Primary Care The Art and Science of Advanced Practice Nursing - and Interprofessional Approach 6th edition Dunphy Test Bank

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Chapter 3. Health Promotion

Multiple Choice

1. Which of the following is a primary prevention measure for a 76-year-old man newly diagnosed with a testosterone deficiency?
A. Calcium supplementation
B. Testicular self-examination
C. Bone density test
D. Digital rectal examination

Answer: A
Feedback: Primary prevention refers to efforts to prevent disease from occurring. In this case, calcium supplementation is an example of primary prevention.
Chapter: Chapter 3, Health Promotion
Page: 26
Difficulty: Moderate

2. Which of the following is an example of secondary prevention in a 50-year-old woman?
A. Yearly mammogram
B. Low animal fat diet
C. Use of seat belt
D. Daily application of sunscreen

Answer: A
Feedback: Secondary prevention consists of early screening and detection of disease, such as having a yearly mammogram.
Chapter: Chapter 3, Health Promotion
Page: 26
Difficulty: Moderate

3. Which of the following is an example of tertiary prevention in a patient with chronic renal failure?
A. Fluid restriction
B. Hemodialysis 4 days a week
C. High-protein diet
D. Maintenance of blood pressure at 120/80

Answer: B

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Feedback: Tertiary prevention is the restoration of health after illness or disease has occurred. Undergoing hemodialysis to treat chronic renal failure is an example of tertiary prevention.
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Page: 26
Difficulty: Moderate

4. Immunizations are an example of which type of prevention?
A. Primary
B. Secondary
C. Tertiary
D. Quaternary

Answer: A
Feedback: Immunizations are an example of primary prevention. They seek to prevent the occurrence of disease.
Chapter: Chapter 3, Health Promotion
Page: 28
Difficulty: Moderate

5. The nurse is speaking to a patient regarding endemic diseases. Which of these choices describes an endemic statistic?
A. The typical incidence of influenza in a country
B. The surprise outbreak of malaria in new regions
C. Higher levels of Ebola in a country when compared to the previous year
D. Abnormal outbreak of measles in pockets of a country

Answer: A
Feedback: Because influenza rates are occurring at the same frequency as expected based on past history, this is an example of an endemic disease.
Chapter: Chapter 3, Health Promotion
Page: 36
Difficulty: Moderate

6. The nurse is reviewing old and current trends in disease history. Which of these would be considered an example of a sporadic outbreak?
A. The number of people diagnosed with rabies virus in 2017
B. The number of people diagnosed with chlamydia in Texas over a 1-month period
C. The number influenza cases diagnosed from 1918 to 1919
D. The number of common cold cases diagnosed in Washington between October 2016 and March 2017

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Answer: A
Feedback: A sporadic outbreak occurs when there are occasional cases of an event unrelated in space or time. The best example of this is the number of people diagnosed with rabies virus in 2017.
Chapter: Chapter 3, Health Promotion
Page: 36
Difficulty: Moderate

7. Which accurately defines *incidence rate*?
A. The number of old cases of a disease at a point in time
B. The number of cases of a disease at a point in time divided by the percentage of the population at a point in time
C. The number of total cases of a disease diagnosed at a point in time
D. The number of new cases of a disease diagnosed at a point in time

Answer: D
Feedback: The incidence rate is the number of new cases of a disease diagnosed at a point in time.
Chapter: Chapter 3, Health Promotion
Page: 35
Difficulty: Easy

8. What describes a pandemic?
A. An event more than epidemic magnitude affecting a single community or country over a long period of time
B. An event of epidemic magnitude affecting a single community or country in a short period of time
C. An event of epidemic magnitude affecting multiple communities and countries in a short period of time
D. An event less than epidemic magnitude affecting multiple communities and countries over a long period of time

Answer: C
Feedback: A pandemic is defined as the presence of an event in epidemic proportions affecting many communities and countries in a short period of time.
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Difficulty: Easy

