Wilkins' Clinical Assessment in Respiratory Care 8th edition Heuer Test Bank

SKU: 9780323416351-TEST-BANK

MULTIPLE CHOICE

1. Communication between two people can occur only if:
   1. The speaker speaks clearly.
   2. The receiver understands the message.
   3. Each person understands medical terminology.
   4. Both people are in the same room.
   a. 2 and 4
   b. 1 and 3
   c. 3 and 4
   d. 1 and 2

   ANS: D
   Communication occurs only if both parties speak clearly and listen carefully.

   REF: p. 16 OBJ: 1

2. Communication between individuals is affected by which of the following factors?
   1. The time of day
   2. The cultural heritage
   3. The day of the week
   4. The level of education
   a. 2 and 4
   b. 1 and 3
   c. 3 and 4
   d. 1 and 2

   ANS: A
   The time of day or day of the week is not likely to affect communication in a significant way.

   REF: p. 16 OBJ: 2

3. When one is conducting an interview with a patient, which of the following points is *most* important in facilitating an effective interaction with the patient?
   a. Recognizing the nonverbal signals that the patient is sending
   b. Your ability to project a sense of undivided interest in the patient
   c. Introducing yourself appropriately at the beginning of the interview
   d. Answering all of the patient's questions completely without using jargon

   ANS: B
   Patients can sense when we are distracted and will not communicate well in such a situation. Glancing out the window or at the television will tell the patient that you are distracted and are not that interested in what he or she has to say.

   REF: pp. 16-17 OBJ: 3

4. Which of the following types of questions are preferred for all interactions with a patient?

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a. Direct questions
b. Neutral questions
c. Indirect questions
d. Open-ended questions

ANS: B
Neutral questions encourage the patient to respond with sentences and honest answers.

REF: p. 17 OBJ: 3

5. If a patient is unable to provide an accurate history, the respiratory therapist (RT) should:
a. ask a family member or friend to supply the information.
b. ask shorter and more direct questions to determine the cause of the problem.
c. proceed to treat the patient's symptoms based on information already obtained.
d. refuse to treat the patient because effective therapy cannot be initiated without a complete history.

ANS: A
In many situations, the patient is unable to answer questions. Family members are often the next best source for important information.

REF: p. 18 OBJ: 4

6. Which of the following should the RT keep in mind when obtaining a pulmonary history?
a. Assessment usually is limited to the respiratory system.
b. Evaluation of the patient's entire health status is essential.
c. Signs and symptoms of pulmonary disease will rarely be seen outside the cardiopulmonary system.
d. Patients with long-standing chronic disease can give a detailed account of how their lives have changed and of the signs and symptoms that the disease has caused.

ANS: B
Pulmonary problems often cause health issues in other body systems, and health problems in other systems often cause pulmonary problems.

REF: p. 18 OBJ: 2 | 6

7. Obtaining background information during an interview is very important because it allows the RT to:
1. Learn the impact of culture, relationships, and finances on his or her health.
2. Predict whether the patient is willing to cooperate in the treatment of his or her disease.
3. Develop a basic understanding of the patient's experience with his or her disease.
4. Diagnosis the patient's problem.
a. 2 and 4
b. 1 and 3
c. 2, 3, and 4
d. 1, 2, and 3

ANS: D

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Background information is often overlooked but is important for assessing the impact of chronic illness on the patient and for identifying how the patient is coping with the illness. It also tells the interviewer whether the patient is able to cooperate with the treatment plan.

REF: p. 18 OBJ: 2 | 6

8. Screening information is:
   a. obtained at health fairs to determine whether the person should see a physician.
   b. designed to uncover problem areas that the patient forgot to mention or omitted.
   c. given to the interviewer by the patient at the very beginning of the interview process.
   d. obtained by the triage nurse in the emergency department to determine how life-threatening the patient's symptoms are.

   ANS: B
   Screening information is designed to identify important facts that the patient may have overlooked in the interview.

   REF: pp. 18-19 OBJ: 2

9. The review of systems is very important because it provides the interviewer with:
   a. information grouped by major organs and physiologic systems.
   b. additional subjective information about the patient's problem.
   c. a combination of subjective and objective data in a narrative form.
   d. information relevant to the patient's problem that may have been overlooked.

