

STUDY GUIDE

HOCKENBERRY | WILSON

WONG'S

Nursing Care of Infants and Children

EDITION 9



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Study Guide for

Wong's Nursing Care of Infants and Children

Ninth Edition

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Preface

This Study Guide accompanies the ninth edition of *Wong's Nursing Care of Infants and Children*. Students may use the Study Guide not only to review content but also to enhance their learning through critical thinking. The Study Guide is designed to assist students in mastering the content presented in the text, developing problem-solving skills, and applying their knowledge to nursing practice.

Each chapter in the Study Guide includes questions that will assist students to meet the objectives of each corresponding textbook chapter. Because most students using this Study Guide will also be preparing to pass the nursing examination (NCLEX), we have primarily used a multiple-choice format. Features to help students learn and retain pediatric terminology are included in each chapter. A Critical Thinking section is also included for each chapter, with questions designed to help students analyze the chapter's content and address their own attitudes about pediatric nursing practice. Case Studies are used in many of the Critical Thinking sections to give students experience in addressing specific practice issues. All case presentations are fictitious but designed to address situations frequently encountered by the nurse in practice.

HOW TO USE THE STUDY GUIDE

We intend for students to use this Study Guide as they study a chapter in the textbook, processing the material chapter by chapter and section by section. For this reason, we chose to present the questions in an order that generally follows the textbook's content. Students will find the answers to the questions for each chapter at the end of the Study Guide. Page numbers from the textbook have been included to facilitate finding content related to the answers.

It is our hope that this Study Guide will function as both an aid to learning and a means for measuring progress in the mastery of pediatric nursing practice.

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Answer Key 363

1. Lillian Wald, a nurse who had far-reaching effects on child health and nursing:
 - a. founded the Henry Street Settlement.
 - b. founded public health/community nursing.
 - c. established the role of the full-time school nurse.
 - d. all of the above.

2. Risk-taking behaviors:
 - a. do not generally begin until adolescence.
 - b. have declined since 2002.
 - c. are not influenced by education or parental disapproval.
 - d. all of the above.

3. Mental health problems in children:
 - a. affect 1 in 20 school-age children.
 - b. make the children less likely to drop out of school than those with other disabilities.
 - c. include attention deficit hyperactivity disorder (ADHD).
 - d. all of the above.

4. According to *Healthy People 2020*, strategies that address leading health indicators for the nation would include all of the following areas except:
 - a. decreasing tobacco use.
 - b. increasing innovative treatments for cancer.
 - c. decreasing substance abuse.
 - d. increasing immunization.

5. Which of the following statements is true about infant mortality in the United States?
 - a. There has been a recent dramatic increase in infant mortality in the United States.
 - b. The United States is currently a world leader in reducing infant mortality.
 - c. In 2001 the United States ranked last in infant mortality rate among nations with similarly sized populations
 - d. The United States has lower infant mortality rates than most other developed countries.

6. The major determinant of neonatal death in technologically developed countries is:
 - a. birth weight.
 - b. short gestation.
 - c. long gestation.
 - d. human immunodeficiency virus (HIV) infection.

7. Which of the following causes of death account for the most deaths in infants under 1 year of age?
 - a. Pneumonia and influenza
 - b. Infections specific to the perinatal period
 - c. Accidents and adverse effects
 - d. Congenital anomalies

8. Infant mortality decreased significantly in the 1990s for:
 - a. low birth weight.
 - b. congenital heart defects.
 - c. human immunodeficiency virus (HIV) infection.
 - d. sudden infant death syndrome (SIDS).

9. Which of the following differences is seen when infant death rates are categorized according to race?
 - a. Disparities among races have continued to increase dramatically in the United States.
 - b. Infant mortality for Hispanic infants is much higher than for any other group.
 - c. Infant mortality for African-Americans is twice the rate of Caucasians.
 - d. Infant mortality for Caucasian infants is the same as for other races.

10. After a child reaches the age of 1 year, the leading cause of death is from:
 - a. human immunodeficiency virus (HIV).
 - b. congenital anomalies.
 - c. cancer.
 - d. unintentional injuries.

11. Children 12 years of age and older who are victims of homicide tend to be killed by:
 - a. firearms.
 - b. family members.
 - c. stabbing.
 - d. poor safety devices on firearms.

