Davidson/London/Ladewig, *Olds' Maternal–Newborn Nursing and Women's Health Across the Lifespan* 9th Edition Test Bank

Chapter 1

Question 1
Type: MCSA

The nurse is speaking to students about changes in maternal–newborn care. One change is that self-care has gained wide acceptance with patients, the healthcare community, and third-party payers due to research findings that suggest that it:

1. Shortens newborn length of stay.

2. Decreases use of home health agencies.

3. Reduces healthcare costs.

4. Decreases the number of emergency department visits.

Correct Answer: 3

Rationale 1: Length of stay is often determined by third-party payer (insurance company) policies as well as physiologic stability of the mother and newborn. Home healthcare agencies often are involved in patient care to decrease hospital stay time.

Rationale 2: Home healthcare agencies often are involved in patient care to decrease hospital stay time.

Rationale 3: Research indicates self-care significantly reduces healthcare costs.

Rationale 4: Acute emergencies are addressed by emergency departments, and are not delayed by those practicing self-care.

Global Rationale:

Cognitive Level: Applying
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 2
Type: MCMA

In order to combat the impersonal nature of technology that sometimes interferes with family-focused care, the nurse should take which actions?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Advocate within the community for natural childbirth.

2. Make childbirth education classes available.

3. Be instrumental in providing change in the birth environment at work.

4. Suggest that doulas not be allowed to interfere with the childbirth process.

5. Advocate for more home healthcare agencies.

Correct Answer: 1,2,3,5

Rationale 1: Natural childbirth, if the patient is able, is the safest method for the baby.

Rationale 2: It is appropriate for nurses, in conjunction with doctors and hospitals, to provide childbirth classes for the expectant families.

Rationale 3: By working with other staff and doctors, the nurse is able to implement change as needed within the birthing unit.

Rationale 4: Doulas are encouraged to be part of the birthing process as the patient wishes. They are mainly there as a coach.

Rationale 5: Patients are going home sooner all the time, so there needs to be more follow-up in the home.

Global Rationale:

Cognitive Level: Applying
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 3
Type: MCSA

The nurse is telling a new patient how technology used in maternal–newborn care has changed the way the nurse cares for her patients. An example of this is:

1. Elective inductions, requested cesareans, epidural anesthesia, and fetal monitoring.

2. Delivering at home with a nurse-midwife and doula.

3. Having the father present as the coach and cut the umbilical cord.

4. Breastfeeding of the new baby on the delivery table.

Correct Answer: 1

Rationale 1: Elective inductions, requested cesareans, epidural anesthesia, and fetal monitoring are all recent technologies that have affected the care in labor and delivery areas.

Rationale 2: A nurse-midwife and a doula are not examples of technological care.

Rationale 3: Fathers' being present during labor and coaching their partners represents nontechnological care during childbirth.

Rationale 4: Breastfeeding is not an example of technology impacting care.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 4
Type: MCSA

A nurse is examining different nursing roles. Which example best illustrates an advanced practice nursing role?

1. A registered nurse who is the manager of a large obstetrical unit

2. A registered nurse who is the circulating nurse at surgical deliveries (cesarean sections)

3. A clinical nurse specialist working as a staff nurse on a motherbaby unit

4. A clinical nurse specialist with whom other nurses consult for her expertise in caring for high-risk infants

Correct Answer: 4

Rationale 1: A registered nurse who is the manager of a large obstetrical unit is a professional nurse who has graduated from an accredited program in nursing and completed the licensure examination.

Rationale 2: A registered nurse who is a circulating nurse at surgical deliveries (cesarean sections) is a professional nurse who has graduated from an accredited program in nursing and completed the licensure examination.

Rationale 3: A clinical nurse specialist working as a staff nurse on a mother–baby unit might have the qualifications for an advanced practice nursing staff but is not working in that capacity.

