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Nursing Care Plans: Diagnoses, Interventions, & Outcomes

ISBN 9780323711180 | Chapter 1: Using Nursing Care Plans to Individualize and Improve Care

Total Questions: 150

Multiple Choice

Q1.

According to the American Nurses Association, nursing is the diagnosis and treatment of human responses to which type of problems?

A) Only acute physiologic illnesses
B) Actual and potential problems ✓ Correct
C) Only physician-identified medical conditions
D) Primarily social service needs

Rationale: The ANA defines nursing as the diagnosis and treatment of human responses to actual and potential problems.

Q2.

Which statement best reflects the chapter's description of nursing as a profession?

A) It is primarily task-based and procedure-driven
B) It is a knowledge-based profession ✓ Correct
C) It is limited to hospital-based care
D) It is focused mainly on dependent functions

Rationale: The chapter explicitly states that nursing is a knowledge-based profession.

Q3.

The broad scientific foundation of nursing includes the biologic, behavioral, and which other sciences?

A) Physical
B) Environmental
C) Social ✓ Correct
D) Computational

Rationale: The text identifies biologic, behavioral, and social sciences as part of nursing's scientific foundation.

Q4.

The scope of nursing practice described in the chapter includes a wellness philosophy focused on what?

A) Institutional efficiency
B) Provider autonomy
C) Self-care ✓ Correct
D) Diagnostic testing

Rationale: The chapter notes that nursing supports a wellness philosophy focused on self-care.

Q5.

National surveys cited in the chapter report that nursing has been ranked as the most trusted profession for how many consecutive years?

A) 10
B) 12
C) 15
D) 17 ✓ Correct

Rationale: The chapter states that nursing was reported as the most trusted profession for the 17th consecutive year.

Q6.

Which challenge identified in the chapter refers to helping patients understand health information and services?

A) Low health literacy ✓ Correct
B) Interprofessional rivalry
C) Excessive specialization
D) Limited pharmacologic options

Rationale: Low health literacy is specifically identified as a challenge because of its link to poorer health outcomes.

Q7.

Each care plan in the book begins with what element?

A) A medication administration record
B) An expanded definition of the title problem or diagnosis ✓ Correct
C) A reimbursement summary
D) A physician progress note

Rationale: The chapter states that each care plan begins with an expanded definition of the title problem or diagnosis.

Q8.

The cross-references that accompany each problem or diagnosis are primarily intended to do what?

A) Replace physical assessment findings
B) Provide billing codes for reimbursement
C) Assist the user in locating related helpful information ✓ Correct
D) Standardize physician orders

Rationale: Cross-references help users locate other information that may be useful in deciding whether a care plan is needed.

Q9.

Which component of a nursing diagnosis refers to factors associated with an actual problem?

A) Common expected outcomes
B) Common etiologies ✓ Correct
C) Common risk factors
D) Ongoing assessment

Rationale: Common etiologies are the factors associated with a diagnosis for an actual problem.

Q10.

Assessment data that support a nursing diagnosis are called what in the care plan structure?

A) Supporting data ✓ Correct
B) Cross-references
C) Outcome indicators
D) Functional patterns

Rationale: Supporting data are the assessment data that support the nursing diagnosis.

Q11.

Common risk factors in the care plan refer to which of the following?

A) The patient's preferred treatment choices
B) Situations or conditions contributing to the potential to develop a problem ✓ Correct
C) The documented outcomes already achieved
D) The interventions delegated to unlicensed personnel

Rationale: Common risk factors are situations or conditions that contribute to the patient's potential to develop a problem.

Q12.

Common expected outcomes are best defined as what?

A) Mandatory institutional policies
B) Goals of care that improve or resolve the health problem when met ✓ Correct
C) Diagnostic criteria for medical disease
D) Documentation templates for discharge

Rationale: The chapter defines common expected outcomes as goals of care that improve and/or resolve the health problem when achieved.

Q13.

Therapeutic interventions in the care plans are described as including which two categories?

A) Preventive and curative
B) Primary and secondary
C) Independent and interprofessional ✓ Correct
D) Medical and surgical

Rationale: The care plans include both independent and interprofessional therapeutic interventions.

Q14.

Each nursing diagnosis developed in the book is based on which classification system unless otherwise stated?

A) ICD-10-CM
B) DSM-5-TR
C) SNOMED CT
D) International Classification of Nursing Practice (ICNP) ✓ Correct

Rationale: The chapter states that each nursing diagnosis is based on the ICNP label unless otherwise noted.

Q15.

The hallmark of nursing practice emphasized in the chapter is what?

A) Strict adherence to standardized plans without change
B) Patient-centered tailoring of the care plan ✓ Correct
C) Exclusive reliance on medical diagnoses
D) Use of technology to replace direct assessment

Rationale: The chapter identifies patient-centered tailoring of the care plan as the hallmark of nursing practice.

Q16.

The nursing care plan is best described as what?

A) A written reflection of the nursing process ✓ Correct
B) A substitute for assessment
C) A physician-directed discharge summary
D) A financial utilization document

Rationale: The text describes the nursing care plan as a written reflection of the nursing process.

Q17.

Which question is explicitly part of the nursing process as reflected in the care plan?

A) What is the insurance authorization status?
B) How, when, and where should planned interventions be implemented? ✓ Correct
C) Which physician has the highest case volume?
D) What is the unit staffing ratio next month?

Rationale: The chapter includes how, when, and where planned interventions should be implemented as a core care plan question.

Q18.

Without a comprehensive assessment, the chapter states that all else is what?

A) Evidence based
B) A shot in the dark ✓ Correct
C) Patient centered
D) Outcome driven

Rationale: The text directly states that without a comprehensive assessment, all else is 'a shot in the dark.'

Q19.

Which of the following is identified as a valid source of assessment data?

A) Only patient self-report
B) Only laboratory results
C) Only direct observation
D) Patient report, observation, history, and diagnostic information ✓ Correct

Rationale: The chapter identifies observation, history, patient or caregiver report, and laboratory/diagnostic information as valid data.

Q20.

Which method is listed as useful in gathering diverse assessment data?

A) Peer review only

B) Interview, observation, physical assessment, record review, and diagnostic analysis ✓ Correct

C) Medication reconciliation only

D) Financial chart audit

Rationale: The chapter lists interview, observation, physical assessment, records review, and analysis of diagnostic studies as useful methods.

Q21.

Why is the nurse in a key position to collect patient data across the health care continuum?

A) The nurse independently prescribes all treatments

B) The nurse has the most contact with the patient and is a trusted team member ✓ Correct

C) The nurse is responsible only for home care admissions

D) The nurse has access to administrative billing systems

Rationale: The chapter notes that nurses are trusted team members and have the most contact with patients.

Q22.

Interviewing provides the nurse with what type of patient information?

A) Only objective physiologic measurements

B) Subjective input about the problem and desired outcomes ✓ Correct

C) Only data verified by imaging studies

D) Only family-reported observations

Rationale: The interview yields the patient's subjective input about the problem, its causes, effects, and desired outcomes.

Q23.

Good interviewing skills are founded on rapport, active listening, and what additional element?

A) Rapid closure of the encounter

B) Preparation in a systematic, thorough format ✓ Correct

C) Strict use of yes-or-no questions only

D) Avoidance of cultural topics

Rationale: The chapter states that effective interviewing also requires systematic and thorough preparation.

Q24.

The nurse needs the ability to collect information specific to the patient's culture, including race, ethnicity, sexual orientation, and what else?

A) Insurance status

B) Employment category

C) Gender identity ✓ Correct

D) Level of education only

Rationale: Gender identity is specifically included among cultural information relevant to assessment.

Q25.

When time is limited, what strategy does the chapter recommend before the interview?

A) Skip the interview and rely on laboratory data

B) Review existing medical records or other documents to focus the interview ✓ Correct

C) Use only a standardized checklist without follow-up

D) Delay assessment until family members arrive

Rationale: The chapter recommends reviewing records beforehand so the interview can be more focused when time is limited.

Q26.

What caution is given when conducting a focused interview after record review?

