

Submitted: 4/24/2011 5:56:4 PM
Grade: 16.7%



Attempt Number: 1/3

Questions Attempted: 24/24

1. Medications used in the treatment of a client with situational anxiety include which of the following?

Select all correct answers.

- a. Alprazolam (Xanax)
- b. Benzodiazepines
- c. Diazepam (Valium)
- d. Propranolol (Inderal)
- e. Clozapine (Clozaril)

Grade: 0

User Responses: e. Clozapine (Clozaril)

Feedback: a. Rationale: Benzodiazepines. Benzodiazepines are effective and relatively safe for 4–8 weeks.

Diazepam (Valium). Diazepam (Valium), an antianxiety agent, is sometimes used for situational anxiety.

Alprazolam (Xanax). Alprazolam (Xanax), an antianxiety agent, is sometimes used for situational anxiety.

Propranolol (Inderal). Propranolol (Inderal), an adrenergic blocking agent, is sometimes used for situational anxiety.

Clozapine (Clozaril). Clozapine (Clozaril) is an antipsychotic medication that can trigger anxiety.

Cognitive Level: Comprehension

Nursing Process: Implementation

Client Need: Physiological Integrity

2. To evaluate the effectiveness of medications used to treat a client's anxiety, the nurse should:

- a. Monitor the client's anxiety level.
- b. Help the client understand the source of the anxiety.
- c. Demonstrate patience and project a sense of calm.
- d. Expect SSRIs to cause more side effects.

Grade: 0

User Responses: d. Expect SSRIs to cause more side effects.

Feedback: a. Rationale: Monitoring the client's anxiety level is important to ensure that the client does not take the medication for longer than necessary. Helping the client understand the source of the anxiety and demonstrating patience and calm do not assist in evaluating the effectiveness of medications. SSRIs cause fewer side effects than other medications.

Cognitive Level: Application

Nursing Process: Evaluation

Client Need: Physiological Integrity

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3. **A client with PTSD or another severe anxiety disorder who receives pharmacologic treatments is mainly at risk for:**
- a. Treatment resistance.
 - b. Suicide.
 - c. Dependency on the nurse.
 - d. Chemical abuse.

Grade: 1

User Responses: d.Chemical abuse.

Feedback: a.Rationale: The risk of chemical abuse and dependence increases with severe anxiety as the client seeks immediate, total relief. Suicide, dependency on the nurse, and treatment resistance are not the primary risks.

Cognitive Level: Evaluation

Nursing Process: Implementation

Client Need: Physiological Integrity

4. **A nurse teaches a client relaxation techniques to cope with anxiety. Such teaching is most effective when the client's level of anxiety is:**
- a. Mild.
 - b. Moderate.
 - c. Panic level.
 - d. Severe.

Grade: 0

User Responses: d.Severe.

Feedback: a.Rationale: As anxiety increases, the client's perceptual field narrows. A mild level of anxiety allows for maximum learning. Moderate, severe, and panic levels of anxiety make it difficult or impossible for the person to process new information.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

5. **The client experiences feelings of extreme fear that occur for no apparent reason and are accompanied by intense physical symptoms. The priority nursing intervention would be to:**
- a. Encourage the client to verbalize feelings.
 - b. Teach relaxation techniques.
 - c. Stay with the client.
 - d. Counsel the family on therapeutic responses.

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User Responses: d.Counsel the family on therapeutic responses.

Feedback: a.Rationale: Staying with a client during a panic attack is the priority. Teaching relaxation techniques, encouraging the verbalization of feelings, and counseling the family are all appropriate interventions later, when the client's panic level has diminished.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Safe, Effective Care Environment

6. **In planning the care of a client with an anxiety disorder, the treatment team considers all of the following strategies *except*:**

- a. Developing a goal-oriented contract.
- b. Reinforcing the client's justifications for her usual coping behaviors.
- c. Teaching the meditation technique of repeating a word or phrase.
- d. Helping the client test reality.

Grade: 0

User Responses: d.Helping the client test reality.

Feedback: a.Rationale: The client's justifications for usual coping patterns that have proven ineffective in the past should not be reinforced. Clients can begin to change maladaptive patterns only when they understand their unmet needs and what they did instead of meeting those needs. Developing a contract, helping the client test reality, and teaching meditation are all effective interventions that involve the client in his or her own healing.
Cognitive Level: Application
Nursing Process: Planning
Client Need: Psychosocial Integrity

7. **When a client exhibits excessive irrational fear and dread that is not related to a specific stimulus, the nurse would chart this as:**

- a. Phobia.
- b. Free-floating anxiety.
- c. Obsession.
- d. Compulsion.

Grade: 0

User Responses: d.Compulsion.

Feedback: a.Rationale: Free-floating anxiety is not related to a specific stimulus. The anxiety of obsessions, compulsions, and phobias is caused by a specific stimulus.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

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8. **Which assessment question would indicate that the nurse understands the distinct characteristics of cognition in anxiety?**
- a. "Do you feel sad and/or hopeless?"
 - b. "How often do you worry about the past or future?"
 - c. "How often do you criticize yourself?"
 - d. "How often do you lose your temper?"

Grade: 0

User Responses: d."How often do you lose your temper?"

Feedback: a.Rationale: The assessment question "How often do you worry about the past or future?" deals with client cognition. The remaining questions—"Do you feel sad and/or hopeless?", "How often do you lose your temper?", and "How often do you criticize yourself?"—do not deal with cognition but are part of a psychological assessment.
Cognitive Level: Evaluation
Nursing Process: Assessment
Client Need: Psychosocial Integrity

9. **A key difference between anxiety disorders and dissociative disorders is that dissociative disorders are characterized by:**
- a. Origins in childhood trauma.
 - b. A separation of emotions from behaviors.
 - c. Disabling physical symptoms.
 - d. An irrational fear of a specific object.

Grade: 0

User Responses: d.An irrational fear of a specific object.

Feedback: a.Rationale: Dissociation is a defense against trauma, especially childhood trauma, that separates emotions from behaviors. An irrational fear of a specific object is characteristic of phobias. Both anxiety and dissociative disorders are often responses to childhood trauma. Dissociative disorders are not characterized by disabling physical symptoms.
Cognitive Level: Comprehension
Nursing Process: Assessment
Client Need: Psychosocial Integrity

10. **Although anxiety disorders have their own distinctive characteristics, they all share the common theme of:**
- a. Reexperiencing a terrifying event.
 - b. Fear of extreme embarrassment.
 - c. Disabling anxiety.
 - d. Compulsive acts.

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User Responses: d.Compulsive acts.

Feedback: a.Rationale: All anxiety disorders are characterized by anxiety so disabling as to interfere with normal functioning. Fear of extreme embarrassment is characteristic of one of the anxiety disorders, social phobia. Reexperiencing a terrifying event is characteristic of one of the anxiety disorders, post-traumatic stress disorder. Compulsive acts are characteristic of one of the anxiety disorders, obsessive–compulsive disorder.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

11. **The nurse is assessing a client who exhibits great discomfort and anxiety and continually asks to go home, as he is certain he will lose bladder control if he does not leave soon. This behavior is consistent with a diagnosis of:**
- a. Acute stress disorder.
 - b. Agoraphobia.
 - c. Acrophobia.
 - d. Obsessive–compulsive disorder.

Grade: 0

User Responses: d.Obsessive–compulsive disorder.

Feedback: a.Rationale: Agoraphobia is characterized by a fear of leaving the safety of home because of the possibility of developing symptoms such as loss of bowel or bladder control. Acrophobia is the fear of heights. Acute stress disorder develops in response to an extremely traumatic event. Obsessive–compulsive disorder is characterized by repetitive, compulsive acts.
Cognitive Level: Application
Nursing Process: Diagnosis
Client Need: Psychosocial Integrity

12. **The client with generalized anxiety disorder (GAD) is unable to stop worrying, has persistent anxiety of at least 6 months' duration, and:**
- a. Is more likely to be female than male.
 - b. Experiences obsessions and compulsions.
 - c. Does not experience phobias or panic attacks.
 - d. Has no physical symptoms.

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User Responses: d.Has no physical symptoms.

Feedback: a.Rationale: The client with GAD experiences pervasive, persistent anxiety but without phobias or panic attacks. GAD is not characterized by obsessions and compulsions. Physical symptoms such as muscle tension, headaches, and dizziness are common with the excessive worrying of GAD. The gender ratio appears to be more equal with GAD than with panic disorder.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

13. **To help a client reduce his or her anxiety level, the nursing priority would be to:**

- a. Encourage 1:1 interaction with peers.
- b. Encourage the client to acknowledge and discuss feelings.
- c. Involve the client in unit activities.
- d. Teach relaxation exercises.

