

NSC209 List of eExam Questions in the Bank

Latex formatted questions may not properly render

Q1 Behaviors indicative of ___include facial grimace, moaning, crying or screaming, guarding or immobilization of a body part, tossing and turning, and rhythmic movements.

Q2 "Do you have any medical history?" is an example of a ___question

Q3 When viewed laterally, the angle between the skin and the nail base should be approximately ___degrees.

Q4 The nails should have a ___undertone and lie flat or form a convex curve on the nail bed

Q5 The process used for the assessment of hyper-resonance over inflated lung tissue in a patient with emphysema is

Q6 Using eleven functional health patterns, the processes of ingestion, digestion, absorption, and metabolism are assessed in

Q7 Types of assessment that are used to obtain information about a client are comprehensive, focused, and

Q8 The purpose of the nursing assessment is to make a ___about a client's health status.

Q9 Data that can be observed by one person and verified by another person observing the same patient are known as

Q10 When assessing the client's abdomen. ___should be done first

Q11 The bell of the stethoscope is used for ___sounds

Q12 The pulmonic area is the second intercostals space (ICS) to the

Q13 The aortic area is the second intercostals space (ICS) to the

Q14 Percussion has limited usefulness in the ___because X rays and other diagnostic tests provide the same information in a much more accurate manner

Q15 In Asian cultures, breast self-examination may be considered a form of

Q16 Physical assessment of the ear consists of auditory screening, inspection and palpation of the external ear and

Q17 Assessment of the eyes should be carried out in an orderly fashion, moving from the extraocular structures to the

Q18 ___is used to determine exact ROM in joints with limited ROM.

Q19 Physical assessment of the neurologic system proceeds in a ___-and distal to proximal pattern

Q20 Physical assessment of the neurologic system begins with assessment of the client's

Q21 Schamroth techniques are used to assess

Q22 Localized hot, red, swollen painful areas indicate the presence of ___ and possible infection.

Q23 ___is produced when bacterial waste products mix with perspiration on the skin surface.

Q24 Gray hair can occur as a result of decreased melanin, ___ or aging.

Q25 Hair color is determined by the amount of

Q26 The ___is sensitive to touch and temperature

Q27 In physical assessment of the integumentary system, the techniques of inspection and ___will be used

Q28 Health records and the results of laboratory tests are important ___sources of data collection during health assessment

Q29 Listening to sounds produced by the body to assess normal conditions and deviations from normal is done through

Q30 ___ of the stethoscope is more sensitive to high-pitched sounds.

Q31 Auscultation is usually performed with a

Q32 The usual percussion sound in the right lower quadrant of the abdomen is

Q33 ___is an assessment technique involving the production of sound to obtain formation about the underlying area

Q34 The tips of the fingers can be used to palpate

Q35 The dorsa (back) of the hands and fingers can be used to assess

Q36 Palpation is the examination of the body through the use of

Q37 ___ is the visual examination of a part or region of the body to assess normal conditions and deviations from normal

Q38 Performing palpation and percussion of the abdomen before auscultation

can alter

Q39 Objective data is obtained through _____ to determine the patient's physical status, limitations, and assets.

Q40 Functional health patterns format includes an initial collection of _____ of important health information followed by assessment of _____ areas of health status or function

Q41 Functional health patterns format for taking Nursing history was developed by _____

Q42 The part of the body that is more sensitive to vibrations is _____

Q43 The 'gold standard' for assessing the existence of pain is _____

Q44 The step of the nursing process that includes data collection by health history, physical examination, and interview is _____

Q45 _____ is used for head-to-toe assessment.

Q46 _____ is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage"

Q47 _____ includes an assessment related to a specific problem

Q48 Detailed assessment that focuses on one or more body systems, including those not directly involved in presenting problem or admission diagnosis is _____

Q49 _____ determine if a patient has responded to nursing care sufficiently enough to be recommended for discharge

Q50 Blood pressure, pulse rate, blood counts, and age are examples of _____

Q51 _____ is information that does not change over time such as race, sex, or blood type

Q52 _____ is observed or measured by the professional nurse

Q53 _____ is hand-on examination of the client

Q54 Perception of pain, nausea, dizziness, itching sensations, or feeling nervous are examples of _____

Q55 _____ is information that the client experiences and communicates to the nurse

Q56 The primary source from which data is collected is _____

Q57 Assessment is ___step of nursing process

Q58 Subjective data is gathered during

Q59 The nursing health assessment is used to support the identification of a

Q60 is a systematic data collection

Q61 Which of the following coping strategies is not use with the person in pain_____?

