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Chapter 1: Understanding Health Assessment

Multiple Choice

1. The World Health Organization (WHO) established a global strategy called "Health for All." The goal for this strategy is for:
1. All individuals to get the same health care throughout their lifespans
2. The government is to supply money to care for all the people in the world
3. Resources for health care to be evenly distributed and accessible
4. Healthcare providers to provide health care to anyone who needs it

ANS: 3

	Feedback
1.	This is incorrect. "Health for All" does not aim to ensure all individuals get the same health care throughout their lifespans.
2.	This is incorrect. The goal of "Health for All" is not for the government to supply money to care for all the people in the world.
3.	This is correct. "Health for All" aims to ensure that resources for health care are evenly distributed and accessible to everyone.
4.	This is incorrect. The goal of "Health for All" is not for healthcare providers to provide health care to anyone who needs it.

2. Health assessment is a foundational and priority nursing skill that requires registered nurses (RNs) to:
1. Diagnose and treat patients
2. Identify normal and abnormal findings
3. Refer patients with abnormal findings
4. Counsel patients with psychosocial needs

ANS: 2

	Feedback
1.	This is incorrect. The role of the RN is not to diagnose and treat patients.
2.	This is correct. Assessing patients and being able to identify normal from abnormal findings is an essential role of the RN.
3.	This is incorrect. RNs in collaboration with other healthcare providers do refer patients, but this is not the essential and foundational role in health assessment.
4.	This is incorrect. RNs do counsel patients, but it is not the essential and foundational

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	role in health assessment.

3. The nurse is assessing a patient with five gunshot wounds in a trauma unit. There is a police presence outside the room because the patient is a known drug dealer in the community. The nurse understands that all patients must be treated as persons. This principle is known as:
1. Caring
2. Holistic caring process
3. Person-centered care (PCC)
4. Standards of care

ANS: 3

	Feedback
1.	This is incorrect. Caring is displaying a concern for patients.
2.	This is incorrect. The holistic caring process is a relational process during which the nurse collaborates with the individual to pursue goals for health and well-being.
3.	This is correct. The new movement in health care is person-centered care (PCC), which emphasizes the intrinsic value of treating all patients as persons.
4.	This is incorrect. Standards of care identify standards of professional nursing practice.

4. The science-based framework updated every 10 years by the U.S. Department of Health and Human Services that has set national goals and objectives for health promotion and disease prevention is:
1. Global Strategy for Health for All
2. *Healthy People*
3. U.S. Preventive Services Task Force
4. World Health Organization

ANS: 2

	Feedback
1.	This is incorrect. The Global Strategy for Health for All is a program adopted by the World Health Organization to ensure that resources for health are evenly distributed and that essential health care is accessible to everyone.
2.	This is correct. *Healthy People* is a science-based framework updated every 10 years by the U.S. Department of Health and Human Services that identifies health and risk factors for diseases.

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3.	This is incorrect. The U.S. Preventive Services Task Force's goal is to use evidence-based medicine to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.
4.	This is incorrect. The World Health Organization is a specialized agency of the United Nations working to improve the health of the world's people.

5. The healthcare provider recommends a colonoscopy for a 38-year-old patient whose father died of colon cancer at age 48. This is an example of:
1. Primary health prevention
2. Secondary health prevention
3. Tertiary health prevention
4. Primordial health prevention

ANS: 2

	Feedback
1.	This is incorrect. This is not an example of primary prevention. *Primary prevention* is the prevention of disease and disability and focuses on improving an individual's overall health and well-being. Immunizations and health education are examples of primary prevention.
2.	This is correct. Colonoscopy is an example of *secondary prevention,* which encompasses early screenings and detection of disease in the early stages.
3.	This is incorrect. This is not an example of tertiary prevention. *Tertiary prevention* encompasses the restoration of health after illness or disease has occurred. A rehabilitation program for stroke patients is an example of tertiary prevention.
4.	This is incorrect. This is not an example of primordial prevention. Primordial prevention focuses on risk factor prevention.

6. A patient activates the call light and reports, "I think I am running a fever and my stomach hurts." What action should the nurse take first?
1. Ask the medical assistant to go to the patient's room and assess their complaints.
2. Go check to see if the patient has an order for acetaminophen (Tylenol) for a fever.
3. Page the resident on call immediately to come assess the patient.
4. Go to the patient's room and assess for fever and the epigastric discomfort.

ANS: 4

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	Feedback
1.	This is incorrect. The medical assistant's role should never be to assess a patient.
2.	This is incorrect. The first priority would be to assess the patient prior to checking medication orders for fever.
3.	This is incorrect. The nurse should first assess the patient to give an objective report to the resident.
4.	This is correct. Assessing a patient is always a priority role of the registered nurse (RN). This is a role that should never be delegated to the licensed practical nurse or unlicensed assistive personnel.

7. The nurse is leading an interdisciplinary team conference to discuss how to provide better care for a challenging patient who has behavioral problems. Several problems need to be solved and new ideas formulated to create an improved plan of care. What cognitive skill is the nurse using?
1. Critical thinking
2. Clinical decision making
3. Intuitive thinking
4. Conceptual thinking

ANS: 1

	Feedback
1.	This is correct. Critical thinking is a unique problem-solving, reflective process.
2.	This is incorrect. Clinical decision making determines what is needed and when it is needed.
3.	This is incorrect. Intuitive thinking is a "gut feeling" that something is wrong or that the nurse should do something, even if there is no real evidence to support that feeling.
4.	This is incorrect. Conceptual thinking is broad and abstract, while critical thinking is an active, purposeful, and organized cognitive process.

8. Best practice assessment techniques and instruments have been validated by:
1. American Nurses Association
2. *Code of Ethics for Nurses with Interpretive Statements*
3. Research and evidence-based practice
4. Patient Protection and Affordable Care Act

ANS: 3

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	Feedback
1.	This is incorrect. The American Nurses Association is the professional nursing organization providing standards of nursing care, promoting a safe and ethical work environment, and advocating for healthcare issues.
2.	This is incorrect. *The Code of Ethics for Nurses with Interpretive Statements* provides a statement of the ethical values and duties of every individual who enters the nursing profession.
3.	This is correct. Best practice assessments and instruments have been validated by research. Nursing research and evidence-based practice guide our assessments and clinical decisions to provide safe and effective care.
4.	This is incorrect. The Patient Protection and Affordable Care Act, known as Obamacare, has goals to provide higher-quality, safer, and more affordable and accessible care.

Multiple Response

9. When considering social determinants of health (SDOH), the nurse would consider which factor? *Select all that apply.*
1. Housing stability
2. Education
3. Racism
4. Water pollution
5. Genetics

ANS: 1, 2, 3, 4

	Feedback
1.	This is correct. Housing is a recognized SDOH because safe, stable shelter affects physical and mental health outcomes.
2.	This is correct. Education influences health literacy, job opportunities, and the ability to navigate the health system.
3.	This is correct. Systemic inequities create barriers to care, contribute to chronic stress, and affect population health.
4.	This is correct. Environmental quality is a major SDOH. Access to clean water directly affects health outcomes.
5.	This is incorrect. This is a biological determinant of health, not a social determinant.

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10. As the U.S. healthcare system continues to evolve, care is becoming more focused on which of the following? *Select all that apply.*
1. Wellness
2. Functional status
3. Disease prevention
4. Health promotion
5. Acute illness management

ANS: 1, 3, 4

	Feedback
1.	This is correct. The U.S. healthcare system is evolving, and care is becoming more focused on wellness.
2.	This is incorrect. The U.S. healthcare system is not becoming more focused on the individual's functional status.
3.	This is correct. The U.S. healthcare system is evolving, and care is becoming more focused on disease prevention.
4.	This is correct. The U.S. healthcare system is evolving, and care is becoming more focused on health promotion.
5.	This is incorrect. The U.S. healthcare system is becoming more focused on chronic illness management, not acute illness management.

