

# M\_AmbulatoryCarePQ (1300+ Questions) - Quiz

## Questions with Answers

1.

The nurse is educating an adult patient regarding medications for asthma. Which order would be the most appropriate for administration?

Flovent, Intal, and Tobramycin.

Tobramycin, Intal, and Albuterol.

**Albuterol, Flovent, and Tobramycin.**

Intal, Tobramycin, and Albuterol.

***Explanation:***

*Albuterol is a bronchodilator, which is given first, to open the airway. Flovent is a corticosteroid, which decreases the inflammation, followed by Tobramycin, which is an antibiotic. Giving the antibiotic last ensures that the maximum amount of medication can be absorbed.*

2.

What would be the most appropriate order of importance for information an adult client shares when coming to a clinic visit?

Current complaint, past medical history, past surgical history, medications, allergies, and insurance information.

Current complaint and past 24–48 hours leading up to complaint, medications, allergies, and past medical history.

Current medications, allergies, past medical history, and past surgical history.

Current demographics, current insurance, complaint, medical history, and surgical history.

**Explanation:**

*This ordering is most appropriate when prioritizing the health assessment. In the clinic or ambulatory setting, it is most important to get to the current complaint and what led up to the problem to best quickly assess what interventions may be needed. Current medications and allergies are the next important thing to know during an assessment in order to make an accurate assessment and an appropriate plan or intervention. These elements can also contribute to the current complaint. Past medical and surgical history are important but not before finding out what the current complaint is.*

3.

The nurse is personally against abortion but is working in an ambulatory surgery center where abortions are occasionally performed. What would be the most appropriate way for the nurse to handle this ethical issue when working her shift?

The nurse should ask to be removed from any abortion cases.

The nurse should attempt to talk the patient out of the abortion.

The nurse should verbalize her position on abortion to the unit.

The nurse should file a labor law complaint.

**Explanation:**

*The appropriate way to handle this ethical conflict of interest is to ask to be removed from any cases that would present a conflict. If, for religious or personal beliefs, you feel you cannot perform your duties for a particular case, you should speak to a supervisor and attempt to resolve the issue. Ethical issues such as this should never be discussed in front of the patient, and it would not be professionally appropriate to attempt to talk the patient out of a procedure that she and her physician have already discussed. Being rude is never professional, and filing a labor law complaint may not be appropriate unless the nurse was unaware that an abortion could be performed in the facility before being employed or if the nurse was fired for asking to be removed from a case.*

4.

The ambulatory care nurse is explaining to the parents of a child who needs to have a spinal tap all of the risks, the nature of what to expect, and consequences of the procedure before they sign the consent. What is the term for this explanation?

Patient education.

Patient advocate.

**Informed consent.**

Patient consent.

**Explanation:**

*When the nature of treatment, risks, consequences, and alternatives have been discussed before signing the consent, it is termed informed consent.*

5.

An adult male is brought to the emergency room, unconscious. The medical team immediately begins assessment and treatment. What statement explains the action of the medical team without a signed informed consent?

The medical team can and will be sued by the family.

**The exception to informed signed consent is when care is required in an emergency.**

The paramedics assume responsibility for consent.

The team should hold treatment until the patient's family or next of kin can sign for treatment.

***Explanation:***

*Exceptions to informed consent include emergency treatment, when the risks of disclosing the information about treatment would result in illness or emotional distress, and may vary state to state. In the case of an unconscious victim, it is assumed that the patient would consent for emergency treatment, so assessment and treatment are rendered.*

6.

Which of the below scenarios does NOT exemplify an element of the informed consent process?

The physician explains the nature of treatment as well as consequences of the tests, benefits, and risks, if any.

**The nurse answers any of the patient's questions regarding the treatment/consequences if there is a lack of clarity.**

The nurse witnesses the signing of the informed consent, and then signs the consent form as the witness.

The nurse asks the patient if they have any questions or concerns regarding the upcoming procedure/treatment.

**Explanation:**

*Informed consent protects the patient's right to self-determination and is required for most procedures based on state law. Elements of informed consent include the physician describing the treatment as well as discussing any risks and alternatives if available. The nurse is NOT responsible for providing this information or for answering questions if the patient still is lacking clarity after the physician's explanation. The nurse should advocate for the patient by asking if they have any questions/concerns and retrieving the physician to tend to these questions/concerns if necessary. After informed consent is obtained, the nurse that witnessed the informed consent must provide their signature on the consent form to document themselves as a witness to the consent process.*

7.

Which of the following ethical principles is the premise that obtaining consent is based on?

Justice.

**Autonomy.**

Veracity.

Beneficence.

**Explanation:**

*The informed consent allows each individual their right to decide what will and will not be done as part of their treatment autonomously. The law dictates the standard of conduct a facility or hospital must function under to protect the rights of the patient. Justice refers to providing every individual fair and equal treatment regardless of their background. Veracity refers to*

*truthfulness in care provided. Beneficence refers to the priority of doing good when deciding on plans of care.*

8.

**Who bears the ultimate risk of liability when an informed consent is not obtained?**

The nurse.

The manager or chief executive officer of a facility or unit.

The patient.

**The physician.**

***Explanation:***

*The physician takes on the risk of liability. The nurse can be present for the consent and ensure that the consent is received in an appropriate fashion, but the ultimate responsibility for providing information to the client and attaining their consent is the physician's.*

9.

**What or who determines the competency of an adult to consent?**

A family member.

A parent.

The physician.

**The law.**

***Explanation:***

*It is assumed an adult is competent unless a court of law determines otherwise. Therefore, a nurse or physician cannot deem an adult unfit to consent based on their personal experience or expertise.*

10.

**A person may be legally incompetent for which reason?**

A spousal statement.

**Intellectual disability, stroke, or brain damage.**

Hearing or vision impairment.

Acting against medical advice.

***Explanation:***

*A person may be legally incompetent due to impaired brain function caused by many factors, including intellectual disability, stroke, or brain damage. A spouse cannot just state that the person is legally incompetent, and blindness or difficulty with hearing does not render a person mentally incompetent to make decisions regarding care.*

11.

Who can sign consent for an infant when the mother of the infant is 14 years old?

The mother of the infant may sign the consent in most states.

The maternal grandmother would have to sign consents for the infant.

The maternal grandfather would have to sign consents for the infant.

A court-appointed guardian would need to sign consents until the mother is 18.

***Explanation:***

*In most states, the mother of the infant would be the parent and signs all consents. The other choices are incorrect. A court-appointed guardian would not routinely be appointed over the mother of the infant unless the mother is incompetent.*

12.

What is a minor who is living independently and is self-supporting called?

A separated minor.

A guardian.

An emancipated minor.

A student.

***Explanation:***

*In most states, a minor may be emancipated if he or she lives independently and is self-supporting. In that case, the emancipated minor may sign consent for treatment independently.*

13.

A 50-year-old male comes to the clinic stating he cannot shake this “flu.” The ambulatory care nurse observes that he is clammy, pale, and has an irregular heart rate. He is a large man with a rugged appearance. He is friendly and apologetic for bothering the nurse with his silly complaints. What is the plan of care for this patient?

Place the patient in a private room, as a serious viral infection is suspected and must take actions to prevent spread of disease.

Suspect he has the newest flu going around and offer him hot tea while he waits to see the physician.

**Suspect there is more to his complaint than he states, and immediately begin a cardiac workup by placing him in a room and ordering an EKG.**

Finish the triage and send him to the waiting room, understanding that the flu affects everyone differently.

***Explanation:***

*These symptoms, regardless of the patient’s apologetic undertone, can indicate a dangerous cardiac condition, therefore a cardiac workup should be a priority. It should never be assumed a patient has a low pain tolerance, and it is not wise to give oral fluids or food to a patient until after a physician has evaluated him or her. A patient with clammy, pale skin and an irregular heart rate should never be placed in the waiting room.*

14.

The nurse is caring for a teen who presents to the clinic with a laceration. What action should the nurse take before treating this teen?

The nurse should triage, assess, and treat the teen without consent.

**The nurse should triage the teen and call the parent for phone informed consent before treating.**

The nurse should refuse to see the teen and tell him to come back with a parent.

The nurse should inform the physician and let him or her decide the next step.

***Explanation:***

*The phone consent is effective and legal. It allows the nurse to assess and have the physician treat the teen. Refusing to treat the teen is not appropriate, and treating without parental consent is also not appropriate.*

15.

**The nurse is caring for a client who requires transfer to another facility. Which group regulates patient transfers from one facility to another?**

Emergency medical services.

**The Emergency Medical Treatment and Active Labor Act.**

The receiving facility's board of directors.

The transferring facility's board of directors.

***Explanation:***

*The Emergency Medical Treatment and Active Labor Act (EMTALA) regulates transfers from one facility to another and prevents the transfer only based on the patient's ability to pay. It also imposes standards of care that prevent a patient from being transferred before basic stabilization has taken place.*

16.

The nurse is preparing to transfer a patient with chest pain to a facility that has a cardiac care unit. Which statement would the nurse use to explain the transfer to the family?

The transfer to another facility is because the physician here doesn't handle heart conditions.

The transfer to another facility is dictated by the insurance company.

The transfer to another facility is due to the required cardiac care that this facility is unable to provide.

The transfer to another facility is out of convenience to your family.

***Explanation:***

*Transfers are made to provide care to a patient that is not possible at the current facility. Transfers are not made depending on insurance or convenience. Answer A is not the professional way to explain the transfer, because it insinuates that proper care has not been rendered at the current facility.*

17.

The nurse is caring for an infant with bruises and marks not matching the history that the parents are verbalizing. What action will the nurse do as part of her legal obligation to this infant?

Discuss the marks with the grandparents.

Discuss the marks with the physician, and report the possibility of abuse to child protective services.

Complete and submit an incident report.

Document the suspicions in the patient record for future reference.

***Explanation:***

*The law requires any suspicion of child abuse to be reported to child protective services. It is appropriate to discuss this with the physician and determine who will report it. It may not be appropriate to discuss this with the grandparents or make out an incident report. It does need documentation, but not instead of reporting it.*

18.

What must the nurse address during the initial triage or intake of information for all patients regarding end-of-life issues?

Advanced directives.

Religious affiliation.

Cultural orientation.

Sexual orientation.

***Explanation:***

*Advanced directives are those statements that relate what a patient wants regarding how he or she wants to be treated if in a terminal or life-threatening situation. The nurse is obligated to ask*

*if he or she has an advanced directive every time a patient presents for treatment. The nurse is not required by law to ask about a patient's religious, cultural, or sexual orientations.*

19.

**What regulatory organization sets the standards and enforces rules regarding occupational safety and health?**

The health department.

The materials data board.

**OSHA.**

EEOC.

***Explanation:***

*The U.S. Department of Labor and the Occupational Safety and Health Administration (OSHA) regulates the standards and rules for safety in the workplace. The other options are not organizations that address occupational safety and health.*

20.

**Which regulation mandates that facilities protect the privacy of the clients in the ambulatory care setting?**

EEOC.

**HIPAA.**

OSHA.

ADA.

***Explanation:***

*The Health Insurance Portability and Accountability Act (HIPAA) regulates what, where, and who needs health information about a patient and how that information is shared.*

21.

The ambulatory care nurse practicing telephone triage for clients in more than one state may need to have a nursing license in each state under the present system. What is the responsibility of each state licensing board to the public?

To protect the public from uneducated, unsafe, and unethical nurses.

To protect the nursing community from health hazards.

To protect physicians from lawsuits.

To protect nurses from lawsuits.

