

CHAPTER 1: OVERVIEW OF PEDIATRIC NURSING

MULTIPLE CHOICE

1. Which of the following major problems results from the denial of preventive services (such as prenatal care, dental care, and immunizations) to any given population?
- a. spiraling costs for emergency medical services
  - b. health maintenance organizations losing money
  - c. extensive waiting lists for clinic health care services
  - d. closing of small community hospital

ANS: A

	Feedback
A	<b>Correct:</b> By denying preventive services minor health problems are not detected and treated early. Therefore, the problems become more serious, often requiring treatment in acute care and emergency settings, a more expensive approach than prevention.
B	Incorrect: The rationale for health maintenance organizations (HMOs) is to provide preventive services by a primary care provider to contain costs. If individuals have to be treated in the more costly acute or emergency settings for problems which could have been detected earlier, the HMOs may lose money. However this is not the most important problem resulting from denial of preventive services.
C	Incorrect: Preventive services are provided in clinic settings. However, if these services are denied, individuals will be utilizing clinics less frequently, thereby, reducing waiting lists.
D	Incorrect: Denial of preventive services should not have any effect on small community hospitals.

PTS: 1 REF: p. 5 - Immigrants  
OBJ: Cognitive Level: Comprehension

2. Poverty rates are highest in which of the following types of families?
- a. two-parent
  - b. single-parent
  - c. adoptive
  - d. foster

ANS: B

	Feedback
A	Incorrect: Poverty rates in two-parent families are much lower than those in families headed by a single parent. The potential exists for both parents to work which would increase household income.
B	<b>Correct:</b> Almost half of all poor children live in single-parent (usually women) households. The risk of poverty is high for the following reasons: low wages for women, low educational attainment for single mothers, and low rates and levels of child support from fathers.
C	Incorrect: When a child is adopted, there usually is adequate income to raise the individual at a decent living standard.
D	Incorrect: Foster parents are typically compensated and/or receive public benefits by state or federal programs. Poverty is not an issue in these families

PTS: 1 REF: p. 6 - Poverty OBJ: Cognitive Level: Knowledge

3. Which of the following factors most increases the prevalence of illnesses such as asthma and anemia, as well as respiratory and gastrointestinal infections?
- a. household smokers
  - b. family history of these illnesses
  - c. poverty
  - d. education

ANS: C

	Feedback
A	Incorrect: Household smokers may increase the prevalence of asthma and respiratory problems. However, second hand smoke will not affect the prevalence of anemia or gastrointestinal infections.
B	Incorrect: Heredity plays a role in the etiology of asthma and other respiratory illnesses such as cystic fibrosis because these disorders tend to appear in families. However, a family history of other illnesses such as anemia and gastrointestinal infections does not increase their prevalence.
C	<b>Correct:</b> Children who live in poverty have diminished physical health, higher mortality and morbidity, and decreased access to health care than nonpoor children. Therefore, they experience an increased incidence of physical and emotional health problems.
D	Incorrect: Lack of education and skills are at the root of poverty. So family income has significant effects on the well being of children. Yet, poverty is the major factor that increases the prevalence of illness.

PTS: 1 REF: p. 6 - Poverty  
OBJ: Cognitive Level: Comprehension

4. The children who are at greatest risk of infant death are born:
- a. to mothers under age 18

c. to fathers and mothers over age 40

b. into families in poverty

d. into families with alcohol problems

ANS: B

	Feedback
A	Incorrect: Birth weight is the major determinant of infant mortality rate (IMR).The lower the birth rate, the higher the mortality. Adolescent pregnancy is associated with low birth weight which contributes to infant mortality, but it is not the major factor.
B	<b>Correct:</b> Racial disparities exist for infant mortality. The IMR for African Americans is twice the rate for whites because of the high rate of low birth weight infants born to minority mothers. Poverty is the most important factor in determining IMR. More nonwhites than whites are poor in the United States. Women who live in poverty are unlikely to be in good health or to have access to prenatal care which are vital during pregnancy.
C	Incorrect: Infant mortality rate is higher for mothers over the age of 40. However, this does not apply to fathers.
D	Incorrect: Although substance abuse such as alcohol does affect birth outcomes, it is not the greatest risk factor of infant death.

PTS: 1

REF: p. 6 - Poverty

OBJ: Cognitive Level: Application

5. The chance that a child will have to repeat a grade in school or be placed in special education classes:
- a. is the same for the general population, regardless of circumstances

b. depends mainly on the quality of the schools and the teachers

c. increases a small amount for each year the child lives in poverty

d. depends mainly on whether the child has moved during the school year

ANS: C

	Feedback
A	Incorrect: School achievement declines with the time a child spends in poverty, thus increasing the possibility of having to repeat a grade or be placed in special education classes. A child living in poverty does not have the same chance of succeeding in school as a child in the general population.
B	Incorrect: Poor quality of schools and teachers may adversely affect a child’s performance in school; however, it is not the major predictor of a child having to repeat a grade or be placed in special education.
C	<b>Correct:</b> The chance a child will be retained in a grade or be placed in special education increases 2% to 3% for every year that the child lives in poverty.
D	Incorrect: Moving during the school year may affect a child’s performance in school, but it is not the most significant factor.