Rationale 4: A clinical nurse specialist with whom other nurses consult for expertise in caring for high-risk infants is working in an advanced practice nursing role. This nurse has specialized knowledge and competence in a specific clinical area, and is master's-prepared.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 5
Type: MCSA

A nursing student investigating potential career goals is strongly considering becoming a nurse practitioner (NP). The major focus of the NP is on:

1. Leadership.

2. Physical and psychosocial clinical assessment.

3. Independent care of the high-risk, pregnant patient.

4. Tertiary prevention.

Correct Answer: 2

Rationale 1: Leadership might be a quality of the NP, but it is not the major focus.

Rationale 2: Physical and psychosocial clinical assessment is the major focus of the nurse practitioner (NP).

Rationale 3: NPs cannot provide independent care of the high-risk pregnant patient, but must work under a physician's supervision.

Rationale 4: The NP cannot do tertiary prevention as a major focus.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 6
Type: MCMA

The nurse manager is consulting with a certified nurse–midwife about a patient. The role of the CNM is to:

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Be prepared to manage independently the care of women at low risk for complications during pregnancy and birth.

2. Give primary care for high-risk patients who are in hospital settings.

3. Give primary care for healthy newborns.

4. Obtain a physician consultation for any technical procedures at delivery.

5. Be educated in two disciplines of nursing.

Correct Answer: 1,3,5

Rationale 1: A CNM is prepared to manage independently the care of women at low risk for complications during pregnancy and birth and the care of healthy newborns.

Rationale 2: CNMs cannot give primary care for high-risk patients who are in hospital settings. The physician provides the primary care.

Rationale 3: A CNM is prepared to manage independently the care of women at low risk for complications during pregnancy and birth and the care of healthy newborns.

Rationale 4: The CNM does not need to obtain a physician consultation for any technical procedures at delivery.

Rationale 5: The CNM is educated in the disciplines of nursing and midwifery.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 7
Type: MCSA

The registered nurse who has completed a master's degree program and passed a national certification exam has clinic appointments with patients who are pregnant or seeking well-woman care. The role of this nurse would be considered:

1. Professional nurse.

2. Certified registered nurse (RNC).

3. Clinical nurse specialist.

4. Nurse practitioner.

Correct Answer: 4

Rationale 1: A professional nurse is one who has completed an accredited basic educational program and has passed the NCLEX-RN® exam.

Rationale 2: A certified registered nurse (RNC) has shown expertise in the field and has taken a national certification exam.

Rationale 3: A clinical nurse specialist has completed a master's degree program, has specialized knowledge and competence in a specific clinical area, and often is employed in the hospital on specialized units.

Rationale 4: A nurse practitioner has completed either a master's or doctoral degree in nursing and passed a certification exam, and functions as an advanced practice nurse. Ambulatory care settings and the community are common sites for nurse practitioners to provide patient care.

Global Rationale:

Cognitive Level: Applying
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 8
Type: MCMA

Several student nurses are discussing advanced practice, and know that the term *advanced practice nurse* includes nurses who are:

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Nurse practitioners.

2. Certified nurse-midwives.

3. Clinical nurse specialists.

4. Certified registered nurses.

5. Professional nurses.

Correct Answer: 1,2,3

Rationale 1: A nurse practitioner must have additional education and experience to hold advanced practice status.

Rationale 2: A certified nurse-midwife must have additional education and experience to hold advanced practice status.

Rationale 3: A clinical nurse specialist must have additional education and experience to hold advanced practice status.

Rationale 4: Although certified registered nurses have more education and experience, they take a certification exam rather than a licensure exam.

Rationale 5: The professional nurse has graduated from a basic nursing education program and successfully completed the NCLEX exam, and is not considered an advanced practice nurse.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 9
Type: MCSA

While a child is being admitting to the hospital, the parent receives information about the pediatric unit's goals, including the statement that the unit practices family-centered care. The parent asks why that is important. The nurse responds that in the family-centered care paradigm, the:

1. Mother is the principal caregiver in each family.

2. Child's physician is the key person in ensuring the health of a child is maintained.

3. Family serves as the constant influence and continuing support in the child's life.

4. Father is the leader in each home; thus, all communications should include him.

Correct Answer: 3

Rationale 1: Culturally competent care recognizes that both matriarchal and patriarchal households exist.

