Health Assessment for Nursing Practice 8th edition Wilson Test Bank

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Test Bank - Chapter 01

Q1: A patient comes to the emergency department and tells the triage nurse that he is “having a heart attack.” What is the nurse’s top priority at this time?

A. Determine the patient’s personal data and insurance coverage.
B. Ask the patient to take a seat in the waiting room until his name is called.
C. Request that a nurse collect data for a comprehensive history.
D. Ask a nurse to start a focused assessment of this patient now. (Correct)

Rationale: The nurse needs to begin an assessment as soon as possible that is focused on this patient’s cardiovascular system. The type of health assessment performed by the nurse is also driven by patient need, and is known as a focused assessment. Personal data and insurance information will be obtained, but in this situation, these data can wait until after the patient is assessed. Based also on Maslow’s hierarchy of needs, physiologic needs take precedence. Rather than asking the patient to wait, the nurse needs to begin data collection, such as vital signs, immediately to determine the patient’s health status. Complications can be prevented if an immediate assessment is made to analyze the patient’s symptoms. A comprehensive history is not indicated in this situation at this time. Some subjective data will be collected, such as allergies and medical history related to cardiovascular disease. Eyes, ears, or a complete musculoskeletal or mental health assessment is not a priority at this time.

Q2: Which situation illustrates a screening assessment?

A. A patient visits an obstetric clinic for the first time and the nurse conducts a detailed history and physical examination.
B. A hospital sponsors a health fair at a local mall and provides cholesterol and blood pressure checks to mall patrons. (Correct)
C. The nurse in an urgent care center checks the vital signs of a patient who is complaining of leg pain.
D. A patient newly diagnosed with diabetes mellitus comes to test his fasting blood glucose level.

Rationale: A health fair at a local mall that provides cholesterol and blood pressure checks is an example of a screening assessment focused on disease detection. A detailed history and physical examination conducted during a first-time visit to an obstetric clinic is an example of a comprehensive assessment. Assessing a patient complaining of leg pain in the triage area of an urgent care center is an example of a problem-based/focused assessment. A patient’s return appointment 1 month after today’s office visit to report fasting blood glucose levels is an example of an episodic or follow-up assessment.

Q3: For which person is a screening assessment indicated?

A. The person who had abdominal surgery yesterday
B. The person who is unaware of his high serum glucose levels (Correct)
C. The person who is being admitted to a long-term care facility

D. The person who is beginning rehabilitation after a knee replacement

Rationale: A screening assessment is performed for the purpose of disease detection. In this case this person may have diabetes mellitus. A shift assessment is most appropriate for the person who is recovering in the hospital from surgery. A comprehensive assessment is performed during admission to a facility to obtain a detailed history and complete physical examination. An episodic or follow-up assessment is performed after knee replacement to evaluate the outcome of the procedure.

Q4: For which person is a shift assessment indicated?

A. The person who had abdominal surgery yesterday (Correct)
B. The person who is unaware of his high serum glucose levels
C. The person who is being admitted to a long-term care facility
D. The person who is beginning rehabilitation after a knee replacement

Rationale: A shift assessment is most appropriate for the person who is recovering in the hospital from surgery. A screening assessment is performed for the purpose of disease detection, in this case diabetes mellitus. A comprehensive assessment is performed during admission to a facility to obtain a detailed history and complete physical examination. An episodic or follow-up assessment is performed after knee replacement to evaluate the outcome of the procedure.

Q5: For which person is a comprehensive assessment indicated?

A. The person who had abdominal surgery yesterday
B. The person who is unaware of his high serum glucose levels
C. The person who is being admitted to a long-term care facility (Correct)
D. The person who is beginning rehabilitation after a knee replacement

Rationale: A comprehensive assessment is performed during admission to a facility to obtain a detailed history and complete physical examination. A shift assessment is most appropriate for the person who is recovering in the hospital from surgery. A screening assessment is performed for the purpose of disease detection, in this case diabetes mellitus. An episodic or follow-up assessment is performed after knee replacement to evaluate the outcome of the procedure.

Q6: For which person is an episodic or follow-up assessment indicated?

A. The person who had abdominal surgery yesterday
B. The person who is unaware of his high serum glucose levels
C. The person who is being admitted to a long-term care facility
D. The person who is beginning rehabilitation after a knee replacement (Correct)

Rationale: An episodic or follow-up assessment is performed after the knee replacement to evaluate the outcome of the procedure. A shift assessment is most appropriate for the person who is recovering in the hospital from surgery. A screening assessment is performed for the purpose of disease detection, in this case diabetes mellitus. A comprehensive assessment is performed during admission to a facility to obtain a detailed history and complete physical examination.

Q7: Which is an example of data a nurse collects during a physical examination?

A. The patient's lack of hair and shiny skin over both shins (Correct)
B. The patient's stated concern about lack of money for prescriptions
C. The patient's complaints of tingling sensations in the feet
D. The patient's mother's statements that the patient is very nervous lately

Rationale: The lack of hair and shiny skin over both shins are objective data or signs that are part of the physical examination. A patient's concerns about lack of money are subjective data and are part of the health history. A patient's complaints of tingling sensations in the feet are subjective data and are part of the health history. A patient's family statements are considered secondary data, are subjective data, and are part of the health history.

