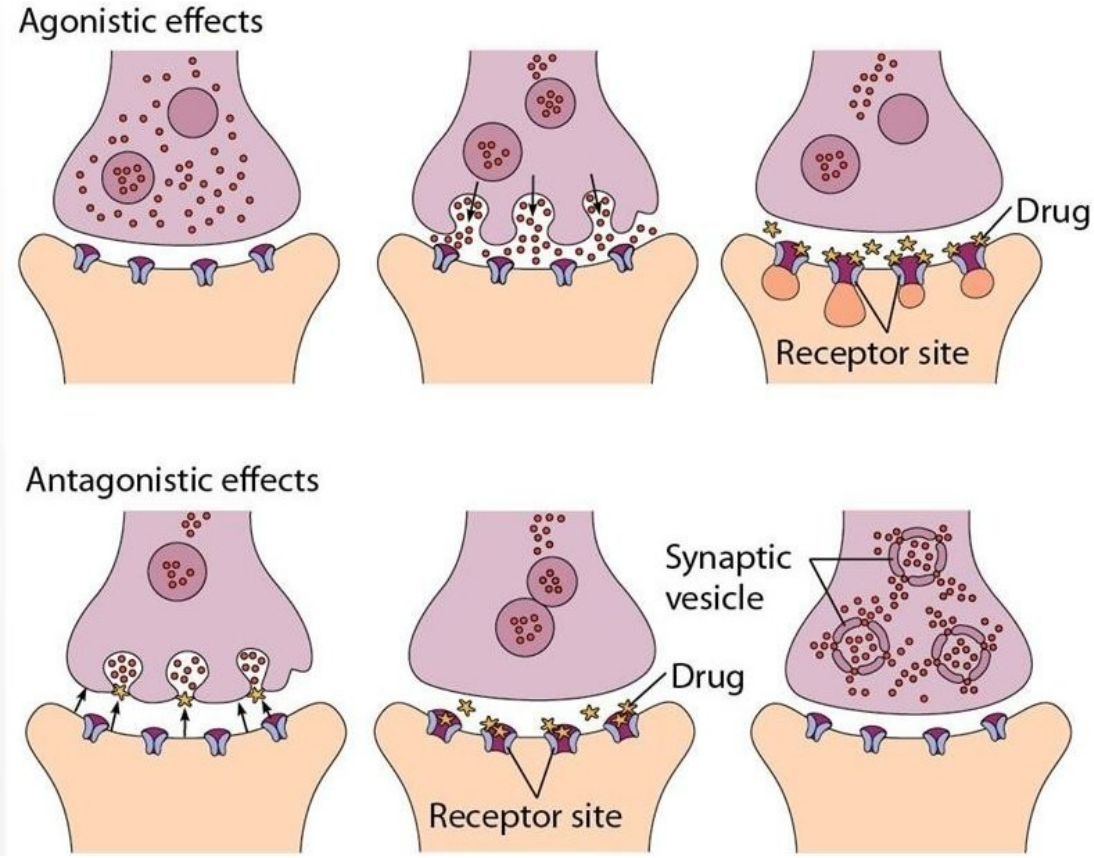
Nursing: A Concept-Based Approach to Learning Vol. 1 & 2, 3e **(Pearson)**

Module 22 Addiction

The Concept of Addiction

1) While practicing at an outpatient addiction clinic, the nurse summarizes a diagram in the orientation handbook for another nurse who is new to the clinic. That diagram is reproduced below. Which of the following statements on the part of the new nurse would reflect an appropriate understanding of this diagram?



A) "Most abused substances either imitate or block the action of neurotransmitters."
B) "In order to be addictive, a substance must cause the release of excess neurotransmitters."
C) "Substances that exert antagonistic effects can be used to counteract the addictive tendencies of substances that exert agonistic effects."
D) "People with addictive personalities process neurotransmitters differently than people who are less prone to addiction."
Answer: A

Explanation: A) Most abused substances either mimic or block neurotransmitters at critical receptor sites. These drugs exert agonistic effects if they boost neurotransmitter synthesis, increase neurotransmitter release, or activate receptors that normally respond to neurotransmitters (as illustrated in the top half of the diagram). Conversely, they exert antagonistic effects if they interfere with neurotransmitter release, occupy receptor sites that are normally sensitive to neurotransmitters, or cause leakage of neurotransmitters from synaptic vesicles (as shown in the bottom half of the diagram). Both drugs with agonistic effects and those with antagonistic effects can be addictive, and administering one class of drug will not counteract the addictive tendencies of the other class. Researchers have not identified an addictive personality type.
B) Most abused substances either mimic or block neurotransmitters at critical receptor sites. These drugs exert agonistic effects if they boost neurotransmitter synthesis, increase neurotransmitter release, or activate receptors that normally respond to neurotransmitters (as illustrated in the top half of the diagram). Conversely, they exert antagonistic effects if they interfere with neurotransmitter release, occupy receptor sites that are normally sensitive to neurotransmitters, or cause leakage of neurotransmitters from synaptic vesicles (as shown in the bottom half of the diagram). Both drugs with agonistic effects and those with antagonistic effects can be addictive, and administering one class of drug will not counteract the addictive tendencies of the other class. Researchers have not identified an addictive personality type.
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Page Ref: 1648
Cognitive Level: Analyzing
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Evaluation

Learning Outcome: 22.1 Summarize the processes involved in addiction.
MNL LO: Analyze the concept of addiction and its application to nursing care.

2) A public health nurse is presenting a teaching session about alcohol use to a group of college seniors. During the session, one of the students admits to frequent alcohol use. What is the nurse's priority action?
A) Initiate a community assessment of the campus
B) Contact the campus nurse and refer the student for services
C) Notify campus security that the student may be driving while intoxicated
D) Complete a crisis assessment with the student
Answer: D
Explanation: A) The student should be assessed to determine the extent of crisis he or she is facing as the result of frequent alcohol use. This crisis assessment will allow the nurse to determine the appropriate course of action. A community assessment is not necessary at this time because the issue appears to be limited to this particular student. Contacting the campus nurse is not advised without the student's permission. There is no evidence that the student is driving while intoxicated.
B) The student should be assessed to determine the extent of crisis he or she is facing as the result of frequent alcohol use. This crisis assessment will allow the nurse to determine the appropriate course of action. A community assessment is not necessary at this time because the issue appears to be limited to this particular student. Contacting the campus nurse is not advised without the student's permission. There is no evidence that the student is driving while intoxicated.
C) The student should be assessed to determine the extent of crisis he or she is facing as the result of frequent alcohol use. This crisis assessment will allow the nurse to determine the appropriate course of action. A community assessment is not necessary at this time because the issue appears to be limited to this particular student. Contacting the campus nurse is not advised without the student's permission. There is no evidence that the student is driving while intoxicated.
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Page Ref: 1657
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.5 Differentiate common assessment procedures and tests used to examine individuals suspected of abusing a substance.
MNL LO: Analyze the concept of addiction and its application to nursing care.

3) A nurse educator is teaching a group of students about the comprehensive theory of addiction proposed by George Engel. Which of the following student statements indicate proper understanding of this theory? Select all that apply.
A) "Addiction occurs because of a lack of emotional attachment."
B) "There is a biological factor involved in the development of addiction."
C) "There are social factors that contribute to the development of addiction."
D) "There is a moral factor involved in the development of addiction."
E) "There are psychologic elements involved in the development of addiction."
Answer: B, C, E
Explanation: A) George Engel is credited with proposing the biopsychosocial model of addiction. The biopsychosocial model is supported by current research and takes a more holistic view, theorizing that biological, psychologic, and social factors all contribute to the development of addiction. The view of addiction as a moral disease is nontherapeutic. Viewing addiction as only a behavioral or emotional problem oversimplifies a complex issue.
B) George Engel is credited with proposing the biopsychosocial model of addiction. The biopsychosocial model is supported by current research and takes a more holistic view, theorizing that biological, psychologic, and social factors all contribute to the development of addiction. The view of addiction as a moral disease is nontherapeutic. Viewing addiction as only a behavioral or emotional problem oversimplifies a complex issue.
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Page Ref: 1648
Cognitive Level: Analyzing
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Evaluation
Learning Outcome: 22.1 Summarize the processes involved in addiction.
MNL LO: Analyze the concept of addiction and its application to nursing care.

4) During visitation on the unit, a nurse is observing the family dynamics of an adolescent client who has an addiction problem. In doing so, the nurse concludes that the family is exhibiting codependence. Which of the following behaviors on the part of the family supports the nurse's conclusion?
A) The family is intolerant of any frustration on the part of the client.
B) The family engages in actions that enable the client's self-destructive behavior.
C) The family is argumentative about seemingly insignificant issues.
D) The family exhibits high levels of impatience.
Answer: B
Explanation: A) Codependence is a cluster of maladaptive behaviors exhibited by the significant others of a substance-abusing individual that serve to protect and perpetuate the abuse. Codependence frequently involves enabling behavior, which is any action an individual takes that either consciously or unconsciously facilitates substance dependence. Although impatience, intolerance of frustration, and argumentative behaviors may also be present in this family, they are generally not related to the cycle of codependence and addiction.
B) Codependence is a cluster of maladaptive behaviors exhibited by the significant others of a substance-abusing individual that serve to protect and perpetuate the abuse. Codependence frequently involves enabling behavior, which is any action an individual takes that either consciously or unconsciously facilitates substance dependence. Although impatience, intolerance of frustration, and argumentative behaviors may also be present in this family, they are generally not related to the cycle of codependence and addiction.
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Page Ref: 1651
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.3 Outline the relationship between addiction and other concepts.
MNL LO: Analyze the concept of addiction and its application to nursing care.

5) The nurse is conducting a crisis assessment for a client who admits to cocaine use. Which questions are appropriate for the nurse to ask the client during this process? Select all that apply.
A) "Do you have access to any recreational centers?"
B) "What is the most significant problem affecting your life right now?"
C) "How long has this been a problem?"
D) "What are the living conditions in your neighborhood?"
E) "What other stresses are you dealing with?"
Answer: B, C, E

Explanation: A) When conducting a crisis assessment for a client who admits to using a substance that is associated with addiction, the nurse should ask about the most significant problem in the client's life right now, how long this problem has been occurring, and what other stresses may be affecting the client. Questions about recreational centers and neighborhood living conditions are more appropriate for a community crisis assessment than for an individual crisis assessment.
B) When conducting a crisis assessment for a client who admits to using a substance that is associated with addiction, the nurse should ask about the most significant problem in the client's life right now, how long this problem has been occurring, and what other stresses may be affecting the client. Questions about recreational centers and neighborhood living conditions are more appropriate for a community crisis assessment than for an individual crisis assessment.
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Page Ref: 1656-1657
Cognitive Level: Understanding
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.5 Differentiate common assessment procedures and tests used to examine individuals suspected of abusing a substance.
MNL LO: Analyze the concept of addiction and its application to nursing care.

6) A client is admitted to the emergency department with signs of drug use. The client reports ingesting Percocet and is currently experiencing respiratory depression. Based on this information, which prescription should the nurse anticipate for this client?
A) Diazepam
B) Haldol
C) Vitamin B_{12}
D) Naloxone
Answer: D
Explanation: A) Percocet (oxycodone and acetaminophen) is an opioid narcotic. Thus, the nurse should anticipate administration of naloxone (Narcan), because this medication is used in the treatment of narcotic overdose. Diazepam would be prescribed to manage the symptoms of substance withdrawal. Haldol would be administered to manage an overdose of phencyclidine (PCP). Vitamin B_{12} would be used to manage the neurologic symptoms that might accompany a nitrate overdose.
B) Percocet (oxycodone and acetaminophen) is an opioid narcotic. Thus, the nurse should anticipate administration of naloxone (Narcan), because this medication is used in the treatment of narcotic overdose. Diazepam would be prescribed to manage the symptoms of substance withdrawal. Haldol would be administered to manage an overdose of phencyclidine (PCP). Vitamin B_{12} would be used to manage the neurologic symptoms that might accompany a nitrate overdose.
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Page Ref: 1664
Cognitive Level: Analyzing
Client Need/Sub: Physiological Integrity: Pharmacological and Parenteral Therapies
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.7 Summarize collaborative therapies used by interprofessional teams for clients with substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

7) A nurse who runs an addiction treatment group at an inner-city clinic has noticed that many of the group's participants struggle with the stigma attached to their condition. Which of the following statements on the part of the nurse would best help participants overcome this stigma?
A) "Relapse is a common feature of substance abuse."
B) "Heredity and complex environmental influences predispose some people to substance dependence."
C) "People who have an addiction problem cannot be held accountable for their actions."
D) "Alcoholics Anonymous and Narcotics Anonymous are both accepted treatment approaches."
Answer: B

Explanation: A) Many clients with addiction struggle with the stigma associated with their condition; for instance, they may feel that addiction is a form of moral failure or a result of personal weakness. Reassuring clients that addiction is rooted in a combination of heredity and environmental factors may help them overcome some of these false beliefs and move toward recovery. Although many clients with a history of substance abuse do relapse, this information would not help overcome the stigma of addiction, nor would information regarding Alcoholics Anonymous or Narcotics Anonymous. Nurses should strive to hold clients with addiction accountable for their actions; absolving them of responsibility only serves to enable their substance abuse.
B) Many clients with addiction struggle with the stigma associated with their condition; for instance, they may feel that addiction is a form of moral failure or a result of personal weakness. Reassuring clients that addiction is rooted in a combination of heredity and environmental factors may help them overcome some of these false beliefs and move toward recovery. Although many clients with a history of substance abuse do relapse, this information would not help overcome the stigma of addiction, nor would information regarding Alcoholics Anonymous or Narcotics Anonymous. Nurses should strive to hold clients with addiction accountable for their actions; absolving them of responsibility only serves to enable their substance abuse.
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Page Ref: 1649, 1670
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.1 Summarize the processes involved in addiction.
MNL LO: Analyze the concept of addiction and its application to nursing care.

