

3. The conference leader asks for the name of the cells necessary for normal immune function. The most correct answer is
- | | |
|----------------|--------------------|
| 1. eosinophils | 3. thrombocytes |
| 2. CD8 cells | *4. T4 lymphocytes |

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

4. The conference leader asks the purpose of cytokine. The most correct answer is
- | | |
|--------------------------------------|------------------------------------|
| *1. suppression of viral replication | 3. stimulation of T4 cell activity |
| 2. activation of CD4 surface markers | 4. suppression of T4 cell activity |

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

Mr. Turner, who has AIDS, has repeated attacks of Pneumocystis carinii pneumonia.

5. Mr. Turner's family ask why he develops this type of pneumonia. The most correct reason is that he
- | | |
|--|--|
| 1. has lost much weight and eats poorly | 3. cannot produce enough T8 cells to fight the infection |
| *2. is unable to produce antibodies to prevent repeated infections | 4. has a low hemoglobin and red blood cell count |

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

6. Mr. Turner is to be given pentamidine. In order to give this drug correctly the nurse obtains a
- | | |
|-------------------------------------|---------------------------|
| 1. 5 mL syringe and 20-gauge needle | 3. Venturi mask |
| 2. bulb nebulizer | *4. Respir-gard nebulizer |

Nursing Process: Implementation

Client Need: Physiological Integrity

II. CRITICAL THINKING EXERCISES

1. What recommendations could you give to a person asking what can be done to reduce or eliminate the chance of contracting AIDS?
2. A friend tells you that he thinks he may be infected with the AIDS virus and asks, "What are the early signs and symptoms I might experience if I do have AIDS? What tests can be done to show if I have AIDS?"

IX Caring for Clients with Neurologic Disorders

42/ Introduction to the Nervous System

I. MULTIPLE CHOICE

Students are asked to prepare for a review class that will cover the anatomy and physiology of the nervous system and be prepared to answer questions related to this subject.

1. When asked to define the term *myelin*, the nurse replies that myelin is a fatty substance that covers
- | | |
|------------------------------|--------------------------------------|
| 1. the neurilemma | *3. some axons of the nervous system |
| 2. some dendrites of the PNS | 4. all neurons in the CNS and PNS |

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

2. When asked for one function of the medulla oblongata, a nurse replies
- | | |
|---|--|
| 1. transmission of sensory impulses from the brain to the spinal cord | 3. activation and regulation of the thirst mechanism |
| 2. regulation of motor coordination and equilibrium | *4. transmission of motor impulses from the brain to the spinal cord |

Nursing Process: Implementation
Client Need: Safe, Effective Care Environment

3. When asked to name the outermost meninges, the nurse replies the
- | | |
|----------------|-----------------------|
| *1. dura mater | 3. arachnoid membrane |
| 2. pia mater | 4. arachnoid villi |

Nursing Process: Implementation
Client Need: Safe, Effective Care Environment

4. When asked to name the fifth cranial nerve, the nurse replies the ____ nerve.
- | | |
|---------------|----------------|
| 1. oculomotor | 3. trochlear |
| 2. abducens | *4. trigeminal |

Nursing Process: Implementation
Client Need: Safe, Effective Care Environment

Individual Questions

5. Which one of the following requires contacting the physician if the client is scheduled for a diagnostic test using radiopaque dye?
- | | |
|--------------------------|---|
| *1. an allergy to iodine | 3. a change in the level of consciousness |
| 2. a comatose state | 4. an allergy to carbohydrates |

Nursing Process: Implementation
Client Need: Safe, Effective Care Environment

6. When assessing a client, the nurse notes that the client responds to a painful stimulus with both arms rigidly extended and with flexion and internal rotation of the hands. The nurse correctly charts this as
- | | |
|---------------------------|----------------------------|
| 1. coma rigidity | 3. impaired motor function |
| *2. decerebrate posturing | 4. decorticate posturing |

