

MULTIPLE CHOICE

1. During World War II, _____ were developed to care for critically injured patients.
- intensive care units
 - triage wards
 - shock wards
 - postoperative wards

ANS: C

During World War II, shock wards were established to care for critically injured patients. Triage wards establish the order in which a patient is seen or treated upon arrival to a hospital. Postoperative wards were developed in 1900 and later evolved into intensive care units.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 1
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

2. _____ have a broad depth of knowledge and expertise in their specialty area and manage complex clinical and system issues.
- SCCMs
 - APNs
 - CNSs
 - AACNs

ANS: B

APNs have a broad depth of knowledge and expertise in their specialty area and manage complex clinical and systems issues. CNSs serve in specialty roles that use their clinical, teaching, research, leadership, and consultative abilities. SCCM stands for the Society of Critical Care Medicine. AACN is the American Association of Critical-Care Nurses.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 3
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

3. _____ are instrumental in ensuring care that is evidence based and that safety programs are in place.
- CNSs
 - APNs
 - SCCMs
 - AACNs

ANS: A

CNSs serve in specialty roles that use their clinical, teaching, research, leadership, and consultative abilities. They are instrumental in ensuring that care is evidence based and that safety programs are in place. APNs have a broad depth of knowledge and expertise in their specialty area and manage complex clinical and systems issues. SCCM stands for the Society of Critical Care Medicine. AACN is the American Association of Critical-Care Nurses.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 3
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

4. The _____ administers many critical care certifications exams for registered nurses.
- CNS
 - APN
 - SCCM
 - AACN

ANS: D

AACN is the American Association of Critical-Care Nurses. CNSs serve in specialty roles that use their clinical, teaching, research, leadership, and consultative abilities. They are instrumental in ensuring that care is evidence based and that safety programs are in place. APNs have a broad depth of knowledge and expertise in their specialty area and manage complex clinical and systems issues. SCCM stands for the Society of Critical Care Medicine.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 3
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

5. Emphasis is on human integrity and stresses the theory that the body, mind, and spirit are interdependent and inseparable. This statement describes which methodology of care?
- a. Holistic care
 - b. Individualized care
 - c. Cultural care
 - d. Interdisciplinary care

ANS: A

Holistic care focuses on human integrity and stresses that the body, mind, and spirit are interdependent and inseparable. Individualized care recognizes the uniqueness of each patient's preferences, condition, and physiologic and psychosocial status. Cultural diversity in health care is not a new topic, but it is gaining emphasis and importance as the world becomes more accessible to all as the result of increasing technologies and interfaces with places and peoples. Interdisciplinary care is care among a variety of health care professionals with the patient's health as the common goal.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 4
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

6. The AACN has developed short directives that can be used as quick references for clinical use that are known as
- a. Critical Care Protocol.
 - b. Practice Policies.
 - c. Evidence-Based Research.
 - d. Practice Alerts.

ANS: D

The AACN has promulgated several evidence-based practice summaries in the form of "Practice Alerts." Evidence-based nursing practice considers the best research evidence on the care topic along with clinical expertise of the nurse, and patient preferences. Critical care protocol and practice policies are established by individual institutions.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 4
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

7. A specific therapy or care that is an option to what is considered conventional treatment of a condition is known as
- a. alternative therapy.
 - b. holistic care.
 - c. complementary care.
 - d. individualized care.

ANS: A

Alternative denotes that a specific therapy is an option or alternative to what is considered conventional treatment of a condition or state. The term *complementary* was proposed to describe therapies that can be used to complement or support conventional treatments. Holistic care focuses on human integrity and stresses that the body, mind, and spirit are interdependent and inseparable. Individualized care recognizes the uniqueness of each patient's preferences, condition, and physiologic and psychosocial status.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 7
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

8. Prayer, guided imagery, and massage are all examples of
- alternative therapy.
 - holistic care.
 - complementary care.
 - individualized care.

ANS: C

The term *complementary* was proposed to describe therapies that can be used to complement or support conventional treatments. Spirituality, prayer, guided imagery, massage, and animal-assisted therapy are all examples of complementary care. *Alternative* denotes that a specific therapy is an option or alternative to what is considered conventional treatment of a condition or state. Holistic care focuses on human integrity and stresses that the body, mind, and spirit are interdependent and inseparable. Individualized care recognizes the uniqueness of each patient's preferences, condition, and physiologic and psychosocial status.

