


Pool Canvas

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Name Chapter 1: Nurse's Role in Health Assessment: Collecting and Analyzing Data

Description Diploma exported pool

Instructions

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Question 1 **Multiple Choice** **1 points**

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Question An instructor is describing a comprehensive nursing health assessment to a group of students. The instructor determines that the teaching was successful when the students identify which of the following as the overall purpose?

- Answer**
- A. Collect accurate data
 - B. Assist the physician
 - C. Validate previous data
 - ✓ D. Make a clinical judgment

Correct Feedback The purpose of a nursing health assessment is to collect subjective and objective data to determine a client's overall level of functioning to make a professional clinical judgment.

Incorrect Feedback The purpose of a nursing health assessment is to collect subjective and objective data to determine a client's overall level of functioning to make a professional clinical judgment.

[◀ Add Question Here](#)

Question 2 **Multiple Choice** **1 points**

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Question Which individual typically would be responsible for collecting the subjective data on a client during the initial comprehensive assessment?

- Answer**
- A. Physician
 - ✓ B. Nurse
 - C. Secretary
 - D. Technician

Correct Feedback The nurse typically collects the subjective data, especially those related to the client's overall function. However, depending on the setting, other members of the health care team may participate in various parts of the objective data collection.

Incorrect Feedback The nurse typically collects the subjective data, especially those related to the client's overall function. However, depending on the setting, other members of the health care team may participate in various parts of the objective data collection.

[◀ Add Question Here](#)

Question 3 **Multiple Choice** **1 points**

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Question When discussing the nursing process with a group of students, which of the following statements best describes it?

- Answer**
- A. Each step is independent of the others.
 - ✓ B. It is ongoing and continuous.
 - C. It is used primarily in acute care settings.
 - D. It involves independent nursing actions.

Correct Feedback Although the assessment phase of the nursing process precedes other phases in the formal nursing process, nurses are always aware that assessment is ongoing and continuous throughout all the phases of the nursing process. Therefore the nursing process should be thought of as circular, not linear.

Incorrect Feedback Although the assessment phase of the nursing process precedes other phases in the formal nursing process, nurses are always aware that assessment is ongoing and continuous throughout all the phases of the nursing process. Therefore the nursing process should be thought of as circular, not linear.

[◀ Add Question Here](#)

Question 4 **Multiple Choice** **1 points**

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Question Before meeting the client and performing a comprehensive health assessment, which of the following would be most important for the nurse to do?

- Answer**
- ✓ A. Review the client's medical record.
 - B. Obtain basic biographic data.
 - C. Consult essential resources.
 - D. Validate information with the client.

Correct Feedback Before actually beginning the health assessment, the nurse should review the client's record. It provides basic biographical data and a background about chronic diseases. It also gives clues to how a present illness may impact the client's activities of daily living. Consulting essential resources would be done after the nurse collects the data to help the nurse educate himself or herself about the client's diagnoses or tests performed. Validating the information with the client occurs during the assessment.

Incorrect Feedback Before actually beginning the health assessment, the nurse should review the client's record. It provides basic biographical data and a background about chronic diseases. It also gives clues to how a present illness may impact the client's activities of daily living. Consulting essential resources would be done after the nurse collects the data to help the nurse educate himself or herself about the client's diagnoses or tests performed. Validating the information with the client occurs during the assessment.

[◀ Add Question Here](#)

Question 5 **Multiple Choice** **1 points**

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Question Which of the following client situations would the nurse interpret as requiring an emergency assessment?

- Answer**
- A. A client with severe sunburn
 - B. A client needing an employment physical
 - ✓ C. A client who took a drug overdose
 - D. A client who wants a pregnancy test

Correct Feedback An emergency assessment is a rapid assessment performed in life-threatening situations to make an immediate diagnosis to provide prompt treatment. A drug overdose is a life-threatening situation. A severe sunburn, employment physical, and pregnancy testing would not be considered life-threatening situations.

Incorrect Feedback An emergency assessment is a rapid assessment performed in life-threatening situations to make an immediate diagnosis to provide prompt treatment. A drug overdose is a life-threatening situation. A severe sunburn, employment physical, and pregnancy testing would not be considered life-threatening situations.

[◀ Add Question Here](#)

Question 6 **Multiple Choice** **1 points**

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Question In comparison with the physician's medical exam, the comprehensive health assessment performed by the nurse focuses on which aspect?