Nursing Process: Implementation
Client Need: Safe, Effective Care Environment

7. When evaluating the level of consciousness the client is aroused only by vigorous and continuous stimulation. The nurse correctly charts this as
- | | |
|---------------|-------------|
| 1. lethargy | *3. stupor |
| 2. somnolence | 4. semicoma |

Nursing Process: Evaluation
Client Need: Physiological Integrity

8. When using the Glasgow Coma Scale, the nurse evaluates three responses, namely the eye-opening response, best verbal response, and the
- | | |
|------------------------------------|---------------------------|
| 1. response of the pupils to light | 3. accommodation response |
| *2. best motor response | 4. best sensory response |

Nursing Process: Evaluation
Client Need: Physiological Integrity

9. If a radiopaque dye containing iodine was used for a contrast study, the client is observed for signs of a severe iodine allergy, namely
- | | |
|--|--|
| *1. severe hypotension, sudden change in the LOC | 3. hypothermia, absence of bowel sounds |
| 2. hypertension, bradycardia | 4. abdominal distention, pinpoint pupils |

Nursing Process: Collecting Data
Client Need: Safe, Effective Care Environment

II. CRITICAL THINKING EXERCISES

1. Mr. Herbert is admitted to the neurologic unit. Although he has had some tests performed before admission, his condition appears to have deteriorated and the physician decides to admit him to the hospital for further evaluation. Mr. Herbert's primary complaint is that he has trouble walking and has lost strength in his arms and legs. How would you assess Mr. Herbert's motor function?

45/ Caring for Clients with Head and Spinal Cord Trauma

I. MULTIPLE CHOICE

1. After a minor head injury, the nurse can tell the family to observe the victim's _____ every hour during the day and every 2 hours at night.

- | | |
|--|-------------------------------|
| 1. ability to perform basic motor skills | *3. ability to talk and move |
| 2. speech pattern and ability to swallow | 4. gait and sensory responses |

Nursing Process: Implementation

Client Need: Health Promotion/Maintenance

2. Immediately after cranial surgery the client is positioned

- | | |
|--------------------------|-----------------------------|
| 1. prone | 3. flat in bed |
| 2. on the operative side | *4. on the unoperative side |

Nursing Process: Implementation

Client Need: Physiological Integrity

3. The syndrome of inappropriate secretion of antidiuretic hormone (SIADH) may occur following intracranial surgery. The client is closely observed for

- | | |
|---------------------|----------------|
| *1. water retention | 3. diuresis |
| 2. hypernatremia | 4. hypokalemia |

Nursing Process: Collecting Data

Client Need: Physiological Integrity

4. A client with a suspected subdural hematoma is observed for

- | | |
|---|--|
| 1. confusion, drowsiness, personality changes | 3. dyspnea, hypotension, dilatation of the pupils |
| 2. abdominal distention, nuchal rigidity, memory loss | 4. orthopnea, pinpoint pupils, aggressive behavior |

Nursing Process: Collecting Data

Client Need: Physiological Integrity

5. Following a significant head injury the client's neurologic status is evaluated

- | | |
|--------------------|------------------|
| 1. every 5 minutes | 3. every 4 hours |
| *2. hourly | 4. every 8 hours |

Nursing Process: Evaluation

Client Need: Physiological Integrity

6. If the prognosis following intracranial surgery for a brain tumor is poor, one main nursing goal in the rehabilitation of the client is to

- | | |
|---|---|
| 1. prevent increased ICP | *3. prevent complications of prolonged inactivity |
| 2. keep the client from knowing the postoperative prognosis | 4. help the client adjust to the poor prognosis |

Nursing Process: Implementation

Client Need: Physiological Integrity

7. Following intracranial surgery the client is placed

- | | |
|--------------------------|-----------------------------|
| 1. prone | 3. flat in bed |
| 2. on the operative side | *4. on the unoperative side |

Nursing Process: Implementation

Client Need: Physiological Integrity

8. When responsible for the care of a client in cervical traction applied following a cervical spine injury, the nurse must see that the traction weights

- | | |
|--|---|
| 1. are removed every 2 hours | *3. hang free |
| 2. hang from a pulley over the client's head | 4. are lifted when the client is turned |

