Pediatric Nursing - A Case-Based Approach 2nd edition Tagher Test Bank

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Test Generator Questions, Chapter 2: Mollie Sanders: Asthma

1. A school nurse is planning a health seminar for parents on asthma in school-aged children. What information should the nurse include in the seminar? Select all that apply.
A. Chronic inflammation can sometimes result in structural changes in the airway known as remodeling.
B. Asthma symptoms result from bronchoconstriction, airway edema, and mucus plugs.
C. There are no specific triggers that bring on asthma attacks.
D. Asthma has three main culprits: airway inflammation, airflow obstruction, and hyperresponsiveness.
E. Children who have asthma should avoid playing sports.
F. A child with seasonal allergies is at risk for developing asthma.

Answer: A, B, D

Rationale: Remodeling occurs when there is a continued allergen response that results in permanent changes in the epithelial lining of the airway that can result in long-term loss of pulmonary function. Bronchoconstriction, airway edema, and mucus plugging are the basis of the symptoms of asthma. These result from inflammation, airflow obstruction, hyperresponsiveness to allergens (i.e., seasonal allergies), and other triggers that cause asthma. There are many triggers that can cause asthma attacks including cigarette smoke, exercise, and extreme cold. Exercise should not be avoided. To avoid exercise-induced attacks, children can take longer warm-ups and even use their short-acting inhalers prior to exercise.
Question format: Multiple Select
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Remember
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Teaching/Learning
Reference: p. 27

2. A school-aged child has been hospitalized for an asthma exacerbation. The child is receiving oxygen via nasal cannula at 2 liters per minute. The nurse wants to provide a form of distraction to the child. What activity(ies) is appropriate for the nurse to offer the child? Select all that apply.
A. large, brightly colored blocks
B. books to read
C. several coloring books and crayons
D. hand puppets
E. playing hide and seek with a roommate

Answer: B, C

Rationale: Reading and coloring are age-appropriate activities for a school-aged child. Large, brightly colored blocks and hand puppets would be better choices for preschool-aged children or toddlers. Playing hide and seek with a roommate would be inappropriate, given the child's current condition.
Question format: Multiple Select
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Caring
Reference: p. 22

3. An 8-year-old child is seen in the clinic for a well-child visit. The nurse has completed an initial assessment with the above findings. Which assessment finding requires intervention?
A. weight
B. height
C. heart rate
D. blood pressure

Answer: A

Rationale: An 8-year-old child who weighs 95 lb (43 kg) has a BMI of 23.3, which is above the 95th percentile. This places the child at risk for obesity. The other assessment findings are normal.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Health Promotion and Maintenance
Integrated Process: Nursing Process
Reference: p. 18

4. During a well-child visit, a nurse is providing teaching on child safety to the parent of a 9-year-old child. Which statement made by the parent indicates a need for additional teaching?
A. "No one smokes in our home, so I have not discussed smoking with my child."
B. "I am acquainted with my child's friends and their parents."
C. "I have set screen time limits on all my child's electronic devices."
D. "My child is good about sitting in the back seat and wearing a seat belt."

Answer: A

Rationale: Even though no one smokes in the household, the child may still be exposed to others outside the home who smoke and will require information about the hazards of tobacco use. The other statements indicate that teaching has been effective. Parents should set limitations on the amount of screen time their child has; children should sit in the back seat until age 13; it is important for parents to know their child's friends as well as the friends' parents.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Safe, Effective Care Environment: Safety and Infection Control
Integrated Process: Teaching/Learning
Reference: p. 23

5. An 8-year-old child diagnosed with asthma is being taught how to use a spacer with an albuterol inhaler. What is the **best** way for the nurse to evaluate the child's comprehension of how to use the spacer?

A. Guide the child step-by-step through the process.
B. Have the child attach the spacer to the inhaler and use it.
C. Have the child verbalize how to use the spacer.
D. Attach the spacer to the inhaler, then have the child use it.

Answer: B

Rationale: The best way to evaluate the child's comprehension of the teaching is to have the child give a return demonstration of the task. Having the child verbalize the use of the spacer does not ensure that the child can actually use it correctly. Guiding the child step-by-step through the process does not ensure proficiency on the part of the child. Attaching the spacer for the child does not allow the nurse to evaluate the teaching.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Reference: p. 22

6. A nurse is caring for a 9-year-old child experiencing a severe asthma exacerbation with a dry hacking cough and wheezing. The child's pulse oximeter reading is 88% (0.88). What is the nurse's **priority** in caring for the child?
A. Suction the nasopharynx.
B. Administer oxygen as prescribed.
C. Auscultate the lungs.
D. Educate the family on the plan of care.

