Test Bank for Maternal Child Nursing Care Optimizing Outcomes for Mothers Children and Families 1st Edition by Ward

Full Download: https://downloadlink.org/p/test-bank-for-maternal-child-nursing-care-optimizing-outcomes-for-mothers-children-a

Chapter 3: The Evolving Family

- The clinic nurse is taking a history from Danielle, an 18-year-old woman who came to the clinic in response to her physician's notification of test results. Danielle brought her friend, Karyn, a co-worker, with her, as she is worried. Danielle requests to have Karyn with her when the doctor describes the test findings. Danielle states that Karyn is "like a sister". The nurse would most correctly identify Danielle and Karyn as:
- A) A family
- B) A family of origin
- C) A family of choice
- D) An extended family
- 2. The clinic nurse understands that children who come for well-child visits at age 10 are in the process of developing:
- A) Personal values
- B) Coordination
- C) Attachment
- D) Self identity
- 3. Lisa is a new mother with a two-month-old daughter. Lisa tells the family clinic nurse that she is experiencing a lack of sleep because of infant night feedings and her husband's shift work and overtime. The clinic nurse's best description of this family concern is:
- A) Coping stress
- B) Caregiver strain
- C) Parental maladaptation
- D) Lack of family support
- 4. The clinic nurse listens closely as Tina, a mother of two, describes her husband's dependence on oxycodone terephthalate (Percocet), which began following knee surgery last year. Although the prescription was finished some time ago, her husband continues to obtain and take the Percocet and describe to her his "need" for the medication. Tina has been doing all of the yard work, child care, and meal preparation because of her husband's pain and "need". Tina's role would best be described by the nurse as that of an:
- A) Enabler
- B) Overstressed parent
- C) Impaired caregiver
- D) Inadequate dyad partner

- 5. Ms. Taylor brings her 8-year-old daughter Sara to the clinic for the third time in the last two months. Sara complains of abdominal pain, however, her blood tests and abdominal ultrasound examination are negative. Sara's mother states that Sara is very active and that she often falls down. When the nurse asks about Sara's behavior, the mother states that their form of discipline at home is "time outs". In addition, the mother states that Sara eats well but the nurse documents Sara's weight as falling below the 10th percentile. The nurse also notices in documentation that Sara had bruises on her arms at the time of the last two visits. Today the nurse notes that Sara has ecchymoses on her left leg and ankle. The most appropriate action for the clinic nurse to take in relation to Sara's complaints is to:
- A) Ask Sara privately whether she feels safe at home and whether someone is hurting her
- B) Ask Sara and her mother again about the bruising and Sara's activities
- C) Ask Sara's mother about Sara's activities and take another blood sample for a complete blood count.
- D) Ask Sara's mother to keep a diary of what Sara is eating, and note when the pain is experienced in relation to Sara's diet and activity.
- 6. The clinic nurse notices that each time Claire, a 7-year-old child, is brought in to see the doctor for assessment, her mother and aunt accompany her. Claire has been diagnosed with leukemia that is currently in remission but still requires frequent blood work. Claire's mother states that she finds Claire's illness to be very traumatic and is having difficulty coping. Claire's aunt encourages Claire's mother, and distracts Claire while her blood work is being drawn. Claire's aunt could be described as taking on the:
- A) Therapist role
- B) Kinship role
- C) Socializer role
- D) Child-care giver role
- 7. The clinic nurse observes the Reed family, which includes a woman and her sister who live together. They are trying to support one another and provide extended care to their mother who has recently been diagnosed with Alzheimer's disease. The two sisters describe their supportive experience with a homemaker who visits their home twice a week to help with bathing their mother. They say she is "humorous, and cheerful", and absorbs their mother's attention for the whole time she is present. This is a positive description of:
- A) Triangulation
- B) Family relationship building
- C) Family rituals
- D) Communication
- 8. The pediatric nurse completes a genogram map when doing a family assessment. Appropriate information contained in the genogram map includes:
- Select all answers that apply:
- A) Three or more generations
- B) Dates of birth for all family members
- C) Congenital diseases in the family
- D) Country of origin for family members

9. The clinic nurse assesses the level of healthy communication within the Barton family, which includes a single mother, a son (15 years of age) a daughter (16 years of age) and a grandmother. During the family interview, the daughter answers many questions while the son and mother are quiet and the grandmother is absent. In order to appropriately assess this family, it would be important for the nurse to:

