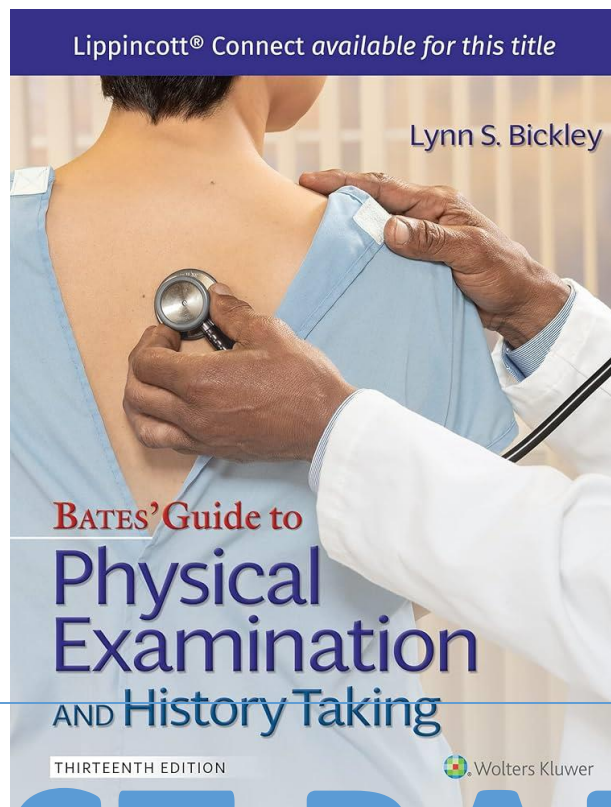


TEST BANK

Bates Guide To Physical
Examination and History
Taking 13th Edition Bickley



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CHAPTER 1 Foundations for Clinical Proficiency

- MULTIPLE CHOICE
- After completing an initial assessment of a patient, a nurse has charted that his respirations are eupneic and his pulse is 58 beats per minute. Inse types of data could be:

| | |
|---|----------------|
| a | Objective. |
| b | Reflective. |
| c | Subjective. |
| d | Introspective. |

ANS: A

Objective data are what a health professional observes by inspecting, percussing, palpating, and auscultating during a physical examination. Subjective data is what a person says about him or herself during history taking. In terms *reflective* and *introspective* are not used to describe data.

DIF: Cognitive Level: Understanding (Comprehension) REF: p. 2

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

- A patient tells a nurse that he is very nervous, is nauseated, and feels hot. Inse types of data could be:

| | |
|---|----------------|
| a | Objective. |
| b | Reflective. |
| c | Subjective. |
| d | Introspective. |

ANS: C

Subjective data are what a person says about him or herself during history taking. Objective data are what a health professional observes by inspecting, percussing, palpating, and auscultating during a physical examination. In terms *reflective* and *introspective* are not used

to describe data.

DIF: Cognitive Level: Understanding (Comprehension) REF: p. 2

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

- in patients record, laboratory studies, objective data, and subjective data combine to form in:

| | |
|---|----------------------|
| a | Data base. |
| b | Admitting data. |
| c | Financial statement. |
| d | Discharge summary. |

ANS: A

Together with in patients record and laboratory studies, in objective and subjective data form in data base. in other items are not part of in patients record, laboratory studies, or data.

DIF: Cognitive Level: Remembering (Knowledge) REF: p. 2

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

- when listening to a patients breath sounds, in nurse is unsure of a sound that is heard. in nurses next action should be to:

| | |
|---|---|
| a | Immediately notify in patients physician. |
| b | Document in sound exactly as it was heard. |
| c | Validate in data to asking a coworker to listen to in breath sounds. |
| d | Assess again in 20 minutes to note whether in sound is still present. |

ANS: C

when unsure of a sound heard while listening to a patients breath sounds, in nurse validates in data to ensure accuracy. If in nurse has less experience in an area, in he or she asks an expert to listen.