8) An employee health nurse is providing care to a worker who was injured on the job. The client has a history of drug addiction and is currently enrolled in a 12-step recovery program. In order to determine whether the employee was impaired at the time of the accident, which diagnostic tool should the nurse use?
A) Liver enzymes
B) Stool guaiac
C) Urine toxicology testing
D) Hair testing
Answer: C
Explanation: A) Urine toxicology testing will determine whether the employee had drugs in his system during the shift in which the injury occurred. Hair testing can detect substance use for up to 90 days and is not an accurate tool to determine whether the employee was impaired at the time of the injury. Liver enzymes detect liver damage but are not specific to damage from substance abuse. A stool guaiac tests for blood.
B) Urine toxicology testing will determine whether the employee had drugs in his system during the shift in which the injury occurred. Hair testing can detect substance use for up to 90 days and is not an accurate tool to determine whether the employee was impaired at the time of the injury. Liver enzymes detect liver damage but are not specific to damage from substance abuse. A stool guaiac tests for blood.
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Page Ref: 1694
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.5 Differentiate common assessment procedures and tests used to examine individuals suspected of abusing a substance.
MNL LO: Analyze the concept of addiction and its application to nursing care.

9) The nurse is providing care for a client who admits to alcohol addiction. The client states she is able to hide the addiction from family and friends. Based on this information, which independent nursing intervention is appropriate for this client?
A) Assertiveness training
B) Milieu therapy
C) Family therapy
D) Communication training
Answer: D
Explanation: A) Many clients and families with addiction need training in communication skills. Verbal and nonverbal communication training is a vital independent nursing action. Cultural norms must be carefully considered prior to implementing assertiveness training. Milieu therapy and family therapy are interventions that involve collaboration with therapists.
B) Many clients and families with addiction need training in communication skills. Verbal and nonverbal communication training is a vital independent nursing action. Cultural norms must be carefully considered prior to implementing assertiveness training. Milieu therapy and family therapy are interventions that involve collaboration with therapists.
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Page Ref: 1658-1659, 1661, 1698
Cognitive Level: Analyzing
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.6 Analyze independent interventions nurses can implement for clients with substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

10) A client with a history of alcohol abuse is being discharged to a treatment facility. Which prescription does the nurse anticipate for this client?
A) Disulfiram
B) Naloxone
C) Bupropion hydrochloride
D) Varenicline
Answer: A
Explanation: A) Disulfiram (Antabuse) is an abstinence medication that would cause the client to become immediately and violently ill when consuming alcohol. Naloxone is administered to clients who overdose on opiates. Bupropion hydrochloride and varenicline are both medications that assist with smoking cessation.
B) Disulfiram (Antabuse) is an abstinence medication that would cause the client to become immediately and violently ill when consuming alcohol. Naloxone is administered to clients who overdose on opiates. Bupropion hydrochloride and varenicline are both medications that assist with smoking cessation.
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D) Disulfiram (Antabuse) is an abstinence medication that would cause the client to become immediately and violently ill when consuming alcohol. Naloxone is administered to clients who overdose on opiates. Bupropion hydrochloride and varenicline are both medications that assist with smoking cessation.
Page Ref: 1663-1664
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Pharmacological and Parenteral Therapies
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.7 Summarize collaborative therapies used by interprofessional teams for clients with substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

11) A community health nurse is providing teaching to the faculty of a local high school about preventing, recognizing, and treating substance use and addiction in teenagers. Which of the following statements on the part of the faculty members suggests that further teaching is necessary?
A) "The earlier a teenager begins using substances, the more likely it is that the teenager will develop an addiction problem."
B) "Teenagers whose parents suffer from addiction are at greater risk of addiction themselves."
C) "The brain stops developing during the teenage years, so any substance-related brain changes that occur during this period will likely affect a person for the rest of his or her life."
D) "Group therapy can be beneficial for teenagers with addiction, but it comes with a risk of unintended adverse effects."
Answer: C

Explanation: A) The human brain continues developing well into a person's mid-20s. The relative immaturity of the adolescent brain helps explain why teenagers are more likely than adults to engage in thrill-seeking, high-risk behaviors such as substance use. Teenagers who start using substances early or who have parents who struggle with addiction are more likely to become addicted themselves. Group therapy can be a useful treatment method for teenage clients, but it must be led by a trained facilitator to ensure that group members don't steer conversation toward talk that glorifies or extols substance use.
B) The human brain continues developing well into a person's mid-20s. The relative immaturity of the adolescent brain helps explain why teenagers are more likely than adults to engage in thrill-seeking, high-risk behaviors such as substance use. Teenagers who start using substances early or who have parents who struggle with addiction are more likely to become addicted themselves. Group therapy can be a useful treatment method for teenage clients, but it must be led by a trained facilitator to ensure that group members don't steer conversation toward talk that glorifies or extols substance use.
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Page Ref: 1649, 1662, 1665
Cognitive Level: Analyzing
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.8 Differentiate considerations related to the assessment and care of clients throughout the lifespan who abuse substances.
MNL LO: Analyze the concept of addiction and its application to nursing care.

12) A nurse is talking with the adult daughter of an 80-year-old client who was recently discovered to be abusing prescription narcotics. The daughter expresses frustration that this substance abuse wasn't discovered sooner, and she asks the nurse how her father's previous healthcare providers could have overlooked this problem. Which of the following statements would *not* be appropriate for the nurse to include in her reply?
A) "Substance abuse and addiction are almost unheard of among older adults, so few providers would consider the possibility of these diagnoses when working with clients like your father."
B) "Older adults often choose not to tell their providers about substance use because they either don't recognize they have a problem or don't feel they need treatment."
C) "Diagnosis of substance abuse can be difficult in older clients because their symptoms sometimes mimic those of other disorders."
D) "There is currently little research data on substance abuse in the older adult population, which means many providers are unaware of the actual extent of this problem."
Answer: A
Explanation: A) Substance abuse in older adults is believed to be underestimated, underidentified, underdiagnosed, and undertreated. Until relatively recently, alcohol and prescription drug misuse was not discussed in either the substance abuse or the gerontologic literature. Insufficient knowledge, limited research data, and hurried office visits are cited as reasons why healthcare providers often overlook substance abuse and misuse in this population. Diagnosis is often difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among older adults, such as diabetes, dementia, and depression. In addition, many older adults do not seek treatment for substance abuse because they do not feel they need it.
B) Substance abuse in older adults is believed to be underestimated, underidentified, underdiagnosed, and undertreated. Until relatively recently, alcohol and prescription drug misuse was not discussed in either the substance abuse or the gerontologic literature. Insufficient knowledge, limited research data, and hurried office visits are cited as reasons why healthcare providers often overlook substance abuse and misuse in this population. Diagnosis is often difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among older adults, such as diabetes, dementia, and depression. In addition, many older adults do not seek treatment for substance abuse because they do not feel they need it.
C) Substance abuse in older adults is believed to be underestimated, underidentified, underdiagnosed, and undertreated. Until relatively recently, alcohol and prescription drug misuse was not discussed in either the substance abuse or the gerontologic literature. Insufficient knowledge, limited research data, and hurried office visits are cited as reasons why healthcare providers often overlook substance abuse and misuse in this population. Diagnosis is often difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among older adults, such as diabetes, dementia, and depression. In addition, many older adults do not seek treatment for substance abuse because they do not feel they need it.

D) Substance abuse in older adults is believed to be underestimated, underidentified, underdiagnosed, and undertreated. Until relatively recently, alcohol and prescription drug misuse was not discussed in either the substance abuse or the gerontologic literature. Insufficient knowledge, limited research data, and hurried office visits are cited as reasons why healthcare providers often overlook substance abuse and misuse in this population. Diagnosis is often difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among older adults, such as diabetes, dementia, and depression. In addition, many older adults do not seek treatment for substance abuse because they do not feel they need it.
Page Ref: 1665-1666
Cognitive Level: Analyzing
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.8 Differentiate considerations related to the assessment and care of clients throughout the lifespan who abuse substances.
MNL LO: Analyze the concept of addiction and its application to nursing care.

13) Which of the following terms refers to a physiologic need for a substance that the client cannot control and that results in withdrawal symptoms if the substance is withheld?
A) Tolerance
B) Dependence
C) Addiction
D) Codependence
Answer: B

Explanation: A) Dependence is a physiologic need for a substance that the client cannot control and that results in withdrawal symptoms if the substance is stopped or withheld. Dependence causes the user to develop a physiologic tolerance for the substance, which means the user requires progressively greater quantities of the substance to achieve the same pleasurable effects. Addiction is a psychologic or physical need for a substance or process to the extent that the individual will risk negative consequences in an attempt to meet the need. Codependence is a cluster of maladaptive behaviors exhibited by the significant others of a substance-abusing individual that serves to enable and protect the abuse.
B) Dependence is a physiologic need for a substance that the client cannot control and that results in withdrawal symptoms if the substance is stopped or withheld. Dependence causes the user to develop a physiologic tolerance for the substance, which means the user requires progressively greater quantities of the substance to achieve the same pleasurable effects. Addiction is a psychologic or physical need for a substance or process to the extent that the individual will risk negative consequences in an attempt to meet the need. Codependence is a cluster of maladaptive behaviors exhibited by the significant others of a substance-abusing individual that serves to enable and protect the abuse.
C) Dependence is a physiologic need for a substance that the client cannot control and that results in withdrawal symptoms if the substance is stopped or withheld. Dependence causes the user to develop a physiologic tolerance for the substance, which means the user requires progressively greater quantities of the substance to achieve the same pleasurable effects. Addiction is a psychologic or physical need for a substance or process to the extent that the individual will risk negative consequences in an attempt to meet the need. Codependence is a cluster of maladaptive behaviors exhibited by the significant others of a substance-abusing individual that serves to enable and protect the abuse.
D) Dependence is a physiologic need for a substance that the client cannot control and that results in withdrawal symptoms if the substance is stopped or withheld. Dependence causes the user to develop a physiologic tolerance for the substance, which means the user requires progressively greater quantities of the substance to achieve the same pleasurable effects. Addiction is a psychologic or physical need for a substance or process to the extent that the individual will risk negative consequences in an attempt to meet the need. Codependence is a cluster of maladaptive behaviors exhibited by the significant others of a substance-abusing individual that serves to enable and protect the abuse.
Page Ref: 1648
Cognitive Level: Remembering
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.2 Summarize manifestations of substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

14) When used as part of behavioral therapy for addictions, token economies function as a form of
A) punishment.
B) negative reinforcement.
C) positive reinforcement.
D) extinction.
Answer: C

Explanation: A) Token economies are formalized programs in which clients who meet desired outcomes accrue a number of token rewards to exchange for privileges or activities. As such, they represent a form of positive reinforcement, or consequences that increase the likelihood of a particular behavior. In contrast, negative reinforcement involves removing a negative stimulus to increase the chances that a desired behavior will occur. Punishment involves applying negative consequences to cause a decrease in undesirable behavior. Extinction refers to the progressive weakening of an undesirable behavior through repeated nonreinforcement of the behavior.
B) Token economies are formalized programs in which clients who meet desired outcomes accrue a number of token rewards to exchange for privileges or activities. As such, they represent a form of positive reinforcement, or consequences that increase the likelihood of a particular behavior. In contrast, negative reinforcement involves removing a negative stimulus to increase the chances that a desired behavior will occur. Punishment involves applying negative consequences to cause a decrease in undesirable behavior. Extinction refers to the progressive weakening of an undesirable behavior through repeated nonreinforcement of the behavior.
C) Token economies are formalized programs in which clients who meet desired outcomes accrue a number of token rewards to exchange for privileges or activities. As such, they represent a form of positive reinforcement, or consequences that increase the likelihood of a particular behavior. In contrast, negative reinforcement involves removing a negative stimulus to increase the chances that a desired behavior will occur. Punishment involves applying negative consequences to cause a decrease in undesirable behavior. Extinction refers to the progressive weakening of an undesirable behavior through repeated nonreinforcement of the behavior.
D) Token economies are formalized programs in which clients who meet desired outcomes accrue a number of token rewards to exchange for privileges or activities. As such, they represent a form of positive reinforcement, or consequences that increase the likelihood of a particular behavior. In contrast, negative reinforcement involves removing a negative stimulus to increase the chances that a desired behavior will occur. Punishment involves applying negative consequences to cause a decrease in undesirable behavior. Extinction refers to the progressive weakening of an undesirable behavior through repeated nonreinforcement of the behavior.
Page Ref: 1660
Cognitive Level: Understanding
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.7 Summarize collaborative therapies used by interprofessional teams for clients with substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

15) A client has been admitted to a healthcare facility for treatment for substance addiction. Shortly after entering the facility, the client received a prescription for phenytoin. Based on this data, which of the following statements is most likely true?
A) The client is addicted to opioids.
B) The client is experiencing cravings for nicotine.
C) The client has high levels of anxiety.
D) The client is experiencing withdrawal-related seizure activity.
Answer: D
Explanation: A) Phenytoin is an antiseizure medication that is used to reduce and control seizure activity resulting from withdrawal syndrome. Seizure activity may occur during withdrawal from several different categories of substances, including alcohol and benzodiazepines. Opioid withdrawal usually does not produce seizures. Clients who are experiencing nicotine cravings may receive nicotine replacement therapy and/or antidepressants, not phenytoin. Withdrawal-related anxiety may be treated with benzodiazepines, not antiseizure drugs.
B) Phenytoin is an antiseizure medication that is used to reduce and control seizure activity resulting from withdrawal syndrome. Seizure activity may occur during withdrawal from several different categories of substances, including alcohol and benzodiazepines. Opioid withdrawal usually does not produce seizures. Clients who are experiencing nicotine cravings may receive nicotine replacement therapy and/or antidepressants, not phenytoin. Withdrawal-related anxiety may be treated with benzodiazepines, not antiseizure drugs.
C) Phenytoin is an antiseizure medication that is used to reduce and control seizure activity resulting from withdrawal syndrome. Seizure activity may occur during withdrawal from several different categories of substances, including alcohol and benzodiazepines. Opioid withdrawal usually does not produce seizures. Clients who are experiencing nicotine cravings may receive nicotine replacement therapy and/or antidepressants, not phenytoin. Withdrawal-related anxiety may be treated with benzodiazepines, not antiseizure drugs.
D) Phenytoin is an antiseizure medication that is used to reduce and control seizure activity resulting from withdrawal syndrome. Seizure activity may occur during withdrawal from several different categories of substances, including alcohol and benzodiazepines. Opioid withdrawal usually does not produce seizures. Clients who are experiencing nicotine cravings may receive nicotine replacement therapy and/or antidepressants, not phenytoin. Withdrawal-related anxiety may be treated with benzodiazepines, not antiseizure drugs.
Page Ref: 1664
Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Pharmacological and Parenteral Therapies
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.7 Summarize collaborative therapies used by interprofessional teams for clients with substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

16) A client with alcoholism is receiving court-ordered care in a residential treatment facility.

