

### MULTIPLE CHOICE

1. The new nurse demonstrates an understanding of the primary purpose of the state nurse practice act (NPA) by explaining that it acts to:
- test and license LPN/LVNs.
  - define the scope of LPN/LVN practice.
  - improve the quality of care provided by the LPN/LVN.
  - limit the LPN/LVN employment placement.

ANS: B

While improving quality of care provided by the LPN/LVN may be a result of the NPA, the primary purpose of the NPA of each state defines the scope of nursing practice in that state.

DIF: Cognitive Level: Comprehension REF: 1-2 OBJ: 1 (theory)  
TOP: NPA KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

2. The charge nurse asks the new vocational nurse to start an intravenous infusion. Because the vocational nurse has not been taught this skill during her educational program, the vocational nurse should:
- ask a more experienced nurse to demonstrate the procedure.
  - look up the procedure in the procedure manual.
  - attempt to perform the procedure with supervision.
  - inform the charge nurse of her lack of training in this procedure.

ANS: D

The charge nurse should be informed of the lack of training to perform the procedure, and the vocational nurse should seek further training to gain proficiency. Although the other options might be helpful, they are not safe.

DIF: Cognitive Level: Application REF: 2 OBJ: 1 (theory)  
TOP: Providing Safe Care KEY: Nursing Process Step: NA  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

3. The nurse recognizes the need for further discharge education when the patient says:
- “I have no idea of how this drug will affect me.”
  - “Do you know if my physician is coming back today?”
  - “Will my insurance pay for my stay?”
  - “Am I going to have to go to a nursing home?”

ANS: A

Lack of knowledge at discharge about medication effects and side effects is a concern that should be addressed by the vocational nurse. The other concerns in the options are the responsibility of other departments to which the nurse might refer the patient.

DIF: Cognitive Level: Analysis REF: 2 OBJ: 1 (theory)  
TOP: Teaching KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

4. According to most state NPAs, the vocational nurse acting as charge nurse in a long-term care facility is acting in which capacity?
- Under direct supervision of an RN on the unit
  - With the RN in the building
  - Under general supervision by the RN available on site or by phone
  - As an independent vocational nurse

ANS: C

The vocational nurse in the capacity of the charge nurse in a long-term care facility acts with the general supervision of an RN available on site or by phone.

DIF: Cognitive Level: Comprehension REF: 3 OBJ: 1 (theory)  
TOP: Charge Nurse/Manager KEY: Nursing Process Step: NA  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

5. The nurse reminds the patient who is a member of a health maintenance organization that prior to treatment he will need to:
- seek the opinion of another physician.
  - have medical services approved by his insurance.
  - provide documentation of all care received for his condition.
  - wait 6 months to see a specialist.

ANS: B

Most HMOs require preprocedure authorization for treatment. Patients are not required to seek a second opinion, provide documentation of care, or wait a specific time period before visiting a specialist.

DIF: Cognitive Level: Application REF: 5 OBJ: 3 (theory)  
TOP: Charge Nurse/Manager KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

6. The patient complains to the nurse that he is confused about his “deductible” that he owes the hospital. The nurse explains that the deductible is a(n):
- amount of money put aside for the payment of future medical bills.
  - one-time fee for service.
  - amount of money deducted from the bill by the insurance company.
  - annual amount of money the patient must pay out-of-pocket for medical care.

ANS: D

The deductible is the annual amount the insured must pay out-of-pocket prior to the insurance company assuming the cost. This practice improves the profit of the insurance company.

DIF: Cognitive Level: Application REF: 4 OBJ: 5 (theory)  
TOP: Health Care Financing KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

7. The nurse compares the characteristics of a health maintenance organization (HMO) and a preferred provider organization (PPO), pointing out that an HMO:
- requires a set fee of each member monthly.
  - allows the member to select his health care provider.
  - permits admission to any facility the member prefers.
  - offers unlimited diagnostics tests and treatments.

ANS: A

HMOs require a set fee from each member monthly (capitation). The patient will be treated by the HMO staff in HMO-approved facilities. Excessive use of diagnostic tests and treatments is discouraged by the HMO.

DIF: Cognitive Level: Application REF: 5 OBJ: 3 (theory)  
TOP: Managed Care KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

8. When the patient asks the nurse what his Medicare Part A covers, the nurse responds that it covers:
- inpatient hospital costs.
  - reimbursement to the physician.
  - outpatient hospital services.
  - ambulance transportation.

ANS: A

Medicare Part A covers inpatient hospital expenses, drugs, x-rays, lab work, and intensive care. Medicare Part B pays the physician, ambulance transport, and outpatient services.

DIF: Cognitive Level: Comprehension REF: 5 | Box 1-3 OBJ: 4 (theory)  
TOP: Government-Sponsored Health Insurance  
KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

9. The nurse explains that the main cost containment component of diagnosis-related groups (DRGs) is that:
- hospitals focus only on the specific diagnosis.
  - hospitals treat and discharge patients quickly.
  - reduced-cost drugs are ordered for the specific diagnosis.
  - diagnostic group classification streamlines care.

ANS: B

DRGs are a prospective payment plan in which hospitals receive a flat fee for each patient’s diagnostic category regardless of the length of time in the hospital. If hospitals can treat and discharge patients before the allotted time, hospitals get to keep the excess payment; cost is contained, and the patient is discharged sooner.

DIF: Cognitive Level: Comprehension REF: 6 OBJ: 5 (theory)  
TOP: Government-Sponsored Health Insurance  
KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

10. While assessing a group of patients, the nurse recognizes the patient who could qualify for Medicaid benefits is the:
- 35-year-old unemployed single mother with diabetes.
  - 70-year-old Medicare recipient with retirement income who needs to be in a long-term care facility.
  - 80-year-old blind woman living in her own home who has inadequate private insurance.
  - 67-year-old stroke victim with Medicare Part A and an income from investments.

ANS: A

Medicaid is a joint effort of federal and state governments geared primarily for low-income people with no insurance.

DIF: Cognitive Level: Comprehension REF: 6 | Box 1-5 OBJ: 4 (theory)  
TOP: Government-Sponsored Health Insurance–Medicaid  
KEY: Nursing Process Step: Assessment  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

11. The nurse explains that the major focus of *Healthy People 2020* is to improve the health of Americans in the second decade of the century by:
- a. funding research.
  - b. distributing health information.
  - c. encouraging healthy lifestyles.
  - d. designing programs for health improvement.

ANS: C

*Healthy People* focuses on helping ongoing programs to incorporate support and information to reduce infant mortality, cancer, cardiovascular disease, and HIV/AIDS and to increase effective immunizations, healthy eating habits, and healthy weight.

DIF: Cognitive Level: Comprehension      REF: 6-7      OBJ: 7 (theory)  
TOP: Healthy People 2020      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

12. The nurse who plans interventions for all dimensions of the patient’s life is practicing \_\_\_\_\_ care.
- a. focused
  - b. general
  - c. directed
  - d. holistic

ANS: D

Holistic care addresses the physiologic, psychological, social, cultural, and spiritual needs of the patient.

DIF: Cognitive Level: Comprehension      REF: 7      OBJ: 8 (theory)  
TOP: Holistic Care      KEY: Nursing Process Step: Planning  
MSC: NCLEX: Psychosocial Integrity: Coping and Adaptation

13. The patient furiously says, “My doctor was so busy giving me instructions that he didn’t hear what I was trying to ask him.” The most empathetic response would be:
- a. “Boy! When people do that to me, I really get mad.”
  - b. “I’m sure the doctor was rushed and unaware of your needs.”
  - c. “I’ll bet that made you feel very frustrated.”
  - d. “Take a deep breath and plan what you will say to him tomorrow.”

ANS: C

Empathy demonstrates that the nurse perceives the patient’s feelings but does not share the emotion. Belittling the patient’s feelings, showing sympathy, or defending the doctor makes the patient feel devalued.

DIF: Cognitive Level: Analysis      REF: 8      OBJ: 9 (theory)  
TOP: Nurse–Patient Relationship      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Psychosocial Integrity

14. The nurse explains that a therapeutic relationship differs from a social relationship in that the therapeutic relationship:
- a. has no boundaries.
  - b. is goal directed.
  - c. meets the needs of each person in the relationship.
  - d. extends past the hospitalization period.

ANS: B

The therapeutic relationship is focused on the patient and is goal directed and designed to meet only the needs of the patient and does not extend past the period of hospitalization.

