

Your Results for: "NCLEX® Review"[Print this page](#)

Site Title: Medical-Surgical Nursing
Book Title: Medical-Surgical Nursing
Location on Site: PART 1: MEDICAL-SURGICAL NURSING
PRACTICE > Chapter 5: Nursing Care of Clients
Experiencing Loss, Grief, and Death > NCLEX®
Review
Date/Time Submitted: May 11, 2015 at 5:26 PM (UTC/GMT)

Summary of Results**86% Correct** of 14 Scored items:12 Correct:  86%2 Incorrect:  14%[More information about scoring](#)

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- 1.** **CORRECT** Following an automobile accident, a client in the ICU has been unresponsive and on a respirator after experiencing multiple injuries including a serious head injury. When the physician orders an electroencephalogram (EEG), the nurse understands that:

Your Answer: measuring brain activity is the most common criterion to establish death.

Rationale: The electroencephalogram only measures brain activity, so respiratory or other muscle activity measurements are not correct. There is no brain activity requirement for hospice.

Nursing Process: Assessment

Client Need: Safe, Effective Care Environment

Cognitive Level: Application

Objective: Discuss legal and ethical issues in end-of-life care.

Content Area: Theories of Loss, Grief and Dying

Strategy: Immediately eliminate answers you know are incorrect; understand the pathophysiology of the dying process.

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- 2.** **CORRECT** When attempting to take the blood pressure of a client newly admitted to a hospice program, the client pushes the stethoscope away, loudly stating that nothing the nurse can do will help anyway, and asks the nurse to leave. The nurse's response should be based on the knowledge that:

Your Answer: anger at impending loss may be directed at health care providers.

Rationale: Anger is a normal stage in the dying process and should never be restrained. The nurse should continue to work with the client to provide optimal care, while supporting the client's feelings.

Nursing Process: Diagnosis

Client Need: Psychosocial Integrity

Cognitive Level: Analysis

Objective: Compare and contrast theories of loss and grief

Content Area: Theories of loss, grief and dying.

Strategy: Look for critical words in the question.

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- 3.** **CORRECT** Following the death of a spouse, an elderly widow stops going to church and shows little interest in leaving the house. To promote the grieving process, the nurse should:

Your Answer: encourage brief visits from close friends.

Rationale: Grief causes fatigue so learning new tasks is not necessarily helpful. Loneliness and lack of social support to share grief are barriers to successful grieving. Previously established social networks are important to decrease loneliness, and the sharing of loss with friends supports successful grieving.

Nursing Process: Implementation

Client Need: Psychosocial Integrity

Cognitive Level: Analysis

Objective: Explain factors affecting responses to loss.

Content Area: Factors Affecting Responses to Loss

Strategy: Use Maslow's Hierarchy of Needs to address psychosocial needs

4.

CORRECT

As an Hispanic client nears death, the spouse begins to weep and call out loudly at the bedside. The nurse responds by:

Your Answer: quietly sitting with the spouse.

Rationale: Cultural traditions may differ from what the nurse considers "normal" but should be respected and supported. Leading the spouse away, telling the spouse not to express cultural traditions, or trying to control the expression of grief is not correct.

Nursing Process: Diagnosis

Client Need: Psychosocial Integrity

Cognitive Level: Application

Objective: Provide individualized care for clients and families experiencing loss, grief or death

Content Area: Factors Affecting Responses to Loss: Rituals of Mourning

Strategy: Look for critical words in the question; be familiar with the grieving process

cess

5.

CORRECT

While taking routine vital signs on a palliative care unit, a client suddenly begins to weep, telling the nurse that "I know my cancer is punishment for the things I did when I was younger". The nurse would best support the client by:

Your Answer: inquiring if the client has a spiritual support person.

Rationale: #1 - Assuring the client he did not cause cancer by smoking - ignores the underlying spiritual distress voiced by the client; #3 - The nurse needs to determine the spiritual needs before sending in a chaplain who the client does not know. #4 - providing privacy, by implication leaving the client alone instead of addressing the client's spiritual needs is avoidance on the part of the nurse. The Key, #2 - inquiring about spiritual support - acknowledges the unspoken need of the client and opens up the opportunity for a therapeutic dialogue.

Nursing Process: Assessment

Client Need: Psychosocial Integrity

Cognitive Level: Analysis

Objective: Provide individualized care for client and families experiencing grief, loss or death.

Content Area: Nursing Care: Spiritual Assessment

Strategy: Interpret the psychosocial data in the question to determine the correct answer.

6.

CORRECT

A nurse assigned to a client with a terminal illness appears increasingly reluctant to spend time with the client, rushing through routine assessments and speaking to the client in short, quick sentences. The nursing supervisor suspects that the nurse is experiencing:

Your Answer: unresolved issues preventing a therapeutic relationship.

Rationale: #2, "burn out" would affect all clients assigned to a nurse, as well as the nurses' attitude and attendance, not just one client who has a terminal illness. #3 - Again, more than just the one terminally ill client would be affected and heavy client would also affect other staff members loads. #4 - there is no evidence that the nurse has formed a relationship that would personally affect the nurse in this way, in fact, quite the opposite is true. The key, #1 is the best choice based on the evidence of increasing reluctance to care for this particular client.

Nursing Process: Assessment

Client Need: Safe, Effective Care Environment

Cognitive Level: Analysis

Objective: Discuss legal and ethical issues in end-of-life care

Content Area: Support for the Client and Family: Nurse's Grief

Strategy: Interpret the data in a therapeutic manner based on thoughtful attention.

7.

CORRECT

When admitting a client to a hospice program, the nurse assures the client's wishes are included in the plan of care by:

Your Answer: documenting voiced preferences.

Rationale: A nurse should never recommend legal counsel - it's a violation of the client/nurse relationship and opens the nurse to liability; it is the nurse's role to first document the client's preferences and needs as the client defines them.

Nursing Process: Application

Client Need: Health Promotion and Maintenance

Cognitive Level: Application

Objective: Describe the philosophy and activities of hospice.

Content Area: Settings and Services for End-of-Life Care: Hospice

Strategy: Identify core issues; eliminate incorrect answers immediately.

8.

CORRECT

A client is being admitted to the hospital for open-heart surgery. When discussing the procedure and answering questions for a client and his wife, the nurse should ensure that they have information regarding:

Your Answer: necessary information to formulate advance directives.

Rationale - Nurses are patient advocates who explain the components of and need for advance directives to clients. The nurse has no role in choosing a physician, discussing a client's will or their financial situation.

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

Cognitive Level: Application

Objectives: Discuss legal and ethical issues in end-of-life care.

Content Area: Nursing Consideration for End-of-Life Care: Legal and Ethical Issues

Strategy: Eliminate incorrect answers and choose the answer that implements the appropriate nursing action.

9.

INCORRECT

In discussing end of life care with a terminally ill client, the nurse explains that in a hospice program:

Your Answer: the length of care is limited to six months.

Correct Answer: bereavement care is not provided beyond six months.

Rationale: Length of care is unlimited as long as the client is eligible; modern hospice care is provided mainly by professionals with a volunteer component; most care is covered by Medicare/Medicaid; and bereavement care is provided to the family for at least 13 months after the death of a client.

Nursing Process: Planning

Client Need: Health Promotion and Maintenance

Cognitive Level: Application

Objective: Describe the philosophy and activities of hospice.

Content Area: Settings and Services for End-of-Life Care: Hospice

Strategy: Understand the basic processes for end-of-life care options.

10.

CORRECT

When the breathing patterns of a terminally ill client become more irregular and noisy, the hospice nurse responds by:

Your Answer: elevating the head of the bed

Rationale: suctioning, blood gases, and postural drainage can all cause discomfort and distress to a dying client at a time when less invasive measures can provide relief in keeping with a peaceful death.

Nursing Process: Implementation

Client Need: Physiologic Integrity

Cognitive Level: Application

Objective: Provide nursing interventions to promote a comfortable death.

Content Area: Physiological Changes in the Dying Client

Strategy: Choose the most therapeutic action for this particular scenario.

11.

CORRECT

An end-stage hospice client as been turning away from food and refusing to eat for the past week. Although the client appears comfortable and takes sips of water, the family has been repeatedly attempting to feed the client. In spite of the clients' expressed wishes and discussion of disease progression with the nurse, the family is requesting feeding tube placement. The nurse should next:

Your Answer: arrange a family meeting with the social worker.

Rationale: Requesting a social work consult when families and the client disagree on the plan of care is part of client advocacy. Hospice philosophy does not automatically exclude the use of feeding tubes; rather, the reason the feeding tube is being requested is carefully explored. Transferring the client out of hospice care may not be necessary and may deprive the client of expert support and treatment for the end-stage disease process. The social worker should be involved before the physician is called to make sure all of the questions and concerns of the family and client are addressed openly.

Nursing Process: Planning

Client Need: Safe, Effective Care Environment

Cognitive Level: Analysis

Objective: Describe the philosophy and activities of hospice

Content Area: Nursing Considerations for End-of-Life Care: Legal and Ethical Issues

Strategy: Assist the client and family to work toward therapeutic goals.

12.

INCORRECT

A hospice client who is being cared for at home begins to experience changes in respiration, becoming increasingly restless and unresponsive. Based on these symptoms, the nurse would implement which of the following measures? Select all that apply.

Your Answer: Provide soft lighting.

Place the bed in semi-Fowler's position.

Initiate low-flow oxygen per nasal cannula

Correct Answers: Provide soft lighting.

Administer anxiolytics as needed.

Place the bed in semi-Fowler's position.

Initiate low-flow oxygen per nasal cannula

Rationale: The hospice client is entering the terminal phase of illness, which is to be expected, so comfort measures only are initiated. Low lighting, raising the head of the bed along with low-flow oxygen to ease respiration and anxiolytics as needed to decrease agitation are standard practice. The family should speak as if the client can still hear them, restraints are never used, and as a home hospice client, death in the home is planned for, so transport to a hospital is not necessary.

Nursing Process: Implementation

Client Need: Physiologic Integrity

Cognitive Level: Application

Objective: Identify physiological changes in the dying client.

Content Area: Physiological Changes in the Dying Patient

Strategy: Eliminate incorrect answers immediately; use principles and concepts of the dying process.

Rationale: The hospice client is entering the terminal phase of illness, which is to be expected, so comfort measures only are initiated. Low lighting, raising the head of the bed along with low-flow oxygen to ease respiration and anxiolytics as needed to decrease agitation are standard practice. The family should speak as if the client can still hear them, restraints are never used, and as a home hospice client, death in the home is planned for, so transport to a hospital is not necessary.

Nursing Process: Implementation

Client Need: Physiologic Integrity

Cognitive Level: Application

Objective: Identify physiological changes in the dying client.

Content Area: Physiological Changes in the Dying Patient

Strategy: Eliminate incorrect answers immediately; use principles and concepts of the dying process.

13.

CORRECT

A client with end-stage breast cancer is experiencing severe dyspnea with a harsh cough, causing distress to the client and family. The nurse initiates the following measures: Select all that apply.

Your Answer: raise the head of the bed.

place a fan in the room.

administer nebulized morphine.

Rationale: Raising the head of the bed, placing a fan for air circulation help relieve dyspnea, and morphine is the drug of choice for dyspnea in end-stage disease care, often nebulized. Guaifenesin is an expectorant which liquefies secretions and encourages mobilization of secretions resulting in --- increased coughing; suctioning and postural drainage are not indicated and would cause discomfort to the client. Starting an IV would also cause discomfort, and furosemide is a diuretic, and nothing in the stem indicates the need for that type of drug.

Nursing Process : Implementation

Client Need: Physiologic Integrity

Cognitive Level: Application

Objective: Provide nursing interventions to promote a comfortable death

Content Area: Physiological Changes in the Dying Client: Dyspnea

Strategy: Use Maslow's Hierarchy to help determine interventions, keeping in mind the normal dying process.

14.

CORRECT

The family of a client receiving palliative care for colon cancer is concerned that morphine is being given too often to the client. The nurse explains to the family that:

Your Answer: the dose can safely be increased as necessary.

Rationale: Morphine has no analgesic ceiling and can safely be increased to the dose needed to relieve pain. Addiction doesn't occur if the medication is properly titrated to the pain, nor does it hasten death. Some respiratory depression may occur, but it is transient and treatable, and the medication should not be stopped.

Nursing Process: Implementation

Client Need: Health Promotion and Maintenance

Cognitive Level: Analysis

Objective: Provide individualized care for client and families experiencing grief, loss and death.

Content Area: Nursing Considerations for End-of-Life Care: Support for the Client and Family.

Strategy: Read memory aid boxes; use knowledge of the drug to correctly answer the question.

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