

Answer Key

CHAPTER 1: Pain, pages 11-14

1. **Ans: 4** As charge nurse, you must assess the performance and attitude of the staff in relation to this client. After data are gathered from the nurses, additional information can be obtained from the records and the client as necessary. The educator may be of assistance if a knowledge deficit or need for performance improvement is the problem. **Focus:** Supervision, prioritization; **QSEN:** PCC, TC, QI; **Concept:** Pain
2. **Ans: 3** Beliefs, attitudes, and familial influence are part of the sociocultural dimension of pain. Location and radiation of pain address the sensory dimension. Describing pain and its effects addresses the affective dimension. Activity level and function address the behavioral dimension. Asking about knowledge addresses the cognitive dimension. **Focus:** Prioritization; **QSEN:** PCC; **Concept:** Pain
3. **Ans: 1** Gabapentin is an antiepileptic drug, but it is also used to treat diabetic neuropathy. Corticosteroids are for pain associated with inflammation. Hydro-morphone is a stronger opioid, and it is not the first choice for chronic pain that can be managed with other drugs. Lorazepam is an anxiolytic that may be ordered as an adjuvant medication. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain
4. **Ans: 3** Cancer pain generally worsens with disease progression, and the use of opioids is more generous. Fibromyalgia is more likely to be treated with nonopioid and adjuvant medications. Trigeminal neuralgia is treated with antiseizure medications such as carbamazepine (Tegretol). Phantom limb pain usually subsides after ambulation begins. **Focus:** Prioritization; **QSEN:** PCC, EBP; **Concept:** Pain
5. **Ans: 4** In supervision of the new RN, good performance should be reinforced first and then areas of improvement can be addressed. Asking the nurse about knowledge of pain management is also an option; however, it would be a more indirect and time-consuming approach. Making a note and watching do not help the nurse to correct the immediate problem. In-service training might be considered if the problem persists. **Focus:** Supervision, delegation; **QSEN:** TC, QI; **Concept:** Leadership
6. **Ans: 1, 3, 5, 6** These clients should be assigned to an experienced RN because all have acute conditions that require close monitoring for any developing complications. Abdominal cramps secondary to food poisoning is an acute condition; however, the cramping, along with vomiting and diarrhea, are usually self-limiting. The client with chronic back pain would be considered physically stable. While all clients will benefit from care provided by an experienced RN, the client with abdominal cramps and the client with back pain could be assigned to a new RN, an LPN/LVN, or a float nurse. **Focus:** Assignment; **QSEN:** TC; **Concept:** Clinical Judgment
7. **Ans: 3** The client must be believed, and his or her experience of pain must be acknowledged as valid. The data gathered via client reports can then be applied to the other options in developing the treatment plan. **Focus:** Prioritization; **QSEN:** PCC; **Concept:** Pain
8. **Ans: 3** The client with an acute myocardial infarction has the greatest need for IV access and is likely to receive morphine, which will relieve pain by increasing venous capacitance. Other clients may also need IV access for delivery of pain medication, other drugs, or IV fluids, but the need is less urgent. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Clinical Judgment
9. **Ans: 1** The goal is to control pain while minimizing side effects. For severe pain, the medication can be titrated upward until the pain is controlled. Downward titration occurs when the pain begins to subside. Adequate dosing is important; however, the concept of controlled dosing applies more to potent vasoactive drugs. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain
10. **Ans: 2** Application of heat and cold is a standard therapy with guidelines for safe use and predictable outcomes; therefore, the LPN/LVN could implement and educate the client about this therapy under the supervision of an RN. Therapeutic touch requires additional training and practice. Meditation is not acceptable to all clients, and an assessment of spiritual beliefs should be conducted. TENS is usually applied by a physical therapist. **Focus:** Delegation; **QSEN:** TC; **Concept:** Clinical Judgment

