Introduction to Clinical Pharmacology 11th edition Visovsky Test Bank

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Test Bank - Chapter 01

Q1: Prior to administering prescribed drugs, the LPN is collecting data for the initial assessment of a patient upon admission to a long-term care facility. Which action should the LPN consider to be of highest priority?

A. Obtaining any special equipment that will be needed to give the patient's drug.
B. Educating the patient to the desired response of the drug given.
C. Collecting data about the patient and the patient's health condition. (Correct)
D. Reviewing the nursing care plan to verify that it is accurate.

Rationale: Collecting and documenting data about the patient and the patient's health condition is a critical step before any drugs are given since it is the basis upon which drug therapy is based. Information regarding the present illness, any signs and symptoms, review of medical records, drug history, and vital signs are needed before drugs are prescribed. Deciding on special equipment that will be needed to give the patient's drug is part of the planning phase of the nursing process. Educating the patient to their expected response to the drug is part of the implementation stage of the nursing process. Reviewing the nursing care plan to verify that it is being followed accurately is part of the implementation stage of the nursing process.

Q2: The LPN is working with a patient in the assessing stage of the nursing process related to the patient's prescribed drugs. Which action should the LPN take during this stage?

A. Developing a nursing goal to plan the procedures needed to give drug.
B. Developing a teaching plan for the patient regarding the drug's actions.
C. Determining that the patient understands the expected response to the drug. (Correct)
D. Determining how much the patient understands about the drug being prescribed.

Rationale: Determining how much the patient understands about the drug is part of the assessment phase of the nursing process. All the remaining options are part of the planning stage of the nursing process.

Q3: The LPN is reenforcing teaching to a patient diagnosed with depression about the potential adverse effects of a prescribed drug. What part of the nursing process related to drug therapy is the nurse engaging in at this point of the teaching plan?

A. Assessment
B. Implementation
C. Evaluation (Correct)
D. Diagnosis

Rationale: In the implementation phase of the nursing process, the LPN understands and teaches to the patient the drug's therapeutic effects, expected side effects, and potential adverse effects. This does not occur in any of the other teaching plan.

Q4: Which of the following is an example of subjective data?

A. The patient states feeling pain in their left arm. (Correct)
B. The medical chart has a recorded blood pressure of 128/88.
C. The serum potassium level is 3.8 mmol/L.
D. The patient's ECG shows normal sinus rhythm.

Rationale: Reports of what the patient says they are feeling or thinking is considered subjective data. Symptoms such as pain, nausea, or dizziness are examples of symptoms that cannot be "seen" and are data collected from the patient, caregiver, or others. Laboratory values, ECG results, or vital sign data from a medical chart are examples of objective data since they can be seen, heard, felt, or measured by someone other than the patient.

Q5: Which statement provides an example of objective data?

A. The patient's partner reports the patient is often depressed.
B. Grimacing was noted with movement during the examination. (Correct)
C. The patient reports moderate alcohol consumption.
D. The patient states pain is severe, stating "It's at least an eight out of ten".

Rationale: Data obtained by visual assessment during a physical exam such as grimacing with movement is an example of objective data. Subjective data includes information presented by the patient or family that cannot be substantiated, such as a partner's report of a patient's depression, patient report of degree of alcohol consumption, and a patient's pain rating.

Q6: The LPN/VN is assessing a patient before giving a drug for blood pressure management. The nurse notes the blood pressure to be 90/50 mm Hg. What action should the nurse take to best assure patient safety?

A. Hold the drug and report the blood pressure to the RN. (Correct)
B. Give the patient a full glass of water before giving the drug.
C. Come back in 30 minutes and recheck the blood pressure.
D. Have the patient perform pursed lip breathing before giving the drug.

Rationale: Much of LPN's role in assessment may be reporting data collected to the RN or to other professional members of the healthcare team. The best action is to hold the drug and contact the RN. The patient may need an adjustment to the dose of the blood pressure drug or switching to another drug. Giving water with the drug is not contraindicated but does not recognize the patient's risk for hypotension nor have a positive effect on the pressure. Rechecking the pressure in 30 minutes does not address the issue related to the administration of the medication. Pursed lip breathing has no role in this situation.