A) Avoid asking about symptoms already documented

B) Do not permit the patient to elaborate

C) Take care not to miss important information the patient may share ✓ Correct

D) Limit questions to the chief complaint only

Rationale: The chapter warns against 'missing the forest for the trees' and overlooking important patient information.

Q27.

If a patient cannot be interviewed, which sources may become the nurse's only interview information?

A) Insurance claims and pharmacy receipts

B) Family, caregivers, and significant others ✓ Correct

C) Only the physician admission note

D) Unit staffing reports

Rationale: The text states that family, caregivers, and significant others may be the only interview sources if the patient is incapable.

Q28.

Physical assessment provides the nurse with what type of data?

A) Subjective data only

B) Objective data regarding the patient ✓ Correct

C) Financial utilization data

D) Population-level epidemiologic data

Rationale: The chapter states that physical assessment provides objective data regarding the patient.

Q29.

Which sequence is the usual order of physical assessment techniques for most body systems?

A) Auscultation, percussion, palpation, inspection

B) Inspection, palpation, percussion, auscultation ✓ Correct

C) Palpation, inspection, auscultation, percussion

D) Percussion, auscultation, inspection, palpation

Rationale: The usual order given is inspection, palpation, percussion, and auscultation.

Q30.

During abdominal assessment, inspection should be followed immediately by which technique?

A) Palpation
B) Percussion
C) Auscultation ✓ Correct
D) Measurement of reflexes

Rationale: For the abdomen, auscultation follows inspection because palpation and percussion may alter bowel sounds.

Q31.

Why are percussion and palpation performed later during the abdominal examination?

A) They are less accurate than inspection
B) They may alter findings by moving gas and bowel fluid and changing bowel sounds ✓ Correct
C) They require a physician order
D) They are reserved for postoperative patients only

Rationale: The chapter explains that percussion and palpation can change bowel sounds and thus should follow auscultation in abdominal assessment.

Q32.

Which physical assessment method involves using a stethoscope to listen to the heart, lungs, major vessels, and abdomen?

A) Inspection
B) Palpation
C) Percussion
D) Auscultation ✓ Correct

Rationale: Auscultation is the technique of listening with a stethoscope.

Q33.

Which physical assessment method is defined as tapping body areas to obtain information about underlying tissues?

A) Palpation
B) Percussion ✓ Correct
C) Inspection
D) Auscultation

Rationale: Percussion involves tapping body areas to elicit information about underlying tissues.

Q34.

Which physical assessment method uses light or heavy touch to detect temperature, structures, and elicited responses?

A) Palpation ✓ Correct
B) Inspection
C) Percussion
D) Auscultation

Rationale: Palpation uses touch to assess temperature, structures, and subjective responses.

Q35.

Which environmental consideration is specifically noted as important during the physical examination?

A) Bright hallway traffic

B) An undisturbed environment with privacy ✓ Correct

C) Continuous television use

D) Open-door observation by staff

Rationale: Privacy and an undisturbed environment are identified as important considerations during physical assessment.

Q36.

Which statement best describes the difference between general and specific care plan guides in the text?

A) General guides are organized by reimbursement category, whereas specific guides are organized by age group

B) General guides are based on primary nursing diagnoses, whereas specific guides cluster diagnoses around a medical diagnosis ✓ Correct

C) General guides are used only in hospitals, whereas specific guides are used only in outpatient clinics

D) General guides contain no interventions, whereas specific guides contain only outcomes

Rationale: The chapter explains that general guides use primary nursing diagnoses and specific guides cluster diagnoses by medical diagnosis.

Q37.

What is the major risk of blanket application of standard care plans?

A) Improved continuity of care

B) Reduced patient education needs

C) Negation of the basic premise of tailoring care to individual needs ✓ Correct

D) Increased use of evidence-based practice

Rationale: The text states that blanket application of standard plans negates the premise of individualized care.

Q38.

As a patient moves through the continuum of care, a well-developed care plan primarily enhances what?

A) Provider billing efficiency

B) Continuity and seamless delivery of nursing care ✓ Correct

C) Reduction in all diagnostic testing

D) Elimination of patient participation

Rationale: The chapter states that a well-developed care plan enhances continuity and seamless care delivery across settings.

Q39.

Chapter 3 of the book focuses on what type of care plan?

A) Emergency trauma triage

B) Patient Readiness for Health Promotion ✓ Correct

C) Pediatric growth surveillance only

D) Advanced directive documentation

Rationale: The chapter identifies Chapter 3 as focusing on Patient Readiness for Health Promotion.

Q40.
Which strategy is specifically included in health promotion care plans to support behavior change?

A) Avoiding goal setting
B) Eliminating social support
C) Enhancing self-efficacy ✓ Correct
D) Delaying self-monitoring

Rationale: Enhancing self-efficacy is listed as one of the evidence-based strategies supporting behavior change.

Q41.
Which chapter is described as containing care plans for specialized interventions such as central venous access devices and blood component therapy?

A) Chapter 2
B) Chapter 3
C) Chapter 4 ✓ Correct
D) Chapter 11

Rationale: Chapter 4 is designated for specialized yet commonly used interventions such as central venous access devices and blood component therapy.

Q42.
Which new chapter addresses fluid, electrolyte, and acid-base imbalances in hospital and outpatient settings?

A) Chapter 5 ✓ Correct
B) Chapter 7
C) Chapter 10
D) Chapter 12

Rationale: The chapter states that Chapter 5 addresses fluid, electrolyte, and acid-base imbalances.

Q43.
Which chapter contains all oncology-related care plans to facilitate locating body-system-specific oncology care?

A) Chapter 6
B) Chapter 8
C) Chapter 11 ✓ Correct
D) Chapter 16

Rationale: The text notes that Chapter 11 contains all oncology-related care plans.

Q44.
Which Institute of Medicine report is identified as the 1999 landmark report that intensified focus on patient safety?

A) Crossing the Quality Chasm
B) To Err Is Human: Building a Safer Health System ✓ Correct
C) The Future of Nursing
D) Keeping Patients Safe

Rationale: The 1999 landmark report named in the chapter is To Err Is Human: Building a Safer Health System.

Q45.

The QSEN initiative was developed to integrate what into nursing education?

A) Billing compliance standards

B) Quality and safety competencies ✓ Correct

C) Medical staff privileging criteria

D) Hospital construction guidelines

Rationale: QSEN was developed to integrate quality and safety competencies into nursing education.

Q46.

Which of the following is one of the QSEN competencies listed in the chapter?

A) Revenue cycle management

B) Informatics ✓ Correct

C) Supply chain optimization

D) Capital budgeting

Rationale: Informatics is specifically listed as one of the QSEN competencies.

Q47.

Because the book focuses on individual care rather than system issues, which QSEN competencies are identified as predominant in the care plans?

A) Leadership, policy, and finance

B) Patient-centered care, safety, teamwork and collaboration, and evidence-based practice ✓ Correct

C) Research design, staffing, and informatics only

D) Quality improvement, epidemiology, and reimbursement

Rationale: The chapter states that the predominant QSEN competencies in the care plans are patient-centered care, safety, teamwork and collaboration, and evidence-based practice.

Q48.

Which organization established the National Patient Safety Goals program?

A) Agency for Healthcare Research and Quality

B) American Nurses Association

C) The Joint Commission ✓ Correct

D) Centers for Medicare & Medicaid Services

Rationale: The Joint Commission established the National Patient Safety Goals program.

Q49.

Which recommended safety practice is specifically cited among The Joint Commission's general performance measures?

A) Using at least two patient identifiers ✓ Correct

B) Routine use of three nurse signatures for all medications

C) Daily chest radiography for all inpatients

D) Universal telemetry monitoring

Rationale: Using at least two patient identifiers is specifically named as a National Patient Safety Goal measure.

Q50.

Clinical pathways are best defined in the chapter as what?

A) Nursing diagnoses without interventions

B) Interprofessional care plans to which time frames have been added ✓ Correct

C) Medication formularies for specialty units

D) Administrative staffing templates

Rationale: The chapter defines clinical pathways as interprofessional care plans with added time frames.

Q51.

A nurse in an urgent care clinic has only 10 minutes to assess a patient with new-onset bloody diarrhea. To individualize care without missing important information, which action is most appropriate first?