Rationale 2: The physician is not present during the day-to-day routines in a child's life.

Rationale 3: The foundation for the development of trusting relationships and partnerships with families is the recognition that the family is the principal caregiver, knows the unique nature of each individual child best, plays the vital role of meeting the child's needs, and is responsible for ensuring each child's health.

Rationale 4: Culturally competent care recognizes that both matriarchal and patriarchal households exist.

Global Rationale:

Cognitive Level: Applying
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 10
Type: MCSA

Despite the availability of Children's Health Insurance Programs (CHIPs), the nurse in a pediatric clinic knows that many eligible children are not enrolled. The nursing intervention that can best help eligible children become enrolled is:

1. Assessment of the details of the family's income and expenditures.

2. Case management to limit costly, unnecessary duplication of services.

3. Advocacy for the child by encouraging the family to investigate its CHIP eligibility.

4. Education of the family about the need for keeping regular well-child visit appointments.

Correct Answer: 3

Rationale 1: Financial assessment is more commonly the function of a social worker. The social worker is part of the interdisciplinary team working with patients, and her expertise is helping patients get into the appropriate programs.

Rationale 2: The case management activity mentioned will not provide a source of funding.

Rationale 3: In the role of an advocate, a nurse will advance the interests of another by suggesting the family investigate its CHIP eligibility.

Rationale 4: The education of the family will not provide a source of funding.

Global Rationale:

Cognitive Level: Applying
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 11
Type: MCSA

For prenatal care, the patient is attending a clinic held in a church basement. The patient's care is provided by registered nurses and a certified nurse-midwife. This type of prenatal care is an example of:

1. Secondary care.

2. Tertiary care.

3. Community care.

4. Unnecessarily costly care.

Correct Answer: 3

Rationale 1: Secondary care is specialized care; an example is checking the hemoglobin A1C of a diabetic patient at an endocrine clinic.

Rationale 2: Tertiary care is very specialized, and includes trauma units and neonatal intensive care units.

Rationale 3: Prenatal care is primary care. Community care is often provided at clinics in neighborhoods to facilitate patients' access to primary care, including prenatal care and prevention of illness.

Rationale 4: Community care decreases costs while improving patient outcomes, and is not unnecessarily expensive.

Global Rationale:

Cognitive Level: Applying
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 12
Type: MCSA

The nurse at an elementary school is performing TB screenings on all of the students. Permission slips were returned for all but the children of one family. When the nurse phones to obtain permission, the parent states in clearly understandable English that permission cannot be given because the grandmother is out of town for 2 more weeks. Which cultural element is contributing to the dilemma that faces the nurse?

1. Permissible physical contact with strangers

2. Beliefs about the concepts of health and illness

3. Religion and social beliefs

4. Presence and influence of the extended family

Correct Answer: 4

Rationale 1: The situation the nurse faces is not being caused by permissible contact with strangers.

Rationale 2: The situation the nurse faces is not caused by beliefs about the concepts of health and illness.

Rationale 3: The situation the nurse faces is not caused by religion and social beliefs.

Rationale 4: The presence and influence of the extended family is contributing to the situation the nurse faces. In many cultures, a family elder is a primary decision maker when it comes to health care. In this case, the parent cannot grant permission to the nurse until the parent consults the grandmother.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 13
Type: MCMA

The nurse working in a community clinic is aware that differences in beliefs between families and healthcare providers are common in which areas?

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Help-seeking behaviors

2. Pregnancy and childbirth practices

3. Causes of disease or illness

4. What defines a community

5. Educational level

Correct Answer: 1,2,3

Rationale 1: Specific differences in beliefs between families and healthcare providers are common in help-seeking behaviors.

Rationale 2: Specific differences in beliefs between families and healthcare providers are common in pregnancy and childbirth practices.