12. The disease that continues to be a leading cause of death in all age-groups of children is:
 - a. diabetes.
 - b. acquired immunodeficiency syndrome (AIDS).
 - c. cancer.
 - d. infectious disease.

13. Morbidity statistics that depict the prevalence of a specific illness in the population are:
 - a. presented as rates per 100 population.
 - b. difficult to define.
 - c. denoting acute illness only.
 - d. denoting chronic disease only.

14. Fifty percent of all acute conditions of childhood can be accounted for by:
 - a. injuries and accidents.
 - b. bacterial infections.
 - c. parasitic disease.
 - d. respiratory illness.

15. Identify one major category of disease that children tend to contract in infancy and early childhood.

16. List three factors that contribute to increasing morbidity of any disorder in children.

17. Along with clean drinking water, what other public health intervention has great impact?

18. Another term for “the new morbidity” is:
- pediatric social illness.
 - pediatric noncompliance.
 - learning disorder.
 - dyslexia.
19. Which of the following statements about injuries in childhood is false?
- Developmental stage partially determines the prevalence of injuries at a given age.
 - Most fatal injuries occur in children under the age of 9 years.
 - Developmental stage helps to direct preventive measures.
 - Children ages 5 to 9 years are at greatest risk for bicycle fatalities.
20. The current trend toward evidence-based practice involves:
- questioning whether a better approach exists.
 - analyzing published clinical research.
 - increased emphasis on measurable outcomes.
 - all of the above.
21. _____ refers to the best approach to prevention that uses teaching and counseling of parents and others about developmental expectations and that alerts parents to the issues that are most likely to arise at a given age.
22. Match each federal program with the impact it has on maternal and child health.
- | | |
|--|---|
| a. Education of the Handicapped Act Amendments of 1986 (P.L. 99-457) | e. Medicaid |
| b. Social Services Block Grant | f. Family and Medical Leave Act (FMLA) |
| c. Alcohol, Drug Abuse, and Mental Health Block Grants | g. Aid to Families with Dependent Children (AFDC) |
| d. Education for All Handicapped Children Act (P.L. 94-142) | h. MCH Service Block Grant |
| | i. Women, Infants, and Children (WIC) |
| | j. Omnibus Budget Reconciliation Act of 1990 |
- _____ Created in 1965, the largest maternal-child health program; program under which the Child Health Assessment Program (CHAP) provides services for children and pregnant women, with eligibility varying from state to state
- _____ Created in 1935 as a cash grant to aid needy children without fathers
- _____ Provides services to reduce infant mortality, disease, and disabilities and to increase access to care
- _____ Established in 1981 to fund projects related to substance abuse and treatment of mentally disturbed children
- _____ Provides funds for child protective services, family planning, and foster care
- _____ Started in 1974 to provide nutritious food and education to low-income childbearing women, infants, and children up to age 5 years
- _____ Passed in 1975 to provide free public education to disabled children
- _____ Provides funding for multidisciplinary programs for disabled infants and toddlers
- _____ Allows employees to take unpaid leave (1993)
- _____ Requires states to extend Medicaid coverage to children 6 to 18 years of age with family incomes below 133% of poverty level

23. List three barriers to health care in the United States and give an example of each.
24. Define the following components of prospective payment.
- a. Prospective payment system based on diagnosis-related groups

 - b. Health maintenance organizations

 - c. Managed health care
25. Two basic concepts in the philosophy of family-centered pediatric nursing care are:
- a. enabling and empowerment.
 - b. empowerment and bias.
 - c. enabling and curing.
 - d. empowerment and self-control.
26. The role of the nurse in the parent-professional partnership is to:
- a. decide what is most important for the family.
 - b. decide what is most important for the child.
 - c. strengthen the family's ability to nurture.
 - d. manipulate the available resources.
27. An example of atraumatic care would be to:
- a. eliminate all traumatic procedures.
 - b. restrict visiting hours to adults only.
 - c. perform invasive procedures only in the treatment room.
 - d. remove parents from the room during painful procedures.
28. _____ involves questioning why something is effective and whether a better approach exists. The concept also involves analyzing and translating published clinical research into the everyday practice of nursing.
29. As the movement for providing care based on evidence continues, nurses will be using methods to evaluate research such as:
- a. Agency for Health Care Policy and Research (AHCPR) guidelines in place of guidelines developed locally.
 - b. guidelines that are based on traditional practice.
 - c. the GRADE criteria.
 - d. guidelines that reflect current research but decrease job satisfaction.
30. Match each role of the pediatric nurse with its description.
- | | | |
|--|-----------------------------------|---|
| a. Family advocacy and caring | d. Support | h. Ethical decision making |
| b. Disease prevention and health promotion | e. Counseling | i. Research and evidence-based practice |
| c. Health teaching | f. Therapeutic relationship | |
| | g. Coordination and collaboration | |

