Test Bank for Medical-Surgical Nursing - Focus on Clinical Judgment 3rd Honan

Test Generator Questions, Chapter 2, Chronic Illness and End-of-Life Care

1. The nurse is caring for a client who has been recently diagnosed with advance stage pancreatic cancer. The client refuses to accept the diagnosis and becomes nonadherent to treatment. Which is the most likely psychosocial purpose of this strategy? Select all that apply.

A. Protecting loved ones from the emotional effects of the illness.
B. Asserting power over caregivers.
C. Being skeptical of the benefits of the Western biomedical model of health.
D. Preserving interpersonal relationships.
E. Protecting themselves due to fear of being abandoned.

Answer: A, D, E

Rationale: Clients in denial may be using this strategy to preserve important interpersonal relationships, to protect others from the emotional effects of their illness, and to protect themselves because of fears of abandonment. Each of the other listed options is plausible, but less likely in this situation.
Format: Multiple Select
Chapter: 2
Learning Objective: 9
Cognitive Level: Analyze
Client Needs: Psychosocial Integrity
Integrated Process: Caring
Reference: 48, Anticipatory Grief and Mourning

2. An adult oncology patient has a diagnosis of bladder cancer with metastasis and the patient has asked the nurse about the possibility of hospice care. Which principle is central to a hospice setting?

A. The patient and family should be viewed as a single unit of care.

B. Persistent symptoms of terminal illness should not be treated.

C. Each member of the interdisciplinary team should develop an individual plan of care.

D. Terminally ill patients should die in the hospital whenever possible.

Answer: A

Rationale: Hospice care requires that the patient and family be viewed as a single unit of care. The other listed principles are wholly inconsistent with the principles of hospice care.

Format: Multiple Choice

Chapter: 2

Learning Objective: 5

Cognitive Level: Analyze

Client Needs: Safe, Effective Care Environment: Management of Care

Integrated Process: Nursing Process

Reference: 48, Anticipatory Grief and Mourning

3. The nurse is caring for a client diagnosed with leukemia with a poor prognosis, but the client is unaware of the prognosis. Which is the **best** way for the prognosis to be conveyed to the client? Select all that apply.

A. The family should be given the prognosis first.

B. The prognosis should be delivered with the patient at eye level.

C. The primary care provider should deliver the prognosis to the client alone.

D. The appointment should be scheduled at the end of the day.

E. The prognosis should be given in the presence of the entire care team.

Answer: B, E

Rationale: Communicating about a life-threatening diagnosis should be done in a team care setting and at eye level with the patient. The family cannot be notified first because that would breech patient confidentiality. The family may be present at the patient's request. The appointment should be scheduled when principles can all be in attendance

and unrushed.
Format: Multiple Select
Chapter: 2
Learning Objective: 4
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Communication/Documentation
Reference: 32, When Patients and Families Receive Bad News

4. A patient has just been told that their illness is terminal. The patient tearfully states, "I can't believe I am going to die. Why me?" What is your best response?

A. "I know how you are feeling."
B. "You have lived a long life."
C. "This must be very difficult for you."
D. "Life can be so unfair."

Answer: C

Rationale: The most important intervention the nurse can provide is listening empathetically. To communicate effectively, the nurse should ask open-ended questions and acknowledge the patient's fears. Deflecting the statement, asserting that the nurse knows exactly how the client is feeling, or providing false sympathy must be avoided.
Format: Multiple Choice
Chapter: 2
Learning Objective: 9
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Caring
Reference: 31, Skills for Communicating With the Chronically Ill

5. The nurse observes that an older adult client with a diagnosis of end-stage renal failure prefers to have an adult child make all health care decisions. While the family is visiting, the client explains that this is a cultural practice and very important to them. Which is the best response(s) by the nurse? Select all that apply.

A. Privately ask the adult child to allow the client to make health care decisions.
B. Explain to the client they are responsible for their decisions.
C. Work with the care team to negotiate informed consent.
D. Avoid divulging information to the adult child.
E. Acknowledge the client's right to receive culturally appropriate care.

Answer: C, E

Rationale: In this case of a client who wishes to defer decisions to the adult child, the nurse can work with the team to negotiate informed consent, respecting the patient's cultural right not to participate in decision making and honoring the family's cultural practices. The remaining options do not show respect for the client's cultural practices.
Format: Multiple Select
Chapter: 2
Learning Objective: 7
Cognitive Level: Apply
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 40, Providing Culturally Sensitive Care at the End of Life

6. A medical nurse is providing end-of-life care for a patient diagnosed with metastatic bone cancer. The nurse notes that the patient has been receiving oral analgesics for pain with adequate effect, but is now having difficulty swallowing the medication. What should the nurse do?