After alcohol is discovered in her room, the client states, "It is not mine." Which responses by the nurse are appropriate in this situation? Select all that apply.
A) "You will lose your day pass privileges for this Sunday."
B) "We have a video of you accepting the alcohol from your brother."
C) "What do you think about sharing this at AA tonight?"
D) "You won't be allowed to go to dinner tonight."
E) "You have violated our behavior contract."
Answer: A, B, C, E

Explanation: A) Used with care and a calm attitude, confrontation interferes with the client's ability to use denial or rationalization. Losing privileges is an appropriate consequence for violating the behavior contract. Participation in AA will provide peer feedback and can help the client remain accountable for her behavior. Withholding food is inappropriate, particularly for a client with potential nutritional deficits.
B) Used with care and a calm attitude, confrontation interferes with the client's ability to use denial or rationalization. Losing privileges is an appropriate consequence for violating the behavior contract. Participation in AA will provide peer feedback and can help the client remain accountable for her behavior. Withholding food is inappropriate, particularly for a client with potential nutritional deficits.
C) Used with care and a calm attitude, confrontation interferes with the client's ability to use denial or rationalization. Losing privileges is an appropriate consequence for violating the behavior contract. Participation in AA will provide peer feedback and can help the client remain accountable for her behavior. Withholding food is inappropriate, particularly for a client with potential nutritional deficits.
D) Used with care and a calm attitude, confrontation interferes with the client's ability to use denial or rationalization. Losing privileges is an appropriate consequence for violating the behavior contract. Participation in AA will provide peer feedback and can help the client remain accountable for her behavior. Withholding food is inappropriate, particularly for a client with potential nutritional deficits.
E) Used with care and a calm attitude, confrontation interferes with the client's ability to use denial or rationalization. Losing privileges is an appropriate consequence for violating the behavior contract. Participation in AA will provide peer feedback and can help the client remain accountable for her behavior. Withholding food is inappropriate, particularly for a client with potential nutritional deficits.
Page Ref: 1660
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.6 Analyze independent interventions nurses can implement for clients with substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

17) A nurse is concerned about potential substance abuse by a coworker. Which of the coworker's behaviors would place the clients on the unit at risk for injury?
A) The nurse in question frequently volunteers to give medications to clients.
B) The nurse in question prefers not to be the "medication nurse" on the shift.
C) The nurse in question declines to take scheduled breaks.
D) The nurse in question frequently requests the largest client care assignment for the shift.
Answer: A
Explanation: A) Frequently volunteering to give medications or having excessive medication wasting could be a sign that a nurse is using or diverting drugs. The nurse who is unable or unwilling to manage a large client care assignment or who requests to administer medications could be a substance abuser. Taking frequent or lengthy breaks might signal substance abuse.
B) Frequently volunteering to give medications or having excessive medication wasting could be a sign that a nurse is using or diverting drugs. The nurse who is unable or unwilling to manage a large client care assignment or who requests to administer medications could be a substance abuser. Taking frequent or lengthy breaks might signal substance abuse.
C) Frequently volunteering to give medications or having excessive medication wasting could be a sign that a nurse is using or diverting drugs. The nurse who is unable or unwilling to manage a large client care assignment or who requests to administer medications could be a substance abuser. Taking frequent or lengthy breaks might signal substance abuse.
D) Frequently volunteering to give medications or having excessive medication wasting could be a sign that a nurse is using or diverting drugs. The nurse who is unable or unwilling to manage a large client care assignment or who requests to administer medications could be a substance abuser. Taking frequent or lengthy breaks might signal substance abuse.
Page Ref: 1666
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment: Safety and Infection Control
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.2 Summarize manifestations of substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

18) The nurse is collecting data on clients at a clinic. One client has risk factors for substance abuse. What physical sign or signs did the nurse assess that suggest substance abuse in this client? Select all that apply.
A) Dilated pupils
B) Odor of alcohol on the breath
C) Frequent accidents or falls
D) Extremely low body weight
E) Dressed in jeans and a t-shirt
Answer: A, B, D
Explanation: A) Physical signs of substance abuse include dilated or constricted pupils, inflamed nasal mucosa, evidence of needle "track marks" or abscesses, poor nutritional status, slurred speech or staggering gait, and an odor of alcohol on the breath. Frequent accidents or falls are behavioral signs of substance abuse. Wearing jeans and a t-shirt is not indicative of substance abuse.
B) Physical signs of substance abuse include dilated or constricted pupils, inflamed nasal mucosa, evidence of needle "track marks" or abscesses, poor nutritional status, slurred speech or staggering gait, and an odor of alcohol on the breath. Frequent accidents or falls are behavioral signs of substance abuse. Wearing jeans and a t-shirt is not indicative of substance abuse.
C) Physical signs of substance abuse include dilated or constricted pupils, inflamed nasal mucosa, evidence of needle "track marks" or abscesses, poor nutritional status, slurred speech or staggering gait, and an odor of alcohol on the breath. Frequent accidents or falls are behavioral signs of substance abuse. Wearing jeans and a t-shirt is not indicative of substance abuse.
D) Physical signs of substance abuse include dilated or constricted pupils, inflamed nasal mucosa, evidence of needle "track marks" or abscesses, poor nutritional status, slurred speech or staggering gait, and an odor of alcohol on the breath. Frequent accidents or falls are behavioral signs of substance abuse. Wearing jeans and a t-shirt is not indicative of substance abuse.
E) Physical signs of substance abuse include dilated or constricted pupils, inflamed nasal mucosa, evidence of needle "track marks" or abscesses, poor nutritional status, slurred speech or staggering gait, and an odor of alcohol on the breath. Frequent accidents or falls are behavioral signs of substance abuse. Wearing jeans and a t-shirt is not indicative of substance abuse.
Page Ref: 1657
Cognitive Level: Analyzing
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.2 Summarize manifestations of substance use disorders.
MNL LO: Analyze the concept of addiction and its application to nursing care.

Exemplar 22.A Alcohol Abuse

1) The nurse is providing care to a client diagnosed with alcoholism. The client's physical examination reveals a BMI of 18. Which prescription does the nurse anticipate to manage the client's nutritional status?
A) Sertraline
B) Methadone
C) Naloxone
D) Multivitamin with folic acid
Answer: D
Explanation: A) A client with alcohol dependence may suffer from numerous nutritional deficiencies, including deficiencies in thiamine, folic acid, vitamin A, magnesium, and zinc. A multivitamin may be prescribed to help with these deficiencies. Naloxone is used to manage an opiate overdose. Methadone is prescribed to manage heroin cravings. Sertraline is used to reduce anxiety and stabilize mood.
B) A client with alcohol dependence may suffer from numerous nutritional deficiencies, including deficiencies in thiamine, folic acid, vitamin A, magnesium, and zinc. A multivitamin may be prescribed to help with these deficiencies. Naloxone is used to manage an opiate overdose. Methadone is prescribed to manage heroin cravings. Sertraline is used to reduce anxiety and stabilize mood.
C) A client with alcohol dependence may suffer from numerous nutritional deficiencies, including deficiencies in thiamine, folic acid, vitamin A, magnesium, and zinc. A multivitamin may be prescribed to help with these deficiencies. Naloxone is used to manage an opiate overdose. Methadone is prescribed to manage heroin cravings. Sertraline is used to reduce anxiety and stabilize mood.
D) A client with alcohol dependence may suffer from numerous nutritional deficiencies, including deficiencies in thiamine, folic acid, vitamin A, magnesium, and zinc. A multivitamin may be prescribed to help with these deficiencies. Naloxone is used to manage an opiate overdose. Methadone is prescribed to manage heroin cravings. Sertraline is used to reduce anxiety and stabilize mood.
Page Ref: 1664-1665
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Pharmacological and Parenteral Therapies
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Planning
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual with an alcohol use disorder.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

2) A college student attends a seminar on alcohol abuse. Which statement would alert the nurse that the student needs more education?
A) "The children of alcoholics have a lower risk of becoming alcoholic."
B) "Native Americans are at higher risk of becoming alcoholic."
C) "Married college graduates are less likely to become alcoholics."
D) "Childless people are more likely than parents to become alcoholics."
Answer: A
Explanation: A) Genetic and environmental factors put both Native Americans and children of alcoholics at greater risk for developing alcoholism. Married people, college graduates, and people with children are less likely to become alcoholics.
B) Genetic and environmental factors put both Native Americans and children of alcoholics at greater risk for developing alcoholism. Married people, college graduates, and people with children are less likely to become alcoholics.
C) Genetic and environmental factors put both Native Americans and children of alcoholics at greater risk for developing alcoholism. Married people, college graduates, and people with children are less likely to become alcoholics.
D) Genetic and environmental factors put both Native Americans and children of alcoholics at greater risk for developing alcoholism. Married people, college graduates, and people with children are less likely to become alcoholics.
Page Ref: 1670, 1674
Cognitive Level: Analyzing
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Evaluation
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Compare the risk factors and prevention of alcohol abuse.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

3) The nurse assesses a client with a history of alcoholism who is hospitalized with anorexia, dysphagia, odynophagia, and chest pressure after eating. Which nursing diagnosis is a priority for this client?
A) Ineffective Coping
B) Imbalanced Nutrition: Less than Body Requirements
C) Disturbed Sensory Perception
D) Disturbed Thought Processes
Answer: B

Explanation: A) A client with anorexia and a history of alcoholism is at risk for a diagnosis of Imbalanced Nutrition: Less than Body Requirements. The client's symptoms of dysphagia, odynophagia, and chest pressure after eating further support this diagnosis. Ineffective Coping is a potential diagnosis associated with substance abuse, but it is not suggested by the symptoms given here. Disturbed Thought Processes and Disturbed Sensory Perception are diagnoses appropriate for clients who are experiencing delusions, hallucinations, and illusions associated with delirium tremens, but again, these diagnoses are not suggested by the symptoms listed here.
B) A client with anorexia and a history of alcoholism is at risk for a diagnosis of Imbalanced Nutrition: Less than Body Requirements. The client's symptoms of dysphagia, odynophagia, and chest pressure after eating further support this diagnosis. Ineffective Coping is a potential diagnosis associated with substance abuse, but it is not suggested by the symptoms given here. Disturbed Thought Processes and Disturbed Sensory Perception are diagnoses appropriate for clients who are experiencing delusions, hallucinations, and illusions associated with delirium tremens, but again, these diagnoses are not suggested by the symptoms listed here.
C) A client with anorexia and a history of alcoholism is at risk for a diagnosis of Imbalanced Nutrition: Less than Body Requirements. The client's symptoms of dysphagia, odynophagia, and chest pressure after eating further support this diagnosis. Ineffective Coping is a potential diagnosis associated with substance abuse, but it is not suggested by the symptoms given here. Disturbed Thought Processes and Disturbed Sensory Perception are diagnoses appropriate for clients who are experiencing delusions, hallucinations, and illusions associated with delirium tremens, but again, these diagnoses are not suggested by the symptoms listed here.
D) A client with anorexia and a history of alcoholism is at risk for a diagnosis of Imbalanced Nutrition: Less than Body Requirements. The client's symptoms of dysphagia, odynophagia, and chest pressure after eating further support this diagnosis. Ineffective Coping is a potential diagnosis associated with substance abuse, but it is not suggested by the symptoms given here. Disturbed Thought Processes and Disturbed Sensory Perception are diagnoses appropriate for clients who are experiencing delusions, hallucinations, and illusions associated with delirium tremens, but again, these diagnoses are not suggested by the symptoms listed here.
Page Ref: 1680
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Apply the nursing process in providing culturally competent care to an individual with alcohol use disorder.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

4) A pregnant client tells the nurse that she and her husband are going to a 50th wedding anniversary party for her grandparents this weekend. The client asks the nurse if it will be okay for her to have a few glasses of wine at the party. Which response by the nurse is appropriate?
A) "Drinking a few glasses of wine will not be a problem."
B) "Consuming alcohol during pregnancy can cause the baby to be born without limbs."
C) "Drinking any alcoholic beverages of any type during pregnancy puts your baby at risk for injury."
D) "Wine is acceptable but not hard liquor."
Answer: C
Explanation: A) Drinking any alcohol, no matter what type and what quantity, during pregnancy increases the risk for accidents and damage to the infant. Women should be encouraged to drink no alcohol at all during pregnancy. Wine can put the mother and fetus at risk as much as hard liquor.
B) Drinking any alcohol, no matter what type and what quantity, during pregnancy increases the risk for accidents and damage to the infant. Women should be encouraged to drink no alcohol at all during pregnancy. Wine can put the mother and fetus at risk as much as hard liquor.
C) Drinking any alcohol, no matter what type and what quantity, during pregnancy increases the risk for accidents and damage to the infant. Women should be encouraged to drink no alcohol at all during pregnancy. Wine can put the mother and fetus at risk as much as hard liquor.
D) Drinking any alcohol, no matter what type and what quantity, during pregnancy increases the risk for accidents and damage to the infant. Women should be encouraged to drink no alcohol at all during pregnancy. Wine can put the mother and fetus at risk as much as hard liquor.
Page Ref: 1665
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care | Nursing Process: Implementation
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Differentiate the care of clients across the lifespan who abuse alcohol.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

5) The nurse is evaluating a list of outcome goals for a client with alcoholism who is being discharged from a detoxification program. The list was written by a nursing student who is being mentored by the nurse. Which of the following outcomes are appropriate for this client? Select all that apply.
A) Follow a 2000-calorie high-carbohydrate diet.
B) Sponsor a participant in Alcoholics Anonymous (AA) meetings.
C) Obtain at least 6-8 hours of sleep per night.
D) Acknowledge the blame that family members must take for codependent behavior.
E) Enroll in the Employee Assistance Program (EAP) through the client's employer.
Answer: C, E