A) Begin teaching diet changes immediately because diarrhea is the obvious problem

B) Review available records briefly, then conduct a focused interview that still allows the patient to share concerns ✓ Correct

C) Select the inflammatory bowel disease care plan and apply all interventions as written

D) Wait for diagnostic test results before identifying any nursing diagnoses

Rationale: When time is limited, reviewing existing records and then conducting a focused but open interview supports efficient, individualized assessment.

Q52.

A hospitalized patient reports abdominal cramping, urgent loose stools, and embarrassment about eating with friends. Which nursing diagnosis is most directly supported by these assessment data?

A) Diarrhea ✓ Correct

B) Risk for infection

C) Impaired skin integrity

D) Ineffective airway clearance

Rationale: Cramping, urgency, and loose stools are classic supporting data for the nursing diagnosis of diarrhea.

Q53.

During care plan development, a nurse identifies diarrhea, acute pain, and difficulty coping in the same patient. Which principle should guide the next step?

A) Use only the medical diagnosis to determine interventions

B) Apply every intervention listed in the standard plan to avoid omissions

C) Select only the assessments and interventions supported by the patient's specific findings ✓ Correct

D) Delay planning until all possible diagnoses have been confirmed by a physician

Rationale: Standard care plans must be individualized by choosing only those elements that fit the patient's actual assessment data.

Q54.

A patient is unable to speak because of severe fatigue and altered mental status. Which source of assessment data should the nurse prioritize for the interview portion of the assessment?

A) Only the most recent laboratory values

B) Family members, caregivers, or significant others ✓ Correct

C) The standardized care plan in Chapter 2

D) The patient's roommate from a prior admission

Rationale: When the patient cannot be interviewed, family, caregivers, and significant others may provide essential subjective information.

Q55.

A nurse is examining a patient's abdomen for suspected bowel dysfunction. Which sequence is correct for the abdominal assessment?

A) Inspection, palpation, percussion, auscultation

B) Palpation, inspection, auscultation, percussion

C) Inspection, auscultation, percussion, palpation ✓ Correct

D) Auscultation, percussion, inspection, palpation

Rationale: For abdominal assessment, auscultation follows inspection and precedes percussion and palpation to avoid altering bowel sounds.

Q56.

A nurse manager wants staff to use nursing care plans to support seamless care as patients move from hospital to home health. Which practice best supports this goal?

A) Keeping separate unit-specific plans that are rewritten at every transfer

B) Using a well-developed care plan that is updated as the patient's condition changes across settings ✓ Correct

C) Limiting the care plan to immediate inpatient problems only

D) Replacing individualized plans with diagnosis-specific discharge instructions

Rationale: An updated, well-developed care plan promotes continuity and seamless nursing care across the continuum.

Q57.

A patient says, "I know every washroom at the mall. It's tough having lunch with friends." This statement most directly provides data about which assessment domain?

A) Impact of the problem on daily activities and social functioning ✓ Correct

B) Objective evidence of fluid volume deficit

C) Laboratory confirmation of inflammation

D) Readiness for discharge teaching

Rationale: The statement describes how the health problem affects desired activities and social participation.

Q58.

A nurse is choosing between a general diagnosis-based care plan and a clustered medical diagnosis plan for a patient with inflammatory bowel disease. What is the main advantage of the clustered medical diagnosis plan?

A) It replaces the need for further individualized assessment

B) It includes background on the medical condition, typical management, setting, and associated nursing diagnoses ✓ Correct

C) It contains only independent nursing interventions

D) It is designed exclusively for inpatient use

Rationale: Clustered medical diagnosis plans provide added context such as disease overview, management, setting, and related nursing diagnoses.

Q59.

A nurse is using a care plan to create patient teaching for a newly diagnosed chronic illness. To align with the health literacy approach described in the chapter, the education should answer which set of questions?

A) Who is my provider, when is my next visit, and where is the clinic?

B) What is my main problem, what do I need to do, and why is it important for me to do this? ✓ Correct

C) Which medications are cheapest, which foods are restricted, and which websites are reliable?

D) What insurance covers this, how long is treatment, and what are the hospital policies?

Rationale: The chapter identifies Ask Me 3 as focusing on the main problem, needed actions, and why those actions matter.

Q60.

A quality improvement team wants to improve pain management outcomes on a surgical unit. According to the chapter, which approach best uses the care plan as a performance improvement tool?

A) Use each pain assessment and intervention in the care plan as measurable indicators and remeasure outcomes after changes ✓ Correct

B) Audit only medication administration times because pain is primarily a pharmacologic issue

C) Track only patient satisfaction scores because they replace process measures

D) Limit review to physician orders to avoid duplication of nursing documentation

Rationale: The care plan can support quality improvement by translating assessments and interventions into measurable indicators and then remeasuring outcomes.

Q61.

A nurse explains that a nursing care plan is a written reflection of the nursing process. Which sequence best represents that process in the chapter?

A) Diagnose, prescribe, discharge, follow up

B) Assess, plan what should be done, implement how and when, and evaluate desired outcomes ✓ Correct

C) Interview, medicate, document, transfer

D) Observe, report, delegate, bill

Rationale: The chapter frames the care plan around assessment, planning, implementation, and evaluation.

Q62.

A preceptor asks a student why a comprehensive assessment is essential before selecting interventions. Which response is best?

A) Without comprehensive assessment, later decisions are largely guesswork ✓ Correct

B) Assessment is mainly required to satisfy documentation standards

C) Assessment is less important when a medical diagnosis is already known

D) Assessment should be postponed until after interventions begin

Rationale: The chapter states that without a comprehensive assessment, all else is a "shot in the dark."

Q63.

A patient with chronic symptoms says, "Maybe I should watch my diet better." This statement most directly contributes to assessment of which area?

A) The patient's ideas about what may help solve the problem ✓ Correct

B) Objective severity of the illness

C) Need for immediate surgical intervention

D) Accuracy of the family history

Rationale: The statement reflects the patient's thoughts about what might help address the problem.

Q64.

A nurse performing a physical assessment notes that the patient is pale, thin, and shifting weight frequently with a strained facial expression. These findings are best classified as:

A) Subjective interview data only

B) Objective data obtained through inspection ✓ Correct

C) Diagnostic conclusions rather than assessment data

D) Irrelevant findings unless confirmed by laboratory results

Rationale: These are observable, objective findings obtained by inspection during physical assessment.

Q65.

A nurse is caring for a patient who is actively trying to improve sleep, exercise, and smoking cessation behaviors. Which chapter feature best supports this patient's needs?

A) The acute care clustered diagnosis plans only

B) The patient readiness for health promotion care plans using multifaceted behavior-change strategies ✓ Correct

C) The surgical experience care plan because lifestyle change requires hospitalization

D) The oncology care plans because they emphasize monitoring

Rationale: The health promotion chapter focuses on patients engaged in health-seeking behaviors and uses evidence-based behavior-change strategies.

Q66.

A patient with inflammatory bowel disease has diarrhea, pain, and poor intake, but no evidence of coping difficulty. How should the nurse use the specific care plan?

A) Include difficulty coping because it is commonly associated with the diagnosis

B) Use only the medical diagnosis and omit nursing diagnoses

C) Select the diagnoses supported by assessment data and exclude unsupported related plans ✓ Correct

D) Delay all planning until every possible related diagnosis is assessed daily for a week

Rationale: Specific care plans should be individualized by including only diagnoses and interventions supported by the patient's findings.

Q67.

A staff educator asks which QSEN competencies are most prominently highlighted in this care plan text because of its focus on individual care. Which response is most accurate?

A) Finance, leadership, policy, and population health

B) Patient-centered care, safety, teamwork and collaboration, and evidence-based practice ✓ Correct

C) Ethics, delegation, staffing, and reimbursement

D) Research design, epidemiology, budgeting, and strategic planning

Rationale: The chapter identifies patient-centered care, safety, teamwork and collaboration, and evidence-based practice as the predominant QSEN competencies highlighted.

Q68.

A nurse is updating a care plan for a patient now transitioning from hospital to outpatient infusion therapy. Which factor most strongly indicates the need to revise the plan?

A) The original plan was written by an experienced nurse

B) The patient's setting and responses to interventions have changed ✓ Correct

C) The medical diagnosis has remained the same

D) The patient prefers fewer written materials

Rationale: Care plans should be revised based on changes in condition, response to interventions, goal attainment, and movement across settings.

Q69.

A nurse wants to gather the broadest range of valid assessment data before making a nursing diagnosis. Which combination of methods best reflects the chapter guidance?

A) Interview only and defer other methods until discharge

B) Direct observation and physical assessment only

C) Interview, observation, physical assessment, record review, and analysis of laboratory and diagnostic studies ✓ Correct

D) Medical record review and provider handoff only

Rationale: The chapter identifies multiple complementary methods for gathering assessment data, including interview, observation, physical assessment, records review, and diagnostic analysis.

Q70.

A patient says, “I don’t understand what is wrong with me; I feel tired and stressed out all the time lately.” These data most directly support which additional nursing diagnoses?

A) Lack of knowledge and difficulty coping ✓ Correct

B) Impaired gas exchange and risk for aspiration

C) Risk for bleeding and impaired mobility

D) Constipation and disturbed body image

Rationale: The statement reflects limited understanding of the condition and emotional strain, supporting lack of knowledge and difficulty coping.

Q71.

A nurse is developing a monitoring tool for a home health agency’s quality project on pressure injury prevention. Which chapter concept justifies using care plans for this purpose?

A) Care plans contain only educational material and are not measurable

B) Care plans include specific, measurable assessment and intervention details useful for monitoring tools ✓ Correct

C) Care plans are intended only for bedside nurses, not quality staff

D) Care plans should not be used outside acute care settings

Rationale: The chapter notes that care plans provide specific, measurable language that supports development of quality monitoring tools.

Q72.

A nurse is interviewing a patient from a culturally diverse background about a new health problem. Which interviewing approach best aligns with the chapter?

A) Use a rigid checklist and avoid discussing culture to save time

B) Focus only on the chief symptom because personal beliefs are not clinically relevant

C) Build rapport, listen actively, and collect information relevant to the patient’s culture and presenting issue ✓ Correct

D) Rely on family interpretation of symptoms without validating the patient’s perspective

Rationale: Effective interviewing includes rapport, active listening, systematic preparation, and culturally relevant information gathering.

Q73.

Which patient statement best exemplifies information about what specifically prompted the patient to seek care now?

A) “My brother has had Crohn’s disease for years.”

B) “The amount of blood in the past couple of days really has me worried.” ✓ Correct

C) “Milk seems to make it worse.”

D) “I have always thought this would catch up with me.”

Rationale: This statement directly explains the immediate reason the patient sought attention.

Q74.

A nurse is adapting a standard care plan for a patient with multiple comorbidities. Which modification best reflects appropriate individualization?

A) Retain all listed interventions at the textbook frequencies to preserve completeness

B) Highlight relevant etiologies and interventions, add missing patient-specific items, and set realistic time frames ✓ Correct

C) Delete all expected outcomes because they may not apply exactly

D) Use only interventions that can be completed during one shift

Rationale: Individualization includes selecting relevant items, adding patient-specific needs, customizing frequencies, and specifying realistic outcome time frames.

Q75.

A patient education committee wants to create materials for both ill patients and healthy clients seeking prevention strategies. Which chapter feature best supports this dual purpose?

A) The text includes educational guidance for illness management and health promotion behaviors ✓ Correct

B) The text focuses exclusively on inpatient disease treatment

C) The text excludes self-care information to avoid liability

D) The text limits education to medication instructions

Rationale: The chapter states that the book supports education for ill patients as well as healthier clients seeking health promotion and disease prevention.

Q76.

A nurse leader is teaching staff about evidence-based practice. Which statement best reflects the chapter's position?

A) The strongest research should always be followed exactly, regardless of patient preference

B) Evidence-based guidelines improve outcomes, but nurses must personalize the evidence to the patient's values and circumstances ✓ Correct

C) Evidence-based practice applies only to advanced practice nurses

D) Clinical judgment should replace evidence whenever time is limited

Rationale: The chapter emphasizes that evidence should guide care but must be individualized to the specific patient.

Q77.

A nurse is caring for a patient with a central venous access device and enteral nutrition needs. Where would the nurse most likely look first in this text for these specialized common interventions?

A) The chapter on patient readiness for health promotion

B) The chapter dedicated to common themes such as central venous access devices and nutrition support ✓ Correct

C) Only the chapter on quality improvement tools

D) The appendix on clinical pathways

Rationale: The chapter identifies a dedicated section for commonly used specialized interventions such as central venous access devices and enteral or parenteral nutrition.

Q78.

A nurse participating in discharge planning wants to reduce duplication of assessment at the next care setting. Which benefit of a well-developed care plan is most relevant?

A) It replaces the need for any reassessment after transfer

B) It supports continuity and can replace replication with coordinated care across settings ✓ Correct

C) It eliminates the need for patient education at discharge

D) It allows the medical diagnosis to substitute for nursing documentation

Rationale: A well-developed care plan enhances continuity and helps replace repetitive replication with seamless care delivery.

Q79.

A student nurse asks why the nurse is considered central to assessment across settings. Which reason from the chapter is most accurate?

A) Nurses are the only professionals permitted to collect health data

B) Nurses have extensive contact with patients and are trusted team members with knowledge in physical and behavioral sciences ✓ Correct

C) Nurses work only in hospitals where assessment is most important

D) Nurses primarily collect billing information needed for care planning

Rationale: The chapter emphasizes nurses' scientific knowledge, trusted role, and frequent patient contact across the care continuum.

Q80.

Which example best illustrates the relationship between the nursing process and quality improvement methods described in the chapter?

A) Assessment and diagnosis correspond to staffing and scheduling

B) Assess, plan, intervene, evaluate parallels measure, plan improvements, implement, and remeasure ✓ Correct

C) Documentation and delegation correspond to budgeting and reimbursement

D) Interview and physical exam correspond to coding and claims review

Rationale: The chapter explicitly links the nursing process to quality improvement as parallel cycles of measurement, planning, implementation, and reevaluation.

Q81.

A nurse assessing a patient with chronic bowel symptoms asks about breakfast, lunch, dinner, appetite, and weight loss. These questions are primarily intended to explore which additional nursing diagnosis?

A) Impaired nutritional intake ✓ Correct

B) Risk for falls

C) Impaired urinary elimination

D) Disturbed sensory perception

Rationale: Questions about diet, appetite, and weight loss are aimed at assessing impaired nutritional intake.

Q82.

A nurse is reviewing safety initiatives with new staff and notes that some important procedures are not routinely described in a typical nursing care plan. Which example fits that description in the chapter?

A) Use of at least two patient identifiers ✓ Correct

B) Assessment for acute pain

C) Pressure injury prevention

D) Patient teaching for self-management

Rationale: The chapter notes that some broad safety procedures such as using two patient identifiers are critical but not usually detailed in a typical care plan.

Q83.

A patient-centered nurse is planning care with an informed patient who expects to be active in decision-making. Which approach best reflects the chapter's philosophy?

A) Have the patient choose from prewritten interventions without assessment

B) Form a partnership with the patient and tailor the plan to the patient's goals and circumstances ✓ Correct

C) Limit the patient's role to signing consent for the nurse's plan

D) Use the standard plan to ensure equal treatment of all patients

Rationale: The chapter identifies partnership with the patient and individualized tailoring as central to excellent nursing practice.

Q84.

A nurse is asked to explain the purpose of cross-references that accompany each care plan. Which answer is best?

A) They replace the need for nursing diagnoses

B) They help locate related or synonymous information that may assist in selecting the most appropriate care plan ✓ Correct

C) They are used only for billing and coding purposes

D) They identify interventions that should never be individualized

Rationale: Cross-references help the user find other helpful or synonymous information when deciding whether a care plan fits the patient.

Q85.

A patient with a new chronic disease is motivated to change lifestyle behaviors but has relapsed twice in the past. Which intervention focus from the health promotion chapter is especially important to include?

