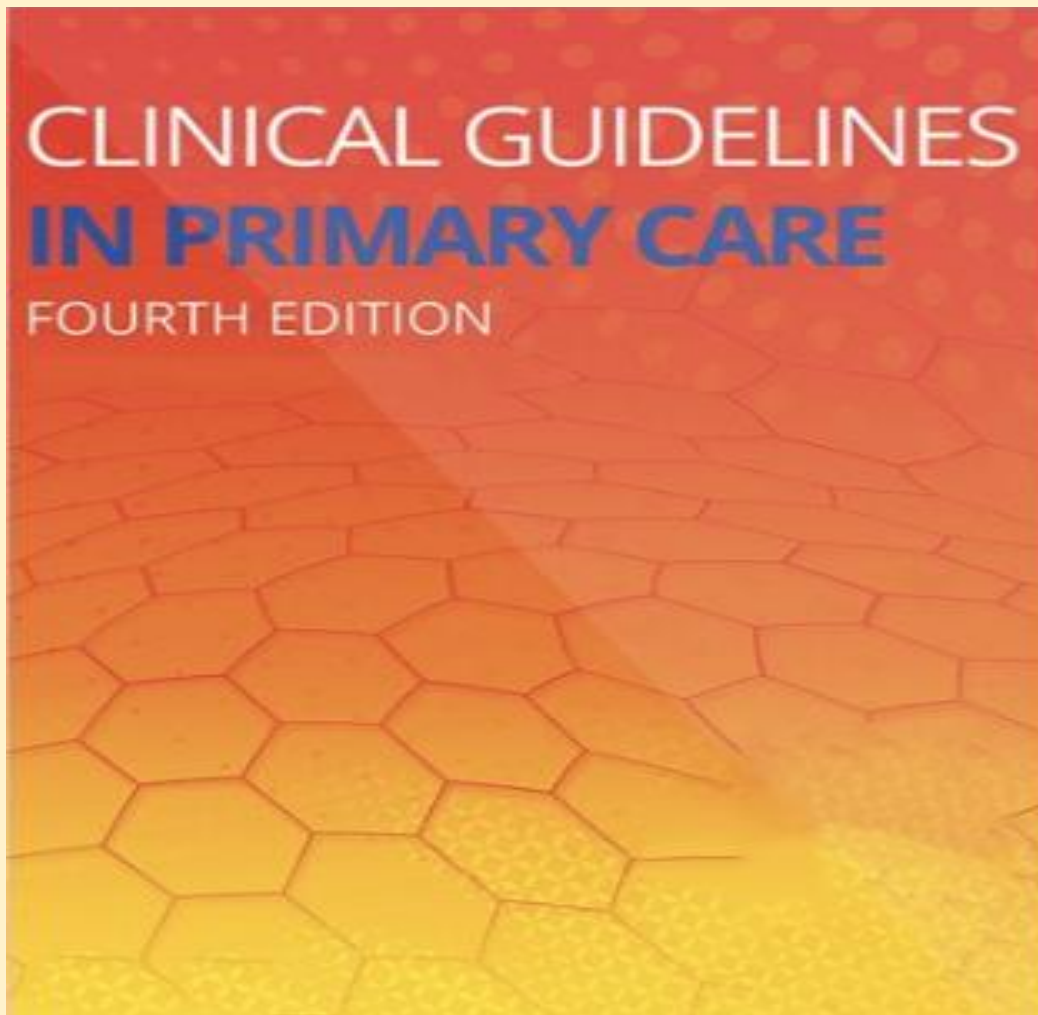


# TEST BANK

## CLINICAL GUIDELINES IN PRIMARY CARE

*4th Edition, Hollier*



# TEST BANK

## **Clinical Guidelines in Primary Care 4th Edition Hollier Test Bank**

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**Chapter 1: Cardiovascular Disorders**  
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**MULTIPLE CHOICE**

1. The nurse is aware that the muscle layer of the heart, which is responsible for the hearts contraction, is the:

- a. endocardium.
- b. pericardium.
- c. mediastinum.
- d. myocardium.

ANS: D

The myocardium is the specialized muscle layer that allows the heart to contract.

2.The nurse clarifies that the master pacemaker of the heart is the:

- a. left ventricle.
- b. atrioventricular (AV) node.
- c. sinoatrial (SA) node.
- d. bundle of His.

ANS: C

The SA node is the master pacemaker of the heart.

3.The nurse is aware that the symptoms of an impending myocardial infarction (MI) differ in women because acute chest pain is not present. Women are frequently misdiagnosed as having:

- a. hepatitis A.
- b. indigestion.
- c. urinary infection.
- d. menopausal complications.

ANS: B

Indigestion, gallbladder attack, anxiety attack, and depression are frequent misdiagnoses for women having an MI.

4. The nurse identifies the LUBB sound of the LUBB/DUBB of the cardiac cycle as the sound of the:

- 
- a. AV valves closing.

---

  - b. closure of the semilunar valves.

---

  - c. contraction of the papillary muscles.

---

  - d. contraction of the ventricles.

ANS: A

The LUBB is the first sound of a low pitch heard when the AV valves close.

5. A patient is admitted from the emergency department. The emergency department physician notes the patient has a diagnosis of heart failure with a New York Heart Association (NYHA) classification of IV. This indicates the patient's condition as:

- 
- a. moderate heart failure.