Q7: The LPN is collecting objective data for inclusion in the nursing assessment. Which piece of information indicates that the LPN has a clear understanding of objective assessment data?

A. A patient's rating of chest pain as 8 on a 1 to 10 scale.
B. Family members report that patient has been experiencing pain for 1 month.
C. Detailed history of the patient's current illness upon admission.

D. Compilation of past laboratory results and x-ray reports. (Correct)

Rationale: The patient's past laboratory and x-ray results are examples of objective data. A pain rating of 8/10, a family member's description of the patient's pain, and history of current illness are examples of subjective data.

Q8: A patient recently began a taking blood pressure drug and presents for a follow-up appointment. The office nurse reviews the patient's daily blood pressure recordings. Which stage of the nursing process corresponds to this review?

A. Assessment
B. Planning
C. Diagnosis
D. Evaluation (Correct)

Rationale: The evaluation phase involves examining the results that occur when the plan is implemented. Reviewing the patient's daily blood pressure recording examines the patient's response to the drug. The assessment phase provides initial information about the patient, the problem, and anything that may change the choice of treatment. The planning phase involves using patient assessment data and diagnoses to set goals and write care plans. The diagnosis phase involves decision-making about the patient's problems, including medical diagnoses made by the healthcare provider and nursing diagnoses developed to focus actions on addressing the patient's needs.

Q9: After receiving report, the LPN gives drugs to their assigned patients on the evening shift. With which stage of the nursing process does this activity correspond?

A. Implementation (Correct)
B. Assessment
C. Planning
D. Diagnosis

Rationale: The implementation phase involves actively following the plan of care and accurately giving ordered drug to the patients. The assessment phase involves obtaining initial information about the patient, the problem, and anything that may change the choice of treatment. The planning phase involves using patient assessment data and diagnoses to set goals and write care plans. The diagnosis phase involves decision-making about the patient's problems, including medical diagnoses made by the healthcare provider and nursing diagnoses determined by the Registered Nurse.

Q10: You are reviewing a patient's new antihypertensive drug order. The order as written is unclear as to the number of times per day the drug is to be given. What action will best assure patient safety?

A. Call the healthcare provider to clarify the order. (Correct)
B. Refer the question to the hospital pharmacy.
C. Give the drug according to the information in a drug handbook.
D. Hold the drug until the healthcare provider returns the following day.

Rationale: Your responsibility as a nurse giving drugs is to apply knowledge about the specific drug and drug orders. No part of the drug order should be unclear. Any questions related to the drug, dose or appropriateness for the specific patient should be answered before the drug is given.

Q11: A patient is receiving an antibiotic for pneumonia. On the third day of the treatment regimen, a rash appears on their chest, and they report itching and shortness of breath. Which term describes the effect that has occurred?

A. Therapeutic effect
B. Adverse effect (Correct)
C. Side effect
D. Overdose effect

Rationale: An itchy rash with shortness of breath that develops in response to drug is an example of an allergic reaction or adverse effect to the antibiotic. Therapeutic effects occur when an antibiotic fights infection without causing any adverse effects. Side effects of drugs are known potential effects of the antibiotic that range from mild to moderate. An overdose occurs if a patient receives too much of a drug.

Q12: When an LPN enters a patient's room to give a scheduled drug the patient states, "I can't take that; I'm allergic to it." What would be the nurse's initial intervention after reviewing the patient's history?

A. Reassure the patient that the drug is needed and observations regarding possible allergic symptoms will be made.
B. Encourage the patient to take the drug if no allergies have been documented.
C. Notify the healthcare provider to determine a course of action. (Correct)
D. Document patient refusal and leave a note on the patient chart for the healthcare provider.

