

9. The nursing student develops a plan of care based on a recently published article describing the effects of bed rest on a patient's calcium blood levels. When creating the plan of care, the nursing student has the obligation to consider which action?
- Critically appraise the evidence and determine validity.
 - Ensure that the plan of care does not alter current practice.
 - Change the process even when there is no problem identified.
 - Maintain the plan of care regardless of initial outcome.

ANS: A

Evidence-based practice (EBP) is an integration of the best-available research evidence with clinical judgment about a specific patient situation. The nurse assesses current and past research, clinical guidelines, and other resources to identify relevant literature. The application of EBP includes critically appraising the evidence to assess its validity, designing a change for practice, assessing the need for change and identifying a problem, and integrating and maintaining change while monitoring process and outcomes by reevaluating the application of evidence and assessing areas for improvement.

DIF: Applying OBJ: 1.2 TOP: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Care Coordination

10. The nurse is delegating frequent blood pressure (BP) measurements for a patient admitted with a gunshot wound to a licensed practical nurse (LPN). When delegating, the nurse understands which fact?
- He/she may assume that the LPN is able to perform this task appropriately.
 - The LPN is ultimately responsible for the patient findings and assessment.
 - The LPN may perform the tasks assigned without further supervision.
 - He/she retains ultimate responsibility for patient care and supervision is needed.

ANS: D

The RN retains ultimate responsibility for patient care, which requires supervision of those to whom patient care is delegated. In the process of collaboration, the nurse delegates certain activities to other health care personnel. The RN needs to *know* the scope of practice or capabilities of each health care member for delegation to be effective and safe.

DIF: Understanding OBJ: 1.2 TOP: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Care Coordination

11. The nurse is preparing to discharge a patient admitted with fever of unknown origin. The patient states, "I never got past the fifth grade in school. Don't read much. Never saw much sense in it. But I do OK. I can read most stuff. But my doctor explains things good and doesn't think that my sickness is serious." Considering this patient response, what action should the nurse carry out?
- Provide discharge medication information from a professional source to provide the most information.
 - Expect that the patient may return to the hospital if the discharge process is poorly done.
 - Assume that the physician and the patient have a good rapport and that the physician will clarify everything.
 - Defer offering the patient the opportunity to sign up for wellness classes due to the low literacy rate.

ANS: B

Low health literacy is associated with increased hospitalization, greater emergency care use, lower use of mammography, and lower receipt of influenza vaccine. A goal of patient education by the nurse is to inform patients and deliver information that is understandable by examining their level of health literacy. The more understandable health information is for patients, the closer the care is coordinated with need.

DIF: Applying OBJ: 1.2 TOP: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Health Promotion

12. A nurse is caring for a patient who lost a large amount of blood during childbirth. The nurse provides the opportunity for the patient to maintain her activity level while providing adequate periods of rest and encouragement. Which nursing theory would the nurse most likely choose as a framework for addressing the fatigue associated with the low blood count?
- Watson Human Caring Theory
 - Parse's Theory of Human Becoming
 - Roy's Adaptation Model
 - Rogers' Science of Unitary Human Beings

ANS: C

Roy's Adaptation Model is based on the human being as an adaptive open system. The person adapts by meeting physiologic-physical needs, developing a positive self-concept-group identity, performing social role functions, and balancing dependence and independence. Stressors result in illness by disrupting the equilibrium. Nursing care is directed at altering stimuli that are stressors to the patient. The nurse helps patients strengthen their abilities to adapt to their illnesses or helps them to develop adaptive behaviors. Watson's theory is based on caring, with nurses dedicated to health and healing. The nurse functions to preserve the dignity and wholeness of humans in health or while peacefully dying. Parse's theory is called the Human Becoming School of Thought. Parse formulated the Theory of Human Becoming by combining concepts from Martha Rogers' Science of Unitary Human Beings with existential-phenomenologic thought. This theory looks at the person as a constantly changing being, and at nursing as a human science. Martha Rogers (1970) developed the Science of Unitary Human Beings. She stated that human beings and their environments are interacting in continuous motion as infinite energy fields.

DIF: Applying OBJ: 1.4 TOP: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Care Coordination

MULTIPLE RESPONSE

1. The nurse recognizes which statements contribute to the understanding that nursing is considered a profession? (*Select all that apply.*)
- Nursing requires specialized training.
 - Nursing has a specialized body of knowledge.
 - The ANA regulates nursing practice.
 - Nurses make independent decisions within their scope of practice.
 - Once licensure is complete, no further education is required.