A) Strict bedrest until motivation improves

B) Relapse prevention strategies integrated with self-monitoring and realistic goal setting ✓ Correct

C) Avoidance of social support to reduce dependence

D) Uniform teaching materials without tailoring

Rationale: The health promotion plans emphasize multifaceted strategies including relapse prevention, self-monitoring, and realistic goals.

Q86.

A nurse uses a clustered care plan for inflammatory bowel disease and then consults the general care plans for difficulty coping. What does this action demonstrate?

A) Failure to use the specific plan correctly

B) Appropriate integration of specific and general care plans to address additional patient needs ✓ Correct

C) Unnecessary duplication because only one plan should ever be used

D) Substitution of nursing diagnoses with medical diagnoses

Rationale: The chapter describes using clustered medical diagnosis plans and then referring to general diagnosis plans for additional relevant problems.

Q87.

A nurse is preparing to examine a patient who appears anxious about the physical assessment. Which action is most likely to improve cooperation and comfort?

A) Proceed quickly without explanation to reduce anticipation

B) Explain the need for the assessment, provide privacy, and ensure an undisturbed environment ✓ Correct

C) Ask the patient to remain silent until the exam is complete

D) Perform the examination in a busy hallway to save time

Rationale: Explaining the assessment and protecting privacy and comfort help put the patient at ease and gain cooperation.

Q88.

A nurse educator asks which chapter addition would help staff quickly locate oncology-related care plans. Which response is correct?

A) Chapter 3

B) Chapter 5

C) Chapter 11 ✓ Correct

D) Chapter 16

Rationale: The chapter states that oncology-related care plans are consolidated in Chapter 11.

Q89.

A nurse wants to identify a potentially preventable complication relevant to a diagnosis-specific care plan. Which source described in the chapter is most directly associated with such indicators?

A) Ask Me 3

B) Agency for Healthcare Research and Quality Patient Safety Indicators ✓ Correct

C) Only the ANA definition of nursing

D) Functional health patterns checklist

Rationale: The chapter notes that AHRQ Patient Safety Indicators address potentially preventable complications and adverse events and are incorporated into relevant care plans.

Q90.

A patient undergoing abdominal assessment begins recalling additional symptoms as the examination proceeds. How should the nurse interpret this occurrence?

A) As evidence that the initial interview was invalid

B) As a normal continuation of the interview during physical assessment that may yield new information ✓ Correct

C) As a reason to stop the examination and restart later

D) As unrelated to the nursing assessment process

Rationale: The chapter explains that the interview often continues during physical assessment as patients remember and share more information.

Q91.

A nurse manager is comparing outcomes between units for patients following total hip replacement. Which tool described in the chapter is designed to organize interprofessional care with time frames and track deviations?

A) A nursing diagnosis list

B) A clinical pathway ✓ Correct

C) A medication administration record

D) A functional health pattern survey

Rationale: Clinical pathways add time frames to interprofessional plans and are used to track progress and deviations.

Q92.

A nurse is constructing a new clinical pathway from existing nursing care plans. Which challenge should the nurse anticipate based on the chapter?

A) Care plans cannot be used for pathways in nonhospital settings

B) The nursing diagnosis organization of the care plans may require reorganizing information for pathway development ✓ Correct

C) Clinical pathways should exclude patient education and discharge planning

D) Pathways are useful only when every patient progresses identically

Rationale: Because the text is organized by nursing diagnoses, adaptation into clinical pathways may require reorganizing the information.

Q93.

A patient with low health literacy asks for simple explanations about a new diagnosis. Which teaching approach best aligns with the chapter's recommendations?

A) Provide lengthy written material with technical terms to encourage independent study

B) Organize teaching around the main problem, required actions, and why those actions matter ✓ Correct

C) Delay teaching until the patient can repeat pathophysiology terminology

D) Limit education to discharge day to avoid overload during treatment

Rationale: The chapter recommends structuring education around the Ask Me 3 framework to support understanding.

Q94.

A nurse is deciding whether a patient's coping problem is an actual diagnosis or a risk. Which action is most appropriate?

A) Assume it is actual because chronic illness is stressful

B) Interview further for supporting data related to coping before deciding ✓ Correct

C) Exclude coping because it is not a physical problem

D) Wait for a social work consult to make the determination

Rationale: The nurse should gather additional supporting data to determine whether the diagnosis is present or the patient is only at risk.

Q95.

A nurse seeks an example of a QSEN competency that may be assumed throughout an acute care plan rather than repeatedly highlighted. Which example from the chapter fits best?

A) Safety in risk for fall-related injury ✓ Correct

B) Budgeting in outpatient rehabilitation

C) Research design in oncology screening

D) Policy advocacy in public health

Rationale: The chapter notes that in some acute care plans, safety is assumed throughout, including plans such as risk for fall-related injury.

Q96.

A patient says, "My daughter cannot understand why a trip to the zoo feels like a challenge." This statement most directly informs the nurse about:

A) Laboratory evidence of disease severity

B) The impact of the problem on significant others ✓ Correct

C) The patient's medication adherence

D) The need for immediate isolation precautions

Rationale: The statement describes how the patient's health problem affects a significant other.

Q97.

A nursing department has surpassed current benchmarks for pain care and wants to improve further. According to the chapter, why are the care plans useful in planning corrections or improvements?

A) They contain state-of-the-art information that can guide improvement efforts and later outcome measurement ✓ Correct

B) They eliminate the need for baseline measurement before change

C) They focus solely on physician-driven interventions

D) They are intended only for student use, not operational improvement

Rationale: The chapter states that the care plans include current information helpful for planning improvements and measuring outcomes after implementation.

Q98.

A nurse reviewing the components of a nursing diagnosis asks which element refers to conditions that contribute to a patient's potential to develop a problem. Which term is correct?

A) Supporting data
B) Common etiologies
C) Common expected outcomes
D) Common risk factors ✓ Correct

Rationale: Common risk factors are situations or conditions that increase the patient's potential to develop a problem.

Q99.

A patient with chronic bowel symptoms reports a family history of Crohn's disease and asks whether diet and medicine might help avoid surgery. Which nursing response best reflects assessment-guided planning?

A) Assure the patient that surgery will not be needed
B) Explore dietary patterns, stress, medications, and family history to refine diagnoses and select appropriate interventions ✓ Correct
C) Focus only on arranging a gastroenterology referral because nursing planning comes later
D) Document the concern but avoid discussing it until test results return

Rationale: The chapter's example shows using interview clues to further assess etiologies and related diagnoses before tailoring the care plan.

Q100.

A nurse is orienting new staff to the overall purpose of nursing care plans in this text. Which summary statement is most accurate?

A) They provide fixed protocols that should be applied uniformly to all patients with the same disease
B) They are tools to assist assessment, planning, intervention, evaluation, education, quality improvement, and continuity of care when individualized ✓ Correct
C) They are primarily billing documents for tracking nursing workload
D) They are designed to replace clinical judgment with standardized evidence

Rationale: The chapter presents care plans as multifaceted tools that support individualized nursing practice, education, quality improvement, and continuity of care.

Q101.

A nurse is adapting a standard care plan for a patient with newly diagnosed inflammatory bowel disease. Which action best demonstrates the hallmark of nursing practice described in the chapter?

A) Applying every listed intervention in the clustered care plan to avoid omissions
B) Tailoring selected diagnoses, interventions, frequencies, and outcomes to the patient's specific assessment findings and goals ✓ Correct
C) Using only the medical diagnosis to determine priorities because it is more precise than nursing assessment
D) Deferring care plan revisions until discharge so progress can be evaluated comprehensively

Rationale: The chapter emphasizes that patient-centered tailoring of care plans to individual findings and goals is the hallmark of nursing practice.

Q102.

A nurse reviews an existing chart before interviewing a patient because clinic time is limited. Which risk identified in the chapter requires the greatest vigilance during the interview?

A) Failing to document laboratory values already available in the record

B) Overlooking important patient-shared information by narrowing the interview too quickly ✓ Correct

C) Using subjective data instead of objective data in diagnosis formation

D) Allowing family members to influence the patient's responses

Rationale: The chapter warns against missing important information by focusing so narrowly that the patient's broader story is not elicited.

Q103.

A unit is comparing two approaches to care planning: selecting diagnoses from Chapter 2 general plans versus using clustered plans organized by medical diagnosis. Which statement best distinguishes the clustered approach?