PTS: 1

REF: p. 6 - Poverty

OBJ: Cognitive Level: Comprehension

6. The fastest-growing segment of the homeless population consists of which of the following groups?
- a. alcoholics refusing treatment

c. single males

b. mentally ill people

d. families with children

ANS: D

	Feedback
A	Incorrect: Many individuals become homeless because of substance abuse, but they are not the fastest growing segment of the homeless population.
B	Incorrect: Mental illness is one reason for homelessness, but mentally ill people are not the fastest growing segment of the homeless population.
C	Incorrect: In the past the homeless population primarily consisted of single males; however, this is not true today.
D	<b>Correct:</b> Currently the fastest growing segment of the homeless consist of families with children, most commonly single mothers with two or three children.

PTS: 1

REF: p. 7 - Homelessness

OBJ: Cognitive Level: Comprehension

7. Which of the following groups of people disproportionately represents the homeless population?
- a. African Americans
  - b. Caucasians
  - c. Hispanics
  - d. Asians

ANS: A

	Feedback
A	<b>Correct:</b> The homeless population is disproportionately represented by African Americans. Chronic and peristant multigenerational poverty is the primary driving force resulting in this group’s homelessness.
B	Incorrect: Caucasian’s poverty rate is the lowest among these racial and ethnic groups.
C	Incorrect: Hispanics poverty rate at 21.5% as compared to 25.3% to the African American group is the second most likely racial/ethnic group to be affected by homelessness.
D	Incorrect: Asian population like the Caucasian population is 50% or more lesss likely to be entrapped in a chronic, persistent cycle of poverty.

PTS: 1                      REF: p. 7 - Homelessness  
OBJ: Cognitive Level: Comprehension

8. A teacher confers with the school psychologist and the school nurse about a child who has poor attention span, aggressive behaviors, delayed speech, and shyness, and who tends to withdraw. This child often falls asleep in class, saying he is not sleeping at night. Which of the following situations or conditions is most likely to cause or contribute to the behavior exhibited by this child?
- a. sharing a room with a sibling
  - b. attention deficit disorder with hyperactivity
  - c. homelessness
  - d. narcolepsy

ANS: C

	Feedback
A	Incorrect: Sharing a room with a sibling might result in sleep problems but none of the other behaviors.
B	Incorrect: ADHD is a physical disorder which may result in the poor attention span and aggression but none of the other behaviors.
C	<b>Correct:</b> A homeless child is a child experiencing traumatic insecurity and will exhibit all cited behaviors and more.
D	Incorrect: Narcolepsy is a physical disorder causing a child to fall asleep at any time but should not contribute to the other behaviors cited in the situation.

PTS: 1                      REF: p. 8 - Homelessness  
OBJ: Cognitive Level: Comprehension

9. Psychological problems most often identified among homeless children are:
- a. conduct disorder
  - b. oppositional defiant disorder
  - c. depression, anxiety, and behavioral problems
  - d. personality problems and difficulty with authority figures

ANS: C

	Feedback
A	Incorrect: Conduct disorder is a psychological disorder characterized by irresponsible, delinquent behaviors such as truancy and running away; violations of the rights of others and overt physical aggression. Conduct disorder is acting out behavior; whereas, depressed and anxious individuals (homeless children) do not tend to display antisocial behavior.
B	Incorrect: Oppositional defiant disorder (ODD) is characterized by hostile, negativistic, defiant, and disobedient attitudes and behaviors, especially toward authority figures.
C	<b>Correct:</b> Psychological problems identified most often among homelesss children include anxiety, depresssion, poor attention span, trouble sleeping, delayed speech, shyness, withdrawl, and aggressive behaviors.
D	Incorrect: Personality problems are manifested in behavior that deviates markedly from the expectations of one’s culture. Difficulty with authority figures is a symptom of ODD.

PTS: 1                      REF: p. 8 - Homelessness  
OBJ: Cognitive Level: Comprehension

10. Because of their age, children are most likely to gain access to a firearm in:
- a. the home or the home of a friend or relative
  - b. a pawn shop
  - c. a local gun dealer or a gun and knife show
  - d. a sports store

ANS: A

	Feedback
A	<b>Correct:</b> The presence of a gun in the home increases the risk of homicide, suicide, and accidental shootings. The majority of firearms used in these incidents are stored in the home of the victim or in the home of a relative or friend.
B	Incorrect: Natural barriers would preclude a children or adolescent from obtaining a firearm from a pawn shop.
C	Incorrect: Natural and legal barriers would preclude a children or adolescent from obtaining a firearm from a local gun dealer or a gun and knife show.
D	Incorrect: Natural and legal barriers would preclude a children or adolescent from obtaining a firearm from a sports store.