A. Request the analgesics be prescribed by an alternative route.
B. Crush the medication in order to aid swallowing and absorption.
C. Administer the patient's medication with the meal tray.
D. Administer the medication rectally.

Answer: A

Rationale: A change in medication route is indicated and must be made by a primary health care provider's order. Many pain medications cannot be crushed and given to a patient. Giving the medication with a meal is not going to make it any easier to swallow. Rectal administration may or may not be an option.
Format: Multiple Choice
Chapter: 2
Learning Objective: 8
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Reference: 41, Pain Management

7. A client receiving palliative care for lung cancer experiences dyspnea. Which nursing action is appropriate to help to relieve the dyspnea the client is experiencing? Select all that apply.

A. Administer a bolus of normal saline, as prescribed.
B. Initiate low-flow oxygen therapy.
C. Administer corticosteroid doses as prescribed.
D. Administer bronchodilators as prescribed.
E. Secure and administer a prescription for a low dose opioid.

Answer: B, C, D, E

Rationale: Bronchodilators and corticosteroids help to improve lung function as well as low doses of opioids. Low-flow oxygen often provides psychological comfort to the patient and family. A fluid bolus is unlikely to be of benefit and may cause fluid overload and lung congestion.
Format: Multiple Select
Chapter: 2
Learning Objective: 8
Cognitive Level: Apply

Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: 45, Dyspnea

8. The nurse is caring for an unconscious client diagnosed with terminal lung cancer. Which assessment finding would most clearly indicate to the nurse that the client's death is imminent? Select all that apply.

A. Mottling of the lower limbs
B. Slow, steady pulse
C. Bowel incontinence
D. Increased swallowing
E. Decreased renal output

Answer: A, E

Rationale: The time of death is generally preceded by a period of gradual diminishment of bodily functions in which increasing intervals between respirations, weakened and irregular pulse, decreased renal output, and skin color changes or mottling may be observed. The patient will not be able to swallow secretions, so suctioning and frequent, gentle mouth care will be needed and, possibly, the administration of a transdermal anticholinergic drug. Bowel incontinence may or may not occur.
Format: Multiple Select
Chapter: 2
Learning Objective: 8
Cognitive Level: Understanding
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: 46, Expected Physiologic Changes

9. The nurse is assessing a 73-year-old patient who was diagnosed with metastatic prostate cancer. The nurse notes that the patient is exhibiting signs of loss, grief, and intense sadness. Based on this assessment data, the nurse will document that the patient is most likely in what stage of death and dying?

A. Depression
B. Denial
C. Anger
D. Acceptance

Answer: A

Rationale: Loss, grief, and intense sadness indicate depression. Denial is indicated by the refusal to admit the truth or reality. Anger is indicated by rage and resentment. Acceptance is indicated by a gradual, peaceful withdrawal from life.
Format: Multiple Choice
Chapter: 2
Learning Objective: 9
Cognitive Level: Analyze
Client Needs: Psychosocial Integrity
Integrated Process: Caring
Reference: 48, Anticipatory Grief and Mourning

10. A 50-year-old patient diagnosed with multiple myeloma has just been told by the care team that their prognosis is poor. The patient is tearful and trying to express their feelings, but is having difficulty. What should be the nurse's initial intervention?

A. Ask if the patient would like you to sit with them while they collect their thoughts.
B. Tell the patient that you will leave for now but will be back shortly.
C. Offer to call pastoral care or a member of the patient's chosen clergy.
D. Reassure the patient that you can understand how they are feeling.

Answer: A

Rationale: The most important intervention the nurse can provide is listening empathetically. Seriously ill patients and their families need time and support to cope with the changes brought about by serious illness and the prospect of impending death. The nurse who listens without judging and without trying to solve the patient's and

family's problems provides an invaluable intervention. The patient needs to feel that people are concerned with their situation. Leaving does not show acceptance of their feelings. Offering to call pastoral care may be helpful for some patients but should be done after you have spent time with the patient. Telling the patient that you understand how they are feeling is inappropriate because it does not help them express their feelings.
Format: Multiple Choice
Chapter: 2
Learning Objective: 9
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Caring
Reference: 32, Skills for Communicating With the Chronically Ill

11. A patient's rapid cancer metastases have prompted a shift from active treatment to palliative care. When planning this patient's care, the nurse should identify what primary aim?

