Chapter 08 Pre Test

Smith,Crystal

Submitted: 3/21/2011 12:02:49 PM **Grade:** 38.9% **Attempt Number:** 1/3 **Questions Attempted:** 18/18

1. **A visiting nurse goes to the home of an elderly man who has experienced a recent stroke. The stroke was mild, but the client may have some slight mobility difficulties and will need a cane. The nurse expects that, with physical therapy and appropriate lifestyle changes, the man should have a speedy recovery. After meeting the man and talking to him, the nurse quickly changes her expectations and adds another 2 weeks of visits in the schedule. Which of these factors made the nurse change the plan of care and recovery expectations?**
   a. The client is widowed.
   b. The client's young daughter still lives with him.
   c. The client expressed pessimism and doubts about his ability to recover.
   d. The client indicated that his mother died of a heart attack.

   Grade: 0
   User Responses: a.The client is widowed.
   Feedback: a.Rationale: Hardiness and health is one of the contributing factors in dealing with the stressors of illness. The client's pessimistic statements should give a clue to the nurse that he is experiencing more stress, lacks the resources of health and hardiness, and will need more help than originally anticipated. Being a widower would not have any impact if the client were hardy and healthy. The presence of his daughter would not have any implications for his treatment. The statement about his mother's health is irrelevant to this client's condition.
   Cognitive Level: Analysis
   Nursing Process: Evaluation
   Client Need: Physiological Integrity

2. **A nurse is planning care for a client with Cushing's disease and his family. Which teaching goal is not necessary for a client with Cushing's disease?**
   a. Making accommodations for impaired memory.
   b. Teach implementations in case of stupor or coma.
   c. Understanding apathy and teaching simple implementations to the family.
   d. Addressing changing sexuality patterns with the client and his wife.

   Grade: 0
   User Responses: d.Addressing changing sexuality patterns with the client and his wife.
   Feedback: a.Rationale: Cushing's disease is not associated with coma or stupor. Each of the other responses addresses the psychological components of this physical illness.
   Cognitive Level: Analysis
   Nursing Process: Planning
   Client Need: Health Promotion and Maintenance

Smith,Crystal

Submitted: 3/21/2011 12:02:49 PM **Grade:** 38.9% **Attempt Number:** 1/3 **Questions Attempted:** 18/18

3. **A young woman comes to the emergency room complaining about a severe rash on her hand. The area around her left ring finger is extremely red and swollen. After discussion the nurse finds out that the woman is about to be married and that there is no history of allergies. To gather more pertinent information about the client's skin condition, which of the following responses by the nurse would be most helpful?**

Select all that apply.

a. Are you and your husband-to-be sexually active?
b. What do you think is causing the swelling?
c. What else is going on in your life right now?
d. Did you ever try any complementary treatments to manage stress?
e. Can you tell me more about your upcoming wedding?

Grade: 0

User Responses: b.What do you think is causing the swelling?,c.What else is going on in your life right now?,e.Can you tell me more about your upcoming wedding?

Feedback: a.Rationale:
What else is going on in your life right now? Asking a general question about the client's current life situation will help the nurse focus on stress in the client's life.

Can you tell me more about your upcoming wedding? Asking about a pending event will help the nurse explore the relationship between life events and stress reactions.

Did you ever try any complementary treatments to manage stress? Asking about previous attempts at stress management is jumping to a conclusion that the rash is related to stress, without an adequate assessment.

Are you and your husband-to-be sexually active? A question about sexual relations is inappropriate and probing at this time.