ANS: A, B, D

A profession is an occupation that requires at a minimum specialized training and a specialized body of knowledge. Nursing meets these minimum requirements. Thus nursing is considered to be a profession. Members of a profession have autonomy in decision making and practice and are self-regulating in that they develop their own policies in collaboration with one another. Nursing professionals make independent decisions within their scope of practice and are responsible for the results and consequences of those decisions. A profession is committed to competence and has a legally recognized license. Members are accountable for continuing their education. The ANA is a professional organization that provides standards (not regulation) of nursing practice.

DIF: Remembering OBJ: 1.6 TOP: Assessment
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Professionalism

2. The Institute of Medicine (IOM) Report identified several goals for nursing in the United States. The nurse identifies that the IOM offered which suggestions? (*Select all that apply.*)
- Nurses should practice to the full extent of their education.
 - Nursing education should demonstrate seamless progression.
 - Nurses should continue to be subservient to physicians in the hospital setting.
 - Policy making requires better data collection and information infrastructure.
 - Higher levels of education will not be needed by practicing nurses.

ANS: A, B, D

The Future of Nursing: Leading Change, Advancing Health (IOM, 2011) identified several goals for nursing in the United States: nurses should practice to the full extent of their education and training; Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression; Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States; and Effective workforce planning and policy making require better data collection and an improved information infrastructure.

DIF: Remembering OBJ: 1.1 TOP: Assessment
MSC: NCLEX Client Needs Category: Health Promotion and Maintenance
NOT: Concepts: Professionalism

3. The nurse is caring for a patient admitted for the removal of an infected appendix. Which actions by the nurse would indicate an understanding of the 2018 hospital safety goals? (*Select all that apply.*)
- Places an identification band on the right arm.
 - Marks the surgical site with a black-felt pen.
 - Checks medications three times before administration.
 - Washes hands between patients and/or when soiled.
 - Removes allergy bands prior to transfer to surgery.

ANS: A, B, C, D

The Joint Commission identifies each category and has specific elements of performance that are required for the health care worker to meet the goals. As new problems in patient care emerge, the safety goals are reassessed and revised. The 2018 hospital goals include the following broad categories: improve the accuracy of patient identification, improve the effectiveness of communication among caregivers, improve the safety of using medications, reduce the harm associated with clinical alarm systems, reduce the risk of health care–associated infections. The organization identifies safety risks inherent in its patient population. Improve the accuracy of patient identification. (Placing an ID band on the right are), improve the safety of using medications (check medications three times before administration), reduce the risk of health care–associated infections. (Washing hands), and the organization identifies safety risks inherent in its patient population. (Mark the surgical site with a black-felt pen) are all examples of actions that comply with the 2018 safety goals. Removing allergy bands would prevent identification of that patient’s safety risk.

DIF: Applying OBJ: 1.1 TOP: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Safety and Infection Control NOT: Concepts: Care Coordination

4. The nurse is conducting a health assessment on a patient from a foreign country. Which concepts should be addressed by the nurse during the interview? (*Select all that apply.*)
- Food preferences
 - Religious practices
 - Health beliefs
 - Family orientation
 - Politics

ANS: A, B, C, D

Culture is the integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

DIF: Applying OBJ: 1.7 TOP: Implementation
MSC: NCLEX Client Needs Category: Psychosocial Integrity NOT: Concepts: Care Coordination

5. The nurse documents that patient laboratory results often take 4 hours to populate into the electronic medical record. The lengthy time frame has contributed to delayed antibiotic administration. From this point, what should the nurse do to produce change using Evidence-Based practice? (*Select all that apply.*)
- Identify a problem affecting patient care.
 - Realize the facility resources may influence the decision.
 - Review pertinent journal articles from the literature search.
 - Apply the findings to clinical practice considering patient preferences.
 - Using the process recommended by the best clinical article.

ANS: A, B, C, D

The process of using evidence-based practice (EBP) starts with the identification of a problem. The nurse then conducts a literature search to find the best evidence pertaining to the problem. Facility resources may impact the ability to implement the chosen decision. Patient preferences need to be incorporated into the use of evidence from the literature combined with clinical expertise. The nurse would not use just one clinical article to determine a solution to the issue.

DIF: Applying OBJ: 1.2 TOP: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Evidence