

**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 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
- Choses 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  
Otoscope 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