Explanation: A) Appropriate outcomes for a client who is being discharged from alcohol detoxification are to obtain at least 6-8 hours of sleep per night and to enroll in an Employee Assistance Program if one is offered through the client's employer. The client's calorie requirement should be individualized and may not be 2000 calories. New or returning AA members should be sponsored; they are not ready to sponsor another person. The client should accept responsibility for his or her behavior in the family unit instead of assigning blame for codependent behavior.
B) Appropriate outcomes for a client who is being discharged from alcohol detoxification are to obtain at least 6-8 hours of sleep per night and to enroll in an Employee Assistance Program if one is offered through the client's employer. The client's calorie requirement should be individualized and may not be 2000 calories. New or returning AA members should be sponsored; they are not ready to sponsor another person. The client should accept responsibility for his or her behavior in the family unit instead of assigning blame for codependent behavior.
C) Appropriate outcomes for a client who is being discharged from alcohol detoxification are to obtain at least 6-8 hours of sleep per night and to enroll in an Employee Assistance Program if one is offered through the client's employer. The client's calorie requirement should be individualized and may not be 2000 calories. New or returning AA members should be sponsored; they are not ready to sponsor another person. The client should accept responsibility for his or her behavior in the family unit instead of assigning blame for codependent behavior.
D) Appropriate outcomes for a client who is being discharged from alcohol detoxification are to obtain at least 6-8 hours of sleep per night and to enroll in an Employee Assistance Program if one is offered through the client's employer. The client's calorie requirement should be individualized and may not be 2000 calories. New or returning AA members should be sponsored; they are not ready to sponsor another person. The client should accept responsibility for his or her behavior in the family unit instead of assigning blame for codependent behavior.
E) Appropriate outcomes for a client who is being discharged from alcohol detoxification are to obtain at least 6-8 hours of sleep per night and to enroll in an Employee Assistance Program if one is offered through the client's employer. The client's calorie requirement should be individualized and may not be 2000 calories. New or returning AA members should be sponsored; they are not ready to sponsor another person. The client should accept responsibility for his or her behavior in the family unit instead of assigning blame for codependent behavior.
Page Ref: 1678-1679, 1699
Cognitive Level: Analyzing
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Apply the nursing process in providing culturally competent care to an individual with alcohol use disorder.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

6) A nurse is providing preconception counseling and education to an adult client with no prior pregnancies. Which client statement indicates that the nurse's teaching has been effective?
A) "I can continue to drink alcohol throughout my pregnancy."
B) "One beer once per week will not harm the fetus."
C) "I don't need to stop drinking alcohol until my pregnancy is confirmed."
D) "I can't drink alcohol while breastfeeding, because it will pass into my breast milk."
Answer: D
Explanation: A) Women should stop drinking alcohol when they attempt to become pregnant. It is not known how much alcohol will cause fetal damage; therefore, any amount of alcohol, even one beer, during pregnancy is contraindicated. Alcohol passes readily into breast milk; therefore, women should abstain from alcohol while breastfeeding, or the milk should be pumped and dumped after alcohol consumption.
B) Women should stop drinking alcohol when they attempt to become pregnant. It is not known how much alcohol will cause fetal damage; therefore, any amount of alcohol, even one beer, during pregnancy is contraindicated. Alcohol passes readily into breast milk; therefore, women should abstain from alcohol while breastfeeding, or the milk should be pumped and dumped after alcohol consumption.
C) Women should stop drinking alcohol when they attempt to become pregnant. It is not known how much alcohol will cause fetal damage; therefore, any amount of alcohol, even one beer, during pregnancy is contraindicated. Alcohol passes readily into breast milk; therefore, women should abstain from alcohol while breastfeeding, or the milk should be pumped and dumped after alcohol consumption.
D) Women should stop drinking alcohol when they attempt to become pregnant. It is not known how much alcohol will cause fetal damage; therefore, any amount of alcohol, even one beer, during pregnancy is contraindicated. Alcohol passes readily into breast milk; therefore, women should abstain from alcohol while breastfeeding, or the milk should be pumped and dumped after alcohol consumption.
Page Ref: 1675
Cognitive Level: Analyzing
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Differentiate the care of clients across the lifespan who abuse alcohol.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

7) The nurse is conducting a health history and wants to determine the client's level of alcohol use. What question from the nurse will provide the greatest amount of information?
A) "Are you a heavy drinker?"
B) "How many alcoholic beverages do you drink each day?"
C) "Is alcohol use a concern for you?"
D) "Drinking doesn't cause any problems for you, does it?"
Answer: B
Explanation: A) Open-ended questions will elicit the greatest amount of information about the client's alcohol use. Asking closed questions that can be answered with a "yes" or "no" will limit the information obtained by the nurse.
B) Open-ended questions will elicit the greatest amount of information about the client's alcohol use. Asking closed questions that can be answered with a "yes" or "no" will limit the information obtained by the nurse.
C) Open-ended questions will elicit the greatest amount of information about the client's alcohol use. Asking closed questions that can be answered with a "yes" or "no" will limit the information obtained by the nurse.
D) Open-ended questions will elicit the greatest amount of information about the client's alcohol use. Asking closed questions that can be answered with a "yes" or "no" will limit the information obtained by the nurse.
Page Ref: 1676
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Apply the nursing process in providing culturally competent care to an individual with alcohol use disorder.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

8) Which of the following signs and symptoms would *least* likely be observed in a client who is experiencing alcohol withdrawal syndrome?
A) Anorexia
B) Hypotension
C) Visual hallucinations
D) Hyperthermia
Answer: B
Explanation: A) Signs and symptoms of alcohol withdrawal syndrome include anorexia, hallucinations, and hyperthermia. Hypotension is not associated with alcohol withdrawal syndrome, but hypertension is.
B) Signs and symptoms of alcohol withdrawal syndrome include anorexia, hallucinations, and hyperthermia. Hypotension is not associated with alcohol withdrawal syndrome, but hypertension is.
C) Signs and symptoms of alcohol withdrawal syndrome include anorexia, hallucinations, and hyperthermia. Hypotension is not associated with alcohol withdrawal syndrome, but hypertension is.
D) Signs and symptoms of alcohol withdrawal syndrome include anorexia, hallucinations, and hyperthermia. Hypotension is not associated with alcohol withdrawal syndrome, but hypertension is.
Page Ref: 1673
Cognitive Level: Remembering
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe client care. | Nursing Process: Assessment
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Identify the clinical manifestations of alcohol withdrawal.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

9) Which of the following tools is considered the best scale for assessing the severity of symptoms of acute alcohol withdrawal?
A) CIWA-Ar
B) MAST
C) CAGE
D) B-DAST
Answer: A
Explanation: A) The Clinical Institute Withdrawal Assessment for Alcohol–Revised (CIWA-Ar) scale is currently recommended as the best scale for assessing the severity of symptoms of acute alcohol withdrawal. The Michigan Alcohol Screening Test (MAST) and the Brief Drug Abuse Screening Test (B-DAST) are used to determine the degree of severity of alcohol abuse or dependence. The CAGE questionnaire is useful when the client may not recognize that he or she has an alcohol problem or is uncomfortable acknowledging it.
B) The Clinical Institute Withdrawal Assessment for Alcohol–Revised (CIWA-Ar) scale is currently recommended as the best scale for assessing the severity of symptoms of acute alcohol withdrawal. The Michigan Alcohol Screening Test (MAST) and the Brief Drug Abuse Screening Test (B-DAST) are used to determine the degree of severity of alcohol abuse or dependence. The CAGE questionnaire is useful when the client may not recognize that he or she has an alcohol problem or is uncomfortable acknowledging it.
C) The Clinical Institute Withdrawal Assessment for Alcohol–Revised (CIWA-Ar) scale is currently recommended as the best scale for assessing the severity of symptoms of acute alcohol withdrawal. The Michigan Alcohol Screening Test (MAST) and the Brief Drug Abuse Screening Test (B-DAST) are used to determine the degree of severity of alcohol abuse or dependence. The CAGE questionnaire is useful when the client may not recognize that he or she has an alcohol problem or is uncomfortable acknowledging it.
D) The Clinical Institute Withdrawal Assessment for Alcohol–Revised (CIWA-Ar) scale is currently recommended as the best scale for assessing the severity of symptoms of acute alcohol withdrawal. The Michigan Alcohol Screening Test (MAST) and the Brief Drug Abuse Screening Test (B-DAST) are used to determine the degree of severity of alcohol abuse or dependence. The CAGE questionnaire is useful when the client may not recognize that he or she has an alcohol problem or is uncomfortable acknowledging it.
Page Ref: 1674, 1676-1678
Cognitive Level: Remembering
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe client care. | Nursing Process: Assessment
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual with an alcohol use disorder.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

10) As compared to men, women are
A) less likely to begin regularly using alcohol at an early age.
B) likely to wait a greater number of years before entering treatment for alcohol abuse.
C) less susceptible to alcohol-related organ damage.
D) likely to experience greater cognitive impairment from alcohol consumption.
Answer: D
Explanation: A) No gender difference has been noted for age at onset of regular alcohol use, but women typically use alcohol for fewer years than men before entering treatment. Compared with men, women experience greater cognitive impairment by alcohol and are more susceptible to alcohol-related organ damage.
B) No gender difference has been noted for age at onset of regular alcohol use, but women typically use alcohol for fewer years than men before entering treatment. Compared with men, women experience greater cognitive impairment by alcohol and are more susceptible to alcohol-related organ damage.
C) No gender difference has been noted for age at onset of regular alcohol use, but women typically use alcohol for fewer years than men before entering treatment. Compared with men, women experience greater cognitive impairment by alcohol and are more susceptible to alcohol-related organ damage.
D) No gender difference has been noted for age at onset of regular alcohol use, but women typically use alcohol for fewer years than men before entering treatment. Compared with men, women experience greater cognitive impairment by alcohol and are more susceptible to alcohol-related organ damage.
Page Ref: 1675
Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe client care. | Nursing Process: Assessment
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Differentiate the care of clients across the lifespan who abuse alcohol.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

11) Which of the following nursing interventions would be most appropriate when caring for clients who are experiencing acute alcohol withdrawal?
A) Avoiding administration of benzodiazepines
B) Reassuring clients who are experiencing delusions that you share their beliefs
C) Reducing environmental stimuli to the greatest extent possible
D) Arguing with clients who are experiencing visual hallucinations in an attempt to prove that what they are seeing is not real
Answer: C
Explanation: A) When caring for clients who are experiencing acute alcohol withdrawal, the nurse should minimize environmental stimuli to decrease the likelihood of agitation. The nurse should also administer benzodiazepines according to the detoxification protocol to help minimize the discomfort of withdrawal symptoms; express reasonable doubt if clients relay suspicious or paranoid beliefs; and avoid arguing with clients who are experiencing delusions or hallucinations.
B) When caring for clients who are experiencing acute alcohol withdrawal, the nurse should minimize environmental stimuli to decrease the likelihood of agitation. The nurse should also administer benzodiazepines according to the detoxification protocol to help minimize the discomfort of withdrawal symptoms; express reasonable doubt if clients relay suspicious or paranoid beliefs; and avoid arguing with clients who are experiencing delusions or hallucinations.
C) When caring for clients who are experiencing acute alcohol withdrawal, the nurse should minimize environmental stimuli to decrease the likelihood of agitation. The nurse should also administer benzodiazepines according to the detoxification protocol to help minimize the discomfort of withdrawal symptoms; express reasonable doubt if clients relay suspicious or paranoid beliefs; and avoid arguing with clients who are experiencing delusions or hallucinations.
D) When caring for clients who are experiencing acute alcohol withdrawal, the nurse should minimize environmental stimuli to decrease the likelihood of agitation. The nurse should also administer benzodiazepines according to the detoxification protocol to help minimize the discomfort of withdrawal symptoms; express reasonable doubt if clients relay suspicious or paranoid beliefs; and avoid arguing with clients who are experiencing delusions or hallucinations.
Page Ref: 1673-1674
Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.A Analyze manifestations and treatment considerations for clients who abuse alcohol. Apply the nursing process to promote client safety during withdrawal and detoxification.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

Exemplar 22.B Nicotine Addiction

1) The nurse is providing care to a client who admits to smoking two packs of cigarettes per day for 34 years. The client also has a history of intermittent claudication, chronic bronchitis, and emphysema. After 6 weeks of smoking cessation, the client reports that he is frequently "yelling" at his spouse and "flying off the handle." Which effects of cigarette smoking are associated with the data the nurse has collected from the client? Select all that apply.
A) Nicotine causes destruction of the alveoli.
B) Smoking triggers the release of epinephrine, which causes vasoconstriction.
C) Dopaminergic processes are implicated in nicotine withdrawal.
D) The tar in cigarettes can cause the mucus production seen in chronic bronchitis.
E) Tobacco use leads to atherosclerosis.
Answer: B, C, D, E
Explanation: A) Nicotine causes the release of dopamine (a precursor to norepinephrine) and epinephrine. These substances trigger vasoconstriction, which exacerbates intermittent claudication. Tobacco use also causes atherosclerosis, which is seen in intermittent claudication. Tar and other chemicals, not nicotine, cause the destruction of the alveoli seen in emphysema and the productive cough seen in chronic bronchitis. Dopaminergic processes have a role in regulating the reinforcing effects of nicotine, making cessation difficult and contributing to withdrawal symptoms including nervousness, restlessness, irritability, impatience, and increased hostility.
B) Nicotine causes the release of dopamine (a precursor to norepinephrine) and epinephrine. These substances trigger vasoconstriction, which exacerbates intermittent claudication. Tobacco use also causes atherosclerosis, which is seen in intermittent claudication. Tar and other chemicals, not nicotine, cause the destruction of the alveoli seen in emphysema and the productive cough seen in chronic bronchitis. Dopaminergic processes have a role in regulating the reinforcing effects of nicotine, making cessation difficult and contributing to withdrawal symptoms including nervousness, restlessness, irritability, impatience, and increased hostility.
C) Nicotine causes the release of dopamine (a precursor to norepinephrine) and epinephrine. These substances trigger vasoconstriction, which exacerbates intermittent claudication. Tobacco use also causes atherosclerosis, which is seen in intermittent claudication. Tar and other chemicals, not nicotine, cause the destruction of the alveoli seen in emphysema and the productive cough seen in chronic bronchitis. Dopaminergic processes have a role in regulating the reinforcing effects of nicotine, making cessation difficult and contributing to withdrawal symptoms including nervousness, restlessness, irritability, impatience, and increased hostility.
D) Nicotine causes the release of dopamine (a precursor to norepinephrine) and epinephrine. These substances trigger vasoconstriction, which exacerbates intermittent claudication. Tobacco use also causes atherosclerosis, which is seen in intermittent claudication. Tar and other chemicals, not nicotine, cause the destruction of the alveoli seen in emphysema and the productive cough seen in chronic bronchitis. Dopaminergic processes have a role in regulating the reinforcing effects of nicotine, making cessation difficult and contributing to withdrawal symptoms including nervousness, restlessness, irritability, impatience, and increased hostility.

