**Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders**

**Multiple Choice**

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

\_\_\_\_ 1. A patient is admitted to a respiratory unit with a diagnosis of pneumonia. Assessment data reveal the patient to be febrile and experiencing a weak, congested-sounding cough, with moist crackles throughout the lung fields. Based on the data provided, the nurse will focus care on which issue?

|  |  |
| --- | --- |
| 1. | Confusion from fever |
| 2. | Inadequate oxygen level |
| 3. | Difficulty with breathing |
| 4. | Inability to clear the airway |

\_\_\_\_ 2. The nurse is caring for a patient with pneumonia. Which set of laboratory tests will be most helpful to the nurse to monitor the condition of this patient?

|  |  |
| --- | --- |
| 1. | Electrolytes and serum creatinine |
| 2. | Complete blood count (CBC) and urinalysis |
| 3. | Partial thromboplastin time (PTT) and serum potassium |
| 4. | White blood cell (WBC) count and arterial blood gases (ABGs) |

\_\_\_\_ 3. The nurse is reviewing data collected on a patient with a respiratory disorder. Which factors does the nurse identify as placing the patient at risk for lung cancer?

|  |  |
| --- | --- |
| 1. | Smoking and exposure to radon gas |
| 2. | Living in a cold climate and having pets |
| 3. | Eating foods high in beta carotene and fiber |
| 4. | Living in crowded conditions and a lack of sunlight |

\_\_\_\_ 4. A patient with lung cancer develops pleural effusion. Which explanation by the nurse would help the patient understand this problem?

|  |  |
| --- | --- |
| 1. | “Pus has developed in your alveoli that must be removed to improve your breathing.” |
| 2. | “You have large amounts of fluid collecting in your airways because of your diagnosis.” |
| 3. | “Fluid has collected in the space between your lungs and the sac surrounding your lungs.” |
| 4. | “Fluid in your pericardial sac places pressure on your lungs, making it difficult to breathe.” |

\_\_\_\_ 5. A patient diagnosed with a pleural effusion is experiencing severe dyspnea. With which procedure does the nurse anticipate assisting?

|  |  |
| --- | --- |
| 1. | Tracheostomy |
| 2. | Thoracentesis |
| 3. | Bronchoscopy |
| 4. | Pericardiocentesis |

\_\_\_\_ 6. A patient who is planning to become pregnant expresses concern about the high incidence of asthma in her family. Which recommendation by the nurse is least helpful?

|  |  |
| --- | --- |
| 1. | Suggest the patient undergo genetic studies and counseling. |
| 2. | Prevent exposure to environmental tobacco smoke during pregnancy. |
| 3. | During the first year of life, avoid giving a child acetaminophen. |
| 4. | Avoid broad-spectrum antibiotics during the child’s first year of life. |

\_\_\_\_ 7. A summer camp worker reports shortness of breath and audible wheezing to the camp nurse. Which inhaled medication will the nurse provide?

|  |  |
| --- | --- |
| 1. | Albuterol |
| 2. | Cromolyn sodium |
| 3. | Triamcinolone |
| 4. | Nedocromil sodium |

\_\_\_\_ 8. The nurse is providing care for a patient admitted for a lower respiratory infection. On admission, the patient’s vital signs were blood pressure (BP) 140/80 mm Hg, apical pulse (AP) 112 beats/min, respirations (R) 32 breaths/min, and pain level of 8 on a scale of 0 to 10. After assisting the patient to bed and applying the prescribed oxygen, which finding helps the nurse evaluate the effectiveness of nursing care?

|  |  |
| --- | --- |
| 1. | BP 130/78 mm Hg |
| 2. | AP 100 beats/min |
| 3. | R 20 breaths/min |
| 4. | Pain level of 6/10 |

\_\_\_\_ 9. A patient with chronic obstructive pulmonary disease (COPD) is prescribed methylprednisolone. For what reason should the nurse realize that corticosteroids are used in the treatment of this health problem?

|  |  |
| --- | --- |
| 1. | To dry up respiratory secretions |
| 2. | To treat infection from secretion stasis |
| 3. | To reduce airway inflammation |
| 4. | To improve the blood capacity to carry oxygen |

\_\_\_\_ 10. The nurse is providing care for a patient admitted with an acute lower respiratory infection. The nurse notices that the patient is stifling the cough reflex and exhibiting shallow respirations due to pain. The nurse will focus nursing care on the prevention of which condition?

|  |  |
| --- | --- |
| 1. | Atelectasis |
| 2. | Pulmonary emboli |
| 3. | Chronic airway obstruction |
| 4. | Respiratory failure |

\_\_\_\_ 11. The nurse is performing a follow up visit with a patient recently diagnosed with a GOLD 1 classification of COPD. Which statement by the patient indicates the most important compliance with previous patient teaching?

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| --- | --- |
| 1. | “I am attending an exercise class three times a week.” |
| 2. | “I am including more fresh foods in my daily diet.” |
| 3. | “I successfully completed a smoking-cessation program.” |
| 4. | “I am wearing a respiratory filter when I work outside.” |

\_\_\_\_ 12. The nurse enters the room of a patient who is acutely short of breath. Which action should the nurse take first?

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| --- | --- |
| 1. | Assist the patient into Sims’ position. |
| 2. | Encourage use of pursed-lip breathing. |
| 3. | Ask the patient what caused the dyspnea. |
| 4. | Teach the patient use of accessory muscles. |

\_\_\_\_ 13. The nurse is reviewing the medications prescribed by the health care provider (HCP) for a patient with COPD. Which prescription will cause the nurse to verify the ordered medication?

|  |  |
| --- | --- |
| 1. | Corticosteroid inhaler |
| 2. | Antitussive |
| 3. | Short-term antibiotic therapy |
| 4. | Theophylline bronchodilator |

\_\_\_\_ 14. The nurse is providing care for a patient diagnosed with an obstructive respiratory disorder. Which patient finding indicates that nursing interventions may be ineffective?

|  |  |
| --- | --- |
| 1. | Respiratory secretions are coughed up. |
| 2. | Daily care is performed independently. |
| 3. | The patient uses oxygen only when active. |
| 4. | The patient reports a low level of anxiety. |

\_\_\_\_ 15. The licensed practical nurse/licensed vocational nurse (LPN/LVN) is reviewing laboratory results for a patient with COPD. Which action does the LPN/LVN take if the ABG analysis shows a PaCO2 of 62 mm Hg?

|  |  |
| --- | --- |
| 1. | Notify the registered nurse (RN) of the high laboratory result. |
| 2. | Have the patient breathe into a paper bag. |
| 3. | Increase the flow rate of the patient’s nasal oxygen. |
| 4. | No action is necessary; this is a normal PaCO2 level. |

\_\_\_\_ 16. The nurse is providing care for a patient with a lower respiratory tract infection who is having difficulty expectorating secretions. The patient is weak and easily fatigued. Which action by the nurse will best assist the patient in maintaining a clear airway?

|  |  |
| --- | --- |
| 1. | Review effective coughing technique. |
| 2. | Plan activities with rest periods between. |
| 3. | Explain the importance of fluid intake. |
| 4. | Encourage abdominal and pursed-lip breathing. |

\_\_\_\_ 17. The nurse is researching the dietary recommendations by the American Lung Association for patients with lower respiratory tract disease. Which strategy is not supported by the American Lung Association?

|  |  |
| --- | --- |
| 1. | Eat more food early in the day if fatigue occurs late in the day. |
| 2. | Consume a daily diet high in complex carbohydrates. |
| 3. | Consult with the HCP regarding a multivitamin. |
| 4. | Maintain a diet that is low in fats and high in carbohydrates. |

\_\_\_\_ 18. The nurse is providing care for a patient with a suspected pulmonary emboli. Which data will the nurse gather about this patient?

|  |  |
| --- | --- |
| 1. | BP from both arms |
| 2. | Heart sounds and peripheral edema |
| 3. | Activity prior to manifestations |
| 4. | Side effects of medications |

\_\_\_\_ 19. The nurse works in a clinic and is performing tuberculosis (TB) screening with the purified protein derivative (PPD). Which option about PPD screening is correct?

|  |  |
| --- | --- |
| 1. | The test is positive if reddened area occurs within 48 to 72 hours. |
| 2. | If a person is anergic, a larger area of induration will appear. |
| 3. | A positive reaction to the test indicates active disease process. |
| 4. | A reddened area without induration is considered negative. |

