Advanced Practice Nursing in the Care of Older Adults 2nd edition Kennedy-Malone Test Bank

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Chapter 2 Health Promotion

Multiple Choice

1. A patient asks the nurse practitioner what is meant by health promotion. Which of the following is the nurse practitioner's best response? Health promotion:

1. Includes activities that an individual performs proactively to increase health and well-being.
2. Is a process of keeping track of immunizations.
3. Includes a set of programs that help people cope with the disease.
4. Includes strategies that prolong life.

2. The nurse practitioner knows that health promotion is accomplished on a broader scale by:

1. Maintaining current health services.
2. Maintaining federal legislation regarding health care at the current level.
3. Encouraging healthy lifestyle and healthy public policy formulation.
4. Encouraging the advancement of alternative health therapies.

3. Mr. Thomas comes in for a health examination appointment with his nurse practitioner. He asks why nurse practitioners are qualified to conduct these evaluations. Which of the following is the nurse practitioner's best response? The nurse practitioner:

1. Is concerned about health and not disease.
2. Saves the physician time in the office.
3. Can assess for minor conditions and refer to the doctor for other conditions.
4. Is prepared to assess health holistically.

4. Mrs. Williams, 80 years old, asks her nurse practitioner to order a new alternative therapy for her. Mrs. Williams believes that this botanical supplement will provide pain relief for her fibromyalgia. The nurse practitioner explains that this therapy is likely not covered by Medicare because:

1. The botanical is expensive and not approved for use.
2. Medicare only covers treatments that are approved according to the stringent guidelines of the U.S. Preventive Services Task Force (USPSTF).
3. There is no reason to use these botanicals when opioids are proven effective.
4. This botanical is not on the Medicare list of approved medications.

5. When a patient is seen by a nurse practitioner, the care plan is developed keeping which of the following objectives in mind?

1. Increasing the use of the emergency department for injuries from falls.
2. Maintaining the patient living in his or her home.
3. Increasing safety checks in the home.

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4. Increasing use of the Welcome to Medicare visit.

6. The focus of advanced nurse practitioners is primary care. This is defined as activities that focus on:

1. Preventing the occurrence of a disease or condition.
2. Treating an illness after symptoms appear.
3. Enabling the patient to recover and convalesce.
4. Enriching the patient's appreciation of life.

Multiple Response

7. A health promotion topic included in the nurse practitioner visit is physical activity. Which of the following would be a good recommendation for the 75-year-old male? Select all that apply.

1. Skydiving
2. Horseback riding
3. Swimming
4. Dancing
5. Whatever the patient is willing and able to do

8. Understanding that the current life expectancy is 79 years, the nurse practitioner plans a patient's health promotion while considering which of the following? Select all that apply.

1. Patient's health beliefs and goals.
2. Present levels of function.
3. Benefit of treatment.
4. Patient's involvement in a religious community.
5. Primary disease or condition affecting the patient.

9. As the nurse practitioner is teaching about the need for more exercise, the patient says that it takes away too much energy needed for other activities. The nurse practitioner explains that the benefits of exercise include which of the following? Select all that apply.

1. Increased flexibility.
2. Increased muscle mass.
3. Maintenance of optimal weight.
4. Lower blood pressure.
5. Decreased urinary output.

10. While counseling a patient about physical activity, the nurse practitioner considers which of the following? Select all that apply.

1. A physical activity prescription that is individualized to the patient.
2. Active hobbies that the patient enjoys.
3. Alternative activities such as yoga or tai chi.

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4. Armchair activities for the frail older adult.
5. Patient's ability to pay for involvement in activities.

11. Nutrition counseling is part of health promotion. The nurse practitioner considers a teaching plan that includes which of the following information? Select all that apply.

1. Level of involvement in community activities.
2. Baseline information on current dietary intake.
3. Current activity patterns.
4. Current height and weight.
5. Health status information.

12. A major concern for older adults is safety. The nurse practitioner addresses safety issues when assessing the following. Select all that apply.

1. Presence of a gun in the home.
2. Fear of falling.
3. Strength of the patient.
4. Presence of rugs and other hazards in the home.
5. Urinary incontinence.

13. Albert is 72 years old and complains of burning upon urination. He has recently returned from a vacation to another country. The nurse practitioner conducts a physical examination and observes that there is a white discharge from his penis. What does the nurse practitioner include in the treatment plan? Select all that apply.

