Core Concepts in Pharmacology 5th edition Holland Test Bank

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Holland/Adams/Brice, *Core Concepts in Pharmacology* 5th Edition Test Bank

Chapter 2

Question 1
Type: MCSA

A student nurse asks what the difference between a therapeutic class and a pharmacologic class is. What is the best response by the nurse educator?

1. Therapeutic classification is how the medication produces an effect in the body, whereas pharmacologic classification is how a medication works clinically.
2. Therapeutic classification is how addictive a medication is, whereas pharmacologic classification is how the medication produces an effect in the body.
3. There are no differences between therapeutic and pharmacologic classes.
4. Pharmacologic classification is how the medication produces an effect in the body, whereas therapeutic classification is how a medication works clinically.

Correct Answer: 4

Rationale 1: *Therapeutic classification is how the medication produces an effect in the body, whereas pharmacologic classification is how a medication works clinically* is incorrect because pharmacologic classification is how the medication produces an effect in the body, while therapeutic classification is how a medication works clinically.
Rationale 2: *Therapeutic classification is how addictive a medication is, whereas pharmacologic classification is how the medication produces an effect in the body* is incorrect because pharmacologic classification is how the medication produces an effect in the body, while therapeutic classification is how a medication works clinically.
Rationale 3: *There are no differences between therapeutic and pharmacologic classes* is incorrect because pharmacologic classification is how the medication produces an effect in the body and therapeutic classification is how a medication works clinically.
Rationale 4: Pharmacologic classification is how the medication produces an effect in the body, whereas therapeutic classification is how a medication works clinically.

Global Rationale: Pharmacologic classification is how the medication produces an effect in the body, whereas therapeutic classification is how a medication works clinically. *Therapeutic classification is how the medication produces an effect in the body, whereas pharmacologic classification is how a medication works clinically* is incorrect because pharmacologic classification is how the medication produces an effect in the body, while therapeutic classification is how a medication works clinically. *Therapeutic classification is how addictive*

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a medication is, whereas pharmacologic classification is how the medication produces an effect in the body is incorrect because pharmacologic classification is how the medication produces an effect in the body, while therapeutic classification is how a medication works clinically. *There are no differences between therapeutic and pharmacologic classes* is incorrect because pharmacologic classification is how the medication produces an effect in the body and therapeutic classification is how a medication works clinically.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 15
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-1 Discuss the prototype approach to drug classification and the basis for which drugs are placed into therapeutic and pharmacologic classes.

Question 2
Type: MCSA

The nurse is preparing to administer a drug that is labeled "used for minor skin irritations." Based on the label, how is this drug classified?

1. By its function
2. By its usefulness
3. By its pharmacologic use
4. By its therapeutic use

Correct Answer: 4

Rationale 1: Function is not a classification for medications.
Rationale 2: Usefulness is not a classification for medications.
Rationale 3: Pharmacological classification categorizes drugs by how they work pharmacologically.
Rationale 4: When organized by therapeutic classification, a statement is made about what a particular drug does clinically.

Global Rationale: When organized by therapeutic classification, a statement is made about what a particular drug does clinically. Pharmacological classification categorizes drugs by how they work pharmacologically. Function and usefulness are not classifications for medications.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 15
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome: 2-1 Discuss the prototype approach to drug classification and the basis for which drugs are placed into therapeutic and pharmacologic classes.

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Question 3
Type: MCMA

Which drug names are examples of trade names? (Select all that apply.) Note: Credit will be given only if all correct choices and no incorrect choices are selected.

1. Calcium channel blocker
2. Benadryl
3. Loop diuretic
4. Acetaminophen
5. Motrin

Correct Answer: 2, 5

Rationale 1: Calcium channel blocker is a pharmacologic classification, not a trade name.
Rationale 2: Benadryl is the trade name for diphenhydramine.
Rationale 3: Loop diuretic is a pharmacologic classification, not a trade name.
Rationale 4: Acetaminophen is a generic name. A trade name for this medication is Tylenol.
Rationale 5: Motrin is a trade name for ibuprofen.