\_\_\_\_ 20. A patient with TB who is in respiratory isolation must go to the x-ray department. Which action will the nurse take?

|  |  |
| --- | --- |
| 1. | Place a gown and gloves on the patient. |
| 2. | Place a mask over the patient’s nose and mouth. |
| 3. | Notify the x-ray department that the test must be cancelled. |
| 4. | Call the x-ray department to make sure the waiting room is empty. |

\_\_\_\_ 21. The nurse finds a patient gasping for breath and looking very anxious. Based on the patient’s history, the nurse believes the patient may be experiencing a pulmonary embolism (PE). Which action should the nurse take first?

|  |  |
| --- | --- |
| 1. | Contact the physician. |
| 2. | Call for help and start oxygen. |
| 3. | Check the patient’s vital signs. |
| 4. | Place the patient in a left lateral position. |

\_\_\_\_ 22. The nurse auscultates the lung sounds of a patient with a pneumothorax every 4 hours. Which finding indicates to the nurse that the patient’s condition is improving?

|  |  |
| --- | --- |
| 1. | Patient anxiety is decreased. |
| 2. | Crackles or wheezes are heard. |
| 3. | Bilateral lung sounds are present. |
| 4. | Symmetry of the chest is noted. |

\_\_\_\_ 23. A patient is diagnosed with respiratory failure. Which acid-base abnormality should the nurse expect the patient to demonstrate?

|  |  |
| --- | --- |
| 1. | Metabolic acidosis |
| 2. | Metabolic alkalosis |
| 3. | Respiratory acidosis |
| 4. | Respiratory alkalosis |

\_\_\_\_ 24. The nurse works primarily with patients diagnosed with lung cancer. Which patient with lung cancer does the nurse recognize as having the best prognosis?

|  |  |
| --- | --- |
| 1. | Small cell lung cancer |
| 2. | Large cell carcinoma |
| 3. | Adenocarcinoma |
| 4. | Squamous cell carcinoma |

**Multiple Response**

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

\_\_\_\_ 25. The nurse is providing care for a patient admitted to the hospital for a respiratory disorder. The HCP is prescribing diagnostic tests to rule out bronchiectasis. Which manifestations does the nurse recognize as possible indicators for the diagnosis? (Select all that apply.)

|  |  |
| --- | --- |
| 1. | Radiographic studies reveal areas of bronchial dilation. |
| 2. | Adult patient has a history of cystic fibrosis since birth. |
| 3. | Family history reveals multiple members with lung cancer. |
| 4. | The patient has recurring episodes of lower extremity edema. |
| 5. | Bronchitis occurred three times in the last three years. |

\_\_\_\_ 26. The nurse is caring for a patient with a suspected PE. Which diagnostic tests or procedures should the nurse expect to be prescribed for this patient? (Select all that apply.)

|  |  |
| --- | --- |
| 1. | D-dimer |
| 2. | Spirometry |
| 3. | Angiogram |
| 4. | Ventilation-perfusion lung scan |
| 5. | Spiral computed tomography (CT) scan |

\_\_\_\_ 27. Management of asthma involves avoidance of triggers. Which environmental triggers will the nurse suggest the patient eliminate?

|  |  |
| --- | --- |
| 1. | Carpet and drapes in the bedroom |
| 2. | Exposure to secondhand smoke |
| 3. | Pets and foods that cause symptoms |
| 4. | Cardiovascular exercise |
| 5. | Beta-blocking medications |

\_\_\_\_ 28. A young adult is admitted with manifestations associated with cystic fibrosis. What should the nurse expect to find when collecting data from this patient? (Select all that apply.)

|  |  |
| --- | --- |
| 1. | Extreme thirst |
| 2. | Finger clubbing |
| 3. | Body mass index 16 |
| 4. | Thick sputum production |
| 5. | Complaints of frequent foul-smelling stool |

\_\_\_\_ 29. The nurse works on a pulmonary care unit and provides care for multiple patients with obstructive pulmonary conditions. Which specific symptoms will prompt the nurse to identify a patient’s diagnosis as chronic bronchitis as opposed to other pulmonary diseases? (Select all that apply.)

|  |  |
| --- | --- |
| 1. | Chronic productive cough |
| 2. | Classic barrel-shaped chest |
| 3. | Use of accessory muscles to breath |
| 4. | Condition worsening in the winter |
| 5. | Clear breath sounds with coughing |

**Completion**

*Complete each statement.*

30. Some lung cancers produce \_\_\_\_\_\_\_\_\_\_ hormones that mimic the body’s own hormones.

**Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders**

**Answer Section**

**MULTIPLE CHOICE**

1. ANS: 4

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe the etiologies, signs, and symptoms of each of the disorders.

