

Chapter: Chapter 03: Critical Thinking, Ethical Decision Making, and the Nursing Process

Multiple Choice

1. A nurse is offered a position at a clinic that offers therapeutic abortions. This procedure contradicts the nurse's personal beliefs. The nurse knows that she is unable to care for these patients objectively. What is the nurse's ethical obligation to these patients?
- A) The nurse is required by law to continue service to these patients.
 - B) The nurse should make the choice to decline this position.
 - C) The nurse may discriminate between patients and refuse to care for the patient.
 - D) The nurse may express his or her opinion and provide another option to terminating the pregnancy.

Ans: B

Chapter: 3

Client Needs: C

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Caring

Objective: 5

Page and Header: 28, Ethical Nursing Care

Feedback: To avoid facing ethical dilemmas, nurses can follow certain strategies. For example, when applying for a job, a nurse should ask questions regarding the patient population. If a nurse is uncomfortable with a particular situation, then not accepting the position would be an option. The other answers would be incorrect because the nurse is only required by law to provide care to the patients the clinic accepts, the nurse may not discriminate between patients, and the nurse expressing her own opinion and providing another option is inappropriate.

2. A terminally ill patient you are caring for is complaining of pain. The physician has ordered a large dose of narcotic via intravenous infusion. You know that one of the side effects of this medicine is respiratory depression. When you assess your patient's respiratory status, you find that the rate has decreased from 16 breaths per minute to 10 breaths per minute. What action should you take?
- A) Decrease the IV infusion
 - B) Stimulate the patient
 - C) Report the decreased respiratory rate to the physician

D) Allow the patient to rest comfortably

Ans: C

Chapter: 3

Client Needs: D-2

Cognitive Level: Application

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 5

Page and Header: 28, Ethical Nursing Care

Feedback: End-of life issues that often involve ethical dilemmas include pain control, “do not resuscitate” orders, life-support measures, and administration of food and fluids. The risk of respiratory depression is not the intent of the action of pain control. Respiratory depression should not be used as an excuse to withhold pain medication for a terminally ill patient. The patient's respiratory status should be carefully monitored and any changes should be reported to the physician.

3. When a terminally ill patient has requested a “do not resuscitate” (DNR) order and the family of the patient is strongly opposed to the patient's request, what is the responsibility of the nurse?

A) Perform a “slow code” until a decision is made

B) Honor the request of the patient

C) Contact a lawyer to intervene

D) Terminate nursing care until the physician talks to the family

Ans: B

Chapter: 3

Client Needs: D-1

Cognitive Level: Application

Difficulty: Difficult

Integrated Process: Communication and Documentation

Objective: 4

Page and Header: 28, Ethical Nursing Care

Feedback: Discussing the matter with the physician may lead to further communication with the family, during which the family may reconsider their decision. The nurse must also honor the patient's wishes and continue to provide required nursing care. It is not appropriate for the nurse to seek the assistance of a lawyer or to perform a “slow code” in this situation.

4. A new patient comes to your unit. During admission the patient states, “I have a living will.”

What is the correct definition of a living will?

- A) A legal document that is always honored
- B) A legal document that specifies the patient's wishes before hospitalization
- C) A legal document that is binding for the duration of the patient's life
- D) A legal document drawn by the patient's family to determine DNR status

Ans: B

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Communication and Documentation

Objective: 5

Page and Header: 29, Ethical Nursing Care

Feedback: A living will is one type of advance directive. In most situations, living wills are limited to situations in which the patient's medical condition is deemed terminal. The other answers are incorrect because living wills are not always honored, they are not binding for the duration of the patient's life, and they are not drawn by the patient's family.

5. A nurse has a duty of nonmaleficence. Which of the following would be considered a contradiction to that duty?

- A) Provide comfort measures for a terminally ill patient
- B) Assist the patient with ADLs
- C) Refuse to administer pain medication as ordered
- D) Provide all information related to procedures

Ans: C

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 3

Page and Header: 25, Ethical Nursing Care

Feedback: The duty not to inflict as well as prevent and remove harm is termed *nonmaleficence*. Providing comfort measures for a terminally ill patient, assisting a patient with ADLs, and providing information related to procedures would not be considered a contradiction to the nurse's duty of nonmaleficence.

6. You have just taken report for your shift and you are doing your initial assessment of your patients. One of your patients asks you if there has been an error made in her medication. Which of the following principles would apply if you give an accurate response?

- A) Veracity
- B) Confidentiality
- C) Respect
- D) Justice

Ans: A

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Communication and Documentation

Objective: 3

Page and Header: 26, Ethical Nursing Care

Feedback: The obligation to tell the truth and not deceive others is termed *veracity*. The other answers are incorrect because they are not the obligation to tell the truth.

7. It is important that the wording of a nursing diagnosis falls within the taxonomy of nursing. Which organization is responsible for developing the taxonomy of a nursing diagnosis?

- A) American Nurses Association (ANA)
- B) North American Nursing Diagnosis Association (NANDA)
- C) National League for Nursing (NLN)
- D) Joint Commission

Ans: B

Chapter: 3

Client Needs: A-1

Cognitive Level: Comprehension

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 6

Page and Header: 32, The Nursing Process

Feedback: North American Nursing Diagnosis Association (NANDA) International is the official organization responsible for developing the taxonomy of nursing diagnoses and formulating nursing diagnoses acceptable for study. The ANA, NLN, and Joint Commission are not charged with the task of developing the taxonomy of nursing diagnoses.

8. What phase of the nursing process is the nurse in when he determines a medication is effective and documents this in the patient's record?

- A) Analysis
- B) Evaluation
- C) Assessment
- D) Data collection

Ans: B

Chapter: 3

Client Needs: D-2

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 7

Page and Header: 30, The Nursing Process

Feedback: Evaluation, the final step of the nursing process, allows the nurse to determine the patient's response to the nursing interventions and the extent to which the objectives have been achieved. The other answers are incorrect because they are not the correct phase of the nursing process.

9. After the health history and admission assessment are completed, the nurse establishes a care plan for the patient. What is the rationale for documenting and planning the patient's care?

- A) It provides continuity of care.
- B) It creates a teaching log for family.
- C) It verifies staffing.
- D) It provides the patient with information about treatments.

Ans: A

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Communication and Documentation

Objective: 6

Page and Header: 32, The Nursing Process

Feedback: This record provides a means of communication among members of the health care team and facilitates coordinated planning and continuity of care. It serves as the legal and business record for a health care agency and for the professional staff members who are responsible for the patient's care. A care plan is not a teaching log, it does not verify staffing, and

it is not intended to provide the patient with information about treatments.

10. The nurse is caring for a patient who is combative and confused. The patient has a fractured hip and is trying to get out of bed. What is the most appropriate action for the nurse to take?

- A) Leave the patient and get help
- B) Obtain a physician's order to restrain the patient
- C) Read the facility's policy on restraints
- D) Order soft restraints from the storeroom

Ans: B

Chapter: 3

Client Needs: A-2

Cognitive Level: Analysis

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 4

Page and Header: 28, Ethical Nursing Care

Feedback: It is mandatory in most settings to have a physician's order before restraining a patient. Before restraints are used, other strategies, such as asking family members to sit with the patient, or utilizing a specially trained sitter, should be tried. The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations, or JCAHO) and the Centers for Medicare and Medicaid Services (CMS) have designated standards for the use of restraints. A patient should never be left alone while the nurse summons assistance. All staff members require annual instruction on the use of restraints, and the nurse should be familiar with the facility's policy. This makes all other answers incorrect.

11. A patient admitted with right leg thrombophlebitis is to be discharged from an acute-care facility. The nurse notes that the patient's leg is pain-free, without redness or edema. Which step of the nursing process does this reflect?

- A) Assessment
- B) Analysis
- C) Implementation
- D) Evaluation

Ans: D

Chapter: 3

Client Needs: D-4

Cognitive Level: Analysis

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 6

Page and Header: 30, The Nursing Process

Feedback: The nursing actions described constitute evaluation of the expected outcomes. The findings show that the expected outcomes have been achieved. Assessment consists of the patient's history, physical examination, and laboratory studies. Analysis consists of considering assessment information to derive the appropriate nursing diagnosis. Implementation is the phase of the nursing process where the nurse puts the care plan into action.

12. During report, a nurse finds that she has been assigned to care for a patient with AIDS. She is refusing to care for him because he has AIDS. The nurse has an obligation to this patient under which legal premise?

- A) Good Samaritan Act
- B) Nursing Interventions Classification (NIC)
- C) Patient Self-Determination Act
- D) ANA Code of Ethics

Ans: D

Chapter: 3

Client Needs: D-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 4

Page and Header: 28, Ethical Nursing Care

Feedback: The ethical obligation to care for all patients is clearly identified in the first statement of the ANA Code of Ethics for Nurses. The Good Samaritan Act relates to lay people helping others in need. The NIC is a standardized classification of nursing treatment that includes independent and collaborative interventions. The Patient Self-Determination Act encourages people to prepare advance directives in which they indicate their wishes concerning the degree of supportive care to be provided if they become incapacitated.

