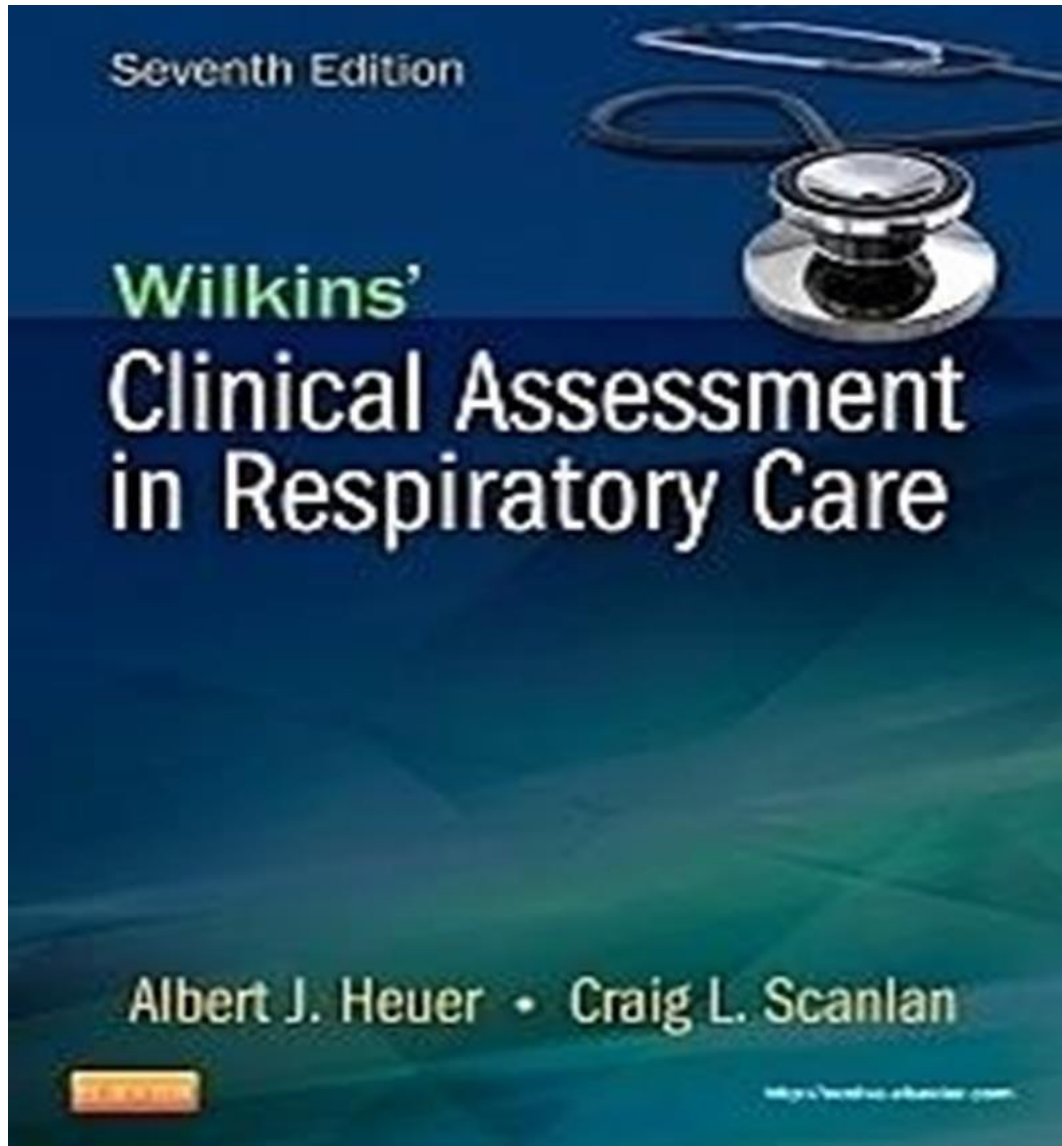


TEST BANK



WILKINS' CLINICAL ASSESSMENT IN
RESPIRATORY CARE, 7TH EDITION BY AL HEUER

TEST BANK

Contents:
Chapter 1. Preparing for the Patient Encounter
Chapter 2. The Medical History and the Interview
Chapter 3. Cardiopulmonary Symptoms
Chapter 4. Vital Signs
Chapter 5. Fundamentals of Physical Examination
Chapter 6. Neurologic Assessment
Chapter 7. Clinical Laboratory Studies
Chapter 8. Interpretation of Blood Gases
Chapter 9. Pulmonary Function Testing
Chapter 10. Chest Imaging
Chapter 11. Electrocardiography
Chapter 12. Neonatal and Pediatric Assessment
Chapter 13. Older Patient Assessment
Chapter 14. Monitoring in Critical Care
Chapter 15. Vascular Pressure Monitoring
Chapter 16. Cardiac Output Measurement
Chapter 17. Bronchoscopy
Chapter 18. Nutritional Assessment
Chapter 19. Sleep and Breathing Assessment
Chapter 20. Home Care Patient Assessment
Chapter 21. Documentation

Chapter 1: Preparing for the Patient Encounter

Test Bank

MULTIPLE CHOICE

1. Which of the following activities is *not* part of the role of respiratory therapists (RTs) in patient assessment?
 - a. Assist the physician with diagnostic reasoning skills.
 - b. Help the physician select appropriate pulmonary function tests.
 - c. Interpret arterial blood gas values and suggest mechanical ventilation changes.
 - d. Document the patient diagnosis in the patient's chart.

ANS: D

RTs are not qualified to make an official diagnosis. This is the role of the attending physician.

REF: Table 1-1, pg. 4

OBJ: 9

2. In which of the following stages of patient–clinician interaction is the review of physician orders carried out?
 - a. Treatment stage
 - b. Introductory stage
 - c. Preinteraction stage
 - d. Initial assessment stage

ANS: C

Physician orders should be reviewed in the patient's chart before the physician sees the patient.

REF: Table 1-1, pg. 4

OBJ: 9

3. In which stage of patient–clinician interaction is the patient identification bracelet checked?
 - a. Introductory stage
 - b. Preinteraction stage
 - c. Initial assessment stage
 - d. Treatment stage

ANS: A

The patient ID bracelet must be checked before moving forward with assessment and treatment.

REF: Table 1-1, pg. 4

OBJ: 9

4. What should be done just before the patient's ID bracelet is checked?
 - a. Check the patient's SpO₂.
 - b. Ask the patient for permission.
 - c. Check the chart for vital signs.
 - d. Listen to breath sounds.

ANS: B

It is considered polite to ask the patient for permission before touching and reading his or her ID bracelet.

REF: pg. 3

OBJ: 3 | 5

5. What is the goal of the introductory phase?
- Assess the patient's apparent age.
 - Identify the patient's family history.
 - Determine the patient's diagnosis.
 - Establish a rapport with the patient.

ANS: D

The introductory phase is all about getting to know the patient and establishing a rapport with him or her.

REF: Table 1-1, pg. 4

OBJ: 3

6. Which of the following behaviors is *not* consistent with resistive behavior of a patient?
- Crossed arms
 - Minimal eye contact
 - Brief answers to questions
 - Asking the purpose of the treatment

ANS: D

If a patient asks about the purpose of the treatment you are about to give, this generally indicates that he or she is not upset.

REF: Table 1-1, pg. 4

OBJ: 3

7. What is the main purpose of the initial assessment stage?
- To identify any allergies to medications
 - To document the patient's smoking history
 - To personally get to know the patient better
 - To verify that the prescribed treatment is still needed and appropriate

ANS: D

When you first see the patient, you are encouraged to perform a brief assessment to make sure the treatment order by the physician is still appropriate. The patient's status may have changed abruptly recently.

REF: Table 1-1, pg. 4

OBJ: 3

8. What is the appropriate distance for the social space from the patient?
- 3 to 5 feet
 - 4 to 12 feet
 - 6 to 18 feet
 - 8 to 20 feet

ANS: B

The social space is 4 to 12 feet.

REF: pg. 5

OBJ: 5

9. What is the appropriate distance for the personal space?

- a. 0 to 18 inches
- b. 18 inches to 4 feet
- c. 4 to 12 feet
- d. 6 to 15 feet

ANS: B

The personal space is about 2 to 4 feet from the patient.

REF: pg. 5 OBJ: 5

10. Which of the following activities is best performed in the personal space?
- a. The interview
 - b. The introduction
 - c. The physical examination
 - d. Listening for breath sounds

ANS: A

The interview is best performed with you sitting about 2 to 4 feet from the patient. If you sit farther away, the patient will have to answer your questions in a louder voice, and because some of the information may be private, this would diminish communication.

REF: Table 1-1, pg. 4 OBJ: 5

11. What type of behavior is *least* appropriate in the patient's intimate space?
- a. Eye contact
 - b. Pulse check
 - c. Auscultation
 - d. Simple commands

ANS: A

Eye contact is inappropriate in the intimate space and will make the patient very uncomfortable.

REF: pg. 3 OBJ: 5

12. You are riding in an elevator at the hospital where you are employed as an RT. The elevator is full, but standing next to you is Joe, the RT who is scheduled to relieve you. He turns to you and asks, "How is Mr. Copper doing?" Earlier in the day, Mr. Copper had a cardiac arrest, and he is now being mechanically ventilated. How should you respond to Joe?
- a. "He took a turn for the worse."
 - b. "He is fine."
 - c. "Let's talk later in the report room."
 - d. "He is on a ventilator and will keep you very busy."

ANS: C

The patient's right to privacy prevents care providers from discussing a patient's clinical status in public places. All answers other than "c" are unethical; giving such answers could cause an RT to be in legal trouble and get fired.

REF: Table 1-2, pgs. 4-5 OBJ: 6

13. In 1996, Congress passed the HIPAA. What does the letter "P" stand for?

- a. Patient
- b. Payment
- c. Portability
- d. Personal

ANS: C

HIPAA stands for Health Insurance Portability and Accountability Act.

REF: pg. 4 OBJ: 6

14. Which of the following techniques for expressing genuine concern is the most difficult to use appropriately?
- a. Touch
 - b. Posture
 - c. Eye contact
 - d. Proper introductions

ANS: A

Touch is most difficult to use properly because gender and cultural differences often become an issue.

REF: Table 1-1, pgs. 3-4 OBJ: 5 | 7

15. Which of the following techniques is *not* associated with the demonstration of active listening?
- a. Good eye contact
 - b. Taking notes while a patient is talking
 - c. Asking for clarification
 - d. Use of touch

ANS: D

Use of touch helps with demonstrating empathy but has little to do with active listening.

REF: pg. 2 OBJ: 2

16. Two respiratory care students are taking their lunch break and want to compare notes about patients they have seen during the morning. Which of the following locations would be considered a violation of HIPAA standards?
- a. The unit nursing station in front of the unit clerk's desk
 - b. A table in the cafeteria with no one within hearing distance
 - c. The respiratory department report room
 - d. The intensive care unit (ICU) staff break room

ANS: A

Patient Health Information (PHI) should be discussed only in nonpublic areas of the hospital. The space in front of the unit clerk's desk is likely to be occupied with members of the public asking for information.

REF: Table 1-2, pgs. 4-5 OBJ: 6

17. A 20-year-old respiratory care student enters the room of a 65-year-old female patient, saying, "Hi, Linda! I am Joe from Respiratory Care." He immediately approaches her, looks her in the eye, and places his stethoscope on her chest.
- Joe's approach to this patient is appropriate.
 - Joe has inappropriately entered the patient's social space.
 - Joe has inappropriately entered the patient's personal space.
 - Joe has inappropriately entered the patient's intimate space.

ANS: D

Joe has established no rapport with this patient, has touched her without asking permission, and looks her in the eye while examining her.

REF: pg. 4 OBJ: 7

18. A respiratory care student returns from a clinical experience, excited that she has had the opportunity to perform cardiopulmonary resuscitation (CPR) for the first time. She immediately goes to her Facebook page and describes her day. Which of the following entries would be a violation of HIPAA standards?
- "At clinical today got to do CPR on a patient on the 6th floor of Mercy Hospital. Patient survived! What a rush!!"
 - "Got to do CPR for the first time today. Patient survived!! What a rush!"
 - "Got to do CPR for the first time in clinical today! What a rush!!"
 - All of the above

ANS: D

Patient Health Information (PHI) must not be shared in a public location. Facebook is considered a public forum. Although the student did not give specific identifiers in answers a, b, or c, there was enough information that someone familiar with either the patient or the student could possibly have deduced the identity of the patient.

REF: Table 1-2, pgs. 4-5 OBJ: 6

19. Which of the following would be the most appropriate way for respiratory care student Amy Long to initially approach a 58-year-old female patient, Mrs. Nora Jones?
- "Hello, Mrs. Jones. I am Amy from respiratory care, and with your permission I would like to assess you for your treatment." (Amy stands 5 feet from the patient and makes direct eye contact.)
 - Hey there, Nora! Isn't this a great day?! I'm Amy and I need to listen to you." (Amy holds out her stethoscope in front of her and approaches the patient to within 1.5 feet.)
 - "Hi, I'm Amy, here to give you your treatment." (Amy makes no eye contact and looks around the room for a nebulizer.)
 - Hi, Mrs. Jones. I'm here for your treatment." (Amy makes direct eye contact.)

ANS: A

The initial contact with a patient should be from the patient's social space (4 to 12 feet). Patients should be addressed by their last name. When first speaking to a patient, the therapist should make direct eye contact, but he or she should not use direct eye contact when in the patient's intimate space.

REF: Table 1-1, pgs. 3-4 OBJ: 2 | 7