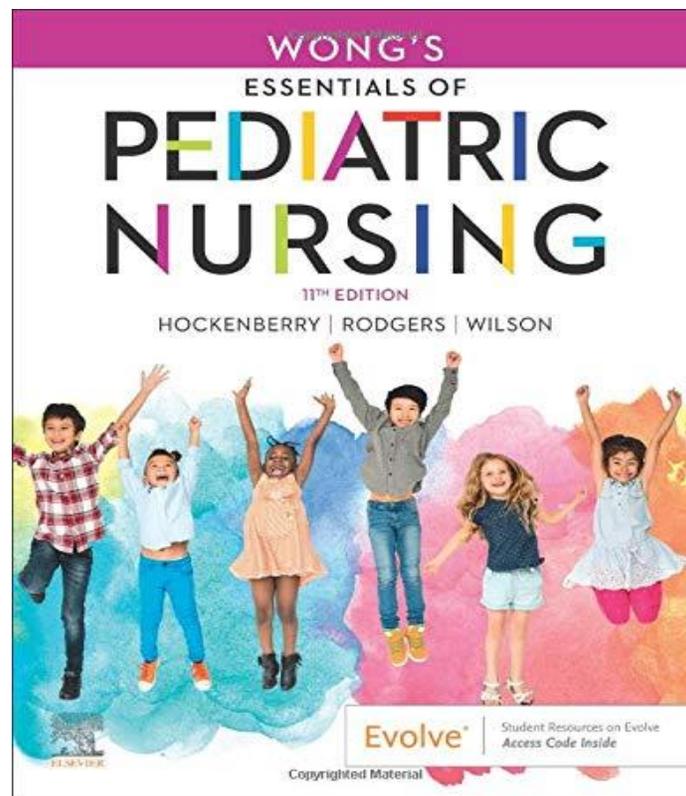


TEST BANK

Wong's Essentials of Pediatric

Nursing 11th Edition

Hockenberry Rodgers Wilson



TEST BANK

Wong's Essentials of Pediatric Nursing 11th Edition Hockenberry Rodgers Wilson Test Bank

Table of Content

1. Perspectives of Pediatric Nursing
2. Family, Social, Cultural, and Religious Influences on Child Health Promotion
3. Developmental and Genetic Influences on Child Health Promotion
4. Communication and Physical Assessment of the Child and Family, Nutrition Section
5. Pain Assessment in Children
6. Childhood Communicable and Infectious Diseases
7. Health Promotion of the Newborn and Family
8. Health Problems of Newborns
9. Health Promotion of the Infant and Family
10. Health Problems of Infants
11. Health Promotion of the Toddler and Family
12. Health Promotion of the Preschooler and Family
13. Health Problems of Toddlers and Preschoolers
14. Health Promotion of the School Age Child and Family
15. Health Promotion of the Adolescent and Family
16. Health Problems of School Age Children and Adolescents
17. Impact of Chronic Illness, Disability, or End-of-Life Care for the Child and Family
18. Impact of Cognitive or Sensory Impairment on the Child and Family
19. Family-Centered Care of the Child During Illness and Hospitalization
20. Pediatric Nursing Interventions and Skills
21. The Child with Respiratory Dysfunction
22. The Child with Gastrointestinal Dysfunction
23. The Child with Cardiovascular Dysfunction
24. The Child with Hematologic or Immunologic Dysfunction
25. NEW! The Child with Cancer
26. The Child with Genitourinary Dysfunction
27. The Child with Cerebral Dysfunction
28. The Child with Endocrine Dysfunction
29. The Child with Musculoskeletal or Articular Dysfunction
30. The Child with Neuromuscular or Muscular Dysfunction
31. The Child with Integumentary Dysfunction

Wong's Nursing Care of Infants and Children 11th Edition Hockenberry Test Bank

Chapter 1.Perspectives of Pediatric Nursing

MULTIPLE CHOICE

1. The clinic nurse is reviewing statistics on infant mortality for the United States versus other countries. Compared with other countries that have a population of at least 25 million, the nurse makes which determination?
- a. The United States is ranked last among 27 countries.
 - b. The United States is ranked similar to 20 other developed countries.
 - c. The United States is ranked in the middle of 20 other developed countries.
 - d. The United States is ranked highest among 27 other industrialized countries.

ANS: A

Although the death rate has decreased, the United States still ranks last in infant mortality among nations with a population of at least 25 million. The United States has the highest infant death rate of developed nations.