- Answer**
- A. Current physiologic status
 - ✓ B. Effect of health on lifestyle
 - C. Past medical history
 - D. Motivation for compliance

Correct Feedback The comprehensive health assessment focuses on how the client's health status affects the activities of daily living and how the client's activities and choices affect the health status. The nurse collects physiologic, psychological, sociocultural, developmental, and spiritual data about the client. In contrast, the physician performing a medical examination focuses primarily on the client's physiologic development status with less focus on psychological, sociocultural, or spiritual well-being.

Incorrect Feedback The comprehensive health assessment focuses on how the client's health status affects the activities of daily living and how the client's activities and choices affect the health status. The nurse collects physiologic, psychological, sociocultural, developmental, and spiritual data about the client. In contrast, the physician performing a medical examination focuses primarily on the client's physiologic development status with less focus on psychological, sociocultural, or spiritual well-being.

[◀ Add Question Here](#)

Question 7 **Multiple Choice** **1 points**

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Question After teaching a group of students about the phases of the nursing process, the instructor determines that the teaching was successful when the students identify which phase as most important?

- Answer**
- ✓ A. Assessment
 - B. Planning
 - C. Implementation
 - D. Evaluation

Correct Feedback Assessment is the first and most critical phase of the nursing process. If data collection is inadequate or inaccurate, incorrect nursing judgments may be made that adversely affect the remaining phases of the process.

Incorrect Feedback Assessment is the first and most critical phase of the nursing process. If data collection is inadequate or inaccurate, incorrect nursing judgments may be made that adversely affect the remaining phases of the process.

[◀ Add Question Here](#)

Question 8 **Multiple Choice** **1 points**

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Question Following completion of the comprehensive health assessment, the nurse periodically performs a partial assessment primarily for which reason?

- Answer**
- ✓ A. Reassess previously detected problems
 - B. Provide information for the client's record
 - C. Address areas previously omitted
 - D. Determine the need for crisis intervention

Correct Feedback A periodic partial assessment consists of a mini-overview of the client's body systems and holistic health patterns as a follow-up on his or her health status. Any problems that were initially detected in the client's body system or holistic health patterns are reassessed in less depth to determine any major changes from the baseline data. In addition, a brief reassessment of the client's normal body system or holistic health patterns is performed whenever the nurse or another health care professional has an encounter with the client.

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[◀ Add Question Here](#)

Question 9 **Multiple Choice** **1 points**

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Question The nurse is working in an ambulatory care clinic. Which client would the nurse determine to be in most need of an emergency assessment?

- Answer**
- A. A 14-year-old girl who is crying because she thinks she is pregnant
 - ✓ B. A 35-year-old man with chest pain and diaphoresis for 1 hour
 - C. A 3-year-old child with fever, rash, and sore throat
 - D. A 20-year-old man with a 3-inch shallow laceration on his leg

Correct Feedback Chest pain in a young man is considered an emergency situation requiring immediate assessment and care because it is a life-threatening situation. The girl who is crying, the 3-year-old with a rash and fever, and the 20-year-old do not have life-threatening conditions necessitating an emergency assessment.

Incorrect Feedback Chest pain in a young man is considered an emergency situation requiring immediate assessment and care because it is a life-threatening situation. The girl who is crying, the 3-year-old with a rash and fever, and the 20-year-old do not have life-threatening conditions necessitating an emergency assessment.

[◀ Add Question Here](#)

Question 10 **Multiple Choice** **1 points**

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Question A nurse has completed gathering some basic data about a client and then reflects on personal feelings about the client. The nurse does this primarily to accomplish which of the following?

- Answer**
- A. Determine if pertinent data has been omitted
 - B. Identify the need for referral
 - ✓ C. Avoid biases and judgments
 - D. Construct a plan of care

Correct Feedback Once the nurse has gathered some basic data about a client, he or she needs to reflect on personal feelings to ensure keeping an open mind and avoiding premature judgments that may alter the ability to collect accurate data and maintain objectivity.

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[◀ Add Question Here](#)

Question 11 **Multiple Choice** **1 points**

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Question The nurse is collecting data from a client. Which of the following best reflects objective data?