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9. Which test of health literacy can be completed quickly and provide results comparable to more time-consuming tests?
A. Test of Functional Health Literacy in Adults (TOFHLA)
B. Patient Health Questionnaire (PHQ-9)
C. Rapid Estimate of Adult Literacy in Medicine-Short Form (REALM-SF)
D. Newest Vital Scale (NVS)

Answer: D
Feedback: The NVS can provide results comparable to more time-consuming literacy tests such as the TOFHLA or REALM-SF.
Chapter: Chapter 3, Health Promotion
Page: 29
Difficulty: Easy

10. The nurse is working with a 65-year-old patient who was recently diagnosed with hypertension. The patient is concerned about their optimal health with their new diagnosis. Which nursing action is necessary for health promotion with the patient?
A. Discussing appropriate stress management techniques
B. Sharing with the patient how to increase sodium consumption
C. Discussing with the patient exercises that increase heart rate
D. Emphasizing the importance of avoiding flu vaccinations

Answer: A
Feedback: Applying appropriate stress management techniques will help keep blood pressure within normal limits. This is the primary goal of managing hypertension.
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Difficulty: Moderate

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Section 1. Neurological Problems

Multiple Choice

1. Which statement about confusion is true?
A. Confusion is a disease process.
B. Confusion is always temporary.
C. Age is a reliable predictor of confusion.
D. Polypharmacy is a major contributor to confusion in older adults.

Answer: D
Feedback: Although age is not a reliable predictor of confusion, older adults are at increased risk for confusion because of polypharmacy. Confusion is a symptom, rather than a disease process, and it can be temporary or permanent.
Chapter: Chapter 6, Common Neurological Complaints
Page: 73
Difficulty: Moderate

2. Which of the following indicates a diagnosis of dementia?
A. Onset after an infection
B. Abrupt onset over a week
C. Difficulty with long-term memory
D. Hard time finding words

Answer: D
Feedback: Dementia affects language ability and can make it difficult for a person to find the right words.
Chapter: Chapter 6, Common Neurological Complaints
Page: 75
Difficulty: Moderate

3. Which diagnostic tool is used to differentiate between focal onset and generalized onset epilepsy?
A. Electroencephalogram (EEG)
B. Computed tomography (CT)
C. Magnetic resonance imaging (MRI)
D. Positron emission tomography (PET) scan

Answer: A
Feedback: An EEG can help differentiate between focal onset and generalized onset epilepsy. CT and MRI are used to evaluate for a structural lesion, such as a hemorrhage or tumor, as the cause of the seizure.

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Chapter: Chapter 7, Seizure Disorders
Page: 94
Difficulty: Moderate

4. Which of the following is a potential trigger for migraines?
A. Taking an ibuprofen for muscle pain
B. Eating potato chips
C. Drinking a glass of merlot wine
D. Drinking a cup of green tea

Answer: C
Feedback: Alcohol, and red wine in particular, can be a migraine trigger for some people.
Chapter: Chapter 6, Common Neurological Complaints
Page: 80
Difficulty: Moderate

5. A patient with epilepsy has been taking antiepileptics but the seizures are not well controlled. What is the appropriate action by the clinician?
A. Immediately wean the patient off the antiepileptics.
B. Increase the medication dosage.
C. Refer the patient to a neurologist for a second opinion.
D. Continue with the current regimen and reevaluate in 3 months.

Answer: C
Feedback: If the seizures are not controlled with adequate doses and levels of the medication, the clinician should refer the patient to a neurologist for a second opinion and possible combination therapy.
Chapter: Chapter 7, Seizure Disorders
Page: 100
Difficulty: Moderate

6. Which is a hallmark of an absence seizure?
A. Inability to stand
B. A blank stare
C. Involuntary voiding of urine
D. Uncontrollable muscle spasms

Answer: B
Feedback: A person experiencing an absence seizure generally has a blank stare and will stop whatever activity they were engaged in.
Chapter: Chapter 7, Seizure Disorders
Page: 95
Difficulty: Moderate

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7. Which person fits the classic description of a patient with multiple sclerosis (MS)?
A. A teenage male
B. A 65-year-old male
C. A 25-year-old female
D. A 60-year-old female

