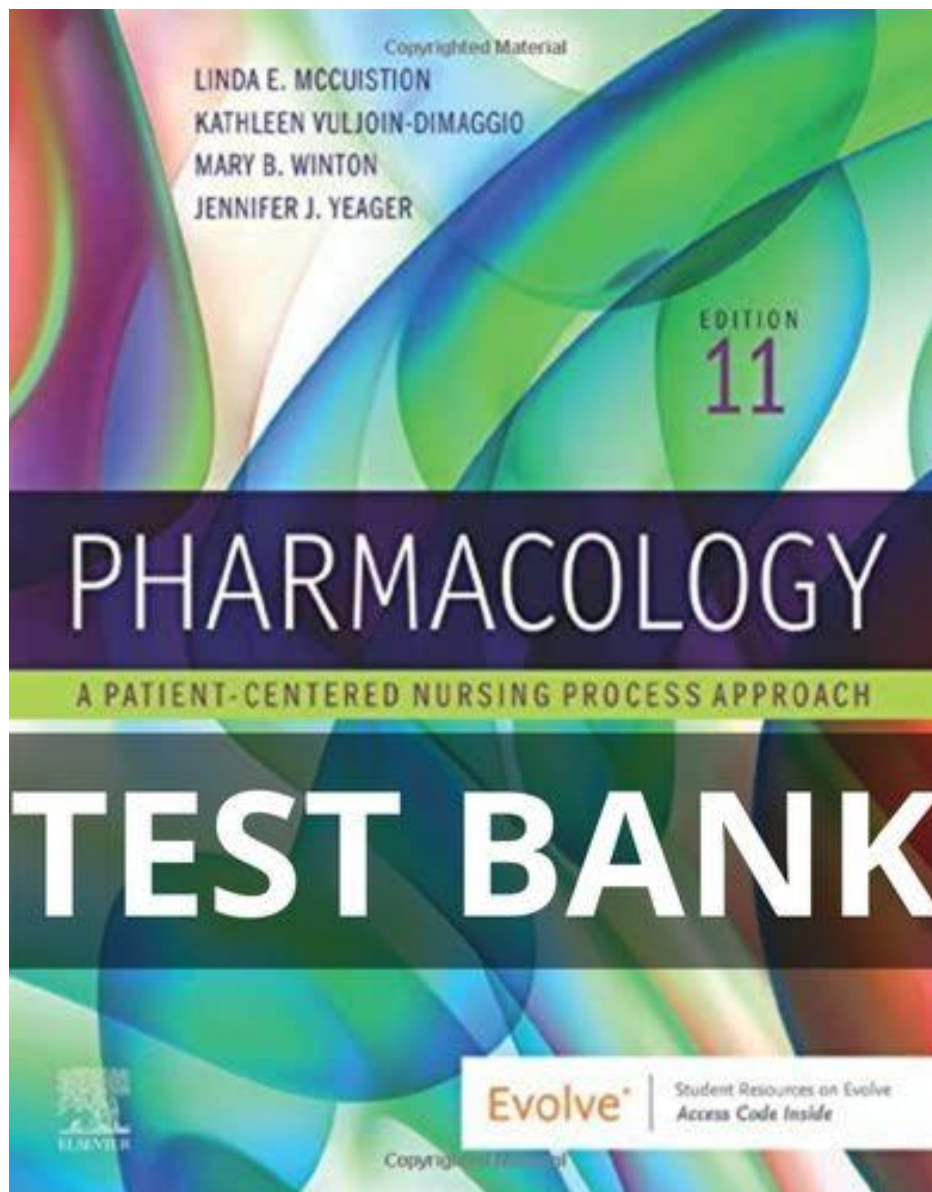


Test Bank:

**Pharmacology A Patient-Centered
Nursing Process Approach, 11th
Edition by Linda E. McCuiston
Chapter 1-58**



Chapter 01: The Nursing Process and Patient-Centered Care

McCuistion: Pharmacology: A Patient-Centered Nursing Process Approach, 11th Edition

MULTIPLE CHOICE

1. All of the following would be considered subjective data, EXCEPT:
 - a. Patient-reported health history
 - b. Patient-reported signs and symptoms of their illness
 - c. Financial barriers reported by the patient's caregiver
 - d. Vital signs obtained from the medical record

ANS: D

Subjective data is based on what patients or family members communicate to the nurse. Patient-reported health history, signs and symptoms, and caregiver reported financial barriers would be considered subjective data. Vital signs obtained from the medical record would be considered objective data.