Q8: The nurse documents which information in the patient's history?

A. The patient's skin feels warm to the touch.
B. The patient is scratching his arm.
C. The patient's temperature is 100° F.
D. The patient complains of itching. (Correct)

Rationale: A patient's complaint of itching is subjective information, which means it is a symptom and is documented in the history. The patient's warm skin is objective information gathered by the nurse through palpation, is also a sign, and is documented in the physical examination. The patient's scratching is objective information gathered by the nurse through observation, is also a sign, and is documented in the physical examination. The patient's elevated temperature is objective information gathered by the nurse through measurement, is also a sign, and is documented in the physical examination.

Q9: Which patient information does the nurse document in the patient's physical assessment?

A. Slurred speech (Correct)
B. Immunizations
C. Smoking habit
D. Allergies

Rationale: Slurred speech should be noticed by the nurse and documented as objective data in the physical assessment. Data on immunizations are collected from the patient, are subjective, and documented in the history. A smoking habit is information that comes from the patient, making it subjective data that is documented in the history. Allergies are information that come from the patient, making it subjective data that is documented in the history.

Q10: After collecting the data, the nurse begins data analysis with which action?

A. Organizing data (Correct)
B. Documenting subjective data
C. Reporting information to other health team members
D. Documenting objective information

Rationale: After collecting data, the nurse organizes the data so that the problems appear more clearly. The nurse interprets the assessment data collected. Documenting subjective data is necessary for the medical record, but does not provide analysis. Before reporting data to health team members, the nurse organizes and interprets data. Documenting objective data is necessary for the medical record, but does not provide analysis.

Q11: Which activity illustrates the concept of primary prevention?

A. Monthly breast self-examination
B. Annual cervical (Papanicolaou test) examination
C. Education about living with asthma
D. Exercising three times a week (Correct)

Rationale: Exercising is an example of primary prevention that prevents disease from developing by maintaining a healthy lifestyle. Monthly breast self-examination is an example of secondary prevention and screening efforts to promote early detection of disease. Annual cervical (Papanicolaou test) examination is an example of secondary prevention and screening efforts to promote early detection of disease. Teaching a patient how to live with a chronic disease such as asthma is an example of tertiary prevention directed toward minimizing the disability from chronic disease and helping the patient maximize his or her health.

Q12: A nurse is teaching a patient how to manage chronic obstructive pulmonary disease (COPD). This intervention is an example of which level of health promotion?

A. Primary prevention
B. Secondary prevention
C. Tertiary prevention (Correct)
D. Risk factor prevention

Rationale: Teaching a patient how to live with a chronic disease is an example of tertiary prevention directed toward minimizing the disability from chronic disease and helping the patient maximize his or her health. The focus of primary prevention is to prevent a disease from developing by promoting a healthy lifestyle. Secondary prevention consists of efforts to promote early detection of disease. Risk factor prevention is part of primary prevention that focuses on preventing disease by managing risk factors.

Q13: Which activity illustrates the concept of secondary prevention?

A. Annual mammogram (Correct)
B. Nutrition classes on low-fat cooking
C. Education on living with diabetes mellitus
D. Cardiac rehabilitation after coronary artery bypass surgery

Rationale: A mammogram screens for breast cancer and is an example of secondary prevention to promote early detection of disease. Nutrition classes are an example of primary prevention to prevent a disease from developing by promoting a healthy lifestyle. Education about diabetes mellitus is an example of tertiary prevention directed toward minimizing the disability from chronic disease and helping the patient maximize his or her health. Cardiac rehabilitation after coronary

artery bypass surgery is an example of tertiary prevention directed toward minimizing the disability from chronic disease and helping the patient maximize his or her health.

Q14: A community organization sponsors a health fair to increase awareness of colon cancer. At the health fair, colorectal cancer screening kits are distributed, and health care professionals answer questions, take blood pressure, and distribute literature. What level of health prevention is being implemented by this community organization?

A. Primary
B. Secondary (Correct)
C. Tertiary
D. Risk factor

Rationale: Secondary prevention consists of screening efforts to promote early detection of disease—in this scenario, colorectal cancer and hypertension. Primary prevention is focused on preventing disease from developing through the promotion of a healthy lifestyle. Tertiary prevention is directed toward minimizing the disability from chronic disease and helping the patient maximize his or her health. Risk factor prevention is part of primary prevention that focuses on preventing disease by managing risk factors.

Review Questions - Chapter 01

Q1: A patient is admitted to the medical-surgical unit with a diagnosis of hypertension. The nurse is using the nursing process to develop the plan of care. In which order does the nurse implement the steps of the nursing process?