1. Teaching on safe sex practices.
2. Teaching about the incidence of contracting sexually transmitted infections (STIs), even at an older age.
3. Teaching that frequent testing and screening is needed if he continues to be sexually active.
4. Assuring the patient that while traveling there are limited opportunities for sexual encounters.
5. There is no need to assess an older patient's sexual preferences and practices.

14. Mary, 72 years old, goes to the pharmacy to pick up her prescriptions. The pharmacist asks if she has had her immunizations. Mary replies, "I had all my childhood shots, so I do not need any now." What should the nurse practitioner teach her about senior immunizations? Select all that apply.

1. Because the immune system may be weakened in older persons, immunizations are suggested.
2. Persons over the age of 50 years should have a yearly influenza vaccine.
3. The new Shingrix vaccine will help protect her from shingles.
4. The side effects of immunizations outweigh the benefits of immunizations.
5. The pneumococcal vaccine is given as a one-time dose.

15. Mr. and Mrs. Jones are preparing to take a trip to Europe. The nurse practitioner includes the following teaching about taking care of their health while gone. Select all that apply.

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1. Shorter airplane flights provide more chance to ambulate and relieve pressure on the back and legs.
2. Generally speaking, the air in Europe is cleaner than the air in the United States, so you should have no problems with your respiratory conditions.
3. Plan to fill your prescriptions when you are in a larger city.
4. Depending on the specific areas you will visit, certain immunizations may be needed.
5. You will most likely function as well when traveling as when at home.

Answers

1. Answer: 1
   Page: 6

	Feedback
1.	Health promotion includes not only preventive and health-protective measures, but also actualization of one's health potential
2.	Immunizations are only one part of health promotion.
3.	Health promotion occurs before the onset of disease.
4.	Quality of life is the important focus of health promotion, not a prolongation of life.

2. Answer: 3
   Page: 6

	Feedback
1.	Current health policies are ever-changing to improve services for citizens.
2.	Federal legislation is being proposed to increase health services.
3.	The World Health Organization has determined that healthy lifestyle promotion works best when coupled with supportive environments, community action, and healthy public policy formation.
4.	This does not include preventive and health-protective measures, nor actualization of one's health potential.

3. Answer: 4
   Page: 6

	Feedback
1.	The nurse practitioner is concerned about health promotion, disease prevention, and early diagnosis.
2.	The nurse practitioner may spend more time with the patient than the doctor is able to.
3.	The nurse practitioner is prepared to diagnose and plan treatment for many conditions.
4.	The nurse practitioner brings a holistic orientation to health and wellness development and possesses knowledge of developmental tasks and the wellness–illness continuum.

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4. Answer: 2
Page: 6

	Feedback
1.	Although this botanical may not be approved by the U.S. Food and Drug Administration (FDA), its cost will depend on the distributor.
2.	Medicare will only pay for A and B level recommendations that meet the USPSTF stringent evidence guidelines, leaving other beneficial interventions without coverage.
3.	Opioids are not recommended for older patients.
4.	It is important to use only prescribed and approved medications/treatments.

5. Answer: 4
Page: 6

	Feedback
1.	The objective is to decrease the use of the emergency department for falls.
2.	There are many factors involved in the decision for an older adult to remain in the home.
3.	Although it is useful to conduct home safety checks, they are not part of the *Healthy People 2020* objectives.
4.	The *Healthy People 2020* program has set specific objectives for prevention in older adults; use of the Welcome to Medicare visit is one of those objectives.

6. Answer: 1
Page: 7

	Feedback
1.	Primary preventive strategies focus on immunization, well-checks, and other health maintenance activities.
2.	Secondary preventive strategies focus on prevention and treatment of illness.
3.	Tertiary preventive strategies focus on rehabilitation.
4.	Nurse practitioners focus on the wellness–illness continuum.

7. Answer: 3, 4, 5
Page: 7

	Feedback
1.	Skydiving is risky for older patients who may have cardiovascular issues.
2.	Horseback riding could be risky for an older person who may have neurological or orthopedic issues.

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3.	Swimming is a good option if the patient is willing.
4.	Dancing is a good option if the person is able.
5.	When recommending physical activity, the person's functional abilities and desires need to be considered.