Yoga

Aversion Therapy

Distraction

Relaxation techniques

Q62 When assessing a client with pain, the nurse:_____

Reviews the client's description of the pain and other factors that may influence pain

Thinks about long-term goals

Tell the client that the pain helps the client to become stronger

Encourage fluids before the pain assessment

Q63 Which of the following statement is true with regards to pain assessment_____?

Subjective nature of pain makes pain assessment and management challenges for every clinician

It helps to identify the strengths of the clients in promoting health.

It contribute to a database that identifies the client's current and past health status and

It provide a baseline against which future changes can be evaluated

Q64 Which of the following statement is not true about Emergency Assessment_____?

It is limited to assessing life-threatening conditions

It is conducted to ensure survival

Detailed assessment that focuses on one or more body systems

A brief systematic assessment is performed to identify any/all injuries/problems

Q65 Which of the following statements is true regarding a comprehensive or complete health assessment_____?

Use only one component so as to not confuse the patient

Usually begins with obtaining a thorough health history and physical exam

Use the components the patient chooses.

Use all components every time you interview a patient

Q66 All of the following actions can help make taking a history on a sensitive subject easier EXCEPT:_____

observing experienced clinicians ask these type of questions

attending a lecture or seminar on these sensitive subjects to learn more about them.

using euphemisms and metaphors to ask embarrassing questions

asking some opening question to these subjects as practice

Q67 Which of the following is TRUE with regards to documentation_____?

Start from complex to simple

Detailed explanation not necessary

Use standard and accepted abbreviations, symbols, and terminology

None of the above

Q68 Which of the following establishes the foundation for good patient care_____?

Eliciting a good history

Asking open-ended questions

Using common sense

Using active listening

Q69 Which of the following actions can you take to establish rapport with a patient early in the interview_____?

Do not allow her to discuss her chief complaint freely

Ask as many questions as possible to get her attention

Respond to her condition with empathy

Be as stiff and emotionless as possible

Q70 Data collection involves:_____

Gathering information in relation to the persons' state of ongoing health

Assessing the cost of health care.

Measuring outcomes.

Counting the number of illnesses a person has.

Q71 Assessment is_____step of nursing process

First

Second

Third

Four

Q72 Objective data might include:_____

nausea

itching sensations

An evaluation of blood pressure

All of the above

Q73 Subjective data might include:_____

Chest pain

measurement of weight

An evaluation of blood pressure

None of the above

Q74 A client interview consists of three phases. The nurse recognizes that those phases are:_____

Introduction, assessment, conclusion
Orientation, documentation, database
Introduction, controlling, selection
Orientation, working, termination

Q75 During the nursing assessment, Information gathered should be communicated to other health care professionals in order to facilitate _____

Collaborative management of clients and for continuity of care
Financial implication of care
Family role and relationship
Evaluation of the client's health status

Q76 Which of the following statements is the best definition of health Assessment _____ ?

Talking to family or friends to get information about an individual
Providing baseline data for care of individuals
Collection of data about a client for the purpose of determining the client's current and ongoing health status
listening carefully to the individual that is being care for

Q77 The health and physical assessment is a nursing tool to achieve the following aims except: _____

to assess client health needs in partnership with the family
to enable the client to identify the services he/she needs
to planning all of the client's care to be done at one time so long intervals of rest can be scheduled
to gain information for assessing need at a community level

Q78 The reason for health needs assessment includes the following except: _____

to identify local health issues and needs
to use scarce resources most effectively and equitably
to work with others so they can help to meet health needs
to enables the individual to temporarily cope with illness

Q79 The result of the assessment can be one of the following: _____

Contribute to a database that identifies the client's current and past health status
Completely prevents Cross-contamination
Focus only on nursing care
Only identify client's needs

Q80 Which of the following statements is TRUE regarding health assessment _____ ?

