TEST BANK

Maternal-Child Nursing Care

Towle • Adams

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NCLEX-PN® Test Bank

Chapter 1

1. The historic use of medications that produced “twilight sleep” during labor was discontinued because the use of this type of medication caused an increase in the:
1. Cesarean birth rate.
2. Maternal mortality rate.
3. Infant mortality rate.
4. Preterm birth rate.

Answer: 1
Rationale: The cesarean birth rate rose because the anesthesia reduced the ability of the laboring woman to push effectively. The maternal and infant mortality rates were reduced and the preterm birth rate was not affected by the change in anesthesia methods.
Nursing process step: Evaluation
Category of client need: Safe, effective care environment
Cognitive level: Application
Learning outcome 1-1: Describe the historical changes in maternity care and pediatrics
Test-taking tip: When a question is looking at the cause and effect of a situation, consider the most direct relationship between the question and the answer as the correct choice.

2. Changes in the health care delivery system have brought about changes in the way care providers view those that they treat. Which of the following terms implies that the recipient of health care services is an active participant in the health care process with both rights and responsibilities?
1. Client
2. Consumer
3. Advocate
4. Client

Answer: 4
Rationale: Client is the term that describes the individual actively participating in his or her own care. The term client is associated with an individual who receives care; a consumer is an individual who purchases a commodity. An advocate is one who promotes productive changes in health care practices.
Nursing process step: Assessment
Category of client need: Health promotion and maintenance
Cognitive level: Application
Learning outcome 1-1: Describe the historical changes in maternity care and pediatrics
Test-taking tip: By knowing the definitions of key terms, the student can choose the correct answer.

3. Which of the following represents the implementation phase of the nursing process?
1. The nurse obtaining vital signs.
2. The nurse reviewing new physician orders.
3. The nurse repositioning a client who reports pain.
4. The nurse discussing medications with a pharmacist.

Answer: 3
Rationale: Repositioning a client represents implementation of a nursing intervention. Obtaining vital signs is nursing assessment. Reviewing new physician orders and discussing medication side effects would be part of the planning phase of the nursing process.
Nursing process step: Implementation
Category of client need: Safe, effective care environment
Cognitive level: Application
Learning outcome 1-2: Describe the steps of the nursing process.
Test-taking tip: By knowing the definitions of key terms and how they relate to the nursing process, the student can choose the correct answer.

4. List the following nursing actions in the order they should occur when the LPN/LVN is using the nursing process.
1. Determines that a client has severe pain in the abdomen following a cesarean section
2. Flushes the IV line and gives 25 mg of Demerol over 2 minutes
3. Documents that the client is able to turn from side to side without grimacing
4. Reviews the physician order sheet and the medication administration record for available drug therapies

Answer: 1, 4, 2, 3
Rationale: The nursing process begins with assessment and determining that the client has pain. The second step is planning, which includes verifying the physician order and checking the medication administration record to determine what drugs and doses can be given to relieve the pain. The next step is implementation and the actual administration of the Demerol, and the final step is evaluation when the client is demonstrating improvement in comfort because the client can move easily from side to side.
Nursing process step: Implementation
Category of client need: Safe, effective care environment
Cognitive level: Application
Learning outcome 1-2: Describe the steps of the nursing process.
Test-taking tip: The student should be able to define and describe the stops of the nursing process.

5. Which of the following situations best represents the infant mortality rates for a population?
1. A hospital has 5 stillbirths and 400 live births annually.

2. A state health department reports 12 deaths in children under age 1 for every 1,000 births each year.
3. There are 10,000 children that die annually in a given country.
4. A county reports 7 SIDS related deaths, 4 AIDS related deaths and 5 accidental deaths in a single year.

Answer: 2
Rationale: The infant mortality rate is the number of deaths during the first year of life out of 1,000 live births. The other statements do not correctly describe infant mortality.
Nursing process step: Assessment
Category of client need: Safe, effective care environment
Cognitive level: Application
Learning outcome 1-3: Describe the benefit of research for nursing practice.
Test-taking tip: By knowing the definitions of key terms, the student can choose the correct answer.

6. Which of the following represents a primary care activity?
1. Outclient chemotherapy infusion for a child with leukemia
2. Hospice care for a child with muscular dystrophy
3. Postoperative care following a tonsillectomy
4. Immunization updates as part of a preschool physical examination

Answer: 4
Rationale: Primary care activities are those that represent health promotion or disease prevention activities. Immunizations are a disease prevention activity. Outclient chemotherapy and postoperative care after a tonsillectomy would both be secondary health care activities since they involve an acute disease or situation. Hospice care would be tertiary care.
Nursing process step: Planning
Category of client need: Health promotion and maintenance
Cognitive level: Analysis
Learning outcome 1-4: Describe community-based nursing practice.
Test-taking tip: Look for the answer that is most different from the others.

7. The goal of tertiary health care is:
1. Illness prevention.
2. Resolution of acute conditions.
3. Restoration of maximum function.
4. Health maintenance.

Answer: 3
Rationale: Tertiary care includes rehabilitation, chronic, and terminal conditions. The goal is to restore maximum function. Illness prevention and health maintenance are primary care activities and treating acute conditions is secondary health care.

Nursing process step: Diagnosis
Category of client need: Safe, effective care environment
Cognitive level: Application
Learning outcome 1-4: Describe community-based nursing practice
Test-taking tip: By knowing the definitions of key terms, the student can choose the correct answer.

8. The community-based LPN/LVN must demonstrate successful integration of a variety of practice roles. Nurses may demonstrate this role diversity when working without compensation at the local free clinic, translating a handout from English to Spanish for parents when their children are admitted to the hospital, and meeting with a registered nurse, respiratory therapist, physical therapist, and chaplain to discuss the care of a homebound client. These nurses are demonstrating which of the following roles? Select all that apply.

1. Community volunteer
2. Community educator
3. Cultural competence
4. Consultant
5. Collaborator

Answer: 1, 3, and 5
Rationale: A nurse who works without pay is a community volunteer, a nurse who provides a translated handout for non-English-speaking clients is demonstrating cultural competence, and a nurse who meets with other professionals to plan care is in the role of collaborator. These examples are not of a community educator or consultant.
Nursing process step: Planning
Category of client need: Safe, effective care environment
Cognitive level: Application
Learning outcome 1-5: Describe LPN/LVN roles in maternal-child nursing.
Test-taking tip: Look for specific answers that best fit the roles described.

9. Which of the following is objective data? Select all that apply.

1. Temperature 98.7°F
2. Pain 5/10
3. Incision is reddened
4. Hemoglobin 12.6
5. Nausea

Answer: 1, 3, and 4
Rationale: Objective data is data that are observed or measured, including vital signs, assessments, and lab tests. Information that the client reports, such as pain or nausea, is subjective data.
Nursing process step: Assessment

Category of client need: Safe, effective care environment
Cognitive level: Analysis
Learning outcome 1-5: Describe LPN/LVN roles in maternal-child nursing.
Test-taking tip: By knowing the definitions of key terms, the student can choose the correct answer.

10. Which statement is true regarding homeopathy?
1. It is a Japanese technique of energy healing.
2. Pressure applied to trigger points helps to balance energy.
3. It utilizes natural techniques, such as vitamins and diet, to restore health.
4. A small amount of a substance will stimulate the immune response.

Answer: 4
Rationale: Homeopathy is a health belief system that encourages the stimulation of the immune system by a small amount of a disease trigger. Reiki is a Japanese system of energy healing and acupuncture that uses trigger points that promote healing and energy balance. Naturopathy uses vitamins and diet as part of the health restoration process.
Nursing process step: Implementation
Category of client need: Health promotion and maintenance
Cognitive level: Application
Learning outcome 1-4: Describe community-based nursing practice.
Test-taking tip: By knowing the definitions of key terms, the student can choose the correct answer.

11. Which of the following clients should the LPN/LVN check on first at the start of a morning shift?
1. The postpartum client and her newborn who are planning to be discharged later in the morning
2. The newborn who is being treated with phototherapy using a BiliBlanket
3. The first day postoperative cesarean client who has an IV antibiotic due in 1 hour
4. The woman at 8 weeks gestation admitted from the emergency room for heavy vaginal bleeding 2 hours ago

Answer: 4
Rationale: The client who is bleeding heavily at 8 weeks gestation is at the greatest risk when the nurse prioritizes care by airway, breathing, and circulation; the bleeding would be the key factor in the prioritization. The client about to be discharged would be stable and not likely to need immediate assessment. The newborn being treated with phototherapy should be seen as a second priority but would not be as acute as the bleeding client. The antibiotic should be administered within 1 hour of the designated time.
Nursing process step: Planning
Category of client need: Safe, effective care environment
Cognitive level: Analysis
Learning outcome 1-6: Prioritize nursing care to assess the most unstable or critical clients first.