Global Rationale: Benadryl is the trade name for diphenhydramine. Motrin is a trade name for ibuprofen. Calcium channel blocker is a pharmacologic classification, not a trade name. Loop diuretic is a pharmacologic classification, not a trade name. Acetaminophen is a generic name. A trade name for this medication is Tylenol.
Cognitive Level: Analyzing
Client Need: Physiological Integrity
Page Number: 17
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome: 2-2 Distinguish between a drug's chemical name, generic name, and trade name.

Question 4
Type: MCSA

A nurse is discussing generic and trade drugs with a client. The client wants to know why it takes so long for trade drugs to become available in the generic form, which are generally less expensive. What is the nurse's best response?

1. It takes 17 years for all pharmaceutical companies to develop a generic version of the drug.
2. It will take 17 years of clinical trials to approve the drug.

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3. Sole ownership of a drug allows the pharmaceutical company to earn back the money spent to develop the drug.
4. Animal testing must continue for 10 years, then 7 years of human clinical trials, for a drug to be approved.

Correct Answer: 3

Rationale 1: The generic version of the drug is already developed but the copyright of the drug is owned by the pharmaceutical company that developed it for 17 years.
Rationale 2: The length of time for a drug to be approved by the FDA varies.
Rationale 3: Sole ownership of a drug allows the pharmaceutical company to earn back the money spent to develop the drug. For example, if it takes seven years for a drug to be approved, competing companies will not be allowed to market a generic equivalent drug for another 10 years. The rationale for this is that the developing company must be allowed sufficient time to recoup the millions of dollars spent in research and the time needed to develop the new drug. After 17 years, competing companies may sell a generic equivalent drug, using a different name, which the FDA must approve.
Rationale 4: A drug can be approved in a much shorter period of time, and animal testing does not last 10 years.

Global Rationale: Sole ownership of a drug allows the pharmaceutical company to earn back the money spent to develop the drug. For example, if it takes seven years for a drug to be approved, competing companies will not be allowed to market a generic equivalent drug for another 10 years. The rationale for this is that the developing company must be allowed sufficient time to recoup the millions of dollars spent in research needed to develop the new drug. After 17 years, competing companies may sell a generic equivalent drug, using a different name, which the FDA must approve. The generic version of the drug is already developed but the copyright of the drug is owned by the pharmaceutical company that developed it for 17 years. The length of time for a drug to be approved by the FDA varies. A drug can be approved in a much shorter period of time, and animal testing does not last 10 years.
Cognitive Level: Applying
Client Need: Physiological Integrity
Page Number: 17
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-2 Distinguish between a drug's chemical name, generic name, and trade name.

Question 5
Type: MCSA

A client asks the nurse why the healthcare provider often refers to medications by the generic name instead of by the brand name. What is the best response by the nurse?

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1. The pharmacy will only accept a prescription written with the generic name.
2. The physician prefers to use a more technical-sounding name for medications.
3. There is only one generic name for each medication, but there are often many brand names.
4. The client needs to ask the physician to explain why medications have so many different names.

Correct Answer: 3

Rationale 1: Either the generic or brand name is acceptable when writing prescriptions.
Rationale 2: There is only one generic name for each medication, and using this name can prevent medication errors.
Rationale 3: There is only one generic name for each medication, but often many brand names. Using the generic name can prevent medication errors due to similar-sounding brand names of medications.
Rationale 4: There is only one generic name for each medication, and the nurse is able to explain this to the client.

Global Rationale: There is only one generic name for each medication, but often many brand names. Using the generic name can prevent medication errors due to similar-sounding brand names of medications. Either the generic or brand name is acceptable when writing prescriptions. There is only one generic name for each medication, and using this name can prevent medication errors.
Cognitive Level: Applying
Client Need: Physiological Integrity
Page Numbers: 16–17
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-3 Explain how trade name drugs are different from generic equivalent drugs.