13. An emergency department nurse is caring for a 7-year-old child suspected of having meningitis. The patient is to have a lumbar puncture performed, and the nurse is doing postprocedure teaching with the child and the mother. The nurse's action is an example of which therapeutic communication technique?

- A) Informing
- B) Suggesting

- C) Humor
- D) Broad openings

Ans: A

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Teaching/Learning

Objective: 6

Page and Header: 28, Ethical Nursing Care

Feedback: Informing involves providing information to the patient regarding his care. Suggesting is the presentation alternative idea for the patient's consideration relative to problem solving. Humor is the discharge of energy through the comic enjoyment of the imperfect. Broad openings encourage the patient to select topics for discussion.

14. The nurse, in collaboration with the patient's family, is assigning priorities related to the care of the patient. The nurse explains that when setting priorities it is important to look at the urgency of specific problems. What provides the best framework for prioritizing patient problems?

- A) Availability of hospital resources
- B) Family member statements
- C) Maslow's hierarchy of needs
- D) Nursing skill

Ans: C

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 7

Page and Header: 34, The Nursing Process

Feedback: Maslow's hierarchy of needs provides a useful framework for prioritizing problems, with the first level given to meeting physical needs of the patient. Availability of hospital resources, family member statements, and nursing skill do not provide a framework for prioritization of patient problems.

15. Which of the following would be an example of the nurse practicing fidelity? The nurse
- A) regulates visitors.
 - B) stays with the patient during his or her death as promised.
 - C) withholds information as requested.
 - D) provides continuity of care.

Ans: B

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Difficult

Integrated Process: Caring

Objective: 3

Page and Header: 26, Ethical Nursing Care

Feedback: Fidelity requires the nurse to keep promises made and to be faithful to one's commitments.

16. You work in a long-term care facility. One of your patients is an elderly man who is very confused. What ethical dilemma is posed when using restraints in a long-term care setting?
- A) It limits personal safety.
 - B) It increases confusion.
 - C) It threatens autonomy.
 - D) It prevents self-directed care.

Ans: C

Chapter: 3

Client Needs: A-2

Cognitive Level: Analysis

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 4

Page and Header: 28, Ethical Nursing Care

Feedback: Because there are safety risks involved when using restraints on elderly confused patients, this is a common ethical problem in long-term care settings, as well as other health care settings. Restraints limit the individual's autonomy because they are perceived as imprisonment. Restraints should not limit personal safety. Often restraints increase confusion, and they prevent self-directed care.

17. While receiving report on her patients, the nurse learns that a patient with terminal cancer has granted medical power of attorney to her brother. What applies to the power of attorney?
- A) Another individual has been identified to make decisions on behalf of the patient.
 - B) It is binding even if the patient changes his or her mind.
 - C) The named individual is in charge of the patient's finances.
 - D) It is a legal document delegating custody of children to other than the spouse.

Ans: A

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Communication and Documentation

Objective: 5

Page and Header: 29, Ethical Nursing Care

Feedback: A power of attorney is said to be in effect when a patient has identified another individual to make decisions on the patient's behalf. The patient has the right to change her mind. A medical power-of-attorney does not give anyone the right to make financial decisions for the patient nor does it delegate custody of minor children.

18. Before making a nursing diagnosis, what must a nurse do?
- A) Establish a plan.
 - B) Assign a positive value to each consequence.
 - C) Collect and analyze data.
 - D) Evaluate the plan of care.

Ans: C

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 6

Page and Header: 29, The Nursing Process

Feedback: In the diagnostic phase of the nursing process, the patient's nursing problems are defined through analysis of patient data. Establishing a plan comes after collecting and analyzing data, evaluating a plan is the last step of the nursing process, and assigning a positive value to each consequence is not done.

19. You are writing a care plan for a patient newly admitted to your unit. Which of these would be considered a nursing implementation?

- A) The patient will ambulate twice a day.
- B) The patient appears diaphoretic.
- C) The patient is at risk for aspiration.
- D) Monitor for peripheral edema twice a day.

Ans: D

Chapter: 3

Client Needs: D-3

Cognitive Level: Application

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 6

Page and Header: 29, The Nursing Process

Feedback: Implementation refers to carrying out the plan of nursing care.