- Answer**
- A. Religion
 - B. Occupation
 - ✓ C. Appearance
 - D. Age

Correct Feedback Appearance is something that can be directly observed by the nurse and is considered objective data. Religion, occupation, and age are biographical data that are considered subjective.

Incorrect Feedback Appearance is something that can be directly observed by the nurse and is considered objective data. Religion, occupation, and age are biographical data that are considered subjective.

[◀ Add Question Here](#)

Question 12 **Multiple Choice**

1 points

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Question Which of the following would the nurse implement in response to a collaborative problem?

- Answer**
- A. Encouraging oral fluids
 - B. Providing bedtime protein snack
 - C. Assisting with personal hygiene
 - ✓ D. Taking blood glucose twice daily

Correct Feedback Collaborative problems, such as changes in blood glucose, are certain physiologic complications that nurses monitor to detect onset or changes in status. Nurses manage collaborative problems by implementing both physician- and nurse-prescribed interventions to reduce further complications. Nutrition (oral fluids, bedtime snack) and hygiene are nursing concerns.

Incorrect Feedback Collaborative problems, such as changes in blood glucose, are certain physiologic complications that nurses monitor to detect onset or changes in status. Nurses manage collaborative problems by implementing both physician- and nurse-prescribed interventions to reduce further complications. Nutrition (oral fluids, bedtime snack) and hygiene are nursing concerns.

[◀ Add Question Here](#)

Question 13 **Multiple Choice**

1 points

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Question The nurse is analyzing the data obtained from the following clients. Which client would the nurse expect to facilitate a referral?

- Answer**
- A. An 80-year-old client who lives with her daughter
 - ✓ B. A 50-year-old client newly diagnosed with diabetes
 - C. A 3-year-old child with an acute ear infection
 - D. A teenager seeking information about contraception

Correct Feedback During the comprehensive assessment, the nurse identifies problems that require the assistance of other health care professionals. A client who is newly diagnosed with diabetes would benefit from a referral to a diabetes education program. Assistance from other health care professionals would not be necessary for the older adult client, the child, or the teenager seeking information.

Incorrect Feedback During the comprehensive assessment, the nurse identifies problems that require the assistance of other health care professionals. A client who is newly diagnosed with diabetes would benefit from a referral to a diabetes education program. Assistance from other health care professionals would not be necessary for the older adult client, the child, or the teenager seeking information.

[◀ Add Question Here](#)

Question 14 **Multiple Choice**

1 points

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Question An instructor is reviewing the evolution of the nurse's role in health assessment. The instructor determines that the teaching was successful when the students identify which of the following as the major method used by nurses early on to perform assessment?

- Answer**
- ✓ A. Natural senses
 - B. Biomedical knowledge
 - C. Technology
 - D. Critical pathways

Correct Feedback Early on, nurses relied on their natural senses to perform assessment. Early nursing assessment was based on observation of the client's face and body for changes indicating improvement or deterioration of the client's condition.

Incorrect Feedback Early on, nurses relied on their natural senses to perform assessment. Early nursing assessment was based on observation of the client's face and body for changes indicating improvement or deterioration of the client's condition.

[◀ Add Question Here](#)

Question 15 **Multiple Choice**

1 points

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Question When describing the expansion of the depth and scope of nursing assessment over the past several decades, which of the following would be identified as being the primary force?

- Answer**
- A. Documentation
 - B. Informatics
 - C. Diversification
 - ✓ D. Technology

Correct Feedback It is generally recognized that the depth and scope of nursing assessment have expanded significantly over the past several decades because of rapid advances in biomedical knowledge and technology and through the promotion of primary health care. The nurse's role in assessment is becoming increasingly diversified due to these advances. Sophisticated computerized information systems and informatics are impacting the documentation and retrieval of assessment information.

Incorrect Feedback It is generally recognized that the depth and scope of nursing assessment have expanded significantly over the past several decades because of rapid advances in biomedical knowledge and technology and through the promotion of primary health care. The nurse's role in assessment is becoming increasingly diversified due to these advances. Sophisticated computerized information systems and informatics are impacting the documentation and retrieval of assessment information.

[◀ Add Question Here](#)

Question 16 **Multiple Choice**

1 points

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Question A group of students is reviewing information about the potential opportunities for nurses with advanced assessment skills. The students demonstrate that they understand the information when they identify which of the following as helping to promote this role?