E) Nicotine causes the release of dopamine (a precursor to norepinephrine) and epinephrine. These substances trigger vasoconstriction, which exacerbates intermittent claudication. Tobacco use also causes atherosclerosis, which is seen in intermittent claudication. Tar and other chemicals, not nicotine, cause the destruction of the alveoli seen in emphysema and the productive cough seen in chronic bronchitis. Dopaminergic processes have a role in regulating the reinforcing effects of nicotine, making cessation difficult and contributing to withdrawal symptoms including nervousness, restlessness, irritability, impatience, and increased hostility.
Page Ref: 1682-1683
Cognitive Level: Analyzing
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Describe the pathophysiology of nicotine addiction.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

2) An 80-year-old client with heart disease tells the nurse, "I am sick because I sinned by smoking cigarettes." Which response by the nurse is appropriate?
A) "Smoking cigarettes isn't a sin. There are many worse habits you could have."
B) "Cigarette smoking was socially acceptable when you began smoking. People didn't fully understand the problems it could cause."
C) "Why don't we call the hospital chaplain and you can pray about your sins?"
D) "You are correct, but it is too late to do anything about it now."
Answer: B
Explanation: A) This client is in distress and seeking forgiveness. The nurse should offer this forgiveness and a reason why the forgiveness is valid. If the nurse tells the client that it is too late to do anything about the problem, there is a possibility that the client's distress will increase. Suggesting that the hospital chaplain be called for prayer reinforces the idea that smoking is a sin. Saying there are worse habits minimizes the client's concerns and does not offer forgiveness.
B) This client is in distress and seeking forgiveness. The nurse should offer this forgiveness and a reason why the forgiveness is valid. If the nurse tells the client that it is too late to do anything about the problem, there is a possibility that the client's distress will increase. Suggesting that the hospital chaplain be called for prayer reinforces the idea that smoking is a sin. Saying there are worse habits minimizes the client's concerns and does not offer forgiveness.
C) This client is in distress and seeking forgiveness. The nurse should offer this forgiveness and a reason why the forgiveness is valid. If the nurse tells the client that it is too late to do anything about the problem, there is a possibility that the client's distress will increase. Suggesting that the hospital chaplain be called for prayer reinforces the idea that smoking is a sin. Saying there are worse habits minimizes the client's concerns and does not offer forgiveness.
D) This client is in distress and seeking forgiveness. The nurse should offer this forgiveness and a reason why the forgiveness is valid. If the nurse tells the client that it is too late to do anything about the problem, there is a possibility that the client's distress will increase. Suggesting that the hospital chaplain be called for prayer reinforces the idea that smoking is a sin. Saying there are worse habits minimizes the client's concerns and does not offer forgiveness.
Page Ref: 1684-1685
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Apply the nursing process in providing culturally competent care to an individual who is addicted to nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

3) The nurse is teaching a class of adolescents about smoking. Which of the following points is most important to convey to this audience?
A) Teenagers and young adults are not strongly influenced by tobacco advertising.
B) Smoking is a major cause of lung cancer.
C) Increasing the cost of cigarettes is not an effective deterrent to smoking.
D) Few young people who smoke regularly during their teenage years continue to use tobacco as adults.
Answer: B
Explanation: A) Smoking is a main cause of lung cancer, and it also directly contributes to the development of many other diseases, including heart disease and stroke. Teenagers and young adults tend to be strongly influenced by both tobacco advertising and counteradvertising mass media campaigns. Increasing the cost of cigarettes has been found to be an effective deterrent to smoking. Teenagers who smoke regularly tend to continue smoking during adulthood, which makes prevention particularly important among the adolescent population.
B) Smoking is a main cause of lung cancer, and it also directly contributes to the development of many other diseases, including heart disease and stroke. Teenagers and young adults tend to be strongly influenced by both tobacco advertising and counteradvertising mass media campaigns. Increasing the cost of cigarettes has been found to be an effective deterrent to smoking. Teenagers who smoke regularly tend to continue smoking during adulthood, which makes prevention particularly important among the adolescent population.
C) Smoking is a main cause of lung cancer, and it also directly contributes to the development of many other diseases, including heart disease and stroke. Teenagers and young adults tend to be strongly influenced by both tobacco advertising and counteradvertising mass media campaigns. Increasing the cost of cigarettes has been found to be an effective deterrent to smoking. Teenagers who smoke regularly tend to continue smoking during adulthood, which makes prevention particularly important among the adolescent population.
D) Smoking is a main cause of lung cancer, and it also directly contributes to the development of many other diseases, including heart disease and stroke. Teenagers and young adults tend to be strongly influenced by both tobacco advertising and counteradvertising mass media campaigns. Increasing the cost of cigarettes has been found to be an effective deterrent to smoking. Teenagers who smoke regularly tend to continue smoking during adulthood, which makes prevention particularly important among the adolescent population.
Page Ref: 1685
Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Compare the risk factors and prevention of nicotine addiction.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

4) The nurse is planning care for a client with esophageal cancer caused by years of nicotine abuse. Which of the following would be the priority nursing diagnosis for this client?
A) Decisional Conflict
B) Social Isolation
C) Disturbed Body Image
D) Ineffective Airway Clearance
Answer: D
Explanation: A) The nurse should anticipate that a client with esophageal cancer related to tobacco use may have issues with airway edema. Because proper breathing and oxygenation are crucial, Ineffective Airway Clearance would be the highest priority nursing diagnosis of the options listed. There is no evidence that the client has a disturbed body image or experiences decisional conflict or social isolation.
B) The nurse should anticipate that a client with esophageal cancer related to tobacco use may have issues with airway edema. Because proper breathing and oxygenation are crucial, Ineffective Airway Clearance would be the highest priority nursing diagnosis of the options listed. There is no evidence that the client has a disturbed body image or experiences decisional conflict or social isolation.
C) The nurse should anticipate that a client with esophageal cancer related to tobacco use may have issues with airway edema. Because proper breathing and oxygenation are crucial, Ineffective Airway Clearance would be the highest priority nursing diagnosis of the options listed. There is no evidence that the client has a disturbed body image or experiences decisional conflict or social isolation.
D) The nurse should anticipate that a client with esophageal cancer related to tobacco use may have issues with airway edema. Because proper breathing and oxygenation are crucial, Ineffective Airway Clearance would be the highest priority nursing diagnosis of the options listed. There is no evidence that the client has a disturbed body image or experiences decisional conflict or social isolation.
Page Ref: 1687
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Apply the nursing process in providing culturally competent care to an individual who is addicted to nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

5) A nurse works at a clinic that provides care to a community with a high population of smokers. The nurse is planning an educational session entitled "Tips for Quitting." Which action by the nurse is appropriate for inclusion in this session?
A) Telling participants that smoking is an unacceptable behavior
B) Making sure participants are aware of the increased risk of liver disease and esophageal cancer associated with smoking
C) Reviewing available pharmacologic adjuncts to cessation with participants
D) Recommending that participants seek hypnosis at a local dinner theater to aid in their attempts at smoking cessation
Answer: C

Explanation: A) The nurse should include information about available pharmacologic adjuncts to cessation in a "Tips for Quitting" session. Simply telling the participants that smoking is unacceptable is not effective in promoting wellness. Although it is true that smoking contributes to cancer and liver disease, this information will not help participants identify and apply effective strategies for tobacco cessation. Hypnosis can be useful for clients who are trying to quit smoking, but the nurse should recommend that clients seek hypnosis only from a trained healthcare professional.
B) The nurse should include information about available pharmacologic adjuncts to cessation in a "Tips for Quitting" session. Simply telling the participants that smoking is unacceptable is not effective in promoting wellness. Although it is true that smoking contributes to cancer and liver disease, this information will not help participants identify and apply effective strategies for tobacco cessation. Hypnosis can be useful for clients who are trying to quit smoking, but the nurse should recommend that clients seek hypnosis only from a trained healthcare professional.
C) The nurse should include information about available pharmacologic adjuncts to cessation in a "Tips for Quitting" session. Simply telling the participants that smoking is unacceptable is not effective in promoting wellness. Although it is true that smoking contributes to cancer and liver disease, this information will not help participants identify and apply effective strategies for tobacco cessation. Hypnosis can be useful for clients who are trying to quit smoking, but the nurse should recommend that clients seek hypnosis only from a trained healthcare professional.
D) The nurse should include information about available pharmacologic adjuncts to cessation in a "Tips for Quitting" session. Simply telling the participants that smoking is unacceptable is not effective in promoting wellness. Although it is true that smoking contributes to cancer and liver disease, this information will not help participants identify and apply effective strategies for tobacco cessation. Hypnosis can be useful for clients who are trying to quit smoking, but the nurse should recommend that clients seek hypnosis only from a trained healthcare professional.
Page Ref: 1685
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual who abuses nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

6) The nurse is providing care to a client with a history of chronic obstructive pulmonary disease (COPD) who wants help and information regarding nicotine addiction and ways to quit smoking. After the nurse has provided education regarding smoking cessation, which client statement would indicate appropriate understanding of the information presented?
A) "I will keep a pack of cigarettes in my closet in case I need it."
B) "I will taper off smoking gradually."
C) "I will chew sugar-free gum when I want a cigarette."
D) "I will eat a snack when I am feeling nervous."
Answer: C

Explanation: A) When providing education regarding smoking cessation, it is important for the nurse to include adaptive coping mechanisms for the client to use during times of stress. Expressing the intention to use a healthy coping mechanism—such as chewing sugar-free gum—when the urge to smoke arises indicates appropriate understanding of the information presented. Tapering off smoking and keeping cigarettes close by are examples of behaviors that indicate the client is not wholly committed to cessation. Eating when stressed may lead the client to substitute eating for smoking, which is a form of denial.
B) When providing education regarding smoking cessation, it is important for the nurse to include adaptive coping mechanisms for the client to use during times of stress. Expressing the intention to use a healthy coping mechanism—such as chewing sugar-free gum—when the urge to smoke arises indicates appropriate understanding of the information presented. Tapering off smoking and keeping cigarettes close by are examples of behaviors that indicate the client is not wholly committed to cessation. Eating when stressed may lead the client to substitute eating for smoking, which is a form of denial.
C) When providing education regarding smoking cessation, it is important for the nurse to include adaptive coping mechanisms for the client to use during times of stress. Expressing the intention to use a healthy coping mechanism—such as chewing sugar-free gum—when the urge to smoke arises indicates appropriate understanding of the information presented. Tapering off smoking and keeping cigarettes close by are examples of behaviors that indicate the client is not wholly committed to cessation. Eating when stressed may lead the client to substitute eating for smoking, which is a form of denial.
D) When providing education regarding smoking cessation, it is important for the nurse to include adaptive coping mechanisms for the client to use during times of stress. Expressing the intention to use a healthy coping mechanism—such as chewing sugar-free gum—when the urge to smoke arises indicates appropriate understanding of the information presented. Tapering off smoking and keeping cigarettes close by are examples of behaviors that indicate the client is not wholly committed to cessation. Eating when stressed may lead the client to substitute eating for smoking, which is a form of denial.
Page Ref: 1686-1687
Cognitive Level: Analyzing
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Apply the nursing process in providing culturally competent care to an individual who is addicted to nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

7) The nurse is providing education to a client who wants to quit smoking. Which statements are appropriate for the nurse to include in the teaching session? Select all that apply.
A) "There is no adverse risk if you choose to smoke while wearing a nicotine patch."
B) "Bupropion (Zyban) is used to suppress the craving for tobacco."
C) "A piece of nicotine gum should be chewed for 5 minutes of every waking hour, then held in the cheek."
D) "Most people quit smoking several times before they are successful."
E) "Alternative therapies can help reduce the stress that accompanies smoking cessation."
Answer: B, D, E
Explanation: A) When teaching clients about smoking cessation, the nurse should emphasize that most people who quit smoking try to quit several times before they are successful. Bupropion is used to suppress the craving for tobacco and may be a viable option for this client. The proper use of nicotine gum is to take one piece when the urge to smoke occurs, up to 9-12 times daily. The gum should be chewed several times to soften it, then held in the buccal space for at least 30 minutes to absorb the medication. A client who is wearing a nicotine patch must not smoke because of increased risk for cardiovascular problems, including myocardial infarction. The nurse should always consider alternative therapies in addition to traditional therapies, because they may help the client better deal with the stress that accompanies smoking cessation.
B) When teaching clients about smoking cessation, the nurse should emphasize that most people who quit smoking try to quit several times before they are successful. Bupropion is used to suppress the craving for tobacco and may be a viable option for this client. The proper use of nicotine gum is to take one piece when the urge to smoke occurs, up to 9-12 times daily. The gum should be chewed several times to soften it, then held in the buccal space for at least 30 minutes to absorb the medication. A client who is wearing a nicotine patch must not smoke because of increased risk for cardiovascular problems, including myocardial infarction. The nurse should always consider alternative therapies in addition to traditional therapies, because they may help the client better deal with the stress that accompanies smoking cessation.
C) When teaching clients about smoking cessation, the nurse should emphasize that most people who quit smoking try to quit several times before they are successful. Bupropion is used to suppress the craving for tobacco and may be a viable option for this client. The proper use of nicotine gum is to take one piece when the urge to smoke occurs, up to 9-12 times daily. The gum should be chewed several times to soften it, then held in the buccal space for at least 30 minutes to absorb the medication. A client who is wearing a nicotine patch must not smoke because of increased risk for cardiovascular problems, including myocardial infarction. The nurse should always consider alternative therapies in addition to traditional therapies, because they may help the client better deal with the stress that accompanies smoking cessation.
D) When teaching clients about smoking cessation, the nurse should emphasize that most people who quit smoking try to quit several times before they are successful. Bupropion is used to suppress the craving for tobacco and may be a viable option for this client. The proper use of nicotine gum is to take one piece when the urge to smoke occurs, up to 9-12 times daily. The gum should be chewed several times to soften it, then held in the buccal space for at least 30 minutes to absorb the medication. A client who is wearing a nicotine patch must not smoke because of increased risk for cardiovascular problems, including myocardial infarction. The nurse should always consider alternative therapies in addition to traditional therapies, because they may help the client better deal with the stress that accompanies smoking cessation.

E) When teaching clients about smoking cessation, the nurse should emphasize that most people who quit smoking try to quit several times before they are successful. Bupropion is used to suppress the craving for tobacco and may be a viable option for this client. The proper use of nicotine gum is to take one piece when the urge to smoke occurs, up to 9-12 times daily. The gum should be chewed several times to soften it, then held in the buccal space for at least 30 minutes to absorb the medication. A client who is wearing a nicotine patch must not smoke because of increased risk for cardiovascular problems, including myocardial infarction. The nurse should always consider alternative therapies in addition to traditional therapies, because they may help the client better deal with the stress that accompanies smoking cessation.
Page Ref: 1686-1687
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual who abuses nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

8) A nurse is caring for a client who smokes cigarettes and wants information about nicotine replacement therapy (NRT). Which statement is appropriate for the nurse to include in the teaching session?
A) "Over-the-counter NRT products include transdermal patches, gums, nicotine inhalers, and nasal sprays."
B) "NRT helps relieve the psychologic and physiologic effects of nicotine withdrawal."
C) "NRT does not address addictive behavior."
D) "Using NRT in conjunction with a smoking cessation program is no more effective than using NRT alone."
Answer: C
Explanation: A) Nicotine replacement therapy (NRT) does not address addictive behavior. Although it helps relieve some physiologic effects of nicotine withdrawal, it does not address the psychologic effects. Over-the-counter NRT products include transdermal patches and gums; nicotine inhalers and nasal sprays are available by prescription only. Using NRT in conjunction with a smoking cessation program is more effective than using NRT alone.
B) Nicotine replacement therapy (NRT) does not address addictive behavior. Although it helps relieve some physiologic effects of nicotine withdrawal, it does not address the psychologic effects. Over-the-counter NRT products include transdermal patches and gums; nicotine inhalers and nasal sprays are available by prescription only. Using NRT in conjunction with a smoking cessation program is more effective than using NRT alone.
C) Nicotine replacement therapy (NRT) does not address addictive behavior. Although it helps relieve some physiologic effects of nicotine withdrawal, it does not address the psychologic effects. Over-the-counter NRT products include transdermal patches and gums; nicotine inhalers and nasal sprays are available by prescription only. Using NRT in conjunction with a smoking cessation program is more effective than using NRT alone.
D) Nicotine replacement therapy (NRT) does not address addictive behavior. Although it helps relieve some physiologic effects of nicotine withdrawal, it does not address the psychologic effects. Over-the-counter NRT products include transdermal patches and gums; nicotine inhalers and nasal sprays are available by prescription only. Using NRT in conjunction with a smoking cessation program is more effective than using NRT alone.
Page Ref: 1684-1685
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Pharmacological and Parenteral Therapies
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual who abuses nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

9) A nurse is caring for a client with congestive heart failure (CHF) who currently smokes cigarettes and has a 50 pack-year smoking history. When providing smoking cessation education to this client, which statements regarding the pathophysiology of nicotine use are appropriate? Select all that apply.
A) "In low doses, nicotine stimulates nicotinic receptors in the brain to release dopamine."
B) "In high doses, nicotine stimulates the parasympathetic system to release epinephrine, causing vasoconstriction."
C) "Initially, nicotine increases mental alertness and cognitive ability."
D) "Nicotine is a nonpsychoactive substance found in tobacco."
E) "Gradual reduction of nicotine intake appears to be the best method of cessation."
Answer: A, C

Explanation: A) In low doses, nicotine stimulates nicotinic receptors in the brain to release dopamine and epinephrine, causing vasoconstriction. This response is associated with the sympathetic nervous system, not the parasympathetic nervous system. Initially, nicotine increases mental alertness and cognitive ability, but eventually it depresses those responses. Nicotine is a psychoactive substance found in tobacco. Gradual reduction in nicotine use seems to prolong the suffering of withdrawal and is not a recommended method of cessation.
B) In low doses, nicotine stimulates nicotinic receptors in the brain to release dopamine and epinephrine, causing vasoconstriction. This response is associated with the sympathetic nervous system, not the parasympathetic nervous system. Initially, nicotine increases mental alertness and cognitive ability, but eventually it depresses those responses. Nicotine is a psychoactive substance found in tobacco. Gradual reduction in nicotine use seems to prolong the suffering of withdrawal and is not a recommended method of cessation.
C) In low doses, nicotine stimulates nicotinic receptors in the brain to release dopamine and epinephrine, causing vasoconstriction. This response is associated with the sympathetic nervous system, not the parasympathetic nervous system. Initially, nicotine increases mental alertness and cognitive ability, but eventually it depresses those responses. Nicotine is a psychoactive substance found in tobacco. Gradual reduction in nicotine use seems to prolong the suffering of withdrawal and is not a recommended method of cessation.
D) In low doses, nicotine stimulates nicotinic receptors in the brain to release dopamine and epinephrine, causing vasoconstriction. This response is associated with the sympathetic nervous system, not the parasympathetic nervous system. Initially, nicotine increases mental alertness and cognitive ability, but eventually it depresses those responses. Nicotine is a psychoactive substance found in tobacco. Gradual reduction in nicotine use seems to prolong the suffering of withdrawal and is not a recommended method of cessation.
E) In low doses, nicotine stimulates nicotinic receptors in the brain to release dopamine and epinephrine, causing vasoconstriction. This response is associated with the sympathetic nervous system, not the parasympathetic nervous system. Initially, nicotine increases mental alertness and cognitive ability, but eventually it depresses those responses. Nicotine is a psychoactive substance found in tobacco. Gradual reduction in nicotine use seems to prolong the suffering of withdrawal and is not a recommended method of cessation.
Page Ref: 1682-1683
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Describe the pathophysiology of nicotine addiction.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

10) A nurse who works in an outpatient primary care clinic is caring for a client with asthma who has an 80 pack-year smoking history. When assessing the client's current use of nicotine, which question is most appropriate?
A) "Have you tried a nicotine patch for quitting smoking?"
B) "Do you smoke cigarettes with filters or without?"
C) "Do you smoke immediately after waking up?"
D) "What prior attempts have you made to quit using nicotine?"
Answer: D
Explanation: A) Appropriate assessment questions should be open-ended and allow the client to elaborate on the answers. Of the choices provided, only "What prior attempts have you made to quit using nicotine?" meets these criteria.
B) Appropriate assessment questions should be open-ended and allow the client to elaborate on the answers. Of the choices provided, only "What prior attempts have you made to quit using nicotine?" meets these criteria.
C) Appropriate assessment questions should be open-ended and allow the client to elaborate on the answers. Of the choices provided, only "What prior attempts have you made to quit using nicotine?" meets these criteria.
D) Appropriate assessment questions should be open-ended and allow the client to elaborate on the answers. Of the choices provided, only "What prior attempts have you made to quit using nicotine?" meets these criteria.
Page Ref: 1686
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Apply the nursing process in providing culturally competent care to an individual who is addicted to nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

11) A nurse is teaching a client about the effects of smoking during pregnancy. Upon conclusion of the teaching session, which of the following client statements would suggest that further education is necessary?
A) "When a pregnant woman smokes, the concentration of nicotine in the fetus can be even higher than that in the woman's own body."
B) "Smoking during pregnancy is associated with an increased risk of placental problems."
C) "Prenatal nicotine exposure is linked to attention deficits and learning difficulties during childhood."
D) "Although women who smoke during pregnancy are at higher risk for respiratory disease later in life, their children are not."
Answer: D

Explanation: A) Nicotine crosses the placenta, and fetal concentrations of nicotine can be 15% higher than maternal concentrations. Smoking during pregnancy is associated with increased risk for spontaneous abortion, preterm delivery, respiratory disease, immune system difficulties, and cancer later in life. Various studies link placental complications to prenatal exposure to cigarette smoke. Prenatal tobacco exposure has been associated with serious neurodevelopmental and behavioral consequences in children, including attention deficits and issues with learning and memory.
B) Nicotine crosses the placenta, and fetal concentrations of nicotine can be 15% higher than maternal concentrations. Smoking during pregnancy is associated with increased risk for spontaneous abortion, preterm delivery, respiratory disease, immune system difficulties, and cancer later in life. Various studies link placental complications to prenatal exposure to cigarette smoke. Prenatal tobacco exposure has been associated with serious neurodevelopmental and behavioral consequences in children, including attention deficits and issues with learning and memory.
C) Nicotine crosses the placenta, and fetal concentrations of nicotine can be 15% higher than maternal concentrations. Smoking during pregnancy is associated with increased risk for spontaneous abortion, preterm delivery, respiratory disease, immune system difficulties, and cancer later in life. Various studies link placental complications to prenatal exposure to cigarette smoke. Prenatal tobacco exposure has been associated with serious neurodevelopmental and behavioral consequences in children, including attention deficits and issues with learning and memory.
D) Nicotine crosses the placenta, and fetal concentrations of nicotine can be 15% higher than maternal concentrations. Smoking during pregnancy is associated with increased risk for spontaneous abortion, preterm delivery, respiratory disease, immune system difficulties, and cancer later in life. Various studies link placental complications to prenatal exposure to cigarette smoke. Prenatal tobacco exposure has been associated with serious neurodevelopmental and behavioral consequences in children, including attention deficits and issues with learning and memory.
Page Ref: 1685-1686
Cognitive Level: Analyzing
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: patient/family/community preferences, values; coordination and integration of care; information, communication, and education; physical comfort and emotional support; involvement of family and friends transition and continuity. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Evaluation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Differentiate care of clients across the lifespan who abuse nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

12) Which of the following statements is true with regard to vaping?
A) Vaping is a safe alternative to cigarette smoking.
B) E-cigarettes are less popular among teenagers than cigarettes and other traditional tobacco products.
C) Vaping has been linked to a devastating respiratory disease known as "popcorn lung."
D) Throughout the United States, vaping is subject to the same regulations as cigarette smoking.
Answer: C
Explanation: A) It remains to be proven whether e-cigarettes are actually safe or simply less harmful than tobacco. In many parts of the United States, vaping is unregulated. The popularity of e-cigarettes is exploding among teenagers and young adults; in 2014, e-cigarette use surpassed current use of every other tobacco product overall. Flavored e-cigarettes frequently contain diacetyl, a chemical that causes the debilitating respiratory disease bronchiolitis obliterans, also known as "popcorn lung."
B) It remains to be proven whether e-cigarettes are actually safe or simply less harmful than tobacco. In many parts of the United States, vaping is unregulated. The popularity of e-cigarettes is exploding among teenagers and young adults; in 2014, e-cigarette use surpassed current use of every other tobacco product overall. Flavored e-cigarettes frequently contain diacetyl, a chemical that causes the debilitating respiratory disease bronchiolitis obliterans, also known as "popcorn lung."
C) It remains to be proven whether e-cigarettes are actually safe or simply less harmful than tobacco. In many parts of the United States, vaping is unregulated. The popularity of e-cigarettes is exploding among teenagers and young adults; in 2014, e-cigarette use surpassed current use of every other tobacco product overall. Flavored e-cigarettes frequently contain diacetyl, a chemical that causes the debilitating respiratory disease bronchiolitis obliterans, also known as "popcorn lung."
D) It remains to be proven whether e-cigarettes are actually safe or simply less harmful than tobacco. In many parts of the United States, vaping is unregulated. The popularity of e-cigarettes is exploding among teenagers and young adults; in 2014, e-cigarette use surpassed current use of every other tobacco product overall. Flavored e-cigarettes frequently contain diacetyl, a chemical that causes the debilitating respiratory disease bronchiolitis obliterans, also known as "popcorn lung."
Page Ref: 1682
Cognitive Level: Remembering
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Compare the risk factors and prevention of nicotine addiction.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

13) Why is smoking particularly dangerous for clients with atherosclerosis?
A) Smoking causes a direct increase in HDL cholesterol, which further contributes to plaque buildup.
B) Smoking causes vasoconstriction, which further impairs tissue oxygenation.
C) Smoking causes a direct increase in total cholesterol, which further contributes to plaque buildup.
D) Smoking causes a decrease in blood pressure, which further impairs tissue oxygenation.
Answer: B
Explanation: A) Smoking does not directly affect cholesterol levels. However, it does lead to vasoconstriction and an increase in blood pressure, which further impairs tissue oxygenation in clients with atherosclerosis.
B) Smoking does not directly affect cholesterol levels. However, it does lead to vasoconstriction and an increase in blood pressure, which further impairs tissue oxygenation in clients with atherosclerosis.
C) Smoking does not directly affect cholesterol levels. However, it does lead to vasoconstriction and an increase in blood pressure, which further impairs tissue oxygenation in clients with atherosclerosis.
D) Smoking does not directly affect cholesterol levels. However, it does lead to vasoconstriction and an increase in blood pressure, which further impairs tissue oxygenation in clients with atherosclerosis.
Page Ref: 1683
Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Describe the pathophysiology of nicotine addiction.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

14) Which of the following characteristics would increase a client's risk of unpleasant side effects from nicotine replacement therapy (NRT)?
A) Male gender
B) Heavy smoking prior to beginning NRT
C) Low body weight
D) History of failed attempts at smoking cessation
Answer: C
Explanation: A) A potential issue with NRT is that some transdermal patches and gums are designed for heavy smokers and may contain too large of a dose of nicotine. If clients have low body weight or did not smoke heavily prior to starting NRT, they may experience unpleasant side effects from ingesting too much nicotine. Male gender and a history of failed attempts at smoking cessation do not increase the risk of side effects.
B) A potential issue with NRT is that some transdermal patches and gums are designed for heavy smokers and may contain too large of a dose of nicotine. If clients have low body weight or did not smoke heavily prior to starting NRT, they may experience unpleasant side effects from ingesting too much nicotine. Male gender and a history of failed attempts at smoking cessation do not increase the risk of side effects.
C) A potential issue with NRT is that some transdermal patches and gums are designed for heavy smokers and may contain too large of a dose of nicotine. If clients have low body weight or did not smoke heavily prior to starting NRT, they may experience unpleasant side effects from ingesting too much nicotine. Male gender and a history of failed attempts at smoking cessation do not increase the risk of side effects.
D) A potential issue with NRT is that some transdermal patches and gums are designed for heavy smokers and may contain too large of a dose of nicotine. If clients have low body weight or did not smoke heavily prior to starting NRT, they may experience unpleasant side effects from ingesting too much nicotine. Male gender and a history of failed attempts at smoking cessation do not increase the risk of side effects.
Page Ref: 1685
Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Pharmacological and Parenteral Therapies
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.B Analyze manifestations and treatment considerations for clients with an addiction to nicotine. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual who abuses nicotine.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with alcohol abuse.