Nursing Process: Implementation

Client Need: Physiological Integrity

9. When a client is placed in Buck's extension, the area inspected for signs of pressure or loss of skin integrity of the
- | | |
|-------------------------------------|-------------------------------|
| 1. skin on the legs | 3. upper thoracic area |
| 2. chin, ears, and back of the head | 4. skin of the waist and hips |

Nursing Process: Collecting Data
Client Need: Physiological Integrity

10. A spinal cord injury may result in spinal shock and the client is observed for signs of this disorder which include

- | | |
|---|--|
| 1. absence of peristalsis, diaphoresis | 3. perspiring above the level of injury, paralysis |
| *2. flaccid paralysis, pronounced hypotension | 4. hypertension, tachycardia |

Nursing Process: Collecting Data
Client Need: Physiological Integrity

11. The nurse observes for the signs of autonomic dysreflexia when the client has had a

- | | |
|---------------------------------|---------------------------|
| 1. skull fracture | 3. sacral injury |
| 2. ruptured intervertebral disc | *4. cervical spine injury |

Nursing Process: Collecting Data
Client Need: Physiological Integrity

12. A client asks why he has so much pain associated with his "slipped disc." The nurse explains that pain is due to pressure on the

- | | |
|------------------------|-------------------|
| 1. spinal cord | *3. spinal nerves |
| 2. muscles of the back | 4. vertebrae |

Nursing Process: Implementation
Client Need: Health Promotion/Maintenance

II. CRITICAL THINKING EXERCISES

- Ms. Gibson, age 19, has a seizure disorder. She is admitted to the hospital because she may have incurred a head injury when she had a tonic-clonic (grand mal) seizure yesterday. She is displaying some neurologic changes such as unequal pupils and left-sided weakness. She refuses to stay in bed and wants to go home. How would you handle this situation?
- Mr. Higgins sustained spinal cord trauma when he fell off a diving board in his swimming pool. He has total paralysis below T-11. Today, a nurse assistant tells you that she saw his legs move. What explanation can you give for this phenomenon?
- A client comes to the emergency department stating that he bumped his head and now has a severe headache, dizziness, and double vision. In addition to vital signs, which physical assessments would you perform before the client is seen by the physician?

46/ Caring for Clients with Neurologic Deficits

I. MULTIPLE CHOICE

Mr. O'Connor is 35 years old and was diagnosed as having multiple sclerosis 5 years ago. Although he has been working, he now finds it increasingly difficult to perform many tasks such as writing, eating, working on a computer, and driving. In the past 3 months his symptoms have become progressively worse and he is confined to a wheelchair. He is admitted to the hospital for treatment of pressure ulcers.

- The nurse helps develop plans for Mr. O'Connor's rehabilitation to

1. help him accept his disability	3. aid in the restoration of maximum motor and sensory function
*2. create environmental changes that help him use any remaining abilities	4. widen his support system

Nursing Process: Planning
Client Need: Physiological Integrity

- Which one of the following resource persons can the nurse use to provide information on how to help Mr. O'Connor relearn activities of daily living?

1. a vocational counselor	3. the psychiatric social worker
2. a guidance counselor	*4. the occupational therapist

Nursing Process: Implementation
Client Need: Safe, Effective Care Environment

X Caring for Clients with Sensory Problems

47/ Introduction to the Special Senses

I. MULTIPLE CHOICE

1. When explaining the process by which light passes through the eye and is focused on the retina, the nurse would be most accurate in using the term
- | | |
|-----------------|------------------|
| 1. regeneration | 3. magnification |
| *2. refraction | 4. convection |

Nursing Process: Implementation
Client Need: Health Promotion/Maintenance

2. The nurse would be correct in explaining that when tears form, they flow across the eyes and drain into the
- | | |
|------------------------|--------------------|
| 1. ciliary body | 3. fovea centralis |
| *2. nasolacrimal ducts | 4. optic disc |