- _____ A mutual exchange of ideas and opinions
- _____ Health maintenance strategies
- _____ Working together as a member of the health team
- _____ Establishing relationships with children and families yet remaining separate
- _____ Systematically recording and analyzing observations
- _____ Attention to emotional needs (listening, physical presence)
- _____ Transmitting information
- _____ Using patient, family, and societal values in care
- _____ Acting in the child's best interest

CRITICAL THINKING—CASE STUDY

Marisa Gutierrez arrives with her infant, Sara, in the well-baby clinic. Sara, who is 14 months old, is the youngest of three children. Her mother has brought her to the clinic for well-child care. Sara's two brothers, who are 7 and 8 years old, have come along. As the nurse interviews the mother, Sara explores the examination room. She reaches for her older brothers' marbles and puts one in her mouth.

31. After organizing the data into similar categories, the nurse correctly decides that:
 - a. no dysfunctional health problems are evident.
 - b. high risk for dysfunctional health problems exists.
 - c. actual dysfunctional health problems are evident.
 - d. potential complications are evident.
32. The nurse then identifies a possible human response pattern to further classify the data. Which of the following functional health patterns would be best for the nurse to select?
 - a. Role-relationship pattern
 - b. Nutritional-metabolic pattern
 - c. Coping-stress tolerance pattern
 - d. Self-perception/self-concept pattern
33. Based on the data collected, which of the following nursing diagnoses would be most appropriate?
 - a. Altered Family Process
 - b. Altered Family Coping
 - c. Altered Individual Coping
 - d. Altered Parenting
34. Which of the following patient outcomes is individualized for Sara?
 - a. Sara will receive her immunizations on time.
 - b. Sara will demonstrate adherence to the nurse's recommendations.
 - c. Marisa Gutierrez will verbalize the need to keep small objects away from Sara to avoid aspiration.
 - d. Sara's brothers will verbalize the need to stop playing with small objects.
35. During the evaluation phase, which of the following responses by Sara's mother would indicate that the expected outcomes have been met?
 - a. "I will have to go through all of the boys' things when we get home to be sure there aren't any other small objects that could hurt Sara."
 - b. "I had forgotten how curious babies are. It has been many years since the boys were babies, and they didn't have an older child's toys around."
 - c. "I will have to start to discipline Sara now so that she knows not to play with the older children's belongings."
 - d. "I am afraid she cannot receive her immunizations. She had a fever after her last one."
36. At Sara's next well-baby visit, what information will be most important to document in the chart?
 - a. Written evidence of progress toward outcomes
 - b. The standard care plan
 - c. Broad-based goals
 - d. Interventions applicable to patients like Sara

2

Social, Cultural, and Religious Influences on Child Health Promotion

1. Match each term with its definition or description.

- | | | |
|---|---------------------------------|---------------------------------|
| a. Transcultural nursing orientation | g. Subculture influences | n. Invisible poverty |
| b. Culture | h. Social roles | o. Relative standard of poverty |
| c. Race | i. Primary group | p. Working poor |
| d. Socialization | j. Secondary group | q. Uninsured children |
| e. Material overt culture or manifest culture | k. Ethnic stereotyping | r. Parens patriae |
| f. Nonmaterial covert culture | l. Absolute standard of poverty | s. Homeless individual |
| | m. Visible poverty | |

