assist a Child With Respiratory Distress

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Oxygenation

Difficulty: Moderate

	Feedback
1	Suctioning, a gold standard for young children with conditions that produce increased secretions, may also be supplemented with interventions that assist in the removal of secretions.
2	Prone positioning is not recommended for an infant who is experiencing acute respiratory distress.
3	Peak flow readings are appropriate for a child with asthma, not for an infant with acute respiratory distress.
4	Although breathing exercises may be appropriate for an older child experiencing acute

	respiratory distress, they are not appropriate for an infant.
--	---

PTS: 1 CON: Oxygenation

13. ANS: 3

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Compare and contrast SIDS and apparent life-threatening events (ALTEs), including risk factors, monitoring, and possible causes.

Chapter page reference: 532

Heading: Apnea Monitors

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Nursing

Difficulty: Difficult

	Feedback
1	Contact isolation is not an appropriate intervention for an infant diagnosed with an ALTE.
2	Arterial blood gas analysis requires a prescriber's order.
3	Placing an infant on an apnea monitor is an appropriate independent nursing action when providing care to an infant diagnosed with an ALTE.
4	Administering oxygen via nasal cannula requires a prescriber's order.

PTS: 1 CON: Nursing

14. ANS: 4

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Discuss the various methods of intervention for a child with a respiratory condition, including the different oxygen delivery systems.

Chapter page reference: 532

Heading: Interventions for Apnea

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Oxygenation

Difficulty: Moderate

	Feedback
1	Calling a code blue is not an

	appropriate intervention for a premature neonate who is experiencing intermittent apnea.
2	Administering oxygen is not an appropriate intervention for a premature neonate who is experiencing intermittent apnea.
3	Performing back blows and chest thrusts is not an appropriate intervention for a premature neonate who is experiencing intermittent apnea.
4	Providing stimulation by stroking the neonate's back is an appropriate intervention for intermittent apnea.

PTS: 1 CON: Oxygenation

15. ANS: 3

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Review the care required for a child with croup, including possible causative factors and developmental groups most vulnerable to this disease.

Chapter page reference: 535-536

Heading: Croup

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1	Asthma is not a causative factor for croup.
2	The varicella vaccine is not a causative factor for croup.
3	Influenza, or the flu, is a causative factor for croup.
4	Although measles is a causative factor for croup, receiving the vaccine to prevent measles, mumps, and rubella is not a causative factor for croup.

PTS: 1 CON: Assessment

16. ANS: 1

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Review the care required for a child with croup, including possible causative factors and developmental groups most vulnerable to this disease.

Chapter page reference: 535-536

Heading: Croup

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Oxygenation

Difficulty: Easy

	Feedback
1	Croup is most common in infants and children aged 3 months to 5 years because their smaller airways occlude more easily with swelling. It affects boys more than girls and is seen more in winter.
2	A 6-year-old, preschool-aged patient is not at an increased risk for croup.
3	A 10-year-old, school-aged patient is not at an increased risk for croup.
4	A 13-year-old adolescent patient is not at an increased risk for croup.

PTS: 1

CON: Oxygenation

## MULTIPLE RESPONSE

17. ANS: 1, 3, 4

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: State the assessments conducted in the physical examination of an infant or child with a respiratory condition.

Chapter page reference: 530

Heading: Respiratory Abnormalities

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Oxygenation

Difficulty: Moderate

	Feedback
1.	This is correct. Stridor is indicative of a respiratory abnormality requiring further action by the nurse.
2.	This is incorrect. A strong cry is not a datum indicating the need for further action by the nurse.
3.	This is correct. Nasal flaring is indicative of a respiratory abnormality requiring further action by the nurse.
4.	This is correct. Substernal retractions are indicative of a respiratory abnormality requiring further action by the nurse.
5.	This is incorrect. Lung sounds clear to auscultation are not data indicating the need for further action by the nurse.

PTS: 1 CON: Oxygenation

18. ANS: 1, 4, 5

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: State the assessments conducted in the physical examination of an infant or child with a respiratory condition.

Chapter page reference: 528-529

Heading: General Respiratory Assessments

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment; Oxygenation

Difficulty: Moderate

	Feedback
1.	This is correct. Skin color is assessed to determine oxygenation.
2.	This is incorrect. The sclera is not assessed to determine oxygenation.
3.	This is incorrect. The corneas are not assessed to determine

	oxygenation.
4.	This is correct. Nailbeds are assessed to determine oxygenation.
5.	This is correct. Mucous membranes are assessed to determine oxygenation.

PTS: 1 CON: Assessment | Oxygenation

19. ANS: 3, 5

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Describe the pathophysiology of asthma, treatment protocols administered across childhood, and teaching required for the patient and family in order to minimize adverse effects.

Chapter page reference: 537

Heading: Types of Asthma Medications

Integrated processes: Teaching and Learning

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Comprehension [Understanding]

Concept: Medication

Difficulty: Easy

	Feedback
1.	This is incorrect. Albuterol is a rescue drug and is not administered on a daily basis.
2.	This is incorrect. Ipratropium is a rescue drug and is not administered on a daily basis.
3.	This is correct. Theophylline is a maintenance drug administered daily.
4.	This is incorrect. Racemic epinephrine is a rescue drug and is not administered on a daily basis.
5.	This is correct. Leukotriene modifiers are maintenance drugs administered daily.

PTS: 1 CON: Medication

20. ANS: 1, 3, 5

Chapter number and title: 32: Child With a Respiratory Condition

Chapter learning objective: Review the impact of respiratory diseases on a family and the teaching needs of the family in order to safely care for a child hospitalized

for treatments or who is being cared for at home.

Chapter page reference: 530-531

Heading: Emergency Interventions

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Oxygenation

Difficulty: Moderate

	Feedback
1.	This is correct. Identifying respiratory distress is essential when providing safe care to the pediatric patient at risk for respiratory compromise.
2.	This is incorrect. Although documenting care is important, this action is not essential for safety.
3.	This is correct. Supporting a compromised airway is essential when providing safe care to the pediatric patient at risk for respiratory compromise.
4.	This is incorrect. Although keeping the parents abreast of changes is important, this action is not essential for safety.
5.	This is correct. Choosing an appropriate method of oxygen administration is essential when providing safe care to the pediatric patient at risk for respiratory compromise.

PTS: 1

CON: Oxygenation

## **Chapter 33: Child With a Cardiac Condition**

### **Multiple Choice**

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

- \_\_\_ 1. Which statement accurately describes the structures of the heart?
- 1) The right atrium is a reservoir, or collecting chamber, for the peripheral venous return.
  - 2) The left ventricle receives blood from the right atrium and pumps it into the lungs via the pulmonary artery.
  - 3) The right ventricle receives blood from the left atrium and pumps it into the systemic circulation via the aorta.
  - 4) The left atrium receives deoxygenated blood from the entire body (except the lungs) through the superior and inferior vena cavae with an approximate saturation of 100%.
- \_\_\_ 2. Which heart valve connects the right atrium to the right ventricle and is composed of “doors” that open to allow blood flow into the adjoining chamber and shut to prevent backflow?
- 1) Mitral valve
  - 2) Aortic valve
  - 3) Tricuspid valve
  - 4) Pulmonary valve
- \_\_\_ 3. An infant with Down’s syndrome is diagnosed with a heart condition. The parents state, “The doctor says our baby has a large hole in the center of his heart.” Which congenital heart condition does the nurse suspect?
- 1) Pulmonary atresia
  - 2) Pulmonic valve stenosis
  - 3) Ventricular septal defect
  - 4) Atrioventricular canal defect
- \_\_\_ 4. Which cardiac condition should the nurse suspect for a neonate who is experiencing a pressure gradient between the arms and legs when blood pressure is assessed?
- 1) Tricuspid atresia
  - 2) Conal truncal defects
  - 3) Coarctation of the aorta (CoA)
  - 4) Transposition of the great arteries
- \_\_\_ 5. The nurse is providing care to an infant who presents with a fever, rash, and red eyes and lips, along with hand and feet edema. Which cardiac disease process does the nurse suspect?
- 1) Cardiomyopathy
  - 2) Rheumatic fever
  - 3) Kawasaki’s disease
  - 4) Congestive heart failure

- \_\_\_\_ 6. The nurse is preparing a teaching session for an infant who is diagnosed with bradycardia. Which topic should the nurse review prior to conducting the session?
- 1) Atrial flutter
  - 2) Atrial fibrillation
  - 3) Junctional rhythms
  - 4) Bundle branch block
- \_\_\_\_ 7. Which nursing action is appropriate when providing care to a school-aged patient who is scheduled for a cardiac catheterization?
- 1) Explaining to the parent that this noninvasive procedure has few risks
  - 2) Monitoring vital signs pre- and postprocedure
  - 3) Prescribing pain medication if tachycardia occurs
  - 4) Monitoring temperature postprocedure only
- \_\_\_\_ 8. On the basis of cultural background, which reaction should the nurse anticipate when providing care to the family of a Hispanic newborn diagnosed with a congenital heart defect?
- 1) Refusing pain medication containing opioids
  - 2) Initiating polite and modest interactions with providers
  - 3) Believing that the baby's condition is related to wrongdoing
  - 4) Requesting extra time for rituals prior to medical procedures
- \_\_\_\_ 9. Which assessment finding indicates adequate peripheral perfusion for a child after a cardiac catheterization?
- 1) Capillary refill is greater than 3 seconds.
  - 2) Sensation is decreased, with a weakened dorsalis pedis pulse.
  - 3) Dorsalis pedis pulse is palpable, but posterior tibial pulse is weak.
  - 4) Lower extremities are warm, with a capillary refill of less than 3 seconds.
- \_\_\_\_ 10. An infant who is diagnosed with a mild heart defect will not have surgical correction for at least 2 years. Which information should the nurse include in the discharge teaching regarding management in the home environment?
- 1) "Your child is not at risk for congestive heart failure."
  - 2) "It is important for your child to maintain normal activity."
  - 3) "It is important to avoid antipyretics for the treatment of fever."
  - 4) "Your child will have a low-grade fever until the defect is repaired."
- \_\_\_\_ 11. A 2-month-old infant with a congenital heart defect is admitted to the pediatric intensive care unit with congestive heart failure (CHF). Which intervention should the nurse include in the infant's plan of care?
- 1) Forcing fluids appropriate for age
  - 2) Monitoring respirations during active periods
  - 3) Giving larger feedings less often to conserve energy
  - 4) Organizing activities to allow for uninterrupted sleep
- \_\_\_\_ 12. A toddler is prescribed digoxin (Lanoxin) for cardiac failure. Which should the nurse instruct the toddler's parents to monitor for as a manifestation associated with digoxin toxicity?
- 1) Ataxia

- 2) Tinnitus
  - 3) Bradycardia
  - 4) Hypotension
- \_\_\_ 13. Which teaching point should the nurse include in the discharge instructions for a pediatric patient recovering from subacute bacterial endocarditis (SBE)?
  - 1) Should not receive routine immunizations
  - 2) Should be restricted from most play activities
  - 3) Fever is expected for several weeks following infection.
  - 4) Prophylactic antibiotics are required for any dental, oral, or upper respiratory tract procedures.
- \_\_\_ 14. Which parental statement regarding the use of Cyclosporin A after a heart transplant indicates correct understanding of the information presented by the nurse?
  - 1) "This medication is used to treat infections."
  - 2) "This medication is used to prevent rejection."
  - 3) "This medication is used to treat hypertension."
  - 4) "This medication is used to reduce serum cholesterol level."
- \_\_\_ 15. Which clinical manifestation does the nurse anticipate for a pediatric patient who is admitted with CHF?
  - 1) Bradycardia
  - 2) Tachycardia
  - 3) Weight loss
  - 4) Hypertension
- \_\_\_ 16. Which laboratory test does the nurse anticipate for a child who is admitted to the hospital with suspected rheumatic fever?
  - 1) Throat culture
  - 2) C-reactive protein
  - 3) Antistreptolysin-O (ASO) titer
  - 4) Erythrocyte sedimentation rate (ESR)

### **Multiple Response**

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

- \_\_\_ 17. Which defects of the heart should the nurse include in the educational session for parents of a newborn diagnosed with tetralogy of Fallot? (*Select all that apply.*)
  - 1) Overriding aorta
  - 2) Ventral septal defect
  - 3) Hypertrophic right ventricle
  - 4) Pulmonary stenosis or atresia
  - 5) Transposition of the great vessels
- \_\_\_ 18. Which nursing actions are appropriate when providing care to an infant diagnosed with tetralogy of Fallot who is having a "tet" spell? (*Select all that apply.*)

- 1) Administering oxygen
  - 2) Drawing blood for a serum hemoglobin
  - 3) Placing the child in knee-chest position
  - 4) Administering diphenhydramine (Benadryl) as ordered
  - 5) Administering IV morphine per prescriber's order
- \_\_\_ 19. The nurse is teaching the parents of a 7-year-old child information related to appropriate heart rate and blood pressure readings for their child. Which information should the nurse include in the teaching session? (*Select all that apply.*)
  - 1) Heart rate of 60 to 95 beats per minute
  - 2) Heart rate of 65 to 110 beats per minute
  - 3) Systolic pressure range of 100 to 120 mm Hg
  - 4) Diastolic pressure range of 60 to 75 mm Hg
  - 5) Blood pressure of 95 to 110/60 to 75 mm Hg
- \_\_\_ 20. Which clinical manifestations does the nurse anticipate for a pediatric client who is diagnosed with Kawasaki's disease? (*Select all that apply.*)
  - 1) Diarrhea
  - 2) Joint pain
  - 3) Thrombocytosis
  - 4) Swollen lymph nodes
  - 5) High fever for 1 day

## **Chapter 33: Child With a Cardiac Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 1

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the overall anatomy and physiology of the cardiovascular system in the fetus, newborn, and child.

Chapter page reference: 546-547

Heading: The Development of the Cardiovascular System

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Perfusion

Difficulty: Easy

	Feedback
1	The right atrium of the heart is the collecting chamber for the peripheral vascular system. This statement provides an accurate description of the heart.
2	This statement does not accurately describe the structures of the heart.
3	This statement does not accurately describe the structures of the heart.
4	This statement does not accurately describe the structures of the heart.

PTS: 1

CON: Perfusion

2. ANS: 3

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the overall anatomy and physiology of the cardiovascular system in the fetus, newborn, and child.

Chapter page reference: 548

Heading: Postnatal Blood Flow

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Perfusion

Difficulty: Easy

	Feedback
1	This is not the action of the mitral valve.
2	This is not the action of the aortic valve.
3	This is the action of the tricuspid valve.
4	This is not the action of the pulmonary valve.

- PTS: 1 CON: Perfusion
3. ANS: 4
- Chapter number and title: 33: Child With a Cardiac Condition
- Chapter learning objective: Differentiate between the most common congenital cardiac conditions found in infants and children.
- Chapter page reference: 556-557
- Heading: Acyanotic Heart Defects
- Integrated processes: Clinical Problem-Solving Process
- Client need: Physiological Adaptation
- Cognitive level: Comprehension [Understanding]
- Concept: Perfusion
- Difficulty: Easy

	Feedback
1	The nurse does not suspect pulmonary atresia on the basis of the parental statement.
2	The nurse does not suspect pulmonic valve stenosis on the basis of the parental statement.
3	The nurse does not suspect ventricular septal defect on the basis of the parental statement.
4	An atrioventricular canal defect is often described as a large hole in the center of the heart.

- PTS: 1 CON: Perfusion
4. ANS: 3
- Chapter number and title: 33: Child With a Cardiac Condition
- Chapter learning objective: Differentiate between the most common congenital cardiac conditions found in infants and children.
- Chapter page reference: 557
- Heading: Acyanotic Heart Defects
- Integrated processes: Clinical Problem-Solving Process
- Client need: Physiological Adaptation
- Cognitive level: Comprehension [Understanding]
- Concept: Perfusion
- Difficulty: Easy

	Feedback
1	A pressure gradient is not anticipated with tricuspid atresia.
2	A pressure gradient is not anticipated with conal truncal defects.
3	A pressure gradient is anticipated with CoA.
4	A pressure gradient is not anticipated with transposition of the great arteries.

- PTS: 1 CON: Perfusion
5. ANS: 3

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe infectious sources of cardiac malfunction found in children.

Chapter page reference: 559

Heading: Assessment of Kawasaki's Disease

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Perfusion

Difficulty: Easy

	Feedback
1	The nurse does not suspect cardiomyopathy on the basis of these symptoms.
2	The nurse does not suspect rheumatic fever on the basis of these symptoms.
3	The nurse suspects Kawasaki's disease on the basis of these symptoms.
4	The nurse does not suspect congenital heart failure on the basis of these symptoms.

PTS: 1 CON: Perfusion

6. ANS: 3

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the nursing care of the child with a cardiovascular disorder.

Chapter page reference: 549-550

Heading: Electrical System of the Heart

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Perfusion

Difficulty: Easy

	Feedback
1	Atrial flutter produces tachycardia, not bradycardia.
2	Atrial fibrillation produces tachycardia, not bradycardia.
3	Junctional rhythms produce bradycardia; therefore, the nurse should review these prior to the teaching session.
4	Bundle branch block does not produce bradycardia.

PTS: 1 CON: Perfusion

7. ANS: 2

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the nursing care of the child with a cardiovascular disorder.

Chapter page reference: 551-553

Heading: General Nursing Care of the Child With a Cardiac Condition

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Perfusion

Difficulty: Moderate

	Feedback
<b>1</b>	This statement is not appropriate when providing care to a school-aged patient who is scheduled for a cardiac catheterization.
<b>2</b>	Monitoring vital signs pre- and postprocedure is appropriate when providing care to a school-age patient who is scheduled for a cardiac catheterization.
<b>3</b>	This statement is not appropriate when providing care to a school-aged patient who is scheduled for a cardiac catheterization.
<b>4</b>	This statement is not appropriate when providing care to a school-aged patient who is scheduled for a cardiac catheterization.

PTS: 1 CON: Perfusion

8. ANS: 3

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Identify culturally significant issues related to children with cardiac conditions.

Chapter page reference: 551-553

Heading: General Nursing Care of the Child With a Cardiac Condition

Integrated processes: Clinical Problem-Solving Process

Client need: Psychosocial Integrity

Cognitive level: Application [Applying]

Concept: Diversity

Difficulty: Difficult

	Feedback
<b>1</b>	Refusing pain medications containing opioids may be anticipated for Islamic Muslim, not Hispanic, patients.
<b>2</b>	The initiation of polite and modest interactions with providers is anticipated for Chinese, not Hispanic, families.
<b>3</b>	A Hispanic family may believe that a congenital heart defect is the result of wrongdoing.
<b>4</b>	A Hindu, not a Hispanic, family may request extra time for rituals.

PTS: 1 CON: Diversity

9. ANS: 4

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the nursing care of the child with a cardiovascular disorder.

Chapter page reference: 551-553

Heading: General Nursing Care of the Child With a Cardiac Condition

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Perfusion

Difficulty: Easy

Feedback	
<b>1</b>	Capillary refill greater than 3 seconds indicates compromised peripheral perfusion.
<b>2</b>	Decreased sensation with a weakened dorsalis pedis pulse indicates compromised peripheral perfusion.
<b>3</b>	Although a palpable pedis pulse indicates adequate peripheral perfusion, a weak posterior tibial pulse indicates compromised perfusion.
<b>4</b>	Warm lower extremities and brisk capillary refill indicate adequate peripheral perfusion.

PTS: 1 CON: Perfusion

10. ANS: 2

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the educational needs of a child with a cardiac disorder and his or her family using a developmentally appropriate approach.

Chapter page reference: 551-553

Heading: General Nursing Care of the Child With a Cardiac Condition

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Perfusion

Difficulty: Moderate

Feedback	
<b>1</b>	A child with a cardiac defect that is not immediately corrected is at risk for developing congestive heart failure.
<b>2</b>	It is important that the parents encourage activities that will foster growth and development.
<b>3</b>	Antipyretics should be administered to treat fever; however, aspirin should be avoided because of the risk for Reye's syndrome.
<b>4</b>	A low-grade fever is not anticipated for a child with a cardiac defect prior to corrective surgery.

PTS: 1 CON: Perfusion

11. ANS: 4

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the nursing care of the child with a cardiovascular disorder.

Chapter page reference: 557-558

Heading: Interventions for CHF

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation  
Cognitive level: Application [Applying]  
Concept: Perfusion  
Difficulty: Moderate

	Feedback
1	An infant with CHF often requires fluid restriction appropriate for his or her age.
2	The infant's respirations should be monitored continuously, not just during activity.
3	The infant with CHF should be provided smaller and more frequent feedings to conserve energy.
4	The infant diagnosed with CHF should have activities that are organized to allow for uninterrupted sleep.

PTS: 1 CON: Perfusion

12. ANS: 3

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe how to safely administer cardiac medications to a child, including the correct steps to administer medications, the evaluation of medication effects, and appropriate patient and/or parent teaching.

Chapter page reference: 557-558

Heading: Interventions for CHF

Integrated processes: Teaching and Learning

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Application [Applying]

Concept: Medication

Difficulty: Moderate

	Feedback
1	Ataxia is not a clinical manifestation associated with digoxin toxicity.
2	Tinnitus is not a clinical manifestation associated with digoxin toxicity.
3	Bradycardia is a clinical manifestation associated with digoxin toxicity.
4	Hypotension is not a clinical manifestation associated with digoxin toxicity.

PTS: 1 CON: Medication

13. ANS: 4

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe how to safely administer cardiac medications to a child, including the correct steps to administer medications, the evaluation of medication effects, and appropriate patient and/or parent teaching.

Chapter page reference: 560

Heading: Subacute Bacterial Endocarditis

Integrated processes: Teaching and Learning

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Application [Applying]

Concept: Medication

Difficulty: Moderate

	Feedback
1	A pediatric patient recovering from SBE should receive routine immunizations.
2	A pediatric patient recovering from SBE should be allowed to participate in age-appropriate play activities.
3	A pediatric patient recovering from SBE is not expected to experience a fever for several weeks following the initial infection.
4	A pediatric patient recovering from SBE requires prophylactic antibiotic administration prior to dental, oral, and upper respiratory tract procedures.

PTS: 1 CON: Medication

14. ANS: 2

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe how to safely administer cardiac medications to a child, including the correct steps to administer medications, the evaluation of medication effects, and appropriate patient and/or parent teaching.

Chapter page reference: 557-558

Heading: Nursing Considerations for CHF

Integrated processes: Teaching and Learning

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Analysis [Analyzing]

Concept: Medication

Difficulty: Difficult

	Feedback
1	Cyclosporin A is not used to treat infections after a heart transplant.
2	Cyclosporin A is prescribed to prevent rejection after a heart transplant.
3	Cyclosporin A is not used to treat hypertension after a heart transplant.
4	Cyclosporin A is not used to treat high cholesterol after a heart transplant.

PTS: 1 CON: Medication

15. ANS: 2

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe nursing observations and assessments of the child who presents with a potential cardiac disorder.

Chapter page reference: 557

Heading: Assessment of CHF

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Perfusion

Difficulty: Easy

	Feedback
1	Bradycardia is not an expected clinical manifestation for a pediatric patient who is admitted with CHF.
2	Tachycardia is a hallmark clinical manifestation for a pediatric patient diagnosed with CHF.
3	Weight loss is not an expected clinical manifestation for a pediatric patient who is admitted with CHF.
4	Hypertension is not an expected clinical manifestation for a pediatric patient who is admitted with CHF.