PTS: 1                      REF: p. 11 - Violence  
OBJ: Cognitive Level: Comprehension

11. The infant mortality rate (IMR) is the number of infant deaths:
- a. during the first month of life for a given country
  - b. during the first year of life per 1,000 live births
  - c. compared to live births in a given location
  - d. from natural causes in the first year of life per 100 births

ANS: B

	Feedback
A	Incorrect: The first month of life is automatically included in the first year of life, but the statistic is not kept separately by most nations.
B	<b>Correct:</b> The international health care community has determined to keep a statistic which includes all live births that die within the first year per 1,000 live births. The statistics are self reported by nation states.
C	Incorrect: The statistic reports the number of infant deaths per 1,000 live births by location/nation/state.
D	Incorrect: The statistic reports deaths from all causes in the first year of like per 1,000 live births.

PTS: 1                      REF: p. 12 - Infant Mortality                      OBJ: Cognitive Level: Knowledge

12. Which of the following racial groups has the highest infant mortality rate?
- a. Caucasians
  - b. Asians
  - c. American Indians
  - d. African Americans

ANS: D

	Feedback
A	Incorrect: Caucasians experience the lowest infant mortality rate (IMR).
B	Incorrect: Asians IMR is less than African Americans.
C	Incorrect: American Indians IMR is less than African Americans.
D	<b>Correct:</b> The IMR for African Americans is twice the rate for Caucasians.

PTS: 1                      REF: p. 13 - Cultural Considerations box                      OBJ: Cognitive Level: Knowledge

13. The United States has which of the following ranks among the developed nations that have the lowest infant mortality ~~eat~~(IMRs)?
- a. 1
  - b. 17
  - c. 23
  - d. 30

ANS: D

	Feedback
A	Incorrect: The United States ranks 30th in the statistical rankings reported in 2008.
B	Incorrect: Seventeenth is better than 30th, but also incorrect.
C	Incorrect: Twenty third is better than 30th, but also incorrect.
D	<b>Correct:</b> The United States ranks 30th in the statistical rankings reported in 2008.

PTS: 1                      REF: p. 12 - Infant Mortality                      OBJ: Cognitive Level: Knowledge

14. At the beginning of the 20th century, the major cause of child mortality for children aged 1 to 19 was:
- a. farm accidents
  - b. firearms
  - c. infectious diseases
  - d. industrial accidents

ANS: C

	Feedback
A	Incorrect: America has become increasingly urbanized over the 20th century with only a fraction of children being raised on a farm.
B	Incorrect: City life has reduced children’s exposure to firearms as compared to living on the farm.
C	<b>Correct:</b> At the beginning of the 20th century, people moved from the farms into the cities. As a result we live in closer and more crowded quarters, providing easy transmission for infectious diseases.
D	Incorrect: Child labor laws were enacted and enforced in the late 19th century.

PTS: 1                      REF: p. 12 - Child Mortality  
OBJ: Cognitive Level: Comprehension

15. Today, which of the following causes of death accounts for the majority of deaths in children ages 1 to 19?
- a. unintentional injuries
  - b. homicide
  - c. suicide
  - d. respiratory illnesses

ANS: A

	Feedback
A	<b>Correct:</b> Deaths from all diseases among children ages 1 to 19 are dwarfed by the number of children who die from unintentional injuries. A nurse must conclude that some of these deaths from unintentional injuries may be preventable.
B	Incorrect: Homicide affects a minor portion of deaths among children ages 1 to 19.
C	Incorrect: Although suicide is more common among adolescents, it still represents a small fraction of deaths in this age group.
D	Incorrect: Respiratory illnesses represent a minor cause of death in this age group.

PTS: 1                      REF: p. 13 - Child Mortality                      OBJ: Cognitive Level: Knowledge

16. For children under 1 year of age, what is the leading cause of unintentional injury-related deaths?
- a. motor vehicle occupant injury
  - b. suffocation
  - c. drowning
  - d. fires

ANS: B

	Feedback
A	Incorrect: The laws require children to be secured in child safety seats, and the number of motor vehicle injuries among this age group has declined.
B	<b>Correct:</b> Typical causes of suffocation include choking on food or objects and entrapment of their head and neck in cribs or bedding.
C	Incorrect: Parents rarely leave children under the age of 1 unattended around or in water.
D	Incorrect: Fire codes and their enforcement has caused a dramatic decrease in deaths in children under the age of 1.