A. To prioritize emotional needs
B. To prevent and relieve suffering
C. To bridge between curative care and hospice care
D. To provide care while there is still hope

Answer: B

Rationale: Palliative care, which is conceptually broader than hospice care, is both an approach to care and a structured system for care delivery that aims to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies. Palliative care goes beyond simple prioritization of emotional needs; these are always considered and addressed. Palliative care is considered a "bridge," but it is not limited to just hospice care. Hope is something patients and families have even while the patient is actively dying.
Format: Multiple Choice

Chapter: 2
Learning Objective: 5
Cognitive Level: Understand
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 34, The Importance of Palliative Care in Chronic Illness

12. A patient diagnosed with end-stage heart failure has participated in a family meeting with the interdisciplinary team and opted for hospice care. On what belief should the patient's care in this setting be based?

A. Meaningful living during terminal illness requires technologic interventions.
B. Meaningful living during terminal illness is best supported in designated facilities.
C. Meaningful living during terminal illness is best supported in the home.
D. Meaningful living during terminal illness is best achieved by prolonging physiologic dying.

Answer: C

Rationale: The hospice movement in the United States is based on the belief that meaningful living is achievable during terminal illness and that it is best supported in the home, free from technologic interventions to prolong physiologic dying.
Format: Multiple Choice
Chapter: 2
Learning Objective: 6
Cognitive Level: Understand
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 36, Hospice Care in the United States

13. A nurse is caring for an 87-year-old patient who is in end-stage renal disease. When the primary care provider offers to discharge the patient home to hospice care, the patient and family refuse. Later the patient's adult child approaches and asks what hospice care is. What would this lack of knowledge about hospice care be perceived as?

A. Lack of formal education of the patient and family
B. A language barrier
C. A barrier to hospice care for this patient
D. An inability to grasp American concepts of health care

Answer: C

Rationale: Historical mistrust of the health care system and unequal access to even basic medical care may underlie the beliefs and attitudes among different populations. In addition, lack of knowledge about end-of-life care treatment options influence decisions among many socioeconomically disadvantaged groups. In this scenario, the patient and family's beliefs and attitudes are a barrier to hospice care. The scenario does not indicate whether the patient and family has had formal education, whether they are unable to grasp American concepts of health care, or whether they can speak or understand the primary language.
Format: Multiple Choice
Chapter: 2
Learning Objective: 7
Cognitive Level: Analyze
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Teaching/Learning
Reference: 40, Providing Culturally Sensitive Care at the End of Life

14. Patients who are enrolled in hospice care through Medicare are often felt to suffer unnecessarily because they do not receive adequate attention for their symptoms of the underlying illness. What factor most contributes to this phenomenon?

A. Unwillingness to medicate the dying patient
B. Rules concerning completion of all cure-focused medical treatment
C. Unwillingness of patients and families to acknowledge the patient is terminal

D. Lack of knowledge of patients and families regarding availability of care

Answer: B

Rationale: Because of Medicare rules concerning completion of all cure-focused medical treatment before the Medicare hospice benefit may be accessed, many patients delay enrollment in hospice programs until very close to the end of life. Hospice care does not include an unwillingness to medicate the patient to prevent suffering. Patients must accept that they are terminal before being admitted to hospice care. Lack of knowledge is common; however, this is not why some Medicare patients do not receive adequate attention for the symptoms of their underlying illness.
Format: Multiple Choice
Chapter: 2
Learning Objective: 7
Cognitive Level: Understand
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 36, Hospice Care in the United States

15. The nurse is admitting a 52-year-old parent of four into hospice care. The patient has a diagnosis of Parkinson disease, which is progressing rapidly. The patient has made clear their preference to receive care at home. What interventions should the nurse prioritize in the plan of care?

A. Aggressively continuing to fight the disease process
B. Moving the patient to a long-term care facility when it becomes necessary
C. Delegating the patient’s care decisions to the adult children
D. Supporting the patient's and family's values and choices

Answer: D

Rationale: Nurses need to develop skill and comfort in assessing patients' and families' responses to serious illness and planning interventions that support their values and choices throughout the continuum of care. To be admitted to hospice care, the patient

must have come to terms with the fact that they are dying. The scenario states that the patient wants to be cared for at home, not in a long-term setting. The children may be able to participate in their parent's care, but they should not be assigned full responsibility for planning it, and the patient should continue to be involved as much as possible in care decisions.
Format: Multiple Choice
Chapter: 2
Learning Objective: 6
Cognitive Level: Apply
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Caring
Reference: 38, Nursing Care of Terminally Ill Patient

16. A hospice nurse is caring for a client with a terminal diagnosis of leukemia. When updating the plan of care, which will the nurse prioritize? Select all that apply.