PTS: 1 CON: Perfusion

16. ANS: 3

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the nursing care of the child with a cardiovascular disorder.

Chapter page reference: 558-559

Heading: Interventions for Rheumatic Fever

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

	Feedback
1	The nurse does not expect an order for a throat culture for a child who is admitted to the hospital with suspected rheumatic fever.
2	The nurse does not expect an order for C-reactive protein for a child who is admitted to the hospital with suspected rheumatic fever.
3	An ASO titer is anticipated when providing care to a child admitted to the hospital with suspected rheumatic fever.
4	The nurse does not expect an order for an ESR for a child who is admitted to the hospital with suspected rheumatic fever.

PTS: 1 CON: Infection

## MULTIPLE RESPONSE

17. ANS: 1, 2, 3, 4

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the educational needs of a child with a cardiac disorder and his or her family using a developmentally appropriate approach.

Chapter page reference: 555

Heading: Tetralogy of Fallot

Integrated processes: Teaching and Learning  
Client need: Physiological Adaptation  
Cognitive level: Comprehension [Understanding]  
Concept: Perfusion  
Difficulty: Easy

	Feedback
1.	This is correct. An overriding aorta is one of the defects associated with the diagnosis of tetralogy of Fallot.
2.	This is correct. A ventral septal defect is one of the defects associated with the diagnosis of tetralogy of Fallot.
3.	This is correct. A hypertrophic right ventricle is one of the defects associated with the diagnosis of tetralogy of Fallot.
4.	This is correct. A pulmonary stenosis or atresia is one of the defects associated with the diagnosis of tetralogy of Fallot.
5.	This is incorrect. Transposition of the great vessels is not a defect associated with tetralogy of Fallot.

PTS: 1 CON: Perfusion

18. ANS: 1, 3, 5

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the nursing care of the child with a cardiovascular disorder.

Chapter page reference: 555

Heading: Tetralogy of Fallot

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Perfusion

Difficulty: Moderate

	Feedback
1.	This is correct. Oxygen administration is an appropriate nursing action for an infant who is experiencing a tet spell.
2.	This is incorrect. The nurse does not draw a serum hemoglobin for the infant who is experiencing a tet spell.
3.	This is correct. Placing the child in a knee-chest position is an appropriate nursing action for an infant who is experiencing a tet spell.
4.	This is incorrect. The nurse does not administer diphenhydramine for an infant who is experiencing a tet spell.
5.	This is correct. Morphine is administered to decrease the heart rate for an infant who is experiencing a tet spell.

PTS: 1 CON: Perfusion

19. ANS: 1, 3, 4

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe the educational needs of a child with a cardiac disorder and his or her family using a developmentally appropriate approach.

Chapter page reference: 549

Heading: Table 33-1

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Perfusion

Difficulty: Easy

	Feedback
1.	This is correct. The anticipated range for the pulse of a 7-year-old child is 60 to 95 beats per minute.
2.	This is incorrect. This is the anticipated range for the pulse of a child who is 3 to 6 years of age.
3.	This is correct. The anticipated systolic pressure range of a 7-year-old child is 100 to 120 mm Hg.
4.	This is correct. The anticipated diastolic pressure range of a 7-year-old child is 60 to 75 mm Hg.
5.	This is incorrect. This blood pressure range is anticipated for a child who is 3 to 6 years of age.

PTS: 1

CON: Perfusion

20. ANS: 1, 2, 4

Chapter number and title: 33: Child With a Cardiac Condition

Chapter learning objective: Describe nursing observations and assessments of the child who presents with a potential cardiac disorder.

Chapter page reference: 559

Heading: Assessments of Kawasaki's Disease

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

	Feedback
1.	This is correct. Diarrhea is a clinical manifestation of Kawasaki's disease.
2.	This is correct. Joint pain is a clinical manifestation of Kawasaki's disease.
3.	This is incorrect. Thrombocytosis is not a clinical manifestation of Kawasaki's disease.
4.	This is correct. Swollen lymph nodes are a clinical manifestation of Kawasaki's disease.
5.	This is incorrect. A high fever lasting for 5 days or longer is anticipated for a child

diagnosed with Kawasaki's disease.

PTS: 1

CON: Infection

## **Chapter 34: Child With a Metabolic Condition**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which statement regarding the endocrine system is accurate?
- 1) The hypothalamus is a photosensitive gland that receives light through the optic nerve.
  - 2) The pituitary gland produces two hormones called *thyroxin* and *triiodothyronine*.
  - 3) The pancreas produces insulin and glucagon, which affect metabolism.
  - 4) The adrenal glands produce steroid sex hormones that regulate changes at puberty.
- \_\_\_\_ 2. Which clinical manifestation does the nurse anticipate when assisting with the assessment of a child diagnosed with acromegaly?
- 1) Weight loss
  - 2) Hyperglycemia
  - 3) Osteoarthritis
  - 4) Dry skin
- \_\_\_\_ 3. Which should the nurse anticipate when providing care to a pediatric patient diagnosed with diabetes insipidus (DI)?
- 1) Anuria
  - 2) Oliguria
  - 3) Dependent edema
  - 4) Uncontrolled diuresis
- \_\_\_\_ 4. Which is the priority nursing action when providing care for a school-aged child admitted to the hospital experiencing an adrenal crisis?
- 1) Administering prescribed fluids and electrolytes
  - 2) Clustering care to enhance rest
  - 3) Monitoring stool output
  - 4) Providing pain relief and tepid baths
- \_\_\_\_ 5. The nurse is providing education to a school-aged child recently diagnosed with type 1 diabetes mellitus (DM). Which item will the nurse include in the teaching plan regarding sick day management?
- 1) Holding the prescribed dose of insulin
  - 2) Monitoring blood glucose every 8 hours
  - 3) Monitoring for ketones after each void
  - 4) Encouraging exercise every 24 hours
- \_\_\_\_ 6. The nurse is providing care to a pediatric patient experiencing a hyperactive adrenal medulla. Which clinical manifestation should the nurse anticipate during the assessment process?
- 1) Hypoglycemia
  - 2) Tachypnea

- 3) Constipation
- 4) Edema

- 7. Which teaching point should the nurse include in the discharge instructions for the parents of an infant who has been diagnosed with congenital hypothyroidism and has been prescribed daily levothyroxine?
- 1) Stopping the medication as long as the child continues to grow
  - 2) Preventing hypothermia with appropriate clothing
  - 3) Changing formula because it is contraindicated with the prescribed medication
  - 4) Monitoring growth and development without any other prescribed interventions
- 8. Which prescriber prescription should the nurse anticipate when providing care to a pediatric patient diagnosed with SIADH?
- 1) Furosemide by mouth
  - 2) Insulin injections as needed
  - 3) Blood glucose monitoring as needed
  - 4) Oral fluid restriction
- 9. A 5-year-old child with a history of hypopituitarism presents with complaints of right hip and leg pain. Which prescribed medication for the diagnosis should the nurse identify as the cause for the current symptoms?
- 1) Daily growth hormone
  - 2) Insulin before meals and bedtime
  - 3) Desmopressin at bedtime
  - 4) Cortisone injections
- 10. Which clinical manifestations should the nurse anticipate when providing care to an adolescent client who presents with untreated Graves' disease?
- 1) Hyperglycemia, ketonuria, and glucosuria
  - 2) Weight gain, hirsutism, and muscle weakness
  - 3) Tachycardia, fatigue, and heat intolerance
  - 4) Dehydration, metabolic acidosis, and hypertension
- 11. The nurse is giving discharge instructions to the parents of a child whose adrenal glands have been removed because of a tumor. Which parental statement indicates the need for further education?
- 1) "I will call the doctor if my child has restlessness and confusion."
  - 2) "If my child has any gastric irritation, I will give him antacids."
  - 3) "If my child has vomiting and diarrhea, I will hold his hydrocortisone."
  - 4) "I will give my child his hydrocortisone in the morning."
- 12. An adolescent patient presents in the emergency department (ED) with confusion. The health-care provider suspects diabetic ketoacidosis (DKA). A STAT serum glucose is done, and the result is 715 mg/dL. Which clinical manifestations does the nurse anticipate upon assessment of this client?
- 1) Tachycardia, dehydration, and abdominal pain
  - 2) Sweating, photophobia, and tremors
  - 3) Dry mucous membranes, blurred vision, and weakness
  - 4) Dry skin, shallow rapid breathing, and dehydration

- \_\_\_ 13. Which action related to insulin administration should the nurse include in the teaching plan for an adolescent client who has been newly diagnosed with DM, in order to avoid the development of lipoatrophy?
- 1) Rotating injection sites
  - 2) Checking blood sugar levels at mealtime and bedtime
  - 3) Using a sliding scale for additional coverage
  - 4) Administering insulin via a pump
- \_\_\_ 14. Which sequela should the nurse include in the teaching session for a parent who does not believe in medication for the treatment of the newborn's hypothyroidism?
- 1) Heart disease
  - 2) Delayed mental processing
  - 3) Renal failure
  - 4) Thyroid storm
- \_\_\_ 15. Which assessment finding causes the nurse to question whether a preschool-aged boy diagnosed with phenylketonuria (PKU) shortly after birth is following the prescribed dietary restrictions?
- 1) The child's body has a musty odor.
  - 2) The child is a blue-eyed blond.
  - 3) The child appears sleepy and uninterested in the surroundings.
  - 4) The child has a sunburn over his entire body.
- \_\_\_ 16. Which type of nutrition should the nurse include when planning care for a newborn who is diagnosed with galactosemia?
- 1) Goat's milk formula
  - 2) Breast milk
  - 3) Cow's milk-based formula
  - 4) Lactose-free formula

### **Multiple Response**

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

- \_\_\_ 17. An endocrinologist orders a test(s) for a child to diagnose adrenal crisis. Which test(s) does the nurse anticipate on the basis of the child's diagnosis? (*Select all that apply.*)
- 1) Computed tomography (CT) scan of the brain
  - 2) White blood cell count
  - 3) Chest radiography
  - 4) Blood test to determine electrolyte levels
  - 5) Aldosterone levels
- \_\_\_ 18. A mother brings her school-aged daughter to the pediatrician. Upon hearing the daughter's symptoms, the health-care provider prescribes a test for type 1 DM. Which data collected during the nursing assessment support the diagnosis of type 1 diabetes? (*Select all that apply.*)
- 1) Polydipsia
  - 2) Polyuria

- 3) Polyphagia  
4) Enuresis  
5) Hypoglycemia
- \_\_\_ 19. The nurse is providing information to an adolescent newly diagnosed with diabetes. Which clinical manifestations of DKA should the nurse include in the teaching session? (*Select all that apply.*)  
1) Change in mental status  
2) Tachycardia  
3) Fruity breath odor  
4) Rapid, shallow respirations  
5) Abdominal pain
- \_\_\_ 20. Which assessment data for a pediatric client support the diagnosis of familial or idiopathic central DI? (*Select all that apply.*)  
1) Polyuria  
2) Polydipsia  
3) Nocturia  
4) Enuresis  
5) Constipation

## **Chapter 34: Child With a Metabolic Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 3

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Review the functions of the endocrine glands and the hormones secreted by each.

Chapter page reference: 565

Heading: Pancreas

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Knowledge [Remembering]

Concept: Metabolism

Difficulty: Easy

	Feedback
1	The hypothalamus communicates the messages of the central autonomic nervous system to the organs/glands of the endocrine system, thus working to create and maintain homeostasis throughout the body.
2	The thyroid produces two hormones called <i>thyroxin</i> (T4) and <i>triiodothyronine</i> (T3) that control growth and development.
3	As an endocrine gland, the pancreas produces both insulin and glucagon, which in turn are carried to the body through the bloodstream. These hormones are antagonistic and have opposite effects in metabolism.
4	The gonads produce several steroidal sex hormones that produce and regulate changes in the male and female bodies at puberty.

PTS: 1

CON: Metabolism

2. ANS: 3

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Analyze the effect of a metabolic disorder across the life span of a child, including alterations in growth and development.

Chapter page reference: 567

Heading: Assessments of Gigantism

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Metabolism

Difficulty: Easy

Feedback
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<b>1</b>	The child diagnosed with acromegaly is often mildly to moderately obese.
<b>2</b>	The child diagnosed with acromegaly is not expected to have hyperglycemia.
<b>3</b>	The child diagnosed with acromegaly is often diagnosed with osteoarthritis.
<b>4</b>	The child diagnosed with acromegaly often has oily skin and acne.

PTS: 1 CON: Metabolism

3. ANS: 4

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: State the conditions associated with the development of syndrome of inappropriate antidiuretic hormone (SIADH).

Chapter page reference: 566

Heading: Nursing Considerations for SIADH

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Fluid and Electrolyte Balance

Difficulty: Easy

Feedback	
<b>1</b>	Anuria is not a clinical manifestation the nurse should anticipate when providing care to a pediatric patient diagnosed with DI.
<b>2</b>	Oliguria is not a clinical manifestation the nurse should anticipate when providing care to a pediatric patient diagnosed with DI.
<b>3</b>	Dependent edema is not a clinical manifestation the nurse should anticipate when providing care to a pediatric patient diagnosed with DI.
<b>4</b>	Uncontrolled diuresis is a clinical manifestation associated with DI.

PTS: 1 CON: Fluid and Electrolyte Balance

4. ANS: 1

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Discuss the need for long-term care and follow-up for children who are diagnosed with a metabolic disorder.

Chapter page reference: 565

Heading: Adrenal

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Fluid and Electrolyte Balance

Difficulty: Difficult

Feedback	
<b>1</b>	When a child is hospitalized in an adrenal crisis, the focus of nursing care is on fluid and electrolyte replacement. The pediatric nurse must monitor closely for signs of hypovolemic shock. The nurse understands that peripheral circulation

	must be checked often (capillary refill, color, pulses, and extremity temperature).
2	Clustering care to enhance rest is not the priority nursing action.
3	Monitoring stool output is not the priority nursing action.
4	Providing pain relief and tepid baths is not the priority nursing action.

PTS: 1 CON: Fluid and Electrolyte Balance

5. ANS: 3

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Recognize the need for rapid assessment and identification of a metabolic disorder during childhood in order to provide treatment that provides appropriate support for growth, metabolism, and nutrition for child health and development.

Chapter page reference: 570

Heading: Nursing Considerations for Type 1 DM

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Metabolism

Difficulty: Moderate

Feedback	
1	The nurse should teach the family to administer the prescribed dose of insulin, not hold it.
2	Blood glucose should be monitored more frequently than every 8 hours.
3	Sick day management for a child diagnosed with type 1 DM includes monitoring for ketones with each void.
4	The child should be encouraged to rest and sleep, not exercise every 24 hours.

PTS: 1 CON: Metabolism

6. ANS: 2

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Review the functions of the endocrine glands and the hormones secreted by each.

Chapter page reference: 565

Heading: Adrenal

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Oxygenation

Difficulty: Easy

Feedback	
1	Hyperglycemia, not hypoglycemia, is anticipated for this child.
2	Tachypnea is a clinical manifestation the nurse should anticipate when providing care to this child.

<b>3</b>	Constipation is not an anticipated clinical manifestation for this child.
<b>4</b>	Edema is not an anticipated clinical manifestation for this child.

PTS: 1 CON: Oxygenation

7. ANS: 2

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Review the complications associated with hyposecretion or hypersecretion of the various endocrine glands.

Chapter page reference: 568

Heading: Interventions for Hypothyroidism

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Metabolism

Difficulty: Moderate

Feedback	
<b>1</b>	The medication must be continued for life.
<b>2</b>	The parents should be cautioned to dress the child appropriately to prevent hypothermia.
<b>3</b>	The infant formula is not contraindicated with the prescribed medication.
<b>4</b>	The child will continue to need monitoring and intervention even if growth and development are not affected.

PTS: 1 CON: Metabolism

8. ANS: 4

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: State the conditions associated with the development of syndrome of inappropriate antidiuretic hormone (SIADH).

Chapter page reference: 565

Heading: Interventions for SIADH

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Fluid and Electrolyte Balance

Difficulty: Moderate

Feedback	
<b>1</b>	An IV, not an oral, prescription for furosemide is appropriate for this child.
<b>2</b>	Insulin injections are appropriate for a child diagnosed with DM, not SIADH.
<b>3</b>	Blood glucose monitoring is anticipated for a child diagnosed with DM, not SIADH.
<b>4</b>	Oral fluid restriction is an appropriate prescription for a child who is diagnosed with SIADH.

PTS: 1 CON: Fluid and Electrolyte Balance

9. ANS: 1

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Recognize the need for rapid assessment and identification of a metabolic disorder during childhood in order to provide treatment that provides appropriate support for growth, metabolism, and nutrition for child health and development.

Chapter page reference: 564-565

Heading: Pituitary

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Comprehension [Understanding]

Concept: Metabolism

Difficulty: Easy

	Feedback
1	Growth hormone injections and hypopituitarism have been associated with slipped capital femoral epiphysis, which manifests with complaints of hip or knee pain.
2	Insulin is not used to treat hypopituitarism.
3	Desmopressin (DDAVP) reduces urinary output. It does not cause slipped capital femoral epiphysis.
4	Cortisone is not used for hypopituitarism.

PTS: 1 CON: Metabolism

10. ANS: 3

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Review the complications associated with hyposecretion or hypersecretion of the various endocrine glands.

Chapter page reference: 568

Heading: Assessments of Hyperthyroidism

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Metabolism

Difficulty: Easy

	Feedback
1	Hyperglycemia, ketonuria, and glucosuria are signs of diabetes.
2	Weight gain, hirsutism, and muscle weakness are seen in clients with Cushing disease.
3	Clinical manifestations of Graves' disease are tachycardia, fatigue, and heat intolerance, seen with hyperthyroidism.
4	Dehydration, metabolic acidosis, and hypertension are signs of congenital adrenal hyperplasia.

PTS: 1 CON: Metabolism

11. ANS: 3

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Discuss the need for long-term care and follow-up for children who are diagnosed with a metabolic disorder.

Chapter page reference: 568-569

Heading: Assessments of Cushing Syndrome

Integrated processes: Teaching and Learning

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Analysis [Analyzing]

Concept: Metabolism

Difficulty: Difficult

Feedback	
<b>1</b>	Restlessness and confusion can be signs of adrenal insufficiency, and the health-care provider needs to know these symptoms. No further instruction is needed.
<b>2</b>	Hydrocortisone can cause gastric irritation, and antacids are given between meals. No further instruction is needed.
<b>3</b>	If the child is ill and cannot take hydrocortisone by mouth, the child needs to have an injection. Failure to give hydrocortisone could lead to severe illness and cardiovascular collapse. The mother needs additional instruction.
<b>4</b>	The child should have hydrocortisone in the morning, which mimics the normal diurnal pattern of cortisol secretion. No further instruction is needed.

PTS: 1 CON: Metabolism

12. ANS: 3

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Differentiate the pathology between type 1 (insulin-dependent) diabetes mellitus and type 2 (non-insulin-dependent) diabetes mellitus.

Chapter page reference: 569-570

Heading: Type I Diabetes Mellitus

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Metabolism

Difficulty: Easy

Feedback	
<b>1</b>	Tachycardia is seen in hypoglycemia.
<b>2</b>	Sweating, photophobia, and tremors are indicative of hypoglycemia.
<b>3</b>	Dry mucous membranes, blurred vision, and weakness are seen with hyperglycemia.
<b>4</b>	Dry skin and dehydration are signs of hyperglycemia, but shallow breathing is a

sign of hypoglycemia.

PTS: 1 CON: Metabolism

13. ANS: 1

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Discuss the need for long-term care and follow-up for children who are diagnosed with a metabolic disorder.

Chapter page reference: 570

Heading: Interventions for Type 1 DM

Integrated processes: Teaching and Learning

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Application [Applying]

Concept: Metabolism

Difficulty: Moderate

Feedback	
1	Lipoatrophy is caused by using the same insulin injection site.
2	Checking blood sugar levels does not influence lipoatrophy.
3	A sliding scale does not influence lipoatrophy.
4	Insulin administration via pump does not influence lipoatrophy.

PTS: 1 CON: Metabolism

14. ANS: 2

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Discuss the need for long-term care and follow-up for children who are diagnosed with a metabolic disorder.

Chapter page reference: 567-568

Heading: Assessments of Hypothyroidism

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Metabolism

Difficulty: Moderate

Feedback	
1	If the hypothyroidism is left untreated, the child will experience bradycardia but will not develop heart disease.
2	Untreated hypothyroidism leads to delayed mental processing.
3	Untreated hypothyroidism does not lead to renal failure.
4	Thyroid storm is a complication of hyperthyroidism, not hypothyroidism.

PTS: 1 CON: Metabolism

15. ANS: 1

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Review the various inborn errors of metabolism, including the assessments, treatments, and nursing care associated with each.

Chapter page reference: 576

Heading: Types of Inborn Errors of Metabolism

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Metabolism

Difficulty: Easy

Feedback	
<b>1</b>	The odor is caused by the excretion of phenylketone by-products through the skin and indicates noncompliance with the dietary restrictions.
<b>2</b>	Although this is a characteristic of most children with PKU, it is not related to dietary intake or restrictions.
<b>3</b>	This is not a symptom of untreated PKU.
<b>4</b>	Photophobia is not associated with PKU. The child with untreated PKU has an eczematous rash.

PTS: 1 CON: Metabolism

16. ANS: 4

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Review the various inborn errors of metabolism, including the assessments, treatments, and nursing care associated with each.

Chapter page reference: 576

Heading: Types of Inborn Errors of Metabolism

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Metabolism

Difficulty: Moderate

Feedback	
<b>1</b>	Goat's milk formula contains galactose and is excluded from the newborn's diet.
<b>2</b>	Breast milk contains galactose and is excluded from the newborn's diet.
<b>3</b>	Cow's milk-based formula contains galactose and is excluded from the newborn's diet.
<b>4</b>	A lactose-free formula is the type of nutrition the nurse should include in the teaching plan for this newborn.

PTS: 1 CON: Metabolism

## MULTIPLE RESPONSE

17. ANS: 3, 4, 5

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Review the complications associated with hyposecretion or hypersecretion of the various endocrine glands.

Chapter page reference: 565

Heading: Adrenal

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Fluid and Electrolyte Balance

Difficulty: Easy

	Feedback
1.	This is incorrect. A CT scan of the abdomen, not the brain, is used for diagnosis.
2.	This is incorrect. A red blood cell, not a white blood cell, count is used to diagnose adrenal crisis.
3.	This is correct. A chest x-ray is used to diagnose adrenal crisis.
4.	This is correct. Blood tests including electrolyte levels are used to diagnose endocrine disorders.
5.	This is correct. Aldosterone levels will be monitored for proper diagnosis.

PTS: 1 CON: Fluid and Electrolyte Balance

18. ANS: 1, 2, 3, 4

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Differentiate the pathology between Type 1 (insulin-dependent) diabetes mellitus and Type 2 (non-insulin-dependent) diabetes mellitus.

Chapter page reference: 570

Heading: Assessments for Type I DM

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Metabolism

Difficulty: Easy

	Feedback
1.	This is correct. Polydipsia is a clinical manifestation for type 1 DM.
2.	This is correct. Polyuria is a clinical manifestation for type 1 DM
3.	This is correct. Polyphagia is a clinical manifestation for type 1 DM
4.	This is correct. Enuresis is a clinical manifestation for type 1 DM
5.	This is incorrect. Hyperglycemia, not hypoglycemia, is a clinical manifestation for type 1 DM.