DIF: Cognitive Level: Remembering REF: MCS: 6

TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

2. Which is the leading cause of death in infants younger than 1 year in the United States?
- a. Congenital anomalies
 - b. Sudden infant death syndrome
 - c. Disorders related to short gestation and low birth weight
 - d. Maternal complications specific to the perinatal period

ANS: A

Congenital anomalies account for 20.1% of deaths in infants younger than 1 year compared with sudden infant death syndrome, which accounts for 8.2%; disorders related to short gestation and unspecified low birth weight, which account for 16.5%; and maternal complications such as infections specific to the perinatal period, which account for 6.1% of deaths in infants younger than 1 year of age.

DIF: Cognitive Level: Remembering REF: MCS: 7 TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

3. What is the major cause of death for children older than 1 year in the United States?

- a. Heart disease
- b. Childhood cancer
- c. Unintentional injuries
- d. Congenital anomalies

ANS: C

Unintentional injuries (accidents) are the leading cause of death after age 1 year through adolescence. The leading cause of death for those younger than 1 year is congenital anomalies, and childhood cancers and heart disease cause a significantly lower percentage of deaths in children older than 1 year of age.

DIF: Cognitive Level: Understanding REF: MCS: 7 TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

4. In addition to injuries, what are the leading causes of death in adolescents ages 15 to 19 years?

- a. Suicide and cancer
- b. Suicide and homicide
- c. Drowning and cancer
- d. Homicide and heart disease

ANS: B

Suicide and homicide account for 16.7% of deaths in this age group. Suicide and cancer account for 10.9% of deaths, heart disease and cancer account for approximately 5.5%, and homicide and heart disease account for 10.9% of the deaths in this age group.

DIF: Cognitive Level: Remembering REF: MCS: 7 TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

5. The nurse is planning a teaching session to adolescents about deaths by unintentional injuries. Which should the nurse include in the session with regard to deaths caused by injuries?

- a. More deaths occur in males.
- b. More deaths occur in females.
- c. The pattern of deaths does not vary according to age and sex.
- d. The pattern of deaths does not vary widely among different ethnic groups.

ANS: A

The majority of deaths from unintentional injuries occur in males. The pattern of death does vary greatly among different ethnic groups, and the causes of unintentional deaths vary with age and gender.

DIF: Cognitive Level: Applying REF: pp. 7-8

TOP: Integrated Process: Teaching/Learning

MSC: Client Needs: Health Promotion and Maintenance

6. What do mortality statistics describe?

- a. Disease occurring regularly within a geographic location
- b. The number of individuals who have died over a specific period
- c. The prevalence of specific illness in the population at a particular time

- d. Disease occurring in more than the number of expected cases in a community

ANS: B

Mortality statistics refer to the number of individuals who have died over a specific period.

Morbidity statistics show the prevalence of specific illness in the population at a particular time. Data regarding disease within a geographic region, or in greater than expected numbers in a community, may be extrapolated from analyzing the morbidity statistics.

DIF: Cognitive Level: Remembering REF: MCS: 3 TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

7. The nurse should assess which age group for suicide ideation since suicide in which age group is the third leading cause of death?

- a. Preschoolers
- b. Young school age
- c. Middle school age
- d. Late school age and adolescents

ANS: D

Suicide is the third leading cause of death in children ages 10 to 19 years; therefore, the age group should be late school age and adolescents. Suicide is not one of the leading causes of death for preschool and young or middle school-aged children.

DIF: Cognitive Level: Understanding REF: MCS: 6

TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

8. Parents of a hospitalized toddler ask the nurse, What is meant by family-centered care? The nurse should respond with which statement?

- a. Family-centered care reduces the effect of cultural diversity on the family.

- b. Family-centered care encourages family dependence on the health care system.
- c. Family-centered care recognizes that the family is the constant in a child's life.
- d. Family-centered care avoids expecting families to be part of the decision-making process.

ANS: C

The three key components of family-centered care are respect, collaboration, and support. Family-centered care recognizes the family as the constant in the child's life. The family should be enabled and empowered to work with the health care system and is expected to be part of the decision-making process. The nurse should also support the family's cultural diversity, not reduce its effect.

DIF: Cognitive Level: Applying REF: MCS: 8

TOP: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance

9. The nurse is describing clinical reasoning to a group of nursing students. Which is most descriptive of clinical reasoning?

- a. Purposeful and goal directed
- b. A simple developmental process
- c. Based on deliberate and irrational thought
- d. Assists individuals in guessing what is most appropriate

ANS: A

Clinical reasoning is a complex developmental process based on rational and deliberate thought. When thinking is clear, precise, accurate, relevant, consistent, and fair, a logical connection develops between the elements of thought and the problem at hand.

DIF: Cognitive Level: Applying REF: MCS: 12

TOP: Integrated Process: Teaching/Learning