A. Performing interventions aimed at maximizing quantity of life
B. Providing referral for financial advice and preparation
C. Providing realistic emotional preparation for death
D. Addressing the expressed spiritual needs of the patient and family
E. Supporting both patient and family in accepting the impending death

Answer: B, C, D, E

Rationale: Hospice care focuses on quality (not quantity) of life, but, by necessity, it usually includes realistic emotional, social, spiritual, and financial preparation for death. Hospice care also emphasizes support for both patient and family.
Format: Multiple Select
Chapter: 2
Learning Objective: 9
Cognitive Level: Apply
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Caring
Reference: 35, Hospice Care in the United States

17. A nurse in a hospice setting has been caring for a dying client for several months. After the client dies, which is a safe venue for the nurse to express feelings of frustration and grief?

A. With a personal spiritual leader
B. At a staff meeting
C. In conversations with other nurses
D. At a family memorial service

Answer: B

Rationale: In hospice settings, where death, grief, and loss are expected outcomes of patient care, interdisciplinary colleagues rely on each other for support, using meeting time to express frustration, sadness, anger, and other emotions; to learn coping skills from each other; and to speak about how they were affected by the lives of those patients who have died since the last meeting. While spiritual leaders and other nurses may have background to be empathetic, the care team has intimate understanding of the patient's death experience. The family is not prepared for such a discussion and is experiencing their own grief, which is their priority.
Format: Multiple Choice
Chapter: 2
Learning Objective: 8
Cognitive Level: Understand
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 50, Coping With Death and Dying: Professional Caregiver Issues

18. A hospice nurse is aware of how difficult it is to deal with others' pain daily. This nurse should put healthy practices into place to guard against what outcome?

A. Inefficiency in the provision of care
B. Excessive weight gain
C. Emotional exhaustion
D. Social withdrawal

Answer: C

Rationale: Well before the nurse exhibits symptoms of stress or burnout, the nurse should acknowledge the difficulty of coping with others' pain daily and put healthy practices in place that guard against emotional exhaustion. Emotional exhaustion is more likely to have deleterious effects than to cause inefficiency, social withdrawal, or weight gain, though these may signal emotional exhaustion.
Format: Multiple Choice
Chapter: 2
Learning Objective: 8
Cognitive Level: Understand
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 50, Coping With Death and Dying: Professional Caregiver Issues

19. The hospice nurse is providing in-home care for a 45-year-old parent of three young children. During the most recent visit, the nurse has observed that the patient has a new onset of altered mental status. What intervention should the nurse implement?

A. Helping the family to understand why the patient needs to be sedated
B. Planning to promptly move the patient to an acute-care facility
C. Explaining to the family that death is near, and the patient needs around-the-clock nursing care
D. Teaching family members how to interact with, and ensure safety for, the patient with impaired cognition

Answer: D

Rationale: Nursing interventions should be aimed at accommodating the change in the patient's status and maintaining safety. The scenario does not indicate the need either to sedate the patient or to move the patient to an acute-care facility. If the family has the resources, there is no need to bring in nurses to be with the patient around-the-clock, and the scenario does not indicate that death is imminent.
Format: Multiple Choice

Chapter: 2
Learning Objective: 9
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Nursing Process
Reference: 30, Implications of Managing Chronic Illnesses

20. A client receiving care for osteosarcoma is experiencing severe pain and receiving pain medication regularly and PRN. For the past several hours the level of consciousness has declined, and the client is now unresponsive. How will the nurse address the client's pain control regimen? Select all that apply.

A. The pain control regimen should be continued as prescribed.
B. The pain control regimen should be placed on hold until the client's level of consciousness improves.
C. IV analgesics should be withheld and replaced with transdermal analgesics.
D. The client's analgesic dosages should be reduced by approximately one half.
E. Pain assessment should be conducted to include nonverbal indicators of pain.

Answer: A, E

Rationale: Pain should be aggressively treated, even if dying patients become unable to verbally report their pain. Nonverbal pain indicators should be monitored closely. There is no need to forego the IV route. There is no specific need to discontinue the pain control regimen or to reduce it.
Format: Multiple Select
Chapter: 2
Learning Objective: 8
Cognitive Level: Apply
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 41, Pain Management

21. A client tells the nurse that they were told their new diagnosis of rheumatoid arthritis is a chronic condition. The client asks the nurse what "chronic condition" means. What would be the nurse's best response to explain this term?