A. Assess, identify outcomes, plan, implement, evaluate, follow-up
B. Admit, diagnose, identify outcomes, implement, discharge follow-up
C. Admit, assess, diagnose, evaluate, discharge, follow-up
D. Assess, diagnose, identify outcomes, plan, implement, evaluate (Correct)

Rationale: The nursing process is a method of problem solving that includes assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The nurse must analyze and interpret these data before initiating a plan of care. Admission, discharge, and follow-up planning are included in the assessment database but are not considered part of the nursing process.

Q2: The nurse is documenting the findings from the health assessment. Which example of data documentation reflects the opinion of the nurse?

A. The patient is uncooperative and unfriendly. (Correct)
B. The patient avoids eye contact.
C. The patient states, “I do not want to get out of bed.”
D. The patient states, “I am very angry.”

Rationale: Nurses must record data accurately, concisely, and without bias or opinion. In this example, the nurse is offering an opinion, which may contain bias. Avoidance of eye contact is objective data. A direct quote helps to communicate the patient’s feelings. A direct quote helps to communicate the patient’s feelings.

Q3: The nurse is assessing a patient for the first time in the outpatient diabetic clinic. A _____ type of health assessment would be most appropriate for this visit.

A. focused assessment
B. episodic follow-up assessment
C. shift assessment
D. comprehensive health assessment (Correct)

Rationale: The type of health assessment performed by the nurse is driven by patient need. A comprehensive health assessment involves a detailed history and physical examination performed at the onset of care in a primary care setting or upon admission to a hospital or long-term care facility. Focused assessment involves a history and examination that are limited to a specific problem or complaint. A follow-up assessment usually is performed when a patient is following up with a health care provider for a previously identified problem. The purpose of the shift assessment is to identify changes in the patient’s condition from baseline; thus the focus of the assessment is based largely on the condition or problem the patient is experiencing.

Q4: A patient complains of a cough for 4 days unrelieved with position changes. The nurse interprets this as a symptom and documents the finding under _____on the patient's chart.

A. the nursing care plan
B. assessment
C. history (Correct)
D. vital signs

Rationale: A symptom is something described by the patient and considered subjective; therefore, it would be documented under "History." The nursing care plan would include intervention for this symptom. A nursing assessment and diagnosis is based on subjective and objective data. Vital signs are objective data.

Q5: The nurse is administering an influenza (flu) immunization to a patient. This immunization provides what level of prevention for this patient?

A. Primary (Correct)
B. Secondary
C. Post-secondary
D. Tertiary

Rationale: Vaccinations protect from disease and are considered primary prevention. Secondary prevention involves screening patients in an effort to detect disease early and prevent complications from the disease. Post-secondary is another term for college education and is not used for levels of prevention. Tertiary prevention involves patients who have been diagnosed with a disease and teaching them how to best manage the disease.

Q6: A patient tells the nurse that he has had a headache and nausea for 3 days. Which type of assessment should the nurse perform?

A. Focused assessment (Correct)
B. Episodic follow-up assessment
C. Shift assessment
D. Comprehensive health assessment

Rationale: The type of health assessment performed by the nurse is also driven by patient need. A focused assessment involves a history and examination that are limited to a specific problem or complaint. A follow-up assessment usually is performed when a patient is following up with a health care provider for a previously identified problem. The purpose of the shift assessment is to identify changes in patient's condition from baseline; thus the focus of the assessment is based largely on the condition or problem the patient is experiencing. A comprehensive health assessment involves a detailed history and physical examination performed at the onset of care in a primary care setting or upon admission to a hospital or long-term care facility.

Q7: The _____ refers to the circumstances or situations related to the health care delivery. This may be related to the setting or environment; it might relate to physical, psychologic, or

socioeconomic circumstances involving patients, or the expertise of the nurse.

A. body systems assessment
B. nursing process
C. health promotion interventions
D. context of care (Correct)

Rationale: The context of care refers the circumstances or situations related to the health care delivery. This may be related to the setting or environment; it might relate to physical, psychologic, or socioeconomic circumstances involving patients, or the expertise of the nurse. For this reason, different types of assessments are performed. Examples of different types of assessment include a comprehensive health assessment, a problem-based or focused health assessment, an episodic assessment, and a screening assessment. A body systems format is used to perform a physical assessment. The nursing process refers to a systematic approach to problem-solving and care planning. Health promotion activities are included in the nursing care plan.

Q8: The nurse is analyzing objective information obtained during the health history. Which data should be included?

A. Social history
B. Pain assessment
C. Review of systems
D. Surgical history
E. Vital signs (Correct)

Rationale: Vital signs are an example of objective information. Pain assessment, review of systems, surgical history, and social history are considered subjective data.

Q9: The student nurse is preparing to assess a patient in the hospital setting. Which components best describe the concept of health assessment? (Select all that apply.) *(Select all that apply.)*

A. Collecting objective data (Correct)
B. Collecting subjective data (Correct)
C. Identifying nursing diagnoses
D. Planning care
E. Analyzing data (Correct)
F. Documenting data (Correct)

Rationale: Components of health assessment include conducting a health history (the collection of subjective data), performing a physical examination (the collection of objective data), analysis and interpretation of data and documenting the findings. Formulating nursing diagnoses and planning care plan are based on data from the health assessment.