11. The nurse is performing a health assessment on a 32-year-old female patient who reports "feeling fatigued all the time." She states, "I have not had a physical in over 8 years because I did not have medical insurance." The patient will be having a physical today. What will be part of the health assessment? *Select all that apply.*
1. Collecting data on past health
2. Collecting data on present health
3. Collecting data on significant other's health
4. Assessing factors influencing health
5. Performing a physical assessment

ANS: 1, 2, 4, 5

	Feedback
1.	This is correct. Data on past health will be collected and reviewed.
2.	This is correct. Data on present health will be collected and reviewed.
3.	This is incorrect. Data on a significant other's health will not be included; however, discussing who the patient lives with may be discussed as part of the psychosocial history.

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4.	This is correct. Factors influencing health and health promotion topics will be reviewed.
5.	This is correct. A physical assessment will be done on this patient.

Completion

12. The nurse is working with a patient as a copartner in care. The patient has multiple medical problems. Put the following steps of the nursing process in the correct order (1–5). (Enter the number of each step in the proper sequence; do not use punctuation or spaces. Example: 12345.)
1. Planning
2. Evaluation
3. Assessment
4. Implementation
5. Diagnosis

ANS: 35142

Feedback: The five steps of the nursing process are as follows: *Assessment* is the first, essential step requiring the nurse to collect and analyze information about the whole individual. *Diagnosis* involves analyzing a patient's potential or actual health problem. *Planning* involves working with the individual as a copartner in care to meet the needs or short- and long-term goals of the individual. *Implementation* of interventions includes the nursing and individual actions and plan of care to meet the individual's goals. *Evaluation* is the ongoing process that assesses whether the short- and long-term goals have been met.

13. The nurse is working on a medical-surgical unit and is caring for a 24-year-old patient who is 3 hours postoperative. The patient seems confused and restless since they were last assessed an hour ago. The nurse has a gut feeling that something is very wrong. This is an example of _____ thinking.

ANS: intuitive

Feedback: Intuitive thinking can be a "gut feeling" that something may be wrong or that the nurse should do something, even if there is no real evidence to support that feeling.

14. The four techniques of physical assessment include inspection, palpation, percussion, and _____.

ANS: auscultation

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Feedback: Assessment is a "doing" process. The four techniques of physical assessment are inspection (looking), palpation (using your hands to feel surface characteristics), percussion (tapping different areas of the body to assess underlying structures), and auscultation (listening for sounds).

NGN: Cloze (Drop-Down)

15. The nurse caring for a patient with heart failure shows the Quality and Safety Education for Nurses (QSEN) skill of ***A*** when checking daily weights and lab results in the electronic health record and the QSEN skill of ***B*** when working with the dietitian and pharmacist on the discharge plan.

Options for A	**Options for B**
1. Informatics	1. Patient-Centered Care
2. Safety	2. Evidence-Based Practice
3. Quality Improvement	3. Teamwork and Collaboration
4. Patient-Centered Care	4. Safety

ANS:
A: 1
B: 3

Feedback:

The nurse uses informatics when checking daily weights and lab results in the electronic health record. Informatics is the Quality and Safety Education for Nurses (QSEN) competency of using information technology to manage data and support clinical decision making. The nurse shows teamwork and collaboration when working with the dietitian and pharmacist on the discharge plan. This QSEN competency emphasizes working with other health professionals, developing communication, and coordinating care.

Safety is an essential QSEN competency but is not demonstrated by reviewing daily weights and lab results. Quality improvement is also important but refers to using data to improve systems of care, not individual chart review. Patient-centered care is not the correct competency here, as the example focuses on informatics and interprofessional teamwork. Evidence-based practice is a QSEN competency but is not illustrated in this discharge planning example.

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