Rationale 3: Specific differences in beliefs between families and healthcare providers are common in identifying causes of diseases or illnesses.

Rationale 4: Community is defined nearly the same between families and members of the healthcare system.

Rationale 5: Educational level is not an area of difference in beliefs, but will influence value systems.

Global Rationale:

Cognitive Level: Applying
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 14
Type: MCMA

The maternal–child nurse stresses to the recently graduated nurse that primary care focuses on:

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Health promotion.

2. Illness prevention.

3. Hospital care.

4. Skilled nursing care.

5. Curing disease.

Correct Answer: 1,2

Rationale 1: Healthcare providers can help foster self-care by focusing on health promotion education during every patient encounter.

Rationale 2: By fostering health-promoting behaviors, many illnesses can be prevented.

Rationale 3: Primary care does not necessarily focus on hospital care.

Rationale 4: Primary care does not necessarily focus on skilled nursing care.

Rationale 5: Primary care does not focus on curing disease.

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 15
Type: MCSA

A maternity patient is in need of surgery. The healthcare member who is legally responsible for obtaining informed consent for an invasive procedure is:

1. The nurse.

2. The physician.

3. The unit secretary.

4. The social worker.

Correct Answer: 2

Rationale 1: It is not the nurse's legal responsibility to obtain informed consent.

Rationale 2: Informed consent is a legal preauthorization for an invasive procedure. It is the physician's legal responsibility to obtain this because it involves an explanation about the medical condition, a detailed description of treatment plans, the expected benefits and risks related to the proposed treatment plan, alternative treatment options, the patient's questions, and the guardian's right to refuse treatment.

Rationale 3: Unit secretaries are not responsible for obtaining informed consent.

Rationale 4: It is not within a social worker's scope of practice to obtain informed consent.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 16
Type: MCSA

A nurse who tells family members the sex of a newborn baby without first consulting the parents would have committed:

1. A breach of privacy.

2. Negligence.

3. Malpractice.

4. A breach of ethics.

Correct Answer: 1

Rationale 1: A breach of privacy would have been committed in this situation, because informing other family members of the gender without the parents' consent violates the parents' right to privacy. The right to privacy is the right of a person to keep his person and property free from public scrutiny (or even from other family members).

Rationale 2: Negligence is a punishable legal offense, and is more serious.

Rationale 3: Malpractice is a punishable legal offense, and is more serious.

Rationale 4: No breach of ethics has been committed in this situation.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 17
Type: MCSA

The nursing instructor explains to the class that according to the 1973 Supreme Court decision in *Roe v. Wade,* abortion is legal if induced:

1. Before the 30th week of pregnancy.

2. Before the period of viability.

3. To provide tissue for therapeutic research.

4. Can be done any time if mother, doctor, and hospital all agree.

Correct Answer: 2

Rationale 1: This statement is not true, as the fetus is viable many weeks before the 30th week.

Rationale 2: Abortion can be performed legally until the period of viability.

Rationale 3: Abortion cannot be used for the sole purpose of providing tissue for therapeutic research.

Rationale 4: This is not true. Legal abortion can be done only up until the time of viability.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 18
Type: MCSA

The nurse reviewing charts for quality improvement notes that a patient experienced a complication during labor. The nurse is uncertain whether the labor nurse took the appropriate action during the situation. What is the best method for the nurse to take to determine what the appropriate action should have been?

1. Call the nurse manager of the labor and delivery unit and ask what the nurse should have done.

2. Ask the departmental chair of the obstetrical physicians what the best nursing action should have been.

3. Examine other charts to find cases of the same complication, and determine how it was handled in those situations.

4. Look in the policy and procedure book, and examine the practice guidelines published by a professional nursing organization.

Correct Answer: 4

Rationale 1: The nurse should find the standards, and not rely on another person to determine appropriateness of care.

Rationale 2: Physician care and nursing care are very different; physicians might not be up to date on nursing standards of care or nursing policies and procedures.