11. **Ans: 2** First assess the client. The UAP has correctly reported her findings, but the nurse is ultimately responsible to assess first and then determine the correct action. Based on your assessment findings, the other options may also be appropriate. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Clinical Judgment
12. **Ans: 4** At greatest risk are elderly clients, opiate-naïve clients, and those with underlying pulmonary disease. The child has two of the three risk factors. **Focus:** Prioritization; **QSEN:** S; **Concept:** Clinical Judgment
13. **Ans: 1** This client has strong beliefs and emotions related to the issue of the sibling's addiction. First, encourage expression. This indicates to the client that the feelings are real and valid. It is also an opportunity to assess beliefs and fears. Giving facts and information is appropriate at the right time. Family involvement is important, but it should be kept in mind that their beliefs about drug addiction may be similar to those of the client. **Focus:** Prioritization; **QSEN:** PCC; **Concept:** Pain
14. **Ans: 3** Diaphoresis is one of the early signs that occur between 6 and 12 hours after withdrawal. Fever, nausea, and abdominal cramps are late signs that occur between 48 and 72 hours after withdrawal. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Clinical Judgment
15. **Ans: 1** The UAP is able to assist the client with hygiene issues and knows the principles of safety and comfort for this procedure. Monitoring the client, teaching techniques, and evaluating outcomes are nursing responsibilities. **Focus:** Delegation; **QSEN:** TC; **Concept:** Clinical Judgment
16. **Ans: 4** Administering placebos is generally considered unethical. Consult the charge nurse as a resource person who can help you clarify the situation and locate and review the hospital policy. If the physician is insistent, suggest that he or she could give the placebo. (Note: Use "could," not "should" when talking to the physician. This provides a small opportunity to rethink the decision. "Should" is more commanding and elicits a more defensive response.) While following your own ethical code is correct, you must ensure that the client is not abandoned and that care continues. **Focus:** Prioritization; **QSEN:** PCC, QI, TC; **Concept:** Ethics
17. **Ans: 2** Complete information should be obtained from the family during the initial comprehensive history taking and assessment. If this information is not obtained, the nursing staff will have to rely on observation of nonverbal behavior and careful documentation to determine pain and relief patterns. **Focus:** Prioritization; **QSEN:** PCC; **Concept:** Pain
18. **Ans: 5, 3, 1, 2, 4** All of the clients are in relatively stable condition. The client with the pneumothorax has priority, because chest tubes can leak or become dislodged or blocked. Lung sounds and respiratory effort should be evaluated. The woman who will be undergoing diagnostic testing should be assessed and medicated before she leaves for the procedure. In a client with meningitis, a headache is not an unexpected complaint, but neurologic status and pain should be assessed. The report of postoperative pain is expected, but this client is getting reasonable relief most of the time. Caring for and assessing the client with Alzheimer disease is likely to be very time consuming; checking on her last prevents delaying care for all the others. **Focus:** Prioritization; **QSEN:** S; **Concept:** Clinical Judgment
19. **Ans: 4** Assess the pain for changes in location, quality, and intensity, as well as changes in response to medication. This assessment will guide the next steps. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain
20. **Ans: 4** The LPN/LVN is well trained to administer oxygen per nasal cannula. This client is considered unstable; therefore, the RN should take responsibility for administering drugs and monitoring the response to therapy, which includes the effects on the respiratory system. The RN should also take responsibility to communicate with the physician for ongoing treatment and therapy. **Focus:** Delegation; **QSEN:** TC; **Concept:** Clinical Judgment
21. **Ans: 4** If the pain is constant, the best schedule is around the clock, to provide steady analgesia and pain control. The other options may actually require higher dosages to achieve control. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain
22. **Ans: 2, 3, 6** The clients with the cast, toe amputation, and arthritis are in stable condition and need ongoing assessment and pain management that are within the scope of practice of an LPN/LVN under the supervision of an RN. The RN should take responsibility for preoperative teaching, and the client with terminal cancer needs a comprehensive assessment to determine the reason for refusal of medication. The client with trauma needs serial assessments to detect occult trauma. **Focus:** Assignment; **QSEN:** TC; **Concept:** Clinical Judgment
23. **Ans: 5, 2, 1, 3, 4** Using the SBAR format, the nurse first identifies himself or herself, gives the client's name, and describes the current situation. Next, relevant background information, such as the client's diagnosis, medications, and laboratory data, is stated. The assessment includes both client assessment data that are of concern and the nurse's analysis of the situation. Finally, the nurse makes a recommendation indicating what action he or she thinks is needed. **Focus:** Prioritization; **QSEN:** TC, QI; **Concept:** Communication
24. **Ans: 2, 5, 6** The client who is second day postoperative, the client who has pain at the IV site, and the client with the kidney stone have predictable needs and require routine care that a new nurse can manage. The anxious client with chronic pain needs an

