

Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

Objective: CH 01 - Professional Nursing

1. Question Name: Question 0001 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

The nurse completes an admission database and explains that the plan of care and discharge goals will be developed with the patient's input. The patient asks, "How is this different from what the doctor does?" Which response would be **most** appropriate for the nurse to make?

- A. "The role of the nurse is to administer medications and other treatments prescribed by your doctor."
- * B. "In addition to caring for you while you are sick, the nurses will help you plan to maintain your health."
- C. "The nurse's job is to help the doctor by collecting information and communicating any problems that occur."
- D. "Nurses perform many of the same procedures as the doctor, but nurses are with the patients for a longer time than the doctor."

Correct Answer: B

Explanation/Rationale:

The American Nurses Association (ANA) definition of nursing describes the role of nurses in promoting health. The other responses describe dependent and collaborative functions of the nursing role but do not accurately describe the nurse's unique role in the health care system.

DIF: Cognitive Level: Analyze (analysis)

TOP: Nursing Process: Implementation

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 08/28/19 10:06:16 Date Used:

Difficulty: Easy Discrimination: Low

Item Analysis: Last

Item Analysis: Cumulative

No. of Students Responded: 0

No. of Students Responded: 0

Correct Responses (%):

Correct Responses (%):

Total Group: 0.00

Total Group: 0.00

Upper 27% of Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

2. Question Name: Question 0002 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding

The nurse describes to a student nurse how to use evidence-based practice (EBP) when caring for patients. Which statement by the nurse accurately describes the use of EBP?

- A. "Inferences from all published articles are used as a guide."
- B. "Patient care is based on clinical judgment, experience, and traditions."
- C. "Data are analyzed later to show that the patient outcomes are consistently met."
- * D. "Recommendations are based on research, clinical expertise, and patient preferences."

Correct Answer: D

Explanation/Rationale:

Evidence-based practice (EBP) is the use of the best research-based evidence combined with clinician expertise and consideration of patient preferences. Clinical judgment based on the nurse's clinical experience is part of EBP, but clinical decision making should also incorporate current research and research-based guidelines. Evaluation of patient outcomes is important, but data analysis is not required to use EBP. All published articles do not provide research evidence; interventions should be based on credible research, preferably randomized controlled studies with a large number of subjects.

DIF: Cognitive Level: Remember (knowledge)

TOP: Nursing Process: Planning

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 08/27/19 16:15:23 Date Used:

Difficulty: Easy Discrimination: Low

Item Analysis: Last Item Analysis: Cumulative

No. of Students Responded:	0	No. of Students Responded:	0
Correct Responses (%):		Correct Responses (%):	
Total Group:	0.00	Total Group:	0.00
Upper 27% of Group:	0.00	Upper 27% of Group:	0.00
Lower 27% of Group:	0.00	Lower 27% of Group:	0.00
Point Biserial:	0.00	Point Biserial:	0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

3. Question Name: Question 0003 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding
Lewis Medical Surgical Nursing, 11E

The nurse teaches a student nurse about how to apply the nursing process when providing patient care. Which statement by the student nurse indicates that teaching was successful?

- A. "The nursing process is a research method of diagnosing the patient's health care problems."
- B. "The nursing process is used primarily to explain nursing interventions to other health care professionals."
- * C. "The nursing process is a problem-solving tool used to identify and treat the patients' health care needs."

- D. "The nursing process is based on nursing theory that incorporates the biopsychosocial nature of humans."

Correct Answer: C

Explanation/Rationale:

The nursing process is a problem-solving approach to the identification and treatment of patients' problems. Nursing process does not require research methods for diagnosis. The primary use of the nursing process is in patient care, not to establish nursing theory or explain nursing interventions to other health care professionals.

DIF: Cognitive Level: Understand (comprehension)

TOP: Nursing Process: Evaluation

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 08/27/19 16:15:23 Date Used:

Difficulty: Easy Discrimination: Low

Item Analysis: Last

Item Analysis: Cumulative

No. of Students Responded: 0

No. of Students Responded: 0

Correct Responses (%):

Correct Responses (%):

Total Group: 0.00

Total Group: 0.00

Upper 27% of Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

4. Question Name: Question 0004 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding
Lewiss Medical Surgical Nursing, 11E

A patient admitted to the hospital for surgery tells the nurse, "I do not feel comfortable leaving my children with my parents." Which action should the nurse take **next**?