Rationale 3: What nursing action was undertaken in a different situation might not be based on the policies and procedures or other standards of care. The quality improvement nurse will obtain the most accurate information by examining the policies, procedures, and standards of care.

Rationale 4: Agency policies, procedures, and protocols contain guidelines for nursing action in specific situations. Professional organizations such as the Association of Women's Health, Obstetrical, and Neonatal Nurses (AWHONN) also publish standards of practice that should guide nursing care.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome:

Question 19
Type: MCSA

The nurse is reviewing care of patients on a mother–baby unit. Which situation should be reported to the supervisor?

1. A 2-day-old infant has breastfed every 3 hours and voided 4 times.

2. An infant was placed in the wrong crib after examination by the physician.

3. The patient who delivered by cesarean birth yesterday received oral narcotics.

4. A primiparous patient who delivered today is requesting discharge within 24 hours.

Correct Answer: 2

Rationale 1: Breastfeeding every 2 hours and voiding 4 times is within normal limits for a 2-day-old infant. There is no negligence in this situation.

Rationale 2: Placing an infant in the wrong crib is negligence. Negligence is omitting information or committing an act that a reasonable person would not omit or commit under the same circumstances.

Rationale 3: Receiving oral narcotics at this point in the patient's stay is within normal limits. There is no negligence in this situation.

Rationale 4: If the patient is feeling well and able to care for her infant, it is normal to be discharged at this time. The mother and baby both must be within normal limits to be discharged.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Safety and Infection Control

Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome:

Question 20
Type: MCSA

The nurse manager is planning a presentation on ethical issues in caring for childbearing families. Which example should the nurse manager include to illustrate maternal–fetal conflict?

1. A patient chooses an abortion after her fetus is diagnosed with a genetic anomaly.

2. A 39-year-old nulliparous patient undergoes therapeutic insemination.

3. A family of a child with leukemia requests cord-blood banking at this birth.

4. A cesarean delivery of a breech fetus is court-ordered after the patient refuses.

Correct Answer: 4

Rationale 1: Abortion is a different type of ethical situation.

Rationale 2: Achieving pregnancy through the use of therapeutic insemination is a form of reproductive assistance, and is not considered a maternal–fetal conflict.

Rationale 3: Cord-blood banking is a different type of ethical situation.

Rationale 4: Maternal–fetal conflict is a special ethical situation where the rights of the fetus and the rights of the mother are considered separately. Coercion by court order to undergo operative delivery is one example of a maternal–fetal conflict that infringes on the autonomy of the mother.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 21
Type: MCMA

The maternal–newborn nurse reviewing charts recognizes that negligence occurs when there is:

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. No notification to the physician of change in condition.

2. A failure to give an ordered medication.

3. An infant placed in the wrong crib.

4. Compliance with medication administration principles.

5. Compliance with the standards of care.

Correct Answer: 1,2,3

Rationale 1: The physician must be notified when there is a change in patient status. Failure to do so is negligence.

Rationale 2: A failure to give a medication or giving the wrong medication is negligence.

Rationale 3: Placing an infant in the wrong crib is negligence.

Rationale 4: Giving medication according to the six rights does not constitute negligence.

Rationale 5: Nursing care that meets the standards of care is not negligence.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 22
Type: MCMA

The maternal–newborn nurse recognizes that cord-blood banking has ethical issues related to which of the following questions?

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Who owns the blood?

2. How is informed consent obtained?

3. How will confidentiality be maintained?

4. Will standards of care be met fairly?

5. What external agents force or restrict a therapy?

Correct Answer: 1,2,3

Rationale 1: Who owns the blood is an ethical question related to cord-blood banking.

Rationale 2: How informed consent is obtained is an ethical question related to cord-blood banking.

Rationale 3: How confidentiality is maintained is an ethical question related to cord-blood banking.

Rationale 4: Standards of care are a legal, not an ethical, problem.