Select all answers that apply:

- A) Invite the grandmother to attend another appointment so that she is included in the assessment.
- B) Address each family member during the interview to invite responses from everyone to the questions.
- C) Document that the daughter is powerful in the family
- D) Document the son's powerlessness
- 10. The clinic nurse keeps resource numbers and contacts for assistance with situations in which family members may potentially require assistance to restore balance and function to the family. These developmental crises may include:

Select all answers that apply:

- A) Postpartum depression in a young family
- B) Hospitalization of a family member
- C) Identification of domestic violence
- D) Birth of a new baby

Use the following to answer questions 11-18:

The perinatal nurse knows and understands the following terms in relation to families:

Skip Generation Family of choice Family Norming Performing Triangulation Qualitative family assessment tools Quantitative family assessment tools

11. Grandparents having daily responsibility for grandchildren

12. The use of rules, agreed upon by all members, to develop unity

13. Attention diverted to another when conflict occurs between two people

14. History-taking document that looks at the depth of family experiences

15. Two or more individuals who are dependent socially, emotionally or financially

- 16. The ideal time for a family to be productive
- 17. Tool that documents frequency of behaviors
- 18. Individuals bound together by marriage or living together
- 19. During the family assessment, the clinic nurse includes questions about family building activities that are direct and open-ended in order to elicit emotional and factual data about the family's health.
- A) True
- B) False
- 20. The clinic nurse understands that the most appropriate nursing action for a family that does not speak English is to arrange for a translator even if there is a family member who can translate.
- A) True
- B) False
- 21. The pediatric nurse explains to the student nurse that families go through developmental stages and that tailoring the health teaching to the specific stage will be beneficial. An expectant family that already includes a toddler and a 5-year-old would be in the ______ stage.
- 22. The clinic nurse obtains, as part of each family's assessment, an understanding of _______ affiliation so that if needed, this support system can be called as a support to the family.
- 23. The pediatric nurse knows that a priority professional obligation is to report ______ if it is witnessed or suspected. Information about child ______ is a priority of the family-centered care.
- 24. The clinic nurse who uses a Systems Theory approach to understanding families is careful to obtain information on each family member as "the _____ of the parts is _____ than the whole".

- 25. The clinic nurse who provides an immunization to a 6-year-old child and observes bruises on the child's arms should discuss ______ prevention as part of the health teaching.
- 26. The clinic nurse who understands the Structural-Functional theory about families understands the concern expressed by the mother of a child who is to be hospitalized for two weeks. The mother is worried about who will pay the mortgage and other bills during her absence. This mother is describing herself as a ______.
- 27. The clinic nurse is assessing the family health of a new group of patients that includes Gwen, a single mother, and her son, Michael. Michael was diagnosed with Bipolar Disorder three years earlier. The best role that the nurse can assume in this situation is one of ______ between Michael and the mental health system.
- 28. Gwen voices her concern to the clinic nurse about Michael, her son who has bipolar disorder. Michael wishes to transfer to a new school so that he can take a special photography program. Gwen fears that Michael will have few friends or support at the new school. The nurse talks with Gwen about warning signs for suicide and other indicators that may signal a need to seek help for Michael. Warning signs include a _____ mood or the presence of _____ disturbances.
- 29. The pediatric nurse who is culturally competent knows that ______ of communication are often determined by language and beliefs. The family may choose a______ to provide information at a clinic visit.

Test Bank for Maternal Child Nursing Care Optimizing Outcomes for Mothers Children and Families 1st Edition by Ward Full Download: https://downloadlink.org/p/test-bank-for-maternal-child-nursing-care-optimizing-outcomes-for-mothers-children-a

Chapter 3: The Evolving Family

Answer Key

- 1. A
- 2. A
- 3. B
- 4. A
- 5. A
- 6. A
- 7. A
- 8. A, B, C
- 9. A, B
- 10. A, B, C
- 11. Skip Generation
- 12. Norming
- 13. Triangulation
- 14. Qualitative family assessment tools
- 15. Family
- 16. Performing
- 17. Quantitative family assessment tools
- 18. Family of choice
- 19. A
- 20. A
- 21. childbearing
- 22. religious
- 23A. abuse
- 23B. safety
- 24A. sum
- 24B. greater
- 25. abuse
- 26. provider
- 27. mediator
- 28A. depressed
- 28B. sleep
- 29A. patterns
- 29B. spokesperson