

Edmunds: Introduction to Clinical Pharmacology, 6th Edition

Chapter 1: Pharmacology and the Nursing Process in LPN Practice

Test Bank

MULTIPLE CHOICE

1. A patient states that he takes an over-the-counter laxative occasionally for constipation. This is an example of
 1. objective data.
 2. inspection.
 3. subjective data.
 4. alternative therapy.

ANS: 3

Subjective data are information given by the patient or family and include the concerns or symptoms felt by the patient.

DIF: Cognitive Level: Application REF: Page 2 OBJ: 3
TOP: The Nursing Process KEY: Nursing Process Step:
Assessment
MSC: NCLEX: Physiological Integrity

2. The correct order of the steps of the nursing process is
 1. assessment, diagnosis, planning, implementation, evaluation.
 2. planning, assessment, diagnosis, implementation, evaluation.
 3. assessment, planning, implementation, diagnosis, evaluation.
 4. diagnosis, planning, implementation, evaluation, assessment.

ANS: 1

The nursing process consists of the following five major steps in this order: assessment, diagnosis, planning, implementation, evaluation.

DIF: Cognitive Level: Knowledge REF: Page 2, Figure 1-1
OBJ: 1 TOP: The Nursing Process
KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

3. The statement, "The patient will be able to self-administer an aerosol nebulizer treatment by discharge," is an example of which step of the nursing process?
 1. Implementation
 2. Diagnosis
 3. Evaluation
 4. Planning

ANS: 4

The patient-focused care plan will include any medications that will be given on either a short-term or a long-term basis. For example, goals may be written to apply ointments or patches or to show the patient how he can give himself an aerosol nebulizer treatment.

DIF: Cognitive Level: Application REF: Page 4 OBJ: 4
TOP: The Nursing Process KEY: Nursing Process Step: Planning
MSC: NCLEX: Physiological Integrity

4. A medication should be withheld when
1. the physician omits the trade name in the order.
 2. there has been a change in the patient's condition.
 3. the medication improves the patient's symptoms.
 4. the patient is asleep.

ANS: 2

You must use good judgment in carrying out a medication order. If your assessment is that there has been a change in the patient's condition that raises concerns about whether a medication should be given, it should be withheld (not given) until your concerns can be answered by the patient's physician.

DIF: Cognitive Level: Knowledge REF: Page 5 OBJ: 2
TOP: Medication Administration KEY: Nursing Process Step: Planning
MSC: NCLEX: Physiological Integrity

5. How does the nurse ensure that the medication order is accurate?
1. By checking the medication record with the Kardex file
 2. By comparing the physician's order with the medication history
 3. By comparing the physician's order to the chief complaint
 4. By checking the medication record with the physician's order

ANS: 4

Once the health care provider orders the medication, the nurse must verify that the order is accurate. Checking the medication chart or medication record with the physician's original order usually does this.

DIF: Cognitive Level: Knowledge REF: Page 4 OBJ: 2
TOP: Medication Administration KEY: Nursing Process Step: Planning
MSC: NCLEX: Physiological Integrity

6. The six "rights" of medication administration include the right
1. drug, time, dose, doctor, route, and documentation.
 2. drug, time, dose, patient, route, and documentation.
 3. drug, diagnosis, time, patient, route, and documentation.
 4. dose, time, doctor, patient, route, and drug.

ANS: 2

There are six “rights” of medication administration the nurse must always keep in mind. You must give the right drug at the right time, in the right dose, to the right patient, by the right route, and use the right documentation to record that the dose has been given.

DIF: Cognitive Level: Knowledge REF: Page 5 OBJ: 2
TOP: Medication Administration KEY: Nursing Process Step:
Implementation
MSC: NCLEX: Physiological Integrity

7. A nursing action that would ensure a medication is given to the right patient would be to
1. check the patient's identification bracelet.
 2. verify the medication record with the chart.
 3. verify the room number with the chart.
 4. ask the patient to state his or her birth date and Social Security number.