Exemplar 22.C Substance Abuse

1) The nurse is caring for a client who is diagnosed with a cocaine addiction. For which additional disorder should the nurse assess this client?
A) Anxiety
B) Diabetes
C) Weight gain
D) Kidney stones
Answer: A
Explanation: A) Substance use or abuse commonly co-occurs with other mental health disorders, such as anxiety and depression. In fact, approximately 20% of Americans with an anxiety or mood disorder such as depression also have an alcohol or other substance use disorder. Weight gain, diabetes, and kidney stones are not linked to substance abuse.
B) Substance use or abuse commonly co-occurs with other mental health disorders, such as anxiety and depression. In fact, approximately 20% of Americans with an anxiety or mood disorder such as depression also have an alcohol or other substance use disorder. Weight gain, diabetes, and kidney stones are not linked to substance abuse.
C) Substance use or abuse commonly co-occurs with other mental health disorders, such as anxiety and depression. In fact, approximately 20% of Americans with an anxiety or mood disorder such as depression also have an alcohol or other substance use disorder. Weight gain, diabetes, and kidney stones are not linked to substance abuse.
D) Substance use or abuse commonly co-occurs with other mental health disorders, such as anxiety and depression. In fact, approximately 20% of Americans with an anxiety or mood disorder such as depression also have an alcohol or other substance use disorder. Weight gain, diabetes, and kidney stones are not linked to substance abuse.
Page Ref: 1689
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Compare the risk factors and prevention of substance abuse.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

2) A pregnant client experiences abruptio placentae. The father of the baby asks the nurse why this has happened. Which risk factor in the client's history is the most likely cause for this condition?
A) Maternal use of marijuana during pregnancy
B) Genetic history
C) Maternal use of methadone during pregnancy
D) Low maternal folic acid levels
Answer: C
Explanation: A) Maternal use of methadone during pregnancy puts a woman at risk for abruptio placentae. Methadone use is also associated with fetal distress, meconium aspiration, preterm labor, rapid labor, and severe withdrawal in the newborn. Marijuana use is associated with an increased risk of intrauterine growth restriction (IUGR), but not with an increased rate of placental abruption. Low folic acid levels would contribute to neural tube problems. Genetic history does not affect the risk for abruption.
B) Maternal use of methadone during pregnancy puts a woman at risk for abruptio placentae. Methadone use is also associated with fetal distress, meconium aspiration, preterm labor, rapid labor, and severe withdrawal in the newborn. Marijuana use is associated with an increased risk of intrauterine growth restriction (IUGR), but not with an increased rate of placental abruption. Low folic acid levels would contribute to neural tube problems. Genetic history does not affect the risk for abruption.
C) Maternal use of methadone during pregnancy puts a woman at risk for abruptio placentae. Methadone use is also associated with fetal distress, meconium aspiration, preterm labor, rapid labor, and severe withdrawal in the newborn. Marijuana use is associated with an increased risk of intrauterine growth restriction (IUGR), but not with an increased rate of placental abruption. Low folic acid levels would contribute to neural tube problems. Genetic history does not affect the risk for abruption.
D) Maternal use of methadone during pregnancy puts a woman at risk for abruptio placentae. Methadone use is also associated with fetal distress, meconium aspiration, preterm labor, rapid labor, and severe withdrawal in the newborn. Marijuana use is associated with an increased risk of intrauterine growth restriction (IUGR), but not with an increased rate of placental abruption. Low folic acid levels would contribute to neural tube problems. Genetic history does not affect the risk for abruption.
Page Ref: 1696
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Differentiate care of clients across the lifespan who abuse substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

3) A college student is incoherent; her roommates tell the nurse that she recently "took downers with beer." For which health problem should the nurse observe in this client?
A) Hallucinations
B) Respiratory depression
C) Seizure activity
D) Signs of withdrawal
Answer: B
Explanation: A) "Downers" is a common name for central nervous system (CNS) depressants. CNS depressants and alcohol are a lethal combination, because clients who ingest both types of substances are at risk for varying degrees of sedation, up to coma and death. Seizure activity, signs of withdrawal, and signs of hallucinations do not pose as great a risk for this client as respiratory depression.
B) "Downers" is a common name for central nervous system (CNS) depressants. CNS depressants and alcohol are a lethal combination, because clients who ingest both types of substances are at risk for varying degrees of sedation, up to coma and death. Seizure activity, signs of withdrawal, and signs of hallucinations do not pose as great a risk for this client as respiratory depression.
C) "Downers" is a common name for central nervous system (CNS) depressants. CNS depressants and alcohol are a lethal combination, because clients who ingest both types of substances are at risk for varying degrees of sedation, up to coma and death. Seizure activity, signs of withdrawal, and signs of hallucinations do not pose as great a risk for this client as respiratory depression.
D) "Downers" is a common name for central nervous system (CNS) depressants. CNS depressants and alcohol are a lethal combination, because clients who ingest both types of substances are at risk for varying degrees of sedation, up to coma and death. Seizure activity, signs of withdrawal, and signs of hallucinations do not pose as great a risk for this client as respiratory depression.
Page Ref: 1691
Cognitive Level: Analyzing
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Identify clinical manifestations of substance abuse.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

4) The nurse is completing a health history for an adolescent client and determines that the client would benefit from teaching about substance abuse. Which client statements caused the nurse to come to this conclusion? Select all that apply.
A) "I drink alcohol with my friends on the weekends."
B) "I smoke cigarettes on a daily basis."
C) "I use my seat belt every time I ride in a car."
D) "I started having sex when I was 13."
E) "I get all A's and B's in school."
Answer: A, B, D
Explanation: A) Early sexual activity, smoking cigarettes, and drinking alcohol are all risk factors for teenage substance abuse. Getting good grades and wearing a seat belt are not risk factors for substance abuse.
B) Early sexual activity, smoking cigarettes, and drinking alcohol are all risk factors for teenage substance abuse. Getting good grades and wearing a seat belt are not risk factors for substance abuse.
C) Early sexual activity, smoking cigarettes, and drinking alcohol are all risk factors for teenage substance abuse. Getting good grades and wearing a seat belt are not risk factors for substance abuse.
D) Early sexual activity, smoking cigarettes, and drinking alcohol are all risk factors for teenage substance abuse. Getting good grades and wearing a seat belt are not risk factors for substance abuse.
E) Early sexual activity, smoking cigarettes, and drinking alcohol are all risk factors for teenage substance abuse. Getting good grades and wearing a seat belt are not risk factors for substance abuse.
Page Ref: 1694
Cognitive Level: Analyzing
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Differentiate care of clients across the lifespan who abuse substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

5) A young adult client is at 28 weeks' gestation. The client's prenatal history reveals past drug abuse, and her urine screening indicates that she has recently used heroin. Which potential health problem should the nurse recognize as the greatest risk to the fetus?
A) Congenital anomalies
B) Abruptio placentae
C) Diabetes mellitus
D) Intrauterine growth restriction (IUGR)
Answer: D

Explanation: A) Women who use heroin place their fetus at increased risk for intrauterine growth restriction (IUGR), as well as withdrawal symptoms, convulsions, tremors, irritability, sneezing, vomiting, fever, diarrhea, and abnormal respiratory function. Congenital anomalies are more commonly associated with use of other drugs, including lithium and dextroamphetamine sulfate. Diabetes is an endocrine disorder that is unrelated to drug use and abuse. Abruptio placentae is more commonly seen with use of alcohol, tobacco, and methadone than with use of heroin.
B) Women who use heroin place their fetus at increased risk for intrauterine growth restriction (IUGR), as well as withdrawal symptoms, convulsions, tremors, irritability, sneezing, vomiting, fever, diarrhea, and abnormal respiratory function. Congenital anomalies are more commonly associated with use of other drugs, including lithium and dextroamphetamine sulfate. Diabetes is an endocrine disorder that is unrelated to drug use and abuse. Abruptio placentae is more commonly seen with use of alcohol, tobacco, and methadone than with use of heroin.
C) Women who use heroin place their fetus at increased risk for intrauterine growth restriction (IUGR), as well as withdrawal symptoms, convulsions, tremors, irritability, sneezing, vomiting, fever, diarrhea, and abnormal respiratory function. Congenital anomalies are more commonly associated with use of other drugs, including lithium and dextroamphetamine sulfate. Diabetes is an endocrine disorder that is unrelated to drug use and abuse. Abruptio placentae is more commonly seen with use of alcohol, tobacco, and methadone than with use of heroin.
D) Women who use heroin place their fetus at increased risk for intrauterine growth restriction (IUGR), as well as withdrawal symptoms, convulsions, tremors, irritability, sneezing, vomiting, fever, diarrhea, and abnormal respiratory function. Congenital anomalies are more commonly associated with use of other drugs, including lithium and dextroamphetamine sulfate. Diabetes is an endocrine disorder that is unrelated to drug use and abuse. Abruptio placentae is more commonly seen with use of alcohol, tobacco, and methadone than with use of heroin.
Page Ref: 1696
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Differentiate care of clients across the lifespan who abuse substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

6) The nurse is providing care to a client with alcohol and opioid dependency. The client's mother states, "I don't understand why my daughter has been prescribed naltrexone, because it causes a high, too, right?" Which response by the nurse is appropriate?
A) "Naltrexone will cause your daughter to become violently ill if she drinks alcohol or abuses drugs."
B) "Naltrexone is less potent than the street drugs your daughter is currently taking and therefore safer."
C) "Naltrexone helps diminish your daughter's cravings for alcohol and opioids."
D) "Naltrexone will prevent your daughter from getting drunk when she drinks."
Answer: C
Explanation: A) Naltrexone helps reduce cravings for alcohol and opioids by blocking the pathways to the brain that trigger a feeling of pleasure when these substances are used. Disulfiram, not naltrexone, will cause a person to become violently ill when alcohol is consumed. Naltrexone is not used as an alternative to street drugs, nor does it prevent alcohol intoxication.
B) Naltrexone helps reduce cravings for alcohol and opioids by blocking the pathways to the brain that trigger a feeling of pleasure when these substances are used. Disulfiram, not naltrexone, will cause a person to become violently ill when alcohol is consumed. Naltrexone is not used as an alternative to street drugs, nor does it prevent alcohol intoxication.
C) Naltrexone helps reduce cravings for alcohol and opioids by blocking the pathways to the brain that trigger a feeling of pleasure when these substances are used. Disulfiram, not naltrexone, will cause a person to become violently ill when alcohol is consumed. Naltrexone is not used as an alternative to street drugs, nor does it prevent alcohol intoxication.
D) Naltrexone helps reduce cravings for alcohol and opioids by blocking the pathways to the brain that trigger a feeling of pleasure when these substances are used. Disulfiram, not naltrexone, will cause a person to become violently ill when alcohol is consumed. Naltrexone is not used as an alternative to street drugs, nor does it prevent alcohol intoxication.
Page Ref: 1664, 1674
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Pharmacological and Parenteral Therapies
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Implementation
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual who abuses substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

7) A client who is attending a Narcotics Anonymous (NA) program asks the nurse what the most important initial goal of attending the meetings is. How should the nurse respond?
A) "The most important initial goal is to admit that you have a problem."
B) "The most important initial goal is to learn problem-solving skills."
C) "The most important initial goal is to take a personal moral inventory."
D) "The most important initial goal is to make amends to people you have hurt."
Answer: A

Explanation: A) The key initial outcome for clients in NA and similar 12-step substance abuse programs is to admit they have a problem with drugs or alcohol. Clients will be unable to participate fully in a recovery program until they can admit that they have a substance abuse problem, admit the extent of that problem, and acknowledge how abuse has impacted their lives. Learning problem-solving skills is a later outcome for a substance abuse program. Taking a moral inventory and making amends are the fourth and eighth steps of Narcotics Anonymous and would not be initial outcomes.
B) The key initial outcome for clients in NA and similar 12-step substance abuse programs is to admit they have a problem with drugs or alcohol. Clients will be unable to participate fully in a recovery program until they can admit that they have a substance abuse problem, admit the extent of that problem, and acknowledge how abuse has impacted their lives. Learning problem-solving skills is a later outcome for a substance abuse program. Taking a moral inventory and making amends are the fourth and eighth steps of Narcotics Anonymous and would not be initial outcomes.
C) The key initial outcome for clients in NA and similar 12-step substance abuse programs is to admit they have a problem with drugs or alcohol. Clients will be unable to participate fully in a recovery program until they can admit that they have a substance abuse problem, admit the extent of that problem, and acknowledge how abuse has impacted their lives. Learning problem-solving skills is a later outcome for a substance abuse program. Taking a moral inventory and making amends are the fourth and eighth steps of Narcotics Anonymous and would not be initial outcomes.
D) The key initial outcome for clients in NA and similar 12-step substance abuse programs is to admit they have a problem with drugs or alcohol. Clients will be unable to participate fully in a recovery program until they can admit that they have a substance abuse problem, admit the extent of that problem, and acknowledge how abuse has impacted their lives. Learning problem-solving skills is a later outcome for a substance abuse program. Taking a moral inventory and making amends are the fourth and eighth steps of Narcotics Anonymous and would not be initial outcomes.
Page Ref: 1699
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual who abuses substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

8) A client is admitted to the emergency department after overdosing on phencyclidine (PCP). Based on this information, which nursing actions are appropriate? Select all that apply.
A) Obtain materials to assist with lavage.
B) Initiate an IV.
C) Initiate seizure precautions.
D) Induce vomiting.
E) Administer ammonium chloride.
Answer: B, C, E