Test-taking tip: Look for answer choices that provide the safest possible environment for the client.

12. The LPN/LVN can evaluate whether or not it would be appropriate to perform a given task if the task meets which of the following criteria? Select all that apply.

1. Permitted by the State Board of Nursing
2. Part of the nurse's basic education program
3. No other personnel are available to perform the task
4. The client's life is in jeopardy if the task is not performed
5. The employer has policies and procedures on file for the task

Answer: 1, 2, and 5
Rationale: When an LPN/LVN is deciding whether performance of a task is appropriate, it must be determined if the task is within the scope of nursing practice as described by the State Board of Nursing and if the employer has documented within the facility how and when the task should be performed. The nurse should also know how to perform the task, and that would be documented if the task were part of the basic education program or the nurse has received appropriate supervision/training to perform the task. The nurse should not perform the task even if there is no one else available to perform the task or the client is in jeopardy.
Nursing process step: Implementation
Category of client need: Safe, effective care environment
Cognitive level: Application
Learning outcome 1-6: Describe decision making and prioritizing as they relate to nursing scope of practice
Test-taking tip: Look for answer choices that provide the safest possible environment for the client.

13. Which of the following situations describes the evaluation step of the nursing process?

1. The nurse who repeats a temperature after giving Tylenol to a febrile client.
2. The nurse who documents intake and output in the client's chart.
3. The nurse who wraps a baby in a warm blanket after a bath.
4. The nurse who notifies a physician when a child has a pulse rate of 180.

Answer: 1
Rationale: Evaluation is the part of the nursing process that includes reassessment of the client after the nurse has provided an intervention for a problem. Retaking a temperature allows the nurse to determine the effectiveness of the Tylenol administration. Documentation and client care are part of the implementation phase of the nursing process. Contacting a physician is part of the diagnosis phase of the nursing process.
Nursing process step: Evaluation
Category of client need: Health promotion and maintenance
Cognitive level: Application

Learning outcome 1-2: Describe the steps of the nursing process.
Test-taking tip: By knowing the definitions of key terms and the steps of the nursing process, the student can choose the correct answer.

14. An LPN/LVN should determine the competence of an individual to perform a given task. If the individual has been certified as a Nursing Assistant, the nurse should:
1. See a copy of the certification.
2. Teach a class for CNAs before delegation.
3. Observe the CNA as the task is performed.
4. Discuss the procedure with the CNA.

Answer: 3
Rationale: Before delegating a task, the licensed nurse should determine the competency of the CNA and that can best be accomplished by observation. The other choices would not give the nurse the proof that the CNA could safely complete the task.
Nursing process step: Implementation
Category of client need: Safe, effective care environment
Cognitive level: Application
Learning outcome 1-7: Describe the delegation process related to nursing scope of practice.
Test-taking tip: By knowing the definitions of key terms, the student can choose the correct answer.

15. Which of the following represents appropriate delegation?
1. The CNA asks another CNA to remove the Foley catheter of a postoperative client
2. The registered nurse asks the LPN/LVN to obtain vital signs and an assessment of the client immediately following a seizure
3. The LPN/LVN delegates vital signs for a client receiving a blood transfusion to the CNA
4. The LPN/LVN delegates to the unlicensed assistive personnel to record the intake and output for a client following surgery

Answer: 4
Rationale: Recording intake and output for a client following surgery is a task that would be appropriate for delegation, and the LPN/LVN can delegate to the CNA. One CNA cannot delegate to another CNA. A client who just had a seizure would not be an appropriate client for the RN to delegate any tasks for care by other personnel. A client who is receiving a blood transfusion should only be assessed by licensed personnel.
Nursing process step: Planning
Category of client need: Safe, effective care environment
Cognitive level: Analysis
Learning outcome 1-7: Describe the delegation process related to nursing scope of practice.
Test-taking tip: Look for an answer that describes appropriate nursing actions.