Page: 577

Heading: Pneumonia

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | There is no information indicating the patient is experiencing confusion. |
| **2** | There is no information indicating the patient’s oxygen level. |
| **3** | The patient may have difficulty breathing due to congestion; airway clearance is the priority. |
| **4** | The patient has a weak, congested-sounding cough, which indicates an inability to clear the airway. |

PTS: 1 CON: Patient-Centered Care

2. ANS: 4

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Identify tests that are used to diagnose lower respiratory disorders.

Page: 577

Heading: Pneumonia

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Physiological Integrity—Physiological Adaptation

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Urinalysis, electrolytes, and creatinine are useful in monitoring kidney and bladder problems. |
| **2** | Urinalysis, electrolytes, and creatinine are useful in monitoring kidney and bladder problems. |
| **3** | PTT and potassium may be ordered for cardiovascular problems, among other disorders. |
| **4** | WBCs are elevated in infection, and ABGs may be abnormal if gas exchange is impaired as with pneumonia. CBC may be helpful, but WBC is more specific. |

PTS: 1 CON: Patient-Centered Care

3. ANS: 1

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: List data to collect when caring for patients with disorders of the lower respiratory tract.

Page: 578

Heading: Lung Cancer

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Smoking is the biggest risk factor for lung cancer. Radon exposure is also a significant factor. |
| **2** | Living in a cold climate, having pets, eating foods high in beta carotene and fiber, living in crowded conditions, and lack of sunlight are not identified risk factors for the development of lung cancer. |
| **3** | Living in a cold climate, having pets, eating foods high in beta carotene and fiber, living in crowded conditions, and lack of sunlight are not identified risk factors for the development of lung cancer. |
| **4** | Living in a cold climate, having pets, eating foods high in beta carotene and fiber, living in crowded conditions, and lack of sunlight are not identified risk factors for the development of lung cancer. |

PTS: 1 CON: Patient-Centered Care

4. ANS: 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe the etiologies, signs, and symptoms of each of the disorders.

Page: 583

Heading: Lung Cancer

Integrated Process: Communication and Documentation

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Empyema is a collection of pus in the plural space, not the alveoli. |
| **2** | Pleural effusion collects in the pleural space and not the airways. |
| **3** | When excess fluid collects in the pleural space, it is called a *pleural effusion*. Fluid normally enters the pleural space from surrounding capillaries and is reabsorbed by the lymphatic system. When a pathological condition causes an increase in fluid production or inadequate reabsorption of fluid, excess fluid collects. |
| **4** | Pleural effusion fluid is not in the airways, alveoli, or around the heart. |

PTS: 1 CON: Patient-Centered Care

5. ANS: 2

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Identify interventions for patients experiencing impaired gas exchange, ineffective airway clearance, or ineffective breathing pattern.

Page: 543

Heading: Pleural Effusion

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Collaboration

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Tracheostomy creates a stoma for the placement of an artificial airway. |
| **2** | Thoracentesis is done by a physician to remove some of the fluid that has collected in the pleural space and is compressing lung tissue. The nurse can anticipate assisting. |
| **3** | Bronchoscopy visualizes the major airways with an endoscope. |
| **4** | Pericardiocentesis removes fluid from around the heart. |

PTS: 1 CON: Collaboration

6. ANS: 1

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe therapeutic measures used for disorders of the lower respiratory tract.