PTS: 1                      REF: p. 13 - Child Mortality                      OBJ: Cognitive Level: Knowledge

17. The leading causes of injury-related death for children aged 1 to 4 years is:
- a. choking and drowning
  - b. fires and burns
  - c. fires and neglect
  - d. drowning and motor vehicle occupant injury

ANS: D

	Feedback
A	Incorrect: Choking is the leading cause of injury-related death in children under the age of 1; drowning is a leading cause of death over the age of 1.
B	Incorrect: Fires and burns follow injury-related deaths by motor vehicle accident and deaths by drowning.
C	Incorrect: Fires follow deaths by motor vehicle accident and deaths by drowning. Neglect can lead to death or injury by several means.
D	<b>Correct:</b> As toddlers and young children become more mobile, they fall into swimming pools, lakes, and creeks as a result of poor adult supervision. Deaths for children from motor vehicle injuries is the greatest between the ages of 5 to 14.

PTS: 1                      REF: p. 13 - Child Mortality                      OBJ: Cognitive Level: Knowledge

18. The leading cause of injury-related deaths in adolescents aged 14 to 19 is by:
- a. drowning
  - b. motor vehicle occupant injuries
  - c. suicide
  - d. homicide

ANS: B

	Feedback
A	Incorrect. Adolescents are far less likely to drown than younger children.
B	<b>Correct.</b> Adolescent inexperience driving and other risky behaviors take a heavy toll, as motor vehicle occupant injuries become the number one cause of unintentional injury deaths from age 14 to 19.
C	Incorrect. Although suicide becomes more prevalent in this age grouping, it remains a smaller percentage cause for death.
D	Incorrect. Although homicide becomes a larger percentage cause for injury-related deaths among this age group, it remains dramatically overshadowed by motor vehicle occupant injuries.

PTS: 1                      REF: p. 13 - Child Mortality                      OBJ: Cognitive Level: Knowledge

19. In the United States, which of the following occupations is the most hazardous?
- a. agriculture
  - b. mining
  - c. construction
  - d. medical

ANS: A

	Feedback
A	<b>Correct.</b> Farming and ranching remains a major family enterprise in America, and represents the most hazardous occupation. Heavy machinery, livestock, physical labor involving heavy lifting, pesticide and herbicide exposure, exposure to viral, bacterial and fungal infections are on the short list of hazards. Children are more vulnerable to all these risks than are adults.
B	Incorrect. Agriculture surpassess mining and construction as the most hazardous occupation in the United States.
C	Incorrect. Agriculture as more hazardous than construction in the United States.
D	Incorrect. Medical occupations are among the safest in the United States.

PTS: 1                      REF: p. 9 - Migrant Farm Workers                      OBJ: Cognitive Level: Knowledge

20. In 1987, the Association for the Care of Children's Health (ACCH) stated that paramount in the concept of family-centered care is meeting the ever-changing needs of:
- a. the individual child
  - b. all family members
  - c. the community
  - d. the society

ANS: B

	Feedback
A	Incorrect. Family-centered care describes a philosophy of care that recognizes the centrality of the family in the child’s life, the family in its entirety, not the individual members.
B	<b>Correct.</b> Meeting the ever-changing needs of <del>all</del> family members, not just those of the child, is paramount to the concept of family-centered care.
C	Incorrect. The community is a support to the family, and is not critical to the concept of family-centered care.
D	Incorrect. The society is the broader context to which the family belongs, but it is not paramount to the concept of family-centered care.

PTS: 1                      REF: p. 15 - Family-Centered Care  
OBJ: Cognitive Level: Comprehension

21. One of the eight key elements of family-centered care states that the constant in a child's life is the:
- a. church
  - b. school
  - c. neighborhood
  - d. family

ANS: D

	Feedback
A	Incorrect. The more central constant in any child’s life using family-centered care is the family, not the church.
B	Incorrect. The most central constant in any child’s life using family-centered care is the family, not the school.
C	Incorrect. The most central constant in any child’s life using family-centered care is the family, not the neighborhood.
D	<b>Correct.</b> Family-centered care assumes the first constant in a child’s life is the family.

PTS: 1                      REF: p. 16 - Box 1-3  
OBJ: Cognitive Level: Comprehension

22. Which of the following describes the exchange of information between families and professionals in family-centered care?
- a. Only medical information needs to be exchanged between professionals and the family when necessary.
  - b. Complete and unbiased information must be exchanged between professionals and family in a supportive manner at all times.
  - c. The family will decide what information they are comfortable with giving the professionals.
  - d. Professionals will set the parameters for information in the first interview with the family and will contact the family for information as needed.

ANS: B

	Feedback
A	Incorrect. In family-centered care, a central tenet is the promotion of greater family self-determination, decision-making capabilities, control and self-efficacy. The information exchange must be unguarded and complete between healthcare providers and the family members.
B	<b>Correct.</b> Exchanging complete and unbiased information in a supportive manner at all times between the family members and the healthcare professionals is required.
C	Incorrect. The family must exchange complete and unbiased information in a timely manner to the healthcare professionals, or the care provided will be compromised.
D	Incorrect. Family-centered care is a process, with a beginning and an end, but information exchange must be ongoing, complete and unbiased.

