Principles of Pediatric Nursing - Caring for Children 8th edition Cowen Test Bank

SKU: 9780136859659-TEST-BANK

***Principles of Pediatric Nursing, 8e* (Ball et al.)**
Chapter 1 Contemporary Child Health Nursing

1) Which nursing role is *not* directly involved when providing family-centered approach to the pediatric population?
1. Advocacy
2. Case management
3. Patient education
4. Researcher
Answer: 4
Explanation: 1. A researcher is not involved in the family-centered approach to patient care of children and their families. Advocacy, case management, and patient education are all roles directly involved in the care of children and their families.
2. A researcher is not involved in the family-centered approach to patient care of children and their families. Advocacy, case management, and patient education are all roles directly involved in the care of children and their families.
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Page Ref: 4
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care
Learning Outcome: 1.2 Identify the nursing roles available to pediatric nurses.

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2) A nurse is working with pediatric clients in a research facility. The nurse recognizes that federal guidelines are in place that delineate which pediatrics clients must give assent for participation in research trials. Based upon the client's age, the nurse would seek assent from which children?
Select all that apply.
1. The precocious 4-year-old commencing as a cystic fibrosis research-study participant.
2. The 7-year-old leukemia client electing to receive a newly developed medication, now being researched.
3. The 10-year-old commencing in an investigative study for clients with precocious puberty.
4. The 13-year-old client commencing participation in a research program for Attention Deficit Hyperactivity Disorder (ADHD) treatments.
Answer: 2, 3, 4
Explanation: 1. Federal guidelines mandate that research participants 7 years old and older must receive developmentally appropriate information about healthcare procedures and treatments and give assent.
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Page Ref: 11, 12
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential V: Healthcare policy, finance, and regulatory environments. | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Planning/Coordination of care
Learning Outcome: 1.8 Delineate significant legal and ethical issues that influence the practice of pediatric nursing.

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3) The nurse in a pediatric acute care unit is assigned the following tasks. Which task is *not* appropriate for the nurse to complete?
1. Diagnose an 8-year-old with acute otitis media and prescribe an antibiotic.
2. Listen to the concerns of an adolescent about being out of school for a lengthy surgical recovery.
3. Provide information to a mother of a newly diagnosed 4-year-old diabetic about local support-group options.
4. Diagnose a 6-year-old with Diversional Activity Deficit related to placement in isolation.
Answer: 1
Explanation: 1. The role of the pediatric nurse includes providing nursing assessment, directing nursing care interventions, and educating client and family at developmentally appropriate levels; client advocacy, case management, minimization of distress, and enhancement of coping. Advanced practice nurse practitioners perform assessment, diagnosis, and management of health conditions.
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Page Ref: 2-4
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Implementation/Coordination of care
Learning Outcome: 1.2 Identify the nursing roles available to pediatric nurses.

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4) A 7-year-old child is admitted for acute appendicitis. The parents are questioning the nurse about expectations during the child's recovery. Which information tool would be most useful in answering a parent's questions about the timing of key events?
1. *Healthy People 2030*
2. Clinical pathways
3. Child mortality statistics
4. National clinical practice guidelines
Answer: 2
Explanation: 1. Clinical pathways are interdisciplinary documents provided by a hospital to suggest ideal sequencing and timing of events and interventions for specific diseases to improve efficiency of care and enhance recovery. This pathway serves as a model outlining the typical hospital stay for individuals with specified conditions. *Healthy People 2030* contains objectives set by the U.S. government to improve the health and reduce the incidence of death in the twenty-first century. Child mortality statistics can be compared with those from other decades for the evaluation of achievement toward health-care goals. National clinical practice guidelines promote uniformity in care for specific disease conditions by suggesting expected outcomes from specific interventions.
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Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Planning/Health teaching and health promotion
Learning Outcome: 1.1 Describe the continuum of pediatric healthcare.