ANS: 1

Each patient should be asked his or her name as you check the identification bracelet. In a hospital, medication should never be given to a patient who is not wearing an identification bracelet.

DIF: Cognitive Level: Comprehension REF: Page 7 OBJ: 2
TOP: Medication Administration KEY: Nursing Process Step:
Implementation
MSC: NCLEX: Physiological Integrity

8. The nurse should document drug administration
1. at the end of each shift.
 2. as soon as possible after administration.
 3. just before administration.
 4. any time during the nurse's shift.

ANS: 2

A note about how and when you gave the drug should be made on the patient's chart as soon as possible after the drug is given.

DIF: Cognitive Level: Knowledge REF: Page 7 OBJ: 2
TOP: Medication Administration KEY: Nursing Process Step:
Implementation
MSC: NCLEX: Physiological Integrity

9. Which of the following nursing actions is an example of the evaluation step in medication administration?
1. Obtaining the clotting time results of a patient on an anticoagulant
 2. Asking the patient if he or she has any allergies to medications
 3. Checking a drug reference to verify the action of the drug

4. Explaining to the patient the possible side effects of the drug

ANS: 1

Evaluation of what happens when you administer a drug helps the health care provider decide whether to continue the same drug or make a change.

DIF: Cognitive Level: Application

REF: Page 7

OBJ: 4

TOP: Medication Administration

KEY: Nursing Process Step:

Evaluation

MSC: NCLEX: Physiological Integrity

10. Two specific types of patient responses in drug therapy a nurse must check are

1. action coding and action transferred.
2. drug feedback and drug uptake.
3. therapeutic effects and adverse effects.
4. uptime levels and downtime levels.

ANS: 3

The nurse checks for two types of responses to drug therapy: therapeutic effects and adverse effects.

DIF: Cognitive Level: Knowledge

REF: Page 8

OBJ: 4

TOP: Medication Evaluation

KEY: Nursing Process Step:

Evaluation

MSC: NCLEX: Physiological Integrity

11. _____ are never carried out if prepared by another nurse.

1. Written orders
2. Daily reports
3. Diet selections
4. Medications

ANS: 4

It must be stressed that you must never give medication prepared by another nurse.

DIF: Cognitive Level: Knowledge

REF: Page 7

OBJ: 2

TOP: Record Keeping

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

12. As an LVN/LPN, your role in the nursing process is to gather information and work with the patient. In carrying out this role, which of the following tasks can be delegated to you?

1. Interview the patient on admission.
2. Plan and evaluate the patient's care.
3. Check vital signs and medication response.
4. Carry out all steps of the nursing process.

ANS: 3

It is usually the LPN/LVN who takes vital signs, checks a patient's response to medications and treatments, and monitors symptoms the patient is having.

DIF: Cognitive Level: Comprehension REF: Page 2 OBJ: 1
TOP: Nursing Process KEY: Nursing Process Step:
Implementation
MSC: NCLEX: Physiological Integrity

13. When information is reported by the patient, it is considered to be subjective data. Which statement below is considered to be objective data?
1. The patient tells the nurse, "I have pain in my lower back."
 2. Mr. Williams tells the nurse he is having trouble catching his breath.
 3. Miss Sims has told the doctor she has no history of allergies to antibiotics.
 4. The patient's skin is warm and dry.

ANS: 4

Objective data are physical findings you can see during careful inspection, palpation, percussion, and auscultation.

DIF: Cognitive Level: Comprehension REF: Page 3 OBJ: 3
TOP: Nursing Process KEY: Nursing Process Step:
Implementation
MSC: NCLEX: Physiological Integrity

14. The LPN/LVN is a member of the health care team and assists the RN to follow a plan of care once the nursing diagnoses are shared with the team. Identify one of the major problems the nurse may have in getting accurate answers when developing a nursing diagnosis.
1. Patients who are elderly and sick.
 2. Patients only in for 24-hour admissions.
 3. Parents with children as patients.
 4. Parents who are bilingual with children as patients.

ANS: 1

Getting accurate answers to questions may be harder with children, elderly patients, or people whose language or culture is different from yours.

DIF: Cognitive Level: Comprehension REF: Page 4 OBJ: 4
TOP: Diagnosis KEY: Nursing Process Step: Diagnosis
MSC: NCLEX: Physiological Integrity

15. In utilizing the collected information about the patient's conditions before giving medications, the LPN/LVN is engaged in which step of medication planning?
1. The color of the medication in pill form.
 2. Only the nurse can administer this medication.
 3. Other drugs that do not affect medication's route.
 4. The reason and goal of the medications given.

ANS: 4

In planning to give a medication, the LPN/LVN must understand the reason or goal for each medication to be given, that is, what is this drug supposed to do for the patient?

DIF: Cognitive Level: Application REF: Page 4 OBJ: 4
TOP: Planning KEY: Nursing Process Step: Planning
MSC: NCLEX: Physiological Integrity

16. You collected information for a patient at the beginning of your shift and found that she had a blood pressure of 198/100. After reporting this information to the RN Team Leader, you gave the patient the scheduled medication, amlodipine (Norvasc), 5 mg PO. What information gathered after administering this medication is considered evaluating the patient's response?
1. The therapeutic goal of the drug is met.
 2. The therapeutic effects and adverse effects are checked.
 3. The medication was given 30 minutes late.
 4. The medication was given 30 minutes early.

ANS: 2

The nurse checks for two types of responses to drug therapy: therapeutic effects and adverse effects.

DIF: Cognitive Level: Application REF: Page 8 OBJ: 1
TOP: Medication Response KEY: Nursing Process Step:
Evaluation
MSC: NCLEX: Physiological Integrity

17. Many drugs have names that sound or look alike. As a nurse administering two such similar medications, it is important that you do which of the following?
1. Check the spelling and name of each medication.
 2. Check the physician's order only.
 3. Ask the Team Leader to check the order with you.
 4. Ask the patient which one of the medications they take.

ANS: 1

It is important to check the spelling of the name and the dose of each medication before any drug is given.

DIF: Cognitive Level: Application REF: Page 5 OBJ: 2
TOP: The Right Drug KEY: Nursing Process Step:
Implementation
MSC: NCLEX: Physiological Integrity

18. Medications may come in a unit-dose package with a bar code that is scanned by a computer. Which process should the nurse perform before administering unit-dose medication?

1. Remove each medication from the packaging.
2. Check the medications in alphabetic order.
3. Read the drug label at least three times.
4. Ask the patient to name each of their medications.

ANS: 3

Irrespective of the way the medication comes, you must read the drug label at least three times: (1) before taking the drug from the unit-dose cart or shelf, (2) before preparing or measuring the prescribed dose of medication, and (3) before putting the medication back on the shelf or just before opening the medication at the time you give it to the patient.

DIF: Cognitive Level: Application

REF: Pages 5-6 OBJ: 2

TOP: The Right Drug

KEY: Nursing Process Step:

Implementation

MSC: NCLEX: Physiological Integrity

19. Identifying the patient who is at risk for medication error (confused or critically ill) can be accomplished by which process?
1. Ask the patient their name and room number.
 2. Ask the patient's roommate the patient's name.
 3. Carry the patient's chart with you to the room.
 4. Use the portable computer to scan the identification bracelet.

ANS: 4

The use of a portable computer to scan the patient's identification bracelet and the drug is helpful in making sure the correct patient gets the drug.

DIF: Cognitive Level: Comprehension

REF: Page 7 OBJ: 2

TOP: Right Patient

KEY: Nursing Process Step:

Implementation

MSC: NCLEX: Physiological Integrity

20. It is important for the LPN/LVN to be a part of the evaluation process when giving the patient medications. Which of the factors below are considered to be an important part of the process of evaluating medications once they are given?
1. Ask the patient what the medication tasted like.
 2. Ask the patient if swallowing all of the medications at once helped.
 3. Evaluate the therapeutic effects and the adverse affects of the medication.
 4. Evaluate whether more scheduled medication is needed.

ANS: 3

The nurse checks for two types of responses to drug therapy: therapeutic effects and adverse effects.

DIF: Cognitive Level: Application

REF: Page 8

OBJ: 4

TOP: Evaluating Response to Medication

KEY: Nursing Process Step: Evaluation

MSC: NCLEX: Physiological Integrity

21. You are an LVN/LPN who works on a very busy 35-bed medical-surgical unit. The RN Team Leader gives you a syringe with “pain medication” in it and asks you to administer this medication to a patient. Your first action is to:
1. Assist the Team Leader by giving the medication as requested for this time only.
 2. Administer the medication this time because it is an emergency.
 3. Take time and prepare the medication and give as prescribed.
 4. You don’t have to do anything; it is not your patient.

ANS: 3

It must be stressed that you never give medication prepared by another nurse. Even when you are very busy, when there is an emergency, or when you are interrupted, you cannot assume that all the “rights” are followed unless the person who prepared the medication is the one who gives the medication.

DIF: Cognitive Level: Comprehension REF: Page 7 OBJ: 4
TOP: The Right Documentation KEY: Nursing Process Step:
Implementation
MSC: NCLEX: Physiological Integrity

MULTIPLE RESPONSE

22. After drug administration, the nurse checks the patient for responses to drug therapy and monitors for: (*Select all that apply.*)
1. expected outcomes.
 2. premedication teaching.
 3. allergic responses.
 4. adverse reactions.

ANS: 1, 3, 4

It is important to monitor the patient for expected outcomes, allergic responses, and any adverse reactions or side effects.

DIF: Cognitive Level: Comprehension REF: Page 8 OBJ: 4
TOP: Medication Response KEY: Nursing Process Step:
Evaluation
MSC: NCLEX: Physiological Integrity

23. When administering medication to a patient whose dose has a bar code on the medication wrapper that must be scanned by the computer, the nurse knows that which protocol(s) must be followed: (*Select all that apply.*)
1. Just scan the bar code with the computer; there is no need to do anything else.
 2. The drug must be checked before removing it from the unit-dose cart.
 3. Check the dose before preparing or measuring the medication.
 4. The drug must be checked just before you open it and give it to the patient.

ANS: 2, 3, 4

Sometimes the medication dose has a bar code that is scanned by a computer, but you must also read the drug label at least three times: (1) before taking the drug from the unit-dose cart or shelf, (2) before preparing or measuring the prescribed dose of medication, and (3) before putting the medication back on the shelf or just before opening the medication at the time you give it to the patient.

DIF: Cognitive Level: Comprehension REF: Pages 5-6 OBJ: 2
TOP: The Right Drug KEY: Nursing Process Step:
Implementation
MSC: NCLEX: Physiological Integrity

24. Getting accurate information from a patient during admission is an important job for the nurse recording this information. Which of the following answers to the nurse's admission questions will help form the best plan of care for the patient? (*Select all that apply.*)
1. How sick is the patient?
 2. What medication procedures will the patient require?
 3. Does the patient know you are an LPN/LVN?
 4. What special concerns or cultural beliefs does the patient have?

ANS: 1, 2, 4

Think about the problems that led to the patient's admission to the hospital.

- How sick is the patient?
- What procedures or medications will the patient need?
- What special knowledge or equipment is required in giving these medications?
- What special concerns or cultural beliefs does the patient have?
- How much does this patient understand about the medicine?

The answers to these questions are essential to planning the best care for the patient.

DIF: Cognitive Level: Knowledge REF: Page 3 OBJ: 1
TOP: Diagnosis KEY: Nursing Process Step: Diagnosis
MSC: NCLEX: Physiological Integrity