Answer: B

Rationale: The nurse's priority is to administer oxygen to improve the child's oxygen saturation in the blood (think airway, breathing, and circulation). The child has a dry cough so there is no indication to suction the nasopharynx. The nurse will need to auscultate the lungs and educate the family, but the priority is administering oxygen to improve gas exchange.
Question format: Multiple Choice

Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Analyze
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: p. 24

7. A nurse is providing teaching to a school-aged child about medications the child will use to manage asthma. Which medication should the nurse teach the child to use when acute symptoms occur?
A. montelukast
B. prednisone
C. albuterol
D. theophylline

Answer: C

Rationale: Albuterol is a fast-acting beta-adrenergic agonist used to manage acute asthma symptoms. Prednisone is an oral corticosteroid used to suppress inflammation; montelukast is a leukotriene receptor antagonist used to decrease the inflammatory response of leukotrienes; theophylline is used to relax the airway in moderate to severe asthma.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Understand
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Reference: p. 20

8. A nurse is caring for a 10-year-old child diagnosed with severe asthma. The health care provider has prescribed intravenous methylprednisolone. Based on this information, the nurse should be alert for what potential adverse effect?
A. nasal congestion
B. nervousness
C. decreased inflammation
D. hyperglycemia

Answer: D

Rationale: Methylprednisolone is a corticosteroid used to decrease inflammation. A potential adverse effect of the medication is hyperglycemia. Decreased inflammation is the desired effect; nasal congestion and nervousness are not adverse effects related to methylprednisolone.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Reference: p. 20

9. A nurse is caring for an 8-year-old child who was admitted 1 hour ago with a diagnosis of asthma exacerbation. The nurse has completed an assessment with the above findings. The nurse calls the health care provider to report the findings with what expectation(s)? Select all that apply.
A. The current treatment regimen will be continued.
B. The child will be transferred to the intensive care unit.
C. A nebulizer treatment will be prescribed.
D. The amount of oxygen administered will be increased.
E. Blood cultures will be drawn.

Answer: C, D

Rationale: Because the oxygen saturation is only 89% on 2 liters of O_2, the expectation is that the O_2 will be increased so that the oxygen saturation will improve. Nebulizer treatments will help open the child's bronchioles and decrease the wheezing. In this case, the current treatment regimen will not be continued; at this point, there is no indication to transfer to the intensive care unit; a low-grade temperature is not an indication to draw blood cultures.
Question format: Multiple Select
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process

Reference: p. 24-26

10. A child hospitalized with a diagnosis of asthma has received two albuterol nebulizer treatments back to back. The child reports feeling nervous. What action should the nurse take?
A. Explain that this is a normal side effect of the medication in the nebulizer.
B. Assure the child that there is nothing to be nervous about.
C. Perform a fingerstick to check the glucose level.
D. Ask the health care provider to change the nebulizer medication.

Answer: A

Rationale: Feeling nervous or jittery is a common side effect of albuterol, a short-acting beta-adrenergic agonist. Assuring the child there is nothing to be nervous about is not true. The child's nervousness does not warrant checking the glucose level, and there is no need to ask the health care provider to change the medication.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Reference: p. 28

11. A nurse has provided teaching to a school-aged child on early signs of an impending asthma attack. Which statement made by the child indicates that the nurse's instruction was effective?
A. "Chest tightness means I could have an attack."
B. "Wheezing is an early sign that an attack is coming."
C. "I could have an attack soon if I start to cough up mucus."
D. "A lot of sneezing means I am about to have an attack."

Answer: A

Rationale: Chest tightening is an early sign that an asthma attack is coming. Wheezing and coughing up mucus are worsening symptoms. Sneezing in and of itself does not indicate an asthma attack.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Teaching/Learning
Reference: p. 23-24

12. The parents of a child diagnosed with asthma ask the nurse how and why the disease affects their child's body the way it does. The nurse's response is based on which statement(s)? Select all that apply.
A. The core of asthma's pathophysiology is inflammation.
B. The smaller diameter of the child's trachea makes it more susceptible to obstruction.
C. Inflammation results in bronchoconstriction, airway edema, and mucus plugging.
D. Severe viral or bacterial respiratory infections can lead to the development of asthma.
E. Children have larger tongues and longer airways than an adult.

Answer: A, B, C, D

Rationale: The main culprit in asthma pathophysiology is inflammation, which results in airway edema and bronchoconstriction, as well as mucus plugging. Respiratory infections such as respiratory syncytial virus and bronchiolitis are risk factors for later development of asthma. Children have larger tongues in relation to their oral cavity and smaller airway diameters than adults; this predisposes them to obstruction. Children have shorter airways than adults.
Question format: Multiple Select
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Understand
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Teaching/Learning
Reference: p. 27-28

13. A nurse is providing care for an 8-year-old child diagnosed with a severe asthma exacerbation. The child is receiving oxygen therapy, albuterol nebulizer treatments, and intravenous methylprednisolone. Based on this information, which laboratory result should the nurse monitor?
A. calcium
B. sodium
C. magnesium
D. glucose

Answer: D

Rationale: Methylprednisolone is a corticosteroid that can cause hyperglycemia. Therefore, the nurse should monitor the client's blood glucose. Albuterol and methylprednisolone do not have side effects associated with calcium, sodium, or magnesium.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Reference: p. 20

14. A parent brings a newly adopted 8-year-old child to the clinic for an initial well-child visit. At the end of the visit, the nurse provides the parent with information on normal developmental milestones for an 8-year-old child. What information should the nurse include?
A. Peer relationships begin to influence a child's perception of themself.
B. The child is more likely to take frustrations out on others.
C. The child will use magical thinking to cope with problems.
D. The child's thinking becomes more abstract.