Question 6
Type: MCMA

Why are generic names preferred over chemical or trade names when prescribing a medication? (Select all that apply.) Note: Credit will be given only if all correct choices and no incorrect choices are selected.

1. Chemical names are often complicated and difficult to remember.
2. The generic name can consistently be matched to the active ingredients.
3. There might be multiple trade names for a drug.
4. The generic name is always a shortened version of the chemical name.
5. Chemical names often change.

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Correct Answer: 1, 2, 3

Rationale 1: Generic names are preferred because chemical names are often complicated and difficult to remember.
Rationale 2: Generic names are preferred because the generic name can consistently be matched to the active ingredients.
Rationale 3: Generic names are preferred because there might be multiple trade names for a drug.
Rationale 4: The generic name is not always a shortened version of the chemical name. For example, the chemical name of diazepam is 7-chloro-1,3-dihydro-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one.
Rationale 5: The chemical name of the drug will not change unless the composition of the drug changes.

Global Rationale: Generic names are preferred because *chemical names are often complicated and difficult to remember.* Generic names are also preferred because *the generic name can consistently be matched to the active ingredients*. It is also correct that *there might be multiple trade names for a drug*. The generic name is not always a shortened version of the chemical name. For example, the chemical name of diazepam is 7-chloro-1, 3-dihydro-1-methyl-5-phenyl-2H-1, 4-benzodiazepin-2-one. The chemical name of the drug will not change unless the composition of the drug changes.
Cognitive Level: Applying
Client Need: Physiological Integrity
Page Numbers: 16–17
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-3 Explain how trade name drugs are different from generic equivalent drugs.

Question 7
Type: MCSA

A nurse is talking to a client about their medications. The client tells the nurse that one of the medications on the list is on a negative formulary list and asks what this means. What is the best response by the nurse?

1. This means the medication can only be dispensed using the trade name medication.
2. This means the medication can only be dispensed using the generic medication.
3. This means the medication cannot be dispensed until the order is verified with the physician a second time before dispensing the trade name medication.
4. This means the medication can be dispensed as either the generic or trade name medication.

Correct Answer: 1

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Rationale 1: A negative formulary is a list of trade name drugs that pharmacists may not dispense as generic drugs.
Rationale 2: A negative formulary is a list of trade name drugs that pharmacists may not dispense as generic drugs.
Rationale 3: A negative formulary is a list of trade name drugs that pharmacists may not dispense as generic drugs.
Rationale 4: A negative formulary is a list of trade name drugs that pharmacists may not dispense as generic drugs.

Global Rationale: A negative formulary is a list of trade name drugs that pharmacists may not dispense as generic drugs.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 19
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-4 Discuss why drugs are sometimes placed on a restrictive list and referred to as *scheduled drugs* or *controlled substances*.

Question 8
Type: MCSA

The nurse is teaching a client about prescribed medications. One of the medications is a controlled substance and the client asks the nurse to explain what that means. What is the best response by the nurse?

1. A controlled substance is regulated under the Controlled Substances Act, and may have many restrictions placed on ordering or refilling this medication.
2. A controlled substance requires both a written prescription and a telephone call from the prescribing practitioner.
3. A controlled substance does not require a prescription to purchase.
4. A controlled substance is always called to the pharmacy by the practitioner.

Correct Answer: 1

Rationale 1: In the United States, a controlled substance is a drug restricted by the Controlled Substances Act of 1970 and later revisions. The Controlled Substances Act is also called the Comprehensive Drug Abuse Prevention and Control Act. Hospitals and pharmacies must register with the Drug Enforcement Administration (DEA) and use their assigned registration numbers to purchase scheduled drugs. They must maintain complete records of all quantities purchased and sold.
Rationale 2: Schedule II orders must be written and signed by the healthcare practitioner. Telephone orders to a pharmacy are not permitted. Refills for Schedule II drugs are not permitted; patients must visit their healthcare practitioner first.