What do you think is causing the swelling? The client will have little if any insight into a somatic expression of stress.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

4. **A teen seeks out the school nurse to ask if she should begin taking birth control. On questioning, the school nurse learns that the girl is worried because she knows she can become pregnant but her partner doesn't want to use a condom. She thinks that her insistence might ruin their relationship, but she doesn't want to become pregnant. Which stage of cognitive processing does the nurse recognize in the client's responses?**

a. Coping
b. Primary appraisal
c. Secondary appraisal
d. Reappraisal

Grade: 0
User Responses: d.Reappraisal
Feedback: a.Rationale: The teen is just beginning to recognize the threat and is weighing the pros and cons of taking action. The Lazarus model of stress predicts that this type of behavior occurs during primary appraisal of a stressor. Secondary appraisal involves taking stock of one's resources in planning a solution. Coping involves taking action, using one's resources. Reappraisal involves rethinking a plan to take in new information.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

5. **A client tells the nurse that he is trying to quit smoking and it's been 10 weeks since his last cigarette. He notices that it is most difficult in the evening after work when he stops at a local bar to talk with his friends. All of his friends smoke and he worries that he won't know how to handle it if they offer him a cigarette. Recognizing that the man is engaging in reappraisal of a stressor, how should the nurse respond?**
   a. "Can you remember the negative things you told me about smoking?"
   b. "You've been successful for so long, you don't want to give it all up now."
   c. "I think you can handle it, you are committed to quitting."
   d. "Let's talk about some of the things you could say in that particular situation."

Grade: 1
User Responses: d."Let's talk about some of the things you could say in that particular situation."
Feedback: a.Rationale: During reappraisal of a stressor, if something new has come along, the client needs to re-evaluate the plan. Helping the client find tools to take action is supporting the client. Looking back and evaluating pros and cons can be helpful if motivation is flagging during reappraisal, but this client's motivation is not flagging. Saying "You can handle it" is falsely reassuring and doesn't help the client during this stage. Saying "You've been successful so far" is not encouraging; the client is asking for help to reappraise the situation.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Physiological Integrity

6. **A client has been admitted to the hospital for withdrawal from the antianxiety agent Valium (diazepam) and is no longer having physical symptoms. The client tells the nurse, "I don't know how I will cope without my pills when I go home, I have so many personal problems and I'm feeling nervous already." How should the nurse respond?**
   a. "Perhaps you and I can think of some ways to cope with the problems."
   b. "Everyone has problems, just pull yourself together."
   c. "Why do you think you need drugs to deal with the problem?"
   d. "Visualization and imagery would be of help to you, I can teach you some methods."

Grade: 0
User Responses: d.“Visualization and imagery would be of help to you, I can teach you some methods.”
Feedback: a.Rationale: The nurse can off support in the form of mutual problem-solving designed to help the client find ways to cope with stress that do not involve medication. Saying “pull yourself together” is belittling to the client’s concerns about their life stresses. Asking why the client needs drugs to handle the situation is asking the client to justify past behavior; it is blaming and shaming. Visualization and imagery methods may or may not help the client cope, and offering to help in this case is actually offering advice.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

7. **A nurse is teaching a client who has recently been diagnosed with type 2 diabetes. The lesson for today is on diet and general diabetic care. The client does not ask questions but listens passively, answering questions briefly but only if asked. At the end of the conversation when the nurse tries to elicit feedback about how the client will adapt to the lifestyle changes, the client states, “I will do exactly what my doctor and you tell me I need to do.” What did the nurse document in the client’s medical record?**
   a. Cooperative response to teaching; continue dialogue and begin discussion of insulin administration.
   b. Expressing readiness to change lifestyle and feelings of confidence about diabetic care; continue teaching plan.
   c. Demonstrating passive coping through excessive compliance; continue support and discussion, focus on meaning of illness to client.
   d. Dysfunctional response to client teaching with marked denial of reality; provide support with less emphasis on teaching at present.

Grade: 0
User Responses: d.Dysfunctional response to client teaching with marked denial of reality; provide support with less emphasis on teaching at present.