PTS: 1 CON: Metabolism

19. ANS: 1, 3, 5

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: Recognize the need for rapid assessment and identification of a metabolic disorder during childhood in order to provide treatment that provides appropriate support for growth, metabolism, and nutrition for child health and development.

Chapter page reference: 569-570

Heading: Type 1 Diabetes Mellitus

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Metabolism

Difficulty: Moderate

	Feedback
1.	This is correct. A change in mental state can be associated with DKA.
2.	This is incorrect. Tachycardia is not a typical symptom of DKA.
3.	This is correct. A fruity breath odor is common when the client is in a state of ketoacidosis.
4.	This is incorrect. Respirations are rapid, but deep (Kussmaul breathing) in DKA.
5.	This is correct. Abdominal pain is commonly seen with DKA.

PTS: 1 CON: Metabolism

20. ANS: 3, 4, 5

Chapter number and title: 34: Child With a Metabolic Condition

Chapter learning objective: State the conditions associated with the development of syndrome of inappropriate antidiuretic hormone (SIADH).

Chapter page reference: 566

Heading: Syndrome of Inappropriate Antidiuretic Hormone (SIADH)

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Fluid and Electrolyte Balance

Difficulty: Easy

	Feedback
1.	This is incorrect. Polyuria is not a clinical manifestation associated with familial or idiopathic central DI.
2.	This is incorrect. Polydipsia is not a clinical manifestation associated with familial or idiopathic central DI.
3.	This is correct. Nocturia is a clinical manifestation associated with familial or idiopathic central DI.
4.	This is correct. Enuresis a clinical manifestation associated with familial or idiopathic central DI.
5.	This is correct. Constipation a clinical manifestation associated with familial or idiopathic central DI.

PTS: 1

CON: Fluid and Electrolyte Balance

## **Chapter 35: Child With a Musculoskeletal Condition**

### **Multiple Choice**

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

- \_\_\_ 1. Which bone is a common location for musculoskeletal disorders during childhood?
- 1) Flat
  - 2) Long
  - 3) Short
  - 4) Irregular
- \_\_\_ 2. To prevent rickets, which calcium requirement should the nurse include in a teaching session for the parents of a later school-aged child?
- 1) 500 mg
  - 2) 800 mg
  - 3) 1300 mg
  - 4) 1500 mg
- \_\_\_ 3. Which imaging test should the nurse anticipate for a patient whose provider wants to visualize hard and soft tissue along with bone marrow, without the use of radiation?
- 1) Bone scan
  - 2) Fluoroscopy
  - 3) Computed tomography
  - 4) Magnetic resonance imaging
- \_\_\_ 4. The nurse is assisting in the assessment process for a school-aged patient who reports groin pain all week. When assessing the right hip, the nurse finds that the hip does not fully rotate internally, and abduction is limited. On the basis of these data, which condition might the nurse suspect?
- 1) Osgood-Schlatter disease
  - 2) Left hip and femur fracture
  - 3) Legg-Calvé-Perthes disease
  - 4) Slipped capital femoral epiphysis
- \_\_\_ 5. Which nursing action is appropriate when providing care for a child who is in a spica cast to decrease the risk for cast syndrome?
- 1) Discouraging frequent repositioning
  - 2) Encouraging increased fluids and dietary fiber
  - 3) Drying the cast using a hair dryer
  - 4) Telling the parents the cast can be immersed in water
- \_\_\_ 6. Which parental statement indicates correct understanding regarding a type IV fracture of the femur?
- 1) “The break will not affect my child’s growth and long-term development.”
  - 2) “The break requires open reduction and internal fixation.”
  - 3) “The break results in premature closure of the epiphyseal plate.”
  - 4) “The break will not impact my child’s circulation.”

- \_\_\_ 7. Which information should the nurse include in a teaching session for the parents of a child with a leg cast?
- 1) Apply warm compresses to the leg for the first 24 hours after the injury.
  - 2) Provide a well-balanced diet consisting mostly of carbohydrates.
  - 3) Elevate the casted extremity on pillows for at least the first 24 hours.
  - 4) Apply cold packs to the leg 24 hours after the injury.
- \_\_\_ 8. Which data does the licensed practical nurse (LPN) report to the charge nurse for an infant suspected of having unilateral congenital hip dysplasia?
- 1) Lordosis
  - 2) Trendelenburg sign
  - 3) Telescoping of the affected limb
  - 4) Asymmetry of the gluteal and thigh fat folds
- \_\_\_ 9. Which parental statement causes the nurse to include further education related to the care of a child who is diagnosed with congenital clubfoot?
- 1) "We'll keep the casts dry."
  - 2) "We're happy this is the only cast our baby will need."
  - 3) "We're getting a special car seat to accommodate the casts."
  - 4) "We'll watch for any swelling of the feet while the casts are on."
- \_\_\_ 10. Which assessment finding requires an immediate nursing action when providing care to an adolescent who is postoperative for spinal fusion surgery?
- 1) Sleeps when not bothered but arouses easily with stimuli
  - 2) Impaired color, sensitivity, and movement of lower extremities
  - 3) Nausea relieved by antiemetics
  - 4) Pain relieved by analgesics
- \_\_\_ 11. The nurse is providing care to a child who is diagnosed with Legg-Calvé-Perthes disease. Which parental statement regarding the child's care indicates correct understanding of the information provided?
- 1) "We're glad this will take only about 6 weeks to correct."
  - 2) "We understand adduction of the affected leg is important."
  - 3) "We know that surgical correction is the only medical intervention needed."
  - 4) "We will encourage our child to swim in the pool for exercise."
- \_\_\_ 12. Which topic is the priority for the nurse who is teaching the family of an infant diagnosed with osteogenesis imperfecta?
- 1) Cast care
  - 2) Traction care
  - 3) Postoperative spinal surgery care
  - 4) Trunk and extremity support during everyday care
- \_\_\_ 13. Which should the nurse include in a teaching session for the parents of an infant who will be placed in a Pavlik harness for the treatment of congenital developmental dysplasia?
- 1) Apply lotion or powder to minimize skin irritation.
  - 2) Check at least two or three times a day for red areas under the straps.

- 3) Put clothing over the harness for maximum effectiveness of the device.
- 4) Place a diaper over the harness, preferably a thin, superabsorbent, disposable diaper.
- \_\_\_ 14. Which action by the nurse is appropriate for a child who presents in the emergency department with an ankle injury?
- 1) Avoiding compression of the area to allow tissue swelling as necessary
  - 2) Performing passive range of motion (ROM) to the extremity
  - 3) Lowering the extremity below the level of the heart
  - 4) Applying ice to the extremity
- \_\_\_ 15. Which assessment finding for a toddler-aged child in balanced Bryant traction for a fractured right femur requires immediate action by the nurse?
- 1) The child keeps trying to turn and lie on his belly.
  - 2) The ropes are unequal in length.
  - 3) The child's buttocks are resting on the bed.
  - 4) The compression bandage wrapping the legs is wrinkled.
- \_\_\_ 16. Which data obtained by the nurse during the health history portion of the assessment process support the current diagnosis of Duchenne muscular dystrophy (MD) for an 18-month-old child?
- 1) The child was postmature by almost 2 weeks.
  - 2) The child seems very muscular.
  - 3) The child walked early and without support at 10 months.
  - 4) The child's older sister developed scoliosis in the fourth grade.

### **Multiple Response**

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

- \_\_\_ 17. The nurse performs a neuromuscular assessment of a child who is in Russell's traction. Which assessment findings indicate the need for further intervention? (*Select all that apply.*)
- 1) A pain rating of 6 on an age-appropriate numeric pain rating scale
  - 2) The child feels the distal part of the extremity when touched by the nurse.
  - 3) The child does not have a significant amount of edema in the extremity.
  - 4) The child has a capillary refill time of more than 3 seconds.
  - 5) The child's toes are cold and appear dusky.
- \_\_\_ 18. Which clinical manifestations should the nurse monitor for when conducting a scoliosis screening for a school-aged child? (*Select all that apply.*)
- 1) Lordosis
  - 2) Prominent scapula
  - 3) Pain
  - 4) A one-sided rib hump
  - 5) Uneven shoulders and hips
- \_\_\_ 19. Which clinical data noted by the nurse during the shift assessment indicate the pediatric client may be experiencing compartment syndrome? (*Select all that apply.*)

- 1)** Pink, warm extremity
- 2)** Dorsalis pedis pulse present
- 3)** Prolonged capillary refill time
- 4)** Pain not relieved by pain medication
- 5)** Paresthesia of the leg

- \_\_\_\_\_ 20. Which interventions should the nurse include in the plan of care for an adolescent patient who is on complete bedrest after spinal fusion surgery secondary to scoliosis to prevent complications associated with immobility? (*Select all that apply.*)
- 1)** Encouraging use of the spirometer every 2 hours while the patient is awake
  - 2)** Log rolling the patient every 2 hours while awake
  - 3)** Increasing intake of milk to maintain bone calcium
  - 4)** Increasing fruit and grains in the diet
  - 5)** Limiting fluid intake to reduce the need to void

## **Chapter 35: Child With a Musculoskeletal Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 580

Heading: Bones

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Knowledge [Remembering]

Concept: Development

Difficulty: Easy

	Feedback
1	Flat bones are located in the skull, scapulae, ribs, sternum, and clavicle.
2	Bones are classified by their size and shape. Long bones are found in the extremities. These include the fingers and toes. Most childhood disorders are located in the long bones.
3	Short bones are located in the ankle and wrist.
4	Irregular bones are the vertebrae, pelvis, and facial bones.

PTS: 1

CON: Development

2. ANS: 3

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Differentiate the laboratory values that are used to identify and monitor disease progression for a child with a musculoskeletal disorder.

Chapter page reference: 581

Heading: Table 35-1 Daily Nutrients for Bone Health During Childhood

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

	Feedback
1	The calcium requirement for an infant, not a later school-aged child, is 500 mg.
2	The calcium requirement for a preschool-aged, not a later school-aged, child is 800 mg.
3	The calcium requirement for a later school-aged child is 1300 mg.

<b>4</b>	The calcium requirement for an early school-aged, not a later school-aged, child is up to 1500 mg.
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PTS: 1 CON: Nutrition

3. ANS: 4

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Critique holistic assessments conducted to rule out a musculoskeletal disorder in childhood.

Chapter page reference: 583-584

Heading: General Assessments for Musculoskeletal Deviations

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
<b>1</b>	Bone scans are excellent at finding changes in bone as a result of infection, trauma, or tumor.
<b>2</b>	Fluoroscopy is real-time radiography that guides many orthopedic procedures.
<b>3</b>	Computed tomography shows a three-dimensional and cross-sectional view of anatomy that is clearer than x-rays (uses contrast).
<b>4</b>	Magnetic resonance imaging (MRI) visualizes hard and soft tissue and bone marrow without using radiation.

PTS: 1 CON: Assessment

4. ANS: 4

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 591-592

Heading: Assessments for Slipped Capital Femoral Epiphysis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Mobility

Difficulty: Easy

	Feedback
<b>1</b>	These symptoms do not support the diagnosis of Osgood-Schlatter disease.
<b>2</b>	These symptoms do not support the diagnosis of a left hip and femur fracture.
<b>3</b>	These symptoms do not support the diagnosis of Legg-Calvé-Perthes disease.
<b>4</b>	Pain in the groin or referred to the thigh or knee is the child's primary presenting complaint with slipped capital femoral epiphysis. Acute slip symptoms are

present for less than 3 weeks. Chronic slip symptoms are present for weeks or even months. Along with the expressed symptoms, the hip does not fully rotate internally, and abduction is limited. The affected leg may be shorter if the child has a moderate or severe slip.

PTS: 1 CON: Mobility

5. ANS: 2

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Describe the various bone fractures potentially experienced in childhood and the associated traction and/or therapy used for each.

Chapter page reference: 584-586

Heading: Casts

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Mobility

Difficulty: Moderate

	Feedback
1	The child should be repositioned often to decrease the risk for cast syndrome.
2	Cast syndrome can be prevented by three nursing interventions: frequent repositioning, fluids, and increased fiber in the child's diet.
3	After the cast is applied, the nurse can facilitate drying of the cast by leaving the cast open to air. A hair dryer should never be used to facilitate drying.
4	The cast should not be immersed in water.

PTS: 1 CON: Mobility

6. ANS: 2

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Describe the various bone fractures potentially experienced in childhood and the associated traction and/or therapy used for each.

Chapter page reference: 582

Heading: Fractures

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Mobility

Difficulty: Difficult

	Feedback
1	Growth disturbance can be prevented in this type of fracture through reduction and/or internal fixation.
2	A type IV fracture is a fracture through the epiphysis into the joint and the metaphysis that requires open reduction and internal fixation.

<b>3</b>	Type V fractures result in premature closing of the epiphyseal plate, with growth arrest occurring.
<b>4</b>	Circulation remains intact with type II fractures.

PTS: 1 CON: Mobility

7. ANS: 3

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Describe the various bone fractures potentially experienced in childhood and the associated traction and/or therapy used for each.

Chapter page reference: 584-586

Heading: Casts

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Mobility

Difficulty: Moderate

Feedback	
<b>1</b>	Apply cold, not warm, packs to the leg for the first 24 hours after the injury.
<b>2</b>	Nutrition can be addressed by providing a well-balanced diet with protein, calcium, and iron.
<b>3</b>	The casted extremity should be elevated for at least the first 24 hours.
<b>4</b>	Cold packs should be applied only for the first 24 hours postinjury.

PTS: 1 CON: Mobility

8. ANS: 4

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 591

Heading: Nursing Considerations for Congenital Hip Dysplasia or Dislocation

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Mobility

Difficulty: Moderate

Feedback	
<b>1</b>	Lordosis does not occur with hip dysplasia.
<b>2</b>	Trendelenburg sign is present in an older child with congenital hip dysplasia.
<b>3</b>	Telescoping of the affected limb is a sign that is present in an older child with congenital hip dysplasia.
<b>4</b>	A sign of congenital hip dysplasia in the infant is asymmetry of the gluteal and thigh fat folds.

PTS: 1 CON: Mobility

9. ANS: 2

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 590

Heading: Nursing Considerations for Clubfoot

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Mobility

Difficulty: Difficult

	Feedback
1	Keeping the casts dry is important to prevent complications.
2	Serial casting is the treatment of choice for congenital clubfoot. The cast is changed every 1 to 2 weeks until the corrected foot position is achieved.
3	Using a car seat is the law. Special car seats to accommodate the casts are available and should be utilized.
4	Parents should be watching for swelling while the casts are on.

PTS: 1 CON: Mobility

10. ANS: 2

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 592-593

Heading: Interventions for Scoliosis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Mobility

Difficulty: Moderate

	Feedback
1	This is a normal response postanesthesia.
2	When the spinal column is manipulated, there is a risk for impaired color, sensitivity, and movement of the lower extremities.
3	Nausea in the postoperative period is not uncommon, but it is not the priority at this time.
4	Pain is a common finding in the postoperative period and should be addressed, but impaired color, sensitivity, and movement of the lower extremities is the priority at this time.

PTS: 1 CON: Mobility

11. ANS: 4

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 591

Heading: Nursing Considerations for Legg-Calvé-Perthes Disease

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Mobility

Difficulty: Difficult

	Feedback
1	The treatment for Legg-Calvé-Perthes disease takes approximately 2 years.
2	The leg should be kept in the abducted, not adducted, position to prevent damage to the head of the femur due to Legg-Calvé-Perthes disease.
3	Treatment for this disease process involves serial bracing along with the possibility of surgical correction. This statement indicates the need for further education.
4	Swimming is a good activity to increase mobility in a child with Legg-Calvé-Perthes disease.

PTS: 1 CON: Mobility

12. ANS: 4

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Describe nursing care of a child with a musculoskeletal disorder related to the developmental stage the child is in.

Chapter page reference: 593

Heading: Nursing Considerations for Osteogenesis Imperfecta

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Mobility

Difficulty: Moderate

	Feedback
1	Traction, casts, and spinal surgery are not routinely done for osteogenesis imperfecta.
2	Traction, casts, and spinal surgery are not routinely done for osteogenesis imperfecta.
3	Traction, casts, and spinal surgery are not routinely done for osteogenesis imperfecta.

<b>4</b>	With osteogenesis imperfecta, nursing care focuses on preventing fractures. Because the bones are fragile, the entire body must be supported when the child is moved.
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PTS: 1 CON: Mobility

13. ANS: 2

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 591

Heading: Interventions for Congenital Hip Dysplasia or Dislocation

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Mobility

Difficulty: Moderate

Feedback	
<b>1</b>	Lotion or powder can contribute to skin breakdown and should not be used.
<b>2</b>	The skin underneath the straps of the brace should be checked two or three times a day for red areas, which might indicate skin breakdown.
<b>3</b>	A light layer of clothing should be worn under the brace to assist in preventing skin breakdown, not over the brace.
<b>4</b>	The diaper should be placed under the brace, along with a light layer of clothing.

PTS: 1 CON: Mobility

14. ANS: 4

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Describe the various bone fractures potentially experienced in childhood and the associated traction and/or therapy used for each.

Chapter page reference: 581-582

Heading: Soft Tissue Injuries

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Mobility

Difficulty: Moderate

Feedback	
<b>1</b>	Compression is encouraged, not avoided.
<b>2</b>	Passive ROM exercises are not appropriate and will increase the patient's pain.
<b>3</b>	The extremity should be elevated.
<b>4</b>	For the first 24 hours for a sprain, rest, ice, compression, and elevation (RICE) should be followed. Therefore, the nurse should apply ice to the extremity.

PTS: 1 CON: Mobility

15. ANS: 3

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Describe safety imperatives while caring for a child in traction.

Chapter page reference: 587-588

Heading: Types of Traction

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Mobility

Difficulty: Difficult

	Feedback
1	This child needs a jacket restraint to maintain appropriate positioning if someone cannot stay with him. It does not require notifying the surgeon.
2	In balanced traction, the ropes and pulleys determine the traction, and the length of the rope is unimportant.
3	In order to provide adequate countertraction, the buttocks should be slightly elevated off the bed. The surgeon should be notified.
4	This is not a significant finding.

PTS: 1 CON: Mobility

16. ANS: 2

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 594-595

Heading: Assessments of Duchenne Muscular Dystrophy

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Mobility

Difficulty: Easy

	Feedback
1	Postmaturity is not related to Duchenne MD.
2	Duchenne MD is also called <i>pseudohypertrophic</i> because of the enlarged appearance of the muscles. The pathophysiology is infiltration of the muscle fibers with fatty tissue.
3	This finding is not indicative of Duchenne MD.
4	The older sister's scoliosis is not related to MD. Duchenne MD is sex-linked recessive and affects only boys.

PTS: 1

CON: Mobility

## MULTIPLE RESPONSE

17. ANS: 1, 4, 5

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Discuss the principles behind traction and the psycho-social-biological needs of a child who is required to undergo a period of time in traction.

Chapter page reference: 587-588

Heading: Types of Traction

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Mobility

Difficulty: Easy

	Feedback
1.	This is correct. A child in traction who is experiencing pain rated 6 on an age-appropriate numerical scale, delayed capillary refill, and poor circulation indicated by a cool and dusky extremity requires further intervention.
2.	This is incorrect. This is an expected finding and does not require further intervention by the nurse.
3.	This is incorrect. This is an expected finding and does not require further intervention by the nurse.
4.	This is correct. A child in traction who is experiencing pain rated 6 on an age-appropriate numerical scale, delayed capillary refill, and poor circulation indicated by a cool and dusky extremity requires further intervention.
5.	This is correct. A child in traction who is experiencing pain rated 6 on an age-appropriate numerical scale, delayed capillary refill, and poor circulation indicated by a cool and dusky extremity requires further intervention.

PTS: 1

CON: Mobility

18. ANS: 2, 4, 5

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Analyze various childhood disease processes of the musculoskeletal system such as congenital clubfoot, juvenile rheumatoid arthritis, scoliosis, and muscular dystrophy.

Chapter page reference: 592-593

Heading: Assessments of Scoliosis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
1.	This is incorrect. Lordosis is not present with scoliosis.
2.	This is correct. The classic signs of scoliosis include uneven shoulders and hips, a one-sided rib hump, and prominent scapula.
3.	This is incorrect. Pain generally is not present with scoliosis unless it is severe.
4.	This is correct. The classic signs of scoliosis include uneven shoulders and hips, a one-sided rib hump, and prominent scapula.
5.	This is correct. The classic signs of scoliosis include uneven shoulders and hips, a one-sided rib hump, and prominent scapula.

PTS: 1 CON: Assessment

19. ANS: 3, 4, 5

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Describe the various bone fractures potentially experienced in childhood and the associated traction and/or therapy used for each.

Chapter page reference: 584-586

Heading: Casts

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Mobility

Difficulty: Easy

	Feedback
1.	This is incorrect. Pink, warm extremity is a normal finding post-fracture reduction.
2.	This is incorrect. A present dorsalis pedis pulse is a normal finding post-fracture reduction.
3.	This is correct. A prolonged capillary refill time is a sign of compartment syndrome.
4.	This is correct. A prolonged capillary refill time with loss of paresthesia and pain not relieved by medication are signs of compartment syndrome.
5.	This is correct. Paresthesia is tingling and numbness of the affected extremity and is a sign of compartment syndrome.

PTS: 1 CON: Mobility

20. ANS: 1, 2, 4

Chapter number and title: 35: Child With a Musculoskeletal Condition

Chapter learning objective: Describe nursing care of a child with a musculoskeletal disorder related to the developmental stage the child is in.

Chapter page reference: 593

Heading: Nursing Considerations for Scoliosis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Mobility

Difficulty: Moderate

	Feedback
1.	This is correct. Respiratory complications are a common complication of immobility.
2.	This is correct. Turning the client frequently reduces pressure on bony prominences.
3.	This is incorrect. Calcium is pulled from the bones because of immobility. Adding additional calcium in the form of milk increases the risk of kidney stones.
4.	This is correct. Fruit and grains provide extra fiber to reduce the risk of complications.
5.	This is incorrect. Fluid intake should be increased to “flush” the kidneys.

PTS: 1

CON: Mobility

## **Chapter 36: Child With a Gastrointestinal Condition**

### **Multiple Choice**

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

- \_\_\_ 1. A nurse educator teaches her students about the anatomy of the gastrointestinal system. Which description about the functions of these organs might be discussed?
- 1) Digestion begins in the lower portion of the gastrointestinal (ascending and descending colon) system.
  - 2) The upper portion of the gastrointestinal system (mouth and esophagus) is responsible for nutrient intake or ingestion.
  - 3) The small intestine transports food to the stomach by the process of peristalsis.
  - 4) The large intestine does the main work of absorption through a system of villi and folds.
- \_\_\_ 2. The pediatric nurse understands how each developmental stage contributes to the promotion of the health of the child. Which is a normal developmental attribute of the digestive system of the infant?
- 1) The infant has a built-in safeguard to prevent choking while swallowing and sucking.
  - 2) The passage from mouth to pharynx is larger to allow more liquid to be swallowed.
  - 3) The infant's stomach usually empties in 5 to 6 hours, necessitating frequent feedings.
  - 4) The liver and pancreas are not mature until 12 months, which limits solid food intake.
- \_\_\_ 3. The pediatric nurse examines a 14-month-old patient for bowel sounds. Which assessment finding is typical for this stage of development?
- 1) Bowel sounds occur normally every 20 to 25 seconds.
  - 2) Bruits are normally heard upon auscultation.
  - 3) Hypoactive bowel sounds may indicate excessive activity is present.
  - 4) Hyperactive bowel sounds mean rapid movement through the intestines.
- \_\_\_ 4. The pediatric nurse examines a 5-week-old infant who has been observed having projectile, nonbilious vomiting. Upon palpation, the nurse feels an olive-shaped mass in the midepigastrium. On the basis of these data, which condition does the nurse suspect?
- 1) Rectal atresia
  - 2) Hypertrophic pyloric stenosis
  - 3) Intussusception
  - 4) Malrotation of the intestine
- \_\_\_ 5. An adolescent who is brought to the emergency department (ED) by his parents has the following symptoms: perumbilical pain that peaks at 4-hour intervals followed by right lower quadrant pain, which is followed by vomiting. On the basis of these data, which condition does the nurse suspect?
- 1) Meckel's diverticulum
  - 2) Omphalitis
  - 3) Appendicitis

- 4) Ulcerative colitis
- \_\_\_ 6. A pediatric nurse examines the abdomen of a preschool-aged child brought to the doctor's office by the grandmother because of vomiting over the last several days. Upon inspection, the nurse observes that the child's stomach is distended. On the basis of these data, which condition does the nurse suspect?
- 1) Intestinal obstruction
  - 2) Kidney failure
  - 3) Displaced abdominal organs
  - 4) Omphalitis
- \_\_\_ 7. A pediatric nurse discusses with the parents medications prescribed for a school-aged child who is diagnosed with Crohn's disease. Which are usual pharmacological options for treatment?
- 1) Antidiarrheal drugs
  - 2) Antianxiety drugs
  - 3) Diuretic drugs
  - 4) Cardiac drugs
- \_\_\_ 8. The pediatric nurse is interpreting laboratory values for a patient suspected of having ulcerative colitis. Which finding does the nurse anticipate on the basis of the diagnosis?
- 1) Microcytic anemia
  - 2) Decreased sedimentation rate
  - 3) Decreased white blood cell count
  - 4) Protein in the urine
- \_\_\_ 9. The nurse is preparing to discharge a child diagnosed with Hirschsprung's disease from the hospital. Which topic is appropriate for the nurse to include in the discharge teaching with the child's parents?
- 1) The foods to avoid because of increased risk for allergic reactions
  - 2) The importance of eliminating dairy products
  - 3) The care required for a temporary colostomy
  - 4) Home administration of total parental nutrition (TPN) and lipids
- \_\_\_ 10. The nurse is providing care to a pediatric client diagnosed with inflammatory bowel disease who is prescribed daily prednisone. Which parental statement regarding administration of this drug indicates correct understanding of the teaching provided by the nurse?
- 1) "I will administer this medication between meals."
  - 2) "I will administer this medication at bedtime."
  - 3) "I will administer this medication 1 hour before meals."
  - 4) "I will administer this medication with meals."
- \_\_\_ 11. Which assessment data cause the nurse to suspect that a 3-year-old child has Hirschsprung's disease?
- 1) Clay-colored stools and dark urine
  - 2) History of early passage of meconium in the newborn period
  - 3) History of chronic, progressive constipation and failure to gain weight
  - 4) Continual bouts of foul-smelling diarrhea

- \_\_\_\_ 12. An adolescent client reports recurrent abdominal pain with diarrhea and bloody stools. Which type of inflammatory bowel disease does the nurse suspect on the basis of these data?
- 1) Necrotizing enterocolitis (NEC)
  - 2) Ulcerative colitis (UC)
  - 3) Crohn's disease
  - 4) Appendicitis
- \_\_\_\_ 13. The nurse is assessing abdominal girth for a pediatric client who presents with vomiting. Which nursing action is appropriate?
- 1) Measuring the girth just below the umbilicus
  - 2) Measuring the girth just below the sternum
  - 3) Measuring the girth just above the pubic bone
  - 4) Measuring the girth around the portion of the stomach
- \_\_\_\_ 14. A newborn diagnosed with an omphalocele defect is admitted to the intensive care nursery. Which nursing action is appropriate on the basis of the current data?
- 1) Placing the newborn on a radiant warmer
  - 2) Placing the newborn in an open crib
  - 3) Preparing the newborn for phototherapy
  - 4) Preparing the newborn for a bottle feeding
- \_\_\_\_ 15. Which parental statement at the end of a teaching session by the nurse indicates correct understanding of colostomy stoma care for the infant client?
- 1) "We will change the colostomy bag with each wet diaper."
  - 2) "We will expect a moderate amount of bleeding after cleansing the area around the stoma."
  - 3) "We will watch for skin irritation around the stoma."
  - 4) "We will use adhesive enhancers when we change the bag."
- \_\_\_\_ 16. Which parental action observed during a home-care visit for an infant diagnosed with gastroesophageal reflux requires intervention by the nurse?
- 1) The infant's formula has rice cereal added.
  - 2) The mother holds the infant in a high Fowler position while feeding.
  - 3) After feeding, the infant is placed in a car seat.
  - 4) The mother draws up the ranitidine (Zantac) in a syringe for oral administration.

#### **Multiple Response**

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

- \_\_\_\_ 17. A neonate is born with a bilateral cleft lip that was not detected during the pregnancy. The parents are distressed about the appearance of their infant. Which nursing actions are appropriate to assist the parents in bonding with their newborn? (*Select all that apply.*)
- 1) Calling the newborn by the chosen name
  - 2) Keeping the newborn's lower face covered with a blanket
  - 3) Smiling and talking to the newborn in the parents' presence
  - 4) Showing the parents before and after pictures of other children with cleft lips

- 5) Discussing positive features of the baby
- \_\_\_ 18. Which statements made by the adolescent following dietary teaching for Crohn's disease indicate correct understanding of the content presented by the nurse? (*Select all that apply.*)
- 1) "I can promote solid stools by increasing fiber in my diet."
  - 2) "Small, frequent meals are preferred over three meals a day."
  - 3) "I should identify foods that cause distress and eliminate them from my diet."
  - 4) "High-calorie dietary supplement shakes can help me meet my nutritional requirements."
  - 5) "Socialization during mealtime is important even if my parents do not agree with my food choices."
- \_\_\_ 19. Which gastrointestinal defects often diagnosed shortly after birth should the nurse include in the assessment process of all newborns? (*Select all that apply.*)
- 1) Pyloric stenosis
  - 2) Biliary atresia
  - 3) Hirschsprung's disease
  - 4) Crohn's disease
  - 5) Cleft palate
- \_\_\_ 20. The nurse is providing care to a newborn client who presents in the pediatric clinic for a 2-week health maintenance visit. The parents of the newborn are concerned because their baby has "gas all the time." Which responses from the nurse are appropriate? (*Select all that apply.*)
- 1) "Your baby has a relaxed lower esophageal sphincter, which is causing the gas."
  - 2) "Your baby lacks the enzyme amylase, which is causing the gas."
  - 3) "Your baby lacks the enzyme insulin, which is causing the gas."
  - 4) "Your baby has an immature liver, which is causing the gas."
  - 5) "Your baby lacks an enzyme that helps to digest fats, which is causing the gas."

## **Chapter 36: Child With a Gastrointestinal Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Review the growth and development of the gastrointestinal tract from the newborn period through adolescence.

Chapter page reference: 600

Heading: Maturity of the GI Tract in Infancy

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
1	Digestion begins in the mouth with the release of the enzymes amylase and ptyalin, which begin the breakdown of complex starches into disaccharides.
2	The upper portion of the gastrointestinal system (i.e., the mouth and esophagus) is responsible for nutrient intake or ingestion.
3	The esophagus transports food to the stomach by the process of peristalsis. In the stomach, food mixes with gastric fluids and is then propelled into the small intestine.
4	The small intestine does the main work of absorption through a system of villi and folds, which increase the absorptive surface approximately 600 times.

PTS: 1

CON: Bowel Elimination

2. ANS: 1

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Review the growth and development of the gastrointestinal tract from the newborn period through adolescence.

Chapter page reference: 600

Heading: Maturity of the GI Tract in Infancy

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
1	The infant has a built-in safeguard to prevent choking while swallowing and

	sucking. The posterior portion of the tongue is raised against the soft palate while the infant sucks, which separates the mouth and throat.
<b>2</b>	The passage from mouth to pharynx is smaller, which helps to control the amount of liquid that is swallowed.
<b>3</b>	The infant's stomach usually empties in 2.5 to 3 hours, necessitating frequent feedings.
<b>4</b>	The liver and pancreas are not mature until 6 months, which is why the infant does not need solid food until then.

PTS: 1 CON: Bowel Elimination

3. ANS: 4

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Review the growth and development of the gastrointestinal tract from the newborn period through adolescence.

Chapter page reference: 600

Heading: Maturity of the GI Tract in Infancy

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
<b>1</b>	After initial bowel sounds have been heard, bowel sounds then normally occur every 10 to 20 seconds.
<b>2</b>	A <i>bruit</i> is an adventitious sound of venous or arterial origin that should not be heard upon auscultation.
<b>3</b>	Hypoactive (deficient) or absent bowel sounds may be an indication of inactivity in the intestines.
<b>4</b>	Hyperactive (increased) bowel sounds can be associated with rapid movement through the intestines, as may be associated with diarrhea.

PTS: 1 CON: Bowel Elimination

4. ANS: 2

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Review assessment techniques when caring for a child who presents with dehydration, vomiting, diarrhea, constipation, or abdominal pain.

Chapter page reference: 611

Heading: Assessment of Pyloric Stenosis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
<b>1</b>	<i>Rectal atresia</i> is defined as a complete obstruction, which precludes the passage of stool.
<b>2</b>	Following palpation of an infant between 3 and 12 weeks old with projectile, nonbilious vomiting, finding an olive-shaped mass indicates possible hypertrophic pyloric stenosis.
<b>3</b>	The most characteristic symptom of intussusception is acute abdominal pain caused by the spasm of the telescoping bowel.
<b>4</b>	A major symptom of malrotation is intermittent bilious or green vomit.

PTS: 1 CON: Bowel Elimination

5. ANS: 3

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Review assessment techniques when caring for a child who presents with dehydration, vomiting, diarrhea, constipation, or abdominal pain.

Chapter page reference: 613

Heading: Assessment of Appendicitis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
<b>1</b>	These symptoms do not support a diagnosis of Meckel's diverticulum.
<b>2</b>	These symptoms do not support a diagnosis of omphalitis.
<b>3</b>	One of the earliest symptoms of appendicitis is periumbilical (around the umbilicus) pain. This pain often awakens the child, peaking at 4-hour intervals. The periumbilical pain subsides and then is followed by the classic sign of right lower quadrant pain. In appendicitis, vomiting generally follows periumbilical pain, unlike the vomiting associated with gastroenteritis, which precedes the pain. Anorexia is common, and stools may be described as low in volume and mucuslike.
<b>4</b>	These symptoms do not support a diagnosis of ulcerative colitis.

PTS: 1 CON: Bowel Elimination

6. ANS: 1

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Review assessment techniques when caring for a child who presents with dehydration, vomiting, diarrhea, constipation, or abdominal pain.

Chapter page reference: 603

Heading: Nonretractable Nausea and Vomiting

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
1	A distended (inflated) abdomen can indicate intestinal obstruction, a mass, ascites (the abnormal accumulation of fluid in the peritoneal cavity), or organomegaly (the enlargement of visceral organs).
2	These symptoms do not support the diagnosis of kidney failure.
3	These symptoms do not support the diagnosis of displaced abdominal organs.
4	These symptoms do not support the diagnosis of omphalitis.

PTS: 1 CON: Bowel Elimination

7. ANS: 1

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Describe the care of a child who has been hospitalized for surgery to correct a congenital or acquired gastrointestinal disorder, including perioperative assessments, symptom management, and diet progression.

Chapter page reference: 614

Heading: Interventions for Crohn's Disease

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
1	Pharmacological interventions are initiated to reduce the inflammation and support the child's nutrition and include antidiarrheals, anti-inflammatories, and analgesics.
2	Antianxiety drugs are not a usual pharmacological option for Crohn's disease.
3	Diuretic drugs are not a usual pharmacological option for Crohn's disease.
4	Cardiac drugs are not a usual pharmacological option for Crohn's disease.

PTS: 1 CON: Bowel Elimination

8. ANS: 1

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: State common diagnostic tests used to rule out specific gastrointestinal infections or disorders.

Chapter page reference: 601

Heading: Physical Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
1	Laboratory findings for ulcerative colitis may include elevated sedimentation rate, microcytic anemia, elevated white blood cell count with left shift, and antineutrophil cytoplasmic antibodies (ANAs).
2	An increased, not a decreased, sedimentation rate is anticipated.
3	An elevated, not a decreased, white blood cell count is anticipated.
4	Protein in the urine is not an expected laboratory finding with this disease process.

PTS: 1 CON: Bowel Elimination

9. ANS: 3

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Recognize the teaching needs of a family whose child presents with an infectious gastrointestinal disorder. Include issues of providing safety to others to prevent cross-contamination through effective communication, use of infection control measures, and evidence-based practices to control spread.

Chapter page reference: 612

Heading: Nursing Considerations for Hirschsprung's Disease

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Bowel Elimination

Difficulty: Moderate

	Feedback
1	This disease process does not increase the risk of allergic reactions.
2	It is not necessary to eliminate dairy products.
3	A child diagnosed with Hirschsprung's disease requires a temporary colostomy. The nurse must include education regarding the care required for this colostomy.
4	TPN and lipids are not needed after discharge.

PTS: 1 CON: Bowel Elimination

10. ANS: 4

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Recognize the teaching needs of a family whose child presents with an infectious gastrointestinal disorder. Include issues of providing safety to others to prevent cross-contamination through effective communication, use of infection control measures, and evidence-based practices to control spread.

Chapter page reference: 614

Heading: Interventions for Ulcerative Colitis

Integrated processes: Teaching and Learning  
Client need: Pharmacological and Parenteral Therapies  
Cognitive level: Analysis [Analyzing]  
Concept: Bowel Elimination  
Difficulty: Difficult

	Feedback
1	Prednisone can cause gastric irritation and should not be given on an empty stomach.
2	Prednisone can cause gastric irritation and should not be given before bedtime on an empty stomach.
3	Prednisone can cause gastric irritation and should not be given on an empty stomach 1 hour before meals.
4	Prednisone, a corticosteroid, can cause gastric irritation. It should be administered with meals to reduce the gastric irritation.

PTS: 1 CON: Bowel Elimination

11. ANS: 3

Chapter number and title: 36: Child With a Gastrointestinal Condition  
Chapter learning objective: Interpret data that would need to be reported immediately associated with various congenital or acquired gastrointestinal abnormalities.  
Chapter page reference: 611-612  
Heading: Assessment of Hirschsprung's Disease  
Integrated processes: Clinical Problem-Solving Process  
Client need: Physiological Adaptation  
Cognitive level: Comprehension [Understanding]  
Concept: Bowel Elimination  
Difficulty: Easy

	Feedback
1	Clay-colored stools and dark urine are not associated with Hirschsprung's disease.
2	The infant with Hirschsprung's disease often has delayed meconium stools.
3	These are symptoms of Hirschsprung's disease in an older infant or child.
4	Diarrhea is not typical; obstruction is more likely.

PTS: 1 CON: Bowel Elimination

12. ANS: 2

Chapter number and title: 36: Child With a Gastrointestinal Condition  
Chapter learning objective: Describe the care of a child who has been hospitalized for surgery to correct a congenital or acquired gastrointestinal disorder including perioperative assessments, symptom management, and diet progression.  
Chapter page reference: 614  
Heading: Assessment of Ulcerative Colitis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Bowel Elimination

Difficulty: Easy

	Feedback
<b>1</b>	NEC is usually seen in premature infants and generally not in an adolescent client.
<b>2</b>	Diarrhea and bloody stools are typical symptoms of UC.
<b>3</b>	The teen with Crohn's disease might have abdominal pain and diarrhea, but stools usually do not have blood in them.
<b>4</b>	Appendicitis is not associated with bloody stools and usually not with diarrhea.

PTS: 1 CON: Bowel Elimination

13. ANS: 4

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Describe the care of a child who has been hospitalized for surgery to correct a congenital or acquired gastrointestinal disorder including perioperative assessments, symptom management, and diet progression.

Chapter page reference: 603

Heading: Assessment of Vomit and Associated Symptoms

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Assessment

Difficulty: Moderate

	Feedback
<b>1</b>	The circumference below the umbilicus is not an accurate abdominal girth.
<b>2</b>	The circumference just below the sternum is not an accurate abdominal girth.
<b>3</b>	The circumference just above the pubic bone is not an accurate abdominal girth.
<b>4</b>	An abdominal girth should be taken around the largest circumference of the abdomen, just above the umbilicus.

PTS: 1 CON: Assessment

14. ANS: 1

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Describe the care of a child who has been hospitalized for surgery to correct a congenital or acquired gastrointestinal disorder including perioperative assessments, symptom management, and diet progression.

Chapter page reference: 601

Heading: Physical Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation  
Cognitive level: Application [Applying]  
Concept: Bowel Elimination  
Difficulty: Moderate

	Feedback
1	Omphalocele is a congenital malformation in which intra-abdominal contents herniate through the umbilical cord. The newborn loses heat through the viscera; a warmer is indicated to prevent hypothermia.
2	The crib does not provide adequate maintenance of temperature control.
3	Phototherapy is used to treat hyperbilirubinemia, not an omphalocele defect.
4	The newborn requires surgical correction of the defect prior to initiating bottle feeding or breastfeeding.

PTS: 1 CON: Bowel Elimination

15. ANS: 3

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Recognize the teaching needs of a family whose child presents with an infectious gastrointestinal disorder. Include issues of providing safety to others to prevent cross-contamination through effective communication, use of infection control measures, and evidence-based practices to control spread.

Chapter page reference: 612

Heading: Interventions for Hirschsprung's Disease

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Bowel Elimination

Difficulty: Difficult

	Feedback
1	Physical or chemical skin irritation can occur if the appliance is changed too frequently or with each wet diaper.
2	Bleeding is usually attributable to excessive cleaning.
3	Skin irritation around the stoma should be assessed; it could indicate leakage.
4	Adhesive enhancers should be avoided on the skin of infants. Their skin layers are thin, and removal of the appliance can strip off the skin.

PTS: 1 CON: Bowel Elimination

16. ANS: 3

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Recognize the teaching needs of a family whose child presents with an infectious gastrointestinal disorder. Include issues of providing safety to others to prevent cross-contamination through effective communication, use of infection control measures, and evidence-based practices to control spread.

Chapter page reference: 604  
Heading: Nursing Considerations for Gastroesophageal Reflux  
Integrated processes: Clinical Problem-Solving Process  
Client need: Physiological Adaptation  
Cognitive level: Application [Applying]  
Concept: Digestion  
Difficulty: Moderate

	Feedback
1	Rice cereal thickens the formula and helps prevent regurgitation. This is appropriate.
2	This position helps prevent regurgitation and is appropriate.
3	Infant seats are not recommended because they put pressure on the abdomen and may contribute to regurgitation.
4	Because dosing is small, it is appropriate to use a syringe for accurate measurement.

PTS: 1 CON: Digestion

#### MULTIPLE RESPONSE

17. ANS: 1, 3, 4, 5

Chapter number and title: 36: Child With a Gastrointestinal Condition  
Chapter learning objective: Describe the care of a child who has been hospitalized for surgery to correct a congenital or acquired gastrointestinal disorder including perioperative assessments, symptom management, and diet progression.

Chapter page reference: 608-609

Heading: Interventions for Cleft Lip and Palate  
Integrated processes: Clinical Problem-Solving Process  
Client need: Psychosocial Integrity  
Cognitive level: Application [Applying]  
Concept: Nursing  
Difficulty: Moderate

	Feedback
1.	This is correct. This behavior humanizes the child to the parents and is appropriate.
2.	This is incorrect. This indicates that the infant's appearance is distressing. Although the nurse will want to shield the child from a visitor's stare, the nurse does not want to hide the child from her own family.
3.	This is correct. This indicates acceptance of the infant by the nurse.
4.	This is correct. It is usually not appropriate to show before and after pictures because you cannot predict the success of the surgery on this child. But in the case of cleft lip, the improvement will be significant, and it is considered acceptable to show before and

	after pictures
5.	This is correct. Statements such as “Your baby is the sweetest thing—she never cries” can help the parents recognize positive features about their baby.

PTS: 1 CON: Nursing

18. ANS: 2, 3, 4

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Recognize the teaching needs of a family whose child presents with an infectious gastrointestinal disorder. Include issues of providing safety to others to prevent cross-contamination through effective communication, use of infection control measures, and evidence-based practices to control spread.

Chapter page reference: 614

Heading: Nursing Considerations for Inflammatory Bowel Disease

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Bowel Elimination

Difficulty: Difficult

	Feedback
1.	This is incorrect. Fiber should be decreased, not increased, because diarrhea is one of the symptoms of Crohn's disease.
2.	This is correct. Small frequent meals are preferred over three meals per day for a patient who is diagnosed with Crohn's disease.
3.	This is correct. This is individualizing the diet and is appropriate.
4.	This is correct. This addition provides an easy way to meet nutritional needs.
5.	This is incorrect. Stress should be avoided at mealtime.

PTS: 1 CON: Bowel Elimination

19. ANS: 3, 5

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Review assessment techniques when caring for a child who presents with dehydration, vomiting, diarrhea, constipation, or abdominal pain.

Chapter page reference: 601

Heading: Physical Assessment

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Assessment

Difficulty: Easy

	Feedback
1.	This is incorrect. Pyloric stenosis is not diagnosed in the newborn nursery but in the 2- to 4-week-old newborn.

2.	This is incorrect. Symptoms of biliary atresia are not observable until several weeks of age.
3.	This is correct. Symptoms of Hirschsprung's disease may be observable in the newborn nursery.
4.	This is incorrect. Crohn's disease is not diagnosed until later in pediatric development.
5.	This is correct. Cleft palate, if missed on ultrasound, is diagnosed by a nursing assessment.

PTS: 1 CON: Assessment

20. ANS: 2, 5

Chapter number and title: 36: Child With a Gastrointestinal Condition

Chapter learning objective: Recognize the teaching needs of a family whose child presents with an infectious gastrointestinal disorder. Include issues of providing safety to others to prevent cross-contamination through effective communication, use of infection control measures, and evidence-based practices to control spread.

Chapter page reference: 600

Heading: Common Gastrointestinal Disorders

Integrated processes: Clinical Problem-Solving Process

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Nursing

Difficulty: Moderate

Feedback	
1.	This is incorrect. Newborns and infants do have a relaxed lower esophageal sphincter; however, it is not responsible for gas but for frequent regurgitation of small amounts of oral feedings.
2.	This is correct. Newborns and infants lack several enzymes that assist with the digestive process. One of these enzymes is amylase, which assists with carbohydrate digestion. The lack of this enzyme causes abdominal distention due to gas.
3.	This is incorrect. Insulin is not an enzyme and is not lacking in the newborn.
4.	This is incorrect. Although newborns and infants do have an immature liver, it is not causing the gas.
5.	This is correct. Lipase is a digestive enzyme that assists in fat digestion. Infants and newborns do lack this enzyme, which would cause abdominal distention due to gas.

PTS: 1 CON: Nursing

## **Chapter 37: Child With a Genitourinary Condition**

### **Multiple Choice**

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

- \_\_\_ 1. The nurse educator teaches a group of nursing students about the anatomy and physiology of the kidneys. Which statement made by a student indicates an appropriate understanding of the information presented?
- 1) "The medulla is composed of the glomeruli and convoluted tubules of the nephron and blood vessels, which filter the urine."
  - 2) "The blood supply of the kidney is through a single renal artery that comes from each side of the aorta, one to each kidney."
  - 3) "Blood flows into the glomerulus through the efferent arteriole and leaves through the afferent arteriole."
  - 4) "The tubular components of the nephron are divided into four parts; the first part is a coiled portion termed the *loop of Henle*."
- \_\_\_ 2. A school-aged child is diagnosed with pyelonephritis. When planning to teach the child's parents about this diagnosis, the nurse tells them that the infection is located in which structure?
- 1) Bladder
  - 2) Renal pelvis
  - 3) Renal parenchyma
  - 4) Reproductive tract
- \_\_\_ 3. Which data collected by the nurse support the diagnosis of isotonic dehydration for a pediatric patient?
- 1) Emesis
  - 2) Hemorrhage
  - 3) Profuse sweating
  - 4) Poor fluid intake
- \_\_\_ 4. The nurse is performing a physical assessment of a school-aged child with a history of urinary tract infection (UTI). The child's urine has been brownish lately. On the basis of these data, the nurse explains that a diagnostic test may be ordered to assess for which item in the urine?
- 1) Ketones
  - 2) Hematuria
  - 3) Proteinuria
  - 4) Calcium
- \_\_\_ 5. An adolescent is brought to the emergency department. The patient reports decreased urine output, headaches, and abdominal swelling. On the basis of these data, which condition does the nurse suspect?
- 1) Chronic glomerulonephritis
  - 2) Vesicoureteral reflux
  - 3) Acute hematuria
  - 4) Unexplained proteinuria

- \_\_\_\_ 6. The nurse is caring for an infant who is diagnosed with a UTI. Which symptom does the nurse anticipate when assessing this infant?
- 1) Dysuria
  - 2) Poor feeding
  - 3) Flank pain
  - 4) Enuresis
- \_\_\_\_ 7. Which is the appropriate nursing intervention when providing care to a child diagnosed with nephrotic syndrome who is edematous and on bedrest?
- 1) Monitoring blood pressure every 30 minutes
  - 2) Repositioning every 2 hours
  - 3) Limiting visitors
  - 4) Encouraging fluids
- \_\_\_\_ 8. Which urinalysis result should the nurse anticipate for a child who is admitted with acute glomerulonephritis?
- 1) Bacteriuria and increased specific gravity
  - 2) Hematuria and proteinuria
  - 3) Proteinuria and decreased specific gravity
  - 4) Bacteriuria and hematuria
- \_\_\_\_ 9. Which laboratory test should the nurse prepare to draw when admitting a pediatric patient with possible obstructive uropathy?
- 1) Platelet count
  - 2) Blood urea nitrogen (BUN)
  - 3) Partial thromboplastin time (PTT)
  - 4) Blood culture
- \_\_\_\_ 10. Which clinical manifestations should the nurse anticipate upon assessment of a preschool-aged child with a UTI?
- 1) Headache, hematuria, and vertigo
  - 2) Foul-smelling urine, elevated blood pressure (BP), and hematuria
  - 3) Urgency, dysuria, and fever
  - 4) Severe flank pain, nausea, and headache
- \_\_\_\_ 11. The nurse is providing care to a 4-year-old patient who is experiencing nocturnal incontinence. Which parental statement indicates the need for further education?
- 1) “Bed-wetting is typically self-limiting.”
  - 2) “We should limit fluids after lunchtime.”
  - 3) “We should not punish our child for bed-wetting.”
  - 4) “Bed-wetting can be treated with a drug that reduces urine production at night.”
- \_\_\_\_ 12. Which menu choices for a child diagnosed with urinary disorder leading to hyperkalemia indicate the need for further instruction by the nurse?
- 1) Carrots and green, leafy vegetables
  - 2) Spaghetti and meat sauce with breadsticks
  - 3) Hamburger on a bun and cherry gelatin

- 4) Chips, cold cuts, and canned foods
- \_\_\_ 13. Which congenital anomaly should the nurse document when providing care to a newborn with abnormal positioning of the urinary meatus?
- 1) Hydrocele
  - 2) Micropenis
  - 3) Hypospadias
  - 4) Cryptorchidism
- \_\_\_ 14. Which type of urine specimen is collected when the nurse places a cotton ball in the diaper of a newborn or infant?
- 1) Sterile
  - 2) Uro bag
  - 3) Clean catch
  - 4) Midstream sample
- \_\_\_ 15. Which is the priority nursing intervention when caring for a neonate who is born with bladder extrophy?
- 1) Measuring intake and output
  - 2) Inserting a Foley catheter
  - 3) Covering the defect with sterile plastic wrap
  - 4) Palpating the bladder mass to ensure urine is expelled
- \_\_\_ 16. Which is the correct hourly rate of IV fluid replacement for a child who weighs 25 kg?
- 1) 42 mL/hr
  - 2) 63 mL/hr
  - 3) 67 mL/hr
  - 4) 83 mL/hr

#### **Multiple Response**

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

- \_\_\_ 17. The nurse educator is teaching a group of students about the risk factors for UTIs. Which risk factors stated by the students indicate an appropriate understanding of the information presented? (*Select all that apply.*)
- 1) Urinary stasis
  - 2) Obstruction
  - 3) Unexplained proteinuria
  - 4) Reflux
  - 5) Unexplained hematuria
- \_\_\_ 18. An adolescent patient presents to the emergency department with acute scrotal pain. After the initial assessment, the nurse suspects testicular torsion. Which assessment data support this diagnosis? (*Select all that apply.*)
- 1) The torsed testicle may be lower in the scrotal sack than the opposite testicle.
  - 2) The situation is bilateral.

- 3) The testicle may feel hard.
- 4) Prehn's sign is usually absent in torsion.
- 5) Temperature of 101.8°F
- \_\_\_ 19. Which clinical manifestations assessed when performing a genitourinary assessment for a child diagnosed with hemolytic uremic syndrome could indicate the need for dialysis? (*Select all that apply.*)
- 1) Edema
- 2) Tachypnea
- 3) Bradycardia
- 4) Fluid retention
- 5) High BP
- \_\_\_ 20. Which instructions should be provided to the parents of a 4-year-old girl who has experienced chronic UTIs in the last 2 years? (*Select all that apply.*)
- 1) Wear only nylon underwear for better airflow.
- 2) Teach the child to wipe from front to back.
- 3) Encourage the child to take long baths by allowing the child bubbles and toys in the tub.
- 4) Encourage the child to drink additional fluids throughout the day.
- 5) Plan potty breaks every 2 hours throughout the day.

## **Chapter 37: Child With a Genitourinary Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Describe how a child's renal system impacts fluid and electrolyte status as well as acid/base balance.

Chapter page reference: 621

Heading: The Development of the Genitourinary System

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Urinary Elimination

Difficulty: Difficult

Feedback	
<b>1</b>	The outer cortex is composed of the glomeruli and convoluted tubules of the nephron and blood vessels.
<b>2</b>	The blood supply of the kidney is through a single renal artery that comes from each side of the aorta, one to each kidney.
<b>3</b>	Blood flows into the glomerulus through the afferent arteriole, and it leaves through the efferent arteriole.
<b>4</b>	The tubular components of the nephron are divided into four parts; the first is a coiled portion termed the <i>proximal convoluted tubule</i> , and this drains Bowman's capsule.

PTS: 1 CON: Urinary Elimination

2. ANS: 3

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Analyze the etiologies associated with a urinary tract infection and discuss the risk factors associated with each age group.

Chapter page reference: 626-627

Heading: Urinary Tract Infections

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
<b>1</b>	Infection of the bladder is cystitis.

<b>2</b>	Infection of the renal pelvis is pyelitis.
<b>3</b>	Infection of the renal parenchyma is pyelonephritis.
<b>4</b>	Reproductive tract infections also occur, such as prostatitis and epididymitis.

PTS: 1 CON: Infection

3. ANS: 2

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Discuss the clinical presentation of a dehydrated child across childhood and discuss a plan of nursing care for a child in a dehydrated state.

Chapter page reference: 625

Heading: Isotonic Dehydration

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Fluid and Electrolyte Balance

Difficulty: Moderate

Feedback	
<b>1</b>	Emesis supports the diagnosis of hypertonic, not isotonic, dehydration.
<b>2</b>	Hemorrhage supports the diagnosis of isotonic dehydration.
<b>3</b>	Profuse sweating supports the diagnosis of hypotonic, not isotonic, dehydration.
<b>4</b>	Poor fluid intake supports the diagnosis of hypertonic, not isotonic, dehydration.

PTS: 1 CON: Fluid and Electrolyte Balance

4. ANS: 2

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Analyze the etiologies associated with a urinary tract infection and discuss the risk factors associated with each age group.

Chapter page reference: 626

Heading: Assessment of UTIs

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Urinary Elimination

Difficulty: Moderate

Feedback	
<b>1</b>	A diagnostic test to assess for ketones is not anticipated.
<b>2</b>	Asymptomatic gross (visible) and microscopic hematuria is considered fairly common in children, and the most common etiologies for microscopic hematuria are hypercalciuria (calcium deposits in the urine) with or without renal calculi, poststreptococcal glomerulonephritis, and structural abnormalities, including a single kidney. The color of the hematuria may be significant; tea-colored or brownish urine, especially if it contains protein and casts, signifies a nephrological

	disorder. Pink or red urine with or without blood clots but without protein usually originates in the lower urinary tract.
<b>3</b>	A diagnostic test to assess for proteinuria is not anticipated.
<b>4</b>	A diagnostic test to assess for calcium is not anticipated.

PTS: 1 CON: Urinary Elimination

5. ANS: 1

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Differentiate between glomerulonephritis and nephrotic syndrome in relation to assessments, medical treatments, and nursing care for each.

Chapter page reference: 629-630

Heading: Assessment of AGN

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Urinary Elimination

Difficulty: Easy

Feedback	
<b>1</b>	A decrease in the adolescent's urine output and the presence of high blood pressure, headaches, and other signs of fluid overload such as periorbital edema, increased abdominal girth, and swelling of the labia or scrotum signify chronic glomerulonephritis. These symptoms are serious enough to warrant hospitalization and aggressive treatment.
<b>2</b>	The nurse would not suspect vesicoureteral reflux.
<b>3</b>	The nurse would not suspect acute hematuria.
<b>4</b>	The nurse would not suspect unexplained proteinuria.

PTS: 1 CON: Urinary Elimination

6. ANS: 2

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Analyze the etiologies associated with a urinary tract infection and discuss the risk factors associated with each age group.

Chapter page reference: 626

Heading: Assessment of UTIs

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Urinary Elimination

Difficulty: Easy

Feedback	
<b>1</b>	Although dysuria, flank pain, and enuresis are all signs and symptoms of UTIs, these are not symptoms the nurse expects when caring for an infant diagnosed with

	a UTI.
2	Unique developmental-related signs and symptoms accompany UTIs. For the infant, poor feeding is a typical clinical manifestation for a UTI.
3	Although dysuria, flank pain, and enuresis are all signs and symptoms of UTIs, these are not symptoms the nurse expects when caring for an infant diagnosed with a UTI.
4	Although dysuria, flank pain, and enuresis are all signs and symptoms of UTIs, these are not symptoms the nurse expects when caring for an infant diagnosed with a UTI.

PTS: 1 CON: Urinary Elimination

7. ANS: 2

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Differentiate between glomerulonephritis and nephrotic syndrome in relation to assessments, medical treatments, and nursing care for each.

Chapter page reference: 629

Heading: Interventions for Nephrotic Syndrome/Nephrosis

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Urinary Elimination

Difficulty: Moderate

Feedback	
1	Vital signs are taken every 4 hours.
2	A child with severe edema who is on bedrest is at risk for altered skin integrity. To prevent skin breakdown, the child should be repositioned every 2 hours.
3	The child needs social interaction, so visitors should not be limited.
4	Fluids need to be monitored; they should not be encouraged.

PTS: 1 CON: Urinary Elimination

8. ANS: 2

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Differentiate between glomerulonephritis and nephrotic syndrome in relation to assessments, medical treatments, and nursing care for each.

Chapter page reference: 629-630

Heading: Assessments for AGN

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Urinary Elimination

Difficulty: Easy

Feedback
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<b>1</b>	Bacteriuria is not present; however, an increased specific gravity is anticipated because of concentrated urine.
<b>2</b>	Glomerulonephritis is an inflammation of the glomeruli of the kidneys. The nurse anticipates hematuria and proteinuria.
<b>3</b>	Proteinuria is anticipated; however, because the urine is concentrated, the specific gravity is increased.
<b>4</b>	Bacteriuria is not present; however, hematuria is anticipated.

PTS: 1 CON: Urinary Elimination

9. ANS: 2

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Describe how a child's renal system impacts fluid and electrolyte status as well as acid/base balance.

Chapter page reference: 623-624

Heading: Urine Output

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Application [Applying]

Concept: Urinary Elimination

Difficulty: Moderate

Feedback	
<b>1</b>	Platelet count is drawn when a bleeding disorder is suspected.
<b>2</b>	BUN is a serum laboratory test for kidney function. Obstructive uropathy is a structural or functional abnormality of the urinary system that interferes with urine flow and results in urine backflow into the kidneys; therefore, the BUN level will be elevated.
<b>3</b>	PTT is drawn when a bleeding disorder is suspected.
<b>4</b>	A blood culture is done when an infectious process is suspected.

PTS: 1 CON: Urinary Elimination

10. ANS: 3

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Analyze the etiologies associated with a urinary tract infection and discuss the risk factors associated with each age group.

Chapter page reference: 626

Heading: Assessments of UTIs

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

Feedback
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<b>1</b>	Hematuria might be present, but there will be no complaints of headache or vertigo.
<b>2</b>	Although foul-smelling urine and hematuria can be present, there is no elevated BP, headache, or vertigo.
<b>3</b>	Clinical manifestations of a UTI in a preschool-aged child include fever, urgency, and dysuria.
<b>4</b>	There could be flank pain, although the preschooler might be unable to describe it. There will be no complaints of headache.

PTS: 1 CON: Infection

11. ANS: 2

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Present a nursing care plan for a child with enuresis.

Chapter page reference: 628

Heading: Interventions for Enuresis

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Urinary Elimination

Difficulty: Difficult

Feedback	
<b>1</b>	Bed-wetting is typically self-limiting; therefore, this statement indicates correct understanding.
<b>2</b>	Fluids should be limited in the evening, and the child should be encouraged to void prior to bed; therefore, this statement indicates the need for further education.
<b>3</b>	A parental response to bed-wetting should not be punishment; therefore, this statement indicates correct understanding.
<b>4</b>	Some medications can be administered to decrease urine production at night; therefore, this statement indicates correct understanding.

PTS: 1 CON: Urinary Elimination

12. ANS: 1

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Discuss the clinical presentation of a dehydrated child across childhood and discuss a plan of nursing care for a child in a dehydrated state.

Chapter page reference: 622

Heading: Potassium

Integrated processes: Clinical Problem-Solving Process

Client need: Basic Care and Comfort

Cognitive level: Analysis [Analyzing]

Concept: Nutrition

Difficulty: Difficult

Feedback	
<b>1</b>	Carrots and green, leafy vegetables are high in potassium.
<b>2</b>	Spaghetti and meat sauce with breadsticks are acceptable choices for a low-potassium diet.
<b>3</b>	Hamburger on a bun with cherry gelatin is an acceptable choice for a low-potassium diet.
<b>4</b>	Chips, cold cuts, and canned foods are high in sodium but not necessarily in potassium.

PTS: 1 CON: Nutrition

13. ANS: 3

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Describe various forms of congenital anomalies of the genitourinary tract.

Chapter page reference: 621

Heading: Box 37-1

Integrated processes: Communication and Documentation

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Urinary Elimination

Difficulty: Moderate

Feedback	
<b>1</b>	Hydrocele is documented for fluid collection within the scrotal sac.
<b>2</b>	Micropenis is documented for a congenital disorder of an abnormally small penis.
<b>3</b>	Hypospadias is documented for abnormal positioning of the urinary meatus, located in various areas of the penis or the base of the penis.
<b>4</b>	Cryptorchidism is documented for absent/ectopic testes or the failure of one or both testes to descend from the inguinal canal into the scrotum.

PTS: 1 CON: Urinary Elimination

14. ANS: 3

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Describe various means to collect urine specimens for children of various ages.

Chapter page reference: 624

Heading: Box 37-2

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Urinary Elimination

Difficulty: Easy

Feedback
----------

<b>1</b>	A sterile specimen is collected by catheterization, not a cotton ball in the diaper.
<b>2</b>	A uro bag is used for a male or female to obtain a urine specimen. With this technique, a bag (not a cotton ball in the diaper) is placed around the urinary meatus for specimen collection.
<b>3</b>	A cotton ball can be placed in the diaper of a newborn or infant to collect a clean-catch urine specimen.
<b>4</b>	A cotton ball is not used to collect a midstream sample of urine.

PTS: 1 CON: Urinary Elimination

15. ANS: 3

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Describe various forms of congenital anomalies of the genitourinary tract.

Chapter page reference: 631

Heading: Interventions for Congenital Genitourinary Anomalies

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Urinary Elimination

Difficulty: Difficult

Feedback	
<b>1</b>	Because the bladder constantly drains onto the skin of the abdomen, measuring output is not possible.
<b>2</b>	The bladder is open to the abdomen. A Foley catheter cannot be inserted.
<b>3</b>	This reduces the contamination of the bladder, which should be sterile.
<b>4</b>	The bladder is very sensitive, and palpation causes unnecessary pain.

PTS: 1 CON: Urinary Elimination

16. ANS: 3

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Calculate fluid maintenance requirements for children of various weights in kilograms in order to safely maintain fluid status and prevent fluid overload.

Chapter page reference: 623

Heading: Table 37-1

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Application [Applying]

Concept: Fluid and Electrolyte Balance

Difficulty: Moderate

Feedback	
<b>1</b>	The correct hourly rate of IV fluid replacement for a child who weighs 25 kg is not 42 mL/hr. This rate is appropriate for a child who weighs 10 kg.

<b>2</b>	The correct hourly rate of IV fluid replacement for a child who weighs 25 kg is not 63 mL/hr. This rate is appropriate for a child who weighs between 11 and 20 kg.
<b>3</b>	The correct hourly rate of IV fluid replacement for a child who weighs 25 kg is 67 mL/hr. The child's total daily fluid need is 1600 mL per 24 hours.
<b>4</b>	The correct hourly rate of IV fluid replacement for a child who weighs 25 kg is not 83 mL/hr. This rate is appropriate for a child who weighs more than 25 kg.

PTS: 1

CON: Fluid and Electrolyte Balance

## MULTIPLE RESPONSE

17. ANS: 1, 2, 4

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Analyze the etiologies associated with a urinary tract infection and discuss the risk factors associated with each age group.

Chapter page reference: 626-627

Heading: Urinary Tract Infections (UTIs)

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Infection

Difficulty: Difficult

	Feedback
1.	This is correct. The most significant risk factor for UTIs is the presence of a urinary tract abnormality that causes urinary stasis, obstruction, reflux, or dysfunctional voiding.
2.	This is correct. The most significant risk factor for UTIs is the presence of a urinary tract abnormality that causes urinary stasis, obstruction, reflux, or dysfunctional voiding.
3.	This is incorrect. Unexplained proteinuria or hematuria may be a clinical manifestation of a UTI.
4.	This is correct. The most significant risk factor for UTIs is the presence of a urinary tract abnormality that causes urinary stasis, obstruction, reflux, or dysfunctional voiding.
5.	This is incorrect. Unexplained proteinuria or hematuria may be a clinical manifestation of a UTI.

PTS: 1

CON: Infection

18. ANS: 3, 4, 5

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Define key words and phrases.

Chapter page reference: 621

Heading: Box 37-1 Disorders Associated With Kidney Damage

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Male Reproduction

Difficulty: Easy

	Feedback
1.	This is incorrect. The torsed testicle may be lying horizontally or appear higher in the scrotal sack than the opposite testicle.
2.	This is incorrect. Although most commonly the situation is unilateral, it may be bilateral with scrotal edema present within 12 hours.
3.	This is correct. The testicle may feel hard.
4.	This is correct. Prehn's sign, which is relief of pain from elevating the testicle, is usually absent in torsion.
5.	This is correct. Other symptoms include fever, anorexia, nausea, and vomiting.

PTS: 1 CON: Male Reproduction

19. ANS: 1, 4, 5

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Describe how a child's renal system impacts fluid and electrolyte status as well as acid/base balance.

Chapter page reference: 630

Heading: Assessments of Hemolytic Uremic Syndrome

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Urinary Elimination

Difficulty: Easy

	Feedback
1.	This is correct. Edema is a clinical manifestation that could indicate the need for dialysis.
2.	This is incorrect. Tachypnea is not a clinical manifestation that could indicate the need for dialysis.
3.	This is incorrect. Bradycardia is not a clinical manifestation that could indicate the need for dialysis.
4.	This is correct. Fluid retention is a clinical manifestation that could indicate the need for dialysis.
5.	This is correct. Hypertension is a clinical manifestation that could indicate the need for dialysis.

PTS: 1 CON: Urinary Elimination

20. ANS: 2, 4, 5

Chapter number and title: 37: Child With a Genitourinary Condition

Chapter learning objective: Analyze the etiologies associated with a urinary tract infection and discuss the risk factors associated with each age group.

Chapter page reference: 626

Heading: Interventions for UTIs

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

	Feedback
1.	This is incorrect. The child should wear cotton underwear.
2.	This is correct. This prevents bacteria from the rectum from being introduced into the urethra.
3.	This is incorrect. Bubble baths should be avoided.
4.	This is correct. Extra fluids will “wash” bacteria out of the bladder.
5.	This is correct. Children get so involved in playing that they often hold their urine. Voiding every 2 hours reduces the time for bacteria to grow in the bladder.