DIF: Cognitive Level: Understanding (Comprehension)
MSC: NCLEX: Management of Client Care

TOP: Nursing Process: Planning

2. The nurse is using data collected to define a set of interventions to achieve the most desirable outcomes. Which of the following steps is the nurse applying?
 - a. Recognizing cues (assessment)
 - b. Analyze cues & prioritize hypothesis (analysis)
 - c. Generate solutions (planning)
 - d. Take action (nursing interventions)

ANS: C

When generating solutions (planning), the nurse identifies expected outcomes and uses the patient's problem(s) to define a set of interventions to achieve the most desirable outcomes. Recognizing cues (assessment) involves the gathering of cues (information) from the patient about their health and lifestyle practices, which are important facts that aid the nurse in making clinical care decisions. Prioritizing hypothesis is used to organize and rank the patient problem(s) identified. Finally, taking action involves implementation of nursing interventions to accomplish the expected outcomes.

DIF: Cognitive Level: Understanding (Comprehension)
TOP: Nursing Process: Nursing Intervention
MSC: NCLEX: Management of Client Care

3. A 5-year-old child with type 1 diabetes mellitus has had repeated hospitalizations for episodes of hyperglycemia. The parents tell the nurse that they can't keep track of everything that has to be done to care for their child. The nurse reviews medications, diet, and symptom management with the parents and draws up a daily checklist for the family to use. These activities are completed in which step of the nursing process?
 - a. Recognizing cues (assessment)
 - b. Analyze cues & prioritize hypothesis (analysis)

- c. Generate solutions (planning)
- d. Take action (nursing interventions)

ANS: D

Taking action through nursing interventions is where the nurse provides patient health teaching, drug administration, patient care, and other interventions necessary to assist the patient in accomplishing expected outcomes.

DIF: Cognitive Level: Understanding (Comprehension)

TOP: Nursing Process: Nursing Intervention

MSC: NCLEX: Management of Client Care

4. The nurse is preparing to administer a medication and reviews the patient's chart for drug allergies, serum creatinine, and blood urea nitrogen (BUN) levels. The nurse's actions are reflective of which of the following?
- a. Recognizing cues (assessment)
 - b. Analyze cues & prioritize hypothesis (analysis)
 - c. Take action (nursing interventions)
 - d. Generate solutions (planning)

ANS: A

Recognizing cues (assessment) involves gathering subjective and objective information about the patient and the medication. Laboratory values from the patient's chart would be considered collection of objective data.

DIF: Cognitive Level: Understanding (Comprehension)

TOP: Nursing Process: Assessment

MSC: NCLEX: Management of Client Care

5. Which of the following would be correctly categorized as objective data?
- a. A list of herbal supplements regularly used provided by the patient.
 - b. Lab values associated with the drugs the patient is taking.
 - c. The ages and relationship of all household members to the patient.
 - d. Usual dietary patterns and food intake.

ANS: B

Objective data are measured and detected by another person and would include lab values. The other examples are subjective data.

DIF: Cognitive Level: Understanding (Comprehension)

TOP: Nursing Process: Assessment

MSC: NCLEX: Management of Client Care

6. The nurse reviews a patient's database and learns that the patient lives alone, is forgetful, and does not have an established routine. The patient will be sent home with three new medications to be taken at different times of the day. The nurse develops a daily medication chart and enlists a family member to put the patient's pills in a pill organizer. This is an example of which element of the nursing process?
- a. Recognizing cues (assessment)
 - b. Analyze cues & prioritize hypothesis (analysis)
 - c. Take action (nursing interventions)

d. Generate solutions (planning)

ANS: C

Taking action (nursing interventions) involves education and patient care in order to assist the patient to accomplish the goals of treatment.