***Explanation:***

*The state licensing board receives its authority from the nurse practice act and enforces those standards, thereby protecting the public from untrained and unsafe nurses. It does have a responsibility to the public, but the nursing licensing board doesn't exist to protect physicians or the nurses; it protects the public.*

22.

Which government agency regulates H1N1, flu, HIV, and other diseases by written guidelines for a standard of care?

ADA.

AHA.

CDC.

OSHA.

***Explanation:***

*The Centers for Disease Control and Prevention (CDC) offers regulations and standards of care for contagious diseases, especially those that can cause a pandemic. The ADA offers standards for diabetes, the AHA offers standards for heart disease and prevention, and OSHA regulates workplace safety.*

23.

A nurse with a current license and the skills to perform the workload of an ambulatory care nurse presents to the human resources department for hire. Which organization prevents discrimination on the basis of race, color, or sexual orientation?

OSHA.

EEOC.

AHA.

ANA.

**Explanation:**

*It is the Equal Employment Opportunity Commission (EEOC) that prohibits discrimination due to race, color, religion, or age. The other organizations regulate workplace standards and guidelines for heart disease. The American Nurses' Association (ANA) offers guidelines for standards of nursing care.*

24.

The ambulatory care setting must include which of the following for the nurse to be able to properly triage a patient?

Television.

Comfortable seating.

**Private room.**

Computer.

**Explanation:**

*The nurse needs a room in which the triage assessment can be done in private. A television or comfortable seating are not a necessary part of triage. A computer is important for documentation and should be available, but the nurse may or may not use a computer as part of triaging a patient.*

25.

Accreditation by The Joint Commission, Center for Medicare and Medicaid, or the National Council on Quality Assurance is part of the process for an ambulatory care facility. Which statement describes the importance of these accreditation services?

These organizations are very important for publicly run facilities.

These organizations offer guidelines for licensure and certification.

**These organizations are nonprofit and assess for quality of care.**

These organizations have little to do with reimbursement.

***Explanation:***

*These organizations have specific standards to rate a facility for quality of care and disease prevention. They look at outcomes related to treatments and management of resources. They are very important to a health provider, and their ratings may affect reimbursement by insurance companies and Medicare. They ensure that a facility has the highest of standards and that the patient is receiving quality care.*

26.

Which JCAHO standards are important for the ambulatory care nurse to understand?

Two nurses should be scheduled per shift.

The hours of operation.

A nurse practitioner should be on duty 24/7.

**Informed consent and patient education requirements.**

***Explanation:***

*The ambulatory care nurse must understand that informed consent and the importance of patient education are just two of The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards that a facility must adhere to for accreditation. The other items are not standards of care but individual facility standards.*

27.

Which delegation of duties by the ambulatory care nurse in charge of a busy shift remains in the scope of practice of the employee?

**Delegating the emergency medical technician (EMT) to triage while the triage nurse attends to a chest pain client.**

Delegating the physician to register a client at the computer.

Delegating the security personnel to triage a client.

Delegating a nursing assistant to start an intravenous line on a pediatric patient.

***Explanation:***

*An EMT is trained in triage and can perform those tasks while a nurse is tending to a patient. A physician would most likely not be asked to register a patient, security personnel would not triage a patient, and a nursing assistant would not start an IV.*

28.

Which activity would demonstrate that the ambulatory care staff have been evaluated and are competent to perform their duties?

A written statement confirming competency.

**A detailed skills performance list with yearly documentation of demonstrated competence.**

A cardiopulmonary resuscitation (CPR) card.

An employee identification for the unit the employee is working on.

***Explanation:***

*is the appropriate way to document the competence of the staff. A written list of skills and documentation that the employee demonstrated the skills is a way to demonstrate the staff is adequately trained. A written statement is not enough proof, a CPR card does not prove competence in other skills, and an identification (ID) card proves only on what unit the employee works.*

29.

The ambulatory care nurse is taking inventory of the equipment present and equipment that needs repair. What part of the operation of an ambulatory care setting is this action?

Staff competency.

Delegation.

**Resource management.**

Emergency preparedness.

**Explanation:**

*Resource management is part of the operation of an ambulatory care facility and includes keeping track of equipment, repairs, and where equipment is best used. Staff competency, delegation, and emergency preparedness are all part of the grand plan for a facility but fall under other categories.*

30.

**What action could the ambulatory care nurse use to redirect workflow for a busy shift?**

Work at an individual pace to ensure no mistakes are made and delegate tasks to all staff members.

**Group like appointments together, schedule appropriate time frames for patient evaluations, and delegate tasks to other trained staff members.**

The nurse alone has no influence on workload.

Skip lunch and breaks to keep the flow constant.

**Explanation:**

*The ambulatory care nurse can assist with the workflow of a busy unit by delegating tasks or grouping similar tasks, such as copying or filing, for a quieter time. Scheduling appropriate times for patient evaluations and like procedures in back-to-back time frames can increase workflow. The patient flow can be inconsistent in some ambulatory care settings, and it can overwhelm what staff is available. Delegating can redirect tasks and open up time for skilled staff to safely and effectively deal with the patient load. Individual pacing may not improve workflow. Skipping breaks and lunches may not improve workflow, and it may affect staff morale.*

31.

What principle best describes placing computer screens at eye level with proper chair positioning for decreased neck, back, and wrist pain?

Physical therapy.

Design.

**Ergonomics.**

OSHA standards.

***Explanation:***

*Ergonomics is the principle for placing equipment at a safe and workable level to promote safety and prevent injury.*

32.

What factors affect patient safety and should be considered by environmental management?

Nationality and gender roles

Cultural needs and beliefs

Age and development

**Physical disability, mental status, and medication side effects**

**Explanation:**

*Nationality, cultural needs, and age are patient factors but do not have a direct relationship to environmental safety. However, regardless of those, physical disabilities, mental status, and medication effects always have an influence on patient safety and individual patient judgment. Environmental management must consider this as they manage equipment, furnishings, and needs of the patient population.*

33.

**What statement offers an example of the responsibility of the environmental management team in an ambulatory care setting?**

**The development of plans to monitor/control recalled products and medical devices used in the clinic.**

Implementing standards of care for more effective medication administration.

Auditing the documentation of the patient's home environment.

Hand hygiene audits.

**Explanation:**

*It is important to have a plan for monitoring the recall of equipment and medical devices for patient safety. Medication administration protocols do not fall under environmental management. Hand hygiene audits are conducted by individual units and reported to the infectious disease management group of the hospital.*

34.

**The nurse washes her hands or uses hand sanitizer when coming into the patient room and uses gloves when doing a procedure. What purpose do these procedures demonstrate?**

Droplet precautions.

**Standard precautions.**

Individual preference for patient-care practices.

Contact precautions.

***Explanation:***

*Hand washing, hand sanitizer, and gloves are standard procedure for infection control and are universal precautions to protect the nurse and the patient. These are mandated for nursing units and are not based on personal preference. Isolation protocols (such as contact and droplet precautions) may include gowns, masks or hand washing with soap, depending on the type of isolation being used.*

35.

The nurse working in the ambulatory care setting must have which of the following skills to perform the role of triage nurse?

Assessment and typing skills.

**Assessment and communication skills.**

A competitive drive.

The desire to help others.

**Explanation:**

*Triage nurses must have excellent assessment skills as well as communication skills to relate to all types of clients and to best prioritize the care of each person. While the other skills are helpful, excellent assessment skills and communication skills are the most important of the options provided.*

36.

**Which statement is true regarding patient safety?**

Patient falls in the ambulatory care setting are minimal.

**Patient confidentiality falls under the umbrella of patient safety.**

Side effects of medication do not fall under the umbrella of patient safety, but rather are part of patient education.

Patient safety is not formally regulated, but is encouraged and promoted by each individual nurse or facility for the sake of the patient.

**Explanation:**

*Confidentiality is part of patient safety. Falls are part of patient safety goals in every setting. Side effects of medications are part of patient safety in every setting and include side effects, right dose, right time, right patient, right route, and right medication. There are national patient safety goals mandating the standard of safe patient care for ambulatory nursing.*

37.

**The ambulatory care team forms a committee whose focus is disaster planning. What situations should the committee consider when making a plan for the ambulatory care setting?**

Any situation where a patient may need emergency treatment.

Preparing for bioterrorism or natural hazards

Preparing for the need to recover bodies in the event of a disaster of any type

**(b) and (c) only.**

***Explanation:***

*The emergency preparedness plan should address any wide scale disaster or emergency. This preparedness plan does not address medical emergency of single patients.*

38.

The ambulatory care committee has defined its role in the community in the case of fire, explosion, earthquake, hurricane, or an act of terrorism. What does this action demonstrate?

Teamwork.

**Emergency preparedness.**

Community integration.

Universal precautions.

***Explanation:***

*This action meets national safety standards and recommendations for an ambulatory care facility seeking accreditation. Teamwork is also demonstrated, but within the scenario described, it is less important than emergency preparedness. Answers c and d are incorrect.*

39.

The nurse is orienting three new employees to the state-of-the-art facility. What safety information should be included in the orientation?

Emergency plans in the case of a disaster, as well as exits for staff and patients

Unit-wide protocols for patient care.

The proper chain of command to report incidents.

Employee ID numbers for payroll.

***Explanation:***

*is correct and is the most complete. New employees must be educated to emergency plans and procedures in order to keep patients and staff safe. The other choices are not related to safety within the facility.*

40.

Why is it important for the ambulatory care nurse to understand fiscal management in health care today?

So that the nurse can better educate the patient on financial planning.

**Because decisions made by nurses can directly affect the financial well-being of both the facility and the patient.**

Because nursing drives the business of the hospital.

Financial and medical management do not have common factors, so they are not considered part of health care.

***Explanation:***

*Decisions made in nursing can influence the direct cost of care for the patient and the viability of the business. It is not within the nurse's scope to educate patients on financial planning, nor does nursing drive the business of the hospital.*

41.

**What is the benefit of the Health Care Financing Administration Common Procedure coding system?**

It creates jobs.

It minimized the need for consistent classification.

**It provides a standardized method for services rendered and reimbursement.**

It prevents error in coding and reimbursement.

***Explanation:***

*The common procedure codes allow providers to use the same code for the most common procedures, making it easier for reimbursement for those services. While jobs are created, that*

*is not the purpose for the system. It does allow for consistency in classifications, but errors in coding will still occur due to human error.*

42.

**What is the internationally recognized coding system for the purposes of international morbidity and mortality that, in the United States, is also used for billing?**

ICD 10.

ICD 46.

ICDID.

ICD 9.

***Explanation:***

*The ICD 10 system is the internationally recognized coding system for the purposes of international morbidity and mortality, and for billing in the United States. The ICD 9 system is out of date as of 2015. The other choices do not represent real coding systems.*

43.

**What are examples of health-care delivery systems in terms of financial reimbursement?**

Fee for service is the only system.

**Health maintenance organizations (HMOs), preferred provider organizations (PPOs), fee for service, and managed care.**

Medicaid is the only system.

Private insurance is the only system.

**Explanation:**

*Those are all examples of health-care delivery systems with different plans for reimbursement.*

44.

**What is the most critical endpoint in a quality model in the delivery of health care?**

The patient is cured of illness.

The patient files no complaints.

**The care delivered made a difference in the outcome for the patient.**

Performance improvement cannot be measured.

**Explanation:**

*The endpoint is always that the care delivered made a difference and when it doesn't, the delivery of care must be reevaluated and changed so it will make a difference. The other three choices are not true. Curing the patient is not always possible, therefore is not an indicator of quality or an endpoint of care.*

45.

**What methods may improve performance and outcomes for a patient in the short or long term?**

Relying on traditional methods of patient care.

Deferring to the patient's family for the most effective techniques to use on the patient.

Basing the plan of care on what has been effective on prior patients.

**Using evidence-based practice, clinical pathways and health initiatives.**

***Explanation:***

*Using evidence-based practice, clinical pathways and health initiatives improve performance and outcomes in the short term and long term for patient outcomes. Relying only on traditional methods would be ignoring what the latest best practices put forth. While the patient's family can be included in the plan of care, they cannot dictate that care without proper entitlements to do so. Care should be patient-specific and never selected simply because it has worked before.*

46.

The triage nurse is responsible for screening, assessment, and the initial patient contact in the ambulatory care setting. It is important to look for verbal and nonverbal clues when doing a triage assessment. What important information should the triage nurse screen for with every patient on every health visit, regardless of complaint?

Marital status.

**Signs of abuse.**

Signs of anxiety.

Dental history.

**Explanation:**

*It is important to ask about domestic or physical abuse with every health visit, but it is also important to look for verbal and nonverbal clues that may indicate physical abuse, drug abuse, alcohol abuse, or eating disorders, which the patient may not admit. Marital status and dental history will not immediately affect a triage decision. Anxiety is a common feeling for patients in the healthcare setting so while this is important to note, it should be considered in conjunction with the full assessment.*

47.

**Who is responsible for performance improvement?**

The patient.

**The patient, the nurse, the physician, and ancillary personnel.**

The physician.

The hospital board.

**Explanation:**

*All caregivers are responsible but so is the patient, as a participant in his or her own care.*

48.

**The nurse is caring for a 12-year-old boy who weighs 185 pounds. What patient education may be included in the care of this child?**

Diet and nutrition.

Exercise and weight management.

**Both a and b, regardless of complaint.**

Care should be based on the patient's chief complaint.

***Explanation:***

*It would be most appropriate to offer diet and nutrition, exercise, and weight management education in the course of triaging and treating the child. Developing a rapport with a teen by asking appropriate questions regarding favorite foods, favorite activities, and the health hazards of obesity can all be discussed in a nonthreatening way and can help to educate the child and parent on weight management. Opening the discussion can give the nurse the opportunity to make a referral to a dietitian or exercise program as well.*

49.

What learning principles should the nurse keep in mind when doing health education for a teenager?

**Education must be age appropriate and geared toward the needs of the patient.**

Education can utilize fear tactics to motivate individuals to tend to their health.

Education must be factual and consistently presented.

Education should be provided predominantly in writing.

**Explanation:**

*Material must be age appropriate and applicable to the patient. The other choices are not correct; graphic education may be offensive and so may be material that is not sensitive to culture. Reading material is not always appropriate, depending on the reading level of the patient.*

50.

The nurse is giving a community education program on smoking. What factors will determine how to present the information?

The age, education level and socioeconomic status of the participants.

The time allotted for the education program.

The budget allotted for the education program.

The interest level and motivation of the audience.

**Explanation:**

*All those factors will determine how to present the information on smoking and its hazards and the process of cessation. Community programs can be modified to better meet the needs of those in attendance.*

51.

What are examples of evidence-based screening guidelines for the newborn in the ambulatory care setting?

Vision screening.

Hearing screening and PKU.

Vision and hearing screening.

**Blood, hearing, vision, and developmental screening.**

***Explanation:***

*Newborn screening can vary from state to state, but includes blood work taken after 24 hours of protein feeding. It also includes hearing and vision screening. It is important that all of these screenings are performed at a newborn visit.*

52.

The nurse is providing education on teenage pregnancy to a group of older teens. What would be the appropriate principles to consider when discussing this subject?

The age of the group.

The statistics of teenage pregnancy in the United States.

The most common religious beliefs towards teen pregnancy.

**The interest level of the teenage audience.**

***Explanation:***

*When educating a group in the community, the grade level and mental development level of the group will indicate the level of difficulty the material can be presented at. In the case of teens,*

*parental consent or teacher input should also be considered when giving educational information of a sexual nature, such as pregnancy prevention.*

53.

The nurse is discussing obesity and heart disease with a 50-year-old female. What information should the nurse include in the patient education?

**Diet, exercise, and the relationship of obesity to heart disease.**

Select diets high in carbohydrates over those high in protein.

The safety risks associated with exercise over the age of 50.

Chest pain is common in this age group.

***Explanation:***

*It is never too late to modify diet and exercise habits to prevent or halt heart disease. Diet, exercise and the relationship of obesity to heart disease are important topics to cover. High carbohydrate diets should not be encouraged. Exercise over the age of 50 may need modifications, but is still extremely important to health and wellness.*

54.

The nurse is instructing the patient on the use of inhalers for her asthma. What should the nurse include in the patient education?

Teach the patient that asthma is not an illness to be concerned about if it is managed.

**Asthma can be managed, but compliance is essential.**

There is no order in which inhalers should be taken.

Thrush is an expected side effect that is unavoidable.

***Explanation:***

*Asthma can be managed, and compliance is essential. It is a serious illness if not managed and can be fatal. Inhalers must be taken in the right order to be effective. The bronchodilator is first to open the airway, followed by the steroids. Rinsing the mouth after inhaling steroids will help to prevent thrush.*

55.

**The nurse is instructing a patient about the use of nitroglycerin sublingual tablets for his chest discomfort. What would be the most important patient education point to stress with this patient?**

Sublingual nitroglycerin is an effective way to ward off cardiac events.

Sublingual nitroglycerin has minimal effects to be concerned about.

**Sublingual nitroglycerin tablets should be taken every five minutes for three doses, and if chest pain has not stopped, the patient should seek emergency medical attention.**

Sublingual nitroglycerin should be taken every five minutes until the pain subsides.

***Explanation:***

*Patients should be instructed to seek medical attention if three nitroglycerin tablets have not relieved the pain. Chest pain can result in cardiac arrest if untreated and undiagnosed. Chest*

*pain is not usually common and should be considered a warning sign. While sublingual nitroglycerin can temporarily treat chest pain, it does not ward off all cardiac events and other treatment may be necessary.*

56.

The nurse is caring for a 65-year-old male complaining of difficulty urinating while he is waiting for the diagnosis. He asks her what could be the cause of his pain. What would her initial patient education include for this client?

She should begin by asking him what he knows about an enlarged prostate.

She should tell him to wait until the doctor gives him the diagnosis.

She should kindly tell the patient that it is likely benign prostate hyperplasia and note that the doctor will get into the details shortly.

She should offer him water to ease the discomfort.

***Explanation:***

*Patient education is most effective when you first assess the level of understanding the patient has and build on that baseline. The other choices are not appropriate ways to deal with honest education of the patient. Giving a diagnosis without explanation or physician input is not within the nurse's scope of practice.*

57.

What is the most appropriate way to ask a patient about possible physical abuse during the triage process?

Ask questions regarding abuse in front of a family member, so the patient feels more

comfortable.

Never ask if the information is not offered; it is an invasion of privacy.

**Ask the patient directly without the spouse or parent in the room.**

Begin by describing one's own experience in an attempt to get the patient to open up.

***Explanation:***

*The most appropriate way to ask a patient if they feel safe or if they are ever afraid is directly. Asking in front of the possible abuser will never result in an honest answer due to the patient's fear. It is mandatory in most states that the nurse must ask about abuse, so it should never be ignored. Describing one's own experience is not appropriate or professional.*

58.

**The ambulatory care nurse sees many chronic patients with diseases such as diabetes, chronic obstructive pulmonary disease, congestive heart failure, asthma, and depression. What is an important principle to remember when educating and planning the care for a patient with a chronic illness?**

The patient and nurse must identify the most likely path to curing their illness and construct a plan of care that works backwards to meet that goal.

**The patient must understand the plan of care, take part in creating their goals and methods for disease management, and agree to be compliant for the plan to be successful in maintaining a level of wellness.**

The patient should be provided with a plan of care that contains mandatory goals and support groups that they patient must agree to commit to, which will enhance the likelihood of improvement.

The family should be the primary receivers of education, as they have the strongest impact on the health of the patient, and can hold the patient accountable.

***Explanation:***

*The patient must understand the goal of treatment, must agree to it, participate, and be compliant for the goals to be met. While the family must also be educated, the patient should always be prioritized. Focusing on a cure as the ultimate goal may leave the patient feeling disappointed and frustrated with their progress. While support groups and goals are an important component of a care plan, mandatory goals/support groups that are forced upon the patient are less effective than goals/support groups that the patient agrees to as part of a collaborative creation of a plan of care.*

59.

**When the focus of chronic disease is on self-management, information and skills should be taught to the patient based on:**

the type of chronic disease.

the needs of the healthcare provider.

**the patient's agenda.**

the established protocols.

***Explanation:***

*When the focus of chronic disease is on self-management, information and skills should be taught to the patient based on the patient's agenda. The interests of the patient are the primary concern in order to build confidence in the patient for change. A collaborative partnership is developed to help the patient manage chronic illness. The goal is to help the patient to learn*

*necessary knowledge and skills, to use these skills to manage the disease, adapt activities and roles as necessary, and to deal with the emotions resulting from chronic disease.*

60.

If the ambulatory care nurse is serving in the role of transitional care nurse as part of the Transitional Care Model, the focus of the nurse is on assisting the patient to:

learn to manage own healthcare without assistance.

become empowered in managing health.

develop problem-solving skills.

**decrease hospitalizations and prevent decline in condition.**

***Explanation:***

*If the ambulatory care nurse is serving in the role of transitional care nurse as part of the Transitional Care Model, the focus of the nurse is on assisting the patient to decrease hospitalizations and prevent decline in condition. The nurse tries to identify the root causes of health problems in order to develop solutions and better outcomes. This model is more “hands-on” than some other models that put the primary responsibility for managing care on the patient. The TCM team may include a number of different healthcare professionals but is typically nurse-led.*

61.

Which of the following complementary therapies is categorized as an energy medicine?

Massage.

Ayurveda.

**Reiki.**

Biofeedback.

***Explanation:***

*Reiki, Qi Gong, and therapeutic touch are categorized under energy medicine, one branch of complementary therapies. Other categories include mind-body interventions (acupuncture, meditation, yoga, imagery, biofeedback, relaxation, and Tai Chi), manipulative/body-based therapy (massage, cranial-sacral therapy), and medical systems (Chinese medicine, Ayurveda, homeopathy). There are other complementary therapies that are unclassified, such as the use of healers.*

62.

**Which of the following methods of confirming hypertension is usually the least accurate?**

Home recordings with an automated oscillometric device (brachial artery).

**Repeated measurements at a physician's office during one visit.**

Automated ambulatory blood pressure measurement (24 to 48 hours).

Measurements at a physician's office on different days.

***Explanation:***

*The least accurate method of confirming hypertension is usually taking repeated measurements at a physician's office at one visit. While taking measurements at different days*

*in a physician's office is more reliable, both methods are impacted by the "white coat" effect that may result in abnormally high recordings for up to 30% of patients. The most reliable measures are home recordings with an automated oscillometric device (on the brachial artery) and automated ambulatory blood pressure measurement (24 to 48 hours).*

63.

Which of the following methods is most effective in reducing the risk of diabetes mellitus, type 1?

Improved diet.

Increased exercise.

Weight loss.

