

# M\_GeronNursePQ (600+ Questions) - Quiz Questions with Answers

1.

What is the maximum volume of a drug that should be administered intramuscularly (IM) in a single injection to an older adult?

1 mL.

1.5 mL.

2 mL.

2.5 mL.

**Explanation:**

*The maximum volume of a drug that should be administered intramuscularly (IM) in a single injection to an older adult is 2 mL. Although muscle tissue has a better blood supply than subcutaneous tissue and can, therefore, normally tolerate a larger volume, the vascular system may be impaired in older adults, and muscle wasting is common; so larger volumes may not absorb properly. IM medications are generally absorbed more readily than are subcutaneous medications.*

2.

Which of the following assistive devices for walking is most appropriate for a patient with paralysis of the left arm?

Stationary walker.

Reciprocal walker.

Walkane.

**Hemiwalker.**

***Explanation:***

*The assistive device that is most appropriate to assist a patient with paralysis of the left arm with walking is the hemiwalker. This type of walker has been modified for patients who are only able to use one arm. The handgrip is placed in the middle front of the walker. The patient advances the walker using the handgrip and then steps to the walker (step-to gait). This type of walker is often used with stroke patients if they have adequate lower extremity strength for ambulation.*

3.

**A patient who is a Jehovah's Witness needs a transfusion of packed red blood cells because of blood loss, but his religion prohibits blood transfusions. Which of the following is the correct action?**

Assume that the patient will not accept a transfusion and report this to the physician.

Tell the patient that he may die without the transfusion.

Tell the patient that his health is more important than religious beliefs.

**Provide the patient and his or her family with full information and the reasons for the**

transfusion.

**Explanation:**

*It's important to approach the patient and his or her family with full information and reasons for the transfusion or blood components without being judgmental, allowing them to express their feelings. One should never assume that an individual would refuse blood products based on religion alone. Jehovah's Witnesses can receive fractionated blood cells, thus allowing hemoglobin-based blood substitutes. The following guidelines are provided to church members:*

*Basic Blood Standards for Jehovah Witnesses*

*Not acceptable Whole blood: red cells, white cells, platelets, plasma.*

*Acceptable Fractions from red cells, white cells, platelets, and plasma.*

4.

**During an interview with a patient, what type of patient response elicits the most important information about him or her?**

Verbal responses.

Nonverbal responses.

Silence.

**Both verbal and nonverbal responses.**

**Explanation:**

*The patient's verbal and nonverbal responses may be of equal importance. Patients may look away or become tense if they are not telling the truth or don't want to answer. Information elicited during an interview should include not only the patient's facts but also his or her*

*attitudes and concerns. Nurses should ask information-seeking questions rather than yes/no questions and should ask clarifying questions. Providing a list of options and rephrasing the patient's statement may encourage him or her to provide more information.*

5.

During lunch with a team member, the team member tells the gerontological nurse that she overheard a conversation between a patient and his visitor and begins to share salacious gossip about the client's personal life. Which is the best response?

Listen without responding.

Change the subject.

**Confront the team member about violating professional ethics rules.**

Tell the team member that she shouldn't tell anyone else.

***Explanation:***

*The gerontological nurse should confront the team member about violating professional ethics rules, making clear that the conversation is not appropriate. It's imperative for the gerontological nurse to set an example in order to promote an ethical workplace. The organization should have a written code of conduct, which should be communicated to all staff, and all staff should be expected to adhere to the code, including respecting a client's privacy, and they should also be expected to confront those who violate the code.*

6.

If using a strengths-based approach to gerontology, the gerontological nurse focuses on the patient's:

resilience and successes.

physical strength.

support systems.

access to care.

***Explanation:***

*If using a strengths-based approach to gerontology, the gerontological nurse focuses on the patient's resilience and successes. For example, if one of the patient's strengths is having a positive attitude, then the gerontological nurse will help the patient to use that positive energy to promote recovery and to recognize small steps in progress. The gerontