

Tabloski *Gerontological Nursing*, 3/e Chapter 03

Question 1

Type: MCSA

The nurse is preparing to conduct a health history with an older patient. Which action will the nurse take to ensure the accuracy and efficiency of the patient's health history?

1. Scheduling 30 minutes for the medical history interview
2. Requesting the patient bring a list of current medications taken regularly
3. Conducting the history in an environment with comfortable seating and proper lighting
4. Having the patient complete the past medical history form upon arrival for the appointment

Correct Answer: 3

Rationale 1: Patients should have a minimum of 1-hour appointments scheduled. Shorter appointments will result in a hurried interview with missed information.

Reference: Page 53

Rationale 2: The patient should bring the actual bottles of current medications to the appointment to avoid any errors or confusion.

Reference: Page 53

Rationale 3: To make the older patient comfortable, adequate lighting and seating should be available.

Reference: Page 53

Rationale 4: An information packet and forms should be mailed to the patient in advance so that the patient can come prepared to the appointment.

Reference: Page 53

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 3. Identify the nurse's role in the geriatric assessment process.

Question 2

Type: MCSA

Which nursing intervention will ensure that the nurse will provide culturally competent healthcare to an older patient?

1. Speak the patient's primary language.
2. Use standardized assessment instruments in health evaluations.
3. Approach patients of a particular ethnic group in the same manner.
4. Know prevalence, incidence, and risk factors for diseases specific to different ethnic groups.

Correct Answer: 4

Rationale 1: It is unrealistic to expect that the nurse will speak the patient's primary language if it is not English.
Reference: Page 56

Rationale 2: Many of the clinical assessment instruments have not been validated for use with ethnic minorities.
Reference: Page 56

Rationale 3: To avoid stereotypical thinking, the nurse must approach each patient as a unique individual.
Reference: Page 56

Rationale 4: Knowing the prevalence, incidence, and risk factors for diseases specific to different ethnic groups is a component of cultural competence in healthcare.
Reference: Page 56

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 3. Identify the nurse's role in the geriatric assessment process.

Question 3

Type: MCMA

The nurse is completing the minimal data set (MDS) for an older patient. What are characteristics of this assessment?

Standard Text: Select all that apply.

1. Eliminates listing the patient's prescribed medications
2. Identifies health insurance coverage that is not Medicare or Medicaid

3. Provides a multidimensional view of the patient's functional capacities
4. Used primarily to determine the amount of funding the patient has for long-term care
5. Includes a core set of screening, clinical, and functional measures used in patient assessment

Correct Answer: 3,5

Rationale 1: Medication information is needed since this may impact the patient's ability to function.
Reference: Page 56

Rationale 2: The MDS is a standardized assessment tool that forms the foundation for all residents of long-term care facilities certified to participate in Medicare or Medicaid.
Reference: Page 56

Rationale 3: The items in the MDS give a multidimensional view of the patient's functional capacities.
Reference: Page 56

Rationale 4: The MDS is used to for validating the need for long-term care, reimbursement, ongoing assessment of clinical problems, and assessment of and need to alter the current plan of care.
Reference: Page 56

Rationale 5: The MDS includes categories that measure physical, psychological, and psychosocial functioning of the patient.
Reference: Page 56

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 1. Define interdisciplinary geriatric assessment and terminology.

Question 4

Type: MCMA

When completing an assessment with an older patient, the nurse will focus on which health problems since these are the leading causes of death for this population?

Standard Text: Select all that apply.

1. HIV/AIDS
2. Malignant neoplasms
3. Motor vehicle crashes

4. Cardiovascular disease

5. Pneumonia and infections

Correct Answer: 2,4

Rationale 1: HIV/AIDS is the 14th leading cause of death for the total population.

Reference: Page 60

Rationale 2: Currently, older people die from chronic illnesses such as malignant neoplasms.

Reference: Page 60

Rationale 3: Motor vehicle crashes are the 5th leading cause of death for the total population.

Reference: Page 60

Rationale 4: Currently, older people die from chronic illnesses such as cardiovascular disease.

Reference: Page 60

Rationale 5: At the beginning of the 1900s, infectious diseases topped the leading causes of death. A century later, these diseases are controlled.

Reference: Page 60

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2. Apply appropriate guidelines for health promotion and disease prevention.

Question 5

Type: MCSA

Why is it important for the interdisciplinary team to assess an older patient's level of pain?

1. Validate that the pain is real.
2. Ensure pain management is provided.
3. Differentiate pain symptoms from other symptoms.
4. Provide the appropriate amount of help for normal activities.

Correct Answer: 2

Rationale 1: A pain assessment is done to address symptom relief or pain management and not to validate that the pain is real.

Reference: Page 58

Rationale 2: A pain assessment is done to address symptom relief or pain management.

Reference: Page 58

Rationale 3: A pain assessment is done to address symptom relief or pain management and not to differentiate pain symptoms from other symptoms.

Reference: Page 58

Rationale 4: A pain assessment is done to address symptom relief or pain management and not to provide the appropriate amount of help for normal activities.

Reference: Page 58

Global Rationale:

Cognitive Level: Analyzing

Client Need: Physiological Integrity

Client Need Sub: Basic Care and Comfort

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define interdisciplinary geriatric assessment and terminology.

Question 6

Type: MCMA

The nurse is preparing to use the SPICES tool to assess an older patient. Which areas will the nurse assess with this tool?

Standard Text: Select all that apply.

1. Incontinence
2. Sleep disorders
3. Skin breakdown
4. Evidence of falls
5. Lower limb function

Correct Answer: 1,2,3,4

Rationale 1: SPICES is an overall assessment tool used to plan, promote, and maintain optimal function in older adults. Incontinence is assessed in this tool.

Reference: Page 52

Rationale 2: SPICES is an overall assessment tool used to plan, promote, and maintain optimal function in older adults. Sleep disorders are assessed in this tool.

Reference: Page 52

Rationale 3: SPICES is an overall assessment tool used to plan, promote, and maintain optimal function in older adults. Skin breakdown is assessed in this tool.

Reference: Page 52

Rationale 4: SPICES is an overall assessment tool used to plan, promote, and maintain optimal function in older adults. Evidence of falls is assessed in this tool.

Reference: Page 52

Rationale 5: SPICES is an overall assessment tool used to plan, promote, and maintain optimal function in older adults. Lower limb function is not assessed in this tool but is assessed in the PULSES profile.

Reference: Page 52

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 1. Define interdisciplinary geriatric assessment and terminology.

Question 7

Type: MCSA

The family of an older patient in a nursing home has contacted the ombudsmen program. What will the ombudsman do for the patient?

1. Investigate the complaint.
2. Deter the patient from filing a lawsuit.
3. Pursue a lawsuit on behalf of the patient.
4. Review the patient's record and determine if appropriate care has been given.

Correct Answer: 1

Rationale 1: All states are to operate long-term care ombudsmen programs. These programs provide trained people to investigate complaints made by residents and families about care received in the facility.

Reference: Page 61

Rationale 2: There is not a particular person or healthcare employee who would specifically deter a patient from filing a lawsuit.

Reference: Page 61

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Rationale 3: Attorneys are those who pursue lawsuits for patients in nursing homes.

Reference: Page 61

Rationale 4: An expert witness is a healthcare expert who reviews patient records and offers opinions as to whether patients have received the appropriate standard of care.

Reference: Page 61

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 8

Type: MCSA

Which action should the nurse take to avoid becoming involved in a legal suit with patient care?

1. Have professional liability insurance.
2. Avoid conflicts with patients and families.
3. Document carefully all nursing care provided.
4. Report concerns about the facility to the supervisor.

Correct Answer: 3

Rationale 1: Professional liability insurance is a personal responsibility and is not a substitute for careful documentation.

Reference: Page 62

Rationale 2: It is wise to avoid conflicts with patients and families if possible.

Reference: Page 62

Rationale 3: Careful documentation of nursing care is the best way for the nurse to defend him- or herself should a legal suit be filed.

Reference: Page 62

Rationale 4: The nurse should report concerns to supervisors, but this is not a defense should a legal suit be filed.

Reference: Page 62

Global Rationale:

Cognitive Level: Applying

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Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 9

Type: MCMA

Which statements are included in the Patient's Bill of Rights?

Standard Text: Select all that apply.

1. The right to vote
2. The right to make a will and dispose of property
3. The right of the ombudsman to enforce the bill of rights
4. The right to file for malpractice if the rights are violated
5. The right to be free from chemical and physical restraints

Correct Answer: 1,2,5

Rationale 1: The right to vote is in the Patient's Bill of Rights.

Reference: Page 61

Rationale 2: The right to make a will and dispose of property is in the Patient's Bill of Rights.

Reference: Page 61

Rationale 3: The right of the ombudsman to enforce the bill of rights is not in the Patient's Bill of Rights.

Reference: Page 61

Rationale 4: The right to file for malpractice if the rights are violated is not in the Patient's Bill of Rights.

Reference: Page 61

Rationale 5: The right to be free from chemical and physical restraints is in the Patient's Bill of Rights.

Reference: Page 61

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 10

Type: MCSA

Which scenario describes a situation in which the performance of the nurse does not meet the standard of care?

1. A nurse witnesses a patient fall and tries to assist the patient.
2. A patient with vomiting and nausea does not receive a breakfast tray.
3. A physician is questioned about an order to administer a medication that is five times the normal dosage.
4. A patient is medicated with acetaminophen for severe chest pain and the physician is not notified.

Correct Answer: 4

Rationale 1: Assisting a patient who has fallen is a situation in which a reasonable nurse would pursue a similar action and would be considered the standard of care.

Reference: Page 62

Rationale 2: Withholding a breakfast tray from a patient who is nauseated and vomiting is a situation in which a reasonable nurse would pursue a similar action and would be considered the standard of care.

Reference: Page 62

Rationale 3: Questioning a medication dosage outside the normal range is a situation in which a reasonable nurse would pursue a similar action and would be considered the standard of care.

Reference: Page 62

Rationale 4: Medicating a patient with acetaminophen for severe chest pain and not notifying the physician would not be considered standard care for chest pain.

Reference: Page 62

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 11

Type: MCMA

What actions will the nurse follow when using restraints for an older patient in a long-term care facility?

Standard Text: Select all that apply.

1. Use restraints for 2 hours or less.

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2. Obtain a physician's order before using.
3. Waist restraints are the best approach to prevent patient falls.
4. Remove the patient's eyeglasses when applying restraints.
5. Consider the use of restraints for emergency situations only.

Correct Answer: 1,2,5

Rationale 1: Restraints are now limited to short-term use of 2 hours or less.
Reference: Page 63

Rationale 2: Restraints are used only with a physician's order.
Reference: Page 63

Rationale 3: Waist restraints are not proven to be the best approach to prevent patient falls. Nurses are urged to develop alternatives to physician restraints such as addressing patient and environmental factors.
Reference: Page 63

Rationale 4: The nurse should make sure the patient is wearing eyeglasses, which would reduce the need to use a restraint.
Reference: Page 63

Rationale 5: Restraints are to be ordered by a physician in emergency situations.
Reference: Page 63

Global Rationale:

Cognitive Level: Applying

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 12

Type: MCMA

The gerontological nurse is planning health promotion actions for an older patient. What information would the nurse take into consideration when planning these actions?

Standard Text: Select all that apply.

1. Patient has type 2 diabetes mellitus
2. Patient uses BIPAP machine for sleep apnea

3. Patient walks for 30 minutes 3 times a week
4. Patient attends religious services every Sunday morning
5. Patient lives alone and volunteers at the local library most afternoons

Correct Answer: 3,4,5

Rationale 1: Health promotion for the older adult is not focused on disease or disability. Type 2 diabetes mellitus would not need to be taken into consideration for the patient.

Reference: Page 60

Rationale 2: Health promotion for the older adult is not focused on disease or disability. Using a BIPAP machine for sleep apnea would not need to be taken into consideration for the patient.

Reference: Page 60

Rationale 3: Health promotion for the older adult is focused on individual strengths, abilities, and values. Walking for 30 minutes 3 times a week would be taken into consideration for the patient.

Reference: Page 60

Rationale 4: Health promotion for the older adult is focused on individual strengths, abilities, and values. Attending religious services every Sunday would be taken into consideration for the patient.

Reference: Page 60

Rationale 5: Health promotion for the older adult is focused on individual strengths, abilities, and values. Living alone and volunteering at the local library most afternoons would be taken into consideration for the patient.

Reference: Page 60

Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2. Apply appropriate guidelines for health promotion and disease prevention.

Question 13

Type: MCSA

Of the following hospital situations, which one demonstrates the need for further action and improved policies to maintain the confidentiality of patient medical information?

1. Employees are issued individual passwords to access computerized records.
2. A physician logs off a computer after accessing computerized patient records.
3. The nurse logs off the computer after accessing the laboratory record of a patient.

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4. Reports of patient tests are faxed to a machine that is shared by the payroll department.

Correct Answer: 4

Rationale 1: Issuing individual passwords to access computerized records would maintain the confidentiality of patient medical information.

Reference: Page 65

Rationale 2: Logging off after reviewing a patient record would maintain the confidentiality of patient medical information.

Reference: Page 65

Rationale 3: Logging off after reviewing a patient's laboratory records would maintain the confidentiality of patient medical information.

Reference: Page 65

Rationale 4: Faxing patient test reports to a machine that is shared by the payroll department could violate the confidentiality of patient medical information. Further action would be needed for this situation.

Reference: Page 65

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 14

Type: MCSA

The nurse is concerned that a patient's privacy could be breached according to the Health Insurance Portability and Accountability Act (HIPAA) standards. Which situation would be a breach of the HIPAA standards?

1. Copies of the patient's diagnostic test results are shredded before being discarded.
2. A nurse discusses the patient's condition with a relative without the patient's permission.
3. A physician who is not a caregiver of the patient is restricted from access to the patient's chart.
4. The patient's chart is stored in the secured office of the radiology office while the patient is having a diagnostic examination done.

Correct Answer: 2

Rationale 1: Copies of patient records must be rendered unreadable before being discarded.

Reference: Page 65

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Rationale 2: A breach in patient privacy is the nurse discussing the patient's condition with a relative without the patient's permission.

Reference: Page 65

Rationale 3: Persons, including healthcare professionals, who do not legitimately need to see a patient's record, must be kept from accessing the record.

Reference: Page 65

Rationale 4: Patient records must be secure, especially when used in departments other than the nursing unit.

Reference: Page 65

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 15

Type: MCSA

An older patient with confusion is prescribed to receive a blood transfusion. What should the nurse do to obtain consent for this transfusion?

1. Ask the patient's durable power of attorney to sign the consent.
2. Withhold the blood transfusion until the patient's mental status improves.
3. Administer the blood transfusion since a signed consent form is not necessary.
4. Explain the transfusion, help the patient sign the consent, and administer the transfusion.

Correct Answer: 1

Rationale 1: The nurse who finds a patient lacking the capacity to provide consent, as in the case of a confused patient, must obtain consent from a healthcare proxy, such as the durable power of attorney.

Reference: Page 65

Rationale 2: Withholding the transfusion until the patient is no longer confused delays the treatment and may result in harm to the patient.

Reference: Page 65

Rationale 3: A blood transfusion is considered a specialized procedure and requires a separate informed consent form be signed.

Reference: Page 65

Rationale 4: Explaining the treatment to a confused patient and then assisting the patient to sign the consent does not meet the test of capacity for consent (understanding, reasoning, problem solving, and communicating the decision).

Reference: Page 65

Global Rationale:

Cognitive Level: Applying

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 16

Type: MCMA

The nurse is reviewing secondary prevention actions with an older patient. Which interventions should the nurse encourage the patient to complete?

Standard Text: Select all that apply.

1. Yearly depression screening
2. Colonoscopy every 10 years
3. Yearly fecal occult blood test
4. Yearly height and weight check
5. Yearly blood pressure screening

Correct Answer: 1,2,3

Rationale 1: For secondary prevention, a yearly depression screening is recommended.

Reference: Page 62

Rationale 2: For secondary prevention, a colonoscopy is recommended every 10 years.

Reference: Page 62

Rationale 3: For secondary prevention, a yearly fecal occult blood test is recommended.

Reference: Page 62

Rationale 4: A yearly height and weight check is a primary prevention intervention.

Reference: Page 62

Rationale 5: Yearly blood pressure screening is a primary prevention intervention.

Reference: Page 62

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Global Rationale:

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Client Need Sub:

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 2. Apply appropriate guidelines for health promotion and disease prevention.

Question 17

Type: MCSA

An older patient recently admitted from a homeless shelter experiences cardiac arrest. The patient has no resuscitation orders. What should the nurse do first?

1. Notify the shift supervisor.
2. Notify the homeless shelter.
3. Notify the admitting physician.
4. Begin cardiopulmonary resuscitation.

Correct Answer: 4

Rationale 1: The supervisor will need to be notified, but it is not the first step to be taken.

Reference: Page 67

Rationale 2: The homeless shelter would have no jurisdiction over the patient.

Reference: Page 67

Rationale 3: The physician will need to be notified, but it is not the first step to be taken.

Reference: Page 67

Rationale 4: If resuscitation orders are not present, the nurse should begin cardiopulmonary resuscitation on the patient.

Reference: Page 67

Global Rationale:

Cognitive Level: Applying

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 4. Recognize the importance of and need to identify and communicate advance directives when caring for the older adult.

Question 18

Type: MCSA

An older patient is diagnosed with an intestinal obstruction and needs immediate surgery. The patient's next of kin is a granddaughter who lives in a neighboring community. Who will the nurse ask to sign the consent form for the surgery?

1. The patient
2. The patient's daughter
3. The patient's granddaughter
4. Both the patient and granddaughter

Correct Answer: 1

Rationale 1: Unless there has been some indication of a loss of competence or a legal document exists that establishes the power of attorney, the patient has the responsibility to sign the consent form for the surgery.
Reference: Page 66

Rationale 2: The daughter is not responsible for signing the consent form. The patient can sign the consent for the surgery.
Reference: Page 66

Rationale 3: The granddaughter is not responsible for signing the consent form. The patient can sign the consent for the surgery.
Reference: Page 66

Rationale 4: The granddaughter is not responsible for signing the consent form. The patient can sign the consent for the surgery.
Reference: Page 66

Global Rationale:

Cognitive Level: Applying

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 19

Type: MCSA

A nurse has just completed training on the Health Insurance Portability and Accountability Act (HIPAA). Which statement made by the nurse indicates that training has been successful?

1. "Faxing of information is prohibited by HIPAA."
2. "I need to verbally provide the patient with the privacy notice."
3. "I cannot discuss a patient's health history with family members without the patient's permission."
4. "Financial information relating to payment for services is not subject to the HIPAA regulations."

Correct Answer: 3

Rationale 1: Faxing is permitted only with the permission of the patient.

Reference: Page 65

Rationale 2: It is mandated that all patients receive a privacy notice, which is a written statement that explains how healthcare information will be used and disclosed.

Reference: Page 65

Rationale 3: Discussing a patient's health history with family members is not permitted without the patient's permission.

Reference: Page 65

Rationale 4: Past, present, or future payment for the provision of healthcare is considered confidential and subject to the HIPAA regulations.

Reference: Page 65

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 20

Type: MCMA

The nurse needs to fax confidential patient information to another office. What actions should the nurse take when faxing this type of information?

Standard Text: Select all that apply.

1. Use a cover sheet.
2. Obtain patient permission to fax.
3. Include a confidentiality statement.

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4. Verify the fax number before faxing.
5. Print the patient's name on the cover sheet.

Correct Answer: 1,2,3,4

Rationale 1: Fax machines are the least secure of all technologies. The nurse should use a cover sheet when faxing confidential patient information.

Reference: Page 65

Rationale 2: Fax machines are the least secure of all technologies. The nurse should obtain the patient's permission before faxing confidential patient information.

Reference: Page 65

Rationale 3: Fax machines are the least secure of all technologies. The nurse should include a confidentiality statement when faxing confidential patient information.

Reference: Page 65

Rationale 4: Fax machines are the least secure of all technologies. The nurse should verify the fax number before faxing confidential patient information.

Reference: Page 65

Rationale 5: Fax machines are the least secure of all technologies. The nurse should not print the patient's name on the cover sheet when faxing confidential patient information.

Reference: Page 65

Global Rationale:

Cognitive Level: Applying

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 21

Type: MCMA

The nurse is preparing consent forms for a newly admitted older patient to sign. For which reasons would a general consent form be needed?

Standard Text: Select all that apply.

1. Help with feeding.
2. Provide medications.
3. Assist with bathing.

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4. Perform all invasive procedures.
5. Participate with dressing after morning care.

Correct Answer: 1,2,3,5

Rationale 1: Upon admission to a healthcare facility, the older person will sign a consent form for routine care, which gives permission to others to provide care such as helping with feeding.

Reference: Page 66

Rationale 2: Upon admission to a healthcare facility, the older person will sign a consent form for routine care, which gives permission to others to provide care such as providing medications.

Reference: Page 66

Rationale 3: Upon admission to a healthcare facility, the older person will sign a consent form for routine care, which gives permission to others to provide care such as assisting with bathing.

Reference: Page 66

Rationale 4: General consent forms do not cover specialized procedures such as invasive procedures.

Reference: Page 66

Rationale 5: Upon admission to a healthcare facility, the older person will sign a consent form for routine care, which gives permission to others to provide care such as participating with dressing after morning care.

Reference: Page 66

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 22

Type: MCSA

The nurse is determining an older patient's ability to provide consent for a surgical procedure. Which criteria must be met?

1. Acknowledge reasonable treatment options available.
2. Verbalize the decision to undergo the surgical procedure.
3. Understand that antibiotics may be administered after the procedure.
4. Voice knowledge of the medications that will be utilized for anesthesia.

Correct Answer: 1

Rationale 1: The patient must be able to make his or her understanding about the procedure known to the healthcare team.

Reference: Page 66

Rationale 2: Verbalization may not be possible for some competent patients.

Reference: Page 66

Rationale 3: Knowledge of medications is not a requirement for completion of the surgical consent.

Reference: Page 66

Rationale 4: Knowledge of medications for anesthesia is not a requirement for completion of the surgical consent.

Reference: Page 66

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 23

Type: MCSA

An older patient who previously agreed with the plan of care is now refusing prescribed medications. What should be done at this time?

1. Discharge the patient.
2. Consult with an attorney.
3. Nothing since the patient can decline treatment
4. Discuss that the patient has already agreed to have treatment.

Correct Answer: 3

Rationale 1: Consent that is given can be withdrawn at any time. The patient does not need to be discharged.

Reference: Page 66

Rationale 2: Consent that is given can be withdrawn at any time. An attorney does not need to be consulted.

Reference: Page 66

Rationale 3: Patients have the right to change their mind at any time.

Reference: Page 66

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Rationale 4: Consent that is given can be withdrawn at any time, and discussing that the patient has already agreed to have treatment is violating the Patient's Bill of Rights.

Reference: Page 66

Global Rationale:

Cognitive Level: Analyzing

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 24

Type: MCSA

The daughter of an older patient asks the nurse the best way to select a physician for the patient. What advice should the nurse provide to the daughter?

1. "I would recommend you consider Dr. Smith."
2. "An internist would be the best provider of care for the patient."
3. "A general practitioner would provide the best type of care for the patient."
4. "Family nurse practitioners would be the best care providers for the patient."

Correct Answer: 2

Rationale 1: Recommending a specific physician would not be wise for the nurse to do.

Reference: Page 68

Rationale 2: Internists are physicians for adults and some take extra training. This is the recommendation that the nurse should make to the daughter.

Reference: Page 68

Rationale 3: General practitioners are not identified as physicians to care for geriatric patients.

Reference: Page 68

Rationale 4: The daughter asked for a recommendation for a physician and not a nurse practitioner.

Reference: Page 68

Global Rationale:

Cognitive Level: Applying

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Tabloski *Gerontological Nursing*, 3/e Test Bank

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Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.

Question 25

Type: MCSA

An older homeless patient is admitted to the hospital. The patient has no known family, is unresponsive, and his condition is considered guarded. What should be done to ensure appropriate healthcare decisions are made for this patient?

1. The homeless shelter will provide direction.
2. The patient will be represented by the hospital social worker.
3. The hospital will make decisions for the patient's healthcare.
4. The hospital will ask a judge to appoint a guardian for the patient.

Correct Answer: 4

Rationale 1: If an older person lacks decisional capacity and has no predetermined wishes, family, or healthcare proxy, the care facility may seek a court-appointed guardian who is appointed by a judge to act on behalf of the ward or the patient. The homeless shelter will not be consulted in this situation.

Reference: Page 66

Rationale 2: If an older person lacks decisional capacity and has no predetermined wishes, family, or healthcare proxy, the care facility may seek a court-appointed guardian who is appointed by a judge to act on behalf of the ward or the patient. The hospital social worker will not make decisions for the patient.

Reference: Page 66

Rationale 3: If an older person lacks decisional capacity and has no predetermined wishes, family, or healthcare proxy, the care facility may seek a court-appointed guardian who is appointed by a judge to act on behalf of the ward or the patient. The hospital will not make decisions for the patient.

Reference: Page 66

Rationale 4: If an older person lacks decisional capacity and has no predetermined wishes, family, or healthcare proxy, the care facility may seek a court-appointed guardian who is appointed by a judge to act on behalf of the ward or the patient.

Reference: Page 66

Global Rationale:

Cognitive Level: Applying

Client Need: Safe Effective Care Environment

Client Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 5. Identify ethical, legal, and public policy issues affecting care of the older patient.