DIF: Cognitive Level: Application      REF: 8      OBJ: 9 (theory)  
TOP: Therapeutic Relationship      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Psychosocial Integrity

15. The most effective nursing approach in caring for a depressed 80-year-old newly admitted resident to a long-term care facility would be to:
- a. encourage the resident to engage in an activity.
  - b. remind the resident of reasons to be positive.
  - c. point out episodes of negative behavior.
  - d. present a bright and cheerful behavior.

ANS: A

Activity and social interaction are helpful to depressed patients. Presenting a cheery approach and pointing out negative behavior and reasons to be positive are not therapeutic at this stage of the relationship.

DIF: Cognitive Level: Application      REF: 8      OBJ: 11 (theory)  
TOP: Depressed Behavior      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Psychosocial Integrity

16. The patient who has been on antidepressants for 3 days tearfully says, “I still feel rotten. I don’t think anything can help how I feel.” Which is the best response by the nurse?
- a. “I will tell the charge nurse how you are feeling.”
  - b. “You will need to be patient and give your medicine some time to work.”
  - c. “Look how much you have improved since you were admitted to the facility.”
  - d. “It must be frustrating to be going through this difficult time.”

ANS: D

This response is an empathetic response which allows for further exploration of the patient’s feelings. The other responses will block communication with this patient.

DIF: Cognitive Level: Application      REF: 8-9      OBJ: 11 (theory)  
TOP: Therapeutic Communication      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Psychosocial Integrity

17. An overweight male patient rips off his hospital gown, throws it out the door, and shouts, “I’m not wearing this stupid gown. It is too small, too short, and exposes my backside to the world.” The nurse’s best approach would be to:
- a. remind patient of the need to wear the gown for convenience in care.
  - b. confer with the patient for methods to acquire a larger gown.
  - c. replace the torn gown with another.
  - d. inform the charge nurse of the hostile behavior.

ANS: B

Allowing hostile patients to make reasonable requests defuses the anger and allows patients to vent their feelings.

DIF: Cognitive Level: Application      REF: 9      OBJ: 11 (theory)  
TOP: Hostile Behavior      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Psychosocial Integrity: Coping and Adaptation

18. A manipulative patient states, “You are the only nurse who understands about my pain. Can’t you give me an extra dose of pain medication?” The nurse should:
- a. be matter-of-fact and explain that dosage schedules are by physician’s orders.
  - b. ignore the request.
  - c. point out that such manipulative behavior is ineffective.
  - d. give the extra dose.

ANS: A

A matter-of-fact response to a manipulative request limits the effect of the manipulation, thereby helping the nurse to avoid becoming defensive or being swayed by flattery.

DIF: Cognitive Level: Application      REF: 9      OBJ: 11 (theory)  
TOP: Manipulative Behavior      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Psychosocial Integrity

19. A female patient who has recently been diagnosed with an inoperable brain tumor asks the nurse, “Do you think God punishes us?” The nurse’s most helpful approach would be to:
- a. sit down with the patient and ask, “What do you think?”
  - b. touch the patient’s shoulder and say, “God loves you.”
  - c. ask the patient if she would like to speak with the chaplain.
  - d. say, “God will not give you more than you can bear.”

ANS: A

Sitting with the patient and offering oneself to listen to the patient’s concerns and encouraging reflection is the best approach rather than responding with a cliché or suggesting speaking with the chaplain.

DIF: Cognitive Level: Analysis      REF: 8-9      OBJ: 11 (theory)  
TOP: Spiritual Care      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Psychosocial Integrity

20. The nurse is communicating with a patient who has voiced concern regarding an upcoming high-risk procedure. The nurse demonstrates empathy by stating:
- a. “Would you like to talk about your feelings regarding the procedure?”
  - b. “My mother had the same procedure and did very well.”
  - c. “I can’t imagine how you feel.”
  - d. “It must be difficult preparing for the procedure; how are you feeling?”

ANS: D

This statement by the nurse displays empathy by trying to place oneself in the patient’s circumstance and validating the patient’s feelings. Simply asking patients if they would like to talk about their feelings does not show empathy and may elicit a “yes” or “no” response. Telling the patient one’s mother had the procedure or stating “I can’t imagine how you feel” does not show empathy toward the patient.

DIF: Cognitive Level: Application      REF: 7-8      OBJ: 9 (theory)  
TOP: Nurse–Patient Relationship      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Psychosocial Integrity

## MULTIPLE RESPONSE

21. The new LPN/LVN reminds a coworker that clear guidelines for upholding clinical standards for safe and competent care can be found in information from: (*Select all that apply.*)
- the state's nurse practice act (NPA).
  - the State Board of Nurse Examiners (BNE).
  - the National Association for Practical Nurse Education and Service (NAPNES).
  - institutional policies.
  - the National Federation of Licensed Practical Nurses, Inc. (NFLPN).