DIF: Cognitive Level: Applying (Application)

TOP: Nursing Process: Nursing Intervention

MSC: NCLEX: Management of Client Care

7. A patient who is hospitalized for chronic obstructive pulmonary disease (COPD) wants to go home. The nurse and the patient discuss the patient's situation and decide that the patient may go home when able to perform self-care without dyspnea and hypoxia. This is an example of which phase of the nursing process?
- Recognizing cues (assessment)
 - Analyze cues & prioritize hypothesis (analysis)
 - Take action (nursing interventions)
 - Generate solutions (planning)

ANS: D

Generating solutions (planning) involves defining a set of interventions to achieve the most desirable outcomes, which, for this patient, means being able to perform self-care activities without dyspnea and hypoxia.

DIF: Cognitive Level: Understanding (Comprehension)

TOP: Nursing Process: Planning

MSC: NCLEX: Management of Client Care

8. A patient will be sent home with a metered-dose inhaler, and the nurse is providing teaching. Which is a correctly written expected outcome for this process?
- The nurse will demonstrate the correct use of a metered-dose inhaler to the patient.
 - The nurse will teach the patient how to administer medication with a metered-dose inhaler.
 - The patient will know how to self-administer the medication using the metered-dose inhaler.
 - The patient will independently administer the medication using the metered-dose inhaler at the end of the session.

ANS: D

Expected outcomes must be patient-centered and clearly state the outcome with a reasonable deadline and should identify components for evaluation.

DIF: Cognitive Level: Applying (Application)

TOP: Nursing Process: Planning

MSC: NCLEX: Management of Client Care

9. The nurse is generating solutions (planning) for a patient who has chronic lung disease and hypoxia. The patient has been admitted for increased oxygen needs above a baseline of 2 L/min. The nurse generates an expected outcomes stating, "The patient will have oxygen saturations of >95% on room air at the time of discharge from the hospital." What is wrong with this goal?
- It cannot be evaluated.

- b. It is not measurable.
- c. It is not patient-centered.
- d. It is not realistic.

ANS: D

The expected outcome is not realistic because the patient is not usually on room air and should not be expected to attain that expected outcome by discharge from this hospitalization.

DIF: Cognitive Level: Applying (Application)
MSC: NCLEX: Management of Client Care

TOP: Nursing Process: Planning

10. The nurse is developing a teaching plan for an elderly patient who will begin taking an antihypertensive drug that causes dizziness and orthostatic hypotension. Which hypothesis (problem) documented by the nurse is appropriate for this patient?
- a. Deficient knowledge related to drug side effects.
 - b. Ineffective health maintenance related to age.
 - c. Readiness for enhanced knowledge related to medication side effects.
 - d. Risk for injury related to side effects of the medication.

ANS: D

This patient has an increased risk for injury because of drug side effects, so this is an appropriate hypothesis (problem) to direct the type of care and follow-up the patient will receive.

DIF: Cognitive Level: Applying (Application)
TOP: Nursing Process: Nursing Diagnosis
MSC: NCLEX: Management of Client Care

11. An older patient must learn to administer a medication using a device that requires manual dexterity. The patient becomes frustrated and expresses lack of self-confidence in performing this task. Which action will the nurse perform next?
- a. Ask the patient to keep trying until the skill is learned.
 - b. Provide written instructions with illustrations showing each step of the skill.
 - c. Schedule multiple sessions and practice each step separately.
 - d. Teach the procedure to family members who can administer the medication for the patient.

ANS: C

Nurses should be sensitive to patient's level of frustration when teaching skills. In this case, breaking the steps down into individual parts will help with this patient's frustration level.

DIF: Cognitive Level: Applying (Application)
MSC: NCLEX: Management of Client Care

TOP: Nursing Process: Planning

12. A school-age child will begin taking a medication to be administered at 5 mL three times daily. The child's parent tells the nurse that, with a previous use of the drug, the child repeatedly forgot to bring the medication home from school, resulting in missed evening doses. What will the nurse recommend?
- a. Encourage the child to be more responsible and that it is important to take the medication as prescribed.