Rationale: The patient has shared information that indicates the potential for the ordered drug to cause adverse effects. Before giving the drug, the nurse should investigate further by obtaining a more detailed drug history and notifying the healthcare provider who wrote the order. Although the order may be accurately written, determining whether the drug's benefits outweigh the risks is not an action within the legal scope of the nurse's practice. The nurse should not offer false reassurance and as an advocate for patient safety, should investigate further before giving the drug. The patient has raised concerns regarding the drug that should promptly be brought to the provider's attention. A note on the chart leaves potential for information to be missed.

Q13: The LPN is preparing to give the initial dose of an antibiotic to a patient diagnosed with an infection. The patient says, "I broke out in a rash the last time I took that pill." What action would the LPN take next to assure patient safety?

A. Give the drug and check the patient in 30 minutes for a rash.
B. Document that the patient refused the drug per agency policy.
C. Leave the drug at the bedside while checking the chart for the patient's allergies.
D. Notify the registered nurse or healthcare provider. (Correct)

Rationale: This is a possible adverse reaction, and the RN or healthcare provider should be notified immediately. You should never give the drug to see if it does cause a rash. Drug should never be left at the bedside. The patient did not refuse the drug.

Q14: Which specific priority assessment must you make before giving any patient a drug by mouth to?

A. Quiz the patient about the action of each drug.
B. Assess the patient's ability to swallow. (Correct)
C. Determine whether the patient prefers cold or room temperature liquids.
D. Ask the patient to repeat their name and birthdate.

Rationale: Before the patient can take any drug by mouth, they must be able to swallow. Asking the patient to repeat his name and birthdate may be part of using two identifiers but this is important for all patients. Preferences are also important, but the priority is that the patient be able to swallow the drug.

Q15: You are preparing to give the morning drugs to your assigned patients. Before giving each drug, which steps are considered to be "rights" of giving a drug? (Select all that apply.) *(Select all that apply.)*

A. The right plan
B. The right time (Correct)
C. The right dose (Correct)
D. The right patient (Correct)
E. The right to self-administer
F. The right drug (Correct)

Rationale: The nine rights associated with giving drugs are as follows: right patient, right drug, right time, right dose, right route, right documentation, right reason, right response, and right to refuse.

Q16: Which responsibilities are within the scope of an LPN/LVN? (Select all that apply.) *(Select all that apply.)*

A. Assessment of admission vitals to report to the admitting registered nurse (RN) (Correct)
B. Writing medical orders in the absence of the RN
C. Conducting a comprehensive admission assessment
D. Independent initiation of comprehensive plan of care
E. Management of patient care under RN supervision (Correct)

Rationale: Assisting the RN in gathering specific data such as vital signs is within the scope of LPN/LVN practice. The LPN/LVN works directly with the patient and manages care and assists the RN in data collection and care plan development. The LPN/LVN does not have the legal authority to write medical orders or carry out the admission assessment. LPNs/LVNs are more dependent in the planning and evaluation phase of the nursing process. An LPN/LVN can collect data to assist the RN with care plan development but is unable to initiate a comprehensive plan of care

independently.

Q17: The LPN is collecting subjective data for inclusion in the nursing assessment. What information indicates that the LPN has a clear understanding of the nature of subjective assessment data? (Select all that apply.) *(Select all that apply.)*

A. Current pulse rate
B. Recent ECG results
C. Chief complaint of chest pain in the patient's own words (Correct)
D. Description of lung sounds
E. The patient's statement of current over the counter and prescription drugs (Correct)
F. The patient's laboratory test results

Rationale: Subjective data include information given by the patient or family, like concerns or symptoms felt by the patient, and their statement of mediations. The pulse rate, recent ECG, laboratory test results, and lung auscultation obtained through physical examination, are examples of objective data.

Q18: An older adult patient has just been admitted to a rehabilitation center for extended physical therapy following a stroke. You are obtaining the patient's drug history. Which information should you collect? (Select all that apply.) *(Select all that apply.)*

A. Drugs currently being taken (Correct)
B. Over-the-counter drugs being taken (Correct)
C. Referrals to specialists
D. Diseases or conditions requiring drugs (Correct)
E. Use of herbal supplements (Correct)
F. Past medical history
G. Alcohol use (Correct)
H. Drug allergies (Correct)

Rationale: Important information to gather from a patient's drug history are the current prescription drugs, OTC drugs, the conditions that denote the patient's need for a drug, alcohol use, drug allergies, and the use of nutritional or herbal supplements. The remaining choices are items in the history of present or past illnesses, and not concerned with drugs.