Answer: C
Feedback: MS typically begins in young adulthood, rather than during adolescence or older adulthood.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 138
Difficulty: Moderate

8. Which finding is associated with a poorer prognosis for a patient with MS?
A. Onset before age 35
B. Acute onset of first symptoms
C. Optic neuritis
D. Polysymptomatic onset

Answer: D
Feedback: Polysymptomatic onset is an indicator of poorer prognosis. Other poor prognostic indicators include late onset, chronic progressive course, motor symptoms, and vertigo.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 138
Difficulty: Moderate

9. Over the course of 3 years, a patient has had two MS flares. The patient's primary complaints during the episodes are bilateral tingling and pain in their legs, depression, and numbness in their right hand with complete recovery in between occurrences. Which MS classification fits their disease process?
A. Clinically isolated syndrome
B. Relapsing-remitting
C. Primary progressive
D. Secondary progressive

Answer: B
Feedback: This patient has relapsing-remitting MS. They experience acute attacks but have full recovery between episodes.
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Difficulty: Moderate

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10. A patient with MS is complaining of new onset “electric tingling” in both their arms. Which medication specifically treats these acute exacerbations?
A. Lemtrada
B. Aubagio
C. Zanaflex
D. Depo-Medrol

Answer: D
Feedback: Methylprednisolone (Depo-Medrol) is used to treat acute exacerbations of MS.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 141
Difficulty: Moderate

11. Which of the following is a risk factor for developing Alzheimer’s disease (AD)?
A. Having a masters or doctoral degree
B. Long-term use of nonsteroidal anti-inflammatory drugs
C. Down’s syndrome
D. History of neurologic disease

Answer: C
Feedback: Those with Down’s syndrome have a higher risk of developing AD. Other risk factors include being a person of color, having a lower educational or occupational level, having a family history, and having a head injury or vascular disease.
Chapter: Chapter 8, Degenerative Disorders
Page: 105
Difficulty: Moderate

12. Which drug for AD should be administered beginning at the time of diagnosis?
A. Cholinesterase inhibitors
B. Anxiolytics
C. Antidepressants
D. Atypical antipsychotics

Answer: A
Feedback: Treatment with cholinesterase inhibitors should be considered at the time of diagnosis, taking into account expected therapeutic benefits and potential safety issues.
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Difficulty: Moderate

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13. The health-care provider is treating a patient who was hit in the head with a frying pan. Which condition should the provider suspect?
A. Intraparenchymal hemorrhage
B. Subdural hematoma
C. Epidural hematoma
D. Subarachnoid hemorrhage

Answer: B
Feedback: Subdural bleeding is usually caused by blunt trauma that knocks the brain against the skull, such as might occur after being hit in the head with a frying pan.
Chapter: Chapter 9, Cerebrovascular Accident (Stroke)
Page: 118
Difficulty: Moderate

14. Which hematoma occurs along the temporal cranial wall and results from tears in the middle meningeal artery?
A. Epidural hematoma
B. Subdural hematoma
C. Subarachnoid hematoma
D. Intraparenchymal hemorrhage

Answer: A
Feedback: Epidural hematomas, which result from severe head injuries, are most common along the temporal cranial wall and result from tears in the middle meningeal artery.
Chapter: Chapter 9, Cerebrovascular Accident (Stroke)
Page: 118
Difficulty: Moderate

15. Which of the following must be completed prior to administering tPA (tissue plasminogen activator)?
A. Full body MRI
B. Head x-ray
C. Head CT
D. Head MRI

Answer: C
Feedback: It is important to differentiate between a hemorrhagic and ischemic stroke before administering tPA. A CT scan during the first few hours of symptoms can aid with this determination.
Chapter: Chapter 9, Cerebrovascular Accident (Stroke)
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Difficulty: Moderate

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16. Which cranial nerve (CN) is affected in a patient with a cerebrovascular accident who has difficulty chewing?
A. CN V
B. CN VII
C. CN IX
D. CN X

Answer: A
Feedback: Abnormalities in CN V can result in difficulty chewing.
Chapter: Chapter 9, Cerebrovascular Accident (Stroke)
Page: 119
Difficulty: Moderate

17. Which of the following has been linked to a delay in treatment for stroke?
A. Patient has stroke symptoms at work.
B. Patient experiences stroke during the day.
C. Patient lives with a family member.
D. Patient calls their primary care provider (PCP) at first sign of stroke.

Answer: D
Feedback: At the first signs of a stroke, the patient or someone with the patient should immediately call 911. Calling the PCP first can lead to delays in treatment.
Chapter: Chapter 9, Cerebrovascular Accident (Stroke)
Page: 125
Difficulty: Easy

18. When a patient has a carotid bruit, which of the following should the PCP gather from the patient history?
A. History of hemophilia
B. History of peripheral vascular occlusive disease
C. History of seizure disorder
D. History of sickle cell anemia

Answer: B
Feedback: In caring for a patient with asymptomatic carotid bruit, the provider should begin with a thorough history for the presence of coronary and peripheral vascular occlusive disease.
Chapter: Chapter 9, Cerebrovascular Accident (Stroke)
Page: 120
Difficulty: Moderate

19. Which patient is most likely experiencing a cluster headache?
A. A 20-year-old woman who reports “intense” headaches before her menstrual cycle
B. A 35-year-old woman who reports recurring headaches that do not prevent her from working

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C. A 60-year-old man who reports headaches that are worse upon lying flat
D. A 45-year-old man awakened in the middle of the night by a severe unilateral headache

Answer: D
Feedback: A severe unilateral headache that occurs at night is typical of a cluster headache. Cluster headaches are also most common in middle-aged men. Therefore, the 45-year-old man is most likely experiencing a cluster headache.
Chapter: Chapter 6, Common Neurological Complaints
Page: 80
Difficulty: Moderate

20. A patient diagnosed with myasthenia gravis (MG) has been prescribed symptomatic treatment with an anticholinesterase. What side effect should the patient be warned of?
A. Osteoporosis
B. Gastrointestinal irritability
C. Sweating
D. Glaucoma

Answer: B
Feedback: A major side effect of anticholinesterase agents is gastrointestinal irritability.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 138
Difficulty: Moderate

21. Inattention and a sleep–wake cycle disturbance are the hallmark symptoms of
A. Dementia
B. AD
C. Parkinson's disease (PD)
D. Delirium

Answer: D
Feedback: Inattention and a sleep–wake cycle disturbance are the hallmark symptoms of delirium.
Chapter: Chapter 6, Common Neurological Complaints
Page: 75
Difficulty: Moderate

22. Which type of meningitis is more benign, self-limiting, and caused primarily by a virus?
A. Purulent meningitis
B. Chronic meningitis
C. Aseptic meningitis
D. Herpes meningitis

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Answer: C
Feedback: Aseptic meningitis is primarily caused by a virus and is more benign. Treatment is generally supportive.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 126
Difficulty: Easy

23. A patient has been diagnosed with meningitis caused by a *Streptococcus pneumoniae* infection. Which of the following treatments would be appropriate?
A. Cefotaxime
B. Isoniazid
C. Acyclovir
D. Amphotericin

Answer: A
Feedback: Cefotaxime is appropriate to treat meningitis caused by the bacteria *Streptococcus pneumoniae*. Isoniazid is used to treat meningitis caused by tuberculosis. Acyclovir can be used for herpes simplex virus or varicella-zoster virus. Amphotericin is used to treat fungal infections.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 126
Difficulty: Moderate

24. Which of the following should be started promptly if viral encephalitis is suspected?
A. Oral amoxicillin
B. IV acyclovir
C. IV ampicillin
D. Oral acyclovir

Answer: B
Feedback: All patients suspected of having viral encephalitis should be promptly started on treatment with IV acyclovir while awaiting further work-up. This approach reduces both morbidity and mortality in HSV encephalitis.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 131
Difficulty: Moderate

25. What is usually the first sign or symptom that a patient would present with that would make you suspect herpes zoster?
A. A stabbing pain on one small area of the body
B. A vesicular skin lesion on one side of the body
C. A pain that is worse upon awakening
D. A lesion on the exterior ear canal