Grade: 0

User Responses: d.Teach relaxation exercises.

Feedback: a.Rationale: Offering the client the opportunity to acknowledge and discuss feelings helps the client recognize anxiety triggers and the feelings surrounding them. Teaching relaxation exercises, involving the client in unit activities, and encouraging 1:1 interaction with peers may take place once anxiety levels are lowered.
Cognitive Level: Analysis
Nursing Process: Planning
Client Need: Psychosocial Integrity

14. **The nurse is finding it difficult to listen to a client's expression of pain, fear, anger, and other feelings. The nurse must focus on:**

- a. Giving advice.
- b. Listening attentively and with concern.
- c. Providing quick and ready answers.
- d. Changing the subject to a more positive one.

Grade: 0

User Responses: d.Changing the subject to a more positive one.

Feedback: a.Rationale: Listening with sincere attention and concern, without judgment or advice, is an effective intervention. It may be tempting to provide answers, give advice, or change the subject, but doing so is likely to hinder the client's communication and catharsis.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Psychosocial Integrity

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15. After assessing a female client who was raped 3 months ago and is now exhibiting symptoms of PTSD, the nurse is experiencing dry mouth, irritability, forgetfulness, and sadness. What is the nurse's best response to these cues?
- Ignore the cues.
 - Request a transfer to another unit.
 - Take an antianxiety medication.
 - Talk to others on the team and ask for feedback.

Grade: 1

User Responses: d. Talk to others on the team and ask for feedback.

Feedback: a. Rationale: The nurse should be alert to clues to his or her own anxiety when working with clients with anxiety disorders. Talking to others and requesting feedback heightens self-awareness and helps the nurse manage the anxiety. A medication is not necessary at this point and would not be as effective as sharing concerns with other health care professionals. Transferring to another unit and ignoring the cues do not address the anxiety.
Cognitive Level: Analysis
Nursing Process: Planning
Client Need: Psychosocial Integrity

16. With what type of medication would the nurse expect to see increased symptoms of a panic attack in the client?
- Riluzole (Rilutek)
 - A tricyclic antidepressant
 - A medication that inhibits the activity of GABA
 - A medication that potentiates the activity of GABA

Grade: 0

User Responses: d. A medication that potentiates the activity of GABA

Feedback: a. Rationale: A medication that inhibits the activity of GABA will increase the client's anxiety. Tricyclic antidepressant medications alleviate anxiety. Medications that potentiate the activity of GABA, such as benzodiazepines, reduce anxiety. Riluzole inhibits the release of glutamate and curbs anxiety.
Cognitive Level: Analysis
Nursing Process: Planning
Client Need: Psychosocial Integrity

17. In assessing a client with panic disorder, the nurse determines that a predisposition to anxiety disorders likely exists in the family. This determination is related to:
- Biologic theories.
 - Psychosocial theories.
 - Genetic theories.
 - Behavioral theories.

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Grade: 0

User Responses: d.Behavioral theories.

Feedback: a.Rationale: Genetic theories are based on strong evidence that the transmission of certain genes contributes to the development of anxiety. Biologic theories are based on findings that biologic changes in the brain occur in anxiety disorders. Psychosocial theorists believe that anxiety arises from psychological conflicts. Behavioral theorists believe anxiety is a learned response that can be unlearned.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychological Integrity

18. **The treatment team is designing a plan of care for a client with a severe phobic disorder. Team members determine that a multifaceted, integrative approach would be most effective. Such an approach correlates most closely with:**
- a. Behavioral theories.
 - b. Biologic theories.
 - c. Humanistic theories.
 - d. Psychosocial theories.

Grade: 0

User Responses: d.Psychosocial theories.

Feedback: a.Rationale: Humanistic treatment approaches integrate a range of interventions such as psychotherapy, psychopharmacology, reduction of environmental stress, and others. Biologic theories are based on findings that biologic changes in the brain occur in anxiety disorders. Behavioral theorists believe anxiety is a learned response and can be addressed with behavior modification. Psychosocial treatments generally take the form of psychoanalysis or psychodynamic psychotherapy.
Cognitive Level: Synthesis
Nursing Process: Planning
Client Need: Psychosocial Integrity

19. **Dissociation is a defense mechanism that is a feature of both dissociative disorders and:**
- a. Generalized anxiety disorder.
 - b. PTSD.
 - c. Obsessive-compulsive disorder.
 - d. Panic disorder.

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User Responses: d.Panic disorder.