NCLEX Review Questions - Chapter 01

Q1: The LPN is collecting data for the initial assessment of a patient upon admission to the hospital. Which action would the LPN consider to be the highest priority?

A. Decide on special equipment that will be needed to give the patient's drug.
B. Monitor the patient for their response to any given prescribed drug.
C. Collect and document a complete set of baseline vital signs. (Correct)
D. Review the nursing care plan to verify that it is being followed accurately.

Rationale: The nursing process consists of five major steps: (1) assessment, (2) diagnosis (3) planning, (4) implementation, and (5) evaluation. Collecting and documenting a complete set of baseline vital signs are part of the assessment stage of the nursing process and would be considered the highest priority. Deciding on special equipment that will be needed to give the patient's drug is part of the planning phase of the nursing process. Monitoring the patient for their response to given drug is part of the evaluation stage of the nursing process. Reviewing the nursing care plan to verify that it is being followed accurately is part of the implementation stage of the nursing process.

Q2: The LPN is working with a patient in the diagnosis stage of the nursing process. Which action related to the patient's prescribed drug therapies would the LPN take during this stage?

A. Develop a nursing goal to plan the procedures needed to administer the drug.
B. Develop a teaching plan for the patient regarding the drug's actions.
C. Determine the degree of understanding the patient has regarding their drug therapies. (Correct)
D. Determine if the patient is experiencing the expected response to their drug therapies.

Rationale: The diagnosis phase of the nursing process involves identifying patient problems. Determining how much the patient understands about their drug therapies would help identify any existing need for additional patient education and so is an appropriate intervention during this phase of the nursing process. Developing a nursing goal to plan the procedures needed to administer a drug and developing a teaching plan for the patient regarding the drug's actions are part of the planning phase of the nursing process. Determining expected outcomes to the prescribed drug therapies is a part of the evaluation phase of the nursing process.

Q3: Which evaluation of the patient's response to drug therapy most clearly indicates that the LPN understands the therapeutic effect of a patient's drug therapy?

A. Monitoring the patient for the development of drug-related signs or symptoms.
B. Demonstrating a clear understanding of why the drug is being given. (Correct)
C. Identifying when the patient is not responding appropriately to the drug.
D. Reducing the dosage of the drug to prevent side effects.

Rationale: Having a clear understanding of why the drug is being given assists the nurse in determining if the therapeutic goal of the drug is being met to address a patient related problem. Monitoring the patient for the development of new signs or symptoms reflects consideration of an

adverse effect of the drug. Deciding the patient is not responding to drug as expected and deciding to reduce the dosage of the drug are not actions within the LPN's scope of practice.

Q4: Which patient displays the highest risk for an error to be made in the administration of drug?

A. Answering "yes" when asked if their name is Robert Smith (Correct)
B. Receiving opioid pain drug for a broken leg
C. Confused nursing home resident identified with a photograph
D. Being an recent immigrant who speaks both Spanish and English

Rationale: It is best to ask a patient to state their full name rather than ask if they are a specific person. Confused or heavily medicated patients may just answer "yes." This patient is at highest risk for suffering a drug administration error. The patient receiving opioids may or may not be having side effects from the drug and would be wearing an armband. Identifying residents in nursing homes with the use of photographs is often standard procedure. The bilingual patient has no identifiable risks for drug errors.

Q5: The LPN is preparing oral medications for administration. The LPN should identify which patient needs an alternate route of drug administration?

A. The newly diagnosed diabetic
B. The one who must take their medications with food.
C. The one who is experiencing nausea and vomiting. (Correct)
D. The post operative patient requiring pain medication.