Explanation: A) PCP overdose is associated with possible hypertensive crisis, respiratory arrest, hyperthermia, and seizures. The client will require an IV line and seizure precautions, such as padded side rails. The client may also be given ammonium chloride to acidify the urine to help excrete the drug. Vomiting is induced for overdoses of alcohol, barbiturates, and benzodiazepines. Lavage would be an inappropriate treatment for inhalation of any substance, and PCP is usually inhaled in some form.
B) PCP overdose is associated with possible hypertensive crisis, respiratory arrest, hyperthermia, and seizures. The client will require an IV line and seizure precautions, such as padded side rails. The client may also be given ammonium chloride to acidify the urine to help excrete the drug. Vomiting is induced for overdoses of alcohol, barbiturates, and benzodiazepines. Lavage would be an inappropriate treatment for inhalation of any substance, and PCP is usually inhaled in some form.
C) PCP overdose is associated with possible hypertensive crisis, respiratory arrest, hyperthermia, and seizures. The client will require an IV line and seizure precautions, such as padded side rails. The client may also be given ammonium chloride to acidify the urine to help excrete the drug. Vomiting is induced for overdoses of alcohol, barbiturates, and benzodiazepines. Lavage would be an inappropriate treatment for inhalation of any substance, and PCP is usually inhaled in some form.
D) PCP overdose is associated with possible hypertensive crisis, respiratory arrest, hyperthermia, and seizures. The client will require an IV line and seizure precautions, such as padded side rails. The client may also be given ammonium chloride to acidify the urine to help excrete the drug. Vomiting is induced for overdoses of alcohol, barbiturates, and benzodiazepines. Lavage would be an inappropriate treatment for inhalation of any substance, and PCP is usually inhaled in some form.
E) PCP overdose is associated with possible hypertensive crisis, respiratory arrest, hyperthermia, and seizures. The client will require an IV line and seizure precautions, such as padded side rails. The client may also be given ammonium chloride to acidify the urine to help excrete the drug. Vomiting is induced for overdoses of alcohol, barbiturates, and benzodiazepines. Lavage would be an inappropriate treatment for inhalation of any substance, and PCP is usually inhaled in some form.
Page Ref: 1695
Cognitive Level: Analyzing
Client Need/Sub: Physiological Integrity: Reduction of Risk Potential
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care | Nursing Process: Implementation
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Apply the nursing process in providing culturally competent care to an individual who abuses substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

9) After assessing a new client who admits to opioid addiction, a nursing student expresses the belief that drug addiction is not a real illness because "people who use drugs do it to themselves." Which response by the staff nurse is appropriate?
A) "Sometimes a client doesn't show much effort to change his or her behavior."
B) "We are legally obligated to provide care, regardless of the cause of a client's illness."
C) "It is important to remain nonjudgmental when caring for any client, even a drug addict."
D) "You are right. I don't know why we bother."
Answer: C
Explanation: A) Nurses must maintain a nonjudgmental attitude with their clients in order to promote trust and respect. Even if a client is not currently making much effort toward managing an addiction, the development of a trusting relationship with the nurse helps set the stage for movement toward recovery in the future. Although it is true that nurses are legally obligated to provide care, this response is not client-focused and is therefore inappropriate.
B) Nurses must maintain a nonjudgmental attitude with their clients in order to promote trust and respect. Even if a client is not currently making much effort toward managing an addiction, the development of a trusting relationship with the nurse helps set the stage for movement toward recovery in the future. Although it is true that nurses are legally obligated to provide care, this response is not client-focused and is therefore inappropriate.
C) Nurses must maintain a nonjudgmental attitude with their clients in order to promote trust and respect. Even if a client is not currently making much effort toward managing an addiction, the development of a trusting relationship with the nurse helps set the stage for movement toward recovery in the future. Although it is true that nurses are legally obligated to provide care, this response is not client-focused and is therefore inappropriate.
D) Nurses must maintain a nonjudgmental attitude with their clients in order to promote trust and respect. Even if a client is not currently making much effort toward managing an addiction, the development of a trusting relationship with the nurse helps set the stage for movement toward recovery in the future. Although it is true that nurses are legally obligated to provide care, this response is not client-focused and is therefore inappropriate.
Page Ref: 1697
Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and friends Transition and continuity. | AACN Essential Competencies: IX.7. Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care. | NLN Competencies: Relationship Centered Care: Effective communication. | Nursing Process: Evaluation
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Apply the nursing process in providing culturally competent care to an individual who abuses substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

10) A nurse who works in the emergency department is caring for a client who has overdosed on cocaine. The nurse receives an order from the healthcare provider to administer a prescription antipsychotic. Which symptoms of cocaine overdose would this medication help manage? Select all that apply.
A) Alkaline urine
B) Decreased deep tendon reflexes
C) Hyperpyrexia
D) Respiratory distress
E) Central nervous system (CNS) depression
Answer: C, D
Explanation: A) Antipsychotic medications are used in the treatment of clients who have overdosed on crack or cocaine. These medications help manage the hyperpyrexia, respiratory distress, cardiovascular shock, acidic urine, and convulsions associated with the overdose. CNS depression and decreased deep tendon reflexes do not occur in acute cocaine overdose.
B) Antipsychotic medications are used in the treatment of clients who have overdosed on crack or cocaine. These medications help manage the hyperpyrexia, respiratory distress, cardiovascular shock, acidic urine, and convulsions associated with the overdose. CNS depression and decreased deep tendon reflexes do not occur in acute cocaine overdose.
C) Antipsychotic medications are used in the treatment of clients who have overdosed on crack or cocaine. These medications help manage the hyperpyrexia, respiratory distress, cardiovascular shock, acidic urine, and convulsions associated with the overdose. CNS depression and decreased deep tendon reflexes do not occur in acute cocaine overdose.
D) Antipsychotic medications are used in the treatment of clients who have overdosed on crack or cocaine. These medications help manage the hyperpyrexia, respiratory distress, cardiovascular shock, acidic urine, and convulsions associated with the overdose. CNS depression and decreased deep tendon reflexes do not occur in acute cocaine overdose.
E) Antipsychotic medications are used in the treatment of clients who have overdosed on crack or cocaine. These medications help manage the hyperpyrexia, respiratory distress, cardiovascular shock, acidic urine, and convulsions associated with the overdose. CNS depression and decreased deep tendon reflexes do not occur in acute cocaine overdose.
Page Ref: 1695
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Pharmacological and Parenteral Therapies
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe client care. | Nursing Process: Planning
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual who abuses substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

11) A client is admitted for the fourth time in 4 years for opioid detoxification. When planning care for this client, the nurse should consider which pathophysiologic aspect of substance abuse because of its impact on care?
A) Aging can impact the body's ability to handle detoxification from alcohol and drugs.
B) The client's withdrawal may be greater this time than during past detoxifications.
C) The client's dependency might have been greater this time than during past periods of abuse.
D) Increased difficulty with opioid detoxification is likely the result of an addiction to another substance at the same time.
Answer: B
Explanation: A) Subsequent episodes of withdrawal tend to get progressively worse due to kindling. Kindling refers to long-term changes in brain neurotransmission that occur after repeated detoxifications. Aging does not play a role in the detoxification process. There is no evidence to support the suspicion that the client is addicted to additional substances or has an increased degree of dependence.
B) Subsequent episodes of withdrawal tend to get progressively worse due to kindling. Kindling refers to long-term changes in brain neurotransmission that occur after repeated detoxifications. Aging does not play a role in the detoxification process. There is no evidence to support the suspicion that the client is addicted to additional substances or has an increased degree of dependence.
C) Subsequent episodes of withdrawal tend to get progressively worse due to kindling. Kindling refers to long-term changes in brain neurotransmission that occur after repeated detoxifications. Aging does not play a role in the detoxification process. There is no evidence to support the suspicion that the client is addicted to additional substances or has an increased degree of dependence.
D) Subsequent episodes of withdrawal tend to get progressively worse due to kindling. Kindling refers to long-term changes in brain neurotransmission that occur after repeated detoxifications. Aging does not play a role in the detoxification process. There is no evidence to support the suspicion that the client is addicted to additional substances or has an increased degree of dependence.
Page Ref: 1689
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Planning
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Describe the pathophysiology of substance abuse.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

12) A nurse is caring for a newborn who is being treated in the newborn intensive care unit (NICU) due to complications from exposure to illicit drugs in utero. The newborn has microcephaly and multiple cerebral infarcts and is inconsolable with a high-pitched cry. Which illicit drug is likely to blame for the newborn's symptoms?
A) Marijuana
B) PCP
C) Cocaine
D) LSD
Answer: C
Explanation: A) The newborn is likely showing symptoms of cocaine withdrawal. Although the other substances listed here have all been linked to fetal manifestations, they do not match the specific clinical manifestations this newborn is displaying.
B) The newborn is likely showing symptoms of cocaine withdrawal. Although the other substances listed here have all been linked to fetal manifestations, they do not match the specific clinical manifestations this newborn is displaying.
C) The newborn is likely showing symptoms of cocaine withdrawal. Although the other substances listed here have all been linked to fetal manifestations, they do not match the specific clinical manifestations this newborn is displaying.
D) The newborn is likely showing symptoms of cocaine withdrawal. Although the other substances listed here have all been linked to fetal manifestations, they do not match the specific clinical manifestations this newborn is displaying.
Page Ref: 1694
Cognitive Level: Analyzing
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Differentiate care of clients across the lifespan who abuse substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

13) The nurse is providing care to a client during a prenatal visit. The nurse suspects that the client has used cocaine. Which clinical manifestations support the nurse's suspicion? Select all that apply.
A) Increased appetite
B) Pinpoint pupils
C) Muscle jerks
D) Hypertension
E) Bradycardia
Answer: C, D
Explanation: A) Acute cocaine intoxication manifests as muscle jerking, hypertension, decreased appetite, dilated pupils, and tachycardia.
B) Acute cocaine intoxication manifests as muscle jerking, hypertension, decreased appetite, dilated pupils, and tachycardia.
C) Acute cocaine intoxication manifests as muscle jerking, hypertension, decreased appetite, dilated pupils, and tachycardia.
D) Acute cocaine intoxication manifests as muscle jerking, hypertension, decreased appetite, dilated pupils, and tachycardia.
E) Acute cocaine intoxication manifests as muscle jerking, hypertension, decreased appetite, dilated pupils, and tachycardia.
Page Ref: 1695
Cognitive Level: Applying
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Identify clinical manifestations of substance abuse.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

14) Which of the following is *not* an effect of chronic long-term marijuana use?
A) Airway constriction and inflammation
B) Decreased spermatogenesis in males
C) Chronic bronchitis
D) Increased prolactin levels in females
Answer: D
Explanation: A) Chronic long-term marijuana use can lead to airway constriction and inflammation and increased incidence of acute and chronic bronchitis. Cannabis use also causes decreased spermatogenesis and testosterone levels in males and suppresses follicle-stimulating, luteinizing, and prolactin hormones in females.
B) Chronic long-term marijuana use can lead to airway constriction and inflammation and increased incidence of acute and chronic bronchitis. Cannabis use also causes decreased spermatogenesis and testosterone levels in males and suppresses follicle-stimulating, luteinizing, and prolactin hormones in females.
C) Chronic long-term marijuana use can lead to airway constriction and inflammation and increased incidence of acute and chronic bronchitis. Cannabis use also causes decreased spermatogenesis and testosterone levels in males and suppresses follicle-stimulating, luteinizing, and prolactin hormones in females.
D) Chronic long-term marijuana use can lead to airway constriction and inflammation and increased incidence of acute and chronic bronchitis. Cannabis use also causes decreased spermatogenesis and testosterone levels in males and suppresses follicle-stimulating, luteinizing, and prolactin hormones in females.
Page Ref: 1691
Cognitive Level: Remembering
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Identify clinical manifestations of substance abuse.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.

15) Clients who have high scores on the OOWS and SOWS
A) are at elevated risk for substance abuse and addiction.
B) are at low risk for substance abuse and addiction.
C) experience particularly intense symptoms of substance withdrawal.
D) experience relatively mild symptoms of substance withdrawal.
Answer: C
Explanation: A) The Objective Opiate Withdrawal Scale (OOWS) has the nurse rate 13 common, physically observable signs of opiate withdrawal as being either absent or present. The Subjective Opiate Withdrawal Scale (SOWS) asks the client to rate 16 symptoms on a scale of 0 (not at all) to 4 (extremely). In either case, the summed total score can be used to assess the intensity of opiate withdrawal and determine the extent of a client's physical dependence on opioids. Higher scores mean a more intense withdrawal and more physical dependence.
B) The Objective Opiate Withdrawal Scale (OOWS) has the nurse rate 13 common, physically observable signs of opiate withdrawal as being either absent or present. The Subjective Opiate Withdrawal Scale (SOWS) asks the client to rate 16 symptoms on a scale of 0 (not at all) to 4 (extremely). In either case, the summed total score can be used to assess the intensity of opiate withdrawal and determine the extent of a client's physical dependence on opioids. Higher scores mean a more intense withdrawal and more physical dependence.
C) The Objective Opiate Withdrawal Scale (OOWS) has the nurse rate 13 common, physically observable signs of opiate withdrawal as being either absent or present. The Subjective Opiate Withdrawal Scale (SOWS) asks the client to rate 16 symptoms on a scale of 0 (not at all) to 4 (extremely). In either case, the summed total score can be used to assess the intensity of opiate withdrawal and determine the extent of a client's physical dependence on opioids. Higher scores mean a more intense withdrawal and more physical dependence.
D) The Objective Opiate Withdrawal Scale (OOWS) has the nurse rate 13 common, physically observable signs of opiate withdrawal as being either absent or present. The Subjective Opiate Withdrawal Scale (SOWS) asks the client to rate 16 symptoms on a scale of 0 (not at all) to 4 (extremely). In either case, the summed total score can be used to assess the intensity of opiate withdrawal and determine the extent of a client's physical dependence on opioids. Higher scores mean a more intense withdrawal and more physical dependence.
Page Ref: 1698
Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essential Competencies: IX.3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings. | NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care. | Nursing Process: Assessment
Learning Outcome: 22.C Analyze manifestations and treatment considerations for clients who abuse substances. Summarize diagnostic tests and therapies used by interprofessional teams in the collaborative care of an individual who abuses substances.
MNL LO: Demonstrate understanding of the concept of addiction in the care of a patient with substance abuse.