**There is no effective preventive method.**

***Explanation:***

*There is no effective preventive method for diabetes mellitus, type 1, which usually has onset during childhood or early adulthood. Only about 5% of the total cases of adult diabetes mellitus are type 1, which results when the immune system destroys the pancreatic beta cells that produce insulin. Patients with diabetes mellitus, type 1, must take insulin daily in order to survive and must carefully monitor blood glucose levels and follow a diabetic diet, which restricts simple carbohydrates.*

64.

If a patient has experienced a gradual onset of jaundice, a possible diagnosis is:

**cirrhosis.**

congestive heart failure.

hemolytic anemia.

common bile duct obstruction.

***Explanation:***

*If a patient has experienced a gradual onset of jaundice, a possible diagnosis is cirrhosis. Gradual onset may also be noted in pregnancy and in patients with hepatic cancer (primary or secondary). If the onset is sudden, this may indicate common bile duct obstruction, hemolytic anemia, hepatitis, or a reaction to a drug. Intermittent jaundice may occur with congestive heart failure and some uncommon syndromes, such as Dubin-Johnson or Crigler-Najjar.*

65.

If a patient is diagnosed with gouty arthritis and has pain, swelling, and erythema of the right great toe, the usual initial treatment is:

colchicine.

oral steroid.

**NSAIDs.**

allopurinol.

***Explanation:***

*If a patient is diagnosed with gouty arthritis and has pain, swelling, and erythema of the right great toe, the usual initial treatment is NSAIDs every 8 hours until symptoms subside (5 to 10*

days). While colchicine may be effective, it can cause GI toxicity. Steroids may be indicated if multiple joints are involved. If pain is severe, then additional analgesia may be indicated and bedrest during the acute phase may help to reduce discomfort, especially on weight-bearing joints.

66.

A COPD patient who has been stable arrives at the ambulatory care center with an exacerbation. The ambulatory care nurse finds the patient's oxygen saturation level is 86%. Treatment and supplementary oxygen should be administered to maintain oxygen saturation of at least:

88-92%.

92-94%.

94-97%.

97-100%.

**Explanation:**

*If a COPD patient who has been stable arrives at the ambulatory care center with an exacerbation, and the ambulatory care nurse finds the patient's oxygen saturation level is 86%, treatment and supplementary oxygen should be administered to maintain oxygen saturation of 88%-92%. An oxygen saturation goal for a normal healthy individual is 96-98%. COPD patients are at risk for hypoxemia and oxygen-induced hypercapnia if they are over-oxygenated, therefore evidence supports this lower goal range. High flow Venturi oxygen masks provide better oxygenation, but dyspneic patients may be unable to tolerate them and will need oxygen delivery by nasal prongs. Arterial blood gases should ideally be checked 30 to 60 minutes after administration of oxygen.*

67.

An example of tertiary prevention for patients with diabetes mellitus is:

achieving A1C target.

yearly flu vaccine.

**annual screening for kidney disease.**

low sodium diet.

***Explanation:***

*An example of tertiary prevention for patients with diabetes mellitus is annual screening for kidney disease as diabetes is the leading cause of kidney failure and the need for dialysis and/or kidney transplant. Because diabetes is also a leading cause of blindness, patients should be screened every 12 to 24 months for retinopathy. Patient should be screened at each visit for complications of the lower extremities (impaired circulation, ulcerations, sores, calluses, abrasions, and neuropathy) because diabetes is a major cause of amputations.*

68.

A mother bringing her teenager into the ambulatory clinic is concerned that the child has a fruity odor to her breath and is sleepy more than usual. The child seems to skip meals and become nauseated frequently. What on-site, quick laboratory test may give an initial idea about what might be causing the fruity breath and sleepiness?

Urine dipstick.

**Urine dipstick and blood glucose.**

Blood glucose.

Rapid strep test.

***Explanation:***

*Both urine dipstick and blood glucose are the most appropriate for a teenager with fruity breath and sleepiness. The urine dipstick may show whether ketones are in the urine, which indicates diabetic ketoacidosis when in conjunction with a severely high blood glucose level. The clinician can then use this information to determine if diabetes is suspected or if another avenue of diagnosis should be pursued. Positive ketones and high blood glucose levels would indicate that the teen should be further evaluated for diabetes. Rapid strep tests are appropriate for the ambulatory care setting but would not be the first, quick, on-site laboratory test ordered for this teen.*

69.

The caregiver of a patient with moderate Alzheimer's disease states that the patient tends to wander from one activity to another and becomes confused when family members try to engage the patient. The type of activities that the ambulatory care nurse should recommend are:

activities that are physically tiring.

activities intended for young children.

activities that have no more than 4 sequential steps.

**simple repetitive activities.**

***Explanation:***

*If the caregiver of a patient with moderate Alzheimer's disease states that the patient tends to wander from one activity to another and becomes confused when family members try to engage the patient, the type of activities that the ambulatory care nurse should recommend are simple repetitive activities, such as folding washcloths or papers. While many activities*

*intended for children are inappropriate, some patients may enjoy activities such as coloring or building with blocks.*

70.

When attempting to differentiate between dementia and delirium in a patient recovering from surgery and exhibiting confusion, disorientation, auditory hallucinations, and agitation, the ambulatory care nurse recognizes that symptoms of delirium are often:

identical to dementia.

less severe than dementia.

**fluctuating.**

constant.

***Explanation:***

*When attempting to differentiate between dementia and delirium in a patient recovering from surgery and exhibiting confusion, disorientation, auditory hallucinations, and agitation, the ambulatory care nurse recognizes that symptoms of delirium are often fluctuating. The Confusion Assessment Method may be used to assess development of delirium and is intended for those without psychiatric training. Delirium is common in older adults and may result from disease processes or medications. Patients with delirium may require sitters to ensure safety until symptoms subside.*

71.

When reviewing the calcium intake of a 65-year-old female patient with osteoporosis, the ambulatory care nurse notes that the recommended daily intake of calcium should be:

1000 mg.

1200 mg.

1500 mg.

1800 mg.

***Explanation:***

*When reviewing the calcium intake of a 65-year-old female patient with osteoporosis, the ambulatory care nurse notes that the recommended daily intake of calcium should be 1200 mg. Recommendations vary according to the patients' ages and gender:*

- *Females 19 to 50: 1000 mg.*
- *Females 51 and over: 1200 mg.*
- *Males 19 to 70: 1000 mg.*
- *Males 71 and over: 1200 mg.*

*Because vitamin D is necessary for absorption of calcium, vitamin D levels should also be assessed.*

72.

**A patient with end-stage hepatic carcinoma is receiving palliative/hospice care only. What are the primary considerations for palliative/hospice care?**

To provide comfort and reduce severity of disease symptoms.

To decrease the need for the patient to make decisions.

To save the costs of ongoing curative treatments.

To treat the underlying disease to prolong life.

**Explanation:**

*If a 92-year-old patient with end-stage liver cancer is receiving palliative care only, the primary considerations are to provide comfort measures (such as by controlling pain) and to reduce the severity of disease symptoms (such as fluid retention and itching) in order to make the patient more comfortable. While palliative care may be provided at any time after a diagnosis of a life-threatening disease, even while the disease is being actively treated, hospice care is provided when active treatment of the underlying disease has stopped.*

73.

A patient has been positive for HIV for 5 years and receiving antiretroviral treatment. The patient is considered to have progressed to AIDS when the patient's CD4 count falls to less than:

600 cells/mm<sup>3</sup>.

400 cells/mm<sup>3</sup>.

200 cells/mm<sup>3</sup>.

100 cells/mm<sup>3</sup>.

**Explanation:**

*A patient is considered to have progressed from HIV positive to AIDS when the patient's CD4 count falls to below 200 cells/mm<sup>3</sup> because the immune system is so impaired at this point that the patient is vulnerable to opportunistic infections. Even if the CD4 count is higher, the patient is considered to have AIDS if the patient develops one or more opportunistic infections, such as tuberculosis. The normal CD4 count in an uninfected individual may range from 500 to 1600 cell/mm<sup>3</sup>.*

74.

If one of the patient's nursing diagnoses on the care plan is "Risk for impaired tissue integrity," a desired outcome is:

"The patient will maintain tissue integrity as evidenced by absence of redness, irritation, or breakdown."

"The patient's skin condition will not deteriorate further during the period of care."

"The patient's skin condition will remain stable with no further complaints or negative observations."

"The patient will be turned frequently and skin care provided to prevent further impairment of tissue."

**Explanation:**

*If one of the patient's nursing diagnoses on the care plan is "Risk for impaired tissue integrity," a desired outcome is: "The patient will maintain tissue integrity as evidenced by absence of redness, irritation, or breakdown." The outcome should directly reflect the nursing diagnosis as much as possible and should not include the interventions (such as "turned frequently and skin care provided"). In this case, the desired outcome outlines the means of determining if the outcome has been met.*

75.

The primary purpose of conducting a problem-based assessment of a patient is to:

focus on one problem.

review one body system.

focus on patient history.

**create a problem list.**

***Explanation:***

*The primary purpose of conducting a problem-based assessment on a patient is to create a problem list based on a thorough exam and history. Once a list of problems is identified, then the problems are prioritized so that the most critical issues are dealt with first. One problem may involve a number of different physical and psychosocial elements. For example, poor nutrition may relate to the inability to physically prepare food, depression, inadequate resources to purchase nutritious food, and lack of transportation.*

76.

**If the ambulatory care nurse is concerned that an older patient may be drinking excessively, which of the following tools may be most appropriate for assessment?**

Healthy Living Questionnaire.

Geriatric Depression Scale (GDS).

Quality of Life tool.

**CAGE tool.**

***Explanation:***

*If the ambulatory care nurse is concerned that an older patient may be drinking excessively, the CAGE tool may be most appropriate for assessment.*

*C Cutting down*

*Do you think about trying to cut down on drinking?*

*A Annoyed at criticism Are people starting to criticize your drinking?*

*G Guilty feeling Do you feel guilty or try to hide your drinking?*

*E Eye opener Do you increasingly need a drink earlier in the day?*

*“Yes” on one question suggests the possibility of a drinking problem while “yes” on  $\geq 2$  indicates a drinking problem.*

77.

In ambulatory care, the responsibility for implementation of the care plan rests primarily with the:

nurse.

physician.

**patient.**

family.

***Explanation:***

*In ambulatory care, the responsibility for implementation of the care plan rests primarily with the patient unless the patient is completely dependent on a caregiver or family member for care. The patient should take an active role in development of the care plan rather than having a plan imposed on the patient by healthcare providers. The patient should help to create a problem list and appropriate interventions.*

78.

If an ambulatory care nurse in the PACU of an ambulatory surgery center leaves a patient in the PACU unattended without transferring the care of the patient to another nurse, this is an example of:

nursing abandonment.

gross negligence.

malpractice.

abuse.

***Explanation:***

*If an ambulatory care nurse in the PACU of an ambulatory surgery center leaves a patient in the PACU unattended without transferring care of the patient to another nurse, this is an example of nursing abandonment. Once a nurse agrees to provide services, including accepting patient assignments within a scheduled shift, the nurse has a legal obligation to the patient to ensure continuity of care, and the obligation continues until the patient is transferred to the care of another or is discharged from care.*

79.

What would be the most valid reason for performing a streptococcal throat culture in the ambulatory care setting for a patient with a fever and sore throat?

To quickly identify and diagnose patients with the flu.

To provide protection for the staff from clients who may carry strep.

It is a low-cost way to diagnose and get antibiotics initiated quickly.

It is a billable service and can bring in revenue to the clinic.

**Explanation:**

*Rapid streptococcal throat cultures are available in the ambulatory care setting and provide the clinician a quick diagnostic tool to help get patients started on antibiotics sooner. The rapid flu test that is often performed in the ambulatory care setting involves both nasal and respiratory swabs for the virus, not for the streptococcal bacterial. The test is to provide the best care possible for the patient and not to protect the staff from the patient. Providing another reason to bill would not be a valid reason to do these tests in the outpatient setting.*

80.

**Fatal accidents at the workplace or accidents that result in hospitalization of three or more staff members must be reported to OSHA within:**

4 hours.

**8 hours.**

12 hours.

24 hours.

**Explanation:**

*Fatal accidents at the workplace or accidents that result in hospitalization of three or more staff members must be reported to OSHA within 8 hours, usually by the end of the shift during which the accident occurred. OSHA requires that the workplace be free of hazards, that equipment is safe and properly maintained, and that hazard warning signs be posted. A record must be maintained of all work-related injuries or illnesses, and employees and their representatives should have access to this record.*

81.

If a patient on anticoagulation therapy misses an appointment for an INR blood draw, the most appropriate response is to:

telephone a reminder.

wait for another week.

send a reminder letter.

terminate care of the patient.

***Explanation:***

*Is a patient on anticoagulation therapy misses an appointment for an INR blood draw, the most appropriate response is to telephone a reminder. If the patient again misses an appointment, it is appropriate to telephone (or send text messages if the patient prefers) two more times, but if the patient still does not keep appointment, then the patient should receive a reminder letter. At this point, if the patient does not respond, it may be appropriate for the patient to receive a letter of termination or referral to another physician.*

82.

When applying the Model of Telehealth Nursing Practice, the core of the model is the:

analysis and plan.

nursing assessment.

medical history.

patient/family and nurse interaction.

**Explanation:**

*When applying the Model of Telehealth Nursing Practice, the core of the model is the patient/family and nurse interaction. The ambulatory care nurse should establish a relationship of trust by introducing the self and addressing the caller (patient or caregiver) by name. The nurse must use plain language in all interactions and utilize active listening techniques in order to elicit accurate information. The nurse depends on the caller to carry out assessment under the nurse's direction and to provide accurate information.*

83.

If a train derailment occurs with multiple injuries and the ambulatory care nurse arrives to begin triaging patients, where should the triage begin?

At the site of the most casualties.

**With the first patient encountered.**

At a central point.

At a triage station to which casualties are brought.

**Explanation:**

*If a train derailment (or other disaster) occurs with multiple injuries and the ambulatory care nurse arrives to begin triaging patient, triage should begin with the first patient encountered. While it's important to briefly survey the scene, with multiple injuries the nurse should not waste time trying to determine where the most severely injured are but should immediately begin carrying out rapid assessment. Those who are first encountered may be the "walking wounded," who require only brief attention.*

84.

Which of the following types of oral diabetes medications reduces production of glucose in the liver and increases insulin sensitivity?

**Biguanides.**

Sulfonylureas.

Meglitinides.

Alpha-glucosidase inhibitors.

***Explanation:***

*The type of oral diabetes medication that reduces production of glucose in the liver and increases insulin sensitivity is the biguanides, such as Metformin, which may be given as monotherapy or as combined therapy with other diabetes medications, such as the sulfonylureas (glipizide, glimepiride). Metformin is also sometimes used for those at high risk of developing diabetes mellitus, type 2, as a primary prevention.*

85.

When assessing dietary needs and providing nutritional guidance to patients, the ambulatory care nurse is aware that the adult ethnic group that is most likely to be lactose intolerant is:

African Americans.

**Asians.**

Hispanics.

Caucasians.

**Explanation:**

*When assessing dietary needs and providing nutritional guidance to patients, the ambulatory care nurse is aware that the adult ethnic group that is most likely to be lactose intolerant is Asians, affecting about 98% of Southeast Asians and 90% of Asian Americans. Rates are also high many other ethnic minorities, likely because children often have minimal milk products after infancy. Almost 80% of adult African Americans are lactose intolerant and about 45% of African American children (with the difference possibly accounted for by changes in diet).*

86.

Which invasive procedures would a nurse in the ambulatory care setting be expected to perform as part of his or her scope of practice?

Venipuncture or injection.

Auscultation of heart and lung sounds.

Education.

Vision exam.

**Explanation:**

*Venipuncture or injection it is the only answer that includes invasive procedures. The other answers all include noninvasive skills that may or may not be performed by a nurse in the ambulatory care setting. Ambulatory care nurses will be expected to perform these procedures as part of their scope of practice.*

87.

An adult male presents to the ambulatory care setting with a 24-hour history of wheezing, coughing, and shortness of breath. What would be the most appropriate initial invasive procedure that he may require from the nurse in this setting?

Blood glucose monitoring.

Urine dipstick.

Steroids injection.

**A nebulizer treatment.**

***Explanation:***

*A respiratory nebulizer treatment would be the first invasive treatment of choice to assist this patient with wheezing and shortness of breath. Steroids may be indicated, but are not the initial treatment in this setting, and may be considered after a nebulizer treatment fails to relieve the symptoms. A urine dipstick and blood glucose monitoring are not immediately needed with a complaint of wheezing.*

88.

Telephone triage may be a responsibility of the ambulatory care nurse. What are the appropriate components of telephone triage?

The nurse should state that he or she is unable to discuss medical information and refer the patient to the primary care physician.

**The nurse must clearly identify him- or herself, take a quick and accurate history, and quickly be able to make a decision.**

The nurse should immediately call 911.

The nurse should give generic information and leave the responsibility to the patient or caller.

***Explanation:***

*It is important for the nurse to identify clearly who he or she is, ask specific questions regarding medical history and current symptoms, and to make a quick decision regarding what intervention the caller needs.*

89.

Which noninvasive procedure is part of a routine school physical for students in kindergarten that can be performed in the ambulatory care setting?

Vision exam.

Immunizations.

Strep test.

Occult blood test.

***Explanation:***

*Vision exams are part of most kindergarten exams and can be done in the ambulatory care setting. Immunizations are invasive, strep tests are not routine for a kindergarten physical, and occult blood tests are not routine, either. Occult blood tests are most often done for adults.*

90.

Which ambulatory care team member may be responsible for sterilization or disinfection of the equipment in a clinic setting?

Nurse practitioner.

Physician.

Registered nurse.

**Unlicensed personnel or technicians.**

***Explanation:***

*The nurse practitioner, physician, and nurse will triage, administer appropriate interventions, and provide education and health promotion. It is most often the unlicensed personnel or technicians that will be responsible for the sterilization or disinfection of equipment, although all team members should be aware of the proper care of equipment.*

91.

The ambulatory care setting has the same responsibility to protect patient information, understand the facility data retrieval system, and to enter patient data and take care of information security as a hospital or acute care facility. What part of the ambulatory care team would this fall under?

The ambulatory care nurse.

The medical director.

**The communication technologists.**

The receptionist/clinic secretary.

**Explanation:**

*Although all team members have a responsibility to protect patient information, there are communication technologists whose job it is to enter data, run the computer systems, repair and troubleshoot computer glitches, and coordinate files with other storage systems in the health-care system associated with the ambulatory care facility. Software programs, spreadsheets, resources, and online data must be available for all team members.*

92.

Which statement demonstrates how the ambulatory care manager may assign tasks to other team members?

**The nurse manager must follow state regulations, facility policies, and assign tasks within the employee's scope of practice.**

The nurse manager should not be the one assigning an unlicensed team member to tasks.

The physician is the director of the ambulatory team, and the nurse manager will only assign tasks that the physician has approved.

The nurse manager may assign unlicensed team members to do tasks that include giving injections and intravenous medications as long as they've been trained to do so.

**Explanation:**

*It is necessary for the ambulatory care manager to assign tasks within an employee's scope of practice and according to state and facility policies. The nurse manager may assign unlicensed team members to tasks within the facility, and even if the physician is the director, she or he must still assign tasks according to scope of practice, state guidelines, and facility policies.*

*Unlicensed team members should not be assigned to giving any medications; those tasks are within the scope of practice of licensed team members regardless of "training."*

93.

**What statement best describes who is responsible for the protection of the patient's privacy?**

The person at the computer taking in data is most responsible for protecting the privacy of the patient.

The responsibility for privacy protection lies with the physician.

**All team members are responsible for protecting the privacy of the patient.**

In an ambulatory care facility, the privacy of the patient does not need protection.

***Explanation:***

*It is always the responsibility of all health-care team members to protect the privacy and dignity of the patient at all levels of care. Answers A and B are partially true, but do not encompass the total responsibility. Answer D is incorrect.*

94.

**Describe the process of protecting the privacy of the patient during a noninvasive procedure, such as an electrocardiogram (EKG).**

There is no process to protect the privacy of a patient during a noninvasive procedure in an ambulatory care facility.

The staff should discuss the procedure, identify the patient correctly, and do patient education in the waiting room before the procedure is done.

**Wait to discuss the procedure behind the closed doors of a private room, provide a sheet while exposing the chest for the electrocardiogram, and explain the procedure.**

The staff can do group education to all patients waiting for an EKG, and then take the patient to a private room for the procedure.

***Explanation:***

*The staff should do nothing but identify the patient by name in front of other patients. All education and explanations about a procedure should be done in the privacy of an exam room, away from other patients.*

95.

**An 18-year-old female presents to the ambulatory care clinic complaining of pelvic pain and foul discharge. What would be the most appropriate nursing interventions for this patient?**

The woman may not be treated at an outpatient clinic because she is a minor.

The nurse understands that the patient should be referred to a gynecologist, and the nurse can refuse to treat the patient.

The nurse will refer the patient to Planned Parenthood or another free clinic in her area rather than evaluate her.

**The nurse protects the privacy of the female by taking her to a private room doing a complete triage and history, and prepares the patient for a pelvic exam.**

**Explanation:**

*This response is most appropriate. It is not appropriate to turn a patient away without a full triage exam and history. Most states allow an 18-year-old to be treated without parental permission, but, regardless, a patient is not turned away. Minor children may require the nurse to call for parental permission, depending on the policy at your facility. The nurse will always treat the patient with dignity and protect his or her privacy while preparing the patient for the examinations necessary to properly diagnose the symptoms.*

96.

**What best describes the primary advantages of doing on-site testing for patients, such as glucose monitoring, urine tests, rapid strep cultures, or blood tests to diagnose flulike symptoms?**

**Early diagnosis and prevention are cost-effective for the client, the facility, and the insurance providers.**

It gives the facility extra means to bring in cash by testing all patients for common disorders.

On-site testing is convenient for the patient, therefore more likely a patient will seek care when feeling unwell.

The testing should not be done in ambulatory care facilities because the outcomes are not accurate.

**Explanation:**

*On-site testing is convenient for the patient, offers early diagnosis and prevention, and is cost-effective, especially when it prevents hospitalization. It does bring in revenue for the facility but does not give the facility the ability to test all patients just for the sake of bringing in cash. There is a financial advantage when tests are ordered for appropriate patients. While it is convenient, it is not the primary advantage of these tests. Answer D is incorrect; there is no data that support lab results being inaccurate in an ambulatory care setting.*

97.

Which of the following statements is true regarding sterilization and disinfection?

Sterilization is the elimination of most pathogenic bacteria/microorganisms (except spores) from objects through the use of chemicals.

**The purpose of sterilization and disinfection is to prevent transmission of disease from one patient to the next.**

Disinfection is the destruction of all microorganisms on a surface through both chemical and physical mechanisms.

Sterilization and disinfection are regulated by the Joint Commission.