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5) The nurse recognizes that the pediatric client is from a cultural background different from that of the hospital staff. Which goal is most appropriate for this client when planning nursing care?
1. Overlook or minimize the differences that exist.
2. Facilitate the family's ability to comply with the care needed.
3. Avoid inadvertently offending the family by imposing the nurse's perspective.
4. Encourage complementary beneficial cultural practices as primary therapies.
Answer: 2
Explanation: 1. The incorporation of the family's cultural perspective into the care plan is most likely to result in the family's ability to accept medical care and comply with the regimen prescribed. Since culture develops from social learning, attempts to ignore or minimize cultural consideration will result in mistrust, suspicion, or offenses that can have negative effects upon the health of children by reducing the resources available to promote health and prevent illness. Complementary therapy may be used later if other primary therapies prove to be ineffective.
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Page Ref: 3
Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Coordination of care
Learning Outcome: 1.3 Summarize the current status of societal influences on pediatric health care and nursing practice.

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6) The telephone triage nurse at a pediatric clinic knows each call is important. Which call would require attentiveness from the nurse because of an increased risk of mortality?
1. A 3-week-old infant born at 35 weeks' gestation with gastroenteritis
2. A term 2-week-old infant of American Indian descent with an upper respiratory infection
3. A postterm 4-week-old infant non-Hispanic black descent with moderate emesis after feeding
4. A 1-week-old infant born at 40 weeks' gestation with symptoms of colic
Answer: 1
Explanation: 1. The leading causes of death in the neonatal period (birth to 28 days of age) are short gestation, low birth weight, and congenital malformations. The preterm infant experiencing gastroenteritis at 3 weeks of age is at the greatest risk for mortality; therefore, would require extra attentiveness from the registered nurse.
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Page Ref: 6, 7
Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Informatics/Patient-centered care | AACN Essential Competencies: Essential IV: Information management and application of patient care technology. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Coordination of care
Learning Outcome: 1.4 Report the most common public health data for causes of child morbidity and mortality.

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7) Despite the availability of Children's Health Insurance Programs (CHIP), many eligible children are not enrolled. Which nursing intervention would be the most appropriate to help children become enrolled in CHIP?
1. Assess details of the family's income and expenditures
2. Case management to limit costly, unnecessary duplication of services
3. Advocate for the child by encouraging the family to investigate SCHIP eligibility
4. Educate the family about the need for keeping regular well-child-visit appointments
Answer: 3
Explanation: 1. In the role of an advocate, a nurse will advance the interests of another; by suggesting the family investigate its CHIP eligibility, the nurse is directing their action toward the child's best interest. Financial assessment is more commonly the function of a social worker. The case-management activity mentioned will not provide a source of funding nor will the educational effort described.
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Page Ref: 2-4
Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential VI: Interprofessional communication and collaboration for improving patient health outcomes. | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Planning/Coordination of care
Learning Outcome: 1.2 Identify the nursing roles available to pediatric nurses.

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8) A supervisor is reviewing documentation of the nurses in the unit. Which client documentation is the most accurate and contains all the required part for a narrative entry?
1. "2/2/05 1630 Catheterized using an 8 French catheter, 45 mL clear yellow urine obtained, specimen sent to lab, squirmed and cried softly during insertion of catheter. Quiet in mother's arms following catheter removal. M. May RN"
2. "1/9/05 2 pm nasogastric tube placement confirmed and irrigated with 30 ml sterile water. Suction set at low, intermittent. Oxygen via nasal canal at 2 L/min. Nares patent, pink, and nonirritated. K. Earnst RN"
3. "4:00 tracheostomy dressing removed with dime-size stain of dry serous exudate. Site cleansed with normal saline. Dried with sterile gauze. New sterile tracheostomy sponge and trach ties applied. Respirations regular and even throughout the procedure. F. Luck RN"
4. "Feb. '05 Port-A-Cath assessed with Huber needle. Blood return present. Flushed with NaCl solution, IV gamma globulins hung and infusing at 30 cc/hr. Child smiling and playful throughout the procedure. P. Potter, RN"
Answer: 1
Explanation: 1. The client record should include the date and time of entry, nursing care provided, assessments, an objective report of the client's physiologic response, exact quotes, and the nurse's signature and title.
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Page Ref: 2-4
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Informatics | AACN Essential Competencies: Essential IV: Information management and application of patient care technology. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care
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9) A 12-year-old pediatric client is in need of surgery. Which member of the healthcare team is legally responsible for obtaining informed consent for an invasive procedure?
1. Nurse
2. Physician
3. Unit secretary
4. Social worker
Answer: 2
Explanation: 1. Informed consent is legal preauthorization for an invasive procedure. It is the physician's legal responsibility to obtain this, because it consists of an explanation about the medical condition, a detailed description of treatment plans, the expected benefits and risks related to the proposed treatment plan, alternative treatment options, the client's questions, and the guardian's right to refuse treatment.
2. Informed consent is legal preauthorization for an invasive procedure. It is the physician's legal responsibility to obtain this, because it consists of an explanation about the medical condition, a detailed description of treatment plans, the expected benefits and risks related to the proposed treatment plan, alternative treatment options, the client's questions, and the guardian's right to refuse treatment.
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Page Ref: 11, 12
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Informatics | AACN Essential Competencies: Essential IV: Information management and application of patient care technology. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Communication
Learning Outcome: 1.7 Contrast the policies for obtaining informed consent of minors to policies for adults.

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10) A child is being prepared for an invasive procedure. The mother of the child has legal custody but is not present. After details of the procedure are explained, who can provide legal consent on behalf of a minor child for treatment?
1. The divorced parent without custody
2. A cohabitating boyfriend of the child's mother
3. A grandparent who lives in the home with the child
4. A babysitter with written proxy
Answer: 4
Explanation: 1. A parent may grant proxy consent in writing to another adult so that children are not denied necessary healthcare. In the case of divorced parents, the parent with custody may be the only parent allowed by some states to give informed consent. Residence in the same household with a child does not authorize an adult to sign consent for treatment.
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Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Informatics | AACN Essential Competencies: Essential IV: Information management and application of patient care technology. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 1.7 Contrast the policies for obtaining informed consent of minors to policies for adults.

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11) A 12-year-old child is admitted to the unit for a surgical procedure. The child is accompanied by two parents and a younger sibling. What is the level of involvement in treatment decision making for this child?
1. Emancipated minor
2. Mature minor
3. Assent
4. None
Answer: 3
Explanation: 1. Assent requires the ability to generally understand what procedure and treatments are planned, to understand what participation is required, and to make a statement of agreement or disagreement with the plan. Usually, in Piaget's stage of formal operations, 11- to 13-year-olds should be able to problem solve using abstract concepts and are able to give valid assent when parents sign the informed consent. An emancipated minor is a self-supporting adolescent who is not subject to the control of a parent or guardian. A mature minor is a 14- or 15-year-old whom the state law designates as being able to understand medical risks and who is thus permitted to give informed consent for treatment.
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Page Ref: 11, 12
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential V: Healthcare policy, finance, and regulatory environments. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Communication
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12) Which nursing intervention is most appropriate when providing education to the pediatric client and family?
1. Giving primary care for high-risk children who are in hospital settings
2. Giving primary care for healthy children
3. Working toward the goal of informed choices with the family
4. Obtaining a physician consultation for any technical procedures at delivery
Answer: 3
Explanation: 1. The educator works with the family toward the goal of making informed choices through education and explanation.
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4. The educator works with the family toward the goal of making informed choices through education and explanation.
Page Ref: 3
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Health teaching and health promotion
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13) What is the pediatric nurse's best defense against an accusation of malpractice or negligence?
1. Following the physician's written orders
2. Meeting the scope and standards of practice for pediatric nursing
3. Being a nurse practitioner or clinical nurse specialist
4. Acting on the advice of the nurse manager
Answer: 2
Explanation: 1. Meeting the scope and standards of practice for pediatric nursing would cover the pediatric nurse against an accusation of malpractice or negligence because the standards are rigorous and cover all bases of excellent nursing practice. Following the physician's written orders or acting on the advice of the nurse manager are not enough to defend the nurse from accusations because the orders and/or advice may be wrong or unethical. Being a clinical nurse specialist or nurse practitioner does not defend the nurse against these accusations if he or she does not follow the Society of Pediatric Nurses standards of practice.
2. Meeting the scope and standards of practice for pediatric nursing would cover the pediatric nurse against an accusation of malpractice or negligence because the standards are rigorous and cover all bases of excellent nursing practice. Following the physician's written orders or acting on the advice of the nurse manager are not enough to defend the nurse from accusations because the orders and/or advice may be wrong or unethical. Being a clinical nurse specialist or nurse practitioner does not defend the nurse against these accusations if he or she does not follow the Society of Pediatric Nurses standards of practice.
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Page Ref: 9-11
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential V: Healthcare policy, finance, and regulatory environments. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Ethics
Learning Outcome: 1.8 Delineate significant legal and ethical issues that influence the practice of pediatric nursing.

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14) Which legal or ethical offense would be committed if a nurse tells family members the condition of a newborn baby without first consulting the parents?
1. A breach of privacy
2. Negligence
3. Malpractice
4. A breach of ethics
Answer: 1
Explanation: 1. A breach of privacy would have been committed in this situation, because it violates the right to privacy of this family. The right to privacy is the right of a person to keep his or her person and property free from public scrutiny, including other family members. Negligence and malpractice are punishable legal offenses and are more serious. A breach of ethics would not apply to this situation.
2. A breach of privacy would have been committed in this situation, because it violates the right to privacy of this family. The right to privacy is the right of a person to keep his or her person and property free from public scrutiny, including other family members. Negligence and malpractice are punishable legal offenses and are more serious. A breach of ethics would not apply to this situation.
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15) Pediatric nurses have foundational knowledge obtained in nursing school and add specific competencies related to the pediatric client. Which would be considered an additional specific expected competency of the pediatric nurse?
1. Physical assessment
2. Anatomical and developmental differences
3. Nursing process
4. Management of healthcare conditions
Answer: 2
Explanation: 1. Assessing anatomical and developmental differences would be a specific expected competency for the pediatric nurse that would not be learned in nursing school. Physical assessment, nursing process, and management of health conditions are all foundational knowledge learned in nursing school.
2. Assessing anatomical and developmental differences would be a specific expected competency for the pediatric nurse that would not be learned in nursing school. Physical assessment, nursing process, and management of health conditions are all foundational knowledge learned in nursing school.
3. Assessing anatomical and developmental differences would be a specific expected competency for the pediatric nurse that would not be learned in nursing school. Physical assessment, nursing process, and management of health conditions are all foundational knowledge learned in nursing school.
4. Assessing anatomical and developmental differences would be a specific expected competency for the pediatric nurse that would not be learned in nursing school. Physical assessment, nursing process, and management of health conditions are all foundational knowledge learned in nursing school.
Page Ref: 2-4
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Assessment/Education
Learning Outcome: 1.2 Identify the nursing roles available to pediatric nurses.

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16) Which of the following are components of family-centered care? Select all that apply.
1. Recognizing and building on family strengths
2. Meeting the emotional, social, and developmental needs of the child and family
3. Respect all parenting practices
4. Support all cultural practices
5. Encourage parent-to-parent support
Answer: 1, 2, 5
Explanation: 1. Recognizing and building on family strengths are one of the components of family-centered care.
2. Meeting the emotional, social, and developmental needs of the child and family are included in the components of family-centered care.
3. Respecting all parenting practices is not one of the components of family-centered care.
4. Supporting all cultural practices is not one of the components of family-centered care.
5. Encouraging parent-to-parent support is one of the components of family-centered care.
Page Ref: 6
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Intervention/Coordination of care
Learning Outcome: 1.1 Describe the continuum of pediatric healthcare.

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17) A three-week-old infant is returned post-pyloromyotomy three hours ago. The father is refusing pain medication for the infant and states, "The baby is hungry. Can I give the baby a bottle?" How should the nurse best advocate for the infant? Select all that apply.
1. Call the physician to ask if the child can feed yet.
2. The FLACC scale rating is 8 out of 10; try swaddling and rocking the infant.
3. Ask the parent to obtain a FLACC scale rating and let the nurse know what rating they get.
4. Educate the parent about the surgery and why the infant should not have anything by mouth.
5. Inform the parent about the meaning of the pain scale and the need for pain medication.
Answer: 4, 5
Explanation: 1. Calling the physician to ask if the infant can feed yet is not the best way to advocate for the infant.
2. Swaddling and rocking the infant may calm the child but is not the best way to advocate for the infant.
3. Asking the parent to obtain a FLACC scale rating and let the nurse know what rating they get. This is not the parents' duty. It is the nurse's responsibility to assess pain.
4. Educating the parent about the surgery and why the infant should not have anything by mouth is a good way to advocate for the infant.
5. Informing the parent about the meaning of the pain scale and the need for pain medication is a good way to advocate for the infant.
Page Ref: 3
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Assessment/Health teaching and health promotion
Learning Outcome: 1.2 Identify the nursing roles available to pediatric nurses.

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18) A 6-year-old patient has just been diagnosed with a condition that will have a complex treatment plan. Which action(s) should the pediatric nurse take to facilitate understanding and acceptance? Select all that apply.
1. Schedule a family conference with the patient, family, and healthcare providers to discuss available treatment options.
2. Have the family choose a spokesperson for nurses to provide updates to decrease confusion and facilitate communication.
3. Provide the patient and family with a list of local peer support groups related to the diagnosis.
4. Discourage the family from bringing personal items for the patient while hospitalized to limit infection risks.
Answer: 1, 3
Explanation: 1. Scheduling a time for healthcare providers, family, and the patient to discuss options together supports open, unbiased communication and acknowledges each member is an important part of the team.
2. Although it might be easier to communicate with just one person, this may limit collaboration options, trust, and decision-making abilities of all involved.
3. Family members, as well as patients, can benefit from peer support from others in similar situations.
4. When possible, nurses should encourage inclusion of family traditions and customs to include the presence of meaningful items near the patient.
Page Ref: 6
Cognitive Level: Evaluating
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Assessment/Health teaching and health promotion
Learning Outcome: 1.3 Summarize the current status of societal influences on pediatric health care and nursing practice.

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19) During a routine well child check-up, the pediatric nurse discusses prevention and emergency preparedness with the parents of a 2-year-old. Which of the following would be the highest priority to address to keep the child safe?
1. Keeping firearms locked and secured
2. Implementing safety equipment for the family pool
3. Securing hazardous chemicals and medications
4. Promoting consistent seat belt use
Answer: 2
Explanation: 1. Although an important topic to address, firearms are not the top safety hazard for this age group.
2. According to the National Center for Health Statistics (2021), drowning was the leading cause of death for children 1-4 years old, so pool safety would be a top priority.
3. Potential for poisoning is a known risk factor for a 2-year-old, but it is not the highest risk of mortality.
4. Motor vehicle accidents make up the 2nd largest cause of death for this age group, but for a 2-year-old, depending on size, proper fitting car seats would be a priority over seat belt use.
Page Ref: 7
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Implementation/Health teaching and health promotion
Learning Outcome: 1.4 Report the most common public health data for causes of child morbidity and mortality.

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20) A pediatric nurse is reviewing a phenytoin order for an infant with a seizure disorder. Which of the following information is important for the nurse to know when administering medications to an infant? Select all that apply.
1. Correct patient identifiers, such as name and age
2. Patient's weight in kg
3. Patient's height in cm
4. Patient's body mass index (BMI)
Answer: 1, 2
Explanation: 1. Properly identifying a patient is key to preventing medication errors, especially in an infant who cannot provide verbal verification.
2. Most pediatric medications are calculated by weight in kg or body surface area (BSA).
3. Although the patient's height would be important to determine the body surface area, by itself it is not a key piece of information.
4. BMI is used most frequently to determine appropriate weight whereas BSA is a specific calculation utilized in medication dosage calculations.
Page Ref: 8-9
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety. | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Implementation/Health teaching and health promotion
Learning Outcome: 1.5 Explore the value of the QSEN project in promoting patient safety and high-quality care.

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21) A new nurse is utilizing the Quality and Safety Education for Nurses (QSEN) project competencies to identify safety risks in the pediatric department's practices. Which of the below practices would help prevent patients' injuries? Select all that apply.
1. Utilizing verbal medication orders so there is opportunity for clarification
2. Using abbreviations especially in dose and frequency orders for legibility
3. Verifying pediatric medication dose calculations with another nurse
4. Use of a credentialed translator for families with limited English proficiency
Answer: 3, 4
Explanation: 1. Verbal orders have multiple opportunities for errors from misunderstanding what is said to transcribing the information incorrectly.
2. Abbreviations should be avoided because they can often be confusing. For example, µg is often misinterpreted as mg.
3. Pediatric medication doses can include complex complications. Verifying with another nurse would be a safe practice.
4. Risks of misunderstandings are greatly increased when there are language barriers. Using a credentialed translator can help ensure information is properly conveyed.
Page Ref: 8-9
Cognitive Level: Evaluating
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential IV: Information management and application of patient care technology. | NLN Competencies: Professional identity | Nursing/Integrated Concepts:
Learning Outcome: 1.5 Explore the value of the QSEN project in promoting patient safety and high-quality care.

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22) The pediatric department director wants to improve engagement among nurses in the unit. Which of the following projects utilize evidence-based practices to improve patient care? Select all that apply.
1. Starting a nursing journal club
2. Encouraging nurses to gain specialty certification
3. Using a set annual orientation plan
4. Encouraging front-line nurses participation in policy revisions
Answer: 1, 2, 4
Explanation: 1. Staying up to date in safe patient care requires nurses to become "life-long learners." The use of journal clubs in units supports the need for current knowledge and performance improvement activities.
2. Achieving a specialty certification demonstrates the nurse's commitment to providing patients quality safe care by requiring recipients to stay up to date on current practice changes and innovations.
3. Although high-risk topics should be reviewed at least annually, orientation plans should shift with current evidence-based practices to ensure quality patient care.
4. Front-line nurses are the most aware of daily safety issues in the work environment. Their participation in committees and policy revisions utilize evidence-based practice to increase engagement and make quality improvement changes that will benefit patients.
Page Ref: 7-8
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment / Management of Care
Standards: QSEN Competencies: Evidence-based practice | AACN Essential Competencies: Essential IV: Information management and application of patient care technology. | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Assessment/Health teaching and health promotion
Learning Outcome: 1.6 Analyze the role of evidence-based practice in improving the quality of nursing care for childrearing families.

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23) A nurse caring for a 14-year-old who was newly diagnosed with diabetes would be utilizing evidence-based practice through which of the following nursing activities? Select all that apply.
1. Using a "teach-back" method to ensure the patient and family know how to program an insulin pump
2. Providing a robust packet of discharge information for the family to review and refer back to later
3. Ensuring that the documentation in the patient's health record is accurate and complete
4. Educating the patient and family the importance of accurate and consistent glucose monitoring
Answer: 1, 4
Explanation: 1. One suggestion supported by evidence-based practice to lower risk in complex treatment, such as the use of insulin pumps, is to ensure the patient and family are competent in its use by demonstrating the process or providing "teach-back."
2. Evidence-based practice shows that overloading families with written materials does not facilitate understanding and may increase safety risks.
3. Proper documentation is an essential component in risk management but not necessarily a component in utilizing evidence-based practice.
4. Current research shows improper monitoring of conditions, such as diabetes, is a high-risk topic in pediatric care. Providing this education to patients and families can help mediate this risk.
Page Ref: 8-9
Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Evidence-based practice | AACN Essential Competencies: Essential IX: Baccalaureate generalist nursing practice. | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Diagnosis/Education
Learning Outcome: 1.6 Analyze the role of evidence-based practice in improving the quality of nursing care for childrearing families.

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