- b. Putting a note on the child's locker to encourage the child to take responsibility for medication administration.
- c. Asking the provider if 7.5 mL may be taken in the morning and 7.5 mL may be taken in the evening so that the correct amount is given daily.
- d. Taking the noon dose to school every day and giving it to the school nurse to administer.

ANS: C

For busy families with school-age children, it may be necessary to adjust the medication schedule to one that fits their schedule. The nurse should ask the provider if a revised schedule is possible. In this case, the most effective revised schedule would involve not taking the medication while at school. Putting a note on the locker is not likely to be effective. It is not correct to adjust the dose.

DIF: Cognitive Level: Applying (Application)

TOP: Nursing Process: Nursing Intervention | Nursing Process: Planning

MSC: NCLEX: Management of Client Care

13. A high-school student regularly forgets to use a twice-daily inhaled corticosteroid to prevent asthma flares and is repeatedly admitted to the hospital. The child's parent tells the nurse that the child has been told that forgetting to take the medication causes frequent hospitalizations. The nurse will
- a. encourage the child to take responsibility for taking the medication.
 - b. reinforce the need to take prescribed medications to avoid hospitalizations.
 - c. suggest putting the inhaler with the child's toothbrush to use before brushing teeth.
 - d. suggest that the child's parents administer the medication to increase compliance.

ANS: C

It is important to empower patients to take responsibility for managing medications. Putting the medication with the toothbrush can help this child remember to use it. Telling the child to take medications and reminding the child that failure to do so results in hospitalization is not working. Asking the child's parents to administer the medication does not empower the adolescent to take responsibility.

DIF: Cognitive Level: Applying (Application)

TOP: Nursing Process: Planning | Nursing Process: Nursing Intervention

MSC: NCLEX: Management of Client Care

14. An adolescent patient who has acne is given a regimen of topical medications and an oral antibiotic that generally clears up lesions to fewer than 10 within 6 to 8 weeks. At a 2-month follow-up, the patient continues to have more than 25 lesions. The child's parent affirms that the child is using the medications as prescribed. Which statement below is correct for this patient to evaluate the outcome?
- a. "Goal of fewer than 10 lesions in 6 to 8 weeks is not met."
 - b. "Goal that the medication will be effective is not met."
 - c. "Goal that the patient will take medications as prescribed is not met."
 - d. "Goal that the patient understands the medication regimen is not met."

ANS: A

All indications are that this patient is taking the medications and they are not effective. The first statement is correct because it identifies a measurable desired outcome and a specific time frame.

DIF: Cognitive Level: Applying (Application)
MSC: NCLEX: Management of Client Care

TOP: Nursing Process: Evaluation

15. Which of the following would not be considered an important element of health teaching in drug therapy?
- a. Assess the patients' health literacy skills.
 - b. Assess all of the drugs on the patients' profile for possible drug interactions.
 - c. Avoid discussing potential side effects and adverse reactions with the patient to avoid nonadherence.
 - d. Determine if the patient needs laboratory monitoring.

ANS: C

Potential side effects and adverse reactions should always be discussed with the patient so they know what to report to their health care team should they occur. All other factors considerations listed are important elements of health teaching.

DIF: Cognitive Level: Applying (Application)

TOP: Nursing Process: Assessment | Nursing Process: Nursing Intervention

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

Chapter 02: Drug Development and Ethical Considerations

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MULTIPLE CHOICE

1. The nurse is obtaining consent from a subject newly recruited for a clinical drug trial that will last for 6 months. All subjects will be given gift certificates for participating. One subject says, "Well, I guess if the drug doesn't work, I'll just have to put up with the symptoms for 6 months." What will the nurse tell the subject?
 - a. "Participation for the duration of the study is required."
 - b. "Participation may end at any time without penalty."
 - c. "Withdrawal from the study may end at any time, but the gift certificate will not be given."
 - d. "You can request placement in the treatment group."

ANS: B

All participants have the right to autonomy, which is the right to self-determination. Patients have the right to refuse to participate or to withdraw from a study at any time without penalty. Patients generally are not allowed to choose participation in either the treatment or the control group.

DIF: Cognitive Level: Understanding (Comprehension)

TOP: Nursing Process: Nursing Intervention

MSC: NCLEX: Management of Client Care