PTS: 1                      REF: p. 15 - Family-Centered Care  
OBJ: Cognitive Level: Comprehension

23. The medical model directs health care professionals to follow the roles of:
- a. advocate and advisor
  - b. teacher and director
  - c. evaluator and controller
  - d. manager and mentor

ANS: C

	Feedback
A	Incorrect. The medical model directs health care professionals to assume the roles of evaluator and controller of treatment interventions. This role is in conflict with advocate and advisor.
B	Incorrect. The medical model directs health care professionals to assume the roles of evaluator and controller of treatment interventions.
C	<b>Correct.</b> The medical model directs health care professionals to assume the roles of evaluator and controller of treatment interventions.
D	Incorrect. The medical model directs health care professionals to assume the roles of evaluator and controller of treatment interventions. This position is in direct conflict with conditions necessary for more active involvement of caregivers in the child’s care.

PTS: 1                      REF: p. 1 - Family-Centered Care                      OBJ: Cognitive Level: Knowledge

24. To empower caregivers of children to make decisions about their child's care, the health care provider most needs to:
- a. assess family decision making in the past
  - b. provide needed education and knowledge for the family
  - c. tell the family they are in charge of decisions
  - d. initially make difficult decisions and let the family make easier ones

ANS: B

	Feedback
A	Incorrect. Assessing previous or past family decision making may determine the effectiveness of the family in making choices, but it cannot inform them about choices they may face now or in the future.
B	<b>Correct.</b> For a family or caregivers to be informed about decisions they face currently about their child’s care, they must be informed and educated about the choices and the projected outcomes.
C	Incorrect. Being in charge of decisions without knowing the options and choices does not inform the caregivers, only gives them the accountability.
D	Incorrect. Empowering caregivers to make decisions includes all choices, both difficult and easy.

PTS: 1                      REF: p. 17 - Advocate  
OBJ: Cognitive Level: Comprehension

25. Placing no limits on the ages or numbers of visitors and providing sleeping facilities for the caregivers in a child's room in a health care facility will most likely bring which of the following results?
- a. The child will be more dependent on the family.
  - b. There will be loss of rest by the child.
  - c. Family-centered care will be enhanced.
  - d. Nurses will find procedures less difficult to carry out.

ANS: C

	Feedback
A	Incorrect. A central concept of family-centered care is to allow the family to be more in control of who can come and go, who can stay, making the child less dependent on the family, as friends and neighbors can be more involved.
B	Incorrect. Loss of rest by the child is not a reason to restrict who can come and go and who can stay.
C	<b>Correct.</b> Other strategies that enhance family-centered care include no limits on the ages or number of visitors (unless directed otherwise by the family), and adequate sleeping facilities for the caregivers in the child's room.
D	Incorrect. In fact, nurses may find procedures are more difficult to carry out with family and friends in the room.

PTS: 1                      REF: p. 15 - Family-Centered Care  
OBJ: Cognitive Level: Comprehension

26. Professional pediatric nurses practice in a wide variety of settings. In each setting the primary roles of the pediatric nurse will:
- a. be universal or be the same
  - b. vary slightly
  - c. be slightly similar
  - d. vary widely

ANS: A

	Feedback
A	<b>Correct.</b> Although each setting may have separate roles and responsibilities, the roles that nurses take are universal.
B	Incorrect. The primary roles of the professional pediatric nurse are universal, and include the primary roles of caregiver, advocate, educator, researcher, manager, or leader. These do not change.
C	Incorrect. Similar is not the same.
D	Incorrect. The primary roles do not change.

PTS: 1                      REF: p. 16 - Roles of the Pediatric Nurse  
OBJ: Cognitive Level: Comprehension

27. Atraumatic care refers to:
- a. care of children without wounds or assaults
  - b. care that avoids any harm to the child or the family
  - c. a philosophy of providing health care that minimizes or eliminates physical or psychological distress for children and their families
  - d. any care by the nurse, or other members of the health care team, that does not involve an invasive procedure to the child

ANS: C

	Feedback
A	Incorrect. Atraumatic care does not refer to caring for children without wounds or assaults.
B	Incorrect. Atraumatic care does intend to minimize or eliminate physical and psychological distress for children and their families, especially the avoidance of any harm to the child or family.
C	<b>Correct.</b> Three principles provide the basis for atraumatic care: 1) identification of stressors for the child and family; 2) minimizing separation; and, 3) minimizing or preventing pain. The minimization or elimination of physical and psychological distress has been proven to assist the caregiver and the health care professional, and improve the entire experience for all involved.
D	Incorrect. Atraumatic care involves all medical procedures, invasive or noninvasive.

