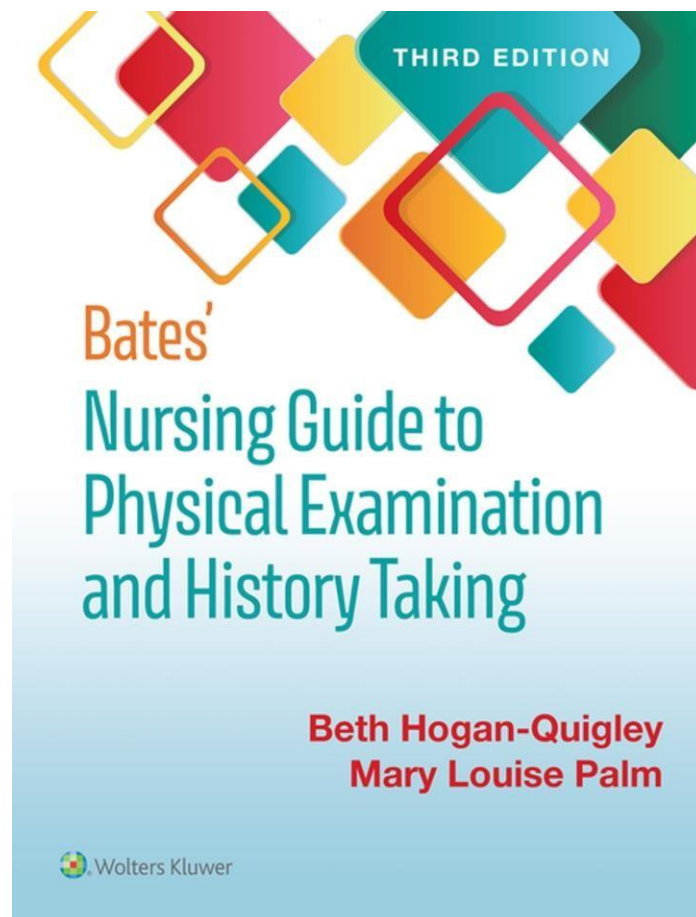


TEST BANK

**Bates' Nursing Guide to Physical
Examination and History Taking 3rd
Edition Hogan-Quigley Test Bank**



TEST BANK

**Bates' Nursing Guide to Physical Examination and History Taking 3rd Edition Hogan-
Quigley Test Bank**

Table of Contents

Unit 1 — Foundations
Chapter 1. Intro to Health Assessment and Social Determinants of Health
Chapter 2. Critical Thinking and Clinical Judgement in Health Assessment
Chapter 3. Interviewing and Communication
Chapter 4. The Health History
Chapter 5. Cultural and Spiritual Assessment
Chapter 6. Physical Examination: Let's Get Started
Chapter 7. Beginning the Physical Examination: General Survey, Vital Signs, and Pain
Chapter 8. Nutrition and Hydration
Unit 2 — Body Systems
Chapter 9. The Integumentary System
Chapter 10. The Head and Neck
Chapter 11. The Eyes
Chapter 12. Ears, Nose, Mouth, and Throat
Chapter 13. The Respiratory System
Chapter 14. The Cardiovascular System
Chapter 15. The Peripheral Vascular System and Lymphatic System
Chapter 16. The Gastrointestinal and Renal Systems
Chapter 17. The Breasts and Axillae
Chapter 18. The Musculoskeletal System
Chapter 19. Mental Status and Mental Health Assessment
Chapter 20. The Nervous System
Chapter 21. Reproductive Systems
Chapter 22. Putting the Physical Examination All Together
Unit 3 — Special Lifespan
Chapter 23. Assessing Children: Infancy Through Adolescence
Chapter 24. Assessing Older Adults

-
1. During an assessment, a patient states the importance of spending quality time with family and friends. The nurse would document this information as fulfilling which facet of the patient's health?
- A) *Social well-being***
 - B) Developmental level
 - C) Spiritual influences
 - D) Cultural influences
2. The nurse is conducting a health assessment with a patient. What will the nurse do when completing this health assessment? (Select all that apply.)
- A) *Complete the health history.***
 - B) Interpret findings.
 - C) Formulate a plan of care
 - D) Implement a plan of care.
 - E) *Conduct a physical examination.***
3. Before beginning a health assessment with a patient, the nurse reviews Healthy People 2020 because:
- A) It helps determine the patient's plan of care.
 - B) It serves as a guide for the health assessment.
 - C) *It identifies risk factors, health issues, and diseases.***
 - D) It lists specific interventions to address most patient health problems.
4. After completing a health history, the nurse determines that a patient would benefit from interventions to address the Healthy People 2020 indicator prevalence and mortality of chronic disease. What did the nurse assess in this patient? (Select all that apply.)
- A) Body mass index overweight
 - B) *History of hypertension***
 - C) Currently without health insurance
 - D) *Diagnosed with heart disease***
 - E) *Previous treatment for skin cancer***
5. The nurse is following a structured head-to-toe approach to identify changes in a patient's body systems. Which component of the health assessment is the nurse completing with the patient?
- A) Health history
 - B) *Physical examination***
 - C) Goal setting
 - D) Planning care