- A. Reassure the patient that these feelings are common for parents.
- B. Have the patient call the children to ensure that they are doing well.
- * C. Gather information on the patient's concerns about the child care arrangements.
- D. Call the patient's parents to determine whether adequate child care is being provided.

Correct Answer: C

Explanation/Rationale:

Because a complete assessment is necessary in order to identify a problem and choose an appropriate intervention, the nurse's first action should be to obtain more information. The other actions may be appropriate, but more assessment is needed before the best intervention can be chosen.

DIF: Cognitive Level: Analyze (analysis)

OBJ: Special Questions: Prioritization
TOP: Nursing Process: Assessment
MSC: NCLEX: Psychosocial Integrity

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active
Date Created: 08/27/19 16:15:23 Date Modified: 09/06/19 11:18:59 Date Used:
Difficulty: Easy Discrimination: Low

Item Analysis: Last

No. of Students Responded: 0
Correct Responses (%):
Total Group: 0.00
Upper 27% of Group: 0.00
Lower 27% of Group: 0.00
Point Biserial: 0.00

Item Analysis: Cumulative

No. of Students Responded: 0
Correct Responses (%):
Total Group: 0.00
Upper 27% of Group: 0.00
Lower 27% of Group: 0.00
Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

5. Question Name: Question 0005 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding
Lewiss Medical Surgical Nursing, 11E

A patient with a bacterial infection is hypovolemic due to a fever and excessive diaphoresis. Which expected outcome would the nurse recognize as appropriate for this patient?

- *
A. Patient has a balanced intake and output.
B. Patient's bedding is kept clean and free of moisture.
C. Patient understands the need for increased fluid intake.
D. Patient's skin remains cool and dry throughout hospitalization.

Correct Answer: A

Explanation/Rationale:

Balanced intake and output gives measurable data showing resolution of the problem of deficient fluid volume. The other statements would not indicate that the problem of hypovolemia was resolved.

DIF: Cognitive Level: Apply (application)

TOP: Nursing Process: Planning

MSC: NCLEX: Physiological Integrity

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active
Date Created: 08/27/19 16:15:23 Date Modified: 08/27/19 16:15:23 Date Used:
Difficulty: Easy Discrimination: Low

Item Analysis: Last

No. of Students Responded: 0
Correct Responses (%):
Total Group: 0.00

Item Analysis: Cumulative

No. of Students Responded: 0
Correct Responses (%):
Total Group: 0.00

Upper 27% of Group:	0.00	Upper 27% of Group:	0.00	
Lower 27% of Group:	0.00	Lower 27% of Group:	0.00	
Point Biserial:	0.00	Point Biserial:	0.00	
<u>Response Frequencies (%)</u>				
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

6. Question Name: Question 0006 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding
Lewiss Medical Surgical Nursing, 11E

After administering medication, the nurse asks the patient if pain was relieved. What is the purpose of the evaluation phase of the nursing process?

- A. To document the nursing care plan in the progress notes of the health record
- * B. To determine if interventions have been effective in meeting patient outcomes
- C. To decide whether the patient's health problems have been completely resolved
- D. To establish if the patient agrees that the nursing care provided was satisfactory

Correct Answer: B

Explanation/Rationale:

Evaluation consists of determining whether the desired patient outcomes have been met and whether the nursing interventions were appropriate. The other responses do not describe the evaluation phase.

DIF: Cognitive Level: Understand (comprehension)

TOP: Nursing Process: Evaluation

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points:	1.00	Penalty:	0.00	Score Mode:	Active
Date Created:	08/27/19 16:15:23	Date Modified:	08/27/19 16:15:23	Date Used:	
Difficulty:	Easy	Discrimination:	Low		

Item Analysis: Last

No. of Students Responded:	0
Correct Responses (%):	
Total Group:	0.00
Upper 27% of Group:	0.00
Lower 27% of Group:	0.00
Point Biserial:	0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

Item Analysis: Cumulative

No. of Students Responded:	0
Correct Responses (%):	
Total Group:	0.00
Upper 27% of Group:	0.00
Lower 27% of Group:	0.00
Point Biserial:	0.00

7. Question Name: Question 0007 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding
Lewiss Medical Surgical Nursing, 11E

The nurse interviews a patient while completing the health history and physical examination. What is the purpose of the assessment phase of the nursing process?

- A. To teach interventions that relieve health problems

- B. To use patient data to evaluate patient care outcomes
- C. To help the patient identify realistic outcomes for health problems
- * D. To obtain data with which to diagnose patient strengths and problems

Correct Answer: D

Explanation/Rationale:

During the assessment phase, the nurse gathers information about the patient to diagnose patient strengths and problems. The other responses are examples of the planning, intervention, and evaluation phases of the nursing process.

DIF: Cognitive Level: Understand (comprehension)

TOP: Nursing Process: Assessment

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 08/27/19 16:15:23 Date Used:

Difficulty: Easy Discrimination: Low

Item Analysis: Last

Item Analysis: Cumulative

No. of Students Responded: 0 No. of Students Responded: 0

Correct Responses (%): Correct Responses (%):

Total Group: 0.00 Total Group: 0.00

Upper 27% of Group: 0.00 Upper 27% of Group: 0.00

Lower 27% of Group: 0.00 Lower 27% of Group: 0.00

Point Biserial: 0.00 Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

8. Question Name: Question 0008 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding
Lewiss Medical Surgical Nursing, 11E

The nurse admits a patient to the hospital and develops a plan of care. What components should the nurse include in the patient problem statement?

- A. The problem and the suggested patient goals or outcomes
- * B. The problem, its causes, and the signs and symptoms of the problem
- C. The problem with the possible etiology and the planned interventions
- D. The problem, the pathophysiology of the problem, and the expected outcome

Correct Answer: B

Explanation/Rationale:

When writing patient problems or nursing diagnoses, this format should be used: problem, etiology, and signs and symptoms. The subjective as well as objective data should be included. Goals, outcomes, and interventions are not included in the problem statement.

DIF: Cognitive Level: Understand (comprehension)

TOP: Nursing Process: Diagnosis

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 09/06/19 11:19:18 Date Used:

Difficulty: Easy Discrimination: Low

Item Analysis: Last

No. of Students Responded: 0

Correct Responses (%):

Total Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Item Analysis: Cumulative

No. of Students Responded: 0

Correct Responses (%):

Total Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

9. Question Name: Question 0009 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding
Lewiss Medical Surgical Nursing, 11E

Which patient care task is appropriate for the nurse to delegate to experienced unlicensed assistive personnel (UAP)?

- A. Instruct the patient about the need to alternate activity and rest.
- B. Monitor level of shortness of breath or fatigue after ambulation.
- * C. Obtain the patient's blood pressure and pulse rate after ambulation.
- D. Determine whether the patient is ready to increase the activity level.

Correct Answer: C

Explanation/Rationale:

UAP education includes accurate vital sign measurement. Assessment and patient teaching require registered nurse education and scope of practice and cannot be delegated.

DIF: Cognitive Level: Apply (application)

OBJ: Special Questions: Delegation

TOP: Nursing Process: Planning

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 08/27/19 16:15:23 Date Used:

Difficulty: Easy Discrimination: Low

Item Analysis: Last

No. of Students Responded: 0

Correct Responses (%):

Total Group: 0.00

Upper 27% of Group: 0.00

Item Analysis: Cumulative

No. of Students Responded: 0

Correct Responses (%):

Total Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00
Point Biserial: 0.00
Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

Lower 27% of Group: 0.00
Point Biserial: 0.00

10. Question Name: Question 0010 Type: MC Objective: CH 01 - Professional Nursing Item Bank:
Harding Lewiss Medical Surgical Nursing, 11E

A nurse is caring for a group of patients on the medical-surgical unit with the help of one float registered nurse (RN), one unlicensed assistive personnel (UAP), and one licensed practical/vocational nurse (LPN/VN). Which assignment, if delegated by the nurse, would be inappropriate?

- * A. Check for the presence of bowel sounds by UAP
B. Administration of oral medications by LPN/VN
C. Insulin administration by float RN from the pediatric unit
D. Measurement of a patient's urinary catheter output by UAP

Correct Answer: A

Explanation/Rationale:

Assessment requires RN education and scope of practice so it cannot be delegated to an LPN/VN or UAP. The other assignments made by the RN are appropriate for the role of the team member.