PTS: 1                      REF: p. 16 - A traumatic Care  
OBJ: Cognitive Level: Comprehension



28. Which of the following actions by the nurse best exemplifies atraumatic care?
- a. using a eutectic mixture of local anesthetics (EMLA) cream 1 hour before blood draws o the use of any needle
  - b. requesting assignment to a general medical unit rather than the intensive care unit
  - c. handwashing when entering the room and before leaving the room
  - d. reverse isolation for the child who is immunologically compromised

ANS: A

	Feedback
A	<b>Correct.</b> Examples of atraumatic care include: 1) age-appropriate explanations before any and every procedure; 2) prior to surgery, helping the child to become familiar with the hospital, equipment, dress, etc.; 3) pain control; and, 4) local anesthetics prior to blood samples, IVs, and injections.
B	Incorrect. Atraumatic is the avoidance of physical or psychological distress, and has nothing to do with the trauma unit, the ER, the ICU, etc.
C	Incorrect. Handwashing is general hygiene, and has no impact upon lowering or eliminating the physical or psychological distress of the child patient.
D	Incorrect. Reverse isolation violates the philosophy of atraumatic care.

PTS: 1                      REF: p. 16 - A traumatic Care  
OBJ: Cognitive Level: Comprehension

29. Which of the following best describes differentiated practice?
- a. having a practice that is different from the usual practices of nurses
  - b. an area of nursing that is highly specialized
  - c. delineating a nurse's role and functions according to experience, competence, and education
  - d. separating different nursing roles in a hospital and using competency testing to determine who can fill these roles

ANS: C

a.

	Feedback
A	Incorrect. Although the word different distinguishes between “a practice” and “usual practices” of nurses, the primary roles and even the secondary roles of a nurse are universal and the same.
B	Incorrect. Specialization is described by expanded roles, such as pediatric nurse practitioners, clinical nurse specialists and case managers.
C	<b>Correct.</b> Other roles seen in the acute care setting involve differentiated practice (a philosophy that delineates a nurse’s role and functions according to experience, competence, and education) and include the clinical care coordinator, care manager, and clinical nurse.
D	Incorrect. Differentiated practice involves experience and education in addition to competencies.

PTS: 1                      REF: p. 20 - Differentiated Practice Roles  
OBJ: Cognitive Level: Knowledge

30. Which of the following roles best exemplifies the expanded role of the nurse?
- a. medication nurse
  - b. pediatric nurse practitioner
  - c. obstetrical nurse
  - d. circulating nurse in surgery

ANS: B

	Feedback
A	Incorrect. All nurses are trained in giving medications, hence, this is not an expanded role.
B	<b>Correct.</b> The pediatric nurse practitioner provides routine health maintenance and preventive services in ambulatory settings, clinics, or acute care settings. The PNP role is expanded to include performing assessments and physical exams, counseling, ordering lab studies, and in many states, prescriptive authority.
C	Incorrect. The obstetrical nurse does not have an expanded role.
D	Incorrect. The circulating nurse in surgery does not have an expanded role.

PTS: 1                      REF: p. 21 - Advanced Practice Roles                      OBJ: Cognitive Level: Knowledge

31. When the pediatric nurse informs children and families of their rights and options, as well as the consequences of options, and facilitates decision making, the nurse is acting mainly in which of the following roles?
- a. leader
  - b. researcher
  - c. advocate
  - d. educator

ANS: C

	Feedback
A	Incorrect. The nurse as leader or manager includes the role of caring for one or more patients as well as managing staff members.
B	Incorrect. The nurse as researcher involves the identification of questions needing answers, pointing the way to areas requiring research and further investigation, and providing evidence-based practice.
C	<b>Correct.</b> The second primary role of the nurse after caregiver is the role of advocate, from the Latin root for lawyer. When the nurse informs a family of their rights and options as well as consequences, she is fulfilling the role of advocate.
D	Incorrect. The nurse as educator enables the child and family to make informed decisions about options and outcomes.

PTS: 1                      REF: p. 17 - Advocate  
OBJ: Cognitive Level: Comprehension

32. To be an effective educator, the nurse must initially have a knowledge of:
- a. cognitive development
  - b. the reading level of the recipient
  - c. what grade level the recipient has attained
  - d. IQ levels

ANS: A

	Feedback
A	<b>Correct.</b> Education cannot be effective unless the nurse understands the level of cognitive development of the student, child, or caregiver.
B	Incorrect. Reading level does not generally affect the ability to verbally educate, and is not as critical in the process of learning.
C	Incorrect. Grade level for the child will have a link to cognitive development, but cognitive development is more basic.
D	Incorrect. IQ level must be taken into account, but the cognitive level of the child is more important.

PTS: 1                      REF: p. 18 - Educator                      OBJ: Cognitive Level: Knowledge

33. An appropriate method for teaching preschool children would be:
- a. a lecture
  - b. a slide show
  - c. a pretest and posttest
  - d. imitation

ANS: D

	Feedback
A	Incorrect. Preschool children cannot benefit from a lecture.
B	Incorrect. Preschool children may be entertained by a slide show, but not for very long.
C	Incorrect. Preschool children will not learn well through testing.
D	<b>Correct.</b> Preschool children are natural imitators, and imitation is an age appropriate method for teaching.