6. While conducting the health assessment, the nurse instructs the patient about secondary prevention activities. What did the nurse most likely teach this patient?
- A) Immunizations recommended for the patient's age
 - B) Consistent use of seat belts when in a motor vehicle
 - C) Importance of annual vision examinations
 - D) *The need for annual mammograms***
7. The nurse is preparing to conduct a health assessment with a patient. What will be the nurse's initial role when caring for this patient?
- A) Teaching
 - B) Planning care
 - C) *Collecting data***
 - D) Identifying interventions
8. During the assessment of vital signs, a hospitalized patient demonstrates confusion and asks how the nurse gained access to the patient's home. The nurse recognizes this change as being in which facet of the patient's health?
- A) *Mental***
 - B) Physical
 - C) Spiritual
 - D) Social
9. From data collected during the health assessment, the nurse determines that a patient would benefit from smoking cessation information. What would be the best approach for the nurse to take when teaching smoking cessation to this patient?
- A) *Discuss with the patient if smoking cessation is a goal the patient may have.***
 - B) Explain the detrimental effects of smoking on the entire body.
 - C) Remind the patient that smoking is a modifiable risk factor for health problems.
 - D) Tell the patient that smoking is expensive and is harmful to the body.
10. During a health assessment, the nurse learns that an adolescent is sexually active. What can the nurse instruct the patient to support the Healthy People 2020 indicator of responsible sexual behavior?
- A) *The importance of using a condom with sexual activity***
 - B) The importance of abstaining from sexual activity until marriage
 - C) The frequency of being tested for sexually transmitted infections
 - D) The percentage of adolescents who are HIV positive

Answer Key

- 1.A
- 2.A, E
- 3.C
- 4.B, D, E
- 5.B
- 6.D
- 7.C
- 8.A
- 9.A
- 10.A

-
1. The nurse is working with a patient to identify health goals and interventions to achieve the goals. In which phase of the nursing process are the nurse and patient participating?
- A) Assessment
 - B) Diagnosis
 - C) *Planning***
 - D) Evaluation
2. The nurse is changing a patient's plan of care because identified goals have not been achieved. The nurse is working within which phase of the nursing process?
- A) Assessment
 - B) Planning
 - C) Implementation
 - D) *Evaluation***
3. During an assessment, the nurse asks a patient with low back pain what has been used to try to alleviate the pain. The nurse is asking questions to determine which category of the mnemonic OLD CART?
- A) *Treatments***
 - B) Duration
 - C) Location
 - D) Onset
4. The nurse is completing an assessment of a patient with cardiac and respiratory problems. Which data would the nurse categorize as subjective?
- A) Blood pressure 168/94 mm Hg
 - B) Respiratory rate 28 and shallow
 - C) Heart rate 94 and irregular
 - D) *Palpitations every morning***
5. After completing an assessment, the nurse is generating the patient's problem list. Which problem would have the highest priority for the patient?
- A) *Shoulder pain***
 - B) Insomnia
 - C) Anxiety about work
 - D) Lack of appetite
6. The nurse has identified that a patient has 24 health issues to be included on the problem list. What can the nurse do to help focus on the patient's most acute health care needs first?
- A) Place the problems in alphabetical order.

- B)** *Separate the list into active and inactive problems.*
- C) List the problems according to body system.
- D) Ask the patient which problem is the highest priority.

7. The nurse is determining diagnoses that would be appropriate for a patient with heart failure. Which diagnosis would have the highest priority for the patient?

- A)** *Activity intolerance related to shortness of breath and fatigue*
- B)** Ineffective health maintenance related to last mammogram being 2 years ago
- C) Knowledge deficit related to lack of information regarding low-sodium diet
- D)** Anxiety related to hospitalization and inability to attend to home and work needs

8. The nurse is developing nursing diagnosis for a patient. Which health concerns would be appropriate for the nurse to identify as health maintenance problems? (Select all that apply.)

- A) Prescribed medication to treat prostate cancer
- B)** *Instruction needed on newly prescribed renal diet*
- C)** *Importance of having pneumococcal pneumonia vaccination*
- D)** *Exercises for range of motion and mobility due to arthritis*
- E) Schedule for hemodialysis to start three times each week

9. The nurse has completed a plan of care for a patient having a total knee replacement. What should the nurse do prior to implementing this plan of care?

- A) Discuss the plan of care with the nurse manager.
- B) Share the assessment and plan with the admitting health care provider.
- C)** *Ask the patient for opinions and willingness to proceed with the interventions.*
- D) Identify which quality improvement activities will be included in the plan of care.

10. After reassessing a patient with a foot wound, the nurse identifies a new health problem of reduced breath sounds in both lung bases. What should the nurse do with this information? (Select all that apply.)

- A) Notify the nurse manager.
- B)** *Formulate a nursing diagnosis.*
- C)** *Add interventions to the care plan.*
- D)** *Add the new problem to the problem list.*
- E) Nothing because this is an expected finding.