It helps to identify the strengths of the clients in promoting health
Health assessment also helps to identify client's needs, clinical problems or nursing diagnoses
Health assessment evaluate responses of the person to health problems and intervention

All of these statements are true

Q81 This part of the body is more sensitive to vibrations_____

- Pads of fingertips
- Back of hand
- Palmar surface
- Dome of the diaphragm

Q82 The following different parts of the hand are more sensitive for specific assessments during palpation except:_____

- Pads of fingertips
- Back of hand
- Palm of hand
- None of the above

Q83 John Joseph was scheduled for a physical assessment. When percussing the client's right lower quadrant of the abdomen, the nurse would expect to find which assessment data as a normal sign over his abdomen_____?

- Dullness
- Resonance
- Hyperresonance
- Tympany

Q84 Physical assessment is being performed to a client by Nurse Tolu. During the abdominal examination, Tolu should perform the four physical examination techniques in which sequence_____?

- Auscultation immediately after inspection and then percussion and palpation
- Percussion, followed by inspection, auscultation, and palpation
- Palpation of tender areas first and then inspection, percussion, and auscultation
- Inspection and then palpation, percussion, and auscultation

Q85 The nurse is preparing to conduct a health history. Which of these statements best describes the purpose of a health history_____?

- To identify human response patterns
- To provide a data base of subjective information about the patient's past and present medical conditions and treatments
- To formulate functional health problem
- To cluster information

Q86 The nursing history provide information to assist the nurse primarily in_____

- diagnosing a medical problem
- investigating patient symptoms
- classifying subjective and objective data
- supporting identification of nursing diagnoses

Q87 The 'gold standard' for assessing the existence of pain is:_____

- Grimacing on movement
- Client self-report

Increased heart rate and palpitation
Anxiety level

Q88 After assessing a client in pain, the nurse _____

- Document exact description given by the client
- Chooses from the list of pain descriptors what best reflects the client's description
- Ask the family to describe how they view the client pain
- Document how he or she best sees the client's pain

Q89 A student asks the nurse what is the best way to assess a client's pain. Which response by the nurse is best _____?

- Numeric pain scale
- Behavioral assessment
- Objective observation
- Client's self-report

Q90 After completing an initial assessment on a patient, the nurse has charted that his respirations are eupneic and his pulse is 58. This type of data would be: _____

- objective
- Subjective
- Covert
- Symptomatic

Q91 A patient tells the nurse that he is very nervous, that he is nauseated, and that he "feels hot." This type of data would be: _____

- Database
- Objective
- subjective.
- Observation

Q92 What is the step of the nursing process that includes data collection by health history, physical examination, and interview _____?

- Implementation
- Assessment
- Planning
- Evaluation

Q93 The nurse is performing a physical assessment on a newly admitted patient. An example of objective information obtained during the physical assessment includes the: _____

- 2-5 cm scar present on the right lower forearm
- A patient complains of pain in his left arm.
- A patient worries about her children during her hospital stay
- None of the above

Q94 During which of the following phases of the nurse-patient interview does the nurse gather all the information needed to form the subjective database?

- Preparatory phase

Introduction
Working phase
Termination

Q95 The nurse asks, "I would like to ask you some questions about your health and your usual daily activities so that we can better plan your stay here." This question is found at the _____ phase of the interview process.

Working phase
Termination
Preparatory phase
opening or introduction

Q96 During an interview, the nurse states, "You mentioned shortness of breath. Tell me more about that." Which verbal skill is used with this statement _____?

Open-ended question
Subjective question
Validation question
Close-ended question

Q97 The nurse is nearing the end of an interview. Which statement is appropriate at this time _____?

"Ask Client to wake up and try to answer her questions."
"Is there anything else you would like to mention?"
"Ask Client's partner to come in and answer her questions."
"Wait until the next day to obtain the answers to her questions".

Q98 During the interview portion of data collection, the nurse collects _____ data.

Covert data
Symptomatic data
Objective data
Subjective data

Q99 Which of the following sources of patient data is usually the primary and best source _____?