in-depth assessment of the psychological and emotional components of pain and expert intervention. The client with HIV infection has complex complaints that require expert assessment skills. The client pending discharge will need special and detailed instructions. **Focus:** Assignment; **QSEN:** TC; **Concept:** Clinical Judgment

25. **Ans: 3** Directly ask the client about the pain and perform a complete pain assessment. This information will determine which action to take next. **Focus:** Prioritization; **QSEN:** PCC; **Concept:** Pain
26. **Ans: 2** This statement is a veiled suicide threat, and clients with pain disorder and depression have a high risk for suicide. New injuries must be evaluated, but this type of complaint is not uncommon for clients with pain disorder. Risk for substance abuse is very high and should eventually be addressed. He can threaten to sue, but current circumstances do not support his case. **Focus:** Prioritization; **QSEN:** S; **Concept:** Mood & Affect
27. **Ans: 4** Measuring output and obtaining a specimen are within the scope of practice of the UAP. Insertion of the Foley catheter in this client should be done by the RN, because clients with obstruction and

retention are usually very difficult to catheterize, and the nurse must evaluate the pain response during the procedure. The UAP's knowledge of sterile technique is not the issue for this particular client. **Focus:** Delegation; **QSEN:** TC; **Concept:** Clinical Judgment

28. **Ans: 3** Assessing the pain is the priority in this acute care setting, because there is a risk of infection or hemorrhage. The other options might be appropriate based on your assessment findings. **Focus:** Prioritization; **QSEN:** S, PCC; **Concept:** Pain
29. **Ans: 2** Explain that insulin is a priority because life-threatening ketoacidosis is already in progress. If she is already aware of the dangers of an elevated blood glucose level, then her refusal suggests ongoing suicidal intent and the provider should be notified so that steps can be taken to override her refusal (potentially a court order). A blood glucose level of over 600 mg/dL is typically a criterion for transfer to intensive care, but making arrangements for transfer does not address the priority issue, which is refusal of therapy. Withholding pain medication is unethical, and merely documenting refusal of insulin is inappropriate because of possible ongoing suicidal intent. **Focus:** Prioritization; **QSEN:** S; **Concept:** Glucose Regulation

Answer Key

CASE STUDY 1: Chest Pressure, Indigestion, Nausea, and Vomiting, pages 99-100

1. **Ans: 4** Monitoring and recording intake and output are within the scope of practice for UAPs. Initiating telemetry, performing venipuncture, and obtaining ECGs require additional education and training. Attaching ECG leads may be done by UAPs in some facilities, as may venipuncture and ECG recording. However, the UAPs performing these tasks would require additional specialized training. These actions are generally considered to be within the scope of practice of licensed nurses. **Focus:** Delegation; **QSEN:** TC; **Concept:** Collaboration
2. **Ans: 3** Cardiac monitoring is the highest priority, because the client's heart rate is rapid and irregular and the client is experiencing chest pressure. The client is at risk for life-threatening dysrhythmias such as frequent premature ventricular contractions (PVCs). Measuring vital signs every 2 hours, checking levels of cardiac markers, and recording a 12-lead ECG every 6 hours are important, but cardiac monitoring takes precedence. **Focus:** Prioritization; **QSEN:** PCC, S; **Concept:** Clinical Judgment
3. **Ans: 1** With frequent PVCs, the client is at risk for life-threatening dysrhythmias such as ventricular tachycardia or ventricular fibrillation. Amiodarone is an antidysrhythmic drug used to control ventricular dysrhythmias. Nitroglycerin and morphine can be given for chest pain relief. Atenolol is a beta-blocker, which can be used to control heart rate and decrease blood pressure. **Focus:** Prioritization; **QSEN:** S; **Concept:** Safety
4. **Ans: 2** A troponin T level of more than 0.20 ng/mL is an elevated level and indicates myocardial injury or infarction. Although the other laboratory values are all abnormal, none of them is life threatening. **Focus:** Prioritization; **QSEN:** S; **Concept:** Safety
5. **Ans: 1** Morphine sulfate has been ordered to relieve the chest discomfort that is common in the setting of acute myocardial infarction. Relief from the chest pain is the highest priority at this time. Ranitidine is a histamine₂ blocker used to prevent gastric ulcers. Scheduling an echocardiogram or drawing blood for coagulation studies, although important, will not help relieve chest discomfort. **Focus:** Prioritization; **QSEN:** PCC, S; **Concept:** Clinical Judgment
6. **Ans: 1, 2, 6** Measuring vital signs, recording intake and output, and assisting clients with activities of daily living are all within the scope of practice of the UAP. Administration of IV drugs, venipuncture for laboratory tests, and assessment are beyond the scope of practice of UAPs. **Focus:** Delegation, supervision, assignment; **QSEN:** TC; **Concept:** Collaboration
7. **Ans: 4** Measuring and recording vital sign values are within the scope of practice of the UAP. When the UAP makes a mistake, it is best to communicate specifically, stressing the importance of recording vital sign values after they have been obtained. Supervision should be done in a supportive rather than confrontational manner. Notifying the nurse manager is not appropriate at this time. Reprimanding the UAP in front of others also is not appropriate. **Focus:** Delegation, supervision; **QSEN:** TC; **Concept:** Leadership
8. **Ans: 2** Chest pain can be an indicator of additional myocardial muscle damage. Additional episodes of chest pain significantly affect the client's plan of care. Small increases in heart rate and blood pressure after activity are to be expected. The client's temperature, only 0.2° higher than at admission, is not a priority at this time. **Focus:** Prioritization, delegation, supervision; **QSEN:** PCC, S; **Concept:** Communication
9. **Ans: 1** HCTZ is a thiazide diuretic used to correct edema and lower blood pressure, and should be taken in the morning so that its diuretic effects do not keep the client up during the night. A side effect of HCTZ is loss of potassium, and clients may require potassium supplementation. Captopril is an angiotensin-converting enzyme inhibitor and will lower blood pressure. It is never appropriate to take twice the dose of this drug. **Focus:** Prioritization; **QSEN:** PCC, S; **Concept:** Patient Education
10. **Ans: 1, 3, 4, 5, 6** All of these interventions are within the scope of practice of an experienced LPN/LVN. You would be sure to instruct the LPN/LVN when to notify you or the health care provider of any abnormal findings. Preparing a teaching plan requires additional education and is more suited to the RN. Taking vital signs and reminding the client about bed

rest could also be delegated to the UAP. **Focus:** Delegation, supervision; **QSEN:** TC, S; **Concept:** Collaboration

11. **Ans: 3** The dressing should be left in place for at least the first day after the client is discharged to prevent dislodging the clot. Heavy lifting and exercise should be avoided for several days. A small hematoma or bruise is expected and is not abnormal. It is not

necessary to keep the affected extremity straight after the client is off bed rest. **Focus:** Prioritization; **QSEN:** PCC, S; **Concept:** Patient Education

12. **Ans: 4** Normal sinus rhythm with a rate of 88 beats/min is a normal finding. There is no need to delay the client's discharge, give early medications, or draw additional cardiac markers. **Focus:** Prioritization; **QSEN:** N/A; **Concept:** Clinical Judgment