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Answer: B
Feedback: Herpes zoster is characterized by a unilateral vesicular rash along a dermatome, most commonly a thoracic or lumbar dermatome.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 132
Difficulty: Moderate

26. At what point do most patients with Guillain-Barré's syndrome (GBS) reach the stage of greatest weakness?
A. Within 1 to 2 days
B. Within 2 to 3 weeks
C. Within 2 months
D. Within 3 months

Answer: B
Feedback: Most individuals with GBS reach the stage of greatest weakness within the first 2 to 3 weeks after the symptoms appear, and 90% will reach this point by the third week.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 137
Difficulty: Moderate

27. Gabby, aged 22, has Bell's palsy on the right side of her face. Her mouth is distorted, and she is concerned about permanent paralysis and pain. What do you tell her?
A. "This is a short-term condition, and most patients recover without treatment."
B. "Unfortunately, you'll probably have a small amount of residual damage."
C. "Don't worry, I'll take care of everything."
D. "You may have a few more episodes over the course of your lifetime but no permanent damage."

Answer: A
Feedback: The patient should be told that Bell's palsy is usually a short-term and benign condition and that the condition often resolves without treatment.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 137
Difficulty: Moderate

28. A patient is presenting with chorea (dancelike movements). This symptom is indicative of which disease?
A. Dementia
B. PD
C. Wilson's disease
D. Huntington's disease

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Answer: D
Feedback: Chorea is the cardinal clinical manifestation of Huntington's disease.
Chapter: Chapter 8, Degenerative Disorders
Page: 113
Difficulty: Moderate

29. Which sign would a health-care provider expect to see in a patient with parkinsonism-plus disorder?
A. Resting tremor
B. Bradykinesia
C. Rigidity
D. Postural instability

Answer: D
Feedback: Although postural instability is a feature of parkinsonism, it is not part of the diagnostic criteria for PD because it is typically a later manifestation, and its presence early in the disease process suggests a parkinsonism-plus disorder.
Chapter: Chapter 8, Degenerative Disorders
Page: 112
Difficulty: Moderate

30. Which of the following is a sign or symptom of a migraine?
A. Light sensitivity
B. Nonpulsatile pain
C. Nasal stuffiness
D. Bandlike pain

Answer: A
Feedback: During a migraine attack, patients will commonly experience sensitivity to lights as well as other stimuli, such as noises and smells.
Chapter: Chapter 6, Common Neurological Complaints
Page: 80
Difficulty: Easy

31. Carotid endarterectomy should be considered only for symptomatic patients with greater than what percentage of stenosis?
A. Greater than 25%
B. Greater than 50%
C. Greater than 75%
D. Only for 100% occlusion

Answer: B

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Feedback: Carotid endarterectomy is established as effective for symptomatic patients with 70% to 99% internal carotid artery stenosis. It should never be considered for symptomatic patients with less than 50% stenosis.
Chapter: Chapter 9, Cerebrovascular Accident (Stroke)
Page: 123
Difficulty: Moderate

32. Which activity is part of the Functional Activities Questionnaire?
A. Asking the patient to solve a Rubik's cube
B. Determining if the patient can drive on the highway
C. Asking the patient about a news event from the current week
D. Seeing if the patient can keep their home clean

Answer: C
Feedback: The Functional Activities Questionnaire is a measure of functional ability. It assesses 10 functional areas, including knowledge about what is going on in the world.
Chapter: Chapter 8, Degenerative Disorders
Page: 106
Difficulty: Moderate

33. About 90% of all headaches are
A. Tension
B. Migraine
C. Cluster
D. Without pathological cause

Answer: D
Feedback: The vast majority of headaches are primary headache disorders without pathological causes.
Chapter: Chapter 6, Common Neurological Complaints
Page: 79
Difficulty: Easy

34. Which statement is true regarding driving and patients with a seizure disorder?
A. Once diagnosed with a seizure disorder, patients must never drive again.
B. After being seizure free for 6 months, patients may drive.
C. Each state has different laws governing driving for individuals with a seizure disorder.
D. These persons may drive but never alone.