Feedback: a.Rationale: When confronted with overwhelming information associated with a new diagnosis and the demands of change in all aspects of one's life, individuals may cope with stress through excessive compliance and passivity. Recognizing this coping response alerts the nurse to the need for further implementation and the need to explore the meaning of thediagnosis in the client's life. Strengthening resilience may encourage theclient to take a more active role in disease management. The client ispassive, not cooperative. The client's statement is not evidence of denial–he would have denied that he had the disease or needed teaching. Theclient is not expressing readiness to change or confidence about diabeticcare.
Cognitive Level: Analysis
Nursing Process: Evaluation
Client Need: Psychosocial Integrity

8. **A 30-year-old female client with fibromyalgia has been attending the nursing clinic for relaxation therapy and guided mental imagery sessions over the last month. Which statement made by the client suggests that these complementary treatments had the intended effect?**
   a. "I went back to my weekly sewing class and had a really good time."
   b. "I haven't been nauseous since I started attending these sessions."
   c. "My relationship with my partner is still on hold, but we are getting along better."
   d. "I don't have any more aches and pains.

Grade: 0
User Responses: d."I don't have any more aches and pains.
Feedback: a.Rationale: Complementary therapies have benefit to reduce depression in women with fibromyalgia. The woman's statement about her activities and mood are strong evidence that she is not depressed but remaining active and involved. Although alternative therapies may help relieve pain and discomfort, their *complete* absence would not be an expected outcome. Fibromyalgia is not associated with nausea. The statement about her relationship would be a more appropriate outcome for cognitive behavioral therapy.
Cognitive Level: Analysis
Nursing Process: Evaluation
Client Need: Psychosocial Integrity

9. **A client comes to the clinic to receive a series of painful injections after an animal bite. When the nurse offers support regarding the discomfort, the client responds rather irritably, "Just get on with it, I'm no sissy." The nurse recognizes that the client is using a coping mechanism that is associated with the idea that expressing pain or emotion is a weakness and modifies the approach. Which coping mechanism is the client using?**
   a. Privately thinking through
   b. Seeking comfort
   c. Avoidance and withdrawal
   d. Relying on self-discipline

Grade: 1
User Responses: d.Relying on self-discipline
Feedback: a.Rationale: The client's irritability suggests that he has rejected the nurse's offer of support and that he views himself capable of handling the discomfort himself, so he is relying on self-discipline. He may view his admission of pain as a weakness or vulnerability. These ideas are associated with people who rely on self-discipline to cope with stressors. The client is not avoiding or withdrawing from the stressor, nor is his behavior comfort-seeking. He is not engaging in thinking through to problem-solve a stressor.
Cognitive Level: Analysis
Nursing Process: Evaluation
Client Need: Psychosocial Integrity

10. **A 17-year-old client on the post-partum unit had a spontaneous abortion of her pregnancy and was admitted for follow-up care. When the nurse attempts to explore the client's understanding of the situation, the client states, "Well, the pregnancy apparently just aborted and then I needed medical follow-up to clean out my uterus." The nurse doesn't detect any emotion in the client's statement or expression. Which defense mechanism does the nurse believe is keeping unacceptable thoughts and feelings from the client's sense of awareness?**
    a. Identification
    b. Introjection
    c. Projection
    d. Intellectualization

Grade: 1
User Responses: d.Intellectualization
Feedback: a.Rationale: Intellectualization involves separating the emotional aspect of something from thoughts about it when the emotional aspect is too painful to be acknowledged—the client's factual accounting of events is devoid of emotion. Identification involves an attempt to increase self-worth by acquiring the attributes and characteristics one admires, which the client is not doing. Projection involves attributing one's feelings or impulses to another person, which is not the case here. Introjection involves integrating beliefs and values of another into one's own ego structure, which the client is not doing.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

Smith,Crystal

Submitted: 3/21/2011 12:02:49 PM **Grade:** 38.9% **Attempt Number:** 1/3 **Questions Attempted:** 18/18

11. **A patient on the psychiatric unit who has paranoid schizophrenia is overheard telling another patient that all the nurses on the floor want his body and that they are just a "lot of sex machines." The nurse recognizes that the patient's statement exhibits which defense mechanism?**
    a. Projection
    b. Introjection
    c. Intellectualization
    d. Rationalization