Feedback: a.Rationale: Clients with PTSD may use dissociation as a defense mechanism against emotions about a traumatic event. Panic disorder, generalized anxiety disorder, and obsessive–compulsive disorder are not characterized by dissociation as a defense mechanism.
Cognitive Level: Comprehension
Nursing Process: Assessment
Client Need: Psychosocial Integrity

20. **The development of an alternate personality, or alter, in the client with dissociative identity disorder usually arises as a response to:**

- a. The demands of adulthood.
- b. Chronic child abuse.
- c. Physical illness.
- d. Substance abuse.

Grade: 0

User Responses: d.Substance abuse.

Feedback: a.Rationale: Dissociative identity disorder begins in childhood as a result of chronic trauma, usually sexual abuse. It is not a result of physical illness, substance abuse, or having to face the demands of adulthood.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

21. **When the client forgets only specific past times surrounding a disturbing event, the nurse would chart this as:**

- a. Selective amnesia.
- b. Localized amnesia.
- c. Generalized amnesia.
- d. Systematized amnesia.

Grade: 0

User Responses: d.Systematized amnesia.

Feedback: a.Rationale: Localized amnesia is the most common form of dissociative amnesia. Selective amnesia is forgetting some but not all events. Generalized amnesia encompasses one's entire life. Systematized amnesia is forgetting certain categories of information.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

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22. **The nurse is assessing a client who appears to be experiencing both anxiety and depression. Based on the dominant symptom reported, the nurse determines that the client likely has an anxiety disorder. Which of the following symptoms is characteristic of anxiety rather than depression?**
- a. Slowed motor activity
 - b. Global negativism
 - c. Hopelessness
 - d. Agitation

Grade: 1

User Responses: d.Agitation

Feedback: a.Rationale: Agitation is characteristic of motor activity in an anxious person; in a depressed person, motor activity is slowed. Hopelessness and global negativism are also characteristic of depression.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

23. **The nurse must conduct a thorough and comprehensive assessment of a client with an anxiety disorder. The initial priority assessment should address:**
- a. Differentiating from all other psychotic disorders.
 - b. The emotional distress.
 - c. The possible source of the anxiety.
 - d. A history and physical exam.

Grade: 1

User Responses: d.A history and physical exam.

Feedback: a.Rationale: The priority is a history and physical exam to rule out medical disorders. Differentiating from all other psychotic disorders and determining the possible source of the anxiety and emotional distress are not priorities.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

24. **A client who reports severe anxiety may exhibit emotional distress in the form of which of the following? Select all correct answers.**
- a. Refusing assistance
 - b. Alternating between euphoria and despair
 - c. Being unable to report terrifying feelings
 - d. Becoming physically aggressive
 - e. Becoming immobilized

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User Responses: e.Becoming immobilized

Feedback: a.Rationale:

Becoming immobilized. A client with severe anxiety may become immobilized.

Being unable to report terrifying feelings. A client with severe anxiety may be unable to report his or her terrifying feelings.

Refusing assistance. A client with severe anxiety may refuse assistance.

Becoming physically aggressive. A client with severe anxiety may become physically aggressive.

Alternating between euphoria and despair. Alternating between mood highs and lows is not characteristic of severe anxiety.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

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Activity Name: Chapter 18 Pre Test

1. b. Benzodiazepines and c.Diazepam (Valium) and a.Alprazolam (Xanax) and d.Propranolol (Inderal)
2. a. Monitor the client's anxiety level.
3. d. Chemical abuse.
4. a. Mild.
5. c. Stay with the client.
6. b. Reinforcing the client's justifications for her usual coping behaviors.
7. b. Free-floating anxiety.
8. b. "How often do you worry about the past or future?"
9. b. A separation of emotions from behaviors.
10. c. Disabling anxiety.
11. b. Agoraphobia.
12. c. Does not experience phobias or panic attacks.
13. b. Encourage the client to acknowledge and discuss feelings.
14. b. Listening attentively and with concern.
15. d. Talk to others on the team and ask for feedback.
16. c. A medication that inhibits the activity of GABA
17. c. Genetic theories.
18. c. Humanistic theories.
19. b. PTSD.
20. b. Chronic child abuse.
21. b. Localized amnesia.
22. d. Agitation
23. d. A history and physical exam.
24. e. Becoming immobilized and c.Being unable to report terrifying feelings and a.Refusing assistance and d. Becoming physically aggressive