

# TEST BANK

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PHIPPS'



Medical-



Surgical



Nursing

Health and Illness Perspectives • 8



**Test Bank For Phipp's Medical-Surgical Nursing: Health and Illness Perspectives, 8th  
Edition By Monahan**

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# Chapter 01 - Scope of Medical-Surgical Nursing

## 1. Questions

- 1.ID: 4615463668
- The nurse has recently been assigned to a medical-surgical clinical rotation. According to the scope of medical-surgical nursing, what type of client assignments does the nurse expect to see?
    - A. Hospitalized children with acute and chronic illnesses
    - B. Hospitalized adults with acute and chronic illnesses** **Correct**
    - C. Older adults in a nursing home
    - D. Working adults in a corporate setting
  - The scope of medical-surgical nursing, sometimes called *adult health nursing*, is to promote health and prevent illness or injury in clients from 18 to 100 years of age or older. The most common practice setting is the acute care hospital. Hospitalized children with acute and chronic illnesses are commonly seen in pediatric nursing. Older adults in a nursing home are commonly seen in geriatric nursing. Working adults in a corporate setting are commonly seen by occupational health nurses.
  - Awarded 1.0 points out of 1.0 possible points.
- 2.ID: 4615463662
- The nursing student has been assigned to the hospital's Rapid Response Team (RRT). Which statement by the student indicates a correct understanding of the RRT member's purpose?
    - A. "I will be caring for clients in the hospital."** **Correct**
    - B. "I will be riding along in the hospital's ambulance."
    - C. "I will be admitting clients to the hospital."
    - D. "I will be observing Code Blue resuscitations."
  - Members of the RRT are critical care experts who are on site in the hospital and are available at any time. The RRT does not ride along in the ambulance; it is hospital-based. RRT members do not admit clients to the hospital. They do not replace the code team—they often precede it.
  - Awarded 1.0 points out of 1.0 possible points.
- 3.ID: 4615463648
- The nurse is working in the intensive care unit. When does the nurse call the Rapid Response Team (RRT)?
    - A. An 87-year-old client awakens mildly confused, then reorients quickly.
    - B. A newly admitted client requests pain medication.
    - C. A postoperative client's dressing has mild bloody drainage.
    - D. A postoperative client's blood pressure suddenly drops.** **Correct**
  - The RRT should be called whenever a client has a slow or sudden deterioration in clinical condition, such as a sudden drop in blood pressure. The older adult client awakening in a confused state and then reorienting can be a normal occurrence because of the client's age. Pain medication should be indicated in the health care provider's prescription. If it is not, the admitting health care

provider should be called, not the RRT. Mild drainage on the dressing of the postoperative client is normal.

▢ Awarded 1.0 points out of 1.0 possible points.

▢ 4.ID: 4615463666

▢ Which role of the medical-surgical nurse is demonstrated when writing a plan of care for a client who is newly admitted to the hospital?

- A. Advocate
- B. Caregiver Correct**
- C. Communicator
- D. Educator

▢ In the caregiver role, medical-surgical nurses assess clients, analyze collected information to determine their needs, develop nursing diagnoses and collaborative problems, plan care and carry out the plan with the health care team, and evaluate the care given. In the role of advocate, the medical-surgical nurse assists the client and family through caring interventions. "Communicator" is not a defined nursing role. In the role of educator, the nurse strives to improve health by facilitating client learning regarding health promotion, disease and illness, and specific treatment by teaching clients and family members or other caregivers.

▢ Awarded 1.0 points out of 1.0 possible points.

▢ 5.ID: 4615463678

▢ The nurse supports the client and family in deciding on a "Do Not Resuscitate" order. Which ethical principle that guides nursing clinical decision making is demonstrated in this situation?

- A. Beneficence
- B. Justice
- C. Legality
- D. Self-determination Correct**

▢ *Self-determination* refers to the idea that clients are autonomous individuals capable of making informed decisions about their care. When the client is not capable of self-determination, the nurse is ethically obligated to protect the client as an advocate in the professional scope of practice. *Beneficence* emphasizes the importance of preventing harm and ensuring the client's well-being. *Justice* refers to equality (i.e., all clients should be treated equally and fairly). Legality is not one of the ethical principles.

▢ Awarded 1.0 points out of 1.0 possible points.

▢ 6.ID: 4615463680

▢ Which important aspect of coordinating care within the interdisciplinary team is facilitated by use of the "SBAR" and "PACE" procedures?

- A. Communication Correct**
- B. Implementation
- C. Policymaking
- D. Protocol development

▢ SBAR and PACE are acronyms for "hand-off" methods of communication used by health care organizations to share information between shifts and between departments. SBAR and PACE are not types of implementation [of client care]. Implementation, the fourth step of the nursing process, is an *action* rather than a coordination of care. SBAR and PACE are not types of policymaking or protocol development.

▢ Awarded 1.0 points out of 1.0 possible points.

▢ 7.ID: 4615463690