Nutrition and Diet Therapy for Nurses 2nd edition Tucker Test Bank

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Nutrition and Diet Therapy for Nurses, 2e **(Tucker)**
Chapter 1 Nursing and Nutrition Care

1.1 To understand nutrition as an aspect of total health care.

1) The nurse instructs an adult client about nutritional needs. Which client statement indicates that teaching has been effective?
1. "A good diet is hard work."
2. "The nutrients I need come from foods."
3. "There are some insignificant nutrients that I don't really need."
4. "If I don't take a multi-vitamin supplement, I will be unable to meet all nutrition needs."
Answer: 2
Explanation: The nurse needs to understand the role of macro- and micronutrients in maintaining health and preventing disease. A client who understands that nutrients come from foods has beginning knowledge of nutrition. There are no insignificant nutrients, nor is a vitamin supplement required for good health. A good diet should not be hard work; it can be implemented with careful planning.
Nursing Process: Evaluation
Client Need: Health Promotion and Maintenance
Cognitive Level: Analyzing

2) A client believes that a good diet is the key to a long life. Which response should the nurse make to this client?
1. "It is one aspect of healthy living."
2. "You are well on your way to a long life."
3. "A good diet is most important early in life."
4. "Good genes are a better predictor of long life."
Answer: 1
Explanation: Good nutrition promotes health and may prevent the onset of conditions like cardiovascular disease, some forms of diabetes mellitus, and cancer. Other aspects may include safety, interpersonal relations, coping mechanisms, etc. Good genes may play a role; however, a client cannot ignore the role of nutrition in promoting a healthy life. A good diet is important throughout the lifespan, and it is never too late to make changes. The nurse ignores teaching opportunities when dismissing a client by suggesting that a long life is likely because of eating a good diet.
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance
Cognitive Level: Applying

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3) A client who is obese tells the nurse that malnutrition is not a problem. What should the nurse include when responding to this client?
1. This is correct information.
2. Nutrient deficiency is the best indicator of malnutrition.
3. A lot of research about malnutrition is being conducted.
4. Malnutrition can be an excess or deficiency of nutrients.
Answer: 4
Explanation: Malnutrition includes excess, deficient, or an imbalance of nutrients that lead to disease states. The obese client may be malnourished. The client holds an incorrect assumption about malnutrition. Research is being conducted about all nutrients, but that response is not addressing the client's lack of knowledge.
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance
Cognitive Level: Applying

4) The nurse prepares nutritional information for a community fair. What should the nurse use as a guide for the recommended intake of nutrients?
1. MyPlate
2. Food labels
3. Healthy People 2020
4. Dietary reference intakes
Answer: 4
Explanation: Dietary reference intakes (DRIs) are the standards used in the United States and Canada for the recommended nutrient intake of the population. MyPlate was designed to help nutrition planning by following the 2015-2020 Dietary Guidelines for Americans in providing a pictorial guide to the amounts and kinds of foods that individuals should eat daily to maintain health and to reduce the risk of developing nutrient-related conditions. A food label provides nutrient information about the item within a particular package. Healthy People 2020 provides the national objectives related to health and health promotion. A major subsection of Healthy People 2020 is related to nutrition and weight status.
Nursing Process: Planning
Client Need: Health Promotion and Maintenance
Cognitive Level: Applying

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1.2 To categorize appropriate tools to use as guidelines for nutrient intake and nutritional standards.

1) The nurse reviews MyPlate with a client who has a BMI of 30. Which client statement indicates that additional teaching is required?
1. "SuperTracker shows me the amount of foods that I can eat."
2. "The web site has other education resources that I can review."
3. "The serving size depends upon the size of my plates at home."
4. "The web site shows the correct serving size in household measures."
Answer: 3
Explanation: Serving size is often misunderstood by the public and is commonly described as "what I have on my plate," which many times is far larger than a recommended serving size. SuperTracker is a feature that helps the user track the amount of food that can be eaten according to weight and activity level. The web site has multiple educational resources for the user. The web site provides serving sizes in household measurements.
Nursing Process: Evaluation
Client Need: Health Promotion and Maintenance
Cognitive Level: Analyzing

2) The nurse prepares diet teaching on sodium content of foods for a mother with small children. Which observation guided the nurse to make this teaching decision?
1. Mother drinking bottled water
2. 3-year-old child eating potato chips
3. 5-year-old child eating apple wedges
4. 2-year-old child eating whole wheat cereal
Answer: 2
Explanation: One Healthy People 2020 Nutrition and Weight Status objectives is to reduce the consumption of sodium in the population aged 2 years and older. Since the 3-year-old child is eating potato chips, the children might all be eating foods high in sodium. Bottled water, apple wedges, and whole wheat cereal do not contain high levels of sodium.
Nursing Process: Evaluation
Client Need: Health Promotion and Maintenance
Cognitive Level: Analyzing

3) A client who is 12 weeks' pregnant is a vegetarian. On which Healthy People 2020 Nutrition and Weight Status objective should the nurse focus when instructing this client?
1. Reduce iron deficiency
2. Reduce consumption of sodium
3. Reduce consumption of saturated fat
4. Reduce consumption of added sugars
Answer: 1
Explanation: The Health People 2020 Nutrition and Weight Status objective that targets pregnant clients is to reduce iron deficiency. Reduction in the consumption of sodium, saturated fats, and added sugars are objectives for all people age 2 and over.
Nursing Process: Planning
Client Need: Health Promotion and Maintenance
Cognitive Level: Applying

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4) The nurse collects several food labels to be used during a teaching session with high school students. What should the nurse emphasize when discussing macronutrients?
1. Serving size
2. Carbohydrates
3. Sodium content
4. Daily calorie intake
Answer: 2
Explanation: Carbohydrates are considered macronutrients. The serving size is used to determine food amount and calorie content. Sodium is considered a micronutrient. Daily calorie intake is provided as a reference value.
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance
Cognitive Level: Applying

1.3 To use the nursing process to formulate relevant nursing diagnoses for individuals with actual or potential nutritional problems.

1) The school nurse reviews basic information collected during routine health checks of the students. Which action should the nurse take to help reduce the number of students with a body mass index of 30 or greater?
1. Prepare a handout on healthy food choices
2. Send letters to all parents about the obesity epidemic in the school
3. Suggest time for physical activity be increased in the course curriculum
4. Schedule time with each overweight student and counsel on the hazards of obesity
Answer: 1
Explanation: Although all choice might seem appropriate, the one that the nurse can do to help the students is prepare a handout on healthy food choices. Sending letters to all parents would be inappropriate for those students who have a normal body mass index. Changing the curriculum would need to involve the entire school board and teachers. Personal counseling will take a significant amount of time and the nurse may not reach all of the students who would benefit from learning healthier nutritional practices.
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance
Cognitive Level: Applying

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2) The nurse notes that a client does not eat anything from the breakfast and lunch meal tray but asks for a snack after the patient's parish priest visits. What should the nurse comment to the client about this behavior?
1. "Skipping meals is not healthy."
2. "Explain why you didn't eat before your priest arrived."
3. "Is there a different food that you prefer to eat for breakfast and lunch?"
4. "Can you priest come and visit earlier in the day, so you don't skip meals?"
Answer: 2
Explanation: The nurse needs to assess the client's cultural patterns to understand why the client would not eat before the parish priest arrived. Skipping meals may not be healthy but it does not help understand why the meals were skipped in the first place. The client is not skipping meals because of food preferences. The client may have no control over the time the priest can visit.
Nursing Process: Implementation
Client Need: Psychosocial Integrity
Cognitive Level: Applying

3) The nurse is concerned that a client is experiencing health problems caused by a nutritional imbalance. Which action should the nurse take first?
1. Add snacks to the client's menu selections
2. Contact the registered dietitian for assistance
3. Offer liquid nourishment supplements between meals
4. Suggest the health care provider prescribe vitamin supplements
Answer: 2
Explanation: The nurse should be aware of the important role of the registered dietitian (RD) in patient care. The RD completes comprehensive nutritional assessments, writes nutritional diagnoses, plans interventions, and monitors the patient's or family's response to the nutritional plan. The RD should be consulted when the nurse determines that actual or potential nutritional problems exist. Adding snacks, providing liquid supplements, and using vitamin supplements may be appropriate but not until the RD has an opportunity to complete a thorough nutritional assessment
Nursing Process: Implementation
Client Need: Basic Care and Comfort
Cognitive Level: Applying

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1.4 To relate the importance of a nutritional screening during each patient encounter.

1) After completing nutritional screening with a client, the nurse identifies the diagnosis of imbalanced nutrition: less than body requirements. What should the nurse identify as a realistic goal for this client?
1. Increase fat in the diet
2. Replace sweets with high-protein foods
3. Increase weight by one pound per week
4. Decrease physical activity to 2 hours per week
Answer: 3
Explanation: A nutrition screening may serve as the basis for nursing diagnoses. When a client has a diagnosis that indicates a client is not meeting body requirements for nutrients, a small weekly weight gain is appropriate. Weight gain is promoted by increasing caloric consumption rather than restricting activity. Increasing intake of fats is rarely recommended. Replacing sweets with protein does not necessarily increase the number of calories consumed.
Nursing Process: Planning
Client Need: Basic Care and Comfort
Cognitive Level: Applying

2) After gathering and analyzing anthropometric data, the nurse determines that a client has a "pear" body type. Which waist-to-hip ratio caused the nurse to come to this conclusion?
1. 0.78
2. 0.85
3. 0.90
4. 1.05
Answer: 1
Explanation: The waist-to-hip ratio is calculated by dividing the waist measurement by the hip measurement. "Pear" body types have a ratio at or below 0.8; "apple" body types have a ratio near or exceeding 1.0.
Nursing Process: Assessment
Client Need: Health Promotion and Maintenance
Cognitive Level: Analyzing

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3) The nurse needs to collect nutrition screening data from elementary school students. What data will the nurse collect?
1. Food frequency information
2. Height and weight to calculate BMI
3. Head circumference of each child to assess for growth
4. How many children receive free or reduced-price lunches
Answer: 2
Explanation: Anthropometric data, which include physical characteristics, are part of the screening process. Height and weight are measured quickly and are used to calculate BMI. Head circumference is measured in infants to assess growth. Food frequency is part of a more comprehensive assessment. The nurse does not need to know about school lunch participation for screening purposes.
Nursing Process: Assessment
Client Need: Health Promotion and Maintenance
Cognitive Level: Applying

4) The nurse reviews assigned clients and plans to have several complete a nutritional screening tool sometime during the shift. Why did the nurse decide to do this?
1. Evaluate the clients' memory
2. Adhere to the organization's policies
3. Provide the clients with something to do
4. Identify clients at risk for poor nutritional health
Answer: 4
Explanation: Nutritional screening quickly identifies individuals who may be at risk for poor nutritional health. A nutritional screening tool is not used to evaluate memory. The organization may have a policy about completing a nutritional screening or assessment however this is not the primary reason for having this tool completed. Clients who are hospitalized most likely do not need "something to do."
Nursing Process: Planning
Client Need: Reduction of Risk Potential
Cognitive Level: Applying

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