Page: 590

Heading: Asthma

Integrated Process: Communication and Documentation

Client Need: Patient-Centered Care

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | It is not confirmed that asthma has a genetic link; however, there is a tendency for the condition to run in families. This is the least helpful recommendation. |
| **2** | The mother should avoid environmental tobacco smoke during pregnancy and the child should be protected from exposure during the first year of life. |
| **3** | Avoiding the use of acetaminophen with a child during the first year of life is recommended to decrease the incidence of asthma. |
| **4** | Not giving a child broad-spectrum antibiotics before the age of 1 year is recommended to decrease the incidence of asthma. |

PTS: 1 CON: Patient-Centered Care

7. ANS: 1

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Identify interventions for patients experiencing impaired gas exchange, ineffective airway clearance, or ineffective breathing pattern.

Page: 591

Heading: Asthma

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Pharmacological and Parenteral Therapies

Cognitive Level: Application (Applying)

Concept: Safety

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Albuterol is an adrenergic bronchodilator and would be used to help immediately relieve acute bronchospasm. |
| **2** | Cromolyn and nedocromil are mast cell inhibitors. |
| **3** | Triamcinolone is a corticosteroid. |
| **4** | Cromolyn and nedocromil are mast cell inhibitors. |

PTS: 1 CON: Safety

8. ANS: 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Explain how you will know whether your nursing interventions have been effective.

Page: 589

Heading: Nursing Care Plan for the Patient With a Lower Respiratory Tract Disorder

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | The change in BP does not evaluate nursing care effectiveness. |
| **2** | The change in AP is not the best indication of nursing care effectiveness. |
| **3** | The patient’s respiratory rate was elevated, indicating shortness of breath related to either poor gas exchange or activity intolerance. This improvement is the best evaluation of nursing care effectiveness. |
| **4** | The patient’s pain level is still significant. |

PTS: 1 CON: Patient-Centered Care

9. ANS: 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe therapeutic measures used for disorders of the lower respiratory tract.

Page: 589

Heading: Obstructive Disorders

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Pharmacological and Parenteral Therapies

Cognitive Level: Analysis (Analyzing)

Concept: Safety

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Corticosteroids do not dry secretions. |
| **2** | Corticosteroids may mask the manifestations of infection and cause the infection to worsen. |
| **3** | Corticosteroids are potent anti-inflammatory agents. |
| **4** | Corticosteroids do not directly affect oxygenation or change the function of the blood. |

PTS: 1 CON: Safety

10. ANS: 1

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Plan nursing care for patients with disorders of the lower respiratory tract.

Page: 578

Heading: Atelectasis

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Atelectasis can be caused by any condition that causes hypoventilation, especially pain. Failure to prevent or resolve hypoventilation causes the air sacs to adhere to each other. |
| **2** | Pulmonary emboli is the presence of blood clot in the lungs. |
| **3** | The question identifies the patient as having an acute, not chronic, condition. |
| **4** | Atelectasis can lead to respiratory failure if not effectively treated; however, the patient’s condition is acute and treatable. |

PTS: 1 CON: Patient-Centered Care

11. ANS: 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Explain how you will know whether your nursing interventions have been effective.

Page: 589

Heading: Obstructive Disorders

Integrated Process: Teaching/Learning

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | The patient’s COPD classification indicates mild airflow limitation; exercise can increase and maintain respiratory function, but smoking cessation is most important. |
| **2** | Nutritional status is more important as COPD worsens and interferes with dietary intake. |
| **3** | The greatest risk for the development and worsening of COPD is smoking; a patient indicating the completion of a smoking-cessation program indicates important compliance. |
| **4** | Preventing exposure to irritants is effective in arresting development of the condition. However, smoking is the greatest risk for worsening COPD. |

PTS: 1 CON: Patient-Centered Care

12. ANS: 2

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Identify interventions for patients experiencing impaired gas exchange, ineffective airway clearance, or ineffective breathing pattern.

Page: 539

Heading: Obstructive Disorders

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Fowler’s, not Sims’, position will help lung expansion. |
| **2** | Pursed-lip breathing can help open alveoli and promote excretion of carbon dioxide. |
| **3** | Asking the patient the cause is appropriate after the dyspnea is resolved. |
| **4** | Accessory muscle use is a sign of respiratory distress, not a therapeutic measure. |

PTS: 1 CON: Patient-Centered Care

13. ANS: 2

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe therapeutic measures used for disorders of the lower respiratory tract.