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Rationale 3: Controlled substances require a prescription. Hospitals and pharmacies must register with the Drug Enforcement Administration (DEA) and use their assigned registration numbers to purchase scheduled drugs. They must maintain complete records of all quantities purchased and sold.
Rationale 4: Schedule II orders must be written and signed by the healthcare practitioner. Telephone orders to a pharmacy are not permitted. Refills for Schedule II drugs are not permitted; patients must visit their healthcare practitioner first.

Global Rationale: In the United States, a controlled substance is a drug restricted by the Controlled Substances Act of 1970 and later revisions. The Controlled Substances Act is also called the Comprehensive Drug Abuse Prevention and Control Act. Hospitals and pharmacies must register with the Drug Enforcement Administration (DEA) and use their assigned registration numbers to purchase scheduled drugs. They must maintain complete records of all quantities purchased and sold. Schedule II orders must be written and signed by the healthcare practitioner. Telephone orders to a pharmacy are not permitted. Refills for Schedule II drugs are not permitted; patients must visit their healthcare practitioner first. Controlled substances require a prescription. Hospitals and pharmacies must register with the Drug Enforcement Administration (DEA) and use their assigned registration numbers to purchase scheduled drugs. They must maintain complete records of all quantities purchased and sold. Schedule II orders must be written and signed by the healthcare practitioner. Telephone orders to a pharmacy are not permitted. Refills for Schedule II drugs are not permitted; patients must visit their healthcare practitioner first.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 20
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-4 Discuss why drugs are sometimes placed on a restrictive list and referred to as *scheduled drugs* or *controlled substances*.

Question 9
Type: MCSA

Which drug schedule does a medication belong to if it has a moderate abuse potential and physical dependence?

1. I
2. IV
3. III
4. II

Correct Answer: 3

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Rationale 1: Schedule I drugs are for research use only. They have a very high abuse potential and high physical dependence.
Rationale 2: Schedule IV drugs have a low abuse potential and physical dependence.
Rationale 3: Schedule III drugs have a moderate abuse potential and physical dependence.
Rationale 4: Schedule II drugs have a high abuse potential and physical dependence.

Global Rationale: Scheduled drugs are classified according to their potential for abuse, dependence, and addiction. There are five general categories. Schedule I drugs have the highest potential for abuse and physical dependence and have little or no therapeutic value or are intended for research purposes. Schedule II drugs have a high potential for abuse and physical dependence. Schedule III has moderate abuse potential and physical dependence. Schedule IV has low abuse potential and physical dependence. Schedule V is the only category in which some drugs may be dispensed without a prescription because the quantities of the controlled drug are so low that the possibility of causing dependence is extremely remote.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 19
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome: 2-4 Discuss why drugs are sometimes placed on a restrictive list and referred to as *scheduled drugs* or *controlled substances*.

Question 10
Type: MCMA

Which of the following would be categorized as Schedule II drugs? (Select all that apply.)
Note: Credit will be given only if all correct choices and no incorrect choices are selected.

1. Morphine
2. Methadone
3. Tylenol with codeine
4. Valium
5. Heroin

Correct Answer: 1, 2

Rationale 1: Schedule II drugs carry a high potential for abuse and dependency, and include morphine and methadone.
Rationale 2: Schedule II drugs carry a high potential for abuse and dependency, and include morphine and methadone.
Rationale 3: Tylenol with codeine is an example of a Schedule III drug, which carries a moderate-to-moderately-high potential for abuse and dependence.
Rationale 4: Valium is an example of a Schedule III drug, which carries a moderate-to-moderately-high potential for abuse and dependence.

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Rationale 5: Heroin is a Schedule I drug. Schedule I drugs have the highest potential for abuse and have little or no therapeutic value.

Global Rationale: Schedule II drugs carry a high potential for abuse and dependency, and include morphine and methadone. Tylenol with codeine is an example of a Schedule III drug, which carries a moderate-to-moderately-high potential for abuse and dependence. Valium is an example of a Schedule III drug, which carries a moderate-to-moderately-high potential for abuse and dependence. Heroin is a Schedule I drug. Schedule I drugs have the highest potential for abuse and have little or no therapeutic value.
Cognitive Level: Applying
Client Need: Physiological Integrity
Page Number: 19
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome: 2-4 Discuss why drugs are sometimes placed on a restrictive list and referred to as *scheduled drugs* or *controlled substances*.