20. The physician has recommended an amniocentesis for an 18-year-old woman. The patient is 34 weeks' gestation and does not want this procedure. The physician is insistent the patient have the procedure. The physician arranges for the amniocentesis to be done. What is this would be an example of?

- A) Veracity
- B) Beneficence
- C) Paternalism
- D) Autonomy

Ans: C

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Communication and Documentation

Objective: 3

Page and Header: 25, Ethical Nursing Care

Feedback: Paternalism is the intentional limitation of another's autonomy. Paternalism exists when the physician decides what is best for the patient rather than providing the patient with options and allowing the patient to make an informed decision related to care.

21. You are admitting a patient to your unit who has just come back from surgery. The patient's husband is providing the information you need. During the discussion with the patient's husband, you discover that the patient has a living will. What applies to a living will?

- A) The patient is legally unable to refuse basic life support.
- B) The physician may disagree with the patient's desires for treatment.
- C) The patient may nullify the living will during the illness.
- D) Power-of-attorney may change while the patient is hospitalized.

Ans: C

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Difficult

Integrated Process: Communication and Documentation

Objective: 5

Page and Header: 29, Ethical Nursing Care

Feedback: Because living wills are often written when the person is in good health, it is not unusual for the patient to nullify the living will during illness. A living will does not make a patient legally unable to refuse basic life support. The physician may disagree with the patient's wishes, but he is ethically bound to carry out those wishes. A power-of-attorney is not a living will.

22. Your patient has a diagnosis of rheumatoid arthritis. While making the patient's plan of care, which nursing diagnosis would be most applicable to this patient?

- A) Self-care deficit related to fatigue and joint stiffness
- B) Ineffective airway clearance related to chronic pain
- C) Risk for depression related to body image disturbance
- D) Urinary retention related to chronic pain

Ans: A

Chapter: 3

Client Needs: D-1

Cognitive Level: Analysis

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 6

Page and Header: 29, The Nursing Process

Feedback: Nursing diagnoses are actual or potential problems that can be managed by independent nursing actions. All of the other answers are possibly correct; the self-care deficit would be most applicable.

23. You are writing a care plan for a 65-year-old patient you have just admitted to the hospital. The patient has pneumonia and you note decreased air entry to bilateral lung bases. What is the most appropriate nursing diagnosis for this patient?

- A) Ineffective airway clearance related to copious tracheobronchial secretions
- B) Pneumonia related to disease process
- C) Poor ventilation related to infection
- D) Immobility related to fatigue

Ans: A

Chapter: 3

Client Needs: D-4

Cognitive Level: Analysis

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 7

Page and Header: 29, The Nursing Process

Feedback: Nursing diagnoses are not medical diagnoses or treatments. The most appropriate nursing diagnosis for this patient is “ineffective airway clearance related to copious tracheobronchial secretions.”

24. Your patient has a diagnosis of pneumonia. Which of these would be classified as part of the planning phase of the nursing process for a patient diagnosed with pneumonia?

- A) Improve airway patency
- B) Promote fluid intake
- C) Administer fluids
- D) Avoid overexertion

Ans: A

Chapter: 3

Client Needs: D-4

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 7

Page and Header: 29, The Nursing Process

Feedback: The planning phase entails specifying the immediate, intermediate, and long-term goals of nursing action. The other answers are incorrect because they are part of the

implementation phase of the nursing process.

25. You are the nurse who is caring for a patient with an allergy to peanuts. What would be an immediate goal with a nursing diagnosis of “knowledge deficit related to the patient's administration of an Epi-pen”?

- A) The patient will demonstrate correct injection technique with today's teaching session.
- B) The patient will observe the nurse demonstrating the injection.
- C) The nurse will teach the patient's family member to administer the injection.
- D) The patient will return to the clinic in 2 weeks to demonstrate the injection.

Ans: A

Chapter: 3

Client Needs: D-3

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 7

Page and Header: 35, The Nursing Process

Feedback: Immediate goals are those that can be reached in a short period of time. An appropriate immediate goal for this patient is that the patient will demonstrate correct administration of the medication on a specified date of today. Answers B and C are incorrect because the goal should specify that the patient administer the Epi-pen. Answer D is not an immediate goal.

26. Many nursing actions are independent while others are interdependent. A nurse is performing an interdependent nursing intervention when he

- A) provides a back rub to a restless patient to help her sleep.
- B) provides mouth care.
- C) administers IV fluid.
- D) elevates the head of the bed.

Ans: C

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 7

Page and Header: 36, The Nursing Process

Feedback: Although many nursing actions are independent, others are interdependent, such as carrying out prescribed treatments, administering medications and therapies, and collaborating with other health care team members to accomplish specific expected outcomes and to monitor and manage potential complications. Irrigating a wound, administering pain medication, and administering IV fluids are interdependent nursing actions and require a physician's order. An independent nursing action occurs when the nurse provides a back rub, elevates the head of the bed, or provides mouth care.

27. What should the nurse do during the evaluation phase of the nursing process?

- A) Have patient provide input on quality of care
- B) Discontinue surgical sutures
- C) Provide follow-up appointment for postoperative patient
- D) Document improved gas exchange with incentive spirometry use

Ans: D

Chapter: 3

Client Needs: D-4

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 7

Page and Header: 36, The Nursing Process

Feedback: During the evaluation phase of the nursing process, the nurse determines the patient's response to nursing interventions. An example of this is when the nurse documents whether the patient's spirometry use has improved his or her condition. Answer A is incorrect because the patient does not do the evaluation. Answers B and C are incorrect because they are not evaluations.

28. You are the charge nurse for this shift. Upon completing his rounds, a physician prescribes restraints for four on the floor. Upon reviewing the orders, you know that it is inappropriate to apply restraints to which of the following patients?

- A) A postlaryngectomy patient attempting to pull out his tracheostomy tube
- B) A patient in hypovolemic shock trying to pull out his IV catheter
- C) A patient with urosepsis who is often ringing the call bell to use the bedside commode
- D) A paranoid patient who has just tried to commit suicide and is refusing restraints

Ans: C

Chapter: 3

Client Needs: A-2
Cognitive Level: Analysis
Difficulty: Moderate
Integrated Process: Communication and Documentation
Objective: 4
Page and Header: 28, Ethical Nursing Care

Feedback: Restraints should never be applied for staff convenience. The patient with urosepsis who is frequently ringing the call bell is requesting assistance to the bedside commode, and this is appropriate behavior that will not result in patient harm. The situations described in options A, B, and D could result in patient harm; therefore, it is appropriate to apply restraints in these instances.

29. A 46-year-old patient has been diagnosed with cancer. He has met with the oncologist and is now weighing his options to undergo chemotherapy or radiation as his treatment. This patient is utilizing which ethical principle in making his decision?

- A) Beneficence
- B) Confidentiality
- C) Autonomy
- D) Justice

Ans: C
Chapter: 3
Client Needs: D-4
Cognitive Level: Comprehension
Difficulty: Moderate
Integrated Process: Nursing Process
Objective: 3
Page and Header: 26, Ethical Nursing Care

Feedback: Autonomy entails the ability to make a choice free from external constraints. Beneficence is the duty to do good and the active promotion of benevolent acts. Confidentiality relates to the concept of privacy. Justice states that like cases should be treated alike.

30. A 45-year-old patient is part of a research study dealing with management of migraine headaches. The patient does not know whether she is receiving a placebo for pain management. Which ethical principle is involved in this situation?

- A) Sanctity of life
- B) Confidentiality
- C) Veracity

D) Fidelity

Ans: C

Chapter: 3

Client Needs: D-2

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 3, 4

Page and Header: 26, Ethical Nursing Care

Feedback: Telling the truth (veracity) is one of the basic principles of our culture. Three ethical dilemmas in clinical practice that can directly conflict with this principle are the use of placebos (nonactive substances used to for treatment), not revealing a diagnosis to a patient, and revealing a diagnosis to persons other than the patient with the diagnosis. All involve the issue of trust, which is an essential element in the nurse–patient relationship. Sanctity of life is the perspective that life is the highest good. Confidentiality deals with privacy of the patient. Fidelity is promise keeping and the duty to be faithful to one's commitments.

31. The nursing instructor is explaining critical thinking to a class of first-semester nursing students. What would be the best explanation of critical thinking the instructor could give?

- A) Information gained from old medical records
- B) Examination and analysis of information from the family
- C) Information gained from the admission assessment
- D) Examination and analysis of all available information

Ans: D

Chapter: 3

Client Needs: A-1

Cognitive Level: Analysis

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 1

Page and Header: 23, Critical Thinking

Feedback: Critical thinking involves reasoning and purposeful, systematic, reflective, rational, outcome-directed thinking based on a body of knowledge, as well as examination and analysis of all available information and ideas. While all of these answers are correct, options A, B and C are not the best explanation of critical thinking.

32. Which is a characteristic of critical thinking?
- A) Willingness to observe behaviors
 - B) Collaboration with physicians
 - C) Ability to base decisions on what has happened in the past
 - D) Openness to various viewpoints

Ans: D

Chapter: 3

Client Needs: A-1

Cognitive Level: Comprehension

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 1

Page and Header: 23, Critical Thinking

Feedback: Willingness and openness to various viewpoints are inherent in critical thinking, and it is also important to reflect on the current situation. Options A, B, and C are incorrect because they are not characteristics of critical thinking.

Multiple Selection

33. Critical thinking is an integral part of nursing care. What does critical thinking do when applied to nursing? (Mark all that apply.)
- A) Enhances clinical decision making
 - B) Identifies patient desires
 - C) Plans the best nursing actions to assist the patients in meeting their needs
 - D) Gradually develops independent judgments and decisions
 - E) Helps identify patient needs

Ans: A, D, E

Chapter: 3

Client Needs: A-1

Cognitive Level: Analysis

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 1

Page and Header: 24, Critical Thinking

Feedback: Independent judgments and decisions evolve from a sound knowledge base and the ability to synthesize information within the context in which it is presented. Critical thinking enhances clinical decision making, helping to identify patient needs and the best nursing actions

that will assist patients in meeting those needs. Critical thinking does not identify patient desires nor does it plan the best nursing actions to assist patients in meeting their needs; it identifies the best nursing actions.

Multiple Choice

34. A nursing student is giving a report on critical thinking. The student says that which of the following is a part of critical thinking?

- A) Planning
- B) Metacognition
- C) Desiring
- D) Metocognition

Ans: B

Chapter: 3

Client Needs: B

Cognitive Level: Comprehension

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 1

Page and Header: 23, Critical Thinking

Feedback: Critical thinking includes metacognition, the examination of one's own reasoning or thought processes, to help refine thinking skills.

Multiple Selection

35. The nursing instructor cites a list of skills needed in critical thinking to her students. What skills would be included in that list? (Mark all that apply.)

- A) Self-esteem
- B) Self-regulation
- C) Inference
- D) Self-awareness
- E) Interpretation

Ans: B, C, E

Chapter: 3

Client Needs: B

Cognitive Level: Comprehension

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 1

Page and Header: 23, Critical Thinking

Feedback: Skills needed in critical thinking include interpretation, analysis, evaluation, inference, explanation, and self-regulation. Self-esteem and self-awareness would not be on the list because they are not skills.

Multiple Choice

36. Part of critical thinking is determining the significance of data that has been gathered. What characteristic of critical thinking is used in making this determination?

- A) Analysis
- B) Inference
- C) Evaluation
- D) Interpretation

Ans: D

Chapter: 3

Client Needs: B

Cognitive Level: Analysis

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 1

Page and Header: 23, Critical Thinking

Feedback: Nurses use interpretation to determine the significance of data that are gathered, analysis to identify patient problems suggested by the data, and inference to draw conclusions. Evaluation is the process of determining whether outcomes have been or are being met.

37. A nurse is admitting a new patient to her unit. The nurse has asked many open-ended questions while gathering information about the new patient. What is the nurse doing?

- A) Interpreting what the patient has said
- B) Evaluating what the patient has said
- C) Assessing what the patient has said
- D) Validating what the patient has said

Ans: D

Chapter: 3

Client Needs: B

Cognitive Level: Application

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 1

Page and Header: 23, Critical Thinking

Feedback: Critical thinkers validate the information presented to make sure that it is accurate (not just supposition or opinion), that it makes sense, and that it is based on fact and evidence. The nurse is not interpreting, evaluating, or assessing the information the patient has given.

38. Nurses use critical thinking every day when going through the nursing process with each patient they care for. What does critical thinking in nursing practice result in?

- A) A comprehensive plan of care
- B) Identification of the nurse's goals for the patient
- C) A collaborative basis for assigning care
- D) Identifying interventions to give continuity of care

Ans: D

Chapter: 3

Client Needs: A-1

Cognitive Level: Comprehension

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 2

Page and Header: 23, Critical Thinking

Feedback: Critical thinking in nursing practice results in a comprehensive plan of care with maximized potential for success. Critical thinking does not identify the nurse's goal for the patient or interventions aimed at giving continuity of care. Critical thinking does not result in a collaborative basis for assigning care.

39. You are admitting two new patients to your unit. They are both status post knee

replacements. What would be the best explanation as to why their care plans may be different from each other?

- A) One patient is male and the other is female.
- B) Patients are viewed as unique and dynamic.
- C) One patient had a right knee replaced and the other had a left knee replaced.
- D) Patients are viewed as dissimilar according to their ages.