    Grade: 0
    User Responses: d.Rationalization
    Feedback: a.Rationale: Projection is the attribution of unacceptable thoughts and wishes to an external source. The client is likely harboring sexual feelings toward the nurses that he cannot accept. Externalizing his feelings gives him an outlet for his anxiety while protecting himself. Introjection involves integrating beliefs and values of another into one's own ego structure, which is not the situation here. Rationalization involves attempting to make logical or social justifications for unacceptable thoughts or feelings; that is not happening here. Intellectualization is an attempt to avoid expressing actual emotions caused by stressful situations; that is not the case here.
    Cognitive Level: Analysis
    Nursing Process: Diagnosis
    Client Need: Psychosocial Integrity

12. **A nurse institutes a therapeutic relationship with a very confused client whose speech is filled with loose associations and tangential statements. Despite the communication difficulties, the nurse establishes rapport. Which statement by the nurse suggests that the nurse used introjection to build empathy?**
    a. "I see what you mean (nods and smiles), please continue."
    b. "I wonder if you are talking about something that happened to you long ago."
    c. "Slow down, I can't understand what you are trying to say."
    d. "It must be very frustrating when you try to tell me something and I can't understand."

    Grade: 1
    User Responses: d."It must be very frustrating when you try to tell me something and I can't understand."
    Feedback: a.Rationale: Introjection involves accepting another person's values as your own, so it can be helpful during the empathic process. As the nurse learns more about the client, through introjection the nurse can internalize information to resonate emotionally with the client's experience. Bland statements, nods, and smiles do not convey empathy nor acknowledge the problem. Making a clarification statement does not convey empathy, nor involve the use of introjection. Saying "I don't understand" is self-focusing and places all of the responsibility for communicating on the client.
    Cognitive Level: Analysis
    Nursing Process: Implementation
    Client Need: Psychosocial Integrity

Smith,Crystal

Submitted: 3/21/2011 12:02:49 PM **Grade:** 38.9% **Attempt Number:** 1/3 **Questions Attempted:** 18/18

13. **During morning rounds a nurse notices that a male client slated for gall bladder surgery in the morning is extremely nervous. On direct questioning the client denies any concerns about the upcoming surgery. Which of the nurse's comments might best help the client disclose his concerns?**
    a. "Everyone has some concerns; what's really bothering you?"
    b. "Some people worry more about the costs of hospitalization than the actual surgery."
    c. "Could you be worrying and not be aware of it?"
    d. "I noticed that your sheets are all tangled and it looks as if you didn't sleep well."

    Grade: 1
    User Responses: d."I noticed that your sheets are all tangled and it looks as if you didn't sleep well."
    Feedback: a.Rationale: Making an observation about the client's behavior which led the nurse to conclude that he was anxious might help the client make a more realistic appraisal of his level of his stress, relieving the need for repression. Although people in the hospital may have concerns about costs and about becoming dependent, there is not enough evidence in the client' s initial disclosure to think that those are the specific factors contributing to his stress. If the client has suppressed or repressed his concerns, it is unlikely that direct questioning would help. Directly asking the client "what' s really bothering you?" is argumentative and directly challenging to the client's use of repression as a defense.
    Cognitive Level: Application
    Nursing Process: Implementation
    Client Need: Psychosocial Integrity

14. **The nurse is working with a client who is recovering from surgery. The client continually wants to talk about physical complaints and asks for advice from the nurse on what to do. He brings up new health-related topics at each meeting. The nurse has been unable to move away from these sorts of topics, despite the fact that discharge is nearing and it is necessary to talk about other issues the client will be facing. How should the nurse modify the approach to this client?**
    a. Listen more completely to his complaints and make referrals for him to get better medical care.
    b. Set careful limits on the conversation and refuse to talk about physical complaints.
    c. Find out what the client believes about the nurse's role in his care and clarify any miscommunications.
    d. Try to connect physical symptoms and complaints to symbolic expressions of his need.