- Answer**
- ✓ A. Expansion of health care networks
 - B. Decrease in client participation in care
 - C. Restraints in the cost of medical care
 - D. Broadening of the base of biomedical data

Correct Feedback Opportunities for nurses with advanced assessment skills will be enhanced by the expansion of health service networks, increasing complexity of acute care, growing aging population with complex morbidities, expanding health care needs of single parents, increasing impact of children and homeless on communities, intensifying mental health issues, and increasing reimbursement for health care promotion and preventive services.

Incorrect Feedback Opportunities for nurses with advanced assessment skills will be enhanced by the expansion of health service networks, increasing complexity of acute care, growing aging population with complex morbidities, expanding health care needs of single parents, increasing impact of children and homeless on communities, intensifying mental health issues, and increasing reimbursement for health care promotion and preventive services.

[◀ Add Question Here](#)

Question 17 **Multiple Choice**

1 points

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Question During an in-service presentation, the presenter stresses the importance of accurate and thorough documentation for which reason?

- Answer**
- A. Guarantee a continual assessment process.
 - B. Identify abnormal data.
 - ✓ C. Assure valid conclusions from analyzed data.
 - D. Allow for drawing inferences and identifying problems.

Correct Feedback Documentation forms the basis for the entire nursing process and provides data that ensure valid conclusions from the analyzed data.

Incorrect Feedback Documentation forms the basis for the entire nursing process and provides data that ensure valid conclusions from the analyzed data.

[◀ Add Question Here](#)

Question 18 **Multiple Choice**

1 points

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Question When performing the steps of the assessment phase of the nursing process, which of the following would the nurse do first?

- Answer**
- A. Collect objective data
 - B. Validate the data
 - ✓ C. Collect subjective data
 - D. Document the data

Correct Feedback With assessment, subjective then objective data is collected. This is followed by validation and then documentation of data.

Incorrect Feedback With assessment, subjective then objective data is collected. This is followed by validation and then documentation of data.

[◀ Add Question Here](#)

Question 19 **Multiple Choice**

1 points

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Question A nurse is gathering subjective data. Which of the following would the nurse be most likely to assess?

- Answer**
- ✓ A. Feelings of happiness
 - B. Posture
 - C. Mood
 - D. Behavior

Correct Feedback Subjective data are sensations, feelings, perceptions, desires, preferences, beliefs, ideas, values, and personal information that can be elicited and verified only by the client. Happiness is a feeling and therefore subjective. Posture, mood, and behavior are observable and considered objective data.

Incorrect Feedback Subjective data are sensations, feelings, perceptions, desires, preferences, beliefs, ideas, values, and personal information that can be elicited and verified only by the client. Happiness is a feeling and therefore subjective. Posture, mood, and behavior are observable and considered objective data.

[◀ Add Question Here](#)

Question 20 **Multiple Choice**

1 points

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Question When describing a focused assessment to a group of students, which of the following would the instructor include?

- Answer**
- A. It is done before the physical exam.
 - B. It replaces the comprehensive data base.
 - ✓ C. It assesses a particular client problem.
 - D. It is done after gathering subjective data.

Correct Feedback A focused assessment gathers specific data for a particular client problem usually discovered during the physical exam. This assessment "focuses" on the particular problem only and does not cover areas not related to the problem.

Incorrect Feedback A focused assessment gathers specific data for a particular client problem usually discovered during the physical exam. This assessment "focuses" on the particular problem only and does not cover areas not related to the problem.

[◀ Add Question Here](#)

Question 21 **Multiple Answer**

1 points

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Question The nurse is reviewing a client's health history and physical examination. Which of the following would the nurse identify as subjective data? Select all that apply.

- Answer**
- ✓ A. "I feel so tired sometimes"
 - B. Weight—145 lb
 - C. Lungs clear to auscultation
 - ✓ D. Client complains of a headache
 - ✓ E. "My father died of a heart attack"
 - F. Pupils equal, round, and reactive to light

Correct Feedback Subjective data include information obtained from the client through interviewing and therapeutic communication skills and are sensations or symptoms, feelings, perceptions, desires, preferences, beliefs, ideas, values, and personal information that can be elicited and verified only by the client. Feeling tired, complaints of a headache, and the statement about the client's father dying of a heart attack reflect subjective information. Weight, lung sounds, and pupil reaction are examples of objective data.