Ans: B

Chapter: 3

Client Needs: A-1

Cognitive Level: Analysis

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 2

Page and Header: 24, Critical Thinking

Feedback: Regardless of the setting, each patient situation is viewed as unique and dynamic.

40. A class of nursing students is in its first semester of nursing school. The instructor explains that one of the changes they will undergo while in nursing school is learning to “think like a nurse.” What is the newest model of this process?

- A) Critical-thinking model
- B) Nursing process model
- C) Clinical judgment model
- D) Active practice model

Ans: C

Chapter: 3

Client Needs: A-1

Cognitive Level: Analysis

Difficulty: Difficult

Integrated Process: Nursing Process

Objective: 2

Page and Header: 24, Critical Thinking

Feedback: To depict the process of “thinking like a nurse,” Tanner (2006) developed a model known as the clinical judgment model. The other answers are incorrect because option A was developed prior to the clinical judgment model and neither option B nor option D is a model.

Multiple Selection

41. Critical thinking is an essential part of nursing in all venues. What is an example of the use of critical thinking in the venue of genetics-related nursing? (Mark all that apply.)

- A) Notifying individuals and family members of the results of genetic testing
- B) Providing written report on genetic testing to insurance companies
- C) Assessing and analyzing family history data for genetic risk factors
- D) Identifying individuals and families in need of referral for genetic testing
- E) Ensuring privacy and confidentiality of genetic information

Ans: C, D, E

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Caring

Objective: 2

Page and Header: 24, Critical Thinking

Feedback: Nurses use critical thinking and decision making skills in providing genetics-related nursing care when they assess and analyze family history data for genetic risk factors, identify those individuals and families in need of referral for genetic testing or counseling, and ensure the privacy and confidentiality of genetic information. Nurses who work in the venue of genetics-related nursing do not notify family members of the results of an individual's genetic testing, and they do not provide written reports to insurance companies concerning the results of genetic testing.

42. Student nurses are providing basic care for patients on a medical-surgical unit. One young student nurse is assigned to care for a 78-year-old male with a diagnosis of AIDS-related pneumonia. The man was admitted early that morning and is in need of a bath and a shampoo. He is homeless and undernourished. The student tells her instructor that she does not want to care for this patient. What key component of critical thinking has this student yet to incorporate into her practice?

- A) Not refusing assignments
- B) Being more respectful of patients
- C) Analyzing information and situations
- D) Withholding judgment

Ans: D

Chapter: 3

Client Needs: D-4

Cognitive Level: Comprehension

Difficulty: Moderate

Integrated Process: Caring

Objective: 2

Page and Header: 24, Critical Thinking

Feedback: Key components of critical thinking behavior are withholding judgment and being open to options and explanations from one patient to another in similar circumstances. The other options are incorrect because they are not components of critical thinking.

43. Nursing students in an ethics class have been asked to define “ethics.” What would be the best definition of ethics?

- A) The formal, systematic study of moral beliefs
- B) The informal, systematic study of moral beliefs
- C) The adherence to formal personal values
- D) The adherence to informal personal values

Ans: A

Chapter: 3

Client Needs: D-4

Cognitive Level: Comprehension

Difficulty: Easy

Integrated Process: Nursing Process

Objective: 3

Page and Header: 25, Ethical Nursing Care

Feedback: In essence, ethics is the formal, systematic study of moral beliefs, whereas morality is the adherence to informal personal values.

44. Nurses provide care based on the American Nurse's Association Code of Ethics. What duty does this Code of Ethics require of nurses?

- A) To care only for the type of patients they prefer
- B) To act based on the most relevant of several ethical principles
- C) To care for the patients with whom they are ethically comfortable
- D) To always carry out physician orders

Ans: B

Chapter: 3

Client Needs: A-1

Cognitive Level: Comprehension

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 5

Page and Header: 27, Ethical Nursing Care

Feedback: Nurses have a duty to act based on the one relevant principle, or the most relevant of several ethical principles. The ANA Code of Ethics does not require nurses to care only for the patients they prefer or are most comfortable with. Nor does a nurse always carry out a physician's order.

45. Your patient has been admitted for a liver biopsy because the physician believes the patient may have liver cancer. The family has told both you and the physician that if the patient is terminal, the family does not want the patient to know. The biopsy results are positive for a very aggressive form of liver cancer. The patient asks you repeatedly what the results of the biopsy show. What strategy can you use to give ethical care to this patient?