PTS: 1

CON: Infection

## **Chapter 38: Child With a Skin Condition**

### **Multiple Choice**

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

- \_\_\_ 1. Which parental statement regarding preventive strategies for insect bites and stings indicates the need for further education?
- 1) "If my child wears bright colors and floral prints when outdoors, she will blend in with the surroundings, and the stinging insects will not sting her."
  - 2) "We should remove any items with standing water from our yard and surrounding area to prevent mosquito reproduction."
  - 3) "My child can use insect repellent containing DEET of 10% or less."
  - 4) "My child should avoid heavy colognes, perfumes, and soaps so that insects are not attracted to them."
- \_\_\_ 2. The pediatric nurse is assessing a wound on a preschool-aged child's leg and notes that the site is pink with the formation of new epithelial cells. Based on these data, which term does the nurse use to describe the current stage of healing?
- 1) Proliferation
  - 2) Inflammation
  - 3) Restoration
  - 4) Remodeling
- \_\_\_ 3. The nurse is providing care to a child diagnosed with impetigo. The child's parents ask what caused this to occur. Which organism does the nurse include when educating the parents about impetigo?
- 1) *Staphylococcus aureus*
  - 2) Human papillomavirus (HPV)
  - 3) *Pseudomonas aeruginosa*
  - 4) *Escherichia coli*
- \_\_\_ 4. Which is the priority nursing intervention for a 4-year-old patient brought to the emergency department (ED) for treatment of frostbite?
- 1) Administering analgesics
  - 2) Immersing the hands in extremely warm water (48.9°C [120°F])
  - 3) Not removing clothing
  - 4) Placing the extremity in a dependent position
- \_\_\_ 5. During the assessment of a child, the nurse notices the presence of vesicles that are oozing yellow fluid. Which term does the nurse use when documenting this finding in the medical record?
- 1) Bulla
  - 2) Pustule
  - 3) Wheal
  - 4) Nodule

- \_\_\_\_ 6. The pediatric nurse is providing a preschool-aged child's mother with information regarding impetigo. The mother is concerned about the possibility of passing the infection on to her other toddler-aged child. Which response by the nurse is most appropriate in this situation?
- 1) "I know that you are concerned about the health of both of your children. Your child has been prescribed 7 days of antibiotic therapy. After 24 hours of antibiotic therapy, you will not need to worry about any transmission of bacteria to your other child."
  - 2) "Caring for both of your children right now will take more time than usual. Do you have anyone who can come and help you with their care?"
  - 3) "To decrease the chance of exposing your younger child, both children must have all of their linens, towels, and toys washed to prevent the spread of disease. In addition, it is best to wash everyone's hands well."
  - 4) "You need to concern yourself only with the child who has impetigo. It is important to ensure that all of the medication is taken and that all toys and linens are washed in the next 24 hours."
- \_\_\_\_ 7. The nurse is teaching the parents of an infant diagnosed with candidiasis in the diaper area how to treat this occurrence and decrease the risk for future occurrences. Which teaching point does the nurse include in the teaching session?
- 1) Finishing all of the antiviral medication as prescribed
  - 2) Keeping the diaper area as dry as possible
  - 3) Changing to a lactose-free formula
  - 4) Administering an oral antifungal liquid for prevention of future occurrences
- \_\_\_\_ 8. Which is the most likely cause for a bright red perianal inflammation with scaly plaques and small papules noted by the nurse during the assessment of a 12-month-old infant?
- 1) *Candida albicans* (yeast)
  - 2) Impetigo (*Staphylococcus*)
  - 3) Infrequent diapering
  - 4) Urine and feces
- \_\_\_\_ 9. Which finding noted by the school nurse while conducting pediculosis capitis (head lice) checks indicates the need for treatment?
- 1) White, flaky particles throughout the scalp region
  - 2) Lesions on the scalp that extend to the hairline or neck
  - 3) Maculopapular lesions behind the ears
  - 4) Silver/white sacs attached to the hair shafts in the occipital area
- \_\_\_\_ 10. A 10-year-old child is admitted to the hospital following an accident at school that resulted in a puncture wound of the abdomen. Two days after the injury, the child continues in the inflammation phase of healing. What does the nurse expect to see while changing the child's dressing and assessing the wound?
- 1) The wound is contracting, and the edges are growing together.
  - 2) A blood clot has formed, sealing the wound.
  - 3) Epithelial cells are growing into the wound.
  - 4) The wound is pale and weepy.

- \_\_\_ 11. Which is the priority intervention when planning care for an infant who is diagnosed with eczema?
- 1) Applying antibiotics to lesions
  - 2) Keeping the baby content
  - 3) Maintaining adequate nutrition
  - 4) Preventing infection of lesions
- \_\_\_ 12. Which parental statement indicates to the nurse an accurate understanding regarding the care of a child with tinea capitis (ringworm of the scalp)?
- 1) "We will give the griseofulvin with milk or peanut butter."
  - 2) "We're glad ringworm isn't transmitted from person to person."
  - 3) "Once the lesion is gone, we can stop the griseofulvin."
  - 4) "Well, at least we don't have to worry about the family cat getting ringworm."
- \_\_\_ 13. Which nursing action is accurate when applying a 5% permethrin lotion to a toddler with scabies?
- 1) Applying the lotion to the scalp, the forehead, and everywhere below the chin
  - 2) Applying the lotion only to areas with evidence of activity
  - 3) Applying the lotion only to the hands
  - 4) Applying the lotion only to the scalp
- \_\_\_ 14. Which should the nurse include in the plan of care for a child with a minor burn to enhance nutrition and healing?
- 1) Protein
  - 2) Minerals
  - 3) Carbohydrates
  - 4) Fats
- \_\_\_ 15. A toddler pulled a pot of boiling water off the stove and suffered partial and full-thickness burns to the chest. The child is now in the recovery-management phase of burn treatment. Which common complication should the nurse assess this client for on the basis of the current data?
- 1) Asphyxia
  - 2) Metabolic acidosis
  - 3) Shock
  - 4) Wound infection
- \_\_\_ 16. The nurse explains to the parents of a child with a severe burn that wearing an elastic pressure garment (Jobst stocking) during the rehabilitative stage can help prevent which complication?
- 1) Pain
  - 2) Hypertrophic scarring
  - 3) Poor circulation
  - 4) Formation of a thrombus in the burn area

#### **Multiple Response**

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

- \_\_\_ 17. Which skin conditions should the nurse identify as having a genetic or inherited component during a presentation to the staff nurses who work in the integument clinic? (Select all that apply.)

- 1) Atopic dermatitis
  - 2) Seborrheic dermatitis
  - 3) Epidermolysis bullosa
  - 4) Molluscum contagiosum
  - 5) Psoriasis
- \_\_\_\_ 18. Which preventive strategies for tinea pedis, a fungal infection also known as *athlete's foot*, should the nurse include in a teaching session for an adolescent client? (*Select all that apply.*)
  - 1) Wear white, 100%-cotton socks, changed twice a day.
  - 2) Use talc on the feet daily.
  - 3) Use an over-the-counter corticosteroid cream to treat the area.
  - 4) Wear foot covers such as flip-flops in the locker room and shower.
  - 5) Apply heat to the area twice a day.
- \_\_\_\_ 19. Which adolescent statements indicate the need for further education related to the prevention and treatment of acne? (*Select all that apply.*)
  - 1) "I should wash my face each day with an approved cleanser."
  - 2) "I should wash my hands frequently and avoid touching my face."
  - 3) "I should stay away from greasy foods such as pizza."
  - 4) "I should shampoo my hair only once per week."
  - 5) "I should use my topical medication only when acne is present."
- \_\_\_\_ 20. Which topics should be included in a teaching session with parents of school-aged children to prevent sunburn? (*Select all that apply.*)
  - 1) Playing in the shade
  - 2) Wearing a hat while outdoors
  - 3) Restricting outside activities between 10 a.m. and 2 p.m.
  - 4) Using sunscreen with an SPF of 30 or higher
  - 5) Avoiding sunglasses

## **Chapter 38: Child With a Skin Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 1

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Determine best practices to manage the symptoms of skin disorders across childhood.

Chapter page reference: 638

Heading: Infant Skin

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Analysis [Analyzing]

Concept: Promoting Health

Difficulty: Difficult

Feedback	
<b>1</b>	Bright-colored clothing and floral prints attract insects. White and light-colored clothing should be worn. This statement requires clarification.
<b>2</b>	Standing water is a breeding ground for mosquitoes. Rid yards of all birdbaths, stagnant pools, and any standing water that mosquitoes can use for breeding. No clarification is needed.
<b>3</b>	DEET is an appropriate insect repellent and can be used in children. A concentration of 10% or less is recommended because of neurotoxic effects at greater concentrations. No clarification is needed.
<b>4</b>	Heavy colognes, perfumes, soaps, and detergents resemble flowers and plants and attract stinging insects. This statement is correct.

PTS: 1

CON: Promoting Health

2. ANS: 1

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Determine best practices to manage the symptoms of skin disorders across childhood.

Chapter page reference: 639-640

Heading: Wound Healing

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Skin Integrity

Difficulty: Easy

Feedback

<b>1</b>	Proliferation is the second phase of healing, in which blood flow is reestablished to the site and natural débridement occurs. This phase, lasting 2 days to 3 weeks, occurs when the wound contracts and a fine layer of epithelial cells cover the site of new collagen.
<b>2</b>	The first stage of healing, inflammation, reflects the skin's initial healing response and lasts about 2 to 5 days. This is a preparatory stage for repair.
<b>3</b>	<i>Restoration</i> is not a term used to describe a phase of wound healing.
<b>4</b>	During remodeling, the third phase, collagen production occurs and allows for scar production. This phase, lasting 3 weeks to 2 years, allows the collagen to increase the tensile strength of the newly mended tissue.

PTS: 1 CON: Skin Integrity

3. ANS: 1

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Differentiate among various rashes that can be found during childhood.

Chapter page reference: 647

Heading: Impetigo

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Skin Integrity

Difficulty: Moderate

Feedback	
<b>1</b>	Impetigo may be caused by <i>S aureus</i> or <i>Streptococcus pyogenes</i> ( <i>S pyogenes</i> ) or both. On rare occasions, another bacterium may be responsible for the skin infection.
<b>2</b>	Viral infections can be caused by any number of viruses, but those encountered most often include a member of the poxvirus group, herpes simplex 1 or 2 and HPV.
<b>3</b>	<i>P aeruginosa</i> is an aerobic bacterium containing gram-negative rods that occur singly. Some species are plant pathogens, and others are involved in human infections.
<b>4</b>	<i>E coli</i> is a species that occurs normally in the intestines of humans and is a frequent cause of urinary tract infections and diarrhea in infants.

PTS: 1 CON: Skin Integrity

4. ANS: 1

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Determine best practices to manage the symptoms of skin disorders across childhood.

Chapter page reference: 641

Heading: Common Skin Disorders

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation  
Cognitive level: Analysis [Analyzing]  
Concept: Skin Integrity  
Difficulty: Difficult

Feedback	
<b>1</b>	Administering analgesics to decrease the pain of the rewarming process is the priority nursing action in this situation.
<b>2</b>	The nurse should use mildly warm water (at 37.8°C to 40°C [100°F to 104°F]) to warm the extremity.
<b>3</b>	Nursing interventions for frostbite include removing wet clothing.
<b>4</b>	Nursing interventions for frostbite include raising the affected extremity to improve venous return.

PTS: 1 CON: Skin Integrity

5. ANS: 2
- Chapter number and title: 38: Child With a Skin Condition  
Chapter learning objective: Define the key terms.  
Chapter page reference: 647  
Heading: Assessments of Impetigo  
Integrated processes: Communication and Documentation  
Client need: Physiological Adaptation  
Cognitive level: Application [Applying]  
Concept: Skin Integrity  
Difficulty: Moderate

Feedback	
<b>1</b>	A <i>bulla</i> is a vesicle that oozes clear fluid.
<b>2</b>	A <i>pustule</i> is a raised, superficial-like vesicle, but the fluid is purulent.
<b>3</b>	A <i>wheel</i> is a raised, irregular, solid-shaped, cutaneous swelling on the skin.
<b>4</b>	A <i>nodule</i> is raised, firm, and circumscribed.

PTS: 1 CON: Skin Integrity

6. ANS: 3
- Chapter number and title: 38: Child With a Skin Condition  
Chapter learning objective: Review personal protective equipment that should be used to prevent the spread of various childhood skin infections.  
Chapter page reference: 647-648  
Heading: Nursing Considerations for Impetigo  
Integrated processes: Teaching and Learning  
Client need: Safety and Infection Control  
Cognitive level: Application [Applying]  
Concept: Infection  
Difficulty: Moderate

Feedback	
<b>1</b>	This is not an appropriate response by the nurse.
<b>2</b>	This is not an appropriate response by the nurse.
<b>3</b>	Keeping the child's skin clean as well as keeping the child well hydrated will decrease cracks and lesions in the skin that open the area to bacterial invasion. Good hand-washing and rigorous cleansing of shared toys in the family will decrease the spread of the bacteria. It is important to teach family members that they must not share personal items including bathroom towels, clothing, and bedding in order to prevent the spread of the bacteria within the family.
<b>4</b>	This is not an appropriate response by the nurse.

PTS: 1 CON: Infection

7. ANS: 2

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Review the special care needs of a newborn and young infant's skin.

Chapter page reference: 645

Heading: Interventions for Thrush

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Skin Integrity

Difficulty: Moderate

Feedback	
<b>1</b>	An antiviral medication is not appropriate to treat a fungal infection.
<b>2</b>	An infant diagnosed with a candidiasis skin infection in the diaper area is prescribed an antifungal cream to treat the current infection. The nurse educates the parents to keep the diaper area as dry and clean as possible and to use a moisture barrier cream.
<b>3</b>	There is no indication for the need to switch formulas.
<b>4</b>	An antifungal liquid medication to prevent future infection is not appropriate.

PTS: 1 CON: Skin Integrity

8. ANS: 1

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Differentiate among various rashes that can be found during childhood.

Chapter page reference: 645

Heading: Thrush

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Skin Integrity

Difficulty: Easy

Feedback	
<b>1</b>	<i>C albicans</i> is frequently the underlying cause of severe diaper rash. When a primary or secondary infection with <i>C albicans</i> occurs, the rash has bright red, scaly plaques with sharp margins. Small papules and pustules might be seen along with satellite lesions.
<b>2</b>	Although diaper dermatitis can be caused by impetigo, urine, feces, and infrequent diapering, the lesions and persistent characteristics are common for <i>Candida</i> infection.
<b>3</b>	Infrequent diapering, along with urine and feces, can cause diaper dermatitis, but the persistence and characteristics of the lesions are common for <i>Candida</i> infection.
<b>4</b>	Urine and feces can cause diaper dermatitis, but the persistence and characteristics of the lesions are common for <i>Candida</i> infection.

PTS: 1 CON: Skin Integrity

9. ANS: 4

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Differentiate among various rashes that can be found during childhood.

Chapter page reference: 648

Heading: Assessments of Lice

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

Feedback	
<b>1</b>	Lice and nits must be distinguished from dandruff, which appears as white, flaky particles.
<b>2</b>	Lesions might be present from itching, but the positive sign of head lice is evidence of nits.
<b>3</b>	Lesions might be present from itching, but the positive sign of head lice is evidence of nits.
<b>4</b>	Evidence of pediculosis capitis includes silver/white sacs (nits) that are attached to the hair shafts, frequently in the occiput area.

PTS: 1 CON: Infection

10. ANS: 2

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Define the key terms.

Chapter page reference: 639-640

Heading: Wound Healing

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Skin Integrity

Difficulty: Easy

Feedback	
<b>1</b>	Wound contraction and inward movement of the wound edge occur during the reconstruction phase of wound healing.
<b>2</b>	Clot formation to seal the wound with fibrin and trapped cells and platelets occurs during the inflammation phase of wound healing, in the first 3 to 5 days.
<b>3</b>	Epithelial cells growing into the wound occurs in the reconstruction phase of wound healing.
<b>4</b>	During the initial phase of healing, there is increased blood flow, giving the area an “inflamed” appearance.

PTS: 1

CON: Skin Integrity

11. ANS: 4

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Determine best practices to manage the symptoms of skin disorders across childhood.

Chapter page reference: 644-645

Heading: Interventions for Eczema

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Skin Integrity

Difficulty: Difficult

Feedback	
<b>1</b>	Antibiotics are not routinely applied to the lesions because the lesions are not related to infection. However, impaired skin barrier function and cutaneous immunity place the infant at greater risk for the development of skin infection.
<b>2</b>	Keeping the infant content is not as high a priority as is prevention of infection. An infant with eczema is at a greater risk for the development of skin infection.
<b>3</b>	Maintaining adequate nutrition is important, but it is not as high a priority. Because of impaired skin barrier function and cutaneous immunity, an infant with eczema is at greater risk for the development of skin infection.
<b>4</b>	Nursing care should focus on preventing infection of lesions. Because of impaired skin barrier function and cutaneous immunity, an infant with eczema is at greater risk for the development of skin infections by organisms.

PTS: 1

CON: Skin Integrity

12. ANS: 1

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Determine best practices to manage the symptoms of skin disorders across childhood.

Chapter page reference: 646

Heading: Interventions for Cutaneous Fungal Infections

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Infection

Difficulty: Difficult

Feedback	
<b>1</b>	Parents are advised to give oral griseofulvin with fatty foods such as milk or peanut butter to enhance absorption.
<b>2</b>	All members of the family and household pets should be assessed for fungal lesions because person-to-person transmission is common.
<b>3</b>	The medication must be used for the entire prescribed period, even if the lesions are gone.
<b>4</b>	Dogs and cats can develop the fungal lesions and can be sources of spread of the organism.

PTS: 1 CON: Infection

13. ANS: 1

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Determine best practices to manage the symptoms of skin disorders across childhood.

Chapter page reference: 646

Heading: Interventions for Scabies Infection

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
<b>1</b>	Treatment of scabies involves application of a scabicide, such as 5% permethrin lotion, over the entire body from the chin down. The scabicide is also applied to the scalp and forehead of younger children, avoiding the rest of the face.
<b>2</b>	Treatment of scabies involves application of a scabicide, such as 5% permethrin lotion, over the entire body from the chin down, as well as the scalp and forehead.
<b>3</b>	Treatment of scabies involves application of a scabicide, such as 5% permethrin lotion, over the entire body from the chin down, including the scalp and forehead.
<b>4</b>	Treatment of scabies involves application of a scabicide, such as 5% permethrin lotion, over the entire body from the chin down, as well as the scalp and forehead.

PTS: 1 CON: Infection

14. ANS: 1

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Analyze the care of a child with a first-, second-, and third-degree burn and prepare a holistic care plan for a child who requires sequential débridement of a significant burn.

Chapter page reference: 651-653

Heading: Interventions for Childhood Burns

Integrated processes: Clinical Problem-Solving Process

Client need: Basic Care and Comfort

Cognitive level: Application [Applying]

Concept: Nutrition

Difficulty: Moderate

Feedback	
<b>1</b>	Parents should be taught that management of a minor burn requires a high-calorie, high-protein diet. This is necessary to meet the increased nutritional requirements of healing.
<b>2</b>	A high-calorie, high-protein diet is required to meet the increased nutritional requirements for healing.
<b>3</b>	The family should be taught that a high-calorie, high-protein diet is best to meet the increased nutritional requirements for healing.
<b>4</b>	A high-calorie, high-protein diet is best to meet the increased nutritional requirements for healing.

PTS: 1 CON: Nutrition

15. ANS: 4

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Analyze the care of a child with a first-, second-, and third-degree burn and prepare a holistic care plan for a child who requires sequential débridement of a significant burn.

Chapter page reference: 653

Heading: Nursing Considerations for Childhood Burns

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

Feedback	
<b>1</b>	Asphyxia is not a common complication during the recovery-management phase of burn treatment. Infection of the burned area is a frequent complication.
<b>2</b>	Metabolic acidosis is not common in the recovery-management phase of burn treatment. Infection of the burned area is a frequent complication.
<b>3</b>	Shock is not the most common complication during the recovery-management phase of burn treatment. Infection of the burned area is a frequent complication.

<b>4</b>	Infection of the burned area is a frequent complication in the recovery-management phase. A goal of burn-wound care is protection from infection.
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PTS: 1 CON: Infection

16. ANS: 2

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Analyze the care of a child with a first-, second-, and third-degree burn and prepare a holistic care plan for a child who requires sequential débridement of a significant burn.

Chapter page reference: 651-653

Heading: Interventions for Childhood Burns

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Skin Integrity

Difficulty: Easy

Feedback	
<b>1</b>	Jobst stockings, or pressure garments, do not prevent pain. They are used to prevent development of hypertrophic scarring and contractures.
<b>2</b>	During the rehabilitation stage, Jobst stockings, or pressure garments, are used to reduce development of hypertrophic scarring and contractures.
<b>3</b>	Jobst pressure garments are used to prevent or minimize the development of hypertrophic scarring and contractures.
<b>4</b>	The elastic pressure garments are used to prevent development of hypertrophic scarring and contractures. They do not prevent the formation of a thrombus in the burn area.

PTS: 1 CON: Skin Integrity

## MULTIPLE RESPONSE

17. ANS: 1, 3, 5

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Differentiate among various rashes that can be found during childhood.

Chapter page reference: 637

Heading: Growth and Development

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Skin Integrity

Difficulty: Easy

Feedback
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1.	This is correct. Atopic dermatitis is an allergic skin disorder. Allergies have an inherited component.
2.	This is incorrect. Seborrheic dermatitis is thought to be an overgrowth of yeast and is influenced by hormones. It is not inherited.
3.	This is correct. Epidermolysis bullosa is inherited either as autosomal dominant or autosomal recessive, depending on type.
4.	This is incorrect. Molluscum contagiosum is caused by a poxvirus and is transmitted person-to-person.
5.	This is correct. Psoriasis is usually seen in clients with a family history. A multifactorial inheritance is suspected.

PTS: 1 CON: Skin Integrity

18. ANS: 1, 2, 4

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Determine best practices to manage the symptoms of skin disorders across childhood.

Chapter page reference: 646

Heading: Interventions for Cutaneous Fungal Infections

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Skin Integrity

Difficulty: Moderate

Feedback	
1.	This is correct. The socks will wick moisture away from the feet to promote healing.
2.	This is correct. This process will help keep the feet dry.
3.	This is incorrect. Corticosteroids will not destroy the organism. An antifungal medication is required.
4.	This is correct. This will reduce the spread of the organism among team members.
5.	This is incorrect. Heat will not treat the problem. Antifungal medications are required.

PTS: 1 CON: Skin Integrity

19. ANS: 3, 4, 5

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Determine best practices to manage the symptoms of skin disorders across childhood.

Chapter page reference: 649

Heading: Interventions for Acne

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Skin Integrity

Difficulty: Difficult

	Feedback
1.	This is incorrect. Washing the face with an approved cleanser each day indicates appropriate understanding of the prevention and treatment of acne.
2.	This is incorrect. Performing frequent hand hygiene and not touching the face indicate appropriate understanding of the prevention and treatment of acne.
3.	This is correct. There is no evidence to suggest that greasy foods such as pizza cause acne. This statement indicates the need for further education.
4.	This is correct. Hair should be shampooed frequently because the oil in hair can cause acne. This statement indicates the need for further education.
5.	This is correct. Prescribed topical medication should be used daily and spread over the entire face. This statement indicates the need for further education.

PTS: 1 CON: Skin Integrity

20. ANS: 1, 2, 4

Chapter number and title: 38: Child With a Skin Condition

Chapter learning objective: Create a teaching plan for new parents to learn how to prevent burns during childhood, including electrical, immersive, contact, and heat burns.

Chapter page reference: 651-653

Heading: Interventions for Childhood Burns

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Skin Integrity

Difficulty: Moderate

	Feedback
1.	This is correct. The nurse should recommend that school-aged children play in the shade while outdoors to decrease the risk for sunburn.
2.	This is correct. The nurse should recommend that school-aged children wear a hat while outdoors to decrease the risk for sunburn.
3.	This is incorrect. Outdoor activities should be restricted between 10 a.m. and 4 p.m. to decrease the risk for sunburn.
4.	This is correct. The nurse should recommend that school-aged children use sunscreen with an SPF of 30 or higher to decrease the risk for sunburn.
5.	This is incorrect. Sunglasses should be encouraged, not discouraged, to decrease the risk for sunburn around the eyes.

