

MULTIPLE CHOICE

1. Which statement accurately describes the primary purpose of the state nurse practice act (NPA)?
 - a. To test and license LPN/LVNs.
 - b. To define the scope of LPN/LVN practice.
 - c. To improve the quality of care provided by the LPN/LVN.
 - d. To limit the LPN/LVN employment placement.

ANS: B

While improving quality of care provided by the LPN/LVN may be a result of the NPA, the primary purpose of the NPA of each state defines the scope of nursing practice in that state.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 2
OBJ: 3 TOP: NPA KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

2. The charge nurse asks the new vocational nurse to start an intravenous infusion, a skill that the vocational nurse has not been taught during her educational program. How should the vocational nurse respond?
 - a. Ask a more experienced nurse to demonstrate the procedure.
 - b. Look up the procedure in the procedure manual.
 - c. Attempt to perform the procedure with supervision.
 - d. Inform the charge nurse of her lack of training in this procedure.

ANS: D

The charge nurse should be informed of the lack of training to perform the procedure, and the vocational nurse should seek further training to gain proficiency. Although the other options might be helpful, they are not safe.

PTS: 1 DIF: Cognitive Level: Application REF: 3
OBJ: 1 TOP: Providing Safe Care KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

3. Which patient statement indicates a need for further discharge teaching that the vocational nurse should address?
 - a. "I have no idea of how this drug will affect me."
 - b. "Do you know if my physician is coming back today?"
 - c. "Will my insurance pay for my stay?"
 - d. "Am I going to have to go to a nursing home?"

ANS: A

Lack of knowledge at discharge about medication effects and side effects is a concern that should be addressed by the vocational nurse. The other concerns in the options are the responsibility of other departments to which the nurse might refer the patient.

PTS: 1 DIF: Cognitive Level: Application REF: 2
OBJ: 1 TOP: Teaching KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

4. According to most state NPAs, the vocational nurse acting as charge nurse in a long-term care facility acts in which capacity?
 - a. Working under direct supervision of an RN on the unit
 - b. Working with the RN in the building
 - c. Working under general supervision by the RN available on site or by phone
 - d. Working as an independent vocational nurse

ANS: C

The vocational nurse in the capacity of the charge nurse in a long-term care facility acts with the general supervision of an RN available on site or by phone.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 2
OBJ: 1 TOP: Charge Nurse/Manager KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

5. The nurse is educating a patient that is a member of a health maintenance organization (HMO). Which information should the nurse include?
 - a. Seek the opinion of an alternate health care provider.
 - b. Obtain insurance approval for medical services prior to treatment.
 - c. Provide detailed documentation of all care received for his condition.
 - d. Wait at least 6 months to see a specialist.

ANS: B

Most HMOs require preprocedure authorization for treatment. Patients are not required to seek a second opinion, provide documentation of care, or wait a specific time period before visiting a specialist.

PTS: 1 DIF: Cognitive Level: Application REF: 9
OBJ: 9 TOP: Charge Nurse/Manager
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

6. The patient complains to the nurse that he is confused about his “deductible” that he owes the hospital. Which statement accurately explains a deductible?
- An amount of money put aside for the payment of future medical bills
 - A one-time fee for service
 - An amount of money deducted from the bill by the insurance company
 - An annual amount of money the patient must pay out-of-pocket for medical care

ANS: D

The deductible is the annual amount the insured must pay out-of-pocket prior to the insurance company assuming the cost. This practice improves the profit of the insurance company.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 7
OBJ: 9 TOP: Health Care Financing
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

7. The nurse compares the characteristics of a health maintenance organization (HMO) and a preferred provider organization (PPO). Which information should the nurse include about HMOs?
- HMOs require a set fee of each member monthly.
 - HMOs allow the member to select his health care provider.
 - HMOs permit admission to any facility the member prefers.
 - HMOs offer unlimited diagnostic tests and treatments.

ANS: A

HMOs require a set fee from each member monthly (capitation). The patient will be treated by the HMO staff in HMO-approved facilities. Excessive use of diagnostic tests and treatments is discouraged by the HMO.

PTS: 1 DIF: Cognitive Level: Application REF: 9
OBJ: 9 TOP: Managed Care
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

8. A patient asks the nurse what Medicare Part A covers. Which response is correct?
- Medicare Part A covers inpatient hospital costs.
 - Medicare Part A covers reimbursement to the physician.
 - Medicare Part A covers outpatient hospital services.
 - Medicare Part A covers ambulance transportation.

ANS: A

Medicare Part A covers inpatient hospital expenses, drugs, x-rays, laboratory work, and intensive care. Medicare Part B pays the physician, ambulance transport, and outpatient services.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 7, Box 1-4
OBJ: 9 TOP: Government-Sponsored Health Insurance
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

9. Which is the main cost-containment component of diagnosis-related groups (DRGs)?
- Hospitals focus only on the specific diagnosis.
 - Hospitals treat and discharge patients quickly.
 - Reduced cost drugs are ordered for specific diagnoses.
 - Diagnostic group classification streamlines care.

ANS: B

DRGs are a prospective payment plan in which hospitals receive a flat fee for each patient’s diagnostic category regardless of the length of time in the hospital. If hospitals can treat and discharge patients before the allotted time, hospitals get to keep the excess payment; cost is contained, and the patient is discharged sooner.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 8
OBJ: 9 TOP: Government-Sponsored Health Insurance
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

10. The nurse is assessing a group of patients. Which patient would most likely qualify for Medicaid?
- A 35-year-old unemployed single mother with diabetes
 - A 70-year-old Medicare recipient with retirement income who needs to be in a long-term care facility
 - An 80-year-old blind woman living in her own home who has inadequate private insurance
 - A 67-year-old stroke victim with Medicare Part A and an income from investments

ANS: A

Medicaid is a joint effort of federal and state governments geared primarily for low-income people with no insurance.

PTS: 1 DIF: Cognitive Level: Application REF: 8, Box 1-5
OBJ: 9 TOP: Government-Sponsored Health Insurance–Medicaid
KEY: Nursing Process Step: Assessment
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

11. Which area is the major focus of *Healthy People 2020* and the primary mechanism through which to improve the health of Americans in the second decade of the century?
- a. Research funding
 - b. Health information distribution
 - c. Healthy lifestyle encouragement
 - d. Health improvement program designs

ANS: C
Healthy People 2020 focuses on expanding ongoing programs to include support and information to reduce infant mortality, cancer, cardiovascular disease, and HIV/AIDS, and to increase effective immunizations, healthy eating habits, and healthy weight.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 6
OBJ: 7 TOP: Healthy People 2020
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

12. Which term explains the type of care that addresses interventions for all dimensions of a patient’s life?
- a. Focused care
 - b. General care
 - c. Directed care
 - d. Holistic care

ANS: D
Holistic care addresses the physiologic, psychological, social, cultural, and spiritual needs of the patient.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 6
OBJ: 8 TOP: Holistic Care
KEY: Nursing Process Step: Planning
MSC: NCLEX: Psychosocial Integrity: Coping and Adaptation

13. A patient furiously says, “My doctor was so busy giving me instructions that he didn’t hear what I was trying to ask him!” Which response is most empathetic?
- a. “When people ignore me, I really get mad.”
 - b. “I’m sure that the doctor was rushed and unaware of your needs.”
 - c. “I’ll bet that made you feel very frustrated.”
 - d. “Take a deep breath and plan what you will say to him tomorrow.”

ANS: C
Empathy demonstrates that the nurse perceives the patient’s feelings but does not share the emotion. Belittling the patient’s feelings, showing sympathy, or defending the doctor makes the patient feel devalued.

PTS: 1 DIF: Cognitive Level: Analysis REF: 10
OBJ: 10 TOP: Nurse–Patient Relationship
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

14. The nurse is explaining differences in a therapeutic relationship and a social relationship to a patient. Which information about therapeutic relationships is most important for the nurse to include in the explanation?
- a. Therapeutic relationships lack formal boundaries.
 - b. Therapeutic relationships are goal directed.
 - c. Therapeutic relationships meet the needs of each person in the relationship.
 - d. Therapeutic relationships extend past the hospitalization period.

ANS: B
The therapeutic relationship is focused on the patient and is goal directed and designed to meet only the needs of the patient and does not extend past the period of hospitalization.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 9
OBJ: 10 TOP: Therapeutic Relationship
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

15. The long-term care facility nurse is caring for a newly admitted 80-year-old patient who is depressed. Which approach is best for the nurse to employ?
- a. Encourage the resident to engage in an activity.
 - b. Remind the resident of reasons to be positive.
 - c. Point out episodes of negative behavior.
 - d. Present a bright and cheerful behavior.

ANS: A
Activity and social interaction are helpful to depressed patients. Presenting a cheery approach and pointing out negative behavior and reasons to be positive are not therapeutic at this stage of the relationship.

PTS: 1 DIF: Cognitive Level: Analysis REF: 10
OBJ: 10 TOP: Depressed Behavior
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

16. The nurse is caring for a patient who has been on antidepressants for 3 days. The patient tearfully says, “I still feel terrible. I don’t think anything can help how I feel.” Which response is best?
- a. “I will tell the charge nurse how you are feeling.”
 - b. “You just need to be patient and give your medicine some time to work.”
 - c. “Look how much you have improved since you were admitted to the facility.”
 - d. “It must be frustrating to be going through this difficult time.”

ANS: D

This response is an empathetic response that allows for further exploration of the patient’s feelings. The other responses will block communication with this patient.

PTS: 1 DIF: Cognitive Level: Application REF: 9
OBJ: 10 TOP: Therapeutic Communication
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

17. An overweight male patient rips off his hospital gown, throws it out the door, and shouts, “I’m not wearing this stupid gown! It is too small, too short, and exposes my backside to the world!” Which response is most appropriate?
- a. Remind patient of the need to wear the gown for convenience in care.
 - b. Confer with the patient for methods to acquire a larger gown.
 - c. Replace the torn gown with another.
 - d. Inform the charge nurse of the hostile behavior.

ANS: B

Allowing hostile patients to make reasonable requests defuses the anger and allows patients to vent their feelings.

PTS: 1 DIF: Cognitive Level: Application REF: 9
OBJ: 10 TOP: Hostile Behavior
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity: Coping and Adaptation

18. The nurse is caring for a patient who states, “You are the only nurse who understands about my pain. Can’t you give me an extra dose of pain medication?” How should the nurse respond to the patient’s request?
- a. Explain that dosage schedules are by physician’s orders.
 - b. Ignore the request.
 - c. Tell the patient that his behavior is manipulative.
 - d. Agree to give an extra dose of pain medication.

ANS: A

A matter-of-fact response to a manipulative request limits the effect of the manipulation, thereby helping the nurse to avoid becoming defensive or being swayed by flattery.

PTS: 1 DIF: Cognitive Level: Application REF: 9
OBJ: 10 TOP: Manipulative Behavior
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

19. A female patient who has recently been diagnosed with an inoperable brain tumor asks the nurse, “Do you think God punishes us?” Which response demonstrates therapeutic communication?
- a. “What do you think?”
 - b. “God loves you.”
 - c. “Would like to speak with the chaplain?”
 - d. “God will not give you more than you can bear.”

ANS: A

Sitting with the patient and offering oneself to listen to the patient’s concerns and encouraging reflection is the best approach rather than responding with a cliché or suggesting speaking with the chaplain.

PTS: 1 DIF: Cognitive Level: Application REF: 10
OBJ: 10 TOP: Spiritual Care
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

20. The nurse is communicating with a patient who voices concern about an upcoming high-risk procedure. Which statement best demonstrates empathy?
- a. “Would you like to talk about your feelings regarding the procedure?”
 - b. “My mother had the same procedure and did very well.”
 - c. “I can’t imagine how you feel.”
 - d. “It must be difficult preparing for the procedure; how are you feeling?”

ANS: D

This statement by the nurse displays empathy by trying to place oneself in the patient’s circumstance and validating the patient’s feelings. Simply asking patients if they would like to talk about their feelings does not show empathy and may elicit a “yes” or “no” response. Telling the patient one’s mother had the procedure or stating “I can’t imagine how you feel” does not show empathy toward the patient.

PTS: 1 DIF: Cognitive Level: Application REF: 10
OBJ: 10 TOP: Nurse–Patient Relationship
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

MULTIPLE RESPONSE

21. Which of the following are sources of clear guidelines for upholding clinical standards for safe and competent care? (*Select all that apply.*)
- a. The state's nurse practice act (NPA)
 - b. The State Board of Nurse Examiners (BNE)
 - c. The National Association for Practical Nurse Education and Service (NAPNES)
 - d. Institutional policies
 - e. The National Federation of Licensed Practical Nurses, Inc. (NFLPN)

ANS: C, E

NAPNES and the NFLPN give clear guidelines for clinical standards that can be used as a basis for court decisions. The NPA has broad guidelines, and institutional policies may not be complete. The BNE enforces the NPA.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 5
OBJ: 3 TOP: Upholding Clinical Standards KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

22. Which statement(s) accurately describes the role of the LPN/LVN regardless of employment placement? (*Select all that apply.*)
- a. Uphold clinical standards
 - b. Educate patients
 - c. Communicate effectively
 - d. Collaborate with the health care team
 - e. Initiate a care plan immediately after admission

ANS: A, B, C, D

The LPN/LVN has the accountability to uphold clinical standards, educate patients, communicate effectively, and collaborate with the health care team. Depending on the type of facility, initiation of a care plan is often the role of the registered nurse.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 2
OBJ: 3 TOP: Roles of LPN/LVNs
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

23. The newly licensed LPN/LVN demonstrates an understanding of employment opportunities when applying to a position in which area(s)? (*Select all that apply.*)
- a. An outpatient clinic
 - b. A home health care agency
 - c. An intravenous (IV) therapy team
 - d. A long-term care facility
 - e. An ambulatory care unit

ANS: A, B, D, E

With the exception of an IV therapy team, which requires postgraduate education and/or certification, the other options are open to newly graduated vocational nurses.

PTS: 1 DIF: Cognitive Level: Application REF: 2
OBJ: 2 TOP: Employment Opportunities for LPN/LVNs
KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

24. What factor(s) should the LPN/LVN consider when delegating a task to unlicensed assistive personnel (UAP)? (*Select all that apply.*)
- a. A need for the UAP to voluntarily accept the task delegated
 - b. Continued accountability for the task by the LPN/LVN
 - c. Assurance that the task requires no further need for supervision of the UAP
 - d. An understanding that the task is in the job description of the UAP
 - e. A transfer of authority to the UAP

ANS: A, B, D, E

Delegation is a considered act involving the condition of the patient and the competency of the UAP. Delegation requires that the UAP voluntarily accept the task, which is in the job description of the UAP. The vocational nurse has transferred authority for the completion of the task but is still accountable and should supervise.

PTS: 1 DIF: Cognitive Level: Application REF: 3
OBJ: 1 TOP: Delegation KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

25. The LPN/LVN participates in an in-service about cost containment within the health care facility. Which action(s) demonstrate understanding of cost-containment principles? (*Select all that apply.*)
- a. Telling patients to limit their usage of supplies.
 - b. Asking the UAP to ensure correct charges for patient care items.
 - c. Only using necessary items for patient care.
 - d. Charging for extra patient care items that the patient may take home upon discharge.
 - e. Documenting supplies used for patients in their patient care record.

ANS: B, C, E

The UAP must correctly charge patients utilizing the facility’s charging system, only necessary supplies should be used for patient care, and documenting supplies used assists in reimbursement. It is inappropriate and not the patient’s responsibility to monitor their supply use, and excess charges would be incurred if items were given to the patient upon discharge.

PTS: 1 DIF: Cognitive Level: Application REF: 6
OBJ: 8 TOP: Cost Containment
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Management of Care

COMPLETION

26. When an insurance company directly reimburses a licensed health care provider for services, the form of financing is called _____.

ANS:
fee for service

Fee for service is the direct reimbursement by an insurance company to a health care provider.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 7
OBJ: 9 TOP: Health Care Financing KEY: Nursing Process Step: N/A
MSC: NCLEX: N/A

27. The nurse explains that the term _____ refers to the severity of illness.

ANS:
acuity

Acuity is the term referring to the severity of illness or condition of a patient.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 4
OBJ: 6 TOP: Acuity KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care