Giddens's Concepts for Canadian Nursing Practice (Canadian) 1st edition Sheppard-LeMoine Test Bank

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Test Bank for PN Students - Concept 01

Q1: The nurse manager of a pediatric clinic was able to confirm that the new nurse recognized the purpose of the HEADSS Adolescent Risk Profile when the new nurse responded it is used to review for needs related to

A. anticipatory guidance. (Correct)
B. low-risk adolescents.
C. physical development.
D. sexual development.

Rationale: The HEADSS Adolescent Risk Profile is a psychosocial assessment screening tool used to review home, education, activities, drug use, sexual activity, and suicide potential, for the purpose of identifying high-risk adolescents and the need for anticipatory guidance. It is used to identify high-risk, not low-risk, adolescents. Physical development is reviewed with anthropometric data. Sexual development is reviewed using physical examination.

Q2: The nurse preparing a teaching plan for a preschooler knows that, according to Piaget, the expected stage of development for a preschooler is

A. concrete operational.
B. formal operational.
C. preoperational. (Correct)
D. sensorimotor.

Rationale: The expected stage of development for a preschooler (3–4 years old) is preoperational (period of 2–7 years old). Concrete operational describes the thinking of a school-age child (7–11 years old). Formal operational describes the thinking of an individual after about 11 years of age. Sensorimotor describes the earliest pattern of thinking, from birth to 2 years old.

Q3: The school nurse talking with a high school class about the difference between growth and development would best describe growth as

A. processes by which early cells specialize.
B. psychosocial and cognitive changes.
C. qualitative changes associated with aging.
D. quantitative changes in size or weight. (Correct)

Rationale: Growth is a quantitative change in which an increase in cell number and size results in an increase in overall size or weight of the body or any of its parts. The processes by which early cells specialize are referred to as differentiation. Psychosocial and cognitive changes are referred to as development. Qualitative changes associated with aging are referred to as maturation.

Q4: The most appropriate response of the nurse when a parent asks what the Nipissing District Developmental Screen (NDDS) does is that it

A. can diagnose developmental disabilities.

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B. identifies a need for physical therapy.

C. is a developmental screening tool. (Correct)

D. provides a framework for health teaching.

Rationale: The NDDS is a common measure of developmental status used by health care professionals; it is a screening tool for infants and children up to age 6 years. Screening tools do not provide a diagnosis; diagnosis requires a thorough neurodevelopment history and physical examination. Developmental delay, which is suggested by screening, is a symptom, not a diagnosis. The need for any therapy would be identified with a comprehensive evaluation, not a screening tool. Some providers use the DDST II as a framework for teaching about expected development, but this is not the primary purpose of the tool.

Q5: To plan early intervention and care for an infant with Down syndrome, the nurse will consider knowledge of other physical development exemplars such as

A. cerebral palsy.

B. attention-deficit/hyperactivity disorder (ADHD).

C. fetal alcohol syndrome.

D. hydrocephaly. (Correct)

Rationale: Hydrocephaly is also a physical development exemplar. Cerebral palsy is an exemplar of adaptive developmental delay. ADHD is an exemplar of a cognitive disorder. Fetal alcohol syndrome is an exemplar of cognitive developmental delay.

Q6: To plan early intervention and care for a child with a developmental delay, the nurse would consider knowledge of the concepts most significantly affected by development, including

A. culture.

B. functional ability.

C. mobility. (Correct)

D. nutrition.

Rationale: Mobility is one of the concepts most significantly affected by development. Others include mood, cognition, and behaviour concepts (e.g., mood and affect, anxiety, cognition, psychosis, stress and coping, and addiction); sexuality and reproduction, protection and movement concepts (e.g., immunity, infection, mobility, tissue integrity, and sensory perception); and homeostasis and regulation concepts (e.g., fluids and electrolytes, thermoregulation, cellular regulation, hormonal regulation, glucose regulation, gas exchange, perfusion, and clotting). Knowledge of these concepts can help the nurse anticipate areas that need to be addressed. Culture, environment, and nutrition are concepts that are considered to significantly affect development but are not affected by development

Q7: An 11-year-old discloses that they are home alone each night from the time they get home from school until they go to bed and on weekends. The school nurse is concerned, as this presents a developmental risk in which category?

A. Individual risk

B. Situational risk

C. Cognitive risk

D. Toxic stress (Correct)

Rationale: Developmental progress may be at risk because of a number of factors. Toxic stress is a type of risk that can result when a child experiences chronic social isolation, as this child demonstrates. Individual risk relates to existing deficits or diagnoses, whereas situational risk is related to a specific acute conflict or crisis. Cognitive risk is not a type of developmental risk.

Q8: A 17-year-old girl is hospitalized for appendicitis, and her parent asks the nurse why she is so needy and acting like a child. The best response of the nurse is that adolescents may experience which of the following while in hospital?

A. Separation anxiety

B. Rebellion against rules

C. Regression because of stress (Correct)

D. Wanting to know everything

Rationale: Regression to an earlier stage of development is a common response to stress. Separation anxiety is most common in infants and toddlers. Rebellion against hospital rules is usually not an issue if the adolescent understands the rules and would not create childlike behaviours. An adolescent may want to "know everything" with their logical thinking and deductive reasoning, but that would not explain why they would act like a child.

Test Bank for RN Students - Concept 01

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A. processes by which early cells specialize.
B. psychosocial and cognitive changes.
C. qualitative changes associated with aging.
D. quantitative changes in size or weight. (Correct)

Rationale: Growth is a quantitative change in which an increase in cell number and size results in an increase in overall size or weight of the body or any of its parts. The processes by which early cells specialize are referred to as differentiation. Psychosocial and cognitive changes are referred to as development. Qualitative changes associated with aging are referred to as maturation.

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B. identifies a need for physiotherapy.

C. is a developmental screening tool. (Correct)

D. provides a framework for health teaching.

Rationale: The NDDS is a commonly used measure of developmental status used by Canadian health care professionals; it is a screening tool. It is a screening tool used to assess infants and children up to age 6 years. Screening tools do not provide a diagnosis; diagnosis requires a thorough neurodevelopment history and physical examination. Developmental delay, which is suggested by screening, is a symptom, not a diagnosis. The need for any therapy would be identified with a comprehensive evaluation, not a screening tool. Some providers use the NDDS as a framework for teaching about expected development, but this is not the primary purpose of the tool.

Q5: To plan early intervention and care for an infant with Down syndrome, the nurse will consider knowledge of other physical development exemplars such as

A. cerebral palsy.

B. autism.

C. attention-deficit/hyperactivity disorder (ADHD).

D. failure to thrive. (Correct)

Rationale: Failure to thrive is also a physical development exemplar. Cerebral palsy is an exemplar of motor/developmental delay. Autism is an exemplar of social/emotional developmental delay. ADHD is an exemplar of a cognitive disorder.

Q6: To plan early intervention and care for a child with a developmental delay, the nurse would consider knowledge of the concepts most significantly impacted by development, including

A. culture.

B. environment.

C. mobility. (Correct)

D. nutrition.

Rationale: Mobility is one of the concepts most significantly affected by development. Others include mood, cognition, and behaviour concepts (e.g., mood and affect, anxiety, cognition, psychosis, stress and coping, and addiction); sexuality and reproduction, protection and movement concepts (e.g., immunity, infection, mobility, tissue integrity, and sensory perception); and homeostasis and regulation concepts (e.g., fluids and electrolytes, thermoregulation, cellular regulation, hormonal regulation, glucose regulation, gas exchange, perfusion, and clotting). Knowledge of these concepts can help the nurse anticipate areas that need to be addressed. Culture, environment, and nutrition are concepts that are considered to significantly affect development but are not affected by development

Q7: An 11-year-old discloses that they are home alone each night from the time they get home from school until they go to bed and on weekends. The school nurse is concerned because this presents a developmental risk in which category?

A. Individual risk

B. Situational risk

C. Cognitive risk

D. Toxic stress (Correct)

Rationale: Developmental progress may be at risk related to a number of factors. Toxic stress is a type of risk that exists when a child experiences chronic social isolation, as the child in this scenario demonstrates. Individual risk relates to existing deficits or diagnoses, whereas situational risk is related to a specific acute conflict or crisis. Cognitive risk is not a type of developmental risk.

Q8: A 17-year-old is hospitalized for appendicitis, and the parent asks the nurse why their adolescent is so needy and acting like a child. The best response of the nurse is that in the hospital, adolescents

A. have separation anxiety.

B. rebel against rules.

C. regress because of stress. (Correct)

D. want to know everything.

Rationale: Regression to an earlier stage of development is a common response to stress. Separation anxiety is most common in infants and toddlers. Rebellion against hospital rules is usually not an issue if the adolescent understands the rules and would not create childlike behaviours. An adolescent may want to "know everything" with their logical thinking and deductive reasoning, but that would not explain why they would act like a child.

Q9: A nursing student is completing a pediatric placement. The student demonstrates understanding of developmental milestones when they state which of the following? "Developmental milestones _____." (Select all that apply.) *(Select all that apply.)*

A. identify a specific age at which a child should accomplish a specific task.

B. occur during age ranges when there is rapid developmental change. (Correct)

C. only occur during childhood.

D. involve motor, social, emotional, cognitive, and communication skills. (Correct)

E. serve as major markers in tracking development. (Correct)

Rationale: A developmental milestone is a specific ability or skill that usually is achieved within an age range, not at a specific age. These milestones usually take place when a confluence of critical changes occurs, identified during categories of age ranges where there is usually rapid developmental change. Milestone appreciation and loss can occur throughout the lifespan. Milestones involve motor, social, emotional, cognitive, and communication skills and provide a basis for developmental assessment. They also serve as major markers in tracking development.

Review Questions for PN Students - Concept 01

Q1: Which of the following is an exemplar of a social/emotional developmental delay?

A. Developmental dyspraxia
B. Fragile X syndrome
C. Attention-deficit disorder
D. Separation anxiety disorder (Correct)

Rationale: Separation anxiety disorder is an exemplar of a social/emotional developmental delay. Developmental dyspraxia is an exemplar of a motoric developmental delay. Fragile X syndrome is an exemplar of a physical/physiological developmental delay. Attention-deficit disorder is an exemplar of a cognitive developmental delay.

Q2: Which theorist sought to explain how children innately organize their world to learn and think?

A. Freud
B. Erickson
C. Piaget (Correct)
D. Kohlberg

Rationale: Piaget, in his theory of cognitive development, sought to explain how children innately organize their world and learn to think. This theory views cognitive development as progressing from illogical to logical, from concrete to abstract, and from simple to complex. Freud's theory of psychosexual development claims that experiences with sensual pleasure, areas of which vary by age, affect the development of personality. Erickson's theory of psychosocial development focuses on the psychosocial development thought to occur when confronting the conflicts that occur between birth and death. Kohlberg's theory of moral development focuses on the development of an individual's moral reasoning across their lifespan.

Q3: The daughter of an 84-year-old patient is concerned about her mother's ability to live at home alone. Which type of assessment or tool should the nurse complete?

A. Developmental assessment
B. Functional assessment (Correct)
C. Life Experiences Survey
D. Recent Life Changes Questionnaire

Rationale: The nurse would complete a functional assessment of an individual's ability to carry out activities of daily living (ADLs) such as basic activities of daily living (BADLs) and instrumental activities of daily living (IADLs). The focus of the assessment to address the daughter's concern should be function, not overall development. The Life Experiences Survey is aimed at identifying those in need of guidance relative to stress and coping, as is the Recent Life Changes Questionnaire.

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Q4: A child uses two- to four-word sentences. The nurse should interpret these data as expected development for a child of what age?

A. 6 months
B. 1 year
C. 3 years (Correct)
D. 5 years

Rationale: A "period of exuberance" in which simple speech begins with utterances of consonants, increases to include vowels, then single words and then combinations of words typically occurs in children 18 months to 3 years of age. Thus, a child of 3 years is expected to say several single words and use simple phrases and two- to four-word sentences. A child of 6 months may begin to babble and imitate some sounds. A child of 1 year is paying increasing attention to speech, babbles with inflection, and usually says "dada" and "mama." A child of 5 years is expected to understand most sentences and use sentences of several words, not just two- to four-word sentences.

Q5: The parent of a 4-year-old child is concerned about the child's development. Which assessment tool should the nurse complete?

A. Early Language Milestone Scale
B. Ages and Stages Questionnaire (Correct)
C. Modified Checklist for Autism in Toddlers–Revised
D. Parents' Evaluation of Developmental Status

Rationale: The parent did not identify concern for any specific area of development, thus the nurse would use the Ages and Stages Questionnaire (ASQ). The ASQ is designed to provide developmental and social-emotional screening to children between birth and 6 years of age. The Early Language Milestones Scale (ELM Scale-2) would be used if an in-depth language assessment were needed. The Modified Checklist for Autism in Toddlers–Revised (M-CHAT-R) would be used for assessment of social/emotional development. The Parents' Evaluation of Developmental Status (PEDS) is a tool involving parenteral report, and screening for developmental risks and lags or delays should be performed with direct observation by a health care provider.

Q6: Which skill is an example of adaptive development? (Select all that apply.) *(Select all that apply.)*

A. Toileting (Correct)
B. Grooming (Correct)
C. Going to the store (Correct)
D. Crossing the street safely (Correct)
E. Using hands and fingers to eat, dress, and draw

Rationale: Adaptive development refers to the acquisition of a range of skills that enable independence at home and in the community. Adaptive skills are learned and include self-care activities such as dressing and undressing, eating and feeding, toileting, and grooming; management of one's immediate environment; and functional behaviours within the community, such as crossing the street safely, going to the store, and following rules of politeness when

interacting with others. Using the hands and fingers to eat, draw, and dress are examples of fine motor skills, not adaptive development.

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Rationale: Piaget's theory of cognitive development sought to explain how children innately organize their world and learn to think. This theory views cognitive development as progressing from illogical to logical, from concrete to abstract, and from simple to complex. Freud's theory of psychosexual development claims that experiences with sensual pleasure, which areas vary by age, affect the development of personality. Erickson's theory of psychosocial development is focused on the development that results when confronting the conflicts that occur between birth and death. Kohlberg's theory of moral development focused on the development of an individual's moral reasoning across their lifespan.

Q3: A child uses two- to four-word sentences. The nurse should interpret this capability as expected development for a child of what age?

A. Six months
B. One year
C. Two years (Correct)
D. Four years

Rationale: A "period of exuberance," in which simple speech begins with utterances of consonants and increases to include vowels, then single words, and then combinations of words, typically occurs in children 18 months to 3 years of age. Thus, a child of 2 years is expected to say several single words and use simple phrases and two- to four-word sentences. A child of 6 months may begin to babble and imitate some sounds. A child of 1 year is paying increasing attention to speech, babbles with inflection, and usually says "dada" and "mama." A child of 4 years is expected to understand most sentences and use sentences of several words, not just two- to four-word sentences.

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