Rationale: A patient experiencing nausea and vomiting may require an alternate route for drugs since the patient may not tolerate oral drugs. A newly diagnosed diabetic, a patient who must take drugs with food, and a patient who receives pain drug after surgery would not require an alternate route of drug administration.

Q6: The LPN is collecting subjective data for inclusion in the nursing assessment. Which piece of information indicates that the LPN has a clear understanding of the nature of subjective assessment data?

A. Current pulse rate
B. Recent ECG results
C. Chief complaint in the patient's own words (Correct)
D. Description of lung sounds

Rationale: Subjective data include information given by the patient or family, like concerns or symptoms felt by the patient. The pulse rate, recent ECG, and lung auscultation obtained through physical examination are examples of objective data since they provide measurable information.

Q7: The LPN is collecting objective data for inclusion in the nursing assessment. Which piece of information indicates that the LPN has a clear understanding of objective assessment data?

A. A patient's rating of chest pain as 8 on a 1 to 10 scale.
B. Family members report that the patient has been experiencing pain for 1 month.

C. Detailed history of the patient's current illness upon admission.

D. Compilation of past laboratory results and x-ray reports. (Correct)

Rationale: The patient's past laboratory and x-ray results are examples of objective data. A pain rating of 8/10, a family member's description of the patient's pain, and history of current illness are examples of subjective data since all are examples of information related to concerns or feelings.

Q8: A patient who began taking blood pressure drug a month ago has presented for a follow-up appointment. The office nurse reviews the patient's daily blood pressure recordings. Which stage of the nursing process corresponds to this review?

A. Assessment

B. Planning

C. Diagnosis

D. Evaluation (Correct)

Rationale: The evaluation phase involves examining the results that occur when the plan is implemented. Reviewing the patient's daily blood pressure recording examines the patient's response to the drug. The assessment phase provides initial information about the patient, the problem, and anything that may change the choice of treatment. The planning phase involves using patient assessment data and diagnoses to set goals and write care plans. The diagnosis phase involves decision-making about the patient's problems, including medical diagnoses made by the healthcare provider and nursing diagnoses developed to focus actions on addressing the patient's needs.

Q9: After receiving report, the LPN gives drugs to their assigned patients on the evening shift. Which stage of the nursing process is the nurse engaging in?

A. Implementation (Correct)

B. Assessment

C. Planning

D. Diagnosis

Rationale: The implementation phase involves actively following the plan of care and accurately giving ordered drug to the patients. The assessment phase involves obtaining initial information about the patient, the problem, and anything that may change the choice of treatment. The planning phase involves using patient assessment data and diagnoses to set goals and write care plans. The diagnosis phase involves decision-making about the patient's problems, including medical diagnoses made by the healthcare provider and nursing diagnoses determined by the Registered Nurse.

Q10: The LPN is most likely to identify which patient as having a risk associated with their medication therapy?

A. A post operative appendectomy patient

B. An older adult with a history of kidney disease (Correct)

C. An adolescent admitted with a femur fracture

D. A preoperative rhinoplasty patient

Rationale: The older adult with a history of kidney problems is most likely to require adjustment in drug dosage due to age and potentially compromised kidney function. None of the other patients of any age or diagnostic indicators that would suggest dosage adjustment is needed.

Q11: A patient is receiving an antibiotic for pneumonia. On the third day of the treatment regimen, the patient reports itching and shortness of breath and the LPN/VN notes a rash on the patient's chest. Which term describes the most likely cause of this symptomology?

A. Therapeutic effect
B. Adverse effect (Correct)
C. Side effect
D. Overdose effect

Rationale: An itchy rash with shortness of breath that develops in response to drug is an example of an allergic reaction or adverse effect to the antibiotic. Therapeutic effects occur when an antibiotic fights infection without causing any adverse effects. Side effects of drugs are known potential effects of the antibiotic that range from mild to moderate. An overdose occurs if a patient receives too much of a drug.

Q12: Which statement provides an example of objective data?

A. The spouse states, "They were really confused last night".
B. Patient grimacing with movement during the examination. (Correct)
C. The patient reports, "I drink a moderate amount of alcohol".
D. Patient states pain as a 9 out of 10 on the pain rating scale.

Rationale: Data obtained by visual assessment during a physical exam such as grimacing with movement is an example of objective data. Subjective data includes information presented by the patient or family that cannot be substantiated such as a spouse's report of a patient's confusion, patient report of degree of alcohol consumption, and a patient's pain rating.

Q13: The LPN will recognize which statement as providing accurate information concerning the assessing of a patient's drug history?

A. Over-the-counter drugs have minimal side effects and are insignificant to current drug therapy.
B. Use of alternative therapies does not interfere with drug consumption.
C. Assessing the patient's history of illness or disease is vital to safe drug therapy. (Correct)
D. Asking whether a patient is using or has used street drugs is a violation of patient rights.

Rationale: Many diseases prohibit or limit the use of a drug. For example, a patient with leukemia would not be given an anticoagulant such as aspirin. All over-the-counter drugs have side effects and are important drugs to assess. Alternative therapies such as herbal drugs may alter drug action. The use of street drugs is an important piece of data to collect, and doing so does not violate patient rights.

Q14: When an LPN enters a patient's room to give a scheduled drug the patient states, "I can't take that; I'm allergic to it." What would be the nurse's initial intervention after reviewing the patient's history?

A. Reassure the patient that the drug is needed and observations regarding possible allergic symptoms will be made.
B. Encourage the patient to take the drug if no allergies have been documented.
C. Notify the healthcare provider to determine a course of action. (Correct)
D. Document patient refusal and leave a note on the patient chart for the healthcare provider.

Rationale: The patient has shared information that indicates the potential for the ordered drug to cause adverse effects. Before giving the drug, the nurse would investigate further by obtaining a more detailed drug history and notifying the healthcare provider who wrote the order. Although the order may be accurately written, determining whether the drug's benefits outweigh the risks is not an action within the legal scope of the nurse's practice. The nurse would not offer false reassurance and as an advocate for patient safety, would investigate further before giving the drug. The patient has raised concerns regarding the drug that would promptly be brought to the provider's attention. A note on the chart leaves potential for information to be missed.

Q15: The LPN is preparing to give the initial dose of an antibiotic to a patient diagnosed with an infection. The patient says, "I broke out in a rash the last time I took that pill." What action would the LPN take next to assure patient safety?

A. Give it and check in 30 minutes for a rash.
B. Document it as refused per agency policy.
C. Leave it at the bedside while checking for the patient's allergies.
D. Notify the registered nurse on duty. (Correct)

Rationale: This is a possible adverse reaction, and the RN or healthcare provider would be notified immediately. You should never give the drug to see if it does cause a rash. Drugs would never be left at the bedside. The patient did not refuse the drug.

Q16: Select the factors that are considered to be "rights" of giving a drug. (Select all that apply.) *(Select all that apply.)*

A. The right drug (Correct)
B. The right plan
C. The right time (Correct)
D. The right dose (Correct)
E. The right patient (Correct)

Rationale: The right patient, right drug, right time, right dose, right route, right documentation, right reason, right response, and right to refuse are all considered the nine "rights" of giving a drug. The right plan is not a right of giving a drug.

Q17: Which responsibilities are within the role of the actively licensed practical/vocational nurse? (Select all that apply.) *(Select all that apply.)*

A. Assessment of admission vitals to report to the admitting registered nurse (RN) (Correct)

B. Writing medical orders in the absence of the RN

C. Conducting a comprehensive admission assessment

D. Management of patient care under RN supervision (Correct)

E. Independent initiation of a comprehensive plan of care

Rationale: Assisting the RN in gathering specific data such as vital signs is within the scope of LPN/LVN practice. The LPN/LVN works directly with the patient and manages care and assists the RN in data collection and care plan development. Neither the RN nor the LPN/LVN have the legal authority to write medical orders or carry out the admission assessment. LPNs/LVNs are more dependent in the planning and evaluation phase of the nursing process. An LPN/LVN can collect data to assist the RN with care plan development but is unable to initiate a comprehensive plan of care independently.