A. "Chronic conditions are defined as health problems that require management of several months or longer."

B. "Chronic conditions are diseases that come and go in a relatively predictable cycle."

C. "Chronic conditions are medical conditions that culminate in disabilities that require hospitalization."

D. "Chronic conditions are those that require short-term management in extended-care facilities."

Answer: A

Rationale: Chronic conditions are often defined as medical conditions or health problems with associated symptoms or disabilities that require long-term management (several months or longer). Chronic diseases are usually managed in the home environment. They are not always cyclical or predictable.
Format: Multiple Choice
Chapter: 2
Learning Objective: 1
Cognitive Level: Apply
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Teaching/Learning
Reference: 27, Definition of Chronic Illnesses

22. A client diagnosed with end-stage lung cancer has been admitted to hospice care. The hospice team is meeting with the client and their family to establish goals for care. What is likely to be a priority in goal setting for the client?

A. Maintenance of activities of daily living

B. Pain control

C. Social interaction

D. Promotion of spirituality

Answer: B

Rationale: Once the phase of illness has been identified for a specific client, along with the specific medical problems and related social and psychological problems, the nurse helps prioritize problems and establish the goals of care. Pain control is essential for clients who have a terminal illness. If pain control is not achieved, all activities of daily living are unattainable. This is thus a priority in planning care over the other listed goals.
Format: Multiple Choice
Chapter: 2
Learning Objective: 8
Cognitive Level: Apply
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 41, Pain Management

23. The nurse is caring for a client diagnosed with multiple sclerosis who is married and has three children. The nurse has worked extensively with the client and family to plan optimal care. Which is/are the nurse's **most** important role(s) with this client? Select all that apply.

A. Ensure the client adheres to all treatments.
B. Provide the client with advice on alternative treatment options.
C. Provide a detailed plan of activities of daily living (ADLs) for the client.
D. Help the client develop strategies to implement treatment regimens.
E. Include family input regarding strategies to support the client's independence.

Answer: D, E

Rationale: The most important role of the nurse working with clients with chronic illness is to help clients develop the strategies needed to implement their treatment regimens and carry out activities of daily living to help maintain independence. The nurse cannot ensure the client adheres to all treatments. Providing information of treatment options is not the nurse's most important role. The nurse does not provide the client with a detailed plan of ADLs, though promotion of ADLs is a priority.

Format: Multiple Select
Chapter: 2
Learning Objective: 4
Cognitive Level: Apply
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: 28, Characteristics of Chronic Illnesses

24. The nurse is caring for a patient diagnosed with cancer of the liver who has chosen to remain in their home if able. The nurse reviews the care plan for the patient and notes that it focuses on palliative measures. The nurse also notes that over the last 3 weeks, the patient's condition has continued to deteriorate. What is the nurse's best response to this clinical information?

A. Recognize that death will most likely occur in the next week.
B. Recognize that the patient is in the trajectory phase of chronic illness and should be kept pain-free.
C. Recognize that the patient is in the downward phase of chronic illness and should be reassessed.
D. Recognize that the patient should immediately be admitted into the hospital.

Answer: C

Rationale: The downward phase occurs when symptoms of chronic illness worsen despite attempts to control the course through proper regimen management. A downward turn does not necessarily lead to death. A downward trend can be arrested, and the trajectory reestablished at any point, depending on the condition and the treatment. A patient who is palliative may not desire hospitalization and aggressive treatment.
Format: Multiple Choice
Chapter: 2
Learning Objective: 4
Cognitive Level: Analyze
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process

Reference: 29, Table 2-2 Phases in the Trajectory Model of Chronic Illness

25. One of the functions of nursing care of the terminally ill is to support the patient and their family as they come to terms with the diagnosis and progression of the disease process. How should nurses support patients and their families during this process? Select all that apply.

A. Describe the nurse's personal experiences in dealing with end-of-life issues.
B. Encourage the patient and family to "keep fighting" since a cure may come.
C. Try to appreciate and understand the illness from the patient's perspective.
D. Assist patients with performing a life review.
E. Provide interventions that facilitate end-of-life closure.

Answer: C, D, E

Rationale: Nurses are responsible for educating patients about their illness and for supporting them as they adapt to life with the illness. Nurses can assist patients and families with life review, values clarification, treatment decision making, and end-of-life closure. The only way to do this effectively is to try to appreciate and understand the illness from the patient's perspective. The nurse's personal experiences should not normally be included and a cure is often not a realistic hope.
Format: Multiple Select
Chapter: 2
Learning Objective: 4
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Communication/Documentation
Reference: 39, Ethical Decision-Making in End-of-Life Care