Incorrect Feedback Subjective data include information obtained from the client through interviewing and therapeutic communication skills and are sensations or symptoms, feelings, perceptions, desires, preferences, beliefs, ideas, values, and personal information that can be elicited and verified only by the client. Feeling tired, complaints of a headache, and the statement about the client's father dying of a heart attack reflect subjective information. Weight, lung sounds, and pupil reaction are examples of objective data.

[◀ Add Question Here](#)

Question 22 **Multiple Answer**

1 points

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Question The activities below reflect the steps of the nursing process. Place the activities in their proper sequence from first to last.

- Answer**
- ✓ A. Identifying outcomes
 - ✓ B. Determining client's nursing problem
 - ✓ C. Collecting information about the client
 - ✓ D. Determining outcome achievement
 - ✓ E. Carrying out interventions

Correct Feedback The nursing process involves collection subjective and objective data (collecting information about the client), analyzing data to make a professional nursing judgment (determining the client's nursing problem), determining outcomes (identifying outcomes) and developing a plan, carrying out the plan (carrying out the interventions), and assessing whether outcomes have been met (determining outcome achievement) and revising the plan as necessary.

Incorrect Feedback The nursing process involves collection subjective and objective data (collecting information about the client), analyzing data to make a professional nursing judgment (determining the client's nursing problem), determining outcomes (identifying outcomes) and developing a plan, carrying out the plan (carrying out the interventions), and assessing whether outcomes have been met (determining outcome achievement) and revising the plan as necessary.

[◀ Add Question Here](#)

Question 23 **Multiple Choice**

1 points

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Question After explaining the skills used to gather subjective and objective data, the instructor determines that additional teaching is needed when the students identify which of the following as a skill necessary for collecting subjective data?

- Answer**
- ✓ A. Inspection
 - B. Therapeutic communication
 - C. Interviewing
 - D. Active listening

Correct Feedback Interviewing, therapeutic communication, caring, empathy, and listening skills are needed to obtain subjective data. Inspection, palpation, percussion, and auscultation are used to collect objective data.

Incorrect Feedback Interviewing, therapeutic communication, caring, empathy, and listening skills are needed to obtain subjective data. Inspection, palpation, percussion, and auscultation are used to collect objective data.

[◀ Add Question Here](#)

Question 24 **Multiple Choice**

1 points

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Question The nurse is performing a health assessment on client. Which of the following would be most important for the nurse to do?

- Answer**
- A. Focus the assessment on the client as an individual
 - ✓ B. Interpret the information about the client in context
 - C. Rely primarily on the client's statements
 - D. Gather information from a variety of sources

Correct Feedback The client must be viewed holistically. Many systems are operating to create the context in which the client exists and functions. The nurse sees an individual client, but accurate interpretation of what the nurse sees depends on perceiving the client in context. Culture, family, and community operate as systems interacting to form the context. Information can be gathered from the client's statements as well as other sources such as the medical record, family members or significant others. This information adds to the assessment of the client in context.

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[◀ Add Question Here](#)

Question 25 **Multiple Choice**

1 points

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Question A client comes to the health care provider's office for a visit. The client has been seen in this office for the past five years and arrives today complaining of a fever and sore throat. Which type of assessment would the nurse most likely perform?

- Answer**
- A. Comprehensive assessment
 - B. Ongoing assessment
 - ✓ C. Focused assessment
 - D. Emergency assessment

Correct Feedback The nurse would most likely perform a focused assessment, which is done when a comprehensive data base exists for a client who comes to the health care agency with a specific health concern. A comprehensive assessment would have been done for this client when he or she first visited the office. An ongoing assessment would be done to evaluate problems identified earlier to determine any changes. This might be the type of assessment done when the client returns after receiving treatment for the current complaints. An emergency assessment would be done if the client came in with a life-threatening complaint or problem.

Incorrect Feedback The nurse would most likely perform a focused assessment, which is done when a comprehensive data base exists for a client who comes to the health care agency with a specific health concern. A comprehensive assessment would have been done for this client when he or she first visited the office. An ongoing assessment would be done to evaluate problems identified earlier to determine any changes. This might be the type of assessment done when the client returns after receiving treatment for the current complaints. An emergency assessment would be done if the client came in with a life-threatening complaint or problem.

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OK