---

  - b. severe heart failure.

---

  - c. congestive heart failure.

---

  - d. negligible heart failure.

ANS: B

Class IV: Severe; patient unable to perform any physical activity without discomfort. Angina or symptoms of cardiac inefficiency may develop at rest.

6. The nurse assesses that the home health patient has no signs or symptoms of heart failure, but does have a history of rheumatic fever and has been recently diagnosed with diabetes mellitus. The nurse is aware that using the American College of Cardiology and the American Heart Association (ACC/AHA) staging, this patient would be a:

- 
- a. stage A.

---

  - b. stage B.

---

  - c. stage C.

---

  - d. stage D.

ANS: A

The ACC/AHA staging describes stage A as a person without symptoms of heart failure, but with primary conditions associated with the development of the disease.

7. The nurse caring for a patient recovering from a myocardial infarct who is on remote telemetry recognizes the need for added instruction when the patient says:

- 
- a. I can ambulate in the hallway with this gadget on.

---

  - b. I always take off the telemetry device when I shower.

---

  - c. My EKG is being watched by one of the nurses in CCU on the home unit.

---

  - d. I am able to sleep just fine with this device on.

ANS: B

Remote telemetry allows the patient to be on a separate unit, but be monitored in a central location. The patients can be ambulatory and can sleep with the monitor on. They should *not* remove the monitor to shower.

8. The nurse assesses pitting edema that can be depressed approximately inch and refills in 15 seconds. The nurse would document this assessment as:

- 
- a. +1 edema.

---

  - b. +2 edema.

---

  - c. +3 edema.

---

  - d. +4 edema.

ANS: B

A +2 edema can be documented if the skin can be depressed inch and respond within 15 seconds.

9. What do dark or cold spots on a thallium scan indicate?

- 
- a. Tissue with adequate blood supply

---

  - b. Dilated vessels

---

  - c. Areas of neoplastic growth

---

  - d. Tissue that has inadequate perfusion

ANS: D

Thallium scans show adequate perfused areas by the collection of thallium. Dark spots or cold spots indicate tissues that have inadequate perfusion.

10. The nurse recognizes the echocardiogram report that shows an ejection factor of 42% as an indication of:

- 
- a. normal heart action.

---

  - b. mild heart failure.

---

  - c. moderate heart failure.

---

d. severe heart failure.

ANS: C

An ejection factor (cardiac output) of 42% indicates moderate heart failure.

11. The nurse takes into consideration that age-related changes can affect the peripheral circulation because of:

---

a. sclerosed blood vessels.

---

b. hypotension.

---

c. inactivity.

---

d. poor nutrition.

ANS: A

Aging causes sclerotic changes in the blood vessels that lead to decreased elasticity and narrowing of the vessel lumen.

12. The nurse assessing a cardiac monitor notes that the cardiac complexes each have a P wave followed by a QRS and a T. The rate is 120. The nurse recognizes this arrhythmia as:

---

a. sinus bradycardia.

---

b. atrial fibrillation.

---

c. sinus tachycardia.

---

d. ventricular tachycardia.

ANS: C

Sinus tachycardia has a P wave followed by the QRS and the T. All the components of the complex are present and in the correct order, but the rate is over 100 beats a minute.

13. After an influenza-like illness, the patient complains of chills and small petechiae in his mouth and his legs. A heart murmur is detectable. These are characteristic signs of:

---

a. congestive heart failure.

---

b. heart block.

---

c. aortic stenosis.

---

d. infective endocarditis.

ANS: D

Collection of subjective data includes noting patient complaints of influenza-like symptoms with recurrent fever, undue fatigue, chest pain, and chills. Objective data may reveal the significant

signs of petechiae in the conjunctiva and mouth. Both subjective data and objective data are indicative of infective endocarditis.

14. The nurse notes a run of three ventricular contractions (PVC) that are not preceded by a P wave. This particular arrhythmia can progress into:

- 
- a. atrial fibrillation and possible emboli.

---

  - b. sinus tachycardia and syncope.

---

  - c. ventricular tachycardia and death.

---

  - d. sinus bradycardia and fatigue.

ANS: C

PVCs are capable of progressing into ventricular tachycardia and death.

15. The nurse reminds the patient who is on Coumadin for the treatment of atrial fibrillation that the ideal is to maintain the international normalized ratio (INR) at between:

- 
- a. 1 and 2.

---

  - b. 2 and 3.

---

  - c. 3 and 4.

---

  - d. 4 and 5.

ANS: B

The desired INR for the monitoring of anticoagulant therapy is between 2 and 3.

16. What should a person with unstable angina avoid?

- 
- a. Walking outside

---

  - b. Eating red meat

---

  - c. Swimming in warm pool

---

  - d. Shoveling snow

ANS: D

The person with angina should avoid exposure to cold, heavy exercise, eating heavy meals, and emotional stress.

17. The elderly patient with angina pectoris says she is unsure how she should take nitroglycerin when she has an attack. The nurses most helpful response would be:

- 
- a. Continue to take nitroglycerin sublingually at 5-minute intervals until the pain is relieved.

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  - b. If the pain is not relieved after three doses of nitroglycerin at 5-minute intervals, call your physician and come to the hospital.