Rationale 5: Which external forces are at work to restrict or force a therapy relates to maternal–fetal conflicts.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 23
Type: MCMA

The recently graduated nurse recognizes that standards provide information and guidelines for:

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Nurses in their practice.

2. Devlopment of policies and protocols.

3. Developing basic nursing care.

4. Writing a state's nurse practice act.

5. Who can and cannot consent to treatment.

Correct Answer: 1,2

Rationale 1: Standards of care provide information and guidelines for nurses in their practice.

Rationale 2: Standards of care provide information and guidelines for development of policies and protocols in healthcare settings.

Rationale 3: Standards of care provide for quality nursing care, and do not address basic nursing care.

Rationale 4: Standards of care are not used for writing the nurse practice act.

Rationale 5: Who can and cannot consent to treatment is a legal issue, and is not a standard of care.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 24
Type: MCSA

The nurse is reviewing the files of the expectant families scheduled to be seen in the clinic today. Which family might find cord-blood banking to be especially useful?

1. A family with a history of leukemia

2. A family with a history of infertility

3. A family that wishes to select the sex of a future child

4. A family that wishes to avoid a future intrauterine fetal surgery

Correct Answer: 1

Rationale 1: A family with a history of leukemia might find cord-blood banking useful because cord blood, like bone marrow and embryonic tissue, contains regenerative stem cells, which can replace diseased cells in the affected individual.

Rationale 2: A family with a history of infertility would not be helped by cord-blood banking.

Rationale 3: A family that wishes to select the sex of a future child would not be helped by cord-blood banking.

Rationale 4: A family that wishes to avoid a future intrauterine surgery would not be helped by cord-blood banking.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Physiological Integrity
Client Need Sub: Physiological Adaptation
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 25
Type: MCMA

Therapeutic insemination has legal concerns for the donor of the sperm. To eliminate legal issues, the clinic nurse will have the donor:

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Sign a form waiving all parental rights.

2. Furnish accurate health information.

3. Agree to adopt the child.

4. Furnish a complete family tree.

5. Sign an agreement if married to the recipient.

Correct Answer: 1,2,5

Rationale 1: When the recipient is single, the donor must waive all parental rights.

Rationale 2: The donor must provide accurate health information, especially in regard to genetic traits or diseases.

Rationale 3: The donor would waive parental rights, and thus would not adopt the child.

Rationale 4: The donor does not provide a family tree; the legal requriement is to disclose any genetic traits or diseases.

Rationale 5: Husbands often are requested to sign a form to agree to the insemination and to assume parental responsibility for the child.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 26
Type: MCSA

A nurse is providing guidance to a group of parents of children in the infant-to-preschool age group. After reviewing statistics on the most common cause of death in this age group, the nurse includes information about prevention of:

1. Cancer by reducing the use of pesticides in the home.

2. Accidental injury by reducing the risk of pool and traffic accidents.

3. Heart disease by incorporating heart-healthy foods into the child's diet.

4. Pneumonia by providing a diet high in vitamin C from fruits and vegetables.

Correct Answer: 2

Rationale 1: Cancer due to pesticide use is not a large cause of death in this age group.

Rationale 2: Unintentional injuries cause death in infants more often than cancer, heart disease, and pneumonia.

Rationale 3: Heart disease is not a large cause of death in this age group.

Rationale 4: Pneumonia does not cause a large number of deaths.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 27

Type: MCSA

The nurse researcher will use descriptive statistics for a research project that has been assigned. A characteristic of descriptive statistics is that:

1. They can answer specific questions.

2. They can generate theories.

3. They allow the investigator to draw conclusions.

4. They are the starting point for the formation of a research question.

Correct Answer: 4

Rationale 1: Inferential statistics answer specific questions.

Rationale 2: Inferential statistics generate theories.

Rationale 3: Inferential statistics allow the investigator to draw conclusions.

Rationale 4: Descriptive statistics are the starting point for the formation of a research question.

Global Rationale:

Cognitive Level: Applying
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 28
Type: MCMA

The student nurse working for a nurse researcher recognizes that the researcher will use descriptive statistics to:

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Describe a set of data.