***Explanation:***

*The purpose of sterilization and disinfection is to prevent disease transmission from patient to patient, or patient to staff. Sterilization is the destruction of all microorganisms on a surface through both chemical and physical means, while disinfection eliminates most pathogens (except spores) using chemicals. Sterilization and disinfection are regulated by the EPA and FDA with guidelines supported by the CDC.*

98.

What should the nurse understand about the physical assessment of a patient in the ambulatory care setting?

In an outpatient setting, the physical assessment will focus only on the areas of complaint reported by the patient.

The physical assessment is not as important in the ambulatory care setting, so heart rate and

respiratory rate are the only vital signs taken at triage.

**A complete assessment must be done at triage including heart rate, respiratory rate, blood pressure, temperature, and a pain assessment.**

No assessment is done at triage in the ambulatory care clinic; the nurse documents only the major complaint or reason for the clinic visit.

***Explanation:***

*Regardless of the setting, when it comes to the physical assessment, a complete set of vital signs and pain assessment are the gold standard of care. Focusing only on the areas of complaint reported by the patient or only on the respiratory and heart rates may miss important aspects of the physical assessment that could identify the source of the patient's chief complaint.*

99.

**What are the best question types to ask when gaining information from a patient?**

**Specific, open-ended questions regarding current symptoms and medical history.**

General questions with yes or no answers.

Questions related to childhood diseases.

Demographics questions.

***Explanation:***

*Specific, open-ended questions about what is going on currently with the patient, as well as questions about past medical history, help the nurse to prioritize immediate needs and*

concerns and to make the appropriate nursing interventions and referrals. The other information listed in b, c, and d can be answered at a later time.

100.

A parent brings her teenage son into the ambulatory care facility stating that he has been wheezing for a day or two with no history of asthma. The boy does not appear to be in distress but does have an audible wheeze. What noninvasive procedure might a nurse consider as part of the physical assessment?

A chest X-ray.

**A peak flow meter reading.**

A blood glucose level.

A urinalysis for drug screening.

***Explanation:***

*A peak flow meter can help to determine how much respiratory distress a teen is in and gives the nurse an idea about how the child is compensating. A chest X-ray may be ordered after the physician has examined the patient or after a low reading on the peak flow meter to determine if there is an underlying infection. Blood glucose levels and drug screens are not routine exams when evaluating for wheezing.*

101.

The nurse in the ambulatory care setting is caring for a young mother and her toddler. Which statement demonstrates that primary prevention is part of the role of the ambulatory care nurse?

**The nurse discusses seat belt safety with the mother and offers to show her the proper use of**

car seat restraints.

The nurse offers education to the mother on how to help her child recover from an ear infection.

The nurse performs the triage assessment on both the mother and the child.

The nurse screens the child for signs/symptoms of common infections and disease processes.

***Explanation:***

*The nurse is practicing primary prevention by discussing seat belt safety and safety with car seat restraints. These are preventative measures that parents can be taught to reduce injuries in young children. Education for the mother about her child's recovery from an ear infection demonstrates tertiary prevention. Performing a triage assessment is an appropriate nursing skill but is not considered prevention. Screening is an example of secondary prevention, as a means of identifying disease processes early.*

102.

A nurse working in the ambulatory care setting is offering patient education to a 50-year-old male client. Which statement demonstrates an understanding of the meaning of secondary prevention?

The nurse asks the patient to return again when and if his pain reoccurs.

**The nurse explains the importance of early diagnosis and treatment for colon cancer and encourages him to make an appointment for a colonoscopy.**

The nurse performs her assessment and explains that the physician will be in to discuss his lab results.

The nurse educates the patient on rehabilitation options to deal with his ongoing diabetes.

**Explanation:**

*This statement clearly shows that secondary prevention involves education regarding early diagnosis and prompt treatment for any condition. Rehabilitation refers to tertiary prevention. The other choices do not demonstrate the definition of secondary prevention.*

103.

The nurse in the ambulatory care setting is triaging a teen with a fever, sore throat, and rash. Which statement correctly demonstrates a clear understanding of treatment planning and implementation?

The nurse refers the teen to the nearest emergency room for treatment and follow-up.

**The nurse calls a parent for consent to triage the teen, triages and places him in a private room, and prepares him for a throat culture.**

The nurse triages the teen and sends him to the waiting room.

The nurse instructs the teen to make an appointment with a family physician.

**Explanation:**

*The nurse gains consent, triages, and prepares the patient for the next step in the treatment plan. It would not be appropriate to refer a sore throat to the emergency room without additional life-threatening symptoms. A client with a sore throat, fever, and rash should be isolated in a private room, if possible, and not sent to the waiting room. The nurse would not instruct a client presenting with an illness to see a family physician without first being assessed and treated.*

104.

What disease entity/client would respond best with a consistent continuity of care over a longer length of time?

A new mom with a healthy newborn.

An elderly diabetic who lives with her daughter.

A noncompliant teen with sickle cell anemia whose single-parent mom works.

A toddler with chicken pox.

***Explanation:***

*This client would respond best to consistent follow up with the same staff in an ambulatory care setting, which could provide continuity of care and support for a teen whose mother works. The continuity would help with the consistent assessment, education, and implementation of the treatment plan. A new mom with a healthy newborn may not have any bad effects from seeing a different physician or provider or not following up as suggested. An elderly diabetic who lives with her daughter is getting consistent care from a family member and may not be seen on a consistent basis in the ambulatory care setting. A toddler with chicken pox may or may not be followed up in an ambulatory care setting.*

105.

What types of ancillary testing or consultations may the ambulatory care nurse need to coordinate for a client who first appears for treatment in the ambulatory care setting?

The nurse may coordinate a surgery consult for the client.

The nurse may coordinate laboratory testing at another facility.

The nurse would not be the one coordinating care for a client.

**Both a and b are correct.**

***Explanation:***

*The ambulatory care nurse may coordinate a consult with a surgeon or assist the client in getting laboratory testing done at other facilities and coordinate many other consults or tests in the process of diagnosing the client's symptoms. C is not correct.*

106.

Which client/incident presenting to an ambulatory care facility may need to be referred to another facility as part of the appropriate treatment and implementation?

**A middle-aged male with diffuse sweating, chest discomfort, and tachycardia.**

An elderly female with memory problems presenting with a sore toe.

A mother and infant presenting for a well-baby checkup.

A five-year-old with an earache.

***Explanation:***

*This client may need to be transferred to an emergency room with a cardiac team for the appropriate treatment and implementation. An elderly female with memory problems and a sore toe may need to follow up, but unless the memory difficulty is an acute symptom, it would probably not need to be referred. The ambulatory care setting is the place for well-baby checks and earaches, so a referral to another facility would be unlikely.*

107.

Which statement correctly demonstrates the responsibility of the nurse to a chronically ill patient?

The nurse has little responsibility when it comes to the chronically ill.

The nurse realizes that wellness education is still an important part of treating the client who has a chronic illness and includes that in her plan of care.

The nurse will refer any chronically ill client because there are no treatments to implement that would enhance recovery.

The nurse realizes that the cost of care is decreased when a patient is chronically ill.

***Explanation:***

*Chronically ill clients still need wellness education to prevent further complications and to prevent acute illness. Answer A is incorrect, answer C is inappropriate, and the cost of a chronic illness is increased, so education and prevention will help to decrease further costs in acute illness.*

108.

Which statement best describes understanding the role of ambulatory care nursing in the cost of care for clients?

The nurse needs a degree in accounting before being part of the financial committee.

The cost of care is not the responsibility of the ambulatory care nurse.

The nurse understands that reimbursement for some interventions may differ in acute illness

versus when the patient is well, and that prevention can be cost-effective.

The nurse understands that case management is very expensive and is reserved for the acute care setting.

***Explanation:***

*The nurse knows that different illnesses are reimbursed differently and that wellness care is reimbursed at a different rate than acute illness. Wellness care may be very cost-effective, so prevention and education are part of the nurse's responsibility when planning client care. The nurse doesn't need an accounting degree to understand the cost of care and to implement cost-effective ways to give care. Case management is very cost-effective in most cases and is implemented in the ambulatory care setting.*

109.

**Which statement does NOT demonstrate appropriate use of outside resources when providing client care?**

The nurse refers the patient to a government-funded program that will provide food for his or her infant.

**The nurse recommends checking the Internet for further education and information on his pneumonia diagnosis.**

The nurse recommends the patient explore support groups such as AA when the client verbalizes a desire to stop drinking.

The nurse refers the patient to a social worker to coordinate transportation to her next appointment.

***Explanation:***

*The use of outside resources is critical in the continuum of care, to ensure that the patient is supported both inside and outside of the hospital to improve disease management, access to health care, and support. Referring the patient to government-funded programs that will provide food for the patient's infant, support groups such as AA to support the patient through addiction, or a social worker to coordinate transportation to and from medical appointments are all appropriate uses of outside resources. The nurse should be more specific when referring the patient to the Internet for education on a diagnosis. Only government-sponsored websites should be utilized in disease education, such as the CDC.*

110.

In what order would the nurse prioritize the care of the following patients presenting to the clinic at the same time: a parent carrying a smiling infant with a fever, a pale and sweaty male with flank pain for two days, a carpenter with a nail in his thumb, and a three-year-old with vomiting?

Flank pain, infant with fever, three-year-old with vomiting, and man with the nail.

**Flank pain, three-year-old with vomiting, infant with a fever, and man with the nail.**

Three-year-old with vomiting, infant with fever, flank pain, and man with the nail.

Three-year-old with vomiting, flank pain, man with the nail, and infant with fever.

***Explanation:***

*A patient with flank pain, even though it has been two days, may have a blockage from a kidney stone, which requires immediate pain relief and workup. The three-year-old with vomiting should be next due to the concern for dehydration and to rule out causes for the vomiting. The infant with a fever, even though smiling, should be seen next for possible medications to control the fever, followed by the man with the nail in his finger.*

111.

A nurse refers a client to the community hospital education program for new diabetics. Which category of care management does this fall under?

Treatment.

Implementation.

Coordination.

**Utilization of resources.**

***Explanation:***

*When the nurse is referring a patient for further education outside of the ambulatory care setting, he/she is utilizing resources to support the patient's needs.*

112.

The nurse practicing in an ambulatory care setting understands that performance improvement becomes part of the responsibility of the health-care team. Which item would be a performance improvement indicator for an ambulatory care facility and the health-care team?

Payroll.

**Critical pathways.**

Marketing brochures.

Staff schedules.

**Explanation:**

*Critical pathways give specific interventions and measurable outcomes for the health-care team, allowing them to evaluate each patient with a certain list of symptoms and expected results against unexpected or bad results. Payroll doesn't directly relate to performance improvement, but the payroll department would have their own set of performance criteria. Marketing brochures and staff schedules also do not directly relate to patient interventions and outcomes.*

113.

**The nurse is treating a female patient for symptoms of fever and body aches. The patient also has cancer. What statement describes the nurse's role in collaboration with other members of the health-care team?**

The ambulatory care nurse must document the symptoms and has no obligation to relate the information to another facility.

The nurse will make sure the ambulatory care physician is aware that the client is also an oncology patient.

**The nurse would consult with the client's oncologist to help resolve the problem and decide on a diagnosis and treatment plan specific to this patient.**

Past medical history or current relationships to other medical specialties are not related to giving nursing care at an ambulatory care facility.

**Explanation:**

*In the ambulatory care setting where a patient may only be seen occasionally, it is important for the health-care team to relate important information to the client's other physician, especially relating to an ongoing health issue and acute symptoms. Answer A is incorrect, and (b) is partially correct because the nurse would make sure that the ambulatory care physician understood the client's medical history. Answer D is also incorrect.*

114.

