

Test Bank for Pharmacology and the Nursing Process 11th Lilley

Test Bank - Chapter 01

Q1: The nurse is developing a problem statement for a patient who has a new diagnosis of asthma. Identification of patient problem statements occur with which of these activities?

A. Collection of patient data (Correct)

- B. Administering interventions
- C. Deciding on patient outcomes
- D. Documenting the patient's behavior

Rationale: Identification of patient problems occurs with the collection of patient data.

Q2: The patient is to receive oral guaifenesin twice a day. Today, the nurse was busy and gave the medication 2 hours after the scheduled dose was due. What type of problem does this represent?

A. "Right time" (Correct)

- B. "Right dose"
- C. "Right route"
- D. "Right medication"

Rationale: "Right time" is correct because the medication was given more than 30 minutes after the scheduled dose was due. "Dose" is incorrect because the dose is not related to the time the medication administration is scheduled. "Route" is incorrect because the route is not affected. "Medication" is incorrect because the medication ordered will not change.

Q3: The nurse has been monitoring the patient's progress on a new drug regimen since the first dose and documenting the patient's therapeutic response to the medication. Which phase of the nursing process do these actions illustrate?

- A. Patient problem statement
- B. Planning
- C. Implementation

D. Evaluation (Correct)

Rationale: Monitoring the patient's progress, including the patient's response to the medication, is part of the evaluation phase. Planning, implementation, and patient problem statement are not illustrated by this example.

Q4: The nurse is assigned to a patient who is newly diagnosed with type 1 diabetes. Which statement best illustrates an outcome criterion for this patient?

- A. The patient will follow instructions.
- B. The patient will not experience complications.
- C. The patient will adhere to the new insulin treatment regimen.
- D. The patient will demonstrate correct blood glucose testing technique. (Correct)**

Rationale: "Demonstrating correct blood glucose testing technique" is a specific and measurable outcome criterion. "Following instructions" and "not experiencing complications" are not specific criteria. "Adhering to new regimen" would be difficult to measure.

Q5: Which activity best reflects the Take Action step of the NCSBN Clinical Judgment Measurement Model (NCJMM) for the patient who is newly diagnosed with hypertension?

A. Providing education on keeping a journal of blood pressure readings. (Correct)

B. Setting goals and outcome criteria with the patient's input.

C. Recording a drug history regarding over-the-counter medications used at home.

D. Formulating patient problem statements regarding deficient knowledge related to the new treatment regimen.

Rationale: Education is an intervention that occurs during the Take Action phase of the NCJMM. Setting goals and outcomes reflects the Generate Solutions. Recording a drug history reflects the Recognize Cues phase. Formulating patient problem statements reflects the Analyze Cues and Prioritize Hypotheses phases.

Q6: The medication order reads, "Give ondansetron 4 mg, 30 minutes before beginning chemotherapy to prevent nausea." The nurse realizes that the route is missing from the order. What is the nurse's best action?

A. Give the medication intravenously because the patient might vomit.

B. Give the medication orally because the tablets are available in 4-mg doses.

C. Contact the prescriber to clarify the route of the medication ordered. (Correct)

D. Hold the medication until the prescriber returns to make rounds.

Rationale: A complete medication order includes the route of administration. If a medication order does not include the route, the nurse must ask the prescriber to clarify it. The intravenous and oral routes are not interchangeable. Holding the medication until the prescriber returns would mean that the patient would not receive a needed medication.

Q7: When the nurse considers the timing of a drug dose, which factor is appropriate to consider when deciding when to give a drug?

A. The patient's ability to swallow

B. The patient's weight

C. The patient's last meal (Correct)

D. The patient's allergies

Rationale: The nurse must consider specific pharmacokinetic/pharmacodynamic drug properties that may be affected by the timing of the last meal. The patient's ability to swallow, weight, and allergies are not factors to consider regarding the timing of the drug's administration.

Q8: The nurse is performing an assessment of a newly admitted patient. Which is an example of subjective data?

A. Weight 155 pounds

B. Pulse 72 beats/minute

C. The patient reports a pain level of 8 on a 1 to 10 scale. (Correct)

D. The patient's urinalysis results

Rationale: Subjective data include information shared through the spoken word by any reliable source, such as the patient. Objective data may be defined as any information gathered through the senses or that which is seen, heard, felt, or smelled. A patient's pulse, weight, and laboratory tests are all examples of objective data.

Q9: One hour after giving a medication for pain, the nurse asks the patient to rate the level of pain on a 1 to 10 scale. This action by the nurse reflects which phase of the NCSBN Clinical Judgment Measurement Model (NCJMM)?

A. Recognize cues

B. Generate solutions

C. Take action

D. Evaluate outcomes (Correct)

Rationale: The NCJMM is an ongoing process that begins with the Recognize Cues phase, continues with the Analyze Cues and Prioritize Hypotheses phases, followed by the Generate Solutions phase. Then, the Take Action phase begins as the nurse decides on interventions to implement. The last phase is the Evaluate Outcomes phase, where the nurse assesses the patient to discover whether the actions taken were effective. These phases of the NCJMM correspond to the steps of the Nursing Process, beginning with Assessment, and continuing with patient problem statement, planning, implementing, and evaluating.

Q10: When giving medications, the nurse will follow the rights of medication administration. The rights include the right documentation, the right reason, the right response, and the patient's right to refuse. Which of these are additional rights? (Select all that apply.) (Select all that apply.)

A. Right drug (Correct)

B. Right route (Correct)

C. Right dose (Correct)

D. Right diagnosis

E. Right time (Correct)

F. Right patient (Correct)

Rationale: Additional rights of medication administration must always include the right drug, right dose, right time, right route, and right patient. The right diagnosis is incorrect.