Answer: A

Rationale: Peer relationships are important to school-aged children and peer pressure becomes an influence. School-aged children are not more likely to take

their frustrations out on others; this behavior may be seen more in toddlers or preschool-aged children. Magical thinking is also seen in preschool-aged children. School-aged children are more concrete thinkers; abstract thinking comes during adolescence.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Understand
Client Needs: Health Promotion and Maintenance
Integrated Process: Teaching/Learning
Reference: p. 19

15. A nurse receives the above transfer report from the emergency department. Which treatment will the nurse expect to be included in the plan of care?
A. a nebulizer treatment
B. an expectorant
C. an antipyretic
D. oxygen weaning

Answer: A

Rationale: Continuation of nebulizer treatments can be expected based on the child's respiratory status and symptoms. At this point, there is no indication for administration of an antipyretic, expectorant, or oxygen weaning. The nebulizer treatments will continue to open the airway, relieving the wheezing and coughing. Once the child's O_2 saturation has stabilized at 92% or higher, oxygen weaning will be considered.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Analyze
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: p. 23-26

16. An 8-year-old child is diagnosed with exercise-induced asthma. The child's parents are concerned the child will not be able to participate in sports any

longer. What recommendation(s) should the nurse make to the family? Select all that apply.
A. Use a short-acting inhaler prior to exercise.
B. Avoid extreme weather temperatures.
C. Avoid strenuous sports such as soccer and football.
D. Maintain and follow an asthma action plan.
E. Make sure to warm up before exercise.

Answer: A, B, D, E

Rationale: Although the child is diagnosed with exercise-induced asthma, exercise should not be prohibited. Instead, the child and family should follow an asthma action plan as well as take steps to prevent asthma attacks when exercising such as warming up, using a short-acting inhaler prior to exercise, and avoiding exercise in extreme temperatures.
Question format: Multiple Select
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Health Promotion and Maintenance
Integrated Process: Teaching/Learning
Reference: p. 23

17. A nurse is providing care for an 8-year-old child hospitalized with a diagnosis of moderate persistent asthma. Which action should the nurse **prioritize** when providing care to this child?
A. Allow the child to choose the color of the mask to wear for a nebulizer treatment.
B. Have the child placed in restraints during an IV insertion.
C. Ask parents to wait outside the room during a procedure to decrease the child's anxiety.
D. Give the child a comic book describing the procedures.

Answer: A

Rationale: Atraumatic care refers to any care delivery method that minimizes physical stressors in the child, provides a sense of control, and minimizes the

separation of the child from the parent. Allowing the child to make simple choices, such as which mask to wear, will accomplish this. An alternative to placing a child in restraints is to have the parent hold the child. Asking the parents to wait outside during a procedure will increase, not decrease, the child's anxiety. It would also be inappropriate to give the child a comic book describing the procedure as the child may not understand what is being talked about.
Question format: Multiple Choice
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Caring
Reference: p. 26

18. The community health nurse is preparing to teach parents of young children about potential risk factors that can contribute to airway obstruction. Which factor(s) should the nurse ensure is included in this session? Select all that apply.
A. A child's airway cartilage is more flexible and easier to compress than an adult's.
B. A child's airway is shorter and narrower than an adult's.
C. There is a higher risk for aspiration in children.
D. The child's narrow airway results in a decrease in airway resistance.
E. By the age of 8, the alveoli should be adult size.

Answer: A, B, C

Rationale: A child's airway is much shorter and narrower than an adult's airway. A smaller nasopharynx can lead to an easily occluded airway when secretions, edema, or foreign bodies enter the upper airway. The cartilage supporting the neck and airways is much more flexible in children than in adults, which may lead to airway compression if the head and neck are not properly supported. A higher risk of aspiration is present in children as a result of a larynx and glottis that are higher in the neck in comparison to that of an adult. Narrower airways cause a greater increase in airway resistance, not a decrease. A full-term newborn may have approximately 25 million alveoli; however, they may not all

be fully developed. At 8 years of age, the size and complexity of the alveoli begin to increase; there will be approximately 300 million alveoli by adulthood.
Question format: Multiple Select
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Understand
Client Needs: Health Promotion and Maintenance
Integrated Process: Teaching/Learning
Reference: p. 25

19. A health care provider has prescribed methylprednisolone 1.5 mg/kg/day in three divided doses for a child diagnosed with asthma. The child weighs 60 lb (27.27 kg). How many milligrams should the nurse administer in each dose? Record your answer using one decimal place.

Ans: 13.6

Rationale: Use the client's weight in kilograms.
27.27 kg x 1.5 mg = 40.9 mg/day
40.9 mg ÷ 3 doses = 13.6 mg per dose
Question format: Multiple Select
Chapter 2: Mollie Sanders: Asthma
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological And Parenteral Therapies
Integrated Process: Nursing Process
Reference: p. 24-29