- _____ Characterized by limited intermittent contact; generally less concern for conformity except in rigidly limited areas
- _____ A biologic term distinguishing variety in humans by physical traits
- _____ A holistic view of care that provides a theoretical intellectual framework and research methodology for providing culturally congruent patient care that involves an awareness that every family, child, and health care provider comes to a clinical encounter with a cultural lens through which they see and interpret the world
- _____ The process by which society communicates its competencies, values, and expectations to children
- _____ Examples are ethnicity and social class
- _____ One of the major reasons for the growth in the number of poor children over the past decade
- _____ Refers to those aspects that cannot be observed directly, such as ideas, beliefs, customs, and feelings of a culture
- _____ Refers to social and cultural deprivation; for example, limited employment opportunities; inferior educational opportunities; lack of, or inferior, medical services or health care facilities; and absence of public services
- _____ Labeling that stems from ethnocentric views
- _____ Characterized by intimate, continued, face-to-face contact; mutual support of members; and the ability to order or constrain a considerable proportion of individual members' behavior and role assumption; for example, the family and the peer group
- _____ The rich context through which people view and respond to their world and that provides the lens through which all facets of human behavior can be interpreted
- _____ Cultural creations that define patterns of behavior for persons in a variety of social positions
- _____ Delineates a basic set of resources needed for adequate existence
- _____ Reflects the median standard of living in a society; refers to childhood poverty in the United States
- _____ Legal principle that says the state has an overriding interest in the health and welfare of its citizens
- _____ Refers to a lack of money or material resources; for example, insufficient clothing, poor sanitation, and deteriorating housing
- _____ Describes approximately 11.6% of all children in the United States; members of this group are more likely to miss school, thus jeopardizing their health and their education
- _____ Refers to the observable components of a culture, such as material objects (dress, art, utensils, and other artifacts) and actions
- _____ Those persons who lack resources and community ties necessary to provide for their own adequate shelter

2. Match each cultural term with its definition or description.

- | | |
|------------------------------|------------------------|
| a. Biculturation | e. Acculturation |
| b. Cultural shock | f. Assimilation |
| c. Cultural sensitivity | g. Cultural relativity |
| d. Culturally competent care | |

- _____ Care that goes beyond the awareness of similarities and differences to implement care that is empathetic while maintaining an openness to gain more understanding
- _____ The process of developing a new cultural identity
- _____ An awareness of cultural similarities and differences
- _____ The concept that any behavior must be judged first in relation to the context of the culture in which it occurs
- _____ Characterized by the inability to respond to or function within a new or strange situation
- _____ Gradual changes produced in a culture by the influence of another culture, causing one or both cultures to be more similar to the other
- _____ The straddling of two cultures; involves the ability to efficiently bridge the gap between an individual culture of origin and the dominant culture

3. The following terms are related to cultural/religious influences on health care. Match each term with its definition or description.

- | | | |
|------------------------|------------------------|-----------------|
| a. Miserias | f. La diarrhea | k. Acupressure |
| b. Locked bowels | g. Chi | l. Moxibustion |
| c. Caída de la mollera | h. Yin-yang | m. Kahunas |
| d. Susto | i. Curandero/curandera | n. Ho'oponopono |
| e. Dolor, duels, lele | j. Acupuncture | |

- _____ The term for *diarrhea* used by some Hispanic people
- _____ The term used by some Hispanic people for a fallen fontanel resulting from dehydration
- _____ The term for *pain* used by some Hispanic people
- _____ The term for *pain* used by some African-Americans
- _____ Application of pressure to cure maladies
- _____ The Chinese term for the innate energy that leaves the body through the mouth, nose, and ears and flows through the body in definite pathways, or meridians, at specific times and locations
- _____ Hawaiian folk healers
- _____ The term for *fright* used by some Hispanic people
- _____ Insertion of needles to cure maladies
- _____ The practice of healing family imbalances or disputes among Native Hawaiians
- _____ The Chinese terms for the forces of hot and cold that are believed to be out of balance when a person is ill
- _____ The term for *constipation* used by some African-Americans
- _____ Application of heat to cure maladies
- _____ The Mexican-American folk healer

4. The following terms are related to folk medicine practices that may be harmful. Match each term with its definition or description.

- | | |
|--|------------------------------------|
| a. Coining | e. Greta, azarcon, paylooah, surma |
| b. Forced kneeling | f. Azogue |
| c. Female genital mutilation (female circumcision) | g. Paylooah |
| d. Topical garlic application | |

- _____ Traditional remedies that contain lead
- _____ Traditional remedy used for rash and fever in Southeast Asia
- _____ Removal of, or injury to, any part of the female genital organ; practiced in Africa, the Middle East, Latin America, India, the Far East, North America, Australia, and Western Europe
- _____ Child discipline measure of some Caribbean groups
- _____ A practice of Yemenite Jews; applied to the wrist to treat infectious disease; can result in blisters or burns
- _____ Vietnamese practice; may produce weltlike lesions on the child's back
- _____ A mercury compound commonly used in Mexico and sometimes sold illegally to low-income Hispanic families in the United States as a remedy for diarrhea; can cause permanent central nervous system damage

5. When considering the impact of culture on the pediatric patient, the nurse recognizes that culture:

- a. is synonymous with race.
- b. affects the development of health beliefs.
- c. refers to a group of people with similar physical characteristics.
- d. refers to the universal manner and sequence of growth and development.

6. Which of the following social groups is an example of a primary group?

- a. Six inseparable teenagers
- b. A second-grade class
- c. The members of a national church
- d. The city garden club

7. Societal fostering and reinforcement of certain behaviors help to establish:

- a. feelings of comfort about wrongdoing.
- b. an outlet following wrongdoing.
- c. rewards for culturally acceptable social behavior.
- d. internalization of the cultural norms.

8. Match each of the following subcultural influences with its description or its influence on a child's cultural development.

- | | |
|-------------------------|--------------------------|
| a. Ethnicity | f. Migrant families |
| b. Ethnocentrism | g. Biculture |
| c. Socioeconomic status | h. Religious orientation |
| d. Poverty | |
| e. Homelessness | |

- _____ A subcultural group in which children face less conflict when their language and culture are supported, even if the dominant language is used
- _____ Occurs when there is a lack of resources for adequate shelter
- _____ Differentiation within a population that is determined by similar distinguishing factors such as customs, characteristics, and/or language
- _____ Limit of resources needed for adequate existence

- _____ Belief that one's own ethnic group is superior to others
 - _____ Three of every five of these families live below the federally designated poverty line
 - _____ Dictates the code of morality
 - _____ Determined by one's economic and educational level; not to be confused with cultural or ethnic diversity
9. Currently in North America there is less reliance on tradition, families are fragmented, and transmission of customs is limited because of:
- a. a growing proportion of ethnic minorities.
 - b. more emphasis on ethnic diversity.
 - c. the frontier background of the American culture.
 - d. increasing geographic and economic mobility.
10. Most children in North America grow up in some form of:
- a. nuclear family.
 - b. extended family.
 - c. blended family.
 - d. None of the above
11. Which of the following is the fastest-growing minority group in the United States?
- a. Spanish/Hispanic
 - b. African-American
 - c. Asian
 - d. Native American
12. A child has become acculturated when:
- a. a gradual process of ethnic blending occurs.
 - b. the child identifies with traditional heritage.
 - c. ethnic and racial pride emerges.
 - d. counteraggressive behavior is eliminated.
13. Which of the following strategies is likely to produce the most conflict when considering the concept of cultural shock?
- a. Teaching the family some of the dominant culture's customs
 - b. Having an older son or daughter translate a health history
 - c. Identifying some of the usual family customs
 - d. Learning tolerance of others' values and beliefs
14. To understand and deal effectively with families in a multicultural community, nurses should:
- a. be aware of their own attitudes and values.
 - b. learn about different cultural beliefs to manipulate them.
 - c. learn how to change longstanding health beliefs.
 - d. recognize that all cultures are very similar to one another.
15. Innate susceptibility is developed through:
- a. the child's general physical status.
 - b. exposure to environmental factors.
 - c. long-term proximity to disease.
 - d. generations of evolutionary changes.

16. Match each disease or disorder with the racial or ethnic group with which it is associated.

- | | |
|------------------------|----------------------------|
| a. Tay-Sachs disease | f. β -Thalassemia |
| b. Cystic fibrosis | g. Clubfoot |
| c. Sickle cell disease | h. Ear anomalies |
| d. Phenylketonuria | i. Werdnig-Hoffman disease |
| e. Cleft lip/palate | |

- _____ Greek
- _____ Middle Eastern
- _____ Japanese
- _____ Jewish
- _____ Irish
- _____ Polynesian
- _____ Navajo American Indian
- _____ African-American
- _____ White American

17. In which of the following ethnic groups is the finding of sickle cell disease most common?

- a. Scandinavian
- b. Scottish/Irish
- c. African-American
- d. Native American

18. Which of the following statements about mass media is true?

- a. Clear evidence documents a relationship between television viewing and increased risk behaviors in adolescents.
- b. Educational television programming teaches the habits of mind to be a good leader.
- c. Reading ability and intelligence are linked to the number and type of comic books read.
- d. Mass media and increased use of tobacco by adolescents have been linked.

19. Of those factors listed below, which is the most influential for the North American child's health?

- a. Genetic background
- b. Proximity to the disease
- c. Social class
- d. Health beliefs and practices

20. The concept that any behavior must be judged first in relation to the context of the culture in which it occurs is called:

- a. cultural relativity.
- b. cultural stereotyping.
- c. nonverbal communication.
- d. culturally sensitive interaction.

21. Match each custom or belief with the ethnic group with which it is associated.
- | | |
|--------------------------|--------------------|
| a. Japanese | d. Asian |
| b. U.S. dominant culture | e. Native American |
| c. Hispanic | |
- _____ Eye contact is considered a sign of hostility.
_____ Nonverbal communication is a practiced art.
_____ Focus is on time; the expression “time flies” is commonly used.
_____ To “lose face,” or to feel ashamed, is highly undesirable.
_____ Infants are particularly vulnerable to the “evil eye.”
22. Which of the following strategies is not considered culturally sensitive?
- Active listening
 - Slow and careful speaking
 - Loud and clear speaking
 - Repetition and clarification
23. Cultural food practices may have a:
- physiologic origin.
 - religious significance.
 - nurturing purpose.
 - All of the above
24. To integrate spiritual care into practice, the nurse should:
- demonstrate respect.
 - support visitation of spiritual leaders.
 - listen to ensure understanding.
 - do all of the above.
25. To transmit an attitude of respect for a family’s ethnic or religious heritage, the nurse should:
- have the dietitian explain why the hospital diet must be followed.
 - maintain good eye contact.
 - help the patient by interjecting the correct terms during the interview.
 - acknowledge concern for differences in food preferences.
26. Voodoo is an example of an influence that is considered:
- a supernatural force.
 - a natural force.
 - an imbalance of the forces.
 - an imbalance of the four humors.
27. Adopting a multicultural perspective means that the nurse:
- explains that biomedical measures are usually more effective.
 - uses the patient’s traditional health cultural beliefs.
 - realizes that most folk remedies have a scientific basis.
 - uses aspects of the cultural beliefs to develop a plan.
28. Which of the following terms is not used to describe a kind of folk healer?
- Azogue
 - Curandera
 - Curandero
 - Kahuna

29. Which of the following health practices may compromise the health and well-being of either mother or fetus?
- The mother reaching her arms above her head
 - The practice of eating clay
 - The use of asafetida
 - The practice of ho'oponopono
30. To provide culturally sensitive care to children and their families, the nurse should:
- disregard one's own cultural values.
 - identify behavior that is abnormal.
 - recognize characteristic behaviors of certain cultures.
 - rely on one's own feelings and experiences for guidance.
31. In planning and implementing transcultural patient care, nurses need to strive to:
- adapt the family's ethnic practices to the health need.
 - change the family's longstanding beliefs.
 - use traditional ethnic practices in every patient's care.
 - teach the family only how to treat the health problem.
32. Awareness of generalizations about cultural groups is important, because this information helps the nurse to:
- learn the similarities among all cultures.
 - learn the unique practices of various groups.
 - stereotype groups' characteristics.
 - categorize groups according to their similarities.

CRITICAL THINKING

33. During assessment the patient reveals that her family uses an acupuncturist occasionally. Based on this information, the nurse realizes that another health practice commonly practiced by the same cultural group is:
- voodoo.
 - moxibustion.
 - Santeria.
 - kampo.
34. Consideration of cultural assessment data is most important for which of the following nursing diagnoses?
- Decreased Cardiac Output
 - Impaired Skin Integrity
 - Ineffective Airway Clearance
 - Altered Nutrition
35. In planning any meal for a patient whose family holds beliefs of Islam, the nurse would exclude which of the following foods?
- Pork
 - Corn bread
 - Rice
 - Collard greens
36. Using a framework to evaluate transcultural nursing care, which of the following health practices is typical?
- A Japanese family cares for a disabled family member in their home.
 - An African-American family uses amulets as a shield from witchcraft.
 - A Puerto Rican family seeks help from a curandera.
 - A Mexican-American family seeks help from santeros.