Grade: 0
User Responses: d.Try to connect physical symptoms and complaints to symbolic expressions of his need.
Feedback: a.Rationale: The client is using identification to get his needs met. By casting the nurse in the role of caretaker, the client takes on a dependent role and avoids having to take self-responsibility. These primitive behaviors serve to protect him from anxiety and provide security. He sees the nurse-patient relationship as similar to the mother-child relationship. Increasing the focus on his physical complaints will only strengthen his dependence. Setting strict boundaries without support for his dependence will increase his anxiety. The goal is to help the client become more self-responsible and use the therapeutic relationship to address other concerns and issues he will be facing, not to engage in psychoanalysis.
Cognitive Level: Analysis
Nursing Process: Evaluation
Client Need: Psychosocial Integrity

15. **John, a client with schizophrenia is very communicative but all of his conversation flows around or back to deeply religious themes and tales of saints, sins, and religious adventures in which he is a knight on a white horse. He is not easily redirected to topics of reality so there is little if any exchange of information during any communications. The nurse wants to help the client practice some social communication skills. Which response to the client after he tells a religious story would be most helpful?**
    a. "John, your stories don't make any sense even though you use lovely words and have a great knowledge of religion."
    b. "I wonder when it's going to be my turn to talk; I thought we were friends."
    c. "Thanks for telling me that story, John. Now it's my turn to tell you about an adventure that I had."
    d. "Stop talking now, John, and just listen to what I have to say for a change."

Grade: 0
User Responses: d."Stop talking now, John, and just listen to what I have to say for a change."
Feedback: a.Rationale: The client's stories are based on the defense of fantasy. Approaching this defense matter-of-factly is a respectful way to help connect the client to reality and it provides an opportunity for social skills training (turn-taking), which may promote improved interpersonal relationships. Ordering the client to stop talking will be ineffective because defense mechanisms are not under voluntary control. Telling the client he doesn't make sense is threatening to ego and will likely result in increased anxiety and use of fantasy. The use of sarcasm is too indirect to be interpreted as intended and the nurse is not the client's friend.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Psychosocial Integrity

16. **During an initial interview with a 17-year-old boy who has attempted suicide, the nurse learns about the episode that brought him to the hospital. The client relates that his girlfriend of two years just broke up with him. He was devastated and had no idea why it happened. The couple has a 1-year-old child and he anticipated getting married after graduation. He indicates that he is ashamed to face his parents. In addition to continuing suicide precautions, which of the following nursing diagnoses does the nurse add to the medical record?**
    a. Anxiety related to low self-esteem and thoughts of self-harm.
    b. Anxiety related to unmet expectations important to self-integrity.
    c. Anxiety related to inability to gain or reinforce self-respect or recognition from others.
    d. Anxiety related to anticipated disapproval by significant others.

    Grade: 0
    User Responses: d.Anxiety related to anticipated disapproval by significant others.
    Feedback: a.Rationale: Anxiety related to unmet expectations important to self-integrity is correct because the situation suggests that the client anticipated the satisfaction of his needs for self-integrity through his continuing relationship with the girlfriend. The breaking of the relationship created a threat to his sense of how he views himself, now and in the future. While he is ashamed to face his parents, his statement does not indicate fear of their disapproval, but embarrassment about his loss of integrity. The client is not focusing on what others will think of him but more on what he thinks of himself. Nor has the client disclosed thoughts of self-harm, and his self-esteem, while being challenged at present, was apparently intact.
    Cognitive Level: Analysis
    Nursing Process: Diagnosis
    Client Need: Psychosocial Integrity

17. **A patient was admitted for treatment of minor injuries following an accident in which the patient's car hit a tree and narrowly avoided hitting a child on a bicycle. The patient is talking about the accident now and it is apparent that alcohol was involved. Which intervention by the nurse will help the patient address her anxiety?**
    a. "What made you do such a thing?"
    b. "Your car was smashed; will you be able to afford another?"
    c. "You ought to have learned a lesson about drinking and driving."
    d. "Can you tell me how you are feeling about what happened?"