Answer: C
Feedback: Each state has different laws governing the granting of driver's licenses for individuals with a seizure disorder that will dictate a period of time patients must refrain from driving after having a seizure. At the federal level, the U.S. Department of Transportation has

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regulations that bar anyone with a history of seizures from being licensed to drive in interstate trucking.
Chapter: Chapter 7, Seizure Disorders
Page: 101
Difficulty: Moderate

35. Julie has relapsing-remitting MS. She has not had a good response to interferon. Which medication might help given intravenously once a month?
A. Glatiramer acetate
B. Natalizumab
C. Fingolimod
D. Glucocorticoids

Answer: B
Feedback: Natalizumab is another treatment option for relapsing-remitting MS. It is administered via infusion every 28 days.
Chapter: Chapter 10, Infectious and Inflammatory Neurological Disorders
Page: 142
Difficulty: Difficult

36. Freezing, or “motor block,” is a cardinal feature of
A. PD
B. AD
C. A cerebrovascular accident (CVA)
D. Bell’s palsy

Answer: A
Feedback: Freezing is a cardinal feature of PD. It is transient and typically occurs when the patient begins to walk, attempts to turn while walking, or approaches a destination.
Chapter: Chapter 8, Degenerative Disorders
Page: 112
Difficulty: Moderate

37. Patients with PD commonly experience muscle rigidity. When that rigidity has a ratchetlike quality, it is known as
A. Spinothalamic dysfunction
B. Ratcheting
C. Cogwheeling
D. Hand tremors

Answer: C
Feedback: *Cogwheeling* is a term used to describe a ratchetlike quality to the rigidity commonly found on examination in patients with PD. It is caused by an underlying tremor.

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Chapter: Chapter 8, Degenerative Disorders
Page: 111
Difficulty: Easy

38. Which condition is characterized by the impaired ability to learn new information along with a cognitive disturbance in either language, function, or attention?
A. GBS
B. PD
C. AD
D. Delirium

Answer: C
Feedback: Patients with AD experience a decline in memory and learning, which makes it difficult to learn new information. They also experience a decline in at least one additional cognitive domain: language (aphasia), executive function, learned motor function (apraxia), visuospatial, or attention.
Chapter: Chapter 8, Degenerative Disorders
Page: 104
Difficulty: Moderate

39. What is the most common type of seizure in adults with epilepsy?
A. Absence seizures
B. Myoclonic seizures
C. Tonic-clonic seizures
D. Focal-impaired awareness seizures

Answer: D
Feedback: Focal-impaired awareness seizures are the most common type of seizure in adults with epilepsy. Typically, patients appear awake, although they are not aware of their surroundings and do not respond appropriately to others.
Chapter: Chapter 7, Seizure Disorders
Page: 94
Difficulty: Moderate

40. Which is a contraindication for receiving IV thrombolytic therapy following an ischemic CVA?
A. It has been 4 hours since symptom onset.
B. The patient has a platelet count of less than 100,000/mm^3.
C. The patient experienced head trauma in the prior 6 months.
D. The patient's blood pressure is greater than 140/90 mm Hg.

Answer: B

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Feedback: IV thrombolytic therapy should not be administered if the patient's platelet count is less than 100,000/mm^3. Other contraindications include head trauma in the prior 3 months or untreated hypertension with blood pressure exceeding 185/110 mm Hg. Although previously a 3-hour "rule" was accepted, evidence shows that IV thrombolytic therapy is effective within 3 to 4.5 hours after symptom onset.
Chapter: Chapter 9, Cerebrovascular Accident (Stroke)
Page: 123
Difficulty: Moderate

41. When administered at the beginning of an attack, oxygen therapy may help which kind of headache?
A. Tension
B. Migraine
C. Cluster
D. Stress

Answer: C
Feedback: Oxygen administered via a nonrebreathing facial mask at 7 to 15 L/min at the beginning of a cluster headache attack provides relief within 15 minutes for most patients.
Chapter: Chapter 6, Common Neurological Complaints
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Difficulty: Moderate

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