- A) Tell the patient the results of the biopsy.
- B) Tell the patient that only the physician knows the results of the biopsy.
- C) Communicate the patient's request for information to the family and the physician.
- D) Tell the patient the biopsy results are not back yet.

Ans: C

Chapter: 3

Client Needs: A-1

Cognitive Level: Comprehension

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 5

Page and Header: 28, Ethical Nursing Care

Feedback: Strategies nurses could consider include the following: not lying to the patient, providing all information related to nursing procedures and diagnoses, and communicating the patient's requests for information to the family and physician. Ethically you cannot tell the patient the results of the biopsy and you cannot lie to the patient.

46. The nurse admits a patient to a research unit that is gathering data on the efficacy of a specific drug to treat cancer pain. The patient knows that placebos are going to be used for a specific group of patients in the study population but does not know that he is receiving a placebo. When is it ethically acceptable to use placebos?

- A) Anytime in a research study
- B) Only when the patient is unaware of it
- C) When it replaces an active drug to show the patient's symptoms are false
- D) In experimental research when the patient knows placebos are being used and is involved in the decision-making process

Ans: D

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Caring

Objective: 4

Page and Header: 28, Ethical Nursing Care

Feedback: Placebos may be used in experimental research in which a patient is involved in the decision-making process and is aware that placebos are being used in the treatment regimen.

Placebos may not ethically be used anytime the researcher wants to use them, when the patient does not know about it, or to prove the patient's symptoms are false.

47. When the nurse engages in activities that involve potential problems or complications that are medical in origin, what is the primary nursing focus?

- A) Giving discharge instructions
- B) Performing initial shift assessments
- C) Observing family dynamics
- D) Monitoring patients for complications

Ans: D

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 6

Page and Header: 33, The Nursing Process

Feedback: When treating collaborative problems, a primary nursing focus is monitoring patients for the onset of complications or changes in the status of existing complications. The primary nursing focus is not discharge instructions, shift assessments, or family dynamics.

48. The nurse caring for a patient who is 2 days post hip-replacement notifies the physician that the patient's incision is red around the edges, warm to touch, and seeping a white liquid with a foul odor. What type of problem is the nurse dealing with?

- A) Collaborative problem
- B) Nursing problem
- C) Medical problem
- D) Administrative problem

Ans: A

Chapter: 3

Client Needs: A-1

Cognitive Level: Comprehension

Difficulty: Easy

Integrated Process: Nursing Process

Objective: 6

Page and Header: 33, The Nursing Process

Feedback: In addition to nursing diagnoses and their related nursing interventions, nursing practice involves certain situations and interventions that do not fall within the definition of nursing diagnoses. These activities pertain to potential problems or complications that are medical in origin and require collaborative interventions with the physician and other members of the health care team. The other answers are incorrect because the signs and symptoms of infection are a medical complication that requires interventions by the nurse.

49. While developing the plan of care for a new patient on the unit, the nurse must identify expected outcomes that are appropriate for the new patient. What is a resource for identifying these appropriate outcomes?

- A) Community Specific Outcomes Classification (CSO)
- B) Nursing-Sensitive Outcomes Classification (NOC)
- C) State Specific Nursing Outcomes Classification (SSNOC)
- D) Department of Health and Human Resources Outcomes Classification (HHROC)

Ans: B

Chapter: 3

Client Needs: A-1

Cognitive Level: Knowledge

Difficulty: Easy

Integrated Process: Nursing Process

Objective: 6

Page and Header: 34, The Nursing Process

Feedback: Resources for identifying appropriate expected outcomes include the Nursing-Sensitive Outcomes Classification (NOC) (Chart 3-6) and standard outcome criteria established by health care agencies for people with specific health problems. The other options are incorrect because they do not exist.

50. The nurse has just taken report on a newly admitted patient who is a 12-year-old female who is Indian. When planning interventions for this patient, the nurse knows the interventions must be what? (Mark all that apply.)

- A) Acceptable to the patient's older brother
- B) Appropriate to the patient's age

- C) Ethical
- D) Appropriate to the patient's culture
- E) Shared by everyone with the same diagnosis

Ans: B, C, D

Chapter: 3

Client Needs: A-1

Cognitive Level: Application

Difficulty: Moderate

Integrated Process: Nursing Process

Objective: 6

Page and Header: 35, The Nursing Process

Feedback: Planned interventions should be ethical and appropriate to the patient's culture, age, and gender. Planned interventions do not have to be acceptable to the patient's siblings nor do they have to be shared by everyone with the same diagnosis.