A) It eliminates the need for further individual assessment once the medical diagnosis is known

B) It provides a brief medical overview, setting, synonyms, and associated nursing diagnoses for that condition ✓ Correct

C) It contains only independent nursing interventions and excludes interprofessional management

D) It is intended only for inpatient acute care and not for outpatient or home settings

Rationale: Clustered plans add a medical diagnosis overview, setting, cross-references, and associated nursing diagnoses to guide individualized planning.

Q104.

During abdominal assessment of a patient with diarrhea, which sequence is most appropriate according to the chapter's guidance?

A) Inspection, palpation, percussion, auscultation

B) Palpation, inspection, percussion, auscultation

C) Inspection, auscultation, percussion, palpation ✓ Correct

D) Auscultation, percussion, inspection, palpation

Rationale: For the abdomen, auscultation follows inspection and precedes percussion and palpation because the latter may alter bowel sounds.

Q105.

A nurse identifies diarrhea, acute pain, impaired nutritional intake, lack of knowledge, and difficulty coping in one patient. Which reasoning process most closely reflects the chapter's model of assessment-based diagnosis development?

A) Selecting the most common diagnosis from the textbook and discarding less frequent concerns

B) Using subjective interview data alone because patient perceptions define the problem

C) Synthesizing interview, physical findings, history, and diagnostic data to determine which diagnoses are actual versus potential ✓ Correct

D) Waiting for the provider's medical diagnosis before identifying nursing diagnoses

Rationale: The chapter describes integrating multiple sources of data to determine whether nursing diagnoses are supported as actual problems or risks.

Q106.

A quality improvement team wants to improve pain management outcomes using a care plan from the text. Which method best aligns with the chapter's guidance?

A) Use each pain assessment and intervention as a measurable indicator and evaluate outcomes through observation, records review, and patient satisfaction ✓ Correct

B) Track only medication administration times because they are the most objective indicators

C) Measure pain outcomes only at discharge to reduce data collection burden

D) Limit review to nursing documentation because interprofessional data complicate analysis

Rationale: The chapter recommends using care plan assessments and interventions as measurable indicators and evaluating outcomes through multiple data sources.

Q107.

A nurse educator is teaching why evidence-based guidelines cannot simply be applied identically to every patient. Which rationale is most consistent with the chapter?

A) Guidelines are primarily intended for administrators rather than bedside clinicians

B) Research evidence must be personalized to the patient's values and circumstances ✓ Correct

C) Standardized evidence conflicts with nursing diagnoses in most settings

D) Individualization is only necessary when the patient refuses treatment

Rationale: The chapter states that a key element of evidence-based decision-making is personalizing evidence to the patient's values and circumstances.

Q108.

A patient cannot participate in an interview because of acute confusion. According to the chapter, which alternative data source is most appropriate to support assessment?

A) Only prior laboratory results because they are objective

B) Only the provider's admission diagnosis because it is current

C) Family members, caregivers, and significant others as interview sources ✓ Correct

D) No substitute source is acceptable for nursing diagnosis formation

Rationale: The chapter notes that family, caregivers, and significant others may be essential interview sources when the patient cannot participate.

Q109.

Which situation best illustrates the chapter's concept of continuity replacing replication across the health care continuum?

A) Each new setting restarts the nursing assessment from the beginning to ensure consistency

B) A well-developed care plan follows the patient across settings and is revised as needed to support seamless care ✓ Correct

C) Only hospital nurses use the care plan because outpatient care is too brief for formal planning

D) Discharge planning is deferred until the final setting to avoid conflicting recommendations

Rationale: The chapter describes a well-developed, updated care plan as promoting seamless continuity of care across settings.

Q110.

A nurse designing patient teaching for a chronic illness wants to align with the health literacy framework highlighted in the chapter. Which set of questions should structure the education session?

A) What caused this? Who is responsible? When will it end?

B) What is my main problem? What do I need to do? Why is it important for me to do this? ✓ Correct

C) What tests were ordered? What medications are available? What is the prognosis?

D) What are the risks? What are the costs? What are the alternatives?

Rationale: The chapter identifies the Ask Me 3 framework as focusing education on the main problem, required actions, and why they matter.

Q111.

A nurse manager says, "Because the book focuses on individual care, system-level safety content is absent." Which response is most accurate?

A) Correct; quality and safety concepts are intentionally excluded from all care plans

B) Incorrect; QSEN competencies and relevant AHRQ patient safety indicators are integrated into many care plans ✓ Correct

C) Correct; only Joint Commission goals are included, not nursing safety content

D) Incorrect; the book focuses exclusively on informatics and quality dashboards

Rationale: The text explains that QSEN competencies and relevant AHRQ patient safety indicators are incorporated into many care plans.

Q112.

Which example best reflects use of a care plan as the basis for a clinical pathway?

A) Listing all possible nursing diagnoses for a condition without time expectations

B) Converting interprofessional interventions and outcomes into an expected sequence with time frames for a defined patient population ✓ Correct

C) Replacing individualized nursing judgment with fixed discharge dates for every patient

D) Using only physician orders to map expected care progression

Rationale: Clinical pathways add time frames to interprofessional plans and organize expected sequences of care for a patient population.

Q113.

A nurse is interviewing a patient with chronic gastrointestinal symptoms. Which patient statement most directly informs the diagnosis-related impact on function emphasized in the chapter?

A) "My brother has Crohn’s disease."

B) "It gets worse when I drink milk."

C) "I know every washroom at the mall. It’s tough having lunch with friends." ✓ Correct

D) "The blood in my stool scared me."

Rationale: This statement specifically describes how symptoms affect the patient’s ability to carry out desired activities.

Q114.

A preceptor asks a student why assessment is considered foundational to care planning. Which answer best reflects the chapter?

A) Without comprehensive assessment, subsequent diagnosis and planning are essentially guesswork ✓ Correct

B) Assessment is mainly needed to satisfy documentation requirements before interventions begin

C) Assessment is less important than intervention selection in fast-paced settings

D) Assessment is primarily the provider's responsibility, with nurses validating findings

Rationale: The chapter states that without comprehensive assessment, all else is a "shot in the dark."

Q115.

A nurse is deciding whether to use the health promotion chapter or a problem-focused care plan. Which patient scenario best fits the health promotion focus described in the chapter?

A) A patient with postoperative sepsis requiring rapid stabilization

B) A patient actively seeking support to improve sleep, nutrition, and smoking cessation behaviors ✓ Correct

C) A patient with acute respiratory distress syndrome requiring ventilatory support

D) A patient with uncontrolled pain after abdominal surgery

Rationale: The health promotion chapter focuses on patients engaged in health-seeking behaviors such as improving sleep, nutrition, and smoking cessation.

Q116.

Which nursing action best demonstrates analysis rather than simple data collection during assessment?

A) Recording the patient's temperature and pulse

B) Listing the patient's medications from the chart

C) Integrating subjective reports, physical findings, and family history to determine which additional diagnoses require exploration ✓ Correct

D) Asking the patient to rate pain on a 0-to-10 scale

Rationale: Analysis involves synthesizing multiple data sources to guide diagnostic reasoning and further assessment.

Q117.

A nurse is choosing between a general diagnosis plan and a clustered medical diagnosis plan for a patient with inflammatory bowel disease and strong coping concerns. Which approach is most appropriate?

A) Use only the clustered plan because it includes every possible psychosocial diagnosis

B) Use the clustered plan for condition-specific concerns and then add the general difficulty coping plan as indicated ✓ Correct

C) Use only the general plans because clustered plans should not be individualized

D) Avoid combining plans because overlapping interventions create documentation risk

Rationale: The chapter describes using the clustered plan for the condition and then referring to general plans for additional relevant diagnoses such as difficulty coping.

Q118.

A nurse performing a physical examination wants to maximize patient cooperation and data quality. Which preparation is most consistent with the chapter?

A) Minimize explanations to avoid increasing patient anxiety

B) Ensure privacy, reduce interruptions, and explain the need for assessment and expected steps ✓ Correct

C) Delay the examination until all laboratory results are available

D) Complete the examination quickly before obtaining subjective data

Rationale: The chapter emphasizes privacy, an undisturbed environment, and explaining the assessment to promote comfort and cooperation.

Q119.

A graduate nursing student asks why QSEN competencies are highlighted selectively in some care plans and assumed in others. Which explanation is best?

A) Some competencies are irrelevant in acute care settings

B) In certain acute plans, competencies such as safety are considered integral to nearly every assessment and intervention ✓ Correct

C) Selective highlighting reflects a lack of evidence for competency-based care planning

D) Competencies are highlighted only when required by state law

Rationale: The chapter notes that in some acute care plans, competencies like safety are assumed throughout rather than repeatedly highlighted.

Q120.

A nurse leader is comparing the nursing process with quality improvement methodology. Which pairing is most accurate according to the chapter?

A) Assess-plan-intervene-evaluate parallels measure-plan improvements-implement-remeasure ✓ Correct

B) Assess-diagnose-prescribe-document parallels audit-train-correct-report

C) Observe-interview-treat-discharge parallels benchmark-educate-monitor-bill

D) Screen-refer-coordinate-summarize parallels identify-analyze-regulate-accredit

Rationale: The chapter explicitly parallels the nursing process with quality improvement steps of measure, plan improvements, implement, and remeasure.

Q121.

A nurse reviewing a care plan notices broad expected outcomes with no target timing. To improve usefulness at the point of care, which revision is most appropriate?

A) Replace outcomes with a narrative summary of the diagnosis

B) Add realistic time frames for outcome achievement and customize intervention frequency ✓ Correct

C) Delete outcomes and focus only on interventions because they are actionable

D) Retain the generic wording so the plan can be used for more patients

Rationale: The chapter recommends specifying realistic time frames and customizing assessment and intervention frequencies when individualizing care plans.

Q122.

Which statement best captures the chapter's view of the nurse's role in the current health care environment?

A) Nurses primarily implement provider-directed treatment plans in hospital settings

B) Nurses must think critically, work across settings, and help patients and families manage health needs ✓ Correct

C) Nurses should prioritize technical proficiency over patient partnership because time is limited

D) Nurses function mainly as record keepers coordinating quality metrics

Rationale: The chapter describes nursing as a knowledge-based profession requiring critical thinking, partnership, and care across settings and populations.

Q123.

A patient asks why the nurse is spending time discussing personal goals and preferences when evidence-based guidelines already exist. Which response is best?

A) Guidelines are optional, so personal goals replace them

B) Best evidence guides care, but it must be matched to your values and circumstances to be appropriate ✓ Correct

C) Personal goals are discussed mainly to improve patient satisfaction scores

D) Preferences matter only when there is no clinical evidence available

Rationale: The chapter emphasizes that evidence-based decisions require personalizing the evidence to the patient's values and circumstances.

Q124.

A nurse identifies hyperactive bowel sounds, abdominal cramping, weight loss, and patient-reported fatigue in a patient with suspected inflammatory bowel disease. Which conclusion best reflects sound clinical judgment from the chapter?

A) Only diarrhea is supported because bowel symptoms outweigh all other findings

B) The data may support multiple nursing diagnoses that require prioritization and further exploration ✓ Correct

C) A medical diagnosis must be confirmed before any nursing diagnoses can be considered valid

D) Objective findings should override the patient's subjective report of fatigue and stress

Rationale: The chapter demonstrates that one assessment can support several nursing diagnoses, which the nurse then explores and individualizes.

Q125.

Which interview question best extends assessment for the nursing diagnosis of impaired nutritional intake in the chapter's gastrointestinal example?

A) "Can you tell me more about your brother's illness?"

B) "How are you handling these problems emotionally?"

C) "Of what does your typical breakfast, lunch, and dinner consist?" ✓ Correct

D) "How many bowel movements are you having each day?"

Rationale: Asking about typical meals directly explores nutritional intake relevant to that diagnosis.

Q126.

A nurse is creating a monitoring tool for a home health agency's pressure injury prevention initiative. Which rationale best supports using the book's care plans for this purpose?

A) They replace the need for agency-specific indicators

B) They provide specific, measurable assessments and interventions useful for monitoring tools ✓ Correct

C) They are designed only for student learning, not organizational improvement

D) They focus exclusively on independent nursing actions, simplifying audits

Rationale: The chapter states that the care plans contain specific, measurable detail and language that support development of monitoring tools.

Q127.

A nursing student says, "If a care plan is evidence-based, revising it frequently suggests the original plan was wrong." Which faculty response is best?

A) Correct; evidence-based plans should remain stable unless a medication changes

B) Incorrect; care plans require periodic revision based on goal attainment, condition changes, and response to interventions ✓ Correct

C) Correct; revisions are mainly for documentation compliance rather than clinical need

D) Incorrect; only medical diagnoses require revision, not nursing care plans

Rationale: The chapter explains that care plans must be updated and revised as patient status and responses change.

Q128.

Which example best reflects the chapter's description of patient-centered care during assessment?

A) The nurse completes a checklist rapidly to preserve clinic flow

B) The nurse prioritizes laboratory abnormalities over the patient's stated concerns

C) The nurse explores the patient's desired outcomes, beliefs about the problem, and ability to participate in management ✓ Correct

D) The nurse delays questions about coping until after the medical diagnosis is confirmed

Rationale: Patient-centered assessment includes understanding the patient's goals, beliefs, and capacity to participate in care.

Q129.

A nurse is teaching new staff about data sources for assessment. Which source set best matches the chapter's description of valid assessment data?

A) Only direct observation and physical examination

B) Patient report, caregiver input, nurse observations, history, records, and laboratory or diagnostic data ✓ Correct

C) Only information documented by licensed providers

D) Only objective data because subjective data are too variable

Rationale: The chapter identifies multiple valid data sources, including subjective and objective information from several origins.

Q130.

A nurse wants to strengthen health promotion planning for a patient trying to stop smoking. Which intervention strategy is most consistent with the chapter's health promotion framework?

A) Provide information once and allow the patient to decide without follow-up

B) Use multifaceted strategies such as motivation enhancement, realistic goal setting, self-monitoring, social support, and relapse prevention ✓ Correct

C) Emphasize risks strongly while avoiding negotiation of patient-selected goals

D) Focus only on nicotine replacement because behavior change methods are secondary

Rationale: The health promotion section emphasizes multifaceted evidence-based behavior change strategies including motivation, tailoring, self-monitoring, support, and relapse prevention.

Q131.

Which statement most accurately reflects the relationship between The Joint Commission goals and typical nursing care plans as described in the chapter?

A) All National Patient Safety Goals are routinely listed within each care plan

B) Important safety procedures such as two identifiers and time-out are essential but not typically described in a standard care plan ✓ Correct

C) Joint Commission goals apply only to physicians and administrators, not nurses

D) National Patient Safety Goals replace the need for individualized nursing interventions

Rationale: The chapter notes that these safety procedures are extremely important but are not usually described in a typical nursing care plan.

Q132.

A patient with limited health literacy is being discharged with a complex self-care regimen. Which educational design best reflects the chapter's approach?

A) Use integrated teaching focused on the main problem, required actions, and why those actions matter ✓ Correct

B) Provide a detailed pathophysiology lecture before discussing home care

C) Give written instructions only so the patient can review them later

D) Teach all possible complications first to emphasize seriousness

Rationale: The chapter recommends education aligned with Ask Me 3: the main problem, what to do, and why it is important.

Q133.

A nurse leader is deciding whether to benchmark outcomes after implementing a revised care process. Which chapter principle best supports this step?

A) Benchmarking is unnecessary once evidence-based interventions are adopted

B) Outcomes should be measured after implementation to determine whether planned improvements were effective ✓ Correct

C) Only financial metrics are suitable for evaluating nursing process changes

D) Remeasurement is useful only for acute care pathways, not nursing care plans

Rationale: The chapter states that outcomes can be measured after implementation to evaluate corrections or improvements.

Q134.

Which scenario best illustrates the chapter's distinction between actual and potential nursing problems?