Page: 585

Heading: Obstructive Disease

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Need: Physiological Integrity—Pharmacological and Parenteral Therapies

Cognitive Level: Application (Applying)

Concept: Safety

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | A corticosteroid inhaler is commonly prescribed to decrease inflammation. |
| **2** | When a patient has COPD, an antitussive is not prescribed because it interferes with the ability to cough up secretions. |
| **3** | Short-term antibiotic therapy is appropriate and is prescribed as needed. |
| **4** | While the side effects are significant, theophylline bronchodilators are used as needed. |

PTS: 1 CON: Safety

14. ANS: 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Explain how you will know whether your nursing interventions have been effective.

Page: 585

Heading: Nursing Process for the Patient With an Obstructive Disorder

Integrated Process: Teaching/Learning

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Nursing interventions are effective if the patient can cough up respiratory secretions. |
| **2** | Nursing interventions are effective if the patient can perform daily care independently. |
| **3** | A patient with an obstructive respiratory disorder may need to have oxygen when both active and inactive. This finding alone is not an indication of effective nursing interventions. |
| **4** | Nursing interventions are effective if the patient reports a decreased or low level of anxiety. |

PTS: 1 CON: Patient-Centered Care

15. ANS: 1

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: List data to collect when caring for patients with disorders of the lower respiratory tract.

Page: 586

Heading: Obstructive Disease

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Patient Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Professionalism

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Normal PaCO2 is 35 to 45 mm Hg. The value 62 mm Hg is evidence of hypoventilation and the inability to excrete carbon dioxide (CO2). The RN or physician should be notified. |
| **2** | Breathing into a paper bag will increase the CO2 level. |
| **3** | Increasing nasal oxygen will not help CO2 excretion. |
| **4** | This is not a normal level and action must be taken immediately. |

PTS: 1 CON: Professionalism

16. ANS: 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Identify interventions for patients experiencing impaired gas exchange, ineffective airway clearance, or ineffective breathing pattern.

Page: 582

Heading: Obstructive Disorder

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | The patient may or may not need a review of coughing technique. |
| **2** | Rest and relaxation can help with activity intolerance and anxiety but will not assist with airway clearance. |
| **3** | Fluids help reduce viscosity of secretions and make them easier to expectorate. |
| **4** | Breathing exercises help correct impaired gas exchange, but will not assist with airway clearance. |

PTS: 1 CON: Patient-Centered Care

17. ANS: 4

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe therapeutic measures used for disorders of the lower respiratory tract.

Page: 582

Heading: Optimizing Nutrition in Patients With Respiratory Disease

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | If a patient routinely is too fatigued to eat well late in the day, he or she is encouraged to eat more food early in the day. |
| **2** | Complex carbohydrates are recommended for high-fiber content; simple carbohydrates should be avoided. |
| **3** | The HCP should be consulted regarding the use of a multivitamin. |
| **4** | The patient with lower respiratory tract disease needs a diet with increased fat and lower carbohydrates (fats produce less CO2 when metabolized). |

PTS: 1 CON: Patient-Centered Care

18. ANS: 2

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: List data to collect when caring for patients with disorders of the lower respiratory tract.

Page: 576

Heading: Pulmonary Embolism

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | There is no need to monitor the BP in both arms for a patient suspected of a pulmonary emboli. |
| **2** | Because an emboli in the lungs can cause right-sided heart failure, the nurse should monitor heart sounds and the presence of peripheral edema. |
| **3** | Ascertaining the activity prior to the manifestations of a pulmonary emboli will not be useful. |
| **4** | It is not necessary to evaluate the side effects of medications. |

PTS: 1 CON: Patient-Centered Care

19. ANS: 4

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Identify tests that are used to diagnose lower respiratory disorders.

Page: 580

Heading: Tuberculosis

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Pharmacological and Parenteral Therapies

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | An area of induration must appear within 48 to 72 hours for a PPD test to be considered positive. |
| **2** | In persons with a limited ability to react to the test due to immune dysfunction (anergic), a smaller area of induration is considered positive. |
| **3** | A positive reaction is indicative of exposure to TB and not of active disease process. |
| **4** | In regard to PPD testing for TB, a reddened area without induration is considered negative; induration must be present for a positive response. |

PTS: 1 CON: Patient-Centered Care

20. ANS: 2

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Plan nursing care for patients with disorders of the lower respiratory tract.

Page: 580

Heading: Tuberculosis

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Gown and gloves are not necessary; the patient has a respiratory infection. |
| **2** | The patient is in respiratory isolation, so a mask over the nose and mouth is essential when moving the patient into other areas of the facility. |
| **3** | The x-ray is an important evaluation test for the patient and should not be cancelled, even if bedside x-ray is not available. |
| **4** | It is not necessary that the x-ray waiting room be vacated; however, the patient’s exposure to others should be minimized. |

PTS: 1 CON: Patient-Centered Care

21. ANS: 2

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Identify interventions for patients experiencing impaired gas exchange, ineffective airway clearance, or ineffective breathing pattern.

Page: 582

Heading: Pulmonary Embolism

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Leaving the patient to call the physician is not appropriate—someone else can contact the physician. |
| **2** | Be alert to the presence of risk factors and obtain immediate assistance if the cause of dyspnea might be PE. Death can occur if treatment is not quick and effective. |
| **3** | Checking vital signs is important but is not more important than oxygen. The nurse should not assess a patient who is in distress. |
| **4** | Left lateral position will not help. |

PTS: 1 CON: Patient-Centered Care

22. ANS: 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Explain how you will know whether your nursing interventions have been effective.

Page: 599

Heading: Pneumothorax

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Decreased patient anxiety is not an indication that a pneumothorax is improving. |
| **2** | Crackles, wheezes, secretions, or obstruction are concerning, but do not provide direct information about pneumothorax. |
| **3** | Lung sounds are absent over a pneumothorax. Return of bilateral sounds signifies that the lung is reinflated. |
| **4** | Chest symmetry is restored via treatment for a pneumothorax, but alone is not indicative of improvement. |

PTS: 1 CON: Patient-Centered Care

23. ANS: 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Explain the pathophysiology of each of the disorders of the lower respiratory tract.

Page: 528

Heading: Respiratory Failure

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | Metabolic imbalances are not caused by respiratory dysfunction. |
| **2** | Metabolic imbalances are not caused by respiratory dysfunction. |
| **3** | ABGs in respiratory failure show decreasing PaO2 and pH and increasing PaCO2, which lead to respiratory acidosis. |
| **4** | Respiratory alkalosis is associated with hyperventilation. |

PTS: 1 CON: Patient-Centered Care

24. ANS: 4

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Explain the pathophysiology of each of the disorders of the lower respiratory tract.

Page: 603

Heading: Lung Cancer/Pathophysiology

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

|  |  |
| --- | --- |
|  | **Feedback** |
| **1** | This patient has a poor prognosis. Small cell lung cancer grows rapidly and is often metastasized by the time of diagnosis. |
| **2** | This patient has a poor prognosis. Large cell carcinoma is a rapidly growing cancer that can occur anywhere in the lungs; it also metastasizes early. |
| **3** | This patient has a poor prognosis. Adenocarcinoma occurs most often in women and is most often on the peripheral lung fields. It grows slowly but is often not diagnosed until metastasis occurs. |
| **4** | This patient has the best prognosis. Squamous cell carcinoma usually originates in the bronchial lining and metastasizes late in the disease; this type has a better prognosis than the other types of lung cancer. |

PTS: 1 CON: Patient-Centered Care

**MULTIPLE RESPONSE**

25. ANS: 1, 2, 4

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe the etiologies, signs, and symptoms of each of the disorders.

Page: 582

Heading: Bronchiectasis

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Difficult

|  |  |
| --- | --- |
|  | **Feedback** |
| **1.** | Bronchiectasis involves dilation of the bronchial tree; the radiographic studies support the possibility of the condition. |
| **2.** | Patients with cystic fibrosis are at greater risk for bronchiectasis. |
| **3.** | A tumor or cancer in the lungs can be a cause of bronchiectasis; however, family history of lung cancer alone is not specific to the diagnosis. |
| **4.** | Bronchiectasis can cause right-sided heart failure; recurring episodes of lower extremity edema may be a symptom. |
| **5.** | If bronchitis occurs three times a year for 2 consecutive years, the diagnosis of bronchiectasis should be ruled out. |

PTS: 1 CON: Patient-Centered Care

26. ANS: 1, 3, 4

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Identify tests that are used to diagnose lower respiratory disorders.

Page: 597

Heading: Pulmonary Embolism

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Difficult

|  |  |
| --- | --- |
|  | **Feedback** |
| **1.** | D-dimer is a fibrin fragment that is found in the blood after any thrombus formation. It can be present in a number of disorders, but if it is negative, PE can be eliminated as a possible cause of the patient’s symptoms. |
| **2.** | Spirometry is not a diagnostic test. |
| **3.** | A pulmonary angiogram can outline the pulmonary vessels with a radiopaque dye injected via a cardiac catheter. |
| **4.** | If a CT scan is not available, a lung scan (ventilation-perfusion scan) is done to assess the extent of ventilation of lung tissue and the areas of blood perfusion. |
| **5.** | A spiral CT scan is a new and fast type of CT scan that is noninvasive and can diagnose PE quickly. |

PTS: 1 CON: Patient-Centered Care

27. ANS: 1, 2, 3

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe therapeutic measures used for disorders of the lower respiratory tract.

Page: 582

Heading: Asthma

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Difficult

|  |  |
| --- | --- |
|  | **Feedback** |
| **1.** | Carpet and drapes harbor dust, which can trigger asthma attacks. |
| **2.** | Smoking and exposure to secondhand smoke can trigger asthma attacks. |
| **3.** | Pet dander and certain foods can cause asthma attacks. |
| **4.** | Cardiovascular exercise can trigger asthma attacks, but exercise is not an environmental trigger, it is activity. |
| **5.** | Beta-blocking medications can trigger asthma attacks, but it is not an environmental trigger. |

PTS: 1 CON: Patient-Centered Care

28. ANS: 2, 3, 4, 5

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe the etiologies, signs, and symptoms of each of the disorders.

Page: 594

Heading: Cystic Fibrosis

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Patient Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Difficult

|  |  |
| --- | --- |
|  | **Feedback** |
| **1.** | Extreme thirst is not a manifestation of cystic fibrosis. |
| **2.** | Symptoms of cystic fibrosis usually first appear in infancy or childhood, although a few individuals are not diagnosed until adulthood. Manifestations include finger clubbing. |
| **3.** | Symptoms of cystic fibrosis usually first appear in infancy or childhood, although a few individuals are not diagnosed until adulthood. Manifestations include malnutrition. |
| **4.** | Symptoms of cystic fibrosis usually first appear in infancy or childhood, although a few individuals are not diagnosed until adulthood. Manifestations include thick sputum production. |
| **5.** | Symptoms of cystic fibrosis usually first appear in infancy or childhood, although a few individuals are not diagnosed until adulthood. Manifestations include frequent foul-smelling stools. |

PTS: 1 CON: Patient-Centered Care

29. ANS: 1, 4, 5

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe the etiologies, signs, and symptoms of each of the disorders.

Page: 586

Heading: Obstructive Disorders

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Difficult

|  |  |
| --- | --- |
|  | **Feedback** |
| **1.** | The patient with chronic bronchitis will exhibit a chronic productive cough and crackles and wheezing that clears with coughing. |
| **2.** | The classic barrel-shaped chest is seen in the patient with COPD and is the result of trapped air in the lungs. |
| **3.** | Patients with emphysema will use the accessory muscles to breathe. |
| **4.** | The patient will likely notice the condition worsening during the winter months. |
| **5.** | The patient with chronic bronchitis will exhibit a chronic productive cough and crackles and wheezing that clears with coughing. |

PTS: 1 CON: Patient-Centered Care

**COMPLETION**

30. ANS:

ectopic

Chapter: Chapter 31. Nursing Care of Patients With Lower Respiratory Tract Disorders

Objective: Describe the etiologies, signs, and symptoms of each of the disorders.

Page: 603

Heading: Ectopic Hormone Production

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

Feedback: Some lung cancers can produce ectopic hormones, which mimic the body’s hormones. Ectopic production of antidiuretic hormone can produce syndrome of inappropriate antidiuretic hormone production, with resulting fluid retention. Ectopic production of adrenocorticotropic hormone can cause Cushing syndrome. High calcium levels can be caused by ectopic secretion of a parathyroid-like hormone.

PTS: 1 CON: Patient-Centered Care