ANS: C, E

NAPNES and the NFLPN give clear guidelines for clinical standards that can be used as a basis for court decisions. The NPA has broad guidelines, and institutional policies may not be complete. The BNE enforces the NPA.

DIF: Cognitive Level: Comprehension    REF: 2    OBJ: 1 (theory)  
TOP: Upholding Clinical Standards    KEY: Nursing Process Step: NA  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

22. The LPN/LVN clarifies that the role of the LPN/LVN, regardless of employment placement, is to: (*Select all that apply.*)
- uphold clinical standards.
  - educate patients.
  - communicate effectively.
  - collaborate with the health care team.
  - initiate a care plan immediately after admission.

ANS: A, B, C, D

The LPN/LVN has the accountability to uphold clinical standards, educate patients, communicate effectively, and collaborate with the health care team. Depending on the type of facility, initiation of a care plan is often the role of the registered nurse.

DIF: Cognitive Level: Comprehension    REF: 2-3    OBJ: 2 (theory)  
TOP: Roles of LPN/LVNs    KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

23. The newly licensed LPN/LVN demonstrates an understanding of employment opportunities when applying to a position in which of the following areas? (*Select all that apply.*)
- An outpatient clinic
  - A home health care agency
  - An intravenous therapy team
  - A long-term care facility
  - An ambulatory care unit

ANS: A, B, D, E

With the exception of an intravenous therapy team, which requires postgraduate education and/or certification, the other options are open to newly graduated vocational nurses.

DIF: Cognitive Level: Application    REF: 3 | Box 1-1    OBJ: 2 (theory)  
TOP: Employment Opportunities for LPN/LVNs    KEY: Nursing Process Step: NA  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

24. When an LPN/LVN delegates a task to unlicensed assistive personnel (UAP), there is: (*Select all that apply.*)
- a need for the UAP to voluntarily accept the task delegated.
  - continued accountability for the task by the LPN/LVN.
  - no further need for supervision of the UAP.
  - the understanding that the task is in the job description of the UAP.
  - a transfer of authority to the UAP.

ANS: A, B, D, E

Delegation is a considered act involving the condition of the patient and the competency of the UAP. Delegation requires that the UAP voluntarily accept the task, which is in the job description of the UAP. The vocational nurse has transferred authority for the completion of the task but is still accountable and should supervise.

DIF: Cognitive Level: Application    REF: 3-4    OBJ: 2 (theory)  
TOP: Delegation    KEY: Nursing Process Step: NA  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

25. Following an in-service regarding cost containment within the health care facility, the LPN/LVN demonstrates understanding by: *(Select all that apply.)*
- a. telling patients that they must limit the amount of supplies they use.
  - b. asking the UAP to be sure to correctly charge for patient care items.
  - c. using only necessary items for patient care.
  - d. using and charging for extra patient care items that the patient may take home upon discharge.
  - e. documenting supplies used for patients in their patient care record.

ANS: B, C, E

The UAP must correctly charge patients utilizing the facility’s charging system, only necessary supplies should be used for patient care, and documenting supplies used assists in reimbursement. It is inappropriate and not the patient’s responsibility to monitor their supply use, and excess charges would be incurred if items were given to the patient upon discharge.

DIF: Cognitive Level: Application      REF: 6      OBJ: 6 (theory)  
TOP: Cost Containment      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Management of Care

**COMPLETION**

26. When an insurance company directly reimburses a licensed health care provider for services, the form of financing is called \_\_\_\_\_.

ANS:  
fee for service  
Fee for service is the direct reimbursement by an insurance company to a health care provider.

DIF: Cognitive Level: Comprehension      REF: 4-5      OBJ: 6 (theory)  
TOP: Health Care Financing      KEY: Nursing Process Step: NA  
MSC: NCLEX: NA

27. The nurse explains that the term \_\_\_\_\_ refers to the severity of illness.

ANS:  
acuity  
*Acuity* is the term referring to the severity of illness or condition of a patient.

DIF: Cognitive Level: Knowledge      REF: 3      OBJ: 6 (theory)  
TOP: Acuity      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care