Patient
Support people
Patient records
Reports of diagnostic studies

Q100 Data that can be observed by one person and verified by another person observing the same patient are known as: _____

Subjective data
Covert data
Symptomatic data
Objective data

Q101 Assessment of the eyes includes the following except: _____

Determine visual acuity
Otoscopic assessment
Evaluation of extraocular muscle function
Assessment of the anterior segment structures

Q102 Which of the following is an example of a closed-ended question _____?

"Where is your discomfort?"
"What were you doing when the pain began?"
"Do you have any medical history?"
What is your medical history?"

Q103 When inspecting the face for facial symmetry, what would you have the patient do _____?

Have the patient sit in a comfortable position facing you
Grin
Stick out tongue
None of the above

Q104 At the beginning of the exam you would perform a general survey. What would you assess at this time _____?

Height
Weight
Pain
Safety

Q105 As a nursing student you learn that mastering all the components of the comprehensive history provides what?

Confidence
Professionalism
Proficiency
Insight

Q106 You are the office nurse admitting a new patient to the clinic. You have gained your patient's trust, gathered a detailed history, and finished your portion of the physical examination. What is your next step in caring for this patient _____?

Formulate nursing diagnoses
Order the appropriate laboratory tests
Identify the patient's problems
Notify the physician of your findings

Q107 When documenting clinical data, what might you write in the physical assessment _____?

Thyroid isthmus barely palpable, lobes not felt
Apical impulse indiscrete and tapping
Thorax symmetric without equal excursion
Extraocular movements full and equal on exam

Q108 Using both verbal and nonverbal clues given by the patient, what is the nurse constantly doing_____?

- Diagnosing
- Intervening where necessary
- Formulating a discharge plan
- Assessing

Q109 The student nurse learns that examining the skin can do what_____?

- Reveal over hydration
- Allow early identification of noncancerous lesions
- Rule out physical abuse
- Allow early identification of risk factors for dehydration

Q110 Your lab instructor explains that physical examination relies on what classic nursing technique_____?

- Assessment
- Percussion
- Organization
- Communication

Q111 How does a nurse facilitate the nursing health assessment_____?

- Maintaining privacy
- Asking the appropriate questions
- Formulating a nursing diagnosis
- Creating a nursing care plan

Q112 What is the foundation of nursing practice_____?

- Planning
- Assessment
- Evaluation
- Intervention

Q113 What are nurses able to detect through the health assessment_____?

- Areas that need continuous care
- Areas that need in-hospital care
- Areas that need referral to a specialist
- Areas in need of health adjustments

Q114 When performing a head-to-toe assessment, we normally begin with a neurologic assessment . What is the next_____?

- Hair, head and neck including eyes, ear, nose and mouth
- Chest, back, arm, abdomen
- Perineal area, legs and feet
- Eyes and ears alone

Q115 Before the beginning of a physical examination, to make the patient more comfortable, what should be done first_____

Give patient a warm blanket
Ask if patient wants a glass of water
Offer patient to empty his/her bladder
Provide a small meal

Q116 The difference between a "head to toe" assessment and a "focused assessment" _____

Head to toe is completed when the patient is admitted; focused concentrates on a particular part of a body

Head to toe is systemic while focused concentrates on regional parts

Head to toe is done on every shift while focused is done when the person is admitted

Both RNs and LPNs should do head to toe assessments as well as focused assessments

Q117 Tywin has come to the nursing clinic for a comprehensive health assessment. Which statement would be the best way to end the history interview _____?

What brought you to the clinic today

Would you describe your overall health as good

Do you understand what is happening

Is there anything else you would like to tell me

Q118 John Joseph was scheduled for a physical assessment. When percussing the client's chest, the nurse would expect to find which assessment data as a normal sign over his lungs _____

Dullness

Resonance

Hyperresonance

Tympany

Q119 The nurse is doing a pain assessment on the client who has chronic back pain. Which assessment is of greatest value _____?

Observe the client for grimaces, flinching, and other signs of pain

Monitor the client's blood pressure.

Ask the client to rate his pain on a scale of 1 to 10

Monitor the client's pulse and respirations

Q120 The nurse is assessing the client's abdomen. Which should the nurse do first _____?

Auscultate

Percuss

Inspect

Palpate