DIF: Cognitive Level: Apply (application)

OBJ: Special Questions: Delegation

TOP: Nursing Process: Planning

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 08/27/19 16:15:23 Date Used:

Difficulty: Easy

Discrimination: Low

Item Analysis: Last

Item Analysis: Cumulative

No. of Students Responded: 0

No. of Students Responded: 0

Correct Responses (%):

Correct Responses (%):

Total Group: 0.00

Total Group: 0.00

Upper 27% of Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

11. Question Name: Question 0011 Type: MC Objective: CH 01 - Professional Nursing Item Bank:
Harding Lewiss Medical Surgical Nursing, 11E

Which task is appropriate for the nurse to delegate to a licensed practical/vocational nurse

(LPN/VN)?

- A. Complete the initial admission assessment and plan of care.
- * B. Measure bedside blood glucose before administering insulin.
- C. Document teaching completed before a diagnostic procedure.
- D. Instruct a patient about low-fat, reduced sodium dietary restrictions.

Correct Answer: B

Explanation/Rationale:

The education and scope of practice of the LPN/LVN include activities such as obtaining glucose testing using a finger stick and administering insulin. Patient teaching and the initial assessment and development of the plan of care are nursing actions that require registered nurse education and scope of practice.

DIF: Cognitive Level: Apply (application)

OBJ: Special Questions: Delegation

TOP: Nursing Process: Planning

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 08/27/19 16:15:23 Date Used:

Difficulty: Easy Discrimination: Low

Item Analysis: Last

Item Analysis: Cumulative

No. of Students Responded: 0

No. of Students Responded: 0

Correct Responses (%):

Correct Responses (%):

Total Group: 0.00

Total Group: 0.00

Upper 27% of Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

12. Question Name: Question 0012 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

A nurse is assigned as a case manager for a hospitalized patient with a spinal cord injury. Which activity can the patient expect the nurse in this role to perform?

- A. Care for the patient during hospitalization for the injuries.
- B. Assist the patient with home care activities during recovery.
- * C. Coordinate the services the patient receives in the hospital and at home.
- D. Determine what medical care the patient needs for optimal rehabilitation.

Correct Answer: C

Explanation/Rationale:

The role of the case manager is to coordinate the patient's care through multiple settings and levels of care to allow the maximal patient benefit at the least cost. The case manager

does not provide direct care in the acute or home setting. The case manager coordinates and advocates for care the HCP determines what medical care is needed.

DIF: Cognitive Level: Apply (application)

TOP: Nursing Process: Implementation

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:15:23 Date Modified: 08/27/19 16:15:23 Date Used:

Difficulty: Easy

Discrimination: Low

Item Analysis: Last

Item Analysis: Cumulative

No. of Students Responded: 0

No. of Students Responded: 0

Correct Responses (%):

Correct Responses (%):

Total Group: 0.00

Total Group: 0.00

Upper 27% of Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

13. Question Name: Question 0013 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

The nurse is caring for an older adult patient who needs continued nursing care and physical therapy to improve mobility after surgery to repair a fractured hip. The nurse would help to arrange for transfer of the patient to which facility?

- A. A skilled care facility
- * B. A transitional care facility
- C. A residential care facility
- D. An intermediate care facility

Correct Answer: B

Explanation/Rationale:

Transitional care settings are appropriate for patients who need continued rehabilitation before discharge to home or to long-term care settings. The patient is no longer in need of the more continuous assessment and care given in acute care settings. There is no indication that the patient will need the permanent and ongoing medical and nursing services available in intermediate or skilled care. The patient is not yet independent enough to transfer to a residential care facility.

DIF: Cognitive Level: Apply (application)

TOP: Nursing Process: Planning

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points:	1.00	Penalty:	0.00	Score Mode:	Active
Date Created:	08/27/19 16:15:23	Date Modified:	08/27/19 16:15:23	Date Used:	
Difficulty:	Easy	Discrimination:	Low		
<u>Item Analysis: Last</u>			<u>Item Analysis: Cumulative</u>		
No. of Students Responded:	0	No. of Students Responded:	0		
Correct Responses (%):		Correct Responses (%):			
Total Group:	0.00	Total Group:	0.00		
Upper 27% of Group:	0.00	Upper 27% of Group:	0.00		
Lower 27% of Group:	0.00	Lower 27% of Group:	0.00		
Point Biserial:	0.00	Point Biserial:	0.00		
<u>Response Frequencies (%)</u>					
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	
Last:	0.00	0.00	0.00	0.00	
Cumulative:	0.00	0.00	0.00	0.00	

14. Question Name: Question 0014 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

A home care nurse is planning care for a patient who has just been diagnosed with type 2 diabetes. Which task is appropriate for the nurse to delegate to the home health aide?

- A. Assist the patient to choose appropriate foods.
- * B. Help the patient with a daily bath and oral care.
- C. Check the patient's feet for signs of breakdown.
- D. Teach the patient how to monitor blood glucose.

Correct Answer: B

Explanation/Rationale:

Assisting with patient hygiene is included in home health-aide education and scope of practice. Assessment of the patient and instructing the patient in new skills, such as diet and blood glucose monitoring, are complex skills that are included in registered nurse education and scope of practice.

DIF: Cognitive Level: Apply (application)
 OBJ: Special Questions: Delegation
 TOP: Nursing Process: Implementation
 MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:					
Points:	1.00	Penalty:	0.00	Score Mode:	Active
Date Created:	08/27/19 16:15:23	Date Modified:	09/10/19 09:25:39	Date Used:	
Difficulty:	Easy	Discrimination:	Low		
<u>Item Analysis: Last</u>			<u>Item Analysis: Cumulative</u>		
No. of Students Responded:	0	No. of Students Responded:	0		
Correct Responses (%):		Correct Responses (%):			
Total Group:	0.00	Total Group:	0.00		
Upper 27% of Group:	0.00	Upper 27% of Group:	0.00		
Lower 27% of Group:	0.00	Lower 27% of Group:	0.00		
Point Biserial:	0.00	Point Biserial:	0.00		
<u>Response Frequencies (%)</u>					
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	

Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

15. Question Name: Question 0015 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

The nurse is providing education to nursing staff on quality care initiatives. Which statement is an accurate description of the impact of health care financing on quality care?

- A. "If a patient develops a catheter-related infection, the hospital receives additional funding."
- * B. "Payment for patient care is primarily based on clinical outcomes and patient satisfaction."
- C. "Hospitals are reimbursed for all costs incurred if care is documented electronically."
- D. "Because hospitals are accountable for overall care, it is not nursing's responsibility to monitor care delivered by others."

Correct Answer: B

Explanation/Rationale:

Payment for health care services programs reimburses hospitals for their performance on overall quality-of-care measures. These measures include clinical outcomes and patient satisfaction. Nurses are responsible for coordinating complex aspects of patient care, including the care delivered by others, and identifying issues that are associated with poor quality care. Payment for care can be withheld if something happens to the patient that is considered preventable (e.g., acquiring a catheter-related urinary tract infection).

DIF: Cognitive Level: Apply (application)

TOP: Nursing Process: Implementation

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points:	1.00	Penalty:	0.00	Score Mode:	Active
Date Created:	08/27/19 16:49:26	Date Modified:	08/27/19 16:49:26	Date Used:	
Difficulty:	Easy	Discrimination:	Low		

Item Analysis: Last

No. of Students Responded:	0
Correct Responses (%):	
Total Group:	0.00
Upper 27% of Group:	0.00
Lower 27% of Group:	0.00
Point Biserial:	0.00

Item Analysis: Cumulative

No. of Students Responded:	0
Correct Responses (%):	
Total Group:	0.00
Upper 27% of Group:	0.00
Lower 27% of Group:	0.00
Point Biserial:	0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

16. Question Name: Question 0016 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

The nurse documenting the patient's progress in the electronic health record before an interprofessional discharge conference is demonstrating competency in which QSEN

category?

- A. Patient-centered care
- B. Evidence-based practice
- C. Quality improvement
- * D. Informatics and technology

Correct Answer: D

Explanation/Rationale:

The nurse is displaying competency in the QSEN area of informatics and technology.

Using a computerized information system to document patient needs and progress and communicate vital information about the patient with the interprofessional care team members provides evidence that nursing practice standards related to the nursing process have been maintained during the care of the patient.

DIF: Cognitive Level: Apply (application)

TOP: Nursing Process: Implementation

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:52:28 Date Modified: 08/27/19 16:52:28 Date Used:

Difficulty: Easy Discrimination: Low

Item Analysis: Last

Item Analysis: Cumulative

No. of Students Responded: 0

No. of Students Responded: 0

Correct Responses (%):

Correct Responses (%):

Total Group: 0.00

Total Group: 0.00

Upper 27% of Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
Last:	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00

17. Question Name: Question 0017 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

Which information will the nurse consider when deciding what nursing actions to delegate to a licensed practical/vocational nurse (LPN/VN) who is working on a medical-surgical unit? (*Select all that apply.*)

- * A. Institutional policies
- * B. Stability of the patients
- * C. State nurse practice act
- D. LPN/VN teaching abilities
- * E. Experience of the LPN/VN

Correct Answer: A+B+C+E

Explanation/Rationale:

The nurse should assess the experience of LPN/VNs when delegating. In addition, state nurse practice acts and institutional policies must be considered. In general, while the LPN/VN scope of practice includes caring for patients who are stable, registered nurses should provide most of the care for unstable patients. Because the LPN/VN scope of practice does not include patient education, this will not be part of the delegation process.

DIF: Cognitive Level: Apply (application)

OBJ: Special Questions: Delegation

TOP: Nursing Process: Planning

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active

Date Created: 08/27/19 16:53:45 Date Modified: 08/27/19 16:53:45 Date Used:

Difficulty: Easy

Discrimination: Low

Item Analysis: Last

Item Analysis: Cumulative

No. of Students Responded: 0

No. of Students Responded: 0

Correct Responses (%):

Correct Responses (%):

Total Group: 0.00

Total Group: 0.00

Upper 27% of Group: 0.00

Upper 27% of Group: 0.00

Lower 27% of Group: 0.00

Lower 27% of Group: 0.00

Point Biserial: 0.00

Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
Last:	0.00	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00	0.00

18. Question Name: Question 0018 Type: MC Objective: CH 01 - Professional Nursing Item Bank: Harding Lewiss Medical Surgical Nursing, 11E

Which actions by the nurse administering medications are consistent with promoting safe delivery of patient care? *(Select all that apply)*

- * A. Discards a medication that unlabeled.
- * B. Uses a hand sanitizer before preparing a medication.
- C. Identifies the patient by the room number on the door.
- * D. Checks laboratory test results before administering a diuretic.
- * E. Gives the patient a list of current medications upon discharge.

Correct Answer: A+B+D+E

Explanation/Rationale:

National Patient Safety Goals have been established to promote safe delivery of care. The nurse should use at least 2 reliable ways to identify the patient such as asking the patient's full name and date of birth before medication administration. Other actions that improve patient safety include performing hand hygiene, disposing of unlabeled medications, completing appropriate assessments before administering medications, and giving a list of the current medicines to the patient and caregiver before discharge.

DIF: Cognitive Level: Apply (application)

TOP: Nursing Process: Implementation

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active
Date Created: 08/27/19 16:54:43 Date Modified: 08/27/19 16:54:43 Date Used:
Difficulty: Easy Discrimination: Low

Item Analysis: Last

No. of Students Responded: 0
Correct Responses (%):
Total Group: 0.00
Upper 27% of Group: 0.00
Lower 27% of Group: 0.00
Point Biserial: 0.00

Item Analysis: Cumulative

No. of Students Responded: 0
Correct Responses (%):
Total Group: 0.00
Upper 27% of Group: 0.00
Lower 27% of Group: 0.00
Point Biserial: 0.00

Response Frequencies (%)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
Last:	0.00	0.00	0.00	0.00	0.00
Cumulative:	0.00	0.00	0.00	0.00	0.00

19. Question Name: Question 0019 Type: EP Objective: CH 01 - Professional Nursing Item Bank: Harding
Lewiss Medical Surgical Nursing, 11E

The nurse uses the Situation-Background-Assessment-Recommendation (SBAR) format to communicate a change in patient status to a health care provider. In which order should the nurse make the following statements? (*Put a comma and a space between each answer choice [A, B, C, D].*)

- "The patient needs to be evaluated immediately and may need intubation and mechanical ventilation."
- "The patient was admitted yesterday with heart failure and has been receiving furosemide (Lasix) for diuresis, but urine output has been low."
- "The patient has crackles audible throughout the posterior chest, and the most recent oxygen saturation is 89%. Her condition is very unstable."
- "This is the nurse on the surgical unit. After assessing the patient, I am very concerned about increased shortness of breath over the past hour."

Explanation/Rationale:

D, B, C, A

The order of the nurse's statements follows the SBAR format.

DIF: Cognitive Level: Apply (application)

OBJ: Special Questions: Prioritization

TOP: Nursing Process: Implementation

MSC: NCLEX: Safe and Effective Care Environment

Reference/Notes:

Keywords:

Points: 1.00 Penalty: 0.00 Score Mode: Active
Date Created: 08/27/19 16:55:53 Date Modified: 08/28/19 09:45:57 Date Used:
