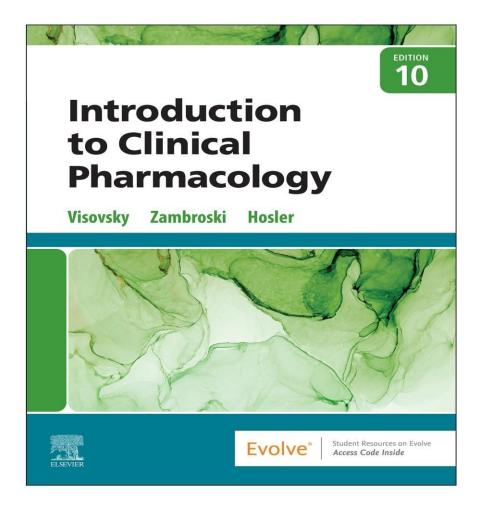
TEST BANK

Introduction to Clinical Pharmacology 10th Edition



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Introduction to Clinical Pharmacology 10th Edition Test Bank by Constance Visovsky, Cheryl Zambroski, and Shirley Hosler

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Chapter 01: Pharmacology and the Nursing Process in LPN Practice Visovsky: Introduction to Clinical Pharmacology, 10th Edition

MULTIPLE CHOICE

- 1. You are assessing the skin of a newly admitted patient and note a 2 inch area of redness at the sacrum. Which type of data are you collecting with this information?
 - a. Objective data
 - b. Inspection
 - c. Subjective data
 - d. Alternative therapy

ANS: A

Objective data are obtained by the healthcare provider during physical examination, or that are measurable (i.e., laboratory results).

DIF: Cognitive Level: Applying REF: p. 3

- 2. Which part of the nursing process includes setting goals for the nursing care required when giving drugs to a patient?
 - a. Assessment
 - b. Planning
 - c. Evaluation
 - d. Diagnosis

ANS: B

The nursing process consists of five major steps in this order: assessment, diagnosis, planning, implementation, evaluation. It is in the planning step that the goals for nursing care related to drugs are set based upon data collected.

DIF: Cognitive Level: Remembering REF: p. 4

- 3. When would it be appropriate to withhold a drug instead of giving it to a patient?
 - a. When the order is written by hand
 - b. When any part of the drug order is unclear
 - c. When the drug improves the patient's symptoms
 - d. When the order contains both the generic and trade name of the drug

ANS: B

You must use good judgment in carrying out a drug order. If, in your judgment, the order is unclear, or incorrect, it should be withheld (not given) until your concerns can be answered by the patient's healthcare provider.

- 4. Which action would you take to ensure that an order for a drug is accurate?
 - a. Check the drug record with the Kardex file.
 - b. Compare the order with the drug history.
 - c. Compare the order to the patient's reason for admission.
 - d. Check the drug record with the original healthcare provider's order.

ANS: D

Once the healthcare provider orders the drug, you must verify that the order is accurate. This is done by checking the drug chart or drug record with the healthcare provider's original order.

DIF: Cognitive Level: Remembering REF: p. 4

- 5. What do the nine "rights" of drug administration include?
 - a. Right patient, drug, dose, route, time, reason, documentation, response, and right to refuse
 - b. Right drug, diagnosis, time, patient, route, drug history, documents, and right to refuse
 - c. Right drug, amount, route, time, nurse, reason, route, diagnosis, and documentation
 - d. Right dose, time, healthcare provider, patient, route, documentation, response, and drug

ANS: A

There are nine "rights" of drug administration: you must identify the right patient, give the right drug at the right dose, right route, right time, for the right reason, using the right documentation to record that the dose has been given, monitor the patient for the right response, and note that the patient has the right to refuse a drug.

DIF: Cognitive Level: Remembering REF: p. 5

- 6. Which action should you take to ensure that you are giving a drug to the right patient?
 - a. Verifying the drug record with the patient name on the chart
 - b. Verifying the patient's room and bed number with the chart
 - c. Asking the patient to state his or her birthdate and Social Security number
 - d. Asking the patient to state their name and birthdate, and then checking the patients identification bracelet

ANS: D

Before giving any drug, two forms of patient identifications should be used to identify the correct patient. Each patient should be asked his or her name, and another form of identification, such as birthdate; then you should check the patient's identification bracelet.

DIF: Cognitive Level: Applying REF: p. 5

- 7. Which category of drugs should be given exactly on schedule in order to maintain a consistent level of the drug in the body?
 - a. Steroids
 - b. Diuretics
 - c. Aspirin products
 - d. Anticoagulants

ANS: D

Certain drugs must be given at specific time interval (right time). Anticoagulants must be given at the same time each day to maintain a therapeutic blood level in order to prevent blood clots.

DIF: Cognitive Level: Applying REF: p. 7

8. Which nursing action is *not* appropriate when giving drugs to a patient?

- a. Leaving the drug at the patient's bedside to take when he/she awakens
- b. Asking the patient if he or she has any allergies to drugs
- c. Checking a drug reference to verify the action of the drug
- d. Explaining to the patient the possible side effects of the drug

ANS: A

It is never permissible to leave drugs at the patient's bedside. As the nurse, you are responsible for witnessing the patient taking the drug(s), or documentation of the patient's refusal.

DIF: Cognitive Level: Applying REF: p. 10

- 9. Which of the following nursing actions is an example of evaluating patient responses to drug therapy?
 - a. Documenting the fact that the patient refused the drug
 - b. Making sure you have assembled all necessary equipment
 - c. Taking the patient's blood pressure before giving an antihypertensive
 - d. Taking the temperature of a patient an hour after giving an antipyretic

ANS: D

Evaluation is the process of determining the right response of the patient to the drug given. The correct response to an antipyretic is a reduction in fever.

DIF: Cognitive Level: Knowing REF: p. 9

- 10. Which statement is considered to be an example of objective data gathered in the assessment of a patient who will be receiving drugs for the treatment of an injury?
 - a. The patient's skin is warm and dry to touch.
 - b. The patient tells you "I have pain in my lower back."
 - c. The patient states he is having trouble catching his breath.
 - d. The patient checks off "no history of drug allergies" on the health form.

ANS: A

Objective data are physical findings the nurse can see during careful inspection, palpation, percussion, and auscultation.

DIF: Cognitive Level: Knowing REF: p. 3

- 11. You are interviewing a patient to obtain a current drug history. What information should be part of this report?
 - a. The color of each drug in pill form
 - b. The names and dosages of each drug
 - c. The major health conditions of the patient
 - d. The nursing diagnoses that come from the collected information

ANS: B

In the interview to obtain a current and accurate drug history, the names of each drug and, if possible, the dosage of each drug are recorded.

- 12. A patient you are caring for is prescribed 30 units of NPH insulin to be given subcutaneously. You know that insulin is considered a "high-alert drug." What nursing action would you perform to give a high-alert drug safely?
 - a. Call the healthcare provider to double check the order.
 - b. Ensure an insulin level is drawn before giving the drug.
 - c. Have another nurse check the order and dosage before giving it.
 - d. Refuse to give this drug, as it can only be given by a registered nurse.

ANS: C

Many institutions have policies that require two nurses to double check the order and dosages of high-alert drugs to reduce the risk of error and adverse effects for the patient. This is especially important if the drug dose needs to be calculated.

DIF: Cognitive Level: Applying REF: p. 8

- 13. You are about to give the prescribed drugs to a patient in your care. When you approach the patient with the drugs, the patient refuses to take one of the drugs. What is your best action?
 - a. Ask the pharmacy if there is a substitute drug for the one the patient refused.
 - b. Acknowledge to patient's right to refuse, no other action is needed.
 - c. Let the patient know the consequences of refusing the drug.
 - d. Notify the charge nurse or healthcare provider.

ANS: D

Never record drugs that were not given or record them before they are given. If a patient does not receive the drug for any reason, notify the nurse in charge or the healthcare provider according to your healthcare setting policies.

DIF: Cognitive Level: Applying REF: p. 8

- 14. You have given the antibiotic penicillin as prescribed to a patient with no reported drug allergies. Thirty minutes after receiving the drug, the patient notifies you that he/she has developed hives and swelling of the lips. What is your best first action?
 - a. Call the pharmacy and report this as an adverse reaction to the drug.
 - b. Immediately give epinephrine to counter the drug reaction.
 - c. Reassure the patient that this is a typical side effect of the drug.
 - d. Report the findings to the RN or healthcare provider and remain with the patient.

ANS: D

If you suspect the patient is having an adverse effect, such as an allergic reaction, report this immediately to the RN or healthcare provider. Remain with the patient, monitoring for changes in breathing or vital signs, until the RN or healthcare provider arrives with additional orders to be carried out.

- 15. You are working on a very busy 35-bed hospice unit. The RN you are working with just got a new admission and hands you a syringe with "pain drug" in it. He/she asks you to give this drug to a specified patient. What is your most appropriate action?
 - a. Assist the RN by giving the drug as requested for this one time only.
 - b. Refuse to give a drug that is not for a patient you are assigned to care for.
 - c. Refuse, but prepare another dose of the drug yourself, and give as prescribed.

d. Assist the RN as directed, as under the RN's supervision, this practice is permitted.

ANS: C

You are never to give a drug prepared by another nurse, even during a busy time or during an emergency. To meet all the patient safety standards covered by the "9 Rights," you are required to give only drugs you have prepared.

DIF: Cognitive Level: Applying REF: p. 7

- 16. You are evaluating the response of a patient 30 minutes after receiving an antihypertensive drug. Upon assessment of the patient's blood pressure, you note the patient has become hypotensive. What type of drug effect is this patient experiencing?
 - a. An adverse effect of the drug
 - b. A side effect of the drug
 - c. A therapeutic effect of the drug
 - d. An allergic reaction to the drug

ANS: A

An adverse effect is seen when patients do not respond to drugs in the way they should, or develop new signs or symptoms. When a patient has an adverse effect, you should report this immediately to the RN or healthcare provider.

DIF: Cognitive Level: Knowing REF: p. 9

MULTIPLE RESPONSE

- 1. Before giving a drug to a patient which steps should you take to ensure safe drug administration? (*Select all that apply*.)
 - a. Use two forms of patient identification.
 - b. Ask the patient about any drug allergies.
 - c. Check the drug before removing it from the unit-dose cart.
 - d. Check the dose before preparing or measuring the drug.
 - e. Check the drug just before you open it and give it to the patient.
 - f. Document the drug given before you enter into the patient's room.

ANS: A, B, C, D, E

The nurse needs to use two forms of identification to ensure the drug is given to the right patient. The nurse should read the drug label at least three times: (1) before taking the drug from the unit-dose cart or shelf, (2) before preparing or measuring the prescribed dose of drug, and (3) before giving it to the patient. Asking about drug allergies is important if this information is not available, or if drugs associated with allergic reactions, such as antibiotics, are given.

- 2. You are taking the drug history from a patient. Which of the following information should be collected as part of this interview? (*Select all that apply*.)
 - a. Allergies to any drugs
 - b. Alcohol or recreational drug use
 - c. The time of day preferred for taking drugs
 - d. The use of nutritional supplements or herbs