   ANS: D
   The review of systems helps identify key information that may have been overlooked in the interview.

   REF: p. 19 OBJ: 2

10. A *pertinent negative* is defined as:
    a. any negative response made by the patient during the interview.
    b. refusal by the patient to answer questions about a certain topic.
    c. any negative response by the patient to an important question about possible symptoms.
    d. a negative response by a patient to a therapist who asks whether the patient needs a breathing treatment.

    ANS: C
    If the patient appears to have pneumonia but denies having a cough, the patient's negative response to the question about coughing would be a pertinent negative.

    REF: p. 19 OBJ: 3

11. A *pertinent positive* is defined as:
    a. any positive response made by the patient during the interview.
    b. a direct question asked during the interview that elicits a positive response.
    c. an affirmative response by the patient when asked whether he or she needs a breathing treatment.
    d. an affirmative response to an important interview question about the patient's

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symptoms.

ANS: D
A positive response from the patient regarding a symptom associated with the possible diagnosis would be a pertinent positive.

REF: p. 19 OBJ: 3

12. The main purpose of the chief complaint is to:
    a. give a brief explanation about why the patient sought health care.
    b. direct the interviewer to the organ system in which the problem is located.
    c. present a diagnosis that is based on information obtained during the interview.
    d. list symptoms in order from most severe to least severe according to organ system involvement.

ANS: A
The chief complaint explains why the patient sought medical help.

REF: p. 19 OBJ: 2 | 3

13. Which of the following cardiopulmonary conditions would be found in the chief complaint list?
    1. Asthma
    2. Wheezing
    3. COPD
    4. Hemoptysis
    a. 2 and 4
    b. 1 and 3
    c. 1 and 2
    d. 3 and 4

ANS: A
Asthma and COPD are diagnoses and not complaints.

REF: p. 19 | p. 21 OBJ: 2

14. When a patient is interviewed so the chief complaint can be determined, the *best* questions that can be asked to elicit this information are:
    1. Direct questions.
    2. Neutral questions.
    3. Open-ended questions.
    4. A series of direct questions.
    a. 2 and 4
    b. 1 and 3
    c. 2, 3, and 4
    d. 1, 2, and 3

ANS: D
Use of a variety of types of questions usually yields the best interview results. An interview made up of one direct question followed by an answer and another direct question is mechanical, monotonous, and anxiety producing. Such an approach can make patients feel as though they are being interrogated.

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REF: p. 17 | p. 19 OBJ: 2

15. Which of the following would be found in the history of present illness section of an interview?
    a. Injuries and accidents
    b. Surgeries and hospitalizations
    c. Associated symptoms and aggravating factors
    d. Over-the-counter medications, vitamins, and "home remedies"

    ANS: C
    Associated symptoms and aggravating factors would be found in the history of present illness.

    REF: p. 22 OBJ: 2

16. Which of the following formulas should be used to calculate the pack-year history of cigarette consumption?
    a. Packs per day times Years smoked
    b. Packs per day minus Years smoked
    c. Packs per day plus Years smoked
    d. Packs per day plus Years smoked

    ANS: A
    Pack-years is the standard way to document a patient's smoking history. This is determined by multiplying the number of packs smoked times the number of years smoked.

    REF: p. 24 OBJ: 2

17. One disadvantage of using the pack-year method for calculating cigarette consumption is that:
    a. the method is not used widely throughout the United States.
    b. advanced mathematical calculations are required to obtain the figure.
    c. the method does not reveal how many packs per day were smoked over how many years.
    d. the values are more meaningful to RTs and physicians than to other health care providers.

    ANS: C
    Although pack-years is an industry standard for documenting quantity of tobacco consumption, this value does not provide the details.

    REF: p. 24 OBJ: 2

18. Which of the following are reasons for obtaining a family history?
    1. To assess the current health status of the extended family
    2. To learn about the health status of the patient's blood relatives
    3. To determine whether the patient is adopted
    4. To identify the presence in the family of diseases with a hereditary tendency
    a. 2 and 4
    b. 1 and 3
    c. 2, 3, and 4
    d. 1, 2, and 4

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ANS: D
The reason for obtaining a family history is to identify blood relatives who may have a disease that the patient has inherited.

REF: p. 25 OBJ: 2

19. Which of the following diseases would be recorded in the family history as a hereditary disorder?
1. Asthma
2. Pneumonia
3. Cystic fibrosis
4. α_1-antitrypsin deficiency
a. 2 and 4
b. 1 and 3
c. 2, 3, and 4
d. 1, 3, and 4

ANS: D
Pneumonia is not hereditary.

REF: p. 25 OBJ: 2

20. Modern-day office workers may be exposed to which of the following occupational and environmental diseases?
a. Bagassosis
b. Monday fever
c. Pneumoconiosis
d. Sick building syndrome

ANS: D
Sick building syndrome occurs when employees are exposed to low doses of toxic gases in a building that is airtight and has poor ventilation.

REF: Table 2.1 | p. 27 OBJ: 2

21. Which of the following symptoms is often seen in patients with tight building syndrome?
1. Headache
2. Eye irritation
3. Cough
4. Palpitations
a. 2 and 4
b. 1 and 3
c. 2, 3, and 4
d. 1, 2, and 3

ANS: D
The terms *tight building syndrome* and *sick building syndrome* are now used to describe these epidemics in which large numbers of employees complain of symptoms, including runny or stuffy nose, eye irritation, cough, chest tightness, fatigue, headache, and malaise.

REF: Table 2.1 | p. 27 OBJ: 2

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22. What pulmonary disorder is associated with visiting or living in Ohio, Maryland, and the central Mississippi Valley?
    a. Blastomycosis
    b. Histoplasmosis
    c. Coccidioidomycosis
    d. Silicosis

    ANS: B
    Histoplasmosis occurs only in the midwestern regions of the country.

    REF: Table 2.1 | p. 28 OBJ: 2

23. Monday fever is commonly seen with inhalation of:
    a. cotton dust.
    b. asbestosis fibers.
    c. paint and glue fumes.
    d. outdoor pollutants.

    ANS: A
    Such a pattern, often termed *Monday fever*, is commonly seen with inhalation of cotton dust.

    REF: p. 28 OBJ: 2 | 6

24. In which section of the patient record should the following entry appear? "Patient presented in the emergency department following a fall. Patient is confused with a large hematoma on this left forehead."
    a. Admission note
    b. Physician orders
    c. Progress notes
    d. Discharge plan

    ANS: A
    The admission note is written by the admitting physician and is a narrative description of important facts related to the patient's need to be hospitalized. The physician documents the patient's baseline status on admission in the admission note.

    REF: p. 28 OBJ: 6 | 7

25. A good interview should contain which of the following elements?
    1. The interviewer should dress and act professionally.
    2. The interviewer should project a sense of undivided interest.
    3. The interviewer should use a formal speaking style.
    4. The interviewer should respect the patient's beliefs and attitudes.
    a. 2 and 4
    b. 1 and 3
    c. 2, 3, and 4
    d. 1, 2, and 4

    ANS: D
    The interviewer should use an informal, relaxed, and conversational style.

    REF: p. 17 OBJ: 2 | 3

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26. In the physical examination, objective data gathered are referred to as:
    a. measurements.
    b. symptoms.
    c. variables.
    d. signs.

    ANS: D
    Objective data are referred to as “signs” in the physical examination. These are data that can be perceived by the examiner, either by measurements or observations.

    REF: p. 19 OBJ: 5

27. In the physical examination, subjective data gathered are referred to as:
    a. measurements.
    b. symptoms.
    c. variables.
    d. signs.

    ANS: B
    Subjective data in the physical examination are referred to as symptoms. These are data that can only be perceived by the patient. A good interviewer, however, is able to ask questions that prompt the patient to give complete and accurate descriptions of his or her symptoms.

    REF: p. 19 OBJ: 5

28. An RT examining a patient auscultates wheezes in the right lower lobe (RLL). This would be an example of:
    a. objective data (a sign).
    b. objective data (a symptom).
    c. subjective data (a sign).
    d. subjective data (a symptom).

    ANS: A
    Because wheezes are perceived by the examiner, this would be an example of a sign.

    REF: p. 19 OBJ: 5

29. A patient being interviewed says that he wakes up nearly every night feeling very hot and with his body bathed in sweat. This fact, along with his hemoptysis, is a very strong indication that he may have tuberculosis. The night sweats would be an example of:
    a. objective data (a sign).
    b. objective data (a symptom).
    c. subjective data (a sign).
    d. subjective data (a symptom).

    ANS: D
    Because the night sweats are perceived only by the patient and then described to the examiner, they would be an example of subjective data (a symptom).

    REF: p. 19 OBJ: 5

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30. A "constitutional" symptom would include all of the following *except:*
    a. chills and fever.
    b. anorexia and/or weight loss.
    c. fatigue.
    d. wheezing.

    ANS: D
    Constitutional symptoms generally involve the whole body and are not specific to individual systems. Wheezing is definitely specific to the respiratory system.

    REF: p. 21 OBJ: 6

31. Which of the following questions would be ineffective in eliciting additional information about a patient's location and level of pain?
    a. Earlier, you briefly mentioned some pain around your lower ribs. Could you tell me more about it?
    b. Earlier, you briefly mentioned some pain around your lower ribs. Could you point to exactly where it is?
    c. Earlier, you briefly mentioned some pain around your lower ribs. What do you think is causing it?
    d. Earlier, you briefly mentioned some pain around your lower ribs. Could you rate this pain for me on a scale of 1 to 10, with 1 meaning no pain and 10 meaning the worst pain possible?

    ANS: C
    A good interviewer is looking for a precise description of a symptom. It is unlikely that the patient has any idea what is causing the pain.

    REF: p. 21 OBJ: 2

32. A history of a patient's tobacco use is important for which of the following reasons?
    1. There is a strong relationship between smoking and chronic obstructive pulmonary disease (COPD).
    2. There is a strong relationship between smoking and the use of illicit drugs such as marijuana, cocaine, and heroin.
    3. There is a strong relationship between smoking and cardiovascular disease.
    4. There is a strong relationship between smoking and lung cancer.
    a. 2 and 4
    b. 1 and 2
    c. 1, 3, and 4
    d. 1, 2, and 3

    ANS: C
    There is no published evidence that shows that smoking increases the likelihood that a person will use illicit drugs. There is ample evidence of the relationship between smoking and COPD, cardiovascular disease, and lung cancer.

    REF: p. 22 OBJ: 2 | 3 | 6

33. All patient histories generally contain which of the following information?
    1. Descriptions of present health status or illness

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2. Patient's primary care physician
3. General background information
4. Screening information

a. 2 and 4
b. 1 and 2
c. 1, 3, and 4
d. 1, 2, and 3

ANS: C
Although variations in recording styles do exist, all histories contain the following same types of information:
- General background information
- Screening information
- Descriptions of present health status or illness

REF: p. 27 OBJ: 6

34. In which section of the patient record should the following entry appear? "Day 4 of hospitalization. Patient febrile (39° C). Rales in both lung bases; sputum moderate, thick, green, tinged with blood. Plan: Continue ordered antibiotic therapy. Bronchoscopy tomorrow in AM."

a. Admission note
b. Physician orders
c. Progress notes
d. Discharge plan

ANS: C
The physician should see the hospitalized patient at least once daily to identify the patient's general condition, progress, and response to treatment. These findings are summarized in the progress notes.

REF: p. 28 OBJ: 6 | 7

35. The RT has been called STAT to the bedside of a patient who is in extreme respiratory distress in the intensive care unit (ICU). Shortly after arriving, the patient's cardiac monitor shows a pattern of ventricular fibrillation, and shortly thereafter the patient ceases breathing. The nurse states that the patient has a do not resuscitate (DNR) order. The RT should take which of the following actions?

a. Do nothing, because a DNR order means that no resuscitative measures should be attempted.
b. Call a full code and institute full resuscitative measures because the therapist knows that the physician who wrote the DNR order is not working in the unit this week.
c. Call a code so that cardiac medications can be given to correct the ventricular fibrillation; the DNR order means that the patient cannot be intubated.
d. Place a non–rebreather mask on the patient for "comfort measures."

ANS: A
A DNR order signed by a physician means that no resuscitative measures should be undertaken.

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REF: p. 28 OBJ: 8

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