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OBJ: Nursing Process: Diagnosis MSC: Client Needs: Physiologic Integrity

11. Which statement concerning cyclic perimenstrual pain and discomfort (CPPD) is accurate?

a. Premenstrual dysphoric disorder (PMDD) is a milder form of premenstrual syndrome (PMS) and more common in younger women.

b. Secondary dysmenorrhea is more intense and medically significant than primary dysmenorrhea.

c. Premenstrual syndrome is a complex, poorly understood condition that may include any of a hundred symptoms.

d. The causes of PMS have been well established.

ANS: C

PMS may manifest with one or more of a hundred or so physical and psychologic symptoms. PMDD is a more severe variant of PMS. Secondary dysmenorrhea is characterized by more muted pain than that seen in primary dysmenorrhea; the medical treatment is much the same. The cause of PMS is unknown. It may be a collection of different problems.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 78

OBJ: Nursing Process: Diagnosis MSC: Client Needs: Health Promotion and Maintenance

12. With regard to endometriosis, nurses should be aware that:

a. It is characterized by the presence and growth of endometrial tissue inside the uterus.

b. It is found more often in African-American women than in white or Asian women.

c. It may worsen with repeated cycles or remain asymptomatic and disappear after menopause.

d. It is unlikely to affect sexual intercourse or fertility.

ANS: C

Symptoms vary among women, ranging from nonexistent to incapacitating. With endometriosis, the endometrial tissue is outside the uterus. Symptoms vary among women, ranging from nonexistent to incapacitating. Endometriosis is found equally in white and African-American women and is slightly more prevalent in Asian women. Women can experience painful intercourse and impaired fertility.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 80

OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

13. One of the alterations in cyclic bleeding that occurs between periods is called:

a. Oligomenorrhea.

b. Menorrhagia.

c. Leiomyoma.

d. Metrorrhagia.

Chapter 07: Anatomy and Physiology of Pregnancy

MULTIPLE CHOICE

1. A womans obstetric history indicates that she is pregnant for the fourth time and all of her children from previous pregnancies are living. One was born at 39 weeks of gestation, twins were born at 34 weeks of gestation, and another child was born at 35 weeks of gestation. What is her gravidity and parity using the GTPAL system?

a. 3-1-1-1-3
c. 3-0-3-0-3
b. 4-1-2-0-4
d. 4-2-1-0-3

ANS: B

The correct calculation of this womans gravidity and parity is 4-1-2-0-4. The numbers reflect the womans gravidity and parity information. Using the GPTAL system, her information is calculated as:

G: The first number reflects the total number of times the woman has been pregnant; she is pregnant for the fourth time.

T: This number indicates the number of pregnancies carried to term, not the number of deliveries at term; only one of her pregnancies has resulted in a fetus at term.

P: This is the number of pregnancies that resulted in a preterm birth; the woman has had two pregnancies in which she delivered preterm.

A: This number signifies whether the woman has had any abortions or miscarriages before the period of viability; she has not.

L: This number signifies the number of children born that currently are living; the woman has four children.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 169

OBJ: Nursing Process: Diagnosis MSC: Client Needs: Health Promotion and Maintenance

2. A woman at 10 weeks of gestation who is seen in the prenatal clinic with presumptive signs and symptoms of pregnancy likely will have:

a. Amenorrhea.
c. Chadwicks sign.
b. Positive pregnancy test.
d. Hegars sign.

ANS: A

Amenorrhea is a presumptive sign of pregnancy. Presumptive signs of pregnancy are felt by the woman. A positive pregnancy test, the presence of Chadwicks sign, and the presence of Hegars sign all are probable signs of pregnancy.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 170

OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

3. The nurse teaches a pregnant woman about the presumptive, probable, and positive signs of pregnancy. The woman demonstrates understanding of the nurses instructions if she states that a positive sign of pregnancy is:

Biophysical risks include factors that originate with either the mother or the fetus and affect the functioning of either one or both. The nurse who provides prenatal care should have an understanding of these risk factors. Match the specific pregnancy problem with the related risk factor.

a. Polyhydramnios

b. Intrauterine growth restriction (maternal cause)

c. Oligohydramnios

d. Chromosomal abnormalities

e. Intrauterine growth restriction (fetoplacental cause)

28. Premature rupture of membranes

29. Advanced maternal age

30. Fetal congenital anomalies

31. Abnormal placenta development

32. Smoking, alcohol, and illicit drug use

28. ANS: C PTS: 1 DIF: Cognitive Level: Comprehension

REF: 251 OBJ: Nursing Process: Implementation

MSC: Client Needs: Health Promotion and Maintenance

NOT: Each pregnancy problem can be attributed to a number of related risk factors. Polyhydramnios may also be the result of poorly controlled diabetes mellitus. Other maternal causes of IUGR include hypertensive disorders, diabetes, chronic renal disease, vascular disease, thrombophilia, poor weight gain, and cyanotic heart disease. Fetoplacental causes of IUGR may be related to chromosomal abnormalities, congenital malformations, intrauterine infection, or genetic syndromes. Other contributors to oligohydramnios are renal agenesis, prolonged pregnancy, uteroplacental insufficiency, and paternal hypertensive disorders. Although advanced maternal age is a well-known cause of chromosomal abnormalities, other causes include parental chromosome rearrangements and pregnancy with autosomal trisomy.

29. ANS: D PTS: 1 DIF: Cognitive Level: Comprehension

REF: 251 OBJ: Nursing Process: Implementation

MSC: Client Needs: Health Promotion and Maintenance

NOT: Each pregnancy problem can be attributed to a number of related risk factors. Polyhydramnios may also be the result of poorly controlled diabetes mellitus. Other maternal causes of IUGR include hypertensive disorders, diabetes, chronic renal disease, vascular disease, thrombophilia, poor weight gain, and cyanotic heart disease. Fetoplacental causes of IUGR may be related to chromosomal abnormalities, congenital malformations, intrauterine infection, or genetic syndromes. Other contributors to oligohydramnios are renal agenesis, prolonged pregnancy, uteroplacental insufficiency, and paternal hypertensive disorders. Although advanced maternal age is a well-known cause of chromosomal abnormalities, other causes include parental chromosome rearrangements and pregnancy with autosomal trisomy.

30. ANS: A PTS: 1 DIF: Cognitive Level: Comprehension

Chapter 13: Labor and Birth Processes

MULTIPLE CHOICE

1. A new mother asks the nurse when the soft spot on her sons head will go away. The nurses answer is based on the knowledge that the anterior fontanel closes after birth by _____ months.

a. 2
c. 12
b. 8
d. 18

ANS: D

The larger of the two fontanels, the anterior fontanel, closes by 18 months after birth.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 342

OBJ: Nursing Process: Planning MSC: Client Needs: Health Promotion and Maintenance

2. When assessing a woman in labor, the nurse is aware that the relationship of the fetal body parts to one another is called fetal:

a. Lie.
c. Attitude.
b. Presentation.
d. Position.

ANS: C

Attitude is the relation of the fetal body parts to one another. *Lie* is the relation of the long axis (spine) of the fetus to the long axis (spine) of the mother. *Presentation* refers to the part of the fetus that enters the pelvic inlet first and leads through the birth canal during labor at term. *Position* is the relation of the presenting part to the four quadrants of the mothers pelvis.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 344

OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

3. When assessing the fetus using Leopold maneuvers, the nurse feels a round, firm, movable fetal part in the fundal portion of the uterus and a long, smooth surface in the mothers right side close to midline. What is the likely position of the fetus?

a. ROA
c. RSA
b. LSP
d. LOA

ANS: C

The fetus is positioned anteriorly in the right side of the maternal pelvis with the sacrum as the presenting part. RSA is the correct three-letter abbreviation to indicate this fetal position. The first letter indicates the presenting part in either the right or left side of the maternal pelvis. The second letter indicates the anatomic presenting part of the fetus. The third letter stands for the location of the presenting part in relation to the anterior, posterior, or transverse portion of the maternal pelvis. Palpation of a round, firm fetal part in the fundal portion of the uterus would be the fetal head, indicating that the fetus is in a breech position with the

ANS: B

The uterus may contract more firmly, and the resting tone may be increased with oxytocin use. This response reduces entrance of freshly oxygenated maternal blood into the intervillous spaces, thus depleting fetal oxygen reserves. Hypotension is not a common side effect of oxytocin. All laboring women are at risk for fluid volume deficit; oxytocin administration does not increase the risk. Oxytocin affects the uterine muscles.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 382

OBJ: Nursing Process: Planning MSC: Client Needs: Physiologic Integrity

36. Increasing the infusion rate of nonadditive intravenous fluids can increase fetal oxygenation primarily by:

a. Maintaining normal maternal temperature.

b. Preventing normal maternal hypoglycemia.

c. Increasing the oxygen-carrying capacity of the maternal blood.

d. Expanding maternal blood volume.

ANS: D

Filling the mothers vascular system makes more blood available to perfuse the placenta and may correct hypotension. Increasing fluid volume may alter the maternal temperature only if she is dehydrated. Most intravenous fluids for laboring women are isotonic and do not provide extra glucose. Oxygen-carrying capacity is increased by adding more red blood cells.

PTS: 1 DIF: Cognitive Level: Application REF: 396

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

MULTIPLE RESPONSE

37. A tiered system of categorizing FHR has been recommended by regulatory agencies. Nurses, midwives, and physicians who care for women in labor must have a working knowledge of fetal monitoring standards and understand the significance of each category. These categories include *(Select all that apply)*:

a. Reassuring.

b. Category I.

c. Category II.

d. Nonreassuring.

e. Category III.

ANS: B, C, E

The three tiered system of FHR tracings include Category I, II, and III. Category I is a normal tracing requiring

PTS: 1 DIF: Cognitive Level: Comprehension REF: 464

OBJ: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

26. The exact cause of preterm labor is unknown and believed to be multifactorial. Infection is thought to be a major factor in many preterm labors. Select the type of infection that has not been linked to preterm births.

a. Viral
b. Periodontal
c. Cervical
d. Urinary tract

ANS: A

The infections that increase the risk of preterm labor and birth are all bacterial. They include cervical, urinary tract, periodontal, and other bacterial infections. Therefore, it is important for the client to participate in early, continual, and comprehensive prenatal care. Evidence has shown a link between periodontal infections and preterm labor. Researchers recommend regular dental care before and during pregnancy, oral assessment as a routine part of prenatal care, and scrupulous oral hygiene to prevent infection. Cervical infections of a bacterial nature have been linked to preterm labor and birth. The presence of urinary tract infections increases the risk of preterm labor and birth.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 443

OBJ: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

27. Which patient status is an acceptable indication for serial oxytocin induction of labor?

a. Past 42 weeks gestation
b. Multiple fetuses
c. Polyhydramnios
d. History of long labors

ANS: A

Continuing a pregnancy past the normal gestational period is likely to be detrimental to fetal health. Multiple fetuses overdistend the uterus and make induction of labor high risk. Polyhydramnios overdistends the uterus, again making induction of labor high risk.

History of rapid labors is a reason for induction of labor because of the possibility that the baby would otherwise be born in uncontrolled circumstances.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 453

OBJ: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

28. The standard of care for obstetrics dictates that an internal version may be used to manipulate the:

a. Fetus from a breech to a cephalic presentation before labor begins.
b. Fetus from a transverse lie to a longitudinal lie before cesarean birth.
c. Second twin from an oblique lie to a transverse lie before labor begins.

a. Frequent feedings during predictable growth spurts stimulate increased milk production.

b. The milk of preterm mothers is the same as the milk of mothers who gave birth at term.

c. The milk at the beginning of the feeding is the same as the milk at the end of the feeding.

d. Colostrum is an early, less concentrated, less rich version of mature milk.

ANS: A

These growth spurts (10 days, 3 weeks, 6 weeks, 3 months) usually last 24 to 48 hours, after which infants resume normal feeding. The milk of mothers of preterm infants is different from that of mothers of full-term infants to meet the needs of these newborns. Milk changes composition during feeding. The fat content of the milk increases as the infant feeds. Colostrum precedes mature milk and is more concentrated and richer in proteins and minerals (but not fat).

PTS: 1 DIF: Cognitive Level: Comprehension REF: 640

OBJ: Nursing Process: Planning MSC: Client Needs: Health Promotion and Maintenance

18. In assisting the breastfeeding mother position the baby, nurses should keep in mind that:

a. The cradle position usually is preferred by mothers who had a cesarean birth.

b. Women with perineal pain and swelling prefer the modified cradle position.

c. Whatever the position used, the infant is belly to belly with the mother.

d. While supporting the head, the mother should push gently on the occiput.

ANS: C

The infant inevitably faces the mother, belly to belly. The football position usually is preferred after cesarean birth. Women with perineal pain and swelling prefer the side-lying position because they can rest while breastfeeding. The mother should never push on the back of the head. It may cause the baby to bite, hyperextend the neck, or develop an aversion to being brought near the breast.

PTS: 1 DIF: Cognitive Level: Application REF: 641

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

19. Nurses should be able to teach breastfeeding mothers the signs that the infant has latched on correctly. Which statement indicates a poor latch?

a. She feels a firm tugging sensation on her nipples but not pinching or pain.

b. The baby sucks with cheeks rounded, not dimpled.

c. The babys jaw glides smoothly with sucking.

Chapter 27: Family, Social, Cultural, and Religious Influences on Child Health Promotion

MULTIPLE CHOICE

1. What type of family is one in which all members are related by blood?

a. Consanguineous
c. Family of origin
b. Affinal
d. Household

ANS: A

A consanguineous family is one of the most common types and consists of members who have a blood relationship. The affinal family is one made up of marital relationships. Although the parents are married, they may each bring children from a previous relationship. The family of origin is the family unit that a person is born into. Considerable controversy has been generated about the newer concepts of families (i.e., communal, single-parent or homosexual families). To accommodate these other varieties of family styles, the descriptive term *household* is frequently used.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 732

OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

2. The nurse is teaching a group of new parents about the experience of role transition. Which statement by a parent indicates a correct understanding of the teaching?

a. My marital relationship can have a positive or negative effect on the role transition.

b. If an infant has special care needs, the parents sense of confidence in their new role is strengthened.

c. Young parents can adjust to the new role more easily than older parents.

d. A parents previous experience with children makes the role transition more difficult.

ANS: A

If parents are supportive of each other, they can serve as positive influences on establishing satisfying parental roles. When marital tensions alter caregiving routines and interfere with the enjoyment of the infant, the marital relationship has a negative effect. Infants with special care needs can be a significant source of added stress. Older parents are usually more able to cope with the greater financial responsibilities, changes in sleeping habits, and reduced time for each other and other children. Parents who have previous experience with parenting appear more relaxed, have less conflict in disciplinary relationships, and are more aware of normal growth and development.

PTS: 1 DIF: Cognitive Level: Application REF: 732

OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

3. A 3-year-old girl was adopted immediately after birth. The parents have just asked the nurse how they should tell the child that she is adopted. Which guideline concerning adoption should the nurse use in planning her response?

ANS:

30

The childs weight is divided by 2.2 to obtain the weight in kilograms.

Kilograms in weight are then multiplied by the prescribed 2 mg.

33 lb/2.2 = 15 kg.

15 kg 2 mg = 30 mg.

PTS: 1 DIF: Cognitive Level: Application REF: 845

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

21. The nurse is using the FLACC scale to evaluate pain in a preverbal child. The nurse makes the following assessment: Face: occasional grimace; Leg: relaxed; Activity: squirming, tense; Cry: no cry; Consolability: content, relaxed. The nurse records the FLACC assessment as _____. (Record your answer as a whole number.)

ANS:

2

The FLACC scale is recorded per the following table:

	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints

e. Tell exaggerated stories.

ANS: B, E

Children ages 3 to 4 years can give and follow simple commands and tell exaggerated stories. Children cannot think abstractly at age 4 years. Conservation of matter is a developmental task of the school-age child. Five-year-old children use sentences with eight words with all parts of speech.

PTS: 1 DIF: Cognitive Level: Application REF: 955

OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

35. Which toys should a nurse provide to promote imaginative play for a 3-year-old hospitalized child *(select all that apply)?*

a. Plastic telephone

b. Hand puppets

c. Jigsaw puzzle (100 pieces)

d. Farm animals and equipment

e. Jump rope

ANS: A, B, D

To promote imaginative play for a 3-year-old child, the nurse should provide: dress-up clothes, dolls and dollhouses, housekeeping toys, play-store toys, telephones, farm animals and equipment, village sets, trains, trucks, cars, planes, hand puppets, and medical kits. A 100-piece jigsaw puzzle and a jump rope would be appropriate for a young, school-age child but not a 3-year-old child.

PTS: 1 DIF: Cognitive Level: Application REF: 956

OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

38. Which are appropriate statements the nurse should make to parents after the death of their child *(select all that apply)?*

a. We feel so sorry that we couldnt save your child.

b. Your child isnt suffering anymore.

c. I know how you feel.

d. Youre feeling all the pain of losing a child.

e. You are still young enough to have another baby.

ANS: A, D

By saying, We feel so sorry that we couldnt save your child, the nurse is expressing personal feeling of loss or frustration, which is therapeutic. Stating, Youre feeling all the pain of losing a child, focuses on a feeling, which is therapeutic. The statement, Your child isnt suffering anymore, is a judgmental statement, which is nontherapeutic. I know how you feel and Youre still young enough to have another baby are statements that give artificial consolation and are nontherapeutic.

PTS: 1 DIF: Cognitive Level: Application REF: 1081

OBJ: Nursing Process: Communication, Documentation

MSC: Client Needs: Psychosocial Integrity

39. A nurse is caring for a child who is near death. Which physical signs indicate the child is approaching death *(select all that apply)?*

a. Body feels warm

b. Tactile sensation decreasing

c. Speech becomes rapid

d. Change in respiratory pattern

e. Difficulty swallowing

ANS: B, D, E

Physical signs of approaching death include tactile sensation beginning to decrease, a change in respiratory pattern, and difficulty swallowing. Even though there is a sensation of heat, the body feels cool, not warm, and speech becomes slurred, not rapid.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 1077

OBJ: Nursing Process: Assessment

MSC: Client Needs: Physiologic Integrity: Basic Care and Comfort

PTS: 1 DIF: Cognitive Level: Comprehension REF: 1211

OBJ: Nursing Process: Diagnosis MSC: Client Needs: Physiologic Integrity

14. Skin testing for tuberculosis (the Mantoux test) is recommended:

a. Every year for all children older than 2 years.

b. Every year for all children older than 10 years.

c. Every 2 years for all children starting at age 1 year.

d. Periodically for children who reside in high-prevalence regions.

ANS: D

Children who reside in high prevalence regions for tuberculosis should be tested every 2 to 3 years. Annual testing is not necessary. Testing is not necessary unless exposure is likely or an underlying medical risk factor is present.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 1216

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

15. The mother of a toddler yells to the nurse, Help! He is choking to death on his food. The nurse determines that lifesaving measures are necessary based on:

a. Gagging.

b. Coughing.

c. Pulse over 100 beats/min.

d. Inability to speak.

ANS: D

The inability to speak indicates a foreign-body airway obstruction of the larynx. Abdominal thrusts are needed for treatment of the choking child. Gagging indicates irritation at the back of the throat, not obstruction. Coughing does not indicate a complete airway obstruction. Tachycardia may be present for many reasons.

PTS: 1 DIF: Cognitive Level: Application REF: 1219

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

16. The nurse is caring for a child with acute respiratory distress syndrome (ARDS) associated with sepsis. Nursing actions should include:

a. Force fluids.

b. Monitor pulse oximetry.

c. Institute seizure precautions.

d. Encourage a high-protein diet.

ANS: B

Monitoring cardiopulmonary status is an important evaluation tool in the care of the child with ARDS. Maintenance of vascular volume and hydration is important and should be done parenterally. Seizures are not a

teaching home care, the nurse encourages the family to give the child foods such as bananas, oranges, and leafy vegetables. These foods are recommended because they are high in:

a. Chlorides.
c. Sodium.
b. Potassium.
d. Vitamins.

ANS: B

Diuretics that work on the proximal and distal renal tubules contribute to increased losses of potassium. The childs diet should be supplemented with potassium.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 1333

OBJ: Nursing Process: Planning MSC: Client Needs: Physiologic Integrity

13. An 8-month-old infant has a hypercyanotic spell while blood is being drawn. The nurses *first* action should be to:

a. Assess for neurologic defects.
b. Place the child in the knee-chest position.
c. Begin cardiopulmonary resuscitation.
d. Prepare the family for imminent death.

ANS: B

The first action is to place the infant in the knee-chest position. Blow-by oxygen may be indicated. Neurologic defects are unlikely. The child should be assessed for airway, breathing, and circulation. Often calming the child and administering oxygen and morphine can alleviate the hypercyanotic spell; cardiopulmonary resuscitation is not necessary, and death is unlikely.

PTS: 1 DIF: Cognitive Level: Application REF: 1337

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

14. The nurse is caring for a child with persistent hypoxia secondary to a cardiac defect. The nurse recognizes that a risk of cerebrovascular accidents (strokes) exists. An important objective to decrease this risk is to:

a. Minimize seizures.
c. Promote cardiac output.
b. Prevent dehydration.
d. Reduce energy expenditure.

ANS: B

In children with persistent hypoxia, polycythemia develops. Dehydration must be prevented in hypoxemic children because it potentiates the risk of strokes. Minimizing seizures, promoting cardiac output, and reducing energy expenditure will not reduce the risk of cerebrovascular accidents.

Chapter 44: Cancer

MULTIPLE CHOICE

1. A nursing faculty member explains to the class that which item is the most important for tumor cell growth?

a. Age of transforming cells
b. Programmed cell death
c. Proximity to a capillary
d. Rapidity of cell growth

ANS: C
All cells, including tumor cells, need a consistent supply of oxygen and nutrients, delivered via the capillaries. Neoplastic cells must be in close enough proximity to a capillary to provide these required elements. The other factors do not have such an important role, if any, in neoplastic growth.

Cognitive Level: Knowledge/Remembering
Content Area: Pediatrics/Maternity
MSC: Client Needs: Physiological Integrity: Physiological Adaptation
OBJ: Nursing Process: Teaching/Learning
DIF: Easy

PTS: 1

2. A nursing student asks the faculty member to explain an oncogene. Which response by the faculty member is the most appropriate?

a. A cell that changes into a malignancy after environmental stress
b. Any gene found inside a solid tumor that can be removed for biopsy
c. A gene in a virus that encourages malignant transformation in cells
d. An inherited gene that is programmed to become a malignant cell

ANS: C
An oncogene is a gene found inside a virus that has the ability to encourage a normal cell to become malignant.

Cognitive Level: Knowledge/Remembering
Content Area: Pediatrics/Maternity
MSC: Client Needs: Physiological Integrity: Physiological Adaptation
OBJ: Nursing Process: Teaching/Learning
DIF: Easy

PTS: 1

3. A nurse is reviewing a patients chart and notes that the patient has a cancerous tumor that has invaded other organs. Based on this information, at which stage is this patients cancer classified?

a. Stage O
b. Stage I
c. Stage III
d. Stage IV

ANS: D
A stage IV cancer is one that has invaded other organs. Stage 0 is early cancer, present only in the cells in which it began. Stages I-III are more extensive, with larger tumors and spread to nearby lymph nodes or adjacent organs.

Cognitive Level: Knowledge/Remembering
Content Area: Pediatrics/Maternity
MSC: Client Needs: Physiological Integrity: Physiological Adaptation
OBJ: Nursing Process: Nursing Process: Assessment

after airway, breathing, and circulation are maintained.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 1469

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

9. Which drug would be used to treat a child who has increased intracranial pressure (ICP) resulting from cerebral edema?

a. Mannitol
c. Atropine sulfate
b. Epinephrine hydrochloride
d. Sodium bicarbonate

ANS: A

For increased ICP, mannitol, an osmotic diuretic, administered intravenously, is the drug used most frequently for rapid reduction. Epinephrine, atropine sulfate, and sodium bicarbonate are not used to decrease ICP.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 1470

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

10. Which statement is most descriptive of a concussion?

a. Petechial hemorrhages cause amnesia.
b. Visible bruising and tearing of cerebral tissue occur.
c. It is a transient, reversible neuronal dysfunction.
d. A slight lesion develops remote from the site of trauma.

ANS: C

A concussion is a transient, reversible neuronal dysfunction with instantaneous loss of awareness and responsiveness resulting from trauma to the head. Petechial hemorrhages along the superficial aspects of the brain along the point of impact are a type of contusion but are not necessarily associated with amnesia. A contusion is visible bruising and tearing of cerebral tissue. Contrecoup is a lesion that develops remote from the site of trauma as a result of an acceleration/deceleration injury.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 1473

OBJ: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

11. Which type of fracture describes traumatic separation of cranial sutures?

a. Basilar
c. Diastatic
b. Compound
d. Depressed

ANS: C

ANS: C

Werdnig-Hoffmann disease (spinal muscular atrophy type 1) is the most common paralytic form of floppy infant syndrome (congenital hypotonia). It is characterized by progressive weakness and wasting of skeletal muscle caused by degeneration of anterior horn cells. Kugelberg-Welander syndrome is a juvenile spinal muscular atrophy with a later onset. Charcot-Marie-Tooth disease is a form of progressive neural atrophy of muscles supplied by the peroneal nerves. Progressive weakness of the distal muscles of the arms and feet is found. Duchennes muscular dystrophy is characterized by muscles, especially in the calves, thighs, and upper arms, that become enlarged from fatty infiltration and feel unusually firm or woody on palpation. The term *pseudohypertrophy* is derived from this muscular enlargement.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 1585

OBJ: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

16. The nurse is caring for an infant with myelomeningocele scheduled for surgical closure in the morning. Which interventions should the nurse plan for the care of the myelomeningocele sac?

a. Open to air

b. Covered with a sterile, moist, nonadherent dressing

c. Reinforcement of the original dressing if drainage noted

d. A diaper secured over the dressing

ANS: B

Before surgical closure, the myelomeningocele is prevented from drying by the application of a sterile, moist, nonadherent dressing over the defect. The moistening solution is usually sterile normal saline. Dressings are changed frequently (every 2 to 4 hours), and the sac is closely inspected for leaks, abrasions, irritation, and any signs of infection. The sac must be carefully cleansed if it becomes soiled or contaminated. The original dressing would not be reinforced but changed as needed. A diaper is not placed over the dressing because stool contamination can occur.

PTS: 1 DIF: Cognitive Level: Application REF: 1583

OBJ: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

17. The nurse is admitting a school-age child with suspected Guillain-Barr syndrome (GBS). Which nursing intervention is a priority in the care for this child?

a. Monitoring intake and output

b. Assessing respiratory efforts

c. Placing on a telemetry monitor

d. Obtaining laboratory studies

ANS: B

Treatment of GBS is primarily supportive. In the acute phase, patients are hospitalized because respiratory and pharyngeal involvement may require assisted ventilation, sometimes with a temporary tracheotomy. Treatment modalities include aggressive ventilatory support in the event of respiratory compromise, administration of intravenous immunoglobulin (IVIG), and sometimes steroids; plasmapheresis and immunosuppressive drugs