2. Summarize a set of data.

3. Report the facts.

4. Identify certain trends.

5. Allow conclusions to be drawn.

6. Use a small sample size.

Correct Answer: 1,2,3,4

Rationale 1: Descriptive statistics describe a set of data.

Rationale 2: Descriptive statistics summarize a set of data.

Rationale 3: Descriptive statistics report the facts.

Rationale 4: Descriptive statistics identify certain trends.

Rationale 5: Inferential statistic allow conclusions to be drawn.

Rationale 6: Inferential statistics use a small sample size.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 29
Type: MCSA

The nurse is preparing a report on the number of births by three service providers at the facility (certified nurse-midwives, family practitioners, and obstetricians). This is an example of:

1. Inferential statistics.

2. Descriptive statistics.

3. Evidence-based practice.

4. Secondary use of data.

Correct Answer: 2

Rationale 1: Inferential statistics allow the investigator to draw conclusions from data to either support or refute causation.

Rationale 2: Descriptive statistics concisely describe phenomena such as births by providers.

Rationale 3: Evidence-based practice is the use of conclusions of research to improve nursing care.

Rationale 4: Secondary use of data is analyzing data in a different way than the original data analysis was undertaken, or looking at different variables from a data set.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome:

Question 30
Type: MCSA

The nurse is explaining the difference between descriptive statistics and inferential statistics to a group of student nurses. To illustrate descriptive statistics, the nurses uses as an example:

1. A positive correlation between breastfeeding and infant weight gain.

2. The infant mortality rate in the state of Oklahoma.

3. A causal relationship between the number of sexual partners and sexually transmitted diseases.

4. The total number of spontaneous abortions in drug-abusing women as compared with non–drug-abusing women.

Correct Answer: 2

Rationale 1: A positive correlation between two or more variables is an inferential statistic.

Rationale 2: The infant mortality rate in the state of Oklahoma is a descriptive statistic, because it describes or summarizes a set of data.

Rationale 3: A causal relationship between the number of sexual partners and sexually transmitted diseases is an inferential statistic.

Rationale 4: The total number of spontaneous abortions in drug-abusing women is an inferential statistic.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome:

Question 31
Type: MCSA

The nurse manager is examining the descriptive statistics of increasing teen pregnancy rates in the community. Which inferential statistical research question would the nurse manager find most useful in investigating the reasons for increased frequency of teen pregnancy?

1. What providers do pregnant teens see for prenatal care?

2. What are the ages of the parents of pregnant teens in the community?

3. Do pregnant teens drink caffeinated beverages?

4. What do pregnant teens do for recreation?

Correct Answer: 1

Rationale 1: Understanding which providers pregnant teens are most likely to seek out for prenatal care can lead to further investigation on why prenatal care with that provider is more acceptable to teens, which in turn can lead to greater understanding of the issue of teen pregnancy.

Rationale 2: A question about the age of parents of pregnant teens might prove useful in seeking causes of teen pregnancy, but it is not the most useful question in understanding the increased frequency of teen pregnancy.

Rationale 3: Whether pregnant teens drink caffeinated beverages gives no further insight into the issues of teen pregnancy.

Rationale 4: Understanding the recreational activities of pregnant teens would not lead to an understanding of the issues surrounding increasing teen pregnancy rates.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Health Promotion and Maintenance
Client Need Sub:
Nursing/Integrated Concepts: Nursing Process: Diagnosis
Learning Outcome:

Question 32
Type: MCMA

Based on research comparing home and hospital births, the nurse understands that questions remain to be answered about outcomes, such as:

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Does nutrition affect home birth outcomes?

2. Does exercise affect home birth outcomes?

3. Do mortality and morbidity rates differ for home versus hospital births?

4. Do multiparous women have more problems than first-time mothers?

5. Do high-risk births cause fewer complications with a home birth?

Correct Answer: 1,2,3

Rationale 1: Questions remain to be answered about the characteristics of women who choose home birth that influence outcomes, such as nutritional choices .