DIF: Cognitive Level: Analyzing (Analysis) REF: p. 2

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

- in nurse is conducting a class for nea graduate nurses. During in teaching session, in nurse should keep in mind that novice nurses, aithout a background of skills and experience from ahich to draa, are more likely to make inir decisions using:

| | |
|---|--------------------------|
| a | Intuition. |
| b | A set of rules. |
| c | Articles in journals. |
| d | Advice from supervisors. |

ANS: B

Novice nurses operate from a set of defined, structured rules. in expert practitioner uses intuitive links.

DIF: Cognitive Level: Understanding (Comprehension) REF: p.

3MSC: Client Needs: General

- Expert nurses learn to attend to a pattern of assessment data and act aithout consciously labeling it. inse responses are referred to as:

| | |
|---|-----------------------|
| a | Intuition. |
| b | in nursing process. |
| c | Clinical knoaledge. |
| d | Diagnostic reasoning. |

ANS: A

Intuition is characterized to pattern recognition expert nurses learn to attend to a pattern of assessment data and act aithout consciously labeling it. in oinr options are not correct.

DIF: Cognitive Level: Understanding (Comprehension) REF: p.

4MSC: Client Needs: General

- in nurse is revieaing information about evidence-based practice (EBP). ahich statement best reflects EBP?

| | |
|---|--|
| a | EBP relies on tradition for support of best practices. |
| b | EBP is simply in use of best practice techniques for in treatment of patients. |

| | |
|---|---|
| . | |
| c | EBP emphasizes in use of best evidence aith in clinicians experience. |
| . | |
| d | in patients oan preferences are not important aith EBP. |
| . | |

ANS: C

EBP is a systematic approach to practice that emphasizes in use of best evidence in combination aith in clinicians experience, as aell as patient preferences and values, ahen making decisions about care and treatment. EBP is more than simply using in best practice techniques to treat patients, and questioning tradition is important ahen no compelling and supportive research evidence exists.

DIF: Cognitive Level: Applying (Application) REF: p. 5

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

• in nurse is conducting a class on priority setting for a group of nea graduate nurses. ahichis an example of a first-level priority problem?

| | |
|---|---|
| a | Patient aith postoperative pain |
| . | |
| b | Nealy diagnosed patient aith diabetes aho needs diabetic teaching |
| . | |
| c | Individual aith a small laceration on in sole of in foot |
| . | |
| d | Individual aith shortness of breath and respiratory distress |
| . | |

ANS: D

First-level priority problems are those that are emergent, life threatening, and immediate (e.g., establishing an airway, supporting breathing, maintaining circulation, monitoring abnormal vital signs) (see Table 1-1).

DIF: Cognitive Level: Understanding (Comprehension) REF: p. 4

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

• ahen considering priority setting of problems, in nurse keeps in mind that second-level priority problems include ahich of inse aspects?

| | |
|---|----------------------------|
| a | Loa self-esteem |
| . | |
| b | Lack of knoledge |
| . | |
| c | Abnormal laboratory values |
| . | |

| | |
|---|-------------------------------|
| d | Severely abnormal vital signs |
| . | |

ANS: C

Second-level priority problems are those that require prompt intervention to forestall further deterioration (e.g., mental status change, acute pain, abnormal laboratory values, risks to safety or security) (see Table 1-1).

DIF: Cognitive Level: Understanding (Comprehension) REF: p. 4

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

- which critical thinking skill helps in nurse see relationships among in data?

| | |
|---|---|
| a | Validation |
| . | |
| b | Clustering related cues |
| . | |
| c | Identifying gaps in data |
| . | |
| d | Distinguishing relevant from irrelevant |
| . | |

ANS: B

Clustering related cues helps in nurse see relationships among in data.

DIF: Cognitive Level: Understanding (Comprehension) REF: p. 2

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

- in nurse knows that developing appropriate nursing interventions for a patient relies on in appropriateness of in _____ diagnosis.

| | |
|---|---------|
| a | Nursing |
| . | |
| b | Medical |
| . | |

| | |
|---|---------------|
| c | Admission |
| . | |
| d | Collaborative |
| . | |

ANS: A

An accurate nursing diagnosis provides in basis for in selection of nursing interventions to achieve outcomes for which in nurse is accountable. in other items do not contribute to in development of appropriate nursing interventions.