MULTIPLE CHOICE

1. During which phase of the cycle of violence does the batterer become contrite and remorseful?
   a. Battering
   b. Honeymoon
   c. Tension-building
   d. Increased drug taking

   ANS: B
   During the honeymoon phase, the battered person wants to believe that the battering will never happen again, and the batterer will promise anything to get back into the home. During the battering phase, violence actually occurs, and the victim feels powerless. During the tension-building phase, the batterer becomes increasingly hostile, swears, threatens, throws things, and pushes the battered person. Often, the batterer increases the use of drugs during the tension-building phase.

   DIF: Cognitive Level: Understanding OBJ: Nursing Process Step: Assessment
   MSC: Patient Needs: Psychosocial Integrity

2. The United States ranks poorly in terms of worldwide infant mortality rates. Which factor has the greatest impact on decreasing the mortality rate of infants?
   a. Providing more women's shelters
   b. Ensuring early and adequate prenatal care
   c. Resolving all language and cultural differences
   d. Enrolling pregnant women in the Medicaid program by their eighth month of pregnancy

   ANS: B
   Because preterm infants form the largest category of those needing expensive intensive care, early pregnancy intervention is essential for decreasing infant mortality. The women in shelters have the same difficulties in obtaining health care as other poor people, particularly lack of transportation and inconvenient clinic hours. Language and cultural differences are not infant mortality issues but must be addressed to improve overall health care. Medicaid provides health care for poor pregnant women, but the process may take weeks to take effect. The eighth month is too late to apply and receive benefits for this pregnancy.

   DIF: Cognitive Level: Understanding OBJ: Nursing Process Step: Assessment
   MSC: Patient Needs: Health Promotion and Maintenance

3. The nurse is planning a teaching session for staff on ethical theories. Which situation best reflects the Deontologic theory?
   a. Approving a physician-assisted suicide
   b. Supporting the transplantation of fetal tissue and organs
   c. Using experimental medications for the treatment of AIDS
   d. Initiating resuscitative measures on a 90-year-old patient with terminal cancer

ANS: D
In the Deontologic theory, life must be maintained at all costs, regardless of quality of life. Approving a physician-assisted suicide, supporting the transplantation of fetal tissue and organs, and using experimental medications for the treatment of AIDS are examples of a utilitarian model.

DIF: Cognitive Level: Application OBJ: Nursing Process Step: Planning
MSC: Patient Needs: Psychosocial Integrity

4. Which step of the nursing process is being used when the nurse decides whether an ethical dilemma exists?
   a. Analysis
   b. Planning
   c. Evaluation
   d. Assessment

ANS: A
When a nurse uses the collected data to determine whether an ethical dilemma exists, the data are being analyzed. Planning is done after the data have been analyzed. Evaluation occurs once the outcome has been achieved. Assessment is the data collection phase.

DIF: Cognitive Level: Understanding OBJ: Nursing Process Step: Evaluation
MSC: Patient Needs: Safe and Effective Care Environment: Coordinated Care

5. The nurse is interviewing a patient who is 6-weeks pregnant. The patient asks the nurse, "Why is elective abortion considered such an ethical issue?" Which response by the nurse is most appropriate?
   a. Abortion requires third-party consent.
   b. The U.S. Supreme Court ruled that life begins at conception.
   c. Abortion law is unclear about a woman's constitutional rights.
   d. There is a conflict between the rights of the woman and the rights of the fetus.

ANS: D
Elective abortion is an ethical dilemma because two opposing courses of action are available. Abortion does not require third-party consent. The Supreme Court has not ruled on when life begins. Abortion laws are clear concerning a woman's constitutional rights.

DIF: Cognitive Level: Application OBJ: Nursing Process Step: Implementation
MSC: Patient Needs: Safe and Effective Care Environment

6. At the present time, which agency governs surrogate parenting?
   a. State law
   b. Federal law
   c. Individual court decision
   d. Protective child services

ANS: C
Each surrogacy case is decided individually in a court of law. Surrogate parenting is not governed by either state or federal law. Protective child services do not make decisions related to surrogacy.

DIF: Cognitive Level: Understanding OBJ: Nursing Process Step: Assessment

MSC: Patient Needs: Health Promotion and Maintenance

7. Which patient will most likely seek prenatal care?
   a. A 15-year-old patient who tells her friends, "I just don't believe that I am pregnant"
   b. A 28-year-old who is in her second pregnancy and abuses drugs and alcohol
   c. A 20-year-old who is in her first pregnancy and has access to a free prenatal clinic
   d. A 30-year-old who is in her fifth pregnancy and delivered her last infant at home with the help of her mother and sister

   ANS: C
   The patient who acknowledges the pregnancy early, has access to health care, and has no reason to avoid health care is most likely to seek prenatal care. Being in denial regarding the pregnancy will prevent a patient from seeking health care. Patients who abuse substances are less likely to seek health care. Some women see pregnancy and birth as a natural occurrence and do not seek health care.

   DIF: Cognitive Level: Understanding OBJ: Nursing Process Step: Assessment
   MSC: Patient Needs: Health Promotion and Maintenance

8. A medical-surgical nurse is asked to float to a women's health unit to care for patients who are scheduled for therapeutic abortions. The nurse refuses to accept this assignment and expresses her personal beliefs as being incongruent with this medical practice. The nursing supervisor states that the unit is short-staffed and the nurse is familiar with caring for postoperative patients. In consideration of legal and ethical practices, can the nursing supervisor enforce this assignment?
   a. The staff nurse has the responsibility of accepting any assignment that is made while working for a health care unit, so the nursing supervisor is within his or her rights to enforce this assignment.
   b. Because the unit is short-staffed, the staff nurse should accept the assignment to provide care by benefit of her or his experience to patients who need care.
   c. The staff nurse has expressed a legitimate concern based on his or her feelings; the nursing supervisor does not have the authority to enforce this assignment.
   d. The nursing supervisor should emphasize that this assignment requires care of a surgical patient for which the staff nurse is adequately trained and should therefore enforce the assignment.

   ANS: C
   The Nurse Practice Act allows nurses to refuse assignments that involve practices that they have expressed as being opposed to their religious, cultural, ethical, and/or moral values. Although the nursing supervisor has a right to arrange assignments, the supervisor, if made aware of a potential bias or limitation, must act accordingly and accept the nurse's position. This should be upheld regardless of staffing limitations and independent of persuasive efforts to make the nurse feel guilty for her or his stated beliefs.

   DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Implementation
   MSC: Patient Needs: Safe Effective Care: Ethical Practice/Assignment, Delegation and Supervision

9. With regard to an obstetric litigation case, a nurse working in labor and birth is found to be negligent. Which intervention performed by the nurse indicates that a breach of duty has occurred?

a. The nurse did not document fetal heart tones (FHR) during the second stage of labor.
b. The patient was only provided ice chips during the labor period, which lasted 8 hours.
c. The nurse allowed the patient to use the bathroom rather than a bedpan during the first stage of labor.
d. The nurse asked family members to leave the room when she prepared to do a pelvic exam on the patient.

ANS: A
A breach of duty has occurred when a nurse or health care provider fails to provide treatment relative to the standard of care. In this case, documentation of FHR during the second stage of labor is a recognized standard of care. Providing ice chips to laboring patients is within the standard of care. The time period of 8 hours is not excessive. A patient without any risk factors can use the bathroom and be ambulatory during the first stage of labor. Asking family members to leave during a vaginal exam helps maintain patient privacy.

DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Implementation
MSC: Patient Needs: Safe Effective Care: Legal Rights and Responsibilities

10. A nurse is working with an active labor patient who is in preterm labor and has been designated as high risk. The patient is very apprehensive and asks the nurse, "Is everything going to be all right?" The nurse replies, "Yes, everything will be okay." Following delivery via an emergency cesarean birth, the newborn undergoes resuscitation and does not survive. The patient is distraught over the outcome and blames the nurse for telling her that everything would be okay. Which ethical principle did the nurse violate?
a. Autonomy
b. Fidelity
c. Beneficence
d. Accountability

ANS: B
In this type of situation, the nurse (and/or health care provider) cannot make statements or promises that cannot be kept. Telling the patient that everything will be okay is not based on the accuracy of medical diagnosis and should not be conveyed to the patient. The other ethical principles of autonomy (self-determination), beneficence (greatest good), and accountability (accepting responsibility) do not apply in this situation.

DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Implementation
MSC: Patient Needs: Safe Effective Care: Legal Rights and Responsibilities

11. A nurse is working in the area of labor and birth. Her assignment is to take care of a gravida 1 para 0 woman who presents in early labor at term. Vaginal exam reflects the following: 2 cm, cervix posterior, –1 station, and vertex with membranes intact. The patient asks the nurse if she can break her water so that her labor can go faster. The nurse's response, based on the ethical principle of nonmaleficence, is which of the following?
a. Tell the patient that she will have to wait until she has progressed further on the vaginal exam and then she will perform an amniotomy.
b. Have the patient write down her request and then call the physician for an order to implement the amniotomy.
c. Instruct the patient that only a physician or certified midwife can perform this

procedure.
d. Give the patient an enema to stimulate labor.

ANS: C
The ethical principle of nonmaleficence conveys the concept that one should avoid risk taking or harm to others. The procedure of amniotomy is performed by a physician and/or certified nurse midwife. It is not in the scope of practice of an RN, so option C validates that the nurse is upholding this ethical principle. Options A and B are not within the scope of practice. The use of an enema as a labor stimulant is no longer considered necessary during labor.

DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Implementation
MSC: Patient Needs: Safe Effective Care: Legal Rights and Responsibilities

12. A nurse working in a labor and birth unit is asked to take care of two high-risk patients in the labor and birth suite: a 34 weeks' gestation 28-year-old gravida 3, para 2 in preterm labor and a 40-year-old gravida 1, para 0 who is severely preeclamptic. The nurse refuses this assignment telling the charge nurse that based on individual patient acuity, each patient should have one-on-one care. Which ethical principle is the nurse advocating?
a. Accountability
b. Beneficence
c. Justice
d. Fidelity

ANS: B
In this situation, the patients are each exhibiting significant high-risk conditions and should receive individual nursing care. The nurse is advocating the principle of beneficence in that she is trying to do the "greatest good or the least harm" to improve patient outcomes. The other ethical principles do not apply in this situation.

DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Implementation
MSC: Patient Needs: Safe Effective Care: Legal Rights and Responsibilities

13. A charge nurse is working on a postpartum unit and discovers that one of the patients did not receive AM care during her shift assessment. The charge nurse questions the nurse assigned to provide care and finds out that the nurse thought "the patient should just do it by herself because she will have to do this at home." On further questioning of the nurse, it is determined that the rest of her assigned patients were provided AM care. The assigned nurse has violated which ethical principle?
a. Justice
b. Truth
c. Confidentiality
d. Autonomy

ANS: A
The ethical principle of justice indicates that all patients should be treated equally and fairly. In this case, the charge nurse ascertained that the AM care was not equally applied to all the nurse's assigned patients. The other ethical principles do not apply to this situation.

DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Implementation
MSC: Patient Needs: Safe Effective Care: Legal Rights and Responsibilities

14. A nurse is entering information on the patient's electronic health record (EHR) and is called to assist in an emergency situation with regard to another patient in the labor and birth suite. The nurse rushes to the scene to assist; however, she leaves the chart open on the computer screen. The emergent patient situation is resolved satisfactorily, and the nurse comes back to the computer entry screen to complete charting. At the end of the shift, the nurse manager asks to speak with the nurse and tells her that she is concerned with what happened today on the unit because there was a breach in confidentiality. Which response by the nurse indicates that she understands the nurse manager's concerns?
    a. The nurse acknowledges that she should have made sure that her patient was safe before assisting with the emergency.
    b. The nurse states that she should have logged out of the EHR prior to attending to the emergency.
    c. The nurse indicates that the unit was understaffed.
    d. The nurse indicates that the she changed her password following the clinical emergency to maintain confidentiality.

    ANS: B
    With the use of electronic health records, it is necessary to take all steps to maintain confidentiality and limit access to nonhealth care personnel. In an emergent care situation, the nurse should have logged out of the system to maintain confidentiality. Although it is important to make sure that one's patient is safe, there is no information here to suggest that there were any safety issues applicable to her assigned patient. The staffing of the unit should not affect confidentiality. Changing the password for logging in to a system is an option for clinical practice but does not affect the situation as described.

    DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Implementation
    MSC: Patient Needs: Safe Effective Care: Legal Rights and Responsibilities

15. A nurse is admitting a patient to the labor and birth unit in early labor that was sent to the facility following a checkup with her health care provider in the office. The patient is a gravida 1, para 0, and is at term. No health issues are discerned from the initial assessment, and the nurse prepares to initiate physician orders based on standard procedures. Which action by the nurse manager is warranted in this situation?
    a. No action is indicated because the nurse is acting within the scope of practice.
    b. The nurse manager should intervene and ask the nurse to clarify admission orders directly with the physician.
    c. The nurse manager should review standard procedures with the nurse to validate that orders are being carried out accurately.
    d. The nurse manger should review the admission procedure with the nurse.

    ANS: A
    Standard procedures are often used in labor and birth settings because they are based on physician-directed orders that apply to general admissions. The nurse is acting appropriately since the patient was sent directly to the unit, by the health care provider. The nurse manager does not have to intervene at this point. There is no additional need to review standard procedures or the admission process with the nurse at this time. There is no evidence that the nurse needs additional training and/or does not have the prerequisite knowledge to admit the patient.

    DIF: Cognitive Level: Application OBJ: Nursing Process Step: Implementation
    MSC: Patient Needs: Health Promotion and Maintenance

16. A nurse who works in the emergency department (ED) is assigned to a patient who is experiencing heavy vaginal bleeding at 12 weeks' gestation. An ultrasound has confirmed the absence of a fetal heart rate, and the patient is scheduled for a dilation and evacuation of the pregnancy. The nurse refuses to provide any further care for this patient based on moral principles. What is the nurse manager's initial response to the nurse?
    a. "I recall you sharing that information in your interview. I will arrange for another nurse to take report on this patient."
    b. "Because we are shorthanded today, you have to continue to provide care. There is no one else available to provide care for this patient."
    c. "I understand your point of view. You were hired to work here in the ED so you had to know this situation was possible."
    d. "Abandonment is a serious issue. I have to advise you to continue to provide care for this patient."

    ANS: A
    Nurses do not have to provide care if the care is in violation of their moral, ethical, or religious principles. It is the responsibility of the nurse to share these views at the time of the initial interview. Disclosing beliefs that would affect the care of patients at the point of care and refusing to provide care is unethical on behalf of the nurse. The manager cannot force the nurse to provide care if the nurse's principles were shared at the time of the initial interview. It is the manager's responsibility to disclose the type of care delivered in the department at the time of the interview. Threats of abandonment are unwarranted at this time.

    DIF: Cognitive Level: Application OBJ: Nursing Process Step: Implementation
    MSC: Patient Needs: Health Promotion and Maintenance

17. The nurse is providing care to a patient who was just admitted to the labor and birth unit in active labor at term. The patient informed the nurse, "I have not received any prenatal care because I cannot afford to go to the doctor. And, this is my third baby, so I know what to expect." What is the nurse's primary concern when developing the patient's plan of care?
    a. Low birth weight
    b. Oligohydramnios
    c. Gestational diabetes
    d. Gestational hypertension

    ANS: A
    Due to adverse living conditions, poor health care, and inadequate nutrition, infants born to low-income women are more likely to begin life with problems such as low birth weight. Oligohydramnios is a condition where there is too little amniotic fluid and is not directly correlated with poverty. While gestational diabetes and gestational hypertension are associated with poverty, they can be seen during any pregnancy. This patient is in active labor and the primary concern at this time is the fetus.

    DIF: Cognitive Level: Application OBJ: Nursing Process Step: Planning
    MSC: Patient Needs: Health Promotion and Maintenance

18. A nurse is reviewing evidence-based teaching and learning principles. Which situation is most conducive to learning with patients of other cultures?
    a. An auditorium is being used as a classroom for 300 students.
    b. A teacher who speaks very little Spanish is teaching a class of Hispanic students.

c. A class is composed of students of various ages and educational backgrounds.
d. An Asian nurse provides nutritional information to a group of pregnant Asian women.

ANS: D
A patient's culture influences the learning process; thus a situation that is most conducive to learning is one in which the teacher has knowledge and understanding of the patient's cultural beliefs. A large class is not conducive to learning. It does not allow questions, and the teacher cannot see nonverbal cues from the students to ensure understanding. The ability to understand the language in which teaching is done determines how much the patient learns. Patients for whom English is not their primary language may not understand idioms, nuances, slang terms, informal usage of words, or medical terms. The teacher should be fluent in the language of the student. Developmental levels and educational levels influence how a person learns best. For the teacher to present the information in the best way, the class should be at the same level.

DIF: Cognitive Level: Application OBJ: Nursing Process Step: Planning
MSC: Patient Needs: Psychosocial Integrity

19. The nurse is teaching a parenting class to new parents. Which statement should the nurse include in the teaching session about the characteristics of a healthy family?
a. Adults agree on the majority of basic parenting principles.
b. The parents and children have rigid assignments for all the family tasks.
c. Young families assume total responsibility for the parenting tasks, refusing any assistance.
d. The family is overwhelmed by the significant changes that occur as a result of childbirth.

ANS: A
Adults in a healthy family communicate with each other, so there is minimal discord in areas such as discipline and sleep schedules. Healthy families remain flexible in their role assignments. Members of a healthy family accept assistance without feeling guilty. Healthy families can tolerate irregular sleep and meal schedules, which are common during the months after childbirth.

DIF: Cognitive Level: Application OBJ: Nursing Process Step: Implementation
MSC: Patient Needs: Health Promotion and Maintenance

20. A patient who is 6 months pregnant has sought medical attention, saying she fell down the stairs. Which scenario would cause an emergency department nurse to suspect that the woman has been battered?
a. She avoids making eye contact and is hesitant to answer questions.
b. The woman and her partner are having an argument that is loud and hostile.
c. The woman has injuries on various parts of her body that are in different stages of healing.
d. Examination reveals a fractured arm and fresh bruises. Her husband asks her about her pain.

ANS: C

The battered woman often has multiple injuries in various stages of healing. It is more normal for the woman to have a flat affect. A loud and hostile argument is not always an indication of battering. Often the batterer will be attentive and refuse to leave the woman's bedside.

DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Assessment
MSC: Patient Needs: Psychosocial Integrity

21. Which situation is most representative of an extended family?
    a. It includes adoptive children.
    b. It is headed by a single-parent.
    c. It contains children from previous marriages.
    d. It is composed of children, parents, and grandparents living in the same house.

    ANS: D
    An extended family is defined as a family having members from three generations living under the same roof. A family with adoptive children is a nuclear family. A single-parent family is headed by a single parent. A blended family is one that contains children from previous marriages.

    DIF: Cognitive Level: Understanding OBJ: Nursing Process Step: Assessment
    MSC: Patient Needs: Health Promotion and Maintenance

22. The nurse is reviewing the principles of family-centered care with a primiparous patient. Which patient statement will the nurse need to correct?
    a. "Remaining focused on my family will help benefit me and my baby."
    b. "Most of the time, childbirth is uncomplicated and a healthy event for the family."
    c. "Because childbirth is normal, after my baby's birth our family dynamics will not change."
    d. "With correct information, I am able to make decisions regarding my health care while I am pregnant."

    ANS: C
    The birth of an infant alters family relationships and structures; family dynamics will change with the birth of an infant. Childbirth is usually a normal and healthy event. Given professional support and guidance, the pregnant woman is able to make decisions about her prenatal care. Maintaining a focus on family or other support can benefit a woman as she seeks to maintain her health throughout pregnancy.

    DIF: Cognitive Level: Application OBJ: Nursing Process Step: Evaluation
    MSC: Patient Needs: Health Promotion and Maintenance

23. Which issue is a major concern among members of lower socioeconomic groups?
    a. Practicing preventive health care
    b. Meeting health needs as they occur
    c. Maintaining an optimistic view of life
    d. Maintaining group health insurance for their families

    ANS: B

Because of their economic uncertainty, lower socioeconomic groups place more emphasis on meeting the needs of the present rather than on future goals. Lower socioeconomic groups may value health care but generally cannot afford preventive health care. They may struggle for basic needs and often do not see a way to improve their situation. It is difficult to maintain optimism. Lower socioeconomic groups usually do not have group health insurance.

DIF: Cognitive Level: Understanding OBJ: Nursing Process Step: Assessment
MSC: Patient Needs: Health Promotion and Maintenance

24. While teaching an Asian patient regarding prenatal care, the nurse notes that the patient refuses to make eye contact. Which is the most likely cause for this behavior?
    a. A submissive attitude
    b. Lack of understanding
    c. Embarrassment about the subject
    d. Cultural beliefs about eye contact

    ANS: D
    The nurse must understand that making eye contact means different things in different cultures. The nurse should have a basic understanding of normal responses of various cultures within her community. Asians believe that eye contact shows disrespect, not submission. Many Asian women may nod and smile during patient teaching; however, this does not indicate understanding. They are responding that they heard you; therefore validation of information is important. Concerns regarding modesty are more common among Muslim women.

    DIF: Cognitive Level: Understanding OBJ: Nursing Process Step: Assessment
    MSC: Patient Needs: Psychosocial Integrity

25. The nurse in labor and birth is caring for a Muslim patient during the active phase of labor. The nurse notes that the patient quickly draws away when touched. Which intervention should the nurse implement?
    a. Ask the charge nurse to reassign you to another patient.
    b. Assume that she does not like you and decrease your time with her.
    c. Continue to touch her as much as you need to while providing care.
    d. Limit touching to a minimum because physical contact may not be acceptable in her culture.

    ANS: D
    Touching is an important component of communication in various cultures; however, if the patient appears to find it offensive, the nurse should respect her cultural beliefs and limit touching her. Asking the charge nurse to reassign you could be offensive to the patient. A Muslim's response to touch does not reflect like or dislike. By continuing to touch her, the nurse is showing disrespect for the patient's cultural beliefs.

    DIF: Cognitive Level: Application OBJ: Nursing Process Step: Implementation
    MSC: Patient Needs: Psychosocial Integrity

26. Which patient may require more help and understanding when integrating the newborn into the family?
    a. A primipara from an upper income family
    b. A primipara who comes from a large family

c. A multipara (gravida 2) who has a supportive husband and mother
d. A multipara (gravida 6) who has two children younger than 3 years

ANS: D
Pregnancy tasks are more complex for the multipara (gravida 6), and she may need special assistance to integrate the infant into the family structure. A primipara from an upper income family has the financial resources to assist her with daily care of the home. This leaves her free to concentrate on the newborn's needs. The primipara with a large support system has help available to her. The multipara (gravida 2) who has a supportive husband and mother has a support system to assist with integrating the infant into the family structure.

DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Assessment
MSC: Patient Needs: Health Promotion and Maintenance

27. A patient arrives to the clinic 2 hours late for her prenatal appointment. This is the third time she has been late. What is the nurse's best action in response to this patient's tardiness?
a. Ask the patient if she has a way to tell the time.
b. Ask the patient if she is deliberately being late for her appointments.
c. Determine if the patient wants this baby and if this is her way of acting out.
d. Determine if the patient arrives after the start time for other types of appointments.

ANS: D
Time orientation is viewed differently by other cultures. Native Americans, Middle Easterners, Hispanics, and American Eskimos tend to emphasize the moment rather than the future. This causes conflicts in the health care setting, in which tests or appointments are scheduled at particular times. If a woman does not place the same importance on keeping appointments, she may encounter anger and frustration in the health care setting. Asking if she has a way to tell time does not get to the potential root of the problem. Asking if she is deliberately late is inconsiderate and nontherapeutic. Although her action may be an acting-out behavior, there are other considerations that must be considered first.

DIF: Cognitive Level: Application OBJ: Nursing Process Step: Assessment
MSC: Patient Needs: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. The clinic nurse often cares for patients who are considering an abortion. Which responsibilities does this nurse have in regard to this issue? (*Select all that apply.*)
a. Informing the patient about pro-life options
b. Informing the patient about pro-choice support groups
c. Being informed about abortion from a legal standpoint
d. Being informed about abortion from an ethical standpoint
e. Recognizing that this issue may result in confusion for the patient

ANS: C, D, E

Nurses have several responsibilities while caring for patients who request a termination of pregnancy. First, the nurse must be informed about the complexity of the abortion issue from a legal and an ethical standpoint and know the regulations and laws in their state. Second, the nurse must recognize that for many patients abortion is an ethical dilemma that results in confusion, ambivalence, and personal distress. Informing the patient regarding pro-life options or pro-choice support groups would not be appropriate because it is the patient's decision and these interventions show bias on the nurse's part.

DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Evaluation
MSC: Patient Needs: Health Promotion and Maintenance

2. A couple asks the nurse about the procedure for surrogate parenting. Which correct responses should the nurse provide for this couple? (*Select all that apply.*)
   a. Donated embryos can be implanted into the surrogate mother.
   b. The surrogate mother needs to have carried one previous birth to term.
   c. You both need to be infertile to be eligible for surrogate parenting.
   d. Conception can take place outside the surrogate mother's body and then implanted.
   e. The surrogate mother can be inseminated artificially with sperm from the intended father.

   ANS: A, D, E
   In surrogate parenting, conception may take place outside the body using ova and sperm from the couple that wishes to become parents. These embryos are then implanted into the surrogate mother, or the surrogate mother may be inseminated artificially with sperm from the intended father. Donated embryos may also be implanted into a surrogate mother. The couple does not need to be infertile. The surrogate parent does not need to have previously carried a pregnancy to term.

   DIF: Cognitive Level: Application OBJ: Nursing Process Step: Implementation
   MSC: Patient Needs: Health Promotion and Maintenance

3. Which actions by the nurse indicate compliance with the Health Insurance Portability and Accountability Act (HIPAA)? (*Select all that apply.*)
   a. The nurse posts an update about a patient on Facebook.
   b. The nurse gives the report to the oncoming nurse in a private area.
   c. The nurse gives information about the patient's status over the phone to the patient's friend.
   d. The nurse logs off any computer screen showing patient data before leaving the computer unattended.
   e. The nurse puts any documentation with the patient's information in the shred bin at the hospital before leaving for the day.

   ANS: B, D, E

HIPAA regulations provide consumers with significant power over their records, including the right to see and correct their records, the application of civil and criminal penalties for violations of privacy standards, and protection against deliberate or inadvertent misuse or disclosure. Discussions about a patient with other professionals should be restricted to those who need to know and should occur in a private location. Nurses must take care to avoid violating patient confidentiality when using electronic patient data formats. For example, nurses must promptly log off terminals when finished so that unauthorized individuals cannot gain access to the system. Shredding documentation with patient identifiers should be done before leaving the hospital. Discussing a patient's status in any online forum is a violation of HIPAA. Giving information to a patient's friend over the phone, without the patient's consent, is a violation of HIPAA.

DIF: Cognitive Level: Application OBJ: Nursing Process Step: Implementation
MSC: Patient Needs: Safe and Effective Care Environment

4. In some Middle Eastern and African cultures, female genital mutilation (female cutting) is a prerequisite for marriage. Women who now live in North America need care from nurses who are knowledgeable about the procedure and comfortable with the abnormal appearance of their genitalia. When caring for this patient, the nurse can formulate a diagnosis with the understanding that the patient may be at risk for which of the following? (*Select all that apply.*)
   a. Infection
   b. Laceration
   c. Hemorrhage
   d. Obstructed labor
   e. Increased signs of pain response

   ANS: A, B, C, D
   The patient is at risk for infection, laceration, hemorrhage, and obstructed labor. Female genital mutilation, cutting, or circumcision involves removal of some or all of the external female genitalia. The labia majora are often stitched together over the vaginal and urethral openings as part of this practice. Enlargement of the vaginal opening may be performed before or during the birth. The woman is unlikely to give any verbal or nonverbal signs of pain. This lack of response does not indicate lack of pain. In fact, pelvic examinations are likely to be very painful because the introitus is so small, and inelastic scar tissue makes the area especially sensitive. A pediatric speculum may be necessary, and the patient should be made as comfortable as possible.

   DIF: Cognitive Level: Analysis OBJ: Nursing Process Step: Diagnosis
   MSC: Patient Needs: Psychosocial Integrity

5. A Vietnamese patient who speaks little English is admitted to the labor and birth unit in early labor. The nurse plans to use an interpreter during an initial assessment. Which should the nurse plan to implement with regard to using an interpreter? (*Select all that apply.*)
   a. Face the interpreter when speaking.
   b. Listen carefully to what the patient says.
   c. Speak slowly and smile when appropriate.
   d. Plan to use a male interpreter, even if a female interpreter is available.
   e. Ask the interpreter to explain exactly what is said as much as possible, instead of paraphrasing.

ANS: B, C, E
The nurse planning to use an interpreter should listen carefully to what the patient says. The nurse should speak slowly and smile when appropriate. Ask the interpreter to explain exactly what is said instead of paraphrasing. It is preferable to use a trained female interpreter when one is available instead of a male interpreter. The nurse should directly face the patient when speaking.

DIF: Cognitive Level: Application OBJ: Nursing Process Step: Planning
MSC: Patient Needs: Psychosocial Integrity