PTS: 1

CON: Skin Integrity

## **Chapter 39: Child With a Communicable Disease**

### **Multiple Choice**

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

- \_\_\_ 1. When evaluating a pediatric patient's laboratory data, the nurse knows that which blood cell component seeks out and destroys organisms that might cause disease?
- 1) Antibodies
  - 2) T lymphocytes
  - 3) Antigens
  - 4) Neutrophils
- \_\_\_ 2. When conducting a child's physical assessment, the pediatric nurse recognizes that the child's "slapped cheek" facial rash is associated with which virus?
- 1) Epstein-Barr
  - 2) Fifth disease
  - 3) Varicella-zoster
  - 4) Hepatitis A
- \_\_\_ 3. The pediatric nurse concludes parent teaching about children and influenza by asking: "How long does the incubation period for influenza last?" Which response by the parent indicates appropriate understanding?
- 1) 3 to 6 days
  - 2) 1 to 2 days
  - 3) 1 to 3 days
  - 4) 4 to 6 days
- \_\_\_ 4. A 4-month-old infant is brought to the clinic to have a second diphtheria, tetanus, and pertussis (DTaP) vaccine. The infant's mother states that the infant has had a runny nose for the last 2 days but no fever. Prior to administering the infant's immunization, which question from the nurse to the mother is the most appropriate?
- 1) "Weren't you aware that your baby can't get immunizations when experiencing a runny nose?"
  - 2) "Did your baby have any reaction following the first DTaP?"
  - 3) "Did you bring your baby's immunization record with you today?"
  - 4) "Did you remember to premedicate your infant with steroids?"
- \_\_\_ 5. An adolescent patient has blood drawn by the clinic nurse for laboratory studies confirming an infection with the Epstein-Barr virus. The clinic nurse is teaching the adolescent and parents about the appropriate treatment. Along with rest and acetaminophen (Tylenol) for pharyngitis, which other point does the nurse include in the educational session?
- 1) Tepid baths three times a day
  - 2) Oral care and the use of mouthwash
  - 3) An extended absence from contact sports
  - 4) Frequent follow-up clinic appointments

- \_\_\_\_ 6. A new mother brings her infant to the clinic for a 1-month checkup. The mother confides that she has heard many concerns expressed by other parents about immunizations and is not sure that she wants her baby to receive any immunizations. Which response by the nurse is the most appropriate?
- 1) "Please write down all of your questions for the doctor."
  - 2) "I can provide you with Web sites where you can get further information."
  - 3) "Receiving advice from others can be challenging. Can you tell me your concerns?"
  - 4) "We can talk about this further at your next appointment."
- \_\_\_\_ 7. Which personal protective equipment (PPE) should the nurse don when providing care within 3 feet of a pediatric patient who is on droplet precautions?
- 1) Gown
  - 2) Gloves
  - 3) Mask
  - 4) Eye shield
- \_\_\_\_ 8. The nurse is teaching parents how to prevent the spread of infectious disease. Which priority health promotion strategy should the nurse recommend for all age groups of children?
- 1) Decreasing environmental exposure to pathogens
  - 2) Performing hand hygiene
  - 3) Ensuring all toys are clean and free from germs
  - 4) Keeping children away from sick adults
- \_\_\_\_ 9. A child who has not had a tetanus immunization steps on a rusty nail. Which term should the nurse use to identify the tetanus immunization when teaching the parents about the vaccine?
- 1) Toxoid
  - 2) Live virus
  - 3) Killed virus
  - 4) Recombinant
- \_\_\_\_ 10. Which nursing action is appropriate when providing care to a pediatric patient who is on expanded contact precautions?
- 1) Using soap and water for hand hygiene
  - 2) Wearing a mask when within 3 feet of the patient
  - 3) Wearing shoe protection
  - 4) Using alcohol-based sanitizer for hand hygiene
- \_\_\_\_ 11. A mother refuses to have her child immunized with the measles, mumps, and rubella (MMR) vaccine because she believes that letting her infant get these diseases will help him fight off other diseases later in life. Which is an appropriate response by the nurse?
- 1) Telling the mother that by not immunizing the child, she may be exposing pregnant women to the virus, which could cause fetal harm
  - 2) Honoring the mother's request because she is the parent
  - 3) Telling the mother that she is wrong and should have her child immunized
  - 4) Explaining the potential complications of measles, mumps, and rubella infections

- \_\_\_\_ 12. A mother brings in her 4-month-old infant for a routine checkup and vaccinations. The mother reports that her child was exposed to the flu. Which nursing action is accurate on the basis of the current data?
- 1) Withholding the DTaP vaccination but giving the others as scheduled
  - 2) Giving the infant the flu vaccination but withholding the others
  - 3) Giving the vaccinations as scheduled
  - 4) Withholding the vaccinations
- \_\_\_\_ 13. A parent reports that her 5-year-old child, who has had all the recommended immunizations, had a mild fever 1 week ago and now has bright red cheeks and a lacy red maculopapular rash on the trunk and arms. Which diagnosis does the nurse anticipate on the basis of the current data?
- 1) Rubeola (measles)
  - 2) German measles (rubella)
  - 3) Chickenpox (varicella)
  - 4) Fifth disease (erythema infectiosum)
- \_\_\_\_ 14. The nurse is providing care to a child who is diagnosed with Lyme disease. The mother wants to know how to protect her other children from contracting this disease from the infected child. Which should the nurse include in the teaching session regarding the transmission of this disease process?
- 1) Person to person
  - 2) Animal to person
  - 3) Adult to child
  - 4) Person to insects
- \_\_\_\_ 15. Which is the priority nursing action when it is suspected that an infectious agent has been used as a weapon by terrorists?
- 1) Separating patients according to age
  - 2) Initiating airborne and contact precautions
  - 3) Separating patients according to level of development
  - 4) Disposing of blood-contaminated needles in a lead-lined container
- \_\_\_\_ 16. Which nursing action is most appropriate to decrease the risk of transmitting viral infections by patients and family members at a local clinic?
- 1) Sanitizing toys, telephones, and doorknobs to kill pathogens
  - 2) Teaching parents safe food preparation and storage
  - 3) Withholding immunizations for children with compromised immune systems
  - 4) Allowing all children to congregate in the same waiting room

### **Multiple Response**

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

- \_\_\_\_ 17. A child presents in the emergency department (ED) after experiencing flu-like symptoms for 24 hours. The health-care provider diagnoses the child with swine influenza. Which assessment data collected by the nurse support this diagnosis? (*Select all that apply.*)
- 1) Fever
  - 2) Skin lesions

- 3) Malaise
- 4) Red rash on the face
- 5) Rhinorrhea
- \_\_\_ 18. The mother of an immunocompromised child expresses concern that her child will “catch” a disease from the scheduled vaccination. Which vaccines can be administered to this child because they carry no risk for acquiring the infection? (*Select all that apply.*)
- 1) Toxoid
- 2) Killed virus vaccine
- 3) Live virus vaccine
- 4) Attenuated vaccine
- 5) Immunoglobulins
- \_\_\_ 19. Which nursing actions allow a child to acquire active immunity against a disease? (*Select all that apply.*)
- 1) Administering a dose of immunoglobulins
- 2) Administering a killed virus vaccine
- 3) Administering a toxoid vaccine
- 4) Administering antibiotic therapy
- 5) Administering antiviral therapy
- \_\_\_ 20. There has been an outbreak of communicable diseases in the community. To reduce parental anxiety, the nurse presents information about diseases at the school’s Parent Teacher Association meeting. Which vector-borne diseases, not communicable from person to person, should the nurse include in the teaching session? (*Select all that apply.*)
- 1) Measles
- 2) Whooping cough
- 3) Rocky Mountain spotted fever
- 4) West Nile virus
- 5) Lyme disease

## **Chapter 39: Child With a Communicable Disease**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Define the key terms.

Chapter page reference: 659-660

Heading: Vaccines

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Comprehension [Understanding]

Concept: Immunity

Difficulty: Easy

	Feedback
1	Antibodies can recognize an antigen (foreign substance). When an antigen is detected, several types of cells work together to recognize and respond to the invader.
2	The white blood cells (leukocytes) are part of the defense system. There are two basic types: <i>phagocytes</i> (neutrophils are the most common and fight bacteria) and <i>lymphocytes</i> (B lymphocytes and T lymphocytes) seek out and destroy organisms that might cause disease.
3	Antibodies can recognize an antigen (foreign substance). When an antigen is detected, several types of cells work together to recognize and respond to the invader.
4	The white blood cells (leukocytes) are part of the defense system. There are two basic types: <i>phagocytes</i> (neutrophils are the most common and fight bacteria) and <i>lymphocytes</i> (B lymphocytes and T lymphocytes) seek out and destroy organisms that might cause disease.

PTS: 1

CON: Immunity

2. ANS: 2

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the most commonly encountered childhood infectious diseases and describe the transmission, incubation, common symptoms, and treatments or supportive therapy for each.

Chapter page reference: 675-687

Heading: Table 39-2 Nonimmunizable Communicable Illnesses of Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

	Feedback
1	Infectious mononucleosis caused by the Epstein-Barr virus presents with a classic triad of symptoms including fever, pharyngitis, and lymphadenopathy lasting from 1 to 4 weeks.
2	Fifth disease (caused by parvovirus B19) presents with three distinct stages. In the first stage, lasting 2 to 3 days, the child has mild systemic symptoms that mimic the flu. During the second stage, a deep red rash appears on the cheeks, giving the classic “slapped face” appearance.
3	The varicella-zoster virus causes rash, fever, itching, and fatigue and can lead to severe skin infection, scarring, brain damage, and death.
4	The hepatitis A virus causes severe liver disease, mild flu-like illness, jaundice, severe stomach pains, and diarrhea.

PTS: 1 CON: Infection

3. ANS: 3

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the most commonly encountered childhood infectious diseases and describe the transmission, incubation, common symptoms, and treatments or supportive therapy for each.

Chapter page reference: 663-664

Heading: Influenza “The Flu”

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Infection

Difficulty: Difficult

	Feedback
1	This response is not the most appropriate.
2	This response is not the most appropriate.
3	Influenza is transmitted via droplets from person to person. The incubation period is typically 1 to 3 days, but young children may be infectious for up to 10 days prior to the onset of symptoms.
4	This response is not the most appropriate.

PTS: 1 CON: Infection

4. ANS: 2

Chapter number and title: 39, Child with a Communicable Disease

Chapter learning objective: Describe the purpose of vaccines and childhood immunizations and discuss the most common infections that children are immunized for.

Chapter page reference: 660-673

Heading: Common Communicable Disorders  
Integrated processes: Clinical Problem-Solving Process  
Client need: Pharmacological and Parenteral Therapies  
Cognitive level: Application [Applying]  
Concept: Assessment  
Difficulty: Moderate

	Feedback
1	This is not an appropriate question from the nurse.
2	Safe administration of vaccines requires the nurse to screen for contraindications and precautions prior to administration. There are very few real contraindications to vaccinations. Only one universal contraindication exists to all vaccines, that is, previous severe allergic reaction (anaphylaxis) to the vaccine or its component of vaccine. This can be assessed by asking the mother if her son had any reaction to the first immunization.
3	This is not an appropriate question from the nurse.
4	This is not an appropriate question from the nurse.

PTS: 1 CON: Assessment

5. ANS: 3

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the most commonly encountered childhood infectious diseases and describe the transmission, incubation, common symptoms, and treatments or supportive therapy for each.

Chapter page reference: 675-687

Heading: Table 39-2

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

	Feedback
1	This is not an appropriate point for the nurse to make during the educational session.
2	This is not an appropriate point for the nurse to make during the educational session.
3	The Epstein-Barr virus is responsible for infectious mononucleosis, which is communicable during the actual phase of the illness (7 to 10 days). During the initial disease phase, the spleen may become enlarged. Because rupture is possible, the nurse must not palpate the spleen or place any pressure over the area. Contact sports are contraindicated because of the possibility of a ruptured spleen.
4	This is not an appropriate point for the nurse to make during the educational

session.

PTS: 1 CON: Infection

6. ANS: 3

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the purpose of vaccines and childhood immunizations and discuss the most common infections that children are immunized for.

Chapter page reference: 659-660

Heading: Vaccines

Integrated processes: Teaching and Learning

Client need: Health Promotion and Maintenance

Cognitive level: Application [Applying]

Concept: Promoting Health

Difficulty: Moderate

	Feedback
1	This is not an appropriate response by the nurse.
2	This is not an appropriate response by the nurse.
3	Addressing family concerns regarding immunizations is an important role of the nurse. The nurse must recognize that the explosion of information about immunizations available via the Web has both benefits and disadvantages. Through the Web, parents are bombarded with information regarding the types and safety of immunizations. The nurse should therefore address any immediate concerns of parents as they are presented.
4	This is not an appropriate response by the nurse.

PTS: 1 CON: Promoting Health

7. ANS: 3

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Differentiate the purpose of and use of various personal protective equipment used to prevent the spread of infection within health-care environments.

Chapter page reference: 658

Heading: Conceptual Cornerstone – Infection Control

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

	Feedback
1	A gown is required as needed when providing all care to a pediatric patient on droplet precautions.
2	Gloves are required as needed when providing all care to a pediatric patient on droplet precautions.

<b>3</b>	A face mask must be worn when providing care within 3 feet of a child who is on droplet precautions.
<b>4</b>	Eye shields are required as needed when providing all care to a pediatric patient on droplet precautions.

PTS: 1 CON: Infection

8. ANS: 2

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe basic safety precautions for preventing the spread of childhood communicable diseases.

Chapter page reference: 672

Heading: Nursing Considerations for Hepatitis A

Integrated processes: Teaching and Learning

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Infection

Difficulty: Difficult

Feedback	
<b>1</b>	It is not possible to keep children free from colds.
<b>2</b>	Proper hand hygiene is one of the most important health promotion strategies for all age groups of children as well as child-care providers.
<b>3</b>	Keeping all toys clean and free from germs is not possible.
<b>4</b>	It is not always possible to keep children away from sick adults.

PTS: 1 CON: Infection

9. ANS: 1

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the purpose of vaccines and childhood immunizations and discuss the most common infections that children are immunized for.

Chapter page reference: 660

Heading: Toxoid

Integrated processes: Teaching and Learning

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
<b>1</b>	Toxoids are chemicals normally associated with a disease that stimulate the production of immunity. A tetanus immunization is an example of a toxoid vaccine.
<b>2</b>	A <i>live virus vaccine</i> contains a microorganism that is live but <i>attenuated</i> , or in a weakened form. A varicella immunization is an example of a live virus vaccine.

<b>3</b>	A <i>killed virus vaccine</i> contains a microorganism that has been killed but is still capable of causing the human body to produce antibodies. This term is used to describe an inactivated poliovirus vaccine.
<b>4</b>	A <i>recombinant vaccine</i> uses a genetically altered organism. A hepatitis B immunization is an example of this type of vaccine.

PTS: 1 CON: Infection

10. ANS: 1

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Differentiate between the various types of isolation techniques including standard precautions, airborne precautions, contact precautions, droplet precautions, and reverse (also called protective) precautions.

Chapter page reference: 658

Heading: Conceptual Cornerstone – Infection Control

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
<b>1</b>	Soap and water are the only means of implementing hand hygiene for this patient.
<b>2</b>	A mask is not required for expanded contact precautions.
<b>3</b>	Shoe protection is not required for expanded contact precautions.
<b>4</b>	Alcohol-based sanitizer is not appropriate for hand hygiene when providing care to a patient on expanded contact precautions.

PTS: 1 CON: Infection

11. ANS: 4

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the most commonly encountered childhood infectious diseases and describe the transmission, incubation, common symptoms, and treatments or supportive therapy for each.

Chapter page reference: 659-660

Heading: Vaccines

Integrated processes: Communication and Documentation

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
<b>1</b>	This mother is not concerned about other women; she is concerned about what is best for her child.

<b>2</b>	Nurses are responsible for helping parents make informed decisions. It is important that the mother has all the facts before she makes a decision.
<b>3</b>	The mother has the right to make the decisions for her child. The nurse's role is not to tell the parents what to do but to give them the information they need to make decisions.
<b>4</b>	Explaining that if her child contracts measles, mumps, or rubella, he or she could have very serious and permanent complications from these diseases is correct; measles, mumps, and rubella all have potentially serious sequelae, such as encephalitis, brain damage, and deafness.

PTS: 1 CON: Infection

12. ANS: 3

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the purpose of vaccines and childhood immunizations and discuss the most common infections that children are immunized for.

Chapter page reference: 659-660

Heading: Vaccines

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

	Feedback
<b>1</b>	There is no reason to withhold any of the vaccinations due at this time.
<b>2</b>	The flu vaccination is not routinely given to a 4-month-old infant.
<b>3</b>	Giving the vaccine as scheduled will keep the infant properly immunized.
<b>4</b>	Recent exposure to an infectious disease is not a reason to defer a vaccine.

PTS: 1 CON: Infection

13. ANS: 4

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the most commonly encountered childhood infectious diseases and describe the transmission, incubation, common symptoms, and treatments or supportive therapy for each.

Chapter page reference: 675-687

Heading: Table 39-2 Nonimmunizable Communicable Illnesses of Childhood

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

Feedback
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<b>1</b>	Children with rubeola have a high temperature and a blotchy maculopapular rash. Because there is a vaccination for rubeola, it is unlikely the child has it.
<b>2</b>	The rash of rubella is a pink, maculopapular rash that begins on the face and progresses downward to the trunk and extremities. The child is fully vaccinated, making this unlikely.
<b>3</b>	Varicella (chickenpox) and rubella (German measles) are unlikely if the child has had all recommended immunizations.
<b>4</b>	Fifth disease manifests first with a flu-like illness, followed by a red slapped cheek sign. Then a lacy maculopapular erythematous rash spreads symmetrically from the trunk to the extremities, sparing the soles and palms.

PTS: 1 CON: Infection

14. ANS: 2

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the most commonly encountered childhood infectious diseases and describe the transmission, incubation, common symptoms, and treatments or supportive therapy for each.

Chapter page reference: 675-687

Heading: Table 39-2 Nonimmunizable Communicable Illnesses of Childhood

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
<b>1</b>	Some infectious diseases are transmitted by insects or animals and are not communicable from person to person. Lyme disease is not communicable from person to person.
<b>2</b>	Zoonosis describes infectious diseases that are transmitted by animals and are not communicable from person to person. Lyme disease is an example of this type of infectious disease.
<b>3</b>	Some infectious diseases are transmitted by insects or animals and are not communicable from person to person. Lyme disease is not communicable from adults to children.
<b>4</b>	Some infectious diseases are transmitted by insects or animals and are not communicable from person to person. Lyme disease is not passed from people to insects.

PTS: 1 CON: Infection

15. ANS: 2

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Differentiate between the various types of isolation techniques including standard precautions, airborne precautions, contact precautions, droplet precautions, and reverse (also called protective) precautions.

Chapter page reference: 658

Heading: Conceptual Cornerstone – Infection Control

Integrated Processes: Clinical Problem-Solving Process

Client Need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Safety; Infection

Difficulty: Difficult

Feedback	
<b>1</b>	Separating patients according to age will do nothing to stop terrorism.
<b>2</b>	When patients present with the same type of infectious symptoms, the priority nursing action is to initiate airborne and contact precautions prior to diagnosis.
<b>3</b>	Separating patients according to level of development will do nothing to stop terrorism.
<b>4</b>	Proper disposal of blood-contaminated needles in the sharps container is appropriate nursing actions but does not relate to terrorism.

PTS: 1

CON: Safety | Infection

16. ANS: 1

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe basic safety precautions for preventing the spread of childhood communicable diseases.

Chapter page reference: 658

Heading: Conceptual Cornerstone – Infection Control

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

Feedback	
<b>1</b>	Sanitizing toys and all contact surfaces, separating children with infections, and teaching children to wash their hands all control the growth and spread of microorganisms.
<b>2</b>	Teaching parents safe food preparation and storage is another tool to prevent the spread of microorganisms, but it is not related to the flu virus.
<b>3</b>	Immunizations should not be withheld from immunocompromised children, and this is not an infection-control strategy.
<b>4</b>	Children should be separated in different waiting rooms when seeking care at a pediatric clinic.

PTS: 1

CON: Infection

## MULTIPLE RESPONSE

17. ANS: 1, 3, 5

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the most commonly encountered childhood infectious diseases and describe the transmission, incubation, common symptoms, and treatments or supportive therapy for each.

Chapter page reference: 663-664

Heading: Influenza “The Flu”

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

Feedback	
1.	This is correct. Clinical manifestations that support the diagnosis of influenza include fever, malaise, and rhinorrhea.
2.	This is incorrect. Skin lesions and a red rash on the face are not typical clinical manifestations of influenza.
3.	This is correct. Clinical manifestations that support the diagnosis of influenza include fever, malaise, and rhinorrhea.
4.	This is incorrect. Skin lesions and a red rash on the face are not typical clinical manifestations of influenza.
5.	This is correct. Clinical manifestations that support the diagnosis of influenza include fever, malaise, and rhinorrhea.

PTS: 1

CON: Infection

18. ANS: 1, 2, 5

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the purpose of vaccines and childhood immunizations and discuss the most common infections that children are immunized for.

Chapter page reference: 659-660

Heading: Vaccines

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

Feedback
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1.	This is correct. A toxoid is not an organism but a chemical produced by the organism. The toxoid has been treated to weaken its toxic effect.
2.	This is correct. The immunization contains organisms that are dead and incapable of reproducing.
3.	This is incorrect. This immunization contains live but weakened organisms. These organisms can mutate and reproduce and may cause disease in a weakened immune system.
4.	This is incorrect. An attenuated vaccine is the same as a live virus vaccine.
5.	This is correct. Immunoglobulins are the antibodies produced by others against a disease. They do not contain the live or killed virus.

PTS: 1 CON: Infection

19. ANS: 2, 3

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the purpose of vaccines and childhood immunizations and discuss the most common infections that children are immunized for.

Chapter page reference: 659-660

Heading: Vaccines

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Comprehension [Understanding]

Concept: Infection

Difficulty: Easy

	Feedback
1.	This is incorrect. Immunoglobulins provide passive immunity. No active immunity is acquired.
2.	This is correct. This immunization stimulates antibody production in the child, which is active immunity.
3.	This is correct. This immunization also stimulates antibody production in the child.
4.	This is incorrect. Antibiotic therapy provides no immunity.
5.	This is incorrect. Antiviral therapy provides no immunity.

PTS: 1 CON: Infection

20. ANS: 3, 4, 5

Chapter number and title: 39: Child With a Communicable Disease

Chapter learning objective: Describe the most commonly encountered childhood infectious diseases and describe the transmission, incubation, common symptoms, and treatments or supportive therapy for each.

Chapter page reference: 675-687

Heading: Table 39-2 Nonimmunizable Communicable Illnesses of Childhood

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Infection

Difficulty: Moderate

	Feedback
1.	This is incorrect. Rubeola, or measles, is caused by a virus and is transmitted person-to-person.
2.	This is incorrect. Pertussis, or whooping cough, is caused by a gram-positive coccobacilli called <i>Bordetella pertussis</i> and is spread person-to-person.
3.	This is correct. Rocky Mountain spotted fever is a vector-borne disease spread by a tick.
4.	This is correct. West Nile virus is transmitted by a mosquito, a vector, and is not transmitted person-to-person.
5.	This is correct. Lyme disease is also a vector-borne disease spread by a tick.