PTS: 1 DIF: Cognitive Level: Understanding REF: p. 7
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

9. The systematic decision-making model used by nurses is known as
- a nursing diagnosis.
 - nursing interventions.
 - nursing evaluations.
 - the nursing process.

ANS: D

The nursing process is a systematic decision-making model that is cyclic, not linear. An essential and distinguishing feature of any nursing diagnosis is that it describes a health condition. Nursing interventions constitute the treatment approach to an identified health alteration. Evaluation of attainment of the expected patient outcomes occurs formally at intervals designated in the outcome criteria.

PTS: 1 DIF: Cognitive Level: Understanding REF: p. 8
OBJ: Nursing Process Step: General TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

10. The description of a health condition primary resolved by nursing interventions or therapies is known as
- a nursing diagnosis.
 - nursing interventions.
 - nursing outcomes.
 - the nursing process.

ANS: A

An essential and distinguishing feature of any nursing diagnosis is that it describes a health condition. Nursing interventions constitute the treatment approach to an identified health alteration. Evaluation of attainment of the expected patient outcomes occurs formally at intervals designated in the outcome criteria. The nursing process is a systematic decision-making model that is cyclic, not linear.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 8
OBJ: Nursing Process Step: General TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

11. Designing therapeutic activities that move a patient from one state of health to another is an example of
- a. a nursing diagnosis.
 - b. nursing interventions.
 - c. nursing outcomes.
 - d. the nursing process.

ANS: B

Nursing interventions constitute the treatment approach to an identified health alteration. An essential and distinguishing feature of any nursing diagnosis is that it describes a health condition. Evaluation of attainment of the expected patient outcomes occurs formally at intervals designated in the outcome criteria. The nursing process is a systematic decision-making model that is cyclic, not linear.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 8
OBJ: Nursing Process Step: General TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

12. A patient was admitted to a rural ICU in Montana. Critical care nurses are assisting with monitoring and care of the patient from the closest major city. This is an example of
- a. telemedicine.
 - b. tele-ICU.
 - c. tele-informatics.
 - d. tele-hospital.

ANS: B

Telemedicine was initially used in outpatient areas, remote rural geographic locations, and areas where there was a dearth of medical providers. Currently, there are tele-ICUs in areas where there are limited resources onsite. However, experts (critical care nurses, intensivists) are located in a central distant site.

PTS: 1 DIF: Cognitive Level: Understanding REF: p. 9
OBJ: Nursing Process Step: General TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

13. Working with individuals of other professions to maintain a climate of mutual respect and shared values best describes the concept of
- a. interprofessional teamwork and team-based care.
 - b. values and ethics for interprofessional practice.
 - c. interprofessional communication.
 - d. roles and responsibilities for collaborative practice.

ANS: B

Values and ethics for interprofessional practice mean working with individuals of other professions to maintain a climate of mutual respect and shared values. Roles and responsibilities for collaborative practice include using knowledge of one's own role and the roles of other professions to appropriately assess and address the health care needs of the patients and populations served. Interprofessional communication includes communicating with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintaining health and treatment of disease. Interprofessional teamwork and team-based care means applying relationship-building values and principles of team dynamics to perform effectively in different team roles to plan and deliver patient population-centered care that is safe, timely, efficient, effective, and equitable.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 10, Box 1-5
OBJ: Nursing Process Step: General TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

14. A stepwise decision-making flowchart for a specific care process is known as a(n)
- a. algorithm.
 - b. practice guideline.
 - c. protocol.
 - d. order set.

ANS: A

An *algorithm* is a stepwise decision-making flowchart for a specific care process or processes. A *practice guideline* is usually created by an expert panel and developed by a professional organization. *Protocols* are more directive and rigid than guidelines, and providers are not supposed to vary from a protocol. An *order set* consists of preprinted provider orders that are used to expedite the order process after a standard has been validated through analytical review of practice and research.

PTS: 1 DIF: Cognitive Level: Understanding REF: p. 10
OBJ: Nursing Process Step: Intervention TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

15. _____ continues to be one of the most error-prone nursing interventions for critical care nurses.
- a. Inappropriate care
 - b. Intimidating and disruptive clinician behavior
 - c. Injury to patients by falls
 - d. Medication administration

ANS: D

Medication administration continues to be one of the most error-prone nursing interventions for critical care nurses. Intimidating and disruptive clinician behaviors can lead to errors and preventable adverse patient outcomes. Patient safety has been described as an ethical imperative and one that is inherent in health care professionals' actions and interpersonal processes; examples include inappropriate care and injury to patients by falls.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 11
OBJ: Nursing Process Step: Assessment TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

16. A physician and nurse are performing a dressing change on an unresponsive patient in room I-14. The physician asks the nurse for an update on the patient in room I-13. The nurse should
- give the update to the physician.
 - refuse to give the update because of HIPAA requirements.
 - give the update because the patient's unconscious state will not compromise confidentiality.
 - refuse to give the update because of OSHA requirements.

ANS: B

Most specific to critical care clinicians is the privacy and confidentiality related to protection of health care data. This has implications when interacting with family members and others and the often very close work environments, tight working spaces, and emergency situations. A patient's unconscious state is not a reason for another patient's care to be discussed in his or her presence. Research shows hearing is the last sense to deteriorate. OSHA has to do with safety in the workplace, not privacy and confidentiality.

PTS: 1 DIF: Cognitive Level: Understanding REF: p. 13
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

MULTIPLE RESPONSE

1. Evidence-based nursing practice takes into account (*Select all that apply*)
- clinical expertise of the nurse.
 - availability of staff and facility equipment.
 - research evidence on the topic.
 - patient knowledge of the disease.
 - patient preference regarding care

ANS: A, C, E

Evidence-based nursing practice considers the best research evidence on the care topic along with clinical expertise of the nurse and patient preferences. For instance, when determining the frequency of vital sign measurement, the nurse would use available research and nursing judgment (stability, complexity, predictability, vulnerability, and resilience of the patient). Availability of staff and facility equipment and the patient's knowledge of the disease do not factor into evidence-based nursing practices.

PTS: 1 DIF: Cognitive Level: Remembering REF: p. 4
OBJ: Nursing Process Step: Assessment TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

2. The term *diversity* encompasses the following: (*Select all that apply*)
- ethnic sensitivity.
 - openness to different lifestyles.
 - values.
 - beliefs.
 - opinions.

ANS: A, B, C, D, E

Diversity includes not only ethnic sensitivity but also sensitivity to openness to difference lifestyles, opinions, values, and beliefs.

PTS: 1 DIF: Cognitive Level: Evaluating REF: p. 4
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

3. According to AACN, a critical care nurse's responsibilities include (*Select all that apply*)
- respecting the values, beliefs, and rights of the patient.
 - intervening when the best interest of the patient is in question.
 - helping the patient obtain necessary care.
 - making decisions for the patient and patient's family.
 - monitoring and safeguarding the quality of care the patient receives.
 - acting as a gatekeeper for the patient, the patient's family, and other health care professionals.

ANS: A, B, C, E

AACN critical care nurse role responsibilities include respecting the values, beliefs, and rights of the patient; intervening when the best interest of the patient is in question; helping the patient obtain necessary care; and monitoring and safeguarding the quality of care the patient receives. The nurse is not to make decisions for the patient or the patient's family but should support their decisions. The nurse should act as a liaison, not a gatekeeper, for the patient and the patient's family and other health care professionals.

PTS: 1 DIF: Cognitive Level: Evaluating REF: p. 2, Box 1-1
OBJ: Nursing Process Step: N/A TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment

4. According to Kupperschmidt, to become a skilled communicator, one must (*Select all that apply*)
- become candid.
 - become reflective.
 - set goals and develop action plans.
 - survey the team.
 - become aware of self-deception.

ANS: A, B, E

Kupperschmidt and colleagues posed a five-factor model for becoming a skilled communicator: becoming aware of self-deception, becoming authentic, becoming candid, becoming mindful, and becoming reflective, all of which lead to being a skilled communicator. The HWE model was offered by Blake, who suggested five steps: rallying the team, surveying the team, establishing work groups, setting goals and developing action steps, and celebrating successes along the way.

PTS: 1 DIF: Cognitive Level: Evaluating REF: p. 13
OBJ: Nursing Process Step: General TOP: Critical Care Nursing Practice
MSC: NCLEX: Safe and Effective Care Environment