PTS: 1                      REF: p. 18 - Educator  
OBJ: Cognitive Level: Comprehension

34. Adolescents learn best when they:
- a. see an immediate personal benefit
  - b. need to follow directions
  - c. attend a lecture session
  - d. have a long-term, challenging project

ANS: A

	Feedback
A	<b>Correct.</b> Adolescents often learn by associating new information with what they already have learned, but learn best when they see an immediate personal benefit.
B	Incorrect. Adolescents do not do the best learning when there is a need to follow directions.
C	Incorrect. Adolescents, like preschoolers, do not learn best attending a lecture session.
D	Incorrect. Adolescents, like preschoolers, are very interested in the immediate present.

PTS: 1                      REF: p. 19 - Educator  
OBJ: Cognitive Level: Comprehension

35. Which of the following activities best exemplifies cognitive learning?
- a. sharing feelings and ideas in a group of peer
  - b. working with clay or sand and water
  - c. drawing, finger painting, or painting with watercolors
  - d. describing or explaining something, or answering questions

ANS: D

	Feedback
A	Incorrect. Affective learning involves sharing feelings, emotions, and ideas in a group of peers. These activities do not exemplify cognitive learning.
B	Incorrect. Psychomotor learning is concerned with physical skills such as working with clay or sand and water. These activities do not exemplify cognitive learning.
C	Incorrect. Psychomotor learning involves drawing, finger painting, or painting with watercolors. This is not an example of cognitive learning.
D	<b>Correct.</b> Cognitive learning is concerned with intellectual activities, can be compared to thinking, and involves describing or explaining something or answering questions.

PTS: 1                      REF: p. 19 - Educator                      OBJ: Cognitive Level: Knowledge

36. Affective learning activities would include:
- a. taking a pretest before a lecture
  - b. making a stage set for a school play
  - c. one-to-one sharing of feelings and ideas
  - d. trying out for the basketball team

ANS: C

	Feedback
A	Incorrect. Taking a pretest before a lecture would involve cognitive learning, intellectual activities, thinking, and answering questions.
B	Incorrect. Making a stage set for a school play would involve mind and body, which is psychomotor learning.
C	<b>Correct.</b> Affective learning is learning that takes place in relation to feelings and emotions, for example, role-playing, modeling, or one-to-one discussion about feelings and ideas.
D	Incorrect. Trying out for the basketball team involves psychomotor learning.

PTS: 1                      REF: p. 19 - Educator                      OBJ: Cognitive Level: Knowledge

37. Psychomotor learning activities include:
- a. hands-on experiences, repetition, and immediate feedback
  - b. role-playing or modeling
  - c. sharing feelings or ideas with a peer and getting feedback
  - d. processing what happened in a group activity

ANS: A

	Feedback
A	<b>Correct.</b> Psychomotor learning activities involve the mind and the body, such as demonstration and then practice with hands-on experiences, repetition, and immediate feedback.
B	Incorrect. Role-playing and modeling are examles of affective learning.
C	Incorrect. Sharing feelings or ideas with a peer and getting feedback is an example of affective learning.
D	Incorrect. Processing what happened in a group activity will more likely be engaged with cognitive learning.

PTS: 1                      REF: p. 19 - Educator                      OBJ: Cognitive Level: Knowledge

38. When the nurse is in the nurse manager role and delegates a task to someone else, the nurse manager is:
- a. free of any responsibility for the task
  - b. held accountable for the task only if the delegate is not able to complete it
  - c. supposed to check on the work
  - d. still held accountable for the task

ANS: D

	Feedback
A	Incorrect. The manager does not abandon responsibility with delegation.
B	Incorrect. Accountability is retained by the manager regardless of the cause for the failure to complete the task.
C	Incorrect. A delegated task accepted by someone else does not require the manager to check on the status.
D	<b>Correct.</b> The nurse manager retains accountability for the outcome of all delegated tasks

PTS: 1                      REF: p. 20 - Manager/Leader                      OBJ: Cognitive Level: Knowledge

39. The character of a nursing unit is determined mainly by the:
- a. nurse manager
  - b. nursing staff
  - c. physicians
  - d. administration

ANS: A

	Feedback
A	<b>Correct.</b> Nurse managers determine the character of the unit, attitudes and behavior of the staff, and relationships with other professionals at the agency.
B	Incorrect. The nursing staff influence the character of the unit, but do not determine it.
C	Incorrect. The physicians do not spend as much time at the nursing unit, and do not determine the character of the unit.
D	Incorrect. The administration is responsible for the facility, but do not determine the character of the unit.

PTS: 1 REF: p. 20 - Manager/Leader OBJ: Cognitive Level: Knowledge

40. Which of the following nursing practice groups is able to order, carry out, and evaluate laboratory studies?
- a. nurses with associate degrees
  - b. baccalaureate-prepared nurses
  - c. pediatric nurse practitioners
  - d. case managers

ANS: C

	Feedback
A	Incorrect. Nurses with associate degrees do not have authority nor training to order, carry out, and evaluate lab studies.
B	Incorrect. Baccalaureate-prepared nurses do not have authority nor training to order, carry out, and evaluate lab studies.
C	<b>Correct.</b> The Pediatric Nurse Practitioner is able to order, carry out, and evaluate laboratory studies; discriminate between normal and abnormal findings that require treatment, referral, or collaboration with other health care professionals; and identify topics, interpret results, and implement evidence-based findings into practice.
D	Incorrect. Case managers are responsible to minimize fragmentation of services and maximize individualization of care.

PTS: 1 REF: p. 21 - Pediatric Nurse Practitioner OBJ: Cognitive Level: Knowledge

41. Clinical pathways are developed to guide a health care team through a client's course of therapy. Their major purpose is:
- a. provide early warnings about the approaching need for higher level care
  - b. achieve specific client outcomes in a defined time frame
  - c. satisfy standards of accrediting organizations
  - d. simplify the work of the nursing staff and the health care team

ANS: B

	Feedback
A	Incorrect. The development of clinical or critical pathways as a function of case management is not involved in predicting an approaching need for higher level care, but is aimed at achieving the best possible outcome in the shortest time.
B	<b>Correct.</b> Clinical pathways were developed and designed to achieve specific client outcomes in a defined time frame.
C	Incorrect. Clinical or critical pathways are not designed to satisfy accreditations.
D	Incorrect. Although clinical or critical pathways may simplify the work of the nursing staff and the health care team, they are not designed for this purpose.

PTS: 1 REF: p. 22 - Case Manager OBJ: Cognitive Level: Knowledge

42. Critical pathways are designed to indicate:
- a. key events that must happen each day in order to achieve an acceptable length of stay
  - b. actions that are acceptable by the health care team and actions that are not acceptable
  - c. the client's responsibilities in working with the health care team
  - d. turning points in which the client is not progressing normally and requires more critical care

ANS: A

	Feedback
A	<b>Correct.</b> Critical pathways provide a detailed plan which guide the team through the client's course of therapy, indicating key events which must occur each day in order to achieve an appropriate length of stay.
B	Incorrect. Critical pathways are focused upon the patient, and not the health care team.
C	Incorrect. Although the client is involved, critical pathways are focused upon the key therapeutic events necessary to complete the desired outcome by a stated time.
D	Incorrect. Critical pathways do not contemplate abnormal progress.

PTS: 1 REF: p. 22 - Case Manager OBJ: Cognitive Level: Knowledge

43. Case management is a practice model that was developed to:
- a. provide supervision for a team of nurses who are working independentl
  - b. minimize fragmentation of services and maximize individualization of care
  - c. reduce costs of health care through better organization of care
  - d. track large numbers of cases supervised or served by a health care organization

ANS: B

	Feedback
A	Incorrect. The nurse manager provides supervision for the nursing team.
B	<b>Correct.</b> The case management practice model was initially developed to minimize fragmentation and maximize individualization of care. Quality and cost outcomes are important to case management.
C	Incorrect. Case management involves cost reduction but also focuses upon quality outcomes.
D	Incorrect. Case management is a practice model assuring maximized individual outcome success, and does not get involved in tracking large numbers of cases.

PTS: 1                      REF: p. 22 - Case Manager                      OBJ: Cognitive Level: Knowledge

MULTIPLE RESPONSE

1. A nurse is providing an educational series on the prevention of injuries. Which of the following interventions identified by the nurse are examples of key approaches in the prevention of injury? Select all that apply.
- a. helmet safety programs
  - b. covering electrical outlets with safety covers
  - c. legislation
  - d. regulation

ANS: A, B, C, D

	Feedback
<b>Correct</b>	All are correct. The key approaches to injury prevention include education, changes in the environment and in products, and legislation or regulation. A helmet safety program would be a form of injury prevention education. Covering electrical outlets with safety covers is one example of changing the environment to promote safety.
<b>Incorrect</b>	All answers are correct.

PTS: 1                      REF: p. 14 - Child Mortality                      OBJ: Cognitive Level: Application

2. Which of the following roles for the pediatric nurse are considered advanced practice? Select all that apply.
- a. pediatric nurse practitioner
  - b. clinical nurse specialist
  - c. clinical care coordinator
  - d. case manager

ANS: A, B, D

	Feedback
<b>Correct</b>	Pediatric advanced practice roles include pediatric nurse practitioner, clinical nurse specialist, and case manager.
<b>Incorrect</b>	The clinical care coordinator role is a differentiated practice role.

PTS: 1                      REF: p. 97 - Table 4-1  
OBJ: Cognitive Level: Comprehension