    Grade: 1
    User Responses: d."Can you tell me how you are feeling about what happened?"
    Feedback: a.Rationale: Asking the client how she is feeling will help the client begin to explore her feelings and provide the nurse with an assessment of how she is coping. Asking "what were you thinking?" is defense-provoking; it asks the client to justify the behavior. The "learn a lesson" statement is fairly shaming and blaming; the nurse is judging the client, and although the ruined car may be a source of anxiety for the client, it is secondary to the anxiety she will feel about the near-death of a innocent child.
    Cognitive Level: Application
    Nursing Process: Implementation
    Client Need: Psychosocial Integrity

Smith,Crystal

Submitted: 3/21/2011 12:02:49 PM **Grade:** 38.9% **Attempt Number:** 1/3 **Questions Attempted:** 18/18

18. **A young girl is seen in the emergency room following an auto accident in which two of her friends were killed. The girl was driving and is being treated for minor lacerations and a slight concussion. Despite being told that her friends died in the accident, the girl continues to ask after them. The nurse overhears her talking to someone although there is no one else in the examination room. Which action should the nurse implement?**
    a. Encourage the girl to relate her version of the events that led up to the accident.
    b. Tell the girl that she has just talked to her friends and they are doing better.
    c. Explain to the girl that she is hearing voices and ask if she wants medication to help her relax.
    d. Stay with the girl, speak quietly and calmly, not ask questions, and answer the girl's questions briefly.

Grade: 1

User Responses: d.Stay with the girl, speak quietly and calmly, not ask questions, and answer the girl's questions briefly.

Feedback: a.Rationale: The nurse should stay with the girl and speak quietly and calmly. During panic there is a complete disruption of the perceptual field; hallucinations and purposeless behavior may occur. Safety becomes a big concern at this time and the client should not be left alone. A quiet, non-stimulating environment can contribute to reducing anxiety. Lying to the client will make it more difficult for her to accept reality when her anxiety lessens. During panic the client is unable to make reasonable decisions and cannot judge whether she needs medication. During panic the client is also incoherent and confused so this is not the time for reflection and exploration.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Safe, Effective Care Environment and Psychosocial Integrity

Chapter 08 Pre Test

Smith,Crystal

Submitted: 3/21/2011 12:02:49 PM Grade: 38.9% Attempt Number: 1/3 **Questions Attempted:** 18/18

Activity Name: Chapter 08 Pre Test

1. c. The client expressed pessimism and doubts about his ability to recover.
2. b. Teach implementations in case of stupor or coma.
3. c. What else is going on in your life right now? and e.Can you tell me more about your upcoming wedding?
4. b. Primary appraisal
5. d. “Let’s talk about some of the things you could say in that particular situation.”
6. a. “Perhaps you and I can think of some ways to cope with the problems.”
7. c. Demonstrating passive coping through excessive compliance; continue support and discussion, focus on meaning of illness to client.
8. a. “I went back to my weekly sewing class and had a really good time.”
9. d. Relying on self-discipline
10. d. Intellectualization
11. a. Projection
12. d. “It must be very frustrating when you try to tell me something and I can’t understand.”
13. d. “I noticed that your sheets are all tangled and it looks as if you didn’t sleep well.”
14. c. Find out what the client believes about the nurse’s role in his care and clarify any miscommunications.
15. c. “Thanks for telling me that story, John. Now it’s my turn to tell you about an adventure that I had.”
16. b. Anxiety related to unmet expectations important to self-integrity.
17. d. “Can you tell me how you are feeling about what happened?”
18. d. Stay with the girl, speak quietly and calmly, not ask questions, and answer the girl’s questions briefly.