Rationale 2: Questions remain to be answered about the characteristics of women who choose home birth that influence outcomes, such as the amount of exercise they do.

Rationale 3: Questions remain to be answered about the characteristics of women who choose home birth that influence outcomes, such as whether mortality and morbidity rates differ for home births and hospital births

Rationale 4: The question of whether nulliparas are more likely to require transport than multiparas, most commonly due to failure to progress, was answered in a Canadian study. Multiparous women tend to have fewer problems during home births than do nulliparas.

Rationale 5: When the provider is experienced, and establishes a trusting relationship with the mother, planned home birth can be a viable alternative for the mother with a low-risk pregnancy.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome:

Question 33
Type: MCMA

The nurse is serving on a panel to evaluate the hospital staff's reliance on evidence-based practice in their decision-making processes. Which practices characterize the basic competencies related to evidence-based practice?

N*ote: Credit will be given only if all correct choices and no incorrect choices are selected.*

Standard Text: Select all that apply.

1. Recognizing which clinical practices are supported by good evidence

2. Recognizing and including clinical practice supported by intuitive evidence

3. Using data in clinical work to evaluate outcomes of care

4. Including quality-improvement measures in clinical practice

5. Appraising and integrating scientific bases into practice

Correct Answer: 1,3,5

Rationale 1: Recognizing which clinical practices are supported by sound evidence is a basic competency related to evidence-based practice.

Rationale 2: Including clinical practice supported by intuitive evidence is not a basic competency related to evidence-based practice.

Rationale 3: Using data in clinical work to evaluate outcomes of care is one of the basic competencies related to evidence-based practice.

Rationale 4: Including quality-improvement measures is a form of evidence that can be useful in making clinical practice decisions, but it is not a basic competency related to evidence-based practice.

Rationale 5: Appraising and integrating scientific bases into practice is one of the characteristics of the basic competencies related to evidence-based practice.

Global Rationale:

Cognitive Level: Understanding

Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 34
Type: MCMA

As a clinician, the nurse must meet what basic competencies related to evidence-based practice?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Recognize which clinical practices are supported by sound evidence.

2. Recognize that superiors, such as charge nurses, are the ones who know which clinical practices are supported by sound evidence.

3. Use data in clinical work to evaluate outcomes of care.

4. Integrate scientific basics into practice.

5. Will be able to identify which practices have no sound evidence to support their use.

Correct Answer: 1,3,4,5

Rationale 1: Knowing what is sound evidence is a function of nursing related to evidence-based practice.

Rationale 2: This is not true, because all nurses have to be responsible for knowing which clinical practices are supported by sound evidence.

Rationale 3: The nurse should always be practicing with the data that have proven to be sound.

Rationale 4: This is a competency and responsibility for each nurse.

Rationale 5: The nurse should be able to identify which practices have no sound evidence to support their use.

Global Rationale:

Cognitive Level: Analyzing
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome:

Question 35
Type: MCMA

The nursing instructor is preparing clinical pathways to use in class because they provide:

Note: Credit will be given only if all correct and no incorrect choices are selected.

Standard Text: Select all that apply.

1. Essential nursing activities.

2. Basic guidelines for outcomes.

3. Information that allows the nurse to evaluate patient responses.

4. Examples of all steps of the nursing process.

5. For the organizing of patient care.

Correct Answer: 1,2,3

Rationale 1: Clinical pathways identify essential nursing activities for patient care.

Rationale 2: Clinical pathways provide basic guidelines for expected outcomes.

Rationale 3: Clinical pathways allow the nurse to evaluate patient responses against the norm.

Rationale 4: The nursing process is research-based, but is not a part of the clinical pathway.

Rationale 5: Organizing patient care is an aspect of the nursing process.

Global Rationale:

Cognitive Level: Applying
Client Need: Safe Effective Care Environment
Client Need Sub: Management of Care
Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome: