Chapter 01: Honoring Your Past, Planning Your Future

Claywell: LPN to RN Transitions, 5th Edition

MULTIPLE CHOICE

- 1. A nursing advisor is meeting with a student who is interested in earning her RN degree. She knows that licensed practical nurse/license vocational nurse (LPN/LVNs) who enter nursing school to become RNs come into the learning environment with prior knowledge and understanding. Which statement by the nursing advisor best describes her understanding of the effect experience may have on learning?
 - a. "Experience may be a source of insight and motivation, or a barrier."
 - b. "Experience is usually a stumbling block for LPN/LVNs."
 - c. "Experience never makes learning more difficult."
 - d. "Once something is learned, it can never be truly modified."

ANS: A

Experience accentuates differences among learners and serves as a source of insight and motivation, but it can also be a barrier. Experience can serve as a foundation for defining the self.

DIF: Cognitive Level: Application

OBJ: Identify how experiences influence learning in adults. TOP: Adult Learning

2. There is a test on the cardiovascular system on Friday morning, and it is now Wednesday night. The student has already taken a vacation day from work Thursday night so that she can stay home and study. She is considering skipping her exercise class on Thursday morning to

N go to the library to prepare for the test. Which response best identifies the

student's outcome priority?

- a. Exercise class
- b. Going to the library
- c. Avoiding work by taking a vacation
- d. Doing well on the test on Friday

ANS: D

The outcome priority is the essential issue or need to be addressed at any given time within a

set of conditions or circumstances.

DIF: Cognitive Level: Application

OBJ: Identify motivations and personal outcome priorities for returning to school. TOP:

Motivation to Learn

- 3. A nurse who has been an LPN/LVN for 10 years is meeting with an advisor to discuss the possibility of taking classes to become an RN. The advisor interprets which statement by the nurse as the driving force for returning to school? a. "I'll need to schedule time to attend classes."
 - b. "I'll have to budget for paying tuition."
 - c. "I'll have to rearranging my schedule."
 - d. "There is a possibility of advancement into administration."

ANS: D

d. "The appropriate way to use the method is to survey, question, read, review, reread".

ANS: C

SQRRR is a tried and true method: survey, question, read, recite, and review.

DIF: Cognitive Level: Evaluation

OBJ: Prepare to study effectively using the SQRRR method.

TOP: Improving Your Study Skills

- 5. A nursing student is preparing for her first day of lecture. She knows that in order to succeed, she should
 - a. skip the first day of class and read the material at home.
 - b. sit in the front of the room, away from distractions.
 - c. take notes from the book during lecture time.
 - d. sit in the back of the class, next to her best friend.

ANS: B

Students should sit in the front of the classroom for optimal learning, away from distractions.

N

DIF: Cognitive Level: Application

OBJ: Describe positive face-to-face and online class strategies.

TOP: General Face-to-Face Classroom Behaviors

- 6. A patient comes to the emergency department with complaints of crushing chest pain that radiates down his left arm. While reviewing his health history with the RN, the patient states that he has been getting over a cold. He also has seasonal allergies and is allergic to peanuts. The nurse interprets the major detail for the patient's ER visit as the patient a. has a peanut allergy.
 - b. is experiencing crushing chest pain.
 - c. is getting over a cold.
 - d. has seasonal allergies.

ANS: B

The major detail in this scenario is the patient's crushing chest pain, which brought him into the ER. All other are minor details.

DIF: Cognitive Level: Analysis OBJ: Distinguish between major and minor details. TOP: Major/Minor Details

- 7. The RN is performing an assessment on a patient being admitted for back pain. The nurse interprets which of the patient's statements as a minor detail? a. The patient has not been able to void in 12 hours.
 - b. The patient ate 90% of his meal.
 - c. The patient reports being unable to walk.
 - d. The patient was involved in a car accident 2 days ago.

ANS: B

Minor details support the major details and peripherally support the main idea. In this scenario, the patient eating 90% of his meal is a minor detail. The other choices are major details.

DIF: Cognitive Level: Analysis OBJ: Describe how to improve reading skills. TOP: Relating Details to a Main Idea

- 8. A student has been out of school for a number of years. She is concerned that she may not be able to study effectively. What action can the student take that will increase her ability to focus on her studies?
 - a. Study for 1 hour a night.
 - b. Study in a loud coffee shop.
 - c. Stay up all night before tests to make sure she is proficient.

- 7. An RN team leader has one LPN and one medical assistant assigned to the unit. Which patient would be most appropriate to assign to the LPN?
 - a. Right lower lobectomy, 1 day postoperatively, whose temperature went from 37.1°C to 38.3°C during the last shift.
 - b. 72-year-old right hip replacement, 2 days postoperatively, complaining of leg and chest pain.
 - c. 48-year-old female patient who had a laparoscopic appendectomy 8 hours ago: urine output 165 mL, Hgb 7 g/dL, and Hct 21%.
 - d. Post cerebral vascular accident 1 week ago who had a Dobhoff feeding tube inserted and is now on continuous feedings at 45 mL/hour.

ANS: D

Licensed practical nurses can implement actions specific to the patient care needs. Monitoring the stroke patient and maintaining the continuous feeding is an appropriate delegation. LPNs can also collect data, perform basic teaching, record data as well as interventions, and report N to the RNs the progress the patient is making. The patient one-day post-op from the right lower lobectomy, the patient with the hip replacement, and the patient with the appendectomy are inappropriate to delegate to a LPN because each requires a focused assessment, advanced interventions, evaluation, and updating of the patients' plans of care and outcome priorities.

DIF: Cognitive Level: Application OBJ: Explain the steps of the nursing process.

TOP: Nursing Process MSC: NCLEX: Safe and Effective Care Environment:

Management of Care

- 8. Which of these strategies should be a priority when the nurse is planning care for a patient with hypertension?
 - a. Obtain less expensive antihypertensive medications.
 - b. Assist with dietary changes as the first action.
 - c. Follow evidence-based guidelines for appropriate interventions.
 - d. Teach about the impact of exercise on hypertension.

ANS: C

Planning goals and desired outcomes occurs in the planning phase. The plan of care includes the process of identifying the interventions needed for the patient to regain a level of independence at or higher than the patient had before admission into the hospital.

DIF: Cognitive Level: Application

OBJ: Formulate and apply reasonable and measurable outcomes to patient care in the practice setting.

TOP: Nursing Process

MSC: NCLEX: Safe and Effective Care Environment: Management of Care

- 9. The nurse reviews assessment findings for assigned patients. Based on this information, which patient demands the nurse's immediate attention? The patient with a renal failure on dialysis whose WBC is 10,000 mm³ (normal).
 - b. abdominal aneurysm whose blood pressure is 170/90.
 - c. atrial fibrillation whose lab results show and INR of 2.5 (normal).
 - d. endocarditis who has a loud heart murmur.

ANS: B

Assessment contains both objective and subjective data. Among other things, the nurse interprets laboratory data to determine whom to see first. The hypertensive patient with an abdominal aneurysm presents the greatest emergency. The patient on dialysis, the patient with A-Fib, and the patient with endocarditis all have normal lab values and clinical findings and present no urgent need for attention.

DIF: Cognitive Level: Application OBJ: Explain the steps of the nursing process.

TOP: Nursing Process

MSC: NCLEX: Safe and Effective Care Environment: Management of Care

- d. Evidence-based practice is designed to create a generic plan of patient care in clinical settings.
- e. Evidence-based practice allows the nurse autonomy in patient care because research proves success.

ANS: A, B, C

EBP is problem-solving in its approach, which takes into account the clinical experience of the nurse. Clinical experience refers to the nurse's ability to use clinical skills and past experience to identify the patient's health state, diagnosis, and the risks and benefits of the prospective interventions. EBP combines researched evidence with knowledge and theory. The use of patient-centered researched evidence allows for accuracy and precision of diagnostic tests and prognosis markers, in addition to the effectiveness and safety of therapeutic treatment. EBP allows for patients' values to be expressed and incorporated into treatment regimens. Patients bring their individual preferences, concerns, and expectations to the clinical setting. The statement that EBP is designed to create a generic plan of patient care in clinical settings is incorrect because a patient's plan of care should always be individualized and never generic. EBP does not authorize autonomy for any nursing professional.

DIF: Cognitive Level: Analysis OBJ: Define evidence-based practice. TOP: Evidence-Based Practice MSC: NCLEX: Safe and Effective Care Environment: Management of Care

- 3. Research studies must be scrutinized to be deemed credible and trustworthy. Choose all the strategies that may be used to critically appraise a research study. (*Select all that apply.*) a. Examine the validity of the research.
 - b. Look at the reference list of the study.
 - c. Look for criteria of inclusion.
 - d. Look for use of PICO format.
 - e. Examine the credentials of the authors.
 - f. Look for a proper sample size.N

ANS: A, B, C

Examining the validity of the research, looking at the reference list of the study, and looking for criteria on inclusion are all strategies that can be used to appraise research studies critically. PICO is an acronym used to describe one format that includes four elements needed to construct a good clinical question. Looking for the PICO format and looking for a proper sample size are not strategies for critically appraising research studies.

DIF: Cognitive Level: Analysis

OBJ: Discuss the hierarchy (levels) of evidence.

TOP: Hierarchy of Evidence

MSC: NCLEX: Safe and Effective Care Environment

- 4. Which goals best justify the need for evidence-based practice (EBP) in nursing? (Select all that apply.)
 - a. Redesign the health care system and recruit more nurses.
 - b. Improve patient outcomes with evaluations that track outcomes.
 - c. Introduce national health care guidelines and standards.
 - d. Restructure health care delivery and improve quality of health care.
 - e. Apply clinical experience to improve patient care.

ANS: B, D

The initial intent of EBP was to improve patient outcomes by evaluating and tracking outcomes, including qualitative reports by patients, and to redesign health care delivery and improve the quality of health care. EBP has nothing to do with nurse recruitment or national health care guidelines and standards. Applying clinical experience to patient care is not a goal of EPB. Clinical expertise is a factor used in research.

DIF: Cognitive Level: Analysis OBJ: Define evidence-based practice.

TOP: Evidence-Based Practice MSC: NCLEX: Safe and Effective Care Environment

5. What are the problems with variables? (Select all that apply.)

Chapter 12: Upholding Legal and Ethical Principles

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MULTIPLE CHOICE

- 1. The nurse who fails to remove a patient from an unsafe situation has violated which bioethical principle?
 - a. Justice
 - b. Fidelity
 - c. Veracity
 - d. Beneficence

ANS: D

The nurse who fails to remove a patient from an unsafe situation violates the bioethical principle of beneficence, which means to prevent harm, or promote good. Justice refers to fairness, and fidelity is the principle of faithfulness. Veracity refers to truth-telling.

DIF: Cognitive Level: Application

OBJ: Apply the seven universal biomedical ethical principles discussed in this chapter to the clinical

setting. TOP: Nursing Ethics

MSC: NCLEX: Safe and Effective Care Environment: Management of Care

- 2. The nurse who respects the patient's right to refuse treatment is following which bioethical principle?
 - a. Justice
 - b. Beneficence
 - c. Autonomy
 - d. Fidelity

ANS: C Autonomy refers to the patient's right to refuse treatment and to make one's own decisions regarding health care. Justice, beneficence, and fidelity refer to fairness, doing no harm, and truth-telling.

DIF: Cognitive Level: Application

OBJ: Apply the seven universal biomedical ethical principles discussed in this chapter to the clinical

setting. TOP: Nursing Ethics

MSC: NCLEX: Psychosocial Integrity

- 3. The student understands the bioethical decision-making theory of utilitarianism when she makes which statement?
 - a. "Utilitarianism is concerned only with duty."
 - b. "Utilitarianism is also called Kantian ethics."
 - c. "Utilitarianism judges actions based on possible consequences."
 - d. "Utilitarianism judges actions based on intent."

ANS: C

Utilitarianism uses potential consequences to judge whether actions produce the greatest good. Kantian ethics judge actions based on intent and possible consequences. Deontology is a duty-oriented theory.

DIF: Cognitive Level: Application

OBJ: Apply an ethical framework or model for ethical decision-making.

TOP: Nursing Ethics MSC: NCLEX: Safe and Effective Care Environment:

Management of Care

4. Which statement made by the nursing student indicates an accurate understanding of culturally competent care?

The best action the nurse can take is to involve management so that she can focus on patient care. Continuing to struggle takes away from the care she is able to provide and could be detrimental to her patients. Halting the transfer could possibly be detrimental to the patient in need of the medical transfer. Asking her co-workers to absorb her assignment could reduce the quality of care that they are able to provide as well.

DIF: Cognitive Level: Application

OBJ: Identify the RN's role in managing care aberrances. TOP: Involving

Management in Decision-Making

MSC: NCLEX: Safe and Effective Care Environment: Management of Care

- 16. A patient on a medical-surgical floor is unhappy with the care he is receiving from his physician and wants to speak to someone about it. Which action should the nurse take? a. Contact the director of medical-surgical nursing.
 - b. Leave an urgent message for the patient's physician.
 - c. Notify the nurse's immediate supervisor.
 - d. Ask another nurse on the floor to talk with the patient.

ANS: C

The nurse should consult the first person in the chain of command, her immediate supervisor. If the immediate supervisor is unable to assist, the next person in line should be consulted, and so on.

DIF: Cognitive Level: Application

OBJ: Describe how using the chain of command to resolve issues supports accountability.

TOP: Chain of Command MSC: NCLEX: Safe and Effective Care

Environment: Management of Care

- 17. A nurse manager wants to assess quality of care over the last 6 months for her unit. How could the nurse manager best accomplish this?
 - a. Interview each nurse about the patients on the unit for the last 6 months.
 - b. Review the results of patient satisfaction surveys.
 - c. Obtain charts from medical records for all of the patients.
 - d. Ask the nurses to perform discharge phone calls on previous patients.

ANS: B

The nurse manager could best accomplish her goal by reviewing the result of patient satisfaction scores. It is not realistic for her to interview each nurse, obtain the charts for every patient over the course of 6 months, or ask the nurses to perform discharge phone calls on \mathbb{N} previous patients.

DIF: Cognitive Level: Application

OBJ: Describe how using the chain of command to resolve issues supports accountability.

TOP: Quality of Care Measurement

MSC: NCLEX: Safe and Effective Care Environment: Management of Care

A nurse practitioner is more likely to treat the patient from a holistic perspective and provide teaching to prevent illness or promote wellness. Although health promotion is a portion of the nurse's role, many other organizations and individuals provide primary health care. The FNP is a primary health care provider. Patients seek out FNPs and trust that their counsel will help keep them well. Writing prescriptions and scheduling stress tests are functions of an FNP and are also good health promoting activities but are not the best in terms of motivating lifestyle changes.

DIF: Cognitive Level: Application

OBJ: Analyze the RN's role in health promotion.

TOP: Primary Health Care Systems

MSC: NCLEX: Health Promotion and Maintenance

- 17. A program designed to increase exercise, reduce fat in a diet, and teach low-fat cooking methods to improve the health of a large population could be best described as a supportive care.
 - b. rehabilitation.
 - c. diagnosis and treatment.
 - d. health promotion and health protective.

ANS: I

Exercise and a low-fat diet promote health and prevent illness. The nurse should engage in health protective behaviors as well as health promotion behaviors. Health protective behaviors take a person away from a dangerous situation or from a dangerous habit. Health promotion behaviors move an individual to a higher level of health, greater vigor, or energy to do more than he or she is currently capable of doing.

DIF: Cognitive Level: Application OBJ: Describe the theoretical basis of self-care.

TOP: Self-Care MSC: NCLEX: Health Promotion and Maintenance

- 18. Healthy People 2020 is a
 - a. new global action plan to prevent and treat disease.
 - b. prevention agenda for the nation.
 - c. national effort to improve lives of US citizens.
 - d. set of national health mandates.

ANS: C

Healthy People 2020 is an example of a national effort to improve the lives and health of all N Americans. For 30 years, the government has encouraged informed decisions about healthful living through collaboration across all communities of interest. Topical objectives can be found at www.healthypeople.gov. It is expected that through the help of governmental partners and their resources, states, cities, communities, and individual people will be able to achieve the objectives in each of the topic categories by 2020. The other answer choices are incorrect.

DIF: Cognitive Level: Application OBJ: Describe the theoretical basis of self-care.

TOP: Self-Care MSC: NCLEX: Health Promotion and Maintenance

- 19. To help prevent drug-drug interactions in an older adult patient taking many medications, the most appropriate instruction by the nurse is
 - a. "Do not take any over-the-counter (OTC) drugs with your prescription drugs."
 - b. "Bring a list or all of your medications, supplements, and herbs that you use to every health care appointment and/or the hospital."
 - c. "Be sure to have all your prescriptions filled at the same pharmacy."
 - d. "Use a medication reminder system so that you won't forget to take your medications as scheduled."

ANS: E

The information about drug use and possible interactions is obtained when the patient brings all prescribed medications, OTC medications, and supplements to every health care appointment. The patient should discuss the use of any OTC medications with the health care provider and obtain all prescribed medications from the same pharmacy, but these interventions alone will not prevent drug—drug interactions among prescribed drugs, OTC drugs, and any

Students should complete upward of 2500 NCLEX-RN-style questions to prepare adequately for the exam. Although reviewing the medical surgical book, making flash cards, and outlining chapters for exams with a score of less than 80% are also helpful, completing NCLEX-type questions is the best preparation process.

DIF: Cognitive Level: Application

OBJ: Apply evidence-based strategies to achieve NCLEX-RN success.

TOP: Evidence-Based Strategies for Testing Success

- 15. Studies have found that students tend to answer questions at a slower pace as they proceed through exams. With this in mind, students should be aware of during school exams as practice for the NCLEX-RN. N
 - a. what their classmates are doing
 - b. the amount of time they are spending on each question
 - c. the wording of each question
 - d. which questions they answer first

ANS: B

Students should be aware of time as they take exams in school so that they can practice pacing themselves before taking the NCLEX-RN.

DIF: Cognitive Level: Application

OBJ: Apply evidence-based strategies to achieve NCLEX-RN success.

TOP: Evidence-Based Strategies for Testing Success

MULTIPLE RESPONSE

- 1. The use of CAT has drastically changed the process of licensure testing. The graduate nurse understands this process when she makes which statements? (*Select all that apply*.) a. "The implementation of CAT allows me to choose what study material to use when testing."
 - b. "CAT allows me to choose a testing center that is close to my home."
 - c. "CAT gives me the flexibility to select a testing time and date that fits into my work schedule."
 - d. "CAT implementation allows me to schedule multiple testing dates, in case I cannot make one."
 - e. "CAT ensures easier questions than the older written tests."

ANS: B, C

With the implementation of CAT, students are able to make testing plans that accommodate their lifestyles. These choices include choosing a date/time to test, as well as a center that is most convenient for them. Students are not allowed to bring study material to use on the test or schedule multiple testing dates. CAT implementation does not ensure easier questions.

DIF: Cognitive Level: Application OBJ: Understand the evolution of the NCLEX-RN®. TOP: Computer Adaptive Technology

- 2. A student is preparing to begin her final semester of nursing school. She is aware that academic and nonacademic factors can affect her ability to pass the NCLEX-RN. Which statements indicate an understanding of the nonacademic factors? (*Select all that apply.*) a. "My self-esteem can impact my performance on the exam."
 - b. "Having test anxiety can prevent me from testing well."
 - c. "My ability to focus on studying can lead to a pass or fail."
 - d. "Role strain is a factor in testing success."
 - e. "Being good at testing would certainly help me pass."

ANS: A, B, D