Which statement would describe the use of the Internet as a resource for an ambulatory care nurse or patient?

A source of educational information.

A distraction for when the patient load is light.

A way to order meals when the staff is too busy.

A way to access patient contact information.

***Explanation:***

*The Internet allows the nurse to look up diseases, medications, and addresses and get locations or phone information to meet the needs of the client. The Internet should not be used as a distraction for when the patient load is light. Ordering meals for personal consumption is not a reason to access the Internet while working in the ambulatory care setting.*

115.

What resources that may be offered by the ambulatory care nurse as a part of the treatment plan would be helpful to a client presenting with a domestic abuse problem?

Scheduling a return appointment at the ambulatory care clinic.

Community resources including churches, women's shelters, and legal aid.

Job or work programs.

The police department.

**Explanation:**

*Community resources offer a place to find solutions and alternatives for the client. A return appointment may be needed but doesn't help solve the domestic abuse problem. Community resources offer places to find solutions and alternatives for the client. A job or work program may be part of the answer, but the question doesn't give enough information for this to be a resource that can be part of the treatment. The police department would be a community resource to report the abuse to but not a place that would offer alternatives and treatments. Answer B is more related to the types of resources that would help in the long term in solving the issue of domestic violence.*

116.

**The nurse is taking care of a pediatric patient who presents with general complaints. During the course of the initial treatment, the child appears to be getting sicker. What would be the action for the nurse caring for this client?**

The nurse would continue to care for all the patients in order of presenting to the clinic.

The nurse would assign someone to reassess the child frequently.

**The nurse would assess the child and be ready to transfer him or her to a primary or specialty facility that handles emergency care.**

The nurse would instruct the parent to return to the facility if the child's symptoms get worse.

**Explanation:**

*The ambulatory care nurse must be prepared for the client who takes a turn or who may be more ill than first thought. The ambulatory care facility should have protocols in place for the transfer and referral to an acute care facility or specialty hospital in the case of an emergency. Any client who appears to be getting worse should be reassessed and treated before taking care of the other clients in the clinic. Reassessment should occur, but that does not take the*

*intervention far enough in the case of a critical child. Children compensate for a time, but when a child shows critical changes, they must be acted upon. A child appearing to get worse during the clinic visit may not be sent home, depending on the symptoms.*

117.

A young adult male presents to the ambulatory care clinic complaining of blood in his urine after working out at the gym. Which statement regarding blood in the urine should the nurse consider when managing the treatment plan and implementation for this client and advocating for his care?

Occasional blood in the urine is normal and requires no treatment but should be monitored and the patient should return if it increases.

**Blood in the urine can be an indication of muscle breakdown and can represent kidney damage. Treatment and follow-up care should be considered.**

Blood in the urine always indicates infection and requires antibiotic therapy immediately to prevent the spreads of infection.

Male clients do not have blood in their urine, so consider other reasons the urine may have changed colors.

***Explanation:***

*Occasional blood may not need treatment but should never be overlooked without an evaluation. Blood does not always indicate infection. It could indicate a kidney or bladder stone, trauma, or inflammation. Male clients can present with blood in their urine.*

118.

A female client presents to the ambulatory care clinic with shortness of breath for the past six months. She states that she smokes one pack of cigarettes a day. Which statement best describes the patient advocacy role the nurse would assume in this situation?

**Providing patient education.**

Providing mechanisms to measure patient satisfaction.

Providing access to care.

Providing continuity of care.

***Explanation:***

*Although the nurse may provide mechanisms to measure patient satisfaction and access to care as well as continuity of care, with the information given, patient education would be the most appropriate answer. Education regarding the cessation of smoking should be given regardless of the treatment or outcome for the shortness of breath.*

119.

The American Academy of Ambulatory Care Nurses' value statement would include which of the following statements?

The nurse should limit overtime, if possible, to prevent nurse burnout.

Ambulatory care nurses do not follow state nurse practice acts but have their own practice act.

**Ambulatory care nurses welcome the opportunity to advocate for patients and families.**

Ambulatory care nurses relieve patients of any responsibility for their health care.

***Explanation:***

*Ambulatory care nurses must advocate for their patients and families. Answer A is not reflected in the AACN value statements. Ambulatory care nurses do have to follow their individual state nurse practice acts and share responsibility with the patient for individual health care by advocating for the client, providing education, and providing access to care.*

120.

**A client presents to the ambulatory care facility despondent and having suicidal thoughts. What role does the nurse have in treating this client?**

The nurse has no special role. It will be up to the physician to ultimately decide the plan of care.

**The nurse should help to assure that the client has the right access, right provider, the right time frame for treatment, and the right level of care for the symptoms and complaint presented.**

The nurse should make certain the client received a patient satisfaction survey upon discharge.

The nurse should ensure that security is on site, due to the mental state of the client.

***Explanation:***

*As a patient advocate in the ambulatory care setting, it is part of the nurse's role to make certain the proper referral is made and the right provider and level of care are given. Patient satisfaction is not the priority in this case.*

121.

**Mom has described her child's symptoms as a fever for three days and vomiting for the last 24 hours. She states the child has been very sleepy for the last two to three hours. What subtle symptom alerts the nurse that this child needs to be seen as soon as possible?**

Three days of fever.

Three days of fever, one day of vomiting.

One day of vomiting.

**Very sleepy for two to three hours with a fever for three days.**

***Explanation:***

*Sleepiness (lethargy) is the most appropriate subtle symptom that should alert the nurse that this is a change in condition and a signal that the child has been compensating due to some illness and now is worse. This child should be seen to rule out head injury, meningitis, and a variety of other possible illnesses.*

122.

**The nurse understands that patient satisfaction is subjective. What measurement indicator will assist in evaluating the data collected?**

**Making certain that there is a complaint resolution process in place and an atmosphere of objectivity and specific ways to deal with the data allow for improvement in the future.**

The nurse has little to do with the collection of data or the results of the data.

The nurse does not use measurement indicators to determine if a patient is happy with the care; rather, he or she bases satisfaction on the end result of the diagnosis.

The nurse measures the number of good outcomes against the bad outcomes and then gets the percent of satisfied clients from that data.

***Explanation:***

*The ambulatory care facility should have policies on how to deal with complaints, how to resolve them, and to improve things in the future. This data will help determine client satisfaction and what kind of job the facility is doing. Answer B is incorrect. Answer C is not correct because the end result of a client diagnosis and treatment may be great, and the client satisfaction may still be low, making the end result unrelated. Answer D is also not correct either and is not a reliable source of evaluation.*

123.

The nurse is caring for ambulatory care clients of different ages, abilities, and levels of health. Which skills would best help the ambulatory care nurse be an effective advocate for her clients?

Being organized and able to multitask.

Being able to telephone triage.

Being cognitive about the fiscal status of the ambulatory facility.

**Being able to partner with the client, family, and the entire health-care team to provide the care needed for each age and disease state.**

***Explanation:***

*This response is the most appropriate for advocating for the client. The other skills are an asset to being an ambulatory care nurse, but answer D is most related to being a patient advocate. The other skills do make the facility run more smoothly and efficiently.*

124.

Which statement best describes what the nurse's primary role in obtaining informed consent from the client?

Providing information on the procedures, its risks, and alternatives, so the client can make an informed decision.

**Ensuring the patient fully understands the information provided by the physician regarding treatment options, risks and details.**

Meeting the clinic's legal obligations to the patient to prevent a lawsuit later.

Documenting that consent was obtained by the physician.

***Explanation:***

*The nurse's primary role in the informed consent process is ensuring that the patient fully understands the information that the physician provided regarding the procedure, its purpose, its risks, and any alternatives available. It is the physician's responsibility to provide this information, not the nurse's, but the nurse should bear witness to the consent process. Should the patient, at any point after consent was obtained, express uncertainty or ask questions regarding the procedure, the physician should be requested to answer any of these questions. Informed consent must be documented by both the patient and the witness (the RN).*

125.

**The ambulatory care nurse senses tension in the workplace during her shift between two coworkers, and it is affecting the way a client and family are being treated. What would be the best approach to managing the conflict in this setting?**

The nurse should ignore the tension and place the importance of client care above it.

The nurse should side with whoever she feels is right, making the majority rule.

**The nurse should consider a joint discussion outside of the hearing of the client to find a**

workable compromise and solution immediately.

The nurse should tell her peers to end whatever is causing the tension, and to put the patients first.

***Explanation:***

*This would be the most appropriate approach to ending the tension immediately. Ignoring the tension does nothing toward solving it. Siding with one or the other may add to the problem and is not an objective approach. One nurse may change the outcome of a conflict if it is done in a fair and objective manner. Simply telling the nurses to end the tension may be considered abrasive and could worsen the situation.*

126.

The nurse detects nonverbal signs of fear and distrust when triaging a female client in the presence of her male companion. What might she suspect is happening when the nonverbal behaviors of the female client are considered?

The nurse suspects the patient is anxious about being at the clinic and distrusts doctors.

**The nurse suspects the injuries may not have occurred the way the client describes and should suspect domestic violence.**

The nurse should not judge the nonverbal behavior and react only to what is being said.

The nurse should attribute this to cultural feelings towards health care workers and respect the patient's sensitivity.

***Explanation:***

*The potential for domestic violence should be the most appropriate concern for the nurse. Ambulatory care nurses are mandatory reporters in cases of suspected abuse. It is important to always assess for nonverbal signs of abuse, which include these signs of fear and distrust.*

127.

**When the nurse suspects that domestic violence may be the cause of injury, what is the best approach to communicating with the client to get an honest answer and to offer assistance?**

Continue asking appropriate questions about the injuries in front of the client and his/her companion.

Express concern that the client is not being honest in an effort to make her confess.

**Take the client to a private triage or exam area to continue questioning and offer assistance away from her companion.**

The nurse should report the suspected abuse without further probing.

***Explanation:***

*The nurse is more likely to get the true answers if the client is questioned in private and away from the possible assailant. Continuing to question in front of the companion may not result in honest answers, and accusing the client will add to her fear. The nurse must report child abuse, but it is not always advisable to report suspected domestic violence without further probing.*

128.

**The nurse working in an ambulatory care setting understands which principle of conflict management when dealing with employees and peers?**

It is important that the nurse manager oversee all conflict resolution.

Conflict should be dealt with as quickly and quietly as possible as not to interrupt care.

Conflicts between employees and peers should remain between the individuals involved and not require the assistance of outside oversight.

**Conflict resolution is an ongoing process within an interdisciplinary team in an ambulatory care setting.**

***Explanation:***

*Conflict resolution must be dealt with intentionally, understanding that it is an ongoing process within the interdisciplinary team. For that reason, it cannot always be dealt with quickly and quietly and may require the individuals involved speak further regarding the conflict, and involve mediators if necessary.*

129.

**The nurse in the ambulatory care setting shows cultural competence through which of the following actions?**

Asking all females to disrobe and to don the clinic's gown.

**Identifying and avoiding gestures that groups or cultures may find offensive.**

Using a consistent communication style across all patient populations.

Educating the clients of another culture without clarification or modification.

***Explanation:***

*Identifying, and then avoiding, gestures that may be offensive shows respect for other cultures. A nurse should never disregard a client's desire for modesty. Failing to modify communication patterns may fail to properly inform or educate a client, and failing to use clarifying techniques forces the nurse to assume the client understands when maybe the client is misinterpreting the information.*

130.

The nurse showing cultural competency recognizes which statement to be true about the term "space" when interacting with clients of a different culture?

Space means the outer atmosphere.

Space differences are the same for all cultures.

Space refers to distinct zones in relation to personal, intimate, and public space and has different meanings in different cultures.

Space is irrelevant when dealing with a client who is ill and seeking medical care.

***Explanation:***

*"Space" refers to the physical distance occurring in personal interactions including personal, intimate, and public contacts. Different cultures react differently to this type of distance. Knowing how people of a certain culture feel about space during a personal interaction will guide the nurse in meeting the needs of the client in a comfortable way. Answers (a), (b), and (d) are not correct.*

131.

The nurse in the ambulatory care setting takes care of different ethnic groups of people under stress in a variety of situations in the clinic. What other factors influence the way the client reacts to the health-care team besides cultural background?

**Socioeconomic background and level of education.**

The number of family members accompanying the client.

The day of the week.

The visual appearance of the clinic.

***Explanation:***

*Although the other answers may have a minimal impact on the way a client reacts to what is being said, the socioeconomic and educational levels of a client have the most influence on how the client perceives what is being said.*

132.

The ambulatory care nurse takes a phone call from the daughter of a 60-year-old male stating that he isn't himself today. When questioned further, the nurse discovers that the man has had periods of slurred speech for a few minutes on two occasions in the last 24 hours. What is the most appropriate recommendation for this caller regarding what should be done for her father?

Slurred speech may be the result of too much alcohol or lack of sleep, and to call back again if it reoccurs.

Come in to the clinic in the next 24–48 hours for some blood work.

**Slurred speech may be a symptom of a transient ischemic attack (TIA) or impending stroke, especially in relation to his “not being himself” and to go to the nearest emergency room.**

Tell her she will be called back when the physician is available for advice.

**Explanation:**

*This response is the most appropriate when discussing this over the phone. You are not able to visualize and assess the patient, so an immediate evaluation is warranted to rule out an impending stroke or brain bleed. The 24- to 48-hour suggestion negates the seriousness of what may be happening; you can't assume it is alcohol or lack of sleep from the information given, and answer D may take too long or may be forgotten.*

133.

What would be a key aspect for the nurse when caring for a variety of clients from different backgrounds?

Keeping quiet and ignoring the differences.

**Respecting each client.**

Getting a translator.

Treating the patients of similar or familiar cultures.

**Explanation:**

*Avoidance and ignorance do nothing for enhancing the care of a client. A translator may not be necessary for many cultures, but respect is universal in enhancing relationships and the care of the client. Choosing to treat only patients with backgrounds/beliefs one is comfortable with contradicts patient-centered care*

134.

The nurse is giving instructions for medication and dressing changes to a Spanish-speaking client. What would be the most effective way to make certain the client understands the instructions?

The nurse should have the client give a return demonstration.

The nurse should use hand gestures to explain the procedure.

**The nurse should have a Spanish-speaking translator present when giving the instructions.**

The nurse should give instructions to the family as well as the client.

***Explanation:***

*A translator would ensure that the client and the family understood the instructions. Hand gestures and return demonstration would not ensure that the client understood the medication and side effects.*

135.

The client comes into the ambulatory care setting and asks the nurse about a change in medication because the cost is too high. What could the nurse offer the client besides a different medication?

The nurse may offer to pay for the prescription.

**The nurse may refer the client to community resources with addresses and phone numbers for agencies that may offer financial assistance.**

The nurse may suggest ways to prioritize the client's budget.

The nurse does not usually get involved with payment issues, as it crosses the nurse/patient

boundary.

***Explanation:***

*Often there are local or community resources or support groups that will assist a client with financial needs. The nurse cannot offer to pay for the prescription, nor does he/she have the qualifications to give financial advice to the patient.*

136.

The nurse at the ambulatory care setting must arrange a transfer for a male patient with chest pain. What are the appropriate actions the nurse must take to get the patient safely transferred?

The nurse must call the acute care facility and give a nurse-to-nurse report before the transfer can occur.

The nurse gives the documentation to the medic to complete her role in the transfer.

The nurse communicates to other team members that a transfer will occur and goes to lunch.

The nurse is not responsible for arranging the transfer; the responsibility falls to other team members.

***Explanation:***

*Nurse-to-nurse reporting from one facility to the other is one responsibility the ambulatory care nurse must assume. Other team members may be involved, but communication between the sending facility and the accepting facility should rest with the nurse caring for the client. Handing off documentation without a nurse-to-nurse report leaves room for error and may put the patient in danger.*

137.

The ambulatory care nurse is orienting a new nurse to the unit. When describing the triage process of speaking to a client on the telephone, what principle would the nurse emphasize?

The nurse should get a summary of the patient's status and present it to the physician in an SBAR format prior to the physician taking over the call.

**The nurse should know the policies for telephone triage and use appropriate protocols or algorithms to triage the caller.**

Triage is not possible over the telephone and the patient should be encouraged to come into the unit as soon as possible for an assessment.

The best advice is to send the caller to the nearest emergency room.

***Explanation:***

*Following protocols and algorithms helps to systematically assess the caller and prioritize the care needed. Some places may not give advice, but each nurse should follow the policy for the facility where they work. With proper protocols, calls can be safely triaged. Triage is possible over the phone with the proper questions. The nearest emergency room is not always the most cost-effective facility in which to take care of a particular problem. Proper triage will assist the caller in deciding what treatment to seek. It is not common for the physician to be included in the phone triaging process.*

138.

**Which telephone complaint is matched with the most appropriate referral facility?**

A male with chest pain and diaphoresis is sent to the physician's office.

A pregnant female with a finger laceration that is bleeding profusely is sent to her OB/GYN.

A mom and a two-month-old infant with an earache are sent to the ambulatory clinic.

An elderly woman with knee pain is sent to the emergency room.

**Explanation:**

*Chest pain with diaphoresis should be sent to the emergency room. A finger laceration should be sent to an urgent care clinic or emergency room regardless of whether the patient is pregnant. An elderly woman with knee pain can safely be seen in the ambulatory care clinic or physician's office.*

139.

The nurse is telephone triaging a parent with a child with asthma. Which statement shows the nurse's understanding of an asthma protocol to prioritize the needs of this child with asthma?

The nurse instructs the parent to call 911 for immediate transport to an emergency room.

The nurse suggests to the parent that another nebulizer treatment should be given.

There is no protocol for the triage procedures when done on the telephone.

The nurse would ask questions to identify the main symptoms, the onset and duration, and the level of distress the child is in before making a suggestion about treatment.

**Explanation:**

*This is the correct answer because it demonstrates a systematic order of questions to specifically find out the level of care the child will need and how quickly the child will need it. The other statements do not address a systematic way to triage and prioritize.*

140.

Which statement identifies the major difference between telephone triage and emergency room triage?

There is no major difference in triage procedures.

**The triage assessment is done by gaining information from conversation and not by physically examining the client.**

Telephone triage conversations do not need documentation and require less time.

Telephone triage does not require assessment skills.

***Explanation:***

*It requires skill to be able to gain the needed information over the phone rather than visualizing the client. It also must be documented in the patient record. The scope of practice for nurses doing telephone triage is specific and does require training and skill.*

141.

Which statement accurately addresses the term "telephone triage?"

The nurse provides treatment recommendations to the patient after an assessment conducted through conversation.

**The nurse must have a clear conversation on the telephone to prioritize the urgency of the patient's needs.**

The risk for the nurse is slim when triaging over the telephone.

The definition for triage equals that of interrogation.

***Explanation:***

*Triage is prioritizing the urgency of the patient's needs through conversation and asking the right questions. It takes a skilled nurse to perform telephone triage safely because there is a risk when telephone triage protocols are not followed. Telephone triage is more than an interrogation; it is deciding on the urgency and following up with a treatment plan or plan of action. Treatment is not necessarily provided in the triage process. Rather, recommendations for where to receive the most appropriate care, and when, are provided after a thorough verbal assessment.*

142.

The telephone triage nurse has taken a call from a client and wants to document and share patient information with the facility where she has sent the client. What multimedia tools may the nurse use in her telepractice that would be appropriate and safe?

The nurse may use a computer, fax machine, or email.

No information should be sent by email regarding patient information.

The nurse must only share information by telephone.

There is no audio/visual equipment available to telephone triage nurses.

***Explanation:***

*Information may be sent with proper security and cover sheets in place. Telephone reporting is most likely not adequate; a copy or printed document must also accompany the client. A variety of audio/visual equipment is available, depending on the facility including remote monitoring and Internet imaging and can often be used when diagnosing and treating over the phone and between facilities.*

143.

A 70-year-old female presents to the ambulatory care clinic complaining of fatigue. During the triage assessment she has a heart rate of 50, a respiratory rate of 24, and a blood pressure of 70/40. She denies chest pain, but the nurse notices that she rubs her elbows and states her arthritis is acting up. What would be the first priority when caring for this patient?

Offer her Tylenol for pain and send her to the waiting room.

Offer her Motrin for pain and then continue the assessment.

Continue her triage and history and finish the paperwork to present a full picture to the physician.

Place her in a room, do an electrocardiogram (EKG), and notify the physician to see her before the other patients in the clinic because of the possibility of a heart problem.

***Explanation:***

*The ambulatory care triage nurse should recognize that women do not always have classic chest pain symptoms or break out in a sweat when having a myocardial infarction. Bilateral elbow pain, low blood pressure, and low heart rate may indicate a heart attack, which should be ruled out quickly to get the patient to the appropriate facility.*

144.

What skills would be most helpful when triaging a client on the telephone?

The nurse should be blunt and direct to encourage the client to get to the chief concern.

The nurse should ask open-ended questions to make the client feel comfortable.

The nurse should listen, use auditory clues such as the client's tone of voice, and ask very specific questions related to the client complaint.

The nurse doesn't need specific skills to be able to talk to a client on the telephone.

***Explanation:***

*Being blunt/direct to rush the patient and asking questions that are not specific may waste valuable time when determining the urgency of the client's complaint. Specific listening skills are important in gaining the necessary information to make an accurate assessment.*

145.

The telephone triage nurse is alone when the phone rings on all three lines. What would be the most appropriate action for the nurse to take when prioritizing these phone calls?

The nurse should answer each call quickly, asking what the complaint is, and then place the client on hold to go to the next line that is ringing, mentally making a priority list of the most urgent call.

The nurse has no way to handle that many calls in an efficient manner, but must do so as quickly as possible.

The nurse should leave to request help, returning as quickly as possible.

The nurse should triage one client at a time in full, as to not confuse client complaints.

***Explanation:***

*This would be the most effective way to deal with three calls at once while telephone triaging. Getting a brief description from each client will allow for the nurse to immediately address the*

*most serious client complaint. The other answers are neither efficient nor effective means of prioritizing.*

146.

The ambulatory care nurse must prioritize three calls: one is a complaint of abdominal pain, one is a child with respiratory distress, and one is a client complaining of vaginal bleeding. Which call would be the priority for this nurse?

The client with vaginal bleeding.

The caller with abdominal pain.

The child with respiratory distress.

The abdominal pain and respiratory distress should be prioritized, while vaginal bleeding should be referred to their OB-GYN.

***Explanation:***

*Children compensate for a shorter period of time when in respiratory distress, so this complaint may be the most urgent. Vaginal bleeding is a condition that should not be ignored by the ambulatory care nurse. After the child is assessed, the remaining patients can be prioritized in any order.*

147.

Which statement best describes the coordination of services by the ambulatory care nurse?

The nurse refers the client to see a physician without any obligation to make specific recommendations.