A) A patient reports severe abdominal cramping, supporting acute pain as an actual problem ✓ Correct

B) A patient with no bowel complaints is diagnosed with diarrhea based on family history alone

C) A patient's provider suspects Crohn's disease, which confirms all nursing diagnoses as actual

D) A patient's low health literacy automatically establishes lack of knowledge as an actual diagnosis without further assessment

Rationale: Actual problems are supported by assessment data, such as reported severe abdominal cramping for acute pain.

Q135.

A nurse manager asks why the book includes both independent and collaborative interventions in care plans. Which answer is best?

A) To reduce the need for individualized nursing judgment

B) To reflect the interrelatedness of services and support interprofessional quality improvement work ✓ Correct

C) To ensure nurses can substitute for all other disciplines when staffing is limited

D) To separate nursing care from patient-centered goals

Rationale: The chapter notes that including independent and collaborative elements facilitates quality improvement and reflects interconnected services and systems.

Q136.

Which of the following best explains why nurses are described as being in a key position to assess patients across the continuum of care?

A) They are the only clinicians authorized to collect patient histories

B) They typically have the most contact with patients and can gather data in home, hospital, outpatient, and long-term care settings ✓ Correct

C) They control admission criteria across all settings

D) They are responsible for confirming all medical diagnoses before treatment begins

Rationale: The chapter identifies nurses as key assessors because they are trusted team members with the most patient contact across settings.

Q137.

A nurse is converting a nursing care plan into a clinical pathway for total hip replacement. Which additional element is essential?

A) Removal of all interprofessional interventions

B) Addition of expected time frames for progression and outcomes ✓ Correct

C) Replacement of outcomes with cost estimates

D) Standardization without allowance for patient variation

Rationale: Clinical pathways are care plans with added time frames to track expected progression and outcomes.

Q138.

A student asks why a care plan for central venous access devices might emphasize evidence-based practice as a QSEN competency. Which response is most accurate?

A) Because these interventions are largely preference-based and vary by nurse

B) Because such specialized interventions rely heavily on current research and clinical practice guidelines ✓ Correct

C) Because evidence-based practice applies only to procedural tasks, not assessment

D) Because patient-centered care is not relevant for device management

Rationale: The chapter notes that evidence-based practice is particularly highlighted in plans such as central venous access device care.

Q139.

A nurse is assessing a patient from a culturally diverse background. Which approach best aligns with the chapter's expectations for interviewing?

A) Use a standardized interview with no modifications to preserve objectivity

B) Collect information relevant to the patient's culture and presenting issue while maintaining systematic assessment ✓ Correct

C) Avoid discussing culture unless the patient initiates the topic

D) Rely on family interpretation of cultural needs without direct patient exploration

Rationale: The chapter states that nurses need to collect information specific to the patient's culture and relevant to the health issue.

Q140.

A patient reports embarrassment and social disruption from bowel urgency. The nurse focuses solely on stool frequency and consistency. Which critique best reflects the chapter's perspective?

A) The nurse appropriately prioritized only objective elimination data

B) The nurse missed psychosocial and functional dimensions that are important to individualized diagnosis and planning ✓ Correct

C) The nurse should avoid discussing emotional responses until after treatment begins

D) The nurse should defer all coping concerns to social work

Rationale: The chapter emphasizes exploring the impact of problems on function, emotions, and significant others to individualize care.

Q141.

Which statement best characterizes the purpose of cross-references and synonyms within the care plans?

A) They replace the need for diagnostic reasoning by directing the nurse to one correct plan

B) They help the nurse locate related information and determine whether another care plan may be more useful ✓ Correct

C) They are included primarily for coding and billing accuracy

D) They are intended only for educational settings, not clinical practice

Rationale: The chapter explains that cross-references assist the user in locating other helpful information when selecting an appropriate care plan.

Q142.

A nurse is mentoring a colleague who wants to use the book to create patient education materials for a chronic disease clinic. Which guidance is most accurate?

A) The book is unsuitable because it separates education from interventions

B) The book supports education for both ill patients and healthier clients seeking prevention and health promotion strategies ✓ Correct

C) Education content is limited to procedural teaching for hospitalized patients

D) Only the lack of knowledge diagnosis contains usable educational content

Rationale: The chapter states that the text is a strong source for education of ill patients and healthier clients seeking health promotion and prevention guidance.

Q143.

A nurse notes that a postoperative patient is at risk for pulmonary embolism and pressure injury. Which statement best reflects how these concerns are treated in the chapter's quality and safety discussion?

A) They are examples of AHRQ patient safety indicators incorporated into relevant care plans ✓ Correct

B) They are excluded from care plans because they are system-level outcomes only

C) They are addressed only in Joint Commission checklists, not nursing planning

D) They are considered medical complications and therefore outside nursing scope

Rationale: The chapter identifies prevention of pulmonary embolism and pressure injury as examples of AHRQ patient safety concerns incorporated into care plans.

Q144.

A nurse is evaluating whether a patient's difficulty coping should remain on the active care plan after symptom control improves. Which approach is most appropriate?

A) Retain it indefinitely because psychosocial diagnoses are chronic once identified

B) Remove it automatically when the medical diagnosis stabilizes

C) Reassess current coping responses, goal attainment, and need for ongoing interventions before revising the plan ✓ Correct

D) Leave revision to the next care setting to preserve continuity

Rationale: The chapter stresses revising care plans based on reassessment, goal attainment, and response to interventions.

Q145.

Which action best demonstrates the partnership aspect of nursing emphasized in the chapter?

A) Selecting outcomes based solely on institutional benchmarks

B) Forming goals with the patient and caregiver to humanize the care experience and support self-management ✓ Correct

C) Prioritizing efficiency over dialogue during assessment

D) Using the care plan mainly as a billing and compliance document

Rationale: The chapter describes partnership with the patient and caregiver in planning and management as the essence of nursing.

Q146.

A nurse is asked to justify the continued use of written care plans in a fast-paced outpatient environment. Which argument from the chapter is strongest?

A) Written care plans are mainly historical documents but have little effect on outcomes

B) They support systematic assessment, individualized planning, revision, and continuity across settings despite shorter encounters ✓ Correct

C) They are required primarily because medical records are incomplete

D) They reduce the need for patient participation by standardizing decisions

Rationale: The chapter presents care plans as written reflections of the nursing process that remain useful for individualized, continuous care across settings.

Q147.

A clinical instructor asks a student to identify the most direct objective finding supporting the diagnosis of diarrhea in the chapter's sample case. Which finding is best?

A) The patient feels embarrassed in social settings

B) The patient has a family history of Crohn's disease

C) Hyperactive bowel sounds on examination ✓ Correct

D) The patient worries about the amount of blood seen recently

Rationale: Hyperactive bowel sounds are an objective physical finding that supports the diagnosis of diarrhea.

Q148.

A hospital committee is deciding whether to use care plans to compare outcomes among units and external benchmarks for a common surgical population. Which concept from the chapter most directly supports this application?

A) Health promotion readiness

B) Clinical pathway development from care plans ✓ Correct

C) Cross-referencing of nursing diagnoses

D) Use of subjective interview data

Rationale: The chapter explains that clinical pathways derived from care plans can guide care and support comparative judgments about outcomes and resource use.

Q149.

A nurse says, "If a patient is informed and wants to be active in care, the nurse should step back and let the patient direct the plan entirely." Which response best reflects the chapter?

A) Correct; active participation means the nurse should avoid influencing decisions

B) Incorrect; nurses still synthesize evidence, assess risks, and partner with informed patients in shared planning ✓ Correct

C) Correct; informed patients no longer require formal nursing assessment

D) Incorrect; active participation is appropriate only in health promotion, not illness care

Rationale: The chapter emphasizes working with informed patients as active participants while the nurse continues critical assessment and evidence-based planning.

Q150.

A nurse executive wants one principle from the chapter to guide both bedside practice and organizational improvement work. Which principle offers the strongest unifying framework?

A) Standard plans should be applied uniformly to reduce variation

B) The nursing process and quality improvement both rely on systematic measurement, planning, implementation, and evaluation ✓ Correct

C) Medical diagnoses are the most efficient basis for all nursing decisions

D) Patient education is separate from performance improvement activities

Rationale: The chapter explicitly links the nursing process with quality improvement as parallel, systematic approaches to improving care.