Question 11
Type: MCSA

What is the appropriate schedule for a drug with limited or no therapeutic use?

1. III
2. X
3. V
4. I

Correct Answer: 4

Rationale 1: Schedule III drugs have a moderate abuse potential, and are used therapeutically with prescription.
Rationale 2: Category X drugs are harmful to both women and their fetuses.
Rationale 3: Schedule V drugs are used therapeutically without prescription, and have the lowest abuse and dependency potential.
Rationale 4: Schedule I drugs have limited or no therapeutic use.

Global Rationale: Schedule I drugs have limited or no therapeutic use. Schedule III drugs have a moderate abuse potential, and are used therapeutically with prescription. Category X drugs are harmful to both women and their fetuses. Schedule V drugs are used therapeutically without prescription, and have the lowest abuse and dependency potential.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 19
Nursing/Integrated Concepts: Nursing Process: Assessment

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Learning Outcome: 2- 4 Discuss why drugs are sometimes placed on a restrictive list and referred to as *scheduled drugs* or *controlled substances*.

Question 12
Type: MCSA

Scheduled drugs are classified by their potential for abuse. Which classification has the highest potential for abuse?

1. V
2. II
3. III
4. I

Correct Answer: 4

Rationale 1: Schedule V drugs have the lowest abuse potential, and some of these medications are available without a prescription.
Rationale 2: Schedule II drugs have a high abuse potential, and Schedule I has the highest.
Rationale 3: Schedule III drugs have a moderate abuse potential. Schedule I has the highest abuse potential.
Rationale 4: Schedule I has the highest abuse potential.

Global Rationale: Schedule I has the highest abuse potential. Schedule II drugs have a high abuse potential. Schedule III drugs have a moderate abuse potential. Schedule V drugs have the lowest abuse potential, and some of these medications are available without a prescription.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 19
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-4 Discuss why drugs are sometimes placed on a restrictive list and referred to as *scheduled drugs* or *controlled substances*.

Question 13
Type: MCSA

Scheduled drugs are classified by their potential for abuse. Which classification has the lowest potential for abuse?

1. I
2. V
3. II
4. III

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Correct Answer: 2

Rationale 1: Schedule I has the highest abuse potential.
Rationale 2: Schedule V drugs have the lowest abuse potential, and some of these medications are available without a prescription.
Rationale 3: Schedule II drugs have a high abuse potential, Schedule I drugs have the highest, and Schedule V drugs have the lowest.
Rationale 4: Schedule III drugs have a moderate abuse potential. Schedule I has the highest abuse potential, and Schedule V has the lowest.

Global Rationale: Schedule V drugs have the lowest abuse potential, and some of these medications are available without a prescription. Schedule I has the highest abuse potential. Schedule II drugs have a high abuse potential. Schedule III drugs have a moderate abuse potential.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 19
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2- 4 Discuss why drugs are sometimes placed on a restrictive list and referred to as *scheduled drugs* or *controlled substances*.

Question 14
Type: MCSA

A pregnant woman with a life-threatening condition must take medication that can cause harm to her fetus. What is the pregnancy category that this medication most likely represents?

1. A
2. B
3. C
4. D

Correct Answer: 4

Rationale 1: Category A carries the lowest risk to the fetus and mother.
Rationale 2: Category B drugs have not shown a risk to the fetus in animal studies, or if they have, studies of women have not confirmed this risk.
Rationale 3: Category C drugs have shown a risk in animal studies, but controlled studies have not been performed in women.
Rationale 4: Drugs from category D can cause harm to the fetus but could provide benefit to the mother in a life-threatening situation or when a safer therapy is not available.

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Global Rationale: Drugs from category D can cause harm to the fetus but could provide benefit to the mother in a life-threatening situation or when a safer therapy is not available. Category A carries the lowest risk to the fetus and mother. Category B drugs have not shown a risk to the fetus in animal studies, or if they have, studies of women have not confirmed this risk. Category C drugs have shown a risk in animal studies, but controlled studies have not been performed in women.
Cognitive Level: Applying
Client Need: Physiological Integrity
Page Number: 20
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-5 Identify the five pregnancy categories and explain what each category represents.

Question 15
Type: MCSA

Which medication would have the greatest risk to a fetus if given to a pregnant client?

1. Warfarin (Coumadin)
2. Ranitidine (Zantac)
3. Tetracycline
4. Potassium chloride (KCl)

Correct Answer: 1

Rationale 1: *Warfarin (Coumadin)* is a category X drug, and carries the highest risk; studies have shown a significant risk to women and fetuses.
Rationale 2: *Ranitidine (Zantac)* is incorrect because it is a category B drug.
Rationale 3: *Tetracyclines* is incorrect because it is a category D drug.
Rationale 4: *Potassium chloride (KCl)* is incorrect because it is a category A drug.

Global Rationale: *Warfarin (Coumadin)* is a category X drug, and carries the highest risk; studies have shown a significant risk to women and fetuses. *Ranitidine (Zantac)* is incorrect because it is a category B drug. *Tetracyclines* is incorrect because it is a category D drug. *Potassium chloride (KCl)* is incorrect because it is a category A drug.
Cognitive Level: Analyzing
Client Need: Physiological Integrity
Page Number: 20
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-5 Identify the five pregnancy categories and explain what each category represents.

Question 16

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Type: MCSA

Which medication would have the least risk to a fetus if given to a pregnant client?

1. Methotrexate
2. Alcohol
3. Ferrous fumarate (Ferranol)
4. Amoxicillin (Amoxil)

Correct Answer: 3

Rationale 1: *Methotrexate* is incorrect because it is a category X drug, and carries the highest risk; studies have shown a significant risk to women and the fetuses.
Rationale 2: *Alcohol* is incorrect because it is a category D drug.
Rationale 3: *Ferrous fumarate (Ferranol)* is a category A drug, which has not shown risk to the fetus.
Rationale 4: *Amoxicillin (Amoxil)* is incorrect because it is a category B drug.

Global Rationale: *Methotrexate* is incorrect because it is a category X drug, and carries the highest risk; studies have shown a significant risk to women and the fetuses. *Alcohol* is incorrect because it is a category D drug. *Ferrous fumarate (Ferranol)* is a category A drug, which has not shown risk to the fetus. *Amoxicillin (Amoxil)* is incorrect because it is a category B drug.
Cognitive Level: Analyzing
Client Need: Physiological Integrity
Page Number: 20
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-5 Identify the five pregnancy categories and explain what each category represents.

Question 17
Type: MCSA

A pregnant client asks the nurse to explain what a teratogen is. What is the best response by the nurse to educate this client?

1. A teratogen is any substance that will harm a developing fetus or embryo.
2. A teratogen is a controlled substance.
3. A teratogen is a nonnarcotic pain reliever.
4. A teratogen is a medication used to treat bacterial infections.

Correct Answer: 1

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Rationale 1: A teratogen is any substance that will harm a developing fetus or embryo.
Rationale 2: A controlled substance is regulated by the FDA, and it is possible for a drug to be a teratogen and not a controlled substance.
Rationale 3: A nonnarcotic pain reliever might or might not be a teratogen.
Rationale 4: A medication used to treat bacterial infections is an antibiotic, and might not be a teratogen.

Global Rationale: A teratogen is a medication that will harm a developing fetus or embryo. A controlled substance is regulated by the FDA, and it is possible for a drug to be a teratogen and not a controlled substance. A nonnarcotic pain reliever might or might not be a teratogen. A medication used to treat bacterial infections is an antibiotic, and might not be a teratogen.
Cognitive Level: Understanding
Client Need: Physiological Integrity
Page Number: 20
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2-5 Identify the five pregnancy categories and explain what each category represents.

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