PTS: 1

CON: Infection

## **Chapter 40: Child With an Oncological or Hematological Condition**

### **Multiple Choice**

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

- \_\_\_\_ 1. Which primary function of red blood cells (RBCs) should the nurse consider when providing care to a pediatric patient who has been diagnosed with anemia?
- 1) Mediating the immune system to decrease areas of serious inflammation
  - 2) Transporting hemoglobin that carries oxygen from the lungs to the tissues
  - 3) Migrating and providing a rapid defense against any foreign agent
  - 4) Providing hemostasis and vascular repair following injury to a vessel wall
- \_\_\_\_ 2. The pediatric nurse teaches the parents of a preschool-aged child diagnosed with anemia that it is important to identify the cause of anemia so treatment can be tailored to their child's specific needs. The nurse tells the parents that their child's anemia is caused by an increased destruction of red blood cells that occurs with which condition noted in the medical history?
- 1) Bone marrow failure
  - 2) Acute blood loss
  - 3) Myelodysplastic syndrome
  - 4) Sickle cell anemia
- \_\_\_\_ 3. A hematologist diagnoses a school-aged child with thrombocytopenia. When educating the parents of the child about this condition, which description of the disease does the nurse include?
- 1) A decrease in platelets
  - 2) An increase in red blood cells
  - 3) A decrease in white blood cells
  - 4) An increase in platelets
- \_\_\_\_ 4. Which parental statement indicates correct understanding of information presented regarding the treatment for infant anemia?
- 1) "We will add green leafy vegetables to our child's low-iron formula."
  - 2) "We will discontinue the use of vitamin C supplements by 6 months of age."
  - 3) "We will begin an iron-fortified infant cereal at 4 to 6 months of age."
  - 4) "We will introduce cow's milk by 6 months of age."
- \_\_\_\_ 5. The pediatric nurse plans care for a child experiencing a sickle cell crisis. Which nursing intervention is appropriate for this patient?
- 1) Encouraging an increased amount of activity
  - 2) Monitoring respiratory status and oxygenation
  - 3) Using only nonpharmacological pain interventions to avoid an acute pulmonary event
  - 4) Implementing fluid restrictions
- \_\_\_\_ 6. When talking to the parents of a school-aged cancer patient, the pediatric nurse identifies which as the most common cancer found in children?
- 1) Nasopharyngeal cancer

- 2) Acute lymphocytic leukemia  
3) Chronic lymphocytic leukemia  
4) Ewing sarcoma
- \_\_\_\_ 7. The pediatric nurse explains to a parent that his child's sarcoma arises from which type of tissue?  
1) Connective  
2) Epithelial  
3) Lymphatic  
4) Glandular
- \_\_\_\_ 8. On the basis of a child's complaint of abdominal pain, the nurse suspects a Wilms' tumor. An abdominal mass associated with a Wilms' tumor will be detected in which location?  
1) On one side  
2) On the front side  
3) On both the left and right sides  
4) On all sides of the abdomen
- \_\_\_\_ 9. A school-aged child is tentatively diagnosed with acute lymphocytic leukemia. The clinic nurse reviews the child's laboratory results and recognizes that which finding reflects the best prognosis?  
1) WBC count greater than 30,000/mm<sup>3</sup>  
2) WBC count greater than 20,000/mm<sup>3</sup>  
3) WBC count less than 10,000/mm<sup>3</sup>  
4) WBC count less than 5000/mm<sup>3</sup>
- \_\_\_\_ 10. The parents of an infant diagnosed with sickle cell disease ask, "How did our child get this disease? Neither one of us has it." Which should the nurse consider when responding to the parents?  
1) The child is adopted.  
2) The mother of the child has the trait, but the father does not.  
3) The father of the child has the trait, but the mother does not.  
4) The mother and the father of the child have the sickle cell trait.
- \_\_\_\_ 11. The nurse is administering packed red blood cells to a child with sickle-cell disease (SCD). When should the nurse monitor the child closely because of the risk of reaction?  
1) 6 hours after the transfusion is given  
2) At the end of the administration of the transfusion  
3) The first 20 mL of blood administered  
4) Never; children with SCD do not have reactions
- \_\_\_\_ 12. A child diagnosed with aplastic anemia is admitted to the hospital. The parents ask the nurse what aplastic anemia is. Which response by the nurse is accurate?  
1) "Aplastic anemia causes a proliferation of white blood cells."  
2) "Aplastic anemia is characterized by abnormally shaped red blood cells"  
3) "Aplastic anemia is caused by the bone marrow producing inadequate cells."  
4) "Aplastic anemia is a disorder that occurs after a viral illness."
- \_\_\_\_ 13. Which nursing action is appropriate when treating a school-aged child diagnosed with hemophilia for a superficial wound above the knee?  
1) Applying pressure to the area

- 2) Applying a warm, moist pack to the area
  - 3) Performing some passive range of motion to the affected leg
  - 4) Keeping the affected extremity in a dependent position
- \_\_\_ 14. Which is the priority teaching point for the nurse to include in the discharge instructions for the parents of a child who was admitted in a sickle cell crisis?
  - 1) Rapid weaning of pain medications
  - 2) A diet high in protein
  - 3) Adequate hydration
  - 4) Restriction of activities
- \_\_\_ 15. The nurse is preparing to administer a blood transfusion to a child with severe anemia. Which type of transfusion reaction can be avoided by the nurse's assessment?
  - 1) Allergic
  - 2) Hemolytic
  - 3) Febrile
  - 4) Septic
- \_\_\_ 16. Which is the priority nursing intervention for a pediatric client diagnosed with leukemia who has a granulocyte count of  $250/\text{mm}^3$  and a platelet count of  $150,000/\text{mm}^3$ ?
  - 1) Fluid restriction
  - 2) Mouth care
  - 3) Neutropenic precautions
  - 4) Hand hygiene

### **Multiple Response**

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

- \_\_\_ 17. A school-aged African American male is brought to an emergency department (ED) by his parents with a vaso-occlusive crisis. When caring for this child, the nurse monitors for which conditions during the assessment? (*Select all that apply.*)
  - 1) Uncontrolled bleeding
  - 2) Acute chest syndrome
  - 3) Splenic sequestration
  - 4) Leg ulcerations
  - 5) Diuresis
- \_\_\_ 18. The clinic nurse conducts an interview with an adolescent diagnosed with beta-thalassemia and his parents. Prior to planning the adolescent's care, which should the nurse take into consideration? (*Select all that apply.*)
  - 1) There is no cure for beta-thalassemia, but early remission is possible.
  - 2) Hemosiderosis may occur as a result of chronic blood transfusion therapy.
  - 3) Hand washing is essential because patients are often asplenic.
  - 4) If the patient has a fever, antibiotic prophylaxis may be indicated.
  - 5) To provide pain medication per order around the clock

- \_\_\_ 19. The nurse is providing care to a child diagnosed with cancer. Laboratory results indicate anemia. On the basis of the laboratory results, which clinical manifestations do(es) the nurse anticipate? (*Select all that apply.*)
- 1) Fever
  - 2) Fatigue
  - 3) Bleeding
  - 4) Headache
  - 5) Tachycardia
- \_\_\_ 20. Which general manifestations should the nurse monitor for when conducting a physical assessment for a pediatric client who is diagnosed with cancer? (*Select all that apply.*)
- 1) Infection
  - 2) Polycythemia
  - 3) Petechiae
  - 4) Pain
  - 5) Cachexia

## **Chapter 40: Child With an Oncological or Hematological Condition**

### **Answer Section**

#### **MULTIPLE CHOICE**

1. ANS: 2

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Describe the composition and function of the components of blood and relate each function to the pathology of hematological and oncological diseases.

Chapter page reference: 691-693

Heading: The Composition and Function of Blood

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Hematologic Regulation

Difficulty: Easy

Feedback	
<b>1</b>	White blood cells (WBCs) are important for immune system mediation.
<b>2</b>	The RBCs, also known as <i>erythrocytes</i> , have the primary function of transporting hemoglobin, which carries oxygen from the lungs to the tissues.
<b>3</b>	Most leukocytes migrate to areas of serious inflammation and provide a rapid defense against any foreign agent.
<b>4</b>	The primary function of platelets is hemostasis and vascular repair following injury to a vessel wall; platelets aggregate to form a plug.

PTS: 1

CON: Hematologic Regulation

2. ANS: 4

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Analyze the pathology of anemias and relate types of anemia with an anemic child's clinical presentation.

Chapter page reference: 697-699

Heading: Sickle Cell Anemia

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Hematologic Regulation

Difficulty: Easy

Feedback	
<b>1</b>	Bone marrow failure causes a decreased production of RBCs.
<b>2</b>	Acute or chronic blood loss does not cause the destruction of RBCs but an inability to reproduce RBCs to replace those lost.

<b>3</b>	Myelodysplastic syndrome causes decreased production of RBCs.
<b>4</b>	An increased destruction of RBCs occurs with conditions such as sickle cell anemia or hereditary spherocytosis.

PTS: 1 CON: Hematologic Regulation

3. ANS: 1

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Describe the composition of and function of the components of blood and relate each function to the pathology of hematological and oncological diseases.

Chapter page reference: 691-693

Heading: The Composition and Function of Blood

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Hematologic Regulation

Difficulty: Easy

Feedback	
<b>1</b>	<i>Thrombocytopenia</i> is a decrease in platelets.
<b>2</b>	<i>Polycythemia</i> is an increase in RBCs.
<b>3</b>	<i>Leukopenia</i> is a decrease in WBCs.
<b>4</b>	<i>Thrombocytosis</i> is an increase in platelets.

PTS: 1 CON: Hematologic Regulation

4. ANS: 3

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: State the assessments conducted for a child who presents with iron-deficiency anemia and sickle cell anemia and describe the required medical and nursing care for each.

Chapter page reference: 697

Heading: Nursing Considerations for Iron-Deficiency Anemia

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Analysis [Analyzing]

Concept: Hematologic Regulation

Difficulty: Difficult

Feedback	
<b>1</b>	The infant's maternal iron stores are depleted by 6 months. Infants who are not breastfed should get iron-fortified formula. Green leafy vegetables, though iron-fortified, are not appropriate for an infant.
<b>2</b>	Vitamin C should be started at 6 to 9 months of age and continued because foods rich in vitamin C improve iron absorption.
<b>3</b>	Starting iron-fortified infant cereal at 4 to 6 months of age is recommended for

	prevention of iron deficiency in children.
<b>4</b>	Cow's milk should not be introduced until 12 months of age.

PTS: 1 CON: Hematologic Regulation

5. ANS: 2

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: State the assessments conducted for a child who presents with iron-deficiency anemia and sickle cell anemia, and describe the required medical and nursing care for each.

Chapter page reference: 698-699

Heading: Nursing Considerations for SCA

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Hematologic Regulation

Difficulty: Easy

Feedback	
<b>1</b>	Rest, not activity, should be encouraged for this patient.
<b>2</b>	Nursing care should focus on rest, hydration, pain control, and adequate oxygenation. Another critical assessment factor is the monitoring of respiratory status and oxygenation of sickle cell patients. The child with sickle cell crisis may be at risk for an acute pulmonary event, which may be a result of the disease and/or the use of opiates.
<b>3</b>	Pain control can be pharmacological and/or nonpharmacological; ideally, a combination of both is preferred.
<b>4</b>	The fluid requirement recommendations are one and one-half times above the child's normal calculated requirements.

PTS: 1 CON: Hematologic Regulation

6. ANS: 2

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Describe the characteristics of childhood cancer including the pathology of solid and blood-/lymphatic-based malignancies.

Chapter page reference: 707-709

Heading: Leukemia

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Knowledge [Remembering]

Concept: Cellular Regulation

Difficulty: Easy

Feedback	
<b>1</b>	Nasopharyngeal cancer is not the most common cancer found in children.

<b>2</b>	Acute lymphocytic leukemia (ALL) is the most common type of cancer in children. ALL accounts for 75% to 80% of all childhood leukemias and for approximately one-third of all childhood cancers. Approximately 2800 children are diagnosed with ALL in the United States annually.
<b>3</b>	Chronic lymphocytic leukemia is not the most common cancer found in children.
<b>4</b>	Ewing sarcoma is not the most common cancer found in children.

PTS: 1 CON: Cellular Regulation

7. ANS: 1

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Describe the characteristics of childhood cancer including the pathology of solid and blood-/lymphatic-based malignancies.

Chapter page reference: 704

Heading: Box 40-2 Childhood Cancers

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Knowledge [Remembering]

Concept: Cellular Regulation

Difficulty: Easy

Feedback	
<b>1</b>	Sarcomas arrive from connective or supporting tissue such as bone or muscle.
<b>2</b>	Carcinomas are cancers that arise from the body's glandular cells and epithelial cells.
<b>3</b>	Lymphomas are cancers of the lymphoid organs such as the lymph nodes, spleen, and thymus, which produce and store infection-fighting cells.
<b>4</b>	Carcinomas are cancers that arise from the body's glandular cells and epithelial cells.

PTS: 1 CON: Cellular Regulation

8. ANS: 1

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Describe the characteristics of childhood cancer, including the pathology of solid and blood-/lymphatic-based malignancies.

Chapter page reference: 704

Heading: Box 40-2 Childhood Cancers

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Cellular Regulation

Difficulty: Easy

Feedback	
<b>1</b>	Children with a Wilms' tumor present with an abdominal mass that is usually

	painless. The mass frequently presents on one side and seldom crosses the midline as does a neuroblastoma.
<b>2</b>	This is not an accurate presentation of a Wilms' tumor.
<b>3</b>	This is not an accurate presentation of a Wilms' tumor.
<b>4</b>	This is not an accurate presentation of a Wilms' tumor.

PTS: 1 CON: Cellular Regulation

9. ANS: 4

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Describe the composition of and function of the components of blood and relate each function to the pathology of hematological and oncological diseases.

Chapter page reference: 707

Heading: Assessments of Leukemia

Integrated processes: Clinical Problem-Solving Process

Client need: Reduction of Risk Potential

Cognitive level: Comprehension [Understanding]

Concept: Cellular Regulation

Difficulty: Easy

Feedback	
<b>1</b>	This WBC count does not reflect the best prognosis.
<b>2</b>	This WBC count does not reflect the best prognosis.
<b>3</b>	This WBC count does not reflect the best prognosis.
<b>4</b>	The child's WBC count and age at diagnosis are the most important prognostic signs in ALL. The best prognosis is a WBC count less than 5000/mm <sup>3</sup> with an age of 2 to 9 years.

PTS: 1 CON: Cellular Regulation

10. ANS: 4

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Analyze the pathology of anemias and relate types of anemia with an anemic child's clinical presentation.

Chapter page reference: 697-699

Heading: Sickle Cell Anemia

Integrated processes: Communication and Documentation

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Hematologic Regulation

Difficulty: Moderate

Feedback	
<b>1</b>	There is no indication the child is adopted.
<b>2</b>	Both parents must have the trait for the child to have a 25% chance of having this disease.

<b>3</b>	Both parents must have the trait for the child to have a 25% chance of having this disease.
<b>4</b>	Sickle-cell disease (SCD) is an autosomal recessive disorder; both parents must have the trait in order for a child to have a 25% chance of having this disease.

PTS: 1 CON: Hematologic Regulation

11. ANS: 3

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Review the nursing care required for a child who is receiving a blood product transfusion: packed RBCs and platelets.

Chapter page reference: 696

Heading: Nursing Care for Transfusion Therapy

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Comprehension [Understanding]

Concept: Hematologic Regulation

Difficulty: Easy

Feedback	
<b>1</b>	Transfusion reaction does not occur this long after the transfusion.
<b>2</b>	Reactions generally occur at the onset or during the first 20 minutes of transfusion.
<b>3</b>	Blood reactions can occur as soon as the blood transfusion begins. The nurse should administer the first 20 mL of blood slowly and monitor for a reaction during this time frame.
<b>4</b>	Anyone can have a transfusion reaction during any transfusion.

PTS: 1 CON: Hematologic Regulation

12. ANS: 3

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Describe the characteristics of childhood cancer including the pathology of solid and blood-/lymphatic-based malignancies.

Chapter page reference: 704

Heading: Box 40-2 Childhood Cancers

Integrated processes: Teaching and Learning

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Cellular Regulation

Difficulty: Moderate

Feedback	
<b>1</b>	All blood cells, not just WBCs, are affected by aplastic anemia.
<b>2</b>	Aplastic anemia does not cause abnormally shaped RBCs; this is a description of SCD.
<b>3</b>	In aplastic anemia, the bone marrow does not produce sufficient numbers of

	circulating blood cells.
<b>4</b>	There is no known association between aplastic anemia and viral illness.

PTS: 1 CON: Cellular Regulation

13. ANS: 1

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Analyze the three most common forms of hemophilia and describe the teaching needs of families in order to administer emergency treatments for a child experiencing a bleeding episode.

Chapter page reference: 702

Heading: Nursing Considerations for Hemophilia

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Hematologic Regulation

Difficulty: Moderate

Feedback	
<b>1</b>	If a child with hemophilia experiences a bleeding episode, superficial bleeding should be controlled by applying pressure to the wound.
<b>2</b>	Heat increases the bleeding by dilating the superficial blood vessels. A cool compress should be applied.
<b>3</b>	The extremity should be immobilized to prevent further bleeding; passive range of motion could cause further bleeding at the site.
<b>4</b>	The extremity should be elevated if possible to prevent swelling at the site.

PTS: 1 CON: Hematologic Regulation

14. ANS: 3

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Review the developmentally appropriate pain scales used for a child during a sickle cell episode (crisis) and review effective pain control measures.

Chapter page reference: 698

Heading: Interventions for SCA

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Hematologic Regulation

Difficulty: Moderate

Feedback	
<b>1</b>	Rapid weaning is not necessary; reduction of pain medication should proceed at a rate dictated by the child's pain.
<b>2</b>	A high-protein diet is not necessary; a well-balanced diet should be promoted.
<b>3</b>	Adequate hydration will help prevent further sequestration and crisis.

<b>4</b>	Normal activities are not restricted.
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PTS: 1 CON: Hematologic Regulation

15. ANS: 2

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective:

Chapter page reference: 696

Heading: Nursing Care for Transfusion Therapy

Integrated processes: Clinical Problem-Solving Process

Client need: Pharmacological and Parenteral Therapies

Cognitive level: Comprehension [Understanding]

Concept: Hematologic Regulation

Difficulty: Easy

Feedback	
<b>1</b>	Allergic reactions are due to a protein in the donated blood to which the child reacts. The nurse cannot prevent this type of reaction.
<b>2</b>	A hemolytic reaction results from mismatched blood, a preventable error. This error is most likely to occur at the bedside if the nurse does not carefully identify the unit of blood and the patient.
<b>3</b>	A febrile reaction is related to contamination of blood. The nurse has no control over this type of reaction.
<b>4</b>	<i>Septic</i> is another name for a febrile reaction and is not preventable by the nurse.

PTS: 1 CON: Hematologic Regulation

16. ANS: 4

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Review the nursing care required for a child who is receiving a blood product transfusion: packed RBCs and platelets.

Chapter page reference: 708

Heading: Nursing Considerations for Leukemia

Integrated processes: Clinical Problem-Solving Process

Client need: Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Cellular Regulation

Difficulty: Difficult

Feedback	
<b>1</b>	Fluid restriction is not a priority nursing intervention on the basis of the current data. Fluids should continue to be encouraged.
<b>2</b>	Platelet count is normal; mouth care should include brushing with a soft toothbrush and frequent rinsing.
<b>3</b>	The child should be isolated from anyone infectious, but neutropenic isolation is not necessary.

**4** Hand hygiene is vital for preventing the spread of infection.

PTS: 1

CON: Cellular Regulation

**MULTIPLE RESPONSE**

17. ANS: 2, 3, 4

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: State the assessments conducted for a child who presents with iron-deficiency anemia and sickle cell anemia and describe the required medical and nursing care for each.

Chapter page reference: 697-699

Heading: Sickle Cell Anemia

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Hematologic Regulation

Difficulty: Moderate

	Feedback
1.	This is incorrect. This is not a clinical manifestation the nurse monitors this patient for on the basis of the current data.
2.	This is correct. Acute chest syndrome is a complication of a vaso-occlusive crisis.
3.	This is correct. Splenic sequestration is a complication of vaso-occlusive crisis.
4.	This is correct. Leg ulcerations are a complication of vaso-occlusive crisis.
5.	This is incorrect. This is not a clinical manifestation the nurse monitors this patient for on the basis of the current data.

PTS: 1

CON: Hematologic Regulation

18. ANS: 2, 3, 4

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Analyze the pathology of anemias and relate types of anemia with an anemic child's clinical presentation.

Chapter page reference: 703-705

Heading: Thalassemia

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Hematologic Regulation

Difficulty: Moderate

	Feedback
1.	This is incorrect. Children with beta-thalassemia may be cured of their disorder with

	a bone marrow transplant.
2.	This is correct. As a result of the chronic blood transfusion therapy, in which each unit contains approximately 200 mg of iron, iron may accumulate in the body (hemosiderosis).
3.	This is correct. Nursing interventions include good hand washing because these children are often asplenic, which increases their susceptibility to infection.
4.	This is correct. If the patient develops a temperature of 101.5°F (38.6°C), antibiotic prophylaxis may be indicated.
5.	This is incorrect. Pain is not associated with beta-thalassemia; therefore, the nurse does not anticipate the need to medicate the child for pain around the clock.

PTS: 1 CON: Hematologic Regulation

19. ANS: 2, 4, 5

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Analyze the pathology of anemias and relate types of anemia with an anemic child's clinical presentation.

Chapter page reference: 694-695

Heading: Assessments of Anemias

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Comprehension [Understanding]

Concept: Hematologic Regulation

Difficulty: Easy

	Feedback
1.	This is incorrect. Fever is often a clinical manifestation associated with neutropenia.
2.	This is correct. Fatigue, headache, and tachycardia are all clinical manifestations the nurse expects to find when assessing a child diagnosed with anemia.
3.	This is incorrect. Bleeding is often a clinical manifestation of thrombocytopenia.
4.	This is correct. Fatigue, headache, and tachycardia are all clinical manifestations the nurse expects to find when assessing a child diagnosed with anemia.
5.	This is correct. Fatigue, headache, and tachycardia are all clinical manifestations the nurse expects to find when assessing a child diagnosed with anemia.

PTS: 1 CON: Hematologic Regulation

20. ANS: 1, 3, 4, 5

Chapter number and title: 40: Child With an Oncological or Hematological Condition

Chapter learning objective: Analyze the issues of safety associated with a child with an oncology disorder including error reduction, protection from infection, and safe implementation of care.

Chapter page reference: 707

Heading: Safe Nursing Care of a Child with Cancer

Integrated processes: Clinical Problem-Solving Process

Client need: Physiological Adaptation

Cognitive level: Application [Applying]

Concept: Cellular Regulation

Difficulty: Moderate

	Feedback
1.	This is correct. Infection is often a general manifestation associated with cancer caused by altered immune function.
2.	This is incorrect. Anemia, not polycythemia, is a general manifestation associated with cancer.
3.	This is correct. Hemorrhagic spots, or petechiae, are general manifestations associated with cancer.
4.	This is correct. Pain is often a general manifestation of cancer resulting from neoplasms directly or indirectly affecting nerve receptors.
5.	This is correct. Cachexia is a state that is often associated with cancer. Specific symptoms include anorexia, nausea, and vomiting.

PTS: 1

CON: Cellular Regulation