Nursing Process: Implementation
Client Need: Health Promotion/Maintenance

3. If a client asks a nurse how the eye is nourished, the best answer is that many eye structures are supplied with a nutrient-rich substance called
- | | |
|-------------------|--------------------|
| *1. aqueous fluid | 3. serous fluid |
| 2. vitreous fluid | 4. Schlemm's fluid |

Nursing Process: Implementation
Client Need: Health Promotion/Maintenance

4. The best evidence that a client has understood the information the nurse provided about the pupil of the eye is the explanation that it is
- | | |
|---|-------------------------------------|
| *1. an empty circle in the middle of the iris | 3. the area of deepest pigmentation |
| 2. the central core within the iris | 4. the anterior section of the lens |

Nursing Process: Evaluation
Client Need: Health Promotion/Maintenance

5. The gelatinous structure that gives shape to the eye would be most correctly identified by the nurse as being the
- | | |
|------------------------|-------------------|
| 1. trabecular meshwork | *3. vitreous body |
| 2. lens capsule | 4. optic disc |

Nursing Process: Implementation
Client Need: Health Promotion/Maintenance

6. If the physician indicated a need to examine the fundus of the eye, it would be most appropriate for the nurse to obtain a(n)
- | | |
|------------------|--------------------|
| 1. Snellen chart | *3. ophthalmoscope |
| 2. tonometer | 4. Ishihara plate |

Nursing Process: Planning
Client Need: Safe, Effective Care Environment

7. To determine the type of lens and power to correct a problem with visual acuity, the nurse would be most accurate in explaining that the physician will use an instrument called a(n)
- | | |
|-------------------|-----------------|
| 1. tonometer | *3. retinoscope |
| 2. ophthalmoscope | 4. slit lamp |

Nursing Process: Implementation
Client Need: Safe, Effective Care Environment

8. If a client understands the nurse's explanation of a retinal angiography test, the client will say that
1. a probe will be placed on the eye
 2. dye will be injected into a vein
 3. a light will be directed at the cornea
 4. he will look through trial lenses

Nursing Process: Evaluation

Client Need: Safe, Effective Care Environment

9. Which one of the following test results would the nurse monitor if a client is suspected of having a retinal detachment?

- *1. visual field examination
2. slit lamp examination
3. ultrasonography
4. retinoscopy

Nursing Process: Assessment

Client Need: Physiological Integrity

10. Besides hearing, a nurse would be most correct in identifying which one of the following as a function of structures within the ear?

1. coordination
2. accommodation
3. movement
- *4. balance

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

11. To inspect the tympanic membrane, the nurse would plan to use a(n)

1. tuning fork
- *2. otoscope
3. tonometer
4. funduscope

Nursing Process: Planning

Client Need: Safe, Effective Care Environment

12. When a nurse performs the Romberg test, which one of the following findings is considered normal?

1. the client drifts to one side when arms are extended
- *2. the client maintains balance with both eyes closed
3. the client gets dizzy when air is blown into the ears
4. the client's eyes quiver as fluid is instilled into the ears

Nursing Process: Assessment

Client Need: Physiological Integrity

13. When asked to identify the term used to define the measurement of sound, the nurse would be correct in stating

1. megahertz
2. woofers
3. tweeters
- *4. decibels

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

14. Which one of the following is the best indication that a client understands how an electronystagmography test will be done? The client says electrodes will be attached about the

1. skull
- *2. eyes
3. ears
4. cheeks

Nursing Process: Evaluation

Client Need: Safe, Effective Care Environment

15. A client with a vestibular disorder is to be transported to another area of the hospital for an examination. Which one of the following actions would be most appropriate?

1. ambulate the client with assistance to the test area
2. apply a jacket restraint and use a wheelchair for transport
- *3. use a stretcher and keep full side rails raised at all times
4. question if the test is necessary or could be rescheduled

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

II. CRITICAL THINKING EXERCISES

1. A client is scheduled for a ultrasonographic A-scan. What information would be appropriate to provide this client?
2. After performing a Weber test, what findings would suggest that the client has a conductive hearing loss? What findings would suggest that the client has a sensorineural hearing loss?