8. Answer: 1, 2, 3
Page: 6

	Feedback
1.	The nurse practitioner develops a collaborative plan that includes consideration of the patient's health beliefs and goals.
2.	The nurse practitioner considers present and anticipated levels of function.
3.	Risks need to be considered in light of benefits offered by interventions.
4.	The nurse practitioner may consider whether the patient is connected to a religious community but cannot prescribe or recommend any specific plan.
5.	Many disorders in older adults encompass multiple risk factors that involve several systems and interventions to achieve outcomes; this presents a challenge when measuring and synthesizing evidence, and reporting outcomes.

9. Answer: 1, 2, 3, 4
Page: 7

	Feedback
1.	The health benefits of regular physical activity are well documented and include flexibility.
2.	Exercise increases muscle tone and mass.
3.	Exercise uses calories from stored fat and allows for weight loss.
4.	Exercise strengthens the cardiac muscle and thereby lowers blood pressure.
5.	Exercise does not affect urinary output.

10. Answer: 1, 2, 3, 4
Page: 7

	Feedback
1.	Each person is unique and may not respond the same to exercise.
2.	Hobbies are enjoyable and give pleasure, while at the same time increasing activity.
3.	Stretching routines are done slowly and to the level of endurance.
4.	When the frail older person cannot ambulate, they can move other parts of their body such as core, arms, head, and neck. They may also do non–weight-bearing movements of legs and feet.

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5.	Movement, activity, and exercise can be done anywhere, anytime the individual desires. There is no need to join a group.

11. Answer: 2, 3, 4, 5
Page: 7, 8

	Feedback
1.	Active involvement in community activities does not reflect what the older person is eating.
2.	The nurse practitioner needs the current state of nutrition to develop a plan for increasing or maintaining positive nutrition.
3.	Knowing how much activity the person has affects the need for calories and nutrients.
4.	Knowing the current height and weight aids in determining the body mass index, which is an indicator of normal weight or overweight.
5.	Before initiating counseling about diet, obtain baseline information on other health status information.

12. Answer: 1, 2, 3, 4, 5
Page: 8

	Feedback
1.	Possession of a firearm combined with depression, caregiver stress, irreversible illness, or decline in functional abilities can invite self-inflicted injury, suicide pacts, or other acts of violence.
2.	Fear of falling causes a person to walk guardedly and unevenly.
3.	Potential recommendations include exercise programs to build strength.
4.	Rugs, furniture, and pets can become obstacles for the older person to stumble over.
5.	Urinary incontinence, day or night, causes the person to rush to the bathroom and increases the risk of falling.

13. Answer: 1, 2, 3
Page: 8

	Feedback
1.	Older adults are less likely to practice safe sex and use condoms.
2.	Older people may be at increased danger from STIs because of the decreased perception of risk.
3.	Current sexual history may determine the need for continued screening for STIs, HPV, and cervical cancer.
4.	Encounters may be with fellow travelers, locals, or commercial sex workers.
5.	Using the patient's sexual history, explore patient needs, preferences, and medical or psychological obstacles to sexual expression.

14. Answer: 1, 2, 3
Page: 12

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	Feedback
1.	The older person is susceptible to organisms that cause infection due to decreased immunity, nutrition, hydration, and other factors.
2.	The influenza virus mutates each year and an updated version of the vaccine is needed to provide immunity. Influenza vaccine is now recommended annually for all adults over 50 years old, unless contraindicated.
3.	Recently released Shingrix has been found to be more effective than the Zostavax, which was given previously.
4.	Side effects are most often mild and localized. Viruses can cause serious or even lethal conditions.
5.	Pneumococcal vaccine is recommended as follows: Administer one-time dose to PCV13-naïve adults at age 65 years, followed by a dose of PPSV23 12 months later.

15. Answer: 1, 4
Page: 12, 13

	Feedback
1.	Long flights in cramped areas increase the risk of thromboembolic events.
2.	Increased air pollution is a significant problem in many countries and affects pulmonary function.
3.	The medications needed may not be available in some countries in Europe. Medicare does not cover medications filled outside of the United States.
4.	Some areas of the world continue to see cases of yellow fever, malaria, and other diseases. When going to a vulnerable area, proper immunizations are required.
5.	Some of the physiological and psychosocial changes that can occur with aging pose special risks during travel. How a patient functions at home may not be indicative of how well he or she will function in an unfamiliar environment.

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