PRACTICE QUESTIONS ANSWERS AND RATIONALES

1. 1. The nurse should ask specifically about herbs because many clients do not consider them drugs and will not volunteer the information.
2. The nurse should ask about the use of over-the-counter medications because many clients believe health-care providers are only concerned about prescribed medications.
3. The nurse should assess the client for any previous reaction to medications.
4. The nurse should be aware of when the last medication was taken to determine the effectiveness of the medication and to ensure any further medication will not have an untoward effect.
5. The health-care team must be aware of all prescriptions so the medications may be continued during hospitalization or discontinued if necessary.

TEST-TAKING HINT: This is an example of an alternative-type question. There could be more than one (1) correct answer. The test taker should key into the descriptive words, such as "specifically," in the stem of the question.

***Content** – Medical: **Category of Health Alteration** – Patient Advocacy: **Integrated Nursing Process** – Assessment: **Client Needs** – Safe Effective Care Environment, Management of Care: **Cognitive Level** – Analysis.*

2. 1. All medications have side effects, even the drugs which are available over the counter.
2. Medicated nasal sprays, such as Afrin nasal spray, cause the arterioles to constrict, resulting in increased congestion after several days' use.
3. Medicated nasal sprays, as well as oral decongestants, have adverse effects.
4. Alternating several nasal sprays will not prevent the client from developing a tolerance to the sprays.

TEST-TAKING HINT: If the test taker has no idea of the correct answer, option "2" has the word "congestion" in the answer and the word "congestion" is in the stem of the question. This would be an appropriate option to select as the correct answer.

***Content** – Medical: **Category of Health Alteration** – Drug Administration: **Integrated Nursing Process** – Planning: **Client Needs** – Physiological Integrity, Pharmacological and Parenteral Therapies: **Cognitive Level** – Synthesis.*

3. 1. A vaginal examination would be performed after the pregnancy test result was obtained.
2. The first intervention is to determine if the client is pregnant.
3. Baseline vital signs would be needed if the client were pregnant.
4. The first intervention should be determining if the client is pregnant. The results of a pregnancy test will determine which interventions should be implemented next.

TEST-TAKING HINT: The test taker must key in on the word "first," which indicates all four (4) interventions are appropriate but only one (1) should be implemented first.

***Content** – Medical: **Category of Health Alteration** – Patient Advocacy: **Integrated Nursing Process** – Implementation: **Client Needs** – Safe Effective Care Environment, Management of Care: **Cognitive Level** – Application.*

4. 1. Echinacea combines with warfarin (Coumadin) to increase bleeding time. It does not, however, alter the INR.
2. Clients taking warfarin (Coumadin) should have their INR tested routinely.
3. Clients taking anticoagulants should use acetaminophen (Tylenol) for pain, rather than aspirin or NSAIDs because these can cause bleeding.
4. Prepared foods can interact with medications and medical treatments, but not many foods cause bleeding and bruising.

TEST-TAKING HINT: Herbs often interfere with over-the-counter medications and prescription medications. Therefore, option "1" would be an appropriate choice for the correct answer if the test taker had no idea of the correct answer to this question.

***Content** – Medical: **Category of Health Alteration** – Drug Administration: **Integrated Nursing Process** – Evaluation: **Client Needs** – Physiological Integrity, Pharmacological and Parenteral Therapies: **Cognitive Level** – Synthesis.*

5. 1. People with German heritage tend to be social, but nothing in the stem indicates the client is overweight.
2. Unless contraindicated, a more realistic goal would be to restrict the number of alcoholic beverages to two (2) per day. Beer is a frequent beverage on many German tables.

3. All clients would benefit from a routine daily exercise program, which promotes health, especially for those with a sedentary lifestyle.

4. There is nothing in the stem indicating the client has a specific disease process which warrants restricting foods.

TEST-TAKING HINT: The adjective "sedentary" is the key to answering this question correctly. The test taker should not become distracted by excess verbiage in the stem. In option "2," the word "never" is an absolute term and makes this option incorrect.

Content *– Medical:* ***Category of Health Alteration*** *– Patient Advocacy:* ***Integrated Nursing Process*** *– Planning:* ***Client Needs*** *– Health Promotion and Maintenance:* ***Cognitive Level*** *– Synthesis.*

6. 1. The nurse should not ask the client "why"; the client has a right to her feelings.

2. An action should be implemented because the client is upset and the client's emotional state should be addressed.

3. There is no reason for the nurse to refer the client to a psychologist.

4. The UAP should be informed about "the evil eye" so the situation can be resolved. By the UAP complimenting the child, the grandmother might be afraid the child will become ill. The situation should be addressed, and the client may desire to perform a ritual to remove the "evil eye."

TEST-TAKING HINT: The term "elderly" should inform the test taker the question is age specific, and the word "Mexican" indicates the question is probably addressing a cultural issue. In answer options "1" and "2," there is no action addressing the client's emotional state.

Content *– Medical:* ***Category of Health Alteration*** *– Patient Advocacy:* ***Integrated Nursing Process*** *– Implementation:* ***Client Needs*** *– Psychosocial Integrity:* ***Cognitive Level*** *– Application.*

7. 1. The nurse should realize maintaining direct eye contact with some African American clients can be interpreted as aggressive behavior.

2. Loud expression of needs does not mean the client is angry.

3. The nurse should discuss the care with the client. Discussing her care with family members is a violation of HIPAA, and just because the client lives in their home, this does not mean they are the client's guardians.

4. The nurse should discuss the importance of the management of ideal body weight because the client is overweight and hypertensive.

TEST-TAKING HINT: The test taker must realize 102 kg is 224 pounds, which is overweight for a 5′4″ woman. The test taker should not automatically select option "2" because the word "loudly" is in both the stem and the answer option. Speaking loudly could indicate a hearing impairment or her normal speech.

Content *– Medical:* ***Category of Health Alteration*** *– Patient Advocacy:* ***Integrated Nursing Process*** *– Implementation:* ***Client Needs*** *– Psychosocial Integrity:* ***Cognitive Level*** *– Application.*

8. 1. Clients may use "yes" to answer questions to avoid conflict because of a desire to please the nurse.

2. The head is considered sacred and should not be touched. If it is medically necessary to touch the head, the nurse should ask permission.

3. The client may smile for various reasons. In the Vietnamese culture, expression of emotions is viewed as a sign of weakness, and a stoic smile may be used to disguise negative emotions. The nurse should not interpret a smile as understanding.

4. The nurse should talk to the eldest family member first. This is culturally acceptable behavior and will help establish a positive relationship with the client. However, addressing the conversation to the elder family member does not mean the nurse discusses the client's health without the client's permission.

TEST-TAKING HINT: The question is asking for an intervention which will help establish a rapport with the client, and cultural influences must be addressed, especially in the home. Option "1" is assuming the client has decreased cognitive ability, which is information not provided in the stem.

Content *– Medical:* ***Category of Health Alteration*** *– Patient Advocacy:* ***Integrated Nursing Process*** *– Implementation:* ***Client Needs*** *– Psychosocial Integrity:* ***Cognitive Level*** *– Analysis.*

9. 1. An advance directive would not be information which would help provide culturally sensitive nursing care.

2. Ayurveda is the traditional health care of India, and the nurse should determine if the client practices ayurveda or uses a faith healer (nattuvidhyar). Many clients self-medicate with medications brought from India.

3. An interpreter would not help the nurse provide culturally sensitive care but would help the nurse understand what the client is saying.
4. Allergies to medications and environmental elements are assessed in the initial interviews of all clients and would not reflect cultural aspects of care.

TEST-TAKING HINT: This question is requesting specific information about the culture of the Hindu heritage. Options "1" and "4" are information the nurse would require of any client and therefore could be eliminated because the stem is asking about culturally sensitive care.

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Assessment:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Analysis.*

10. 1. The nurse should not refer to the client's beliefs in a negative manner.
2. This statement is belittling to the client's beliefs and would interfere with the nurse–client relationship.
3. Good luck charms, such as amulets or medals, provide clients with emotional support. Folk remedies which are not harmful should be allowed while caring for the client.
4. Personal belongings are usually sent home to prevent the loss of the items, but this statement would be false because the client values the amulet.

TEST-TAKING HINT: A basic concept in nursing is the nurse should always try to support the client's cultural beliefs if they do not harm the client or interfere with the medical treatment.

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Implementation:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Application.*

11. 1. The nurse could request the family bring meals, but this is not the first intervention.
2. The nurse should notify the dietary department once it is determined why the client is not eating the meals provided.
3. Many local Jewish communities will provide kosher meals for clients in the hospital if the dietary department is unable to provide them, but this is not the first intervention.
4. The nurse should first assess and determine why the client is not eating. The not eating could be because of the illness, medication, or cultural beliefs.

TEST-TAKING HINT: Religious practices should be considered when clients are in the hospital. However, the nurse must first assess the situation to determine why the client is not eating. Remember, the first step of the nursing process is assessment.

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Implementation:* ***Client Needs*** – *Physiological Integrity, Basic Care and Comfort:* ***Cognitive Level*** – *Application.*

12. 1. Music therapy has been used in pain management and relaxation, but it is not used for weight loss.
2. Hypnotherapy, or self-hypnosis, has been used successfully in weight-loss programs.
3. There are several types of yoga exercises which increase relaxation and promote health, but they do not assist with weight loss.
4. The Alexander technique focuses on assisting clients become aware of movements and the relationship with health and performance, but it has not been used for weight loss.

TEST-TAKING HINT: The test taker should be familiar with current treatments. Current treatment options being advertised for weight loss are hypnosis and self-hypnosis.

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Implementation:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Application.*

13. 1. Selection of various therapies offers the client the ability to have some control over his or her care and may help maintain independence.
2. Clients can select treatments which are pleasurable in addition to being effective.
3. Many therapies decrease heart rate and blood pressure. Therefore, the nurse should be knowledgeable so referrals can be effective.

4. The nurse should explain the benefits of the therapy to the significant other to alleviate concerns, but this would not be considered when the nurse is planning the therapy.
5. **Many therapies require movement or a specific cognitive ability to perform. If the client cannot perform the therapy, the client can become frustrated.**

TEST-TAKING HINT: This is an example of an alternative-type question. The test taker may have to select more than one (1) correct answer.

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Planning:* ***Client Needs*** – *Safe Effective Care Environment, Basic Care and Comfort:* ***Cognitive Level*** – *Synthesis.*

14. 1. Meditation takes practice and the ability to focus. It is not the best way to help an elderly anxious client manage stress.
2. **Deep breathing begins to relax the muscles in the body, and this would be a method for an elderly client to learn and use to relax.**
3. Rolfing is a holistic method of structural integration. The client would not be able to perform this therapy independently because a therapist is needed to perform it.
4. Scented candles would be unsafe in a hospital setting. Aromatherapy using essential oils can be used, but the client is admitted for surgery and any scent postoperatively can initiate nausea.

TEST-TAKING HINT: The adjective "elderly" should cause the test taker to select the easiest and simplest way to help the client relax. The test taker must pay close attention to adjectives such as "elderly."

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Implementation:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Analysis.*

15. 1. **Therapeutic touch is used in the treatment of migraine headaches by some clients. The practitioner uses the hands to direct energy to correct imbalances which cause the migraine headache.**
2. Autogenic training is a method using mental relaxation to lead the body to healing. Because it may require several sessions by a certified trainer, the client would find it difficult to learn this technique from a book.
3. Massage is the manual manipulation of the client's tissue, which affects the entire body and produces generalized relaxation and a feeling of well-being, but the client cannot perform massage therapy on himself or herself.
4. Aromatherapy has been linked to the relief of the symptoms of migraine headaches by using certain essential oils such as rosemary, chamomile, and lavender.

TEST-TAKING HINT: The test taker should be aware the client will be unable to perform therapies on himself or herself. The test taker should be cautious when selecting an answer option which encourage the client to purchase a book explaining the therapy.

Content – *Medical:* ***Category of Health Alteration*** – *Pain:* ***Integrated Nursing Process*** – *Planning:* ***Client Needs*** – *Physiological Integrity, Physiological Adaptation:* ***Cognitive Level*** – *Synthesis.*

16. 1. The nurse should not ignore the client's feelings of sadness and loneliness by turning on the television.
2. **The client is in a rehabilitation setting, which often allows pet visits. Therefore, the nurse should investigate having the family bring the dog to the facility. This is being a client advocate.**
3. Pet therapy is being used to promote relaxation and a sense of well-being, but the client wants to see her own dog.
4. The nurse should never claim to have a complete understanding of the client's feelings. This would belittle the client's feelings.

TEST-TAKING HINT: The test taker must be aware of adjectives, and "rehabilitation" in the stem indicates the client is not in an acute care setting. Many rehabilitation units allow family pets to visit.

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Implementation:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Application.*

17. 1. The nurse should not administer medication so the client can visit with animals. The nurse cannot control all of the client's symptoms and this could present a danger to the client.
2. The nurse cannot realistically spend extra time visiting with the client when the nurse has many clients to care for and duties to complete.

3. Arranging for the volunteer to bring a radio for the client who is hearing impaired would not be helpful because it would need to be played loudly for the client to hear and would interfere with other clients and staff.
4. **For clients who have allergies to pet dander, the nurse can provide fish therapy. Studies indicate watching fish swim can decrease blood pressure and promote a calming effect.**

TEST-TAKING HINT: The descriptive terms should guide the test taker to the correct answer. The test taker should eliminate option "3" because of the words "hearing impaired" in the stem of the question.

Content *– Medical:* ***Category of Health Alteration*** *– Patient Advocacy:* ***Integrated Nursing Process*** *– Implementation:* ***Client Needs*** *– Psychosocial Integrity:* ***Cognitive Level*** *– Application.*

18. 1. **Dance movement therapy incorporates synchronized movement and creates an experience shared by all the participants which, in turn, contributes to the establishment of a bond between the participants. The sharing of emotions and experiences strengthens support-group relationships.**
2. Dance movements do not help increase the amount of synovial fluid in joints.
3. Dance movements don't help decrease pain; in fact, they may increase pain in some clients.
4. Endorphins are released by laughing, not dancing, and their release does not necessarily help with pain.

TEST-TAKING HINT: The test taker should apply knowledge of anatomy and physiology to help answer this question. Synovial fluid does not increase for any reason; therefore, option "2" should be eliminated as a correct answer. Inflamed joints respond to cold or heat; therefore, option "3" should be eliminated as a correct answer.

Content *– Medical:* ***Category of Health Alteration*** *– Patient Advocacy:* ***Integrated Nursing Process*** *– Planning:* ***Client Needs*** *– Psychosocial Integrity:* ***Cognitive Level*** *– Comprehension.*

19. 1. The nurse is responsible for ensuring the client receives quality care regardless of the client's history or the amount of care required.
2. The client should be encouraged to use alternative therapies for pain management to supplement medication, not replace medication.
3. **The nurse should assist the client's pain management by using complementary therapies as well as medication, but never in place of pain medication.**
4. A double dose of medication requires an HCP's order, and, if administered, careful monitoring is required.

TEST-TAKING HINT: The descriptive term "preoperative teaching" can assist the test taker in eliminating options. Option "1" is judgmental and should be eliminated. Options "2" and "3" are opposites. Most of the time one (1) of these options is correct.

Content *– Medical:* ***Category of Health Alteration*** *– Pain:* ***Integrated Nursing Process*** *– Diagnosis:* ***Client Needs*** *– Safe Effective Care Environment, Management of Care:* ***Cognitive Level*** *– Analysis.*

20. 1. **Studies show music can calm the anxious client when the music has a slow beat. Faster beats or irregular rhythms tend to irritate elderly clients.**
2. Taking deep breaths may help decrease anxiety. Rapid shallow breathing could cause the client to hyperventilate and lead to dizziness.
3. Talking makes some clients more anxious; a quiet environment would assist this client to relax.
4. The increased airflow could increase the risk for client infection and will not help the client's diaphoresis.

TEST-TAKING HINT: The test taker should have basic concepts in operating room nursing, and often music is played to help decrease the anxiety of the client as well as the staff. Music can have a calming effect on people.

Content *– Medical:* ***Category of Health Alteration*** *– Patient Advocacy:* ***Integrated Nursing Process*** *– Implementation:* ***Client Needs*** *– Psychosocial Integrity:* ***Cognitive Level*** *– Application.*

21. 1. This situation indicates the nurse should take some type of action. The client has an elevated heart rate and blood pressure.
2. **Baroque music has a slower pace, and studies have shown that client's bodies attempt to synchronize with the beat and rhythm of the sounds in the room. The client's elevated vital signs could be a result of the rock music in the room.**
3. Medications should be used if other methods are not effective.

4. Changing the client's position should be done routinely and may decrease discomfort, but it will not affect the client's pulse and blood pressure.

TEST-TAKING HINT: The test taker should recognize words in the questions can aid in the selection of the correct answer. The description of "rock" music in the stem of the question and answer option "2" to change the music should assist in selecting the correct answer.

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Implementation:* ***Client Needs*** – *Safe Effective Care Environment, Management of Care:* ***Cognitive Level*** – *Application.*

22. 1. The pain and evaluation of the medication should be assessed prior to contacting the health-care provider.
2. Telling the client to relax does not help when the client is uncomfortable.
3. Guided imagery can be used to increase relaxation and decrease the sensation of pain.
4. When clients are using a patient-controlled analgesia pump, family members should be discouraged from administering the medication for the client. The client can become oversedated and develop respiratory depression.

TEST-TAKING HINT: If the test taker wants to select the answer option which says "notify the health-care provider," the test taker must evaluate the other options to make sure another option does not include assessment data or an independent nursing intervention.

Content – *Surgical:* ***Category of Health Alteration*** – *Pain:* ***Integrated Nursing Process*** – *Implementation:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Application.*

23. 1. Guided imagery is not used to prevent or treat infection; therefore, assessing the white blood cell count would not be appropriate.
2. The postoperative client uses guided imagery to increase relaxation, which helps decrease the perception of pain.
3. This is a goal for a postoperative client, but it is not based on the use of guided imagery.
4. The expected outcome for the postoperative client would be to have a clean, dry dressing, but guided imagery would not affect the dressing.

TEST-TAKING HINT: The expected outcome must reflect the goal of guided imagery. Therefore, the test taker must have knowledge of why guided imagery is used to be able to answer this question.

Content – *Surgical:* ***Category of Health Alteration*** – *Pain:* ***Integrated Nursing Process*** – *Diagnosis:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Analysis.*

24. 1. This would be done during meditation.
2. Rubbing the arm in firm stroking motions is performing self-massage.
3. Music therapy is purposefully using music which has 50 to 60 beats per minute.
4. The client using guided imagery should use as many senses as possible to create an image of a scene which has meaning for the client.

TEST-TAKING HINT: Each answer option describes a type of complementary therapy. The test taker should pay attention to the words "imagery" and "visualizes." To visualize is to use the imagination.

Content – *Medical:* ***Category of Health Alteration*** – *Patient Advocacy:* ***Integrated Nursing Process*** – *Evaluation:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Synthesis.*

25. 1. Instructing on a low-salt diet may be needed, but assessment should be the first intervention implemented.
2. Antihypertensive medications may be needed, but assessment should be the first intervention implemented.
3. The nurse should first assess the client to determine if the client is taking any over-the-counter medication which may increase the blood pressure. Decongestants that contain ephedrine or pseudoephedrine elevate blood pressure and should be used with caution.
4. Teaching about the complications of hypertension would be important but not before assessing the client.

TEST-TAKING HINT: The test taker should use the nursing process when answering questions which ask the test taker to select the first intervention. Assessment is the first intervention of the nursing process.

Content – *Medical:* ***Category of Health Alteration*** – *Pain:* ***Integrated Nursing Process*** – *Implementation:* ***Client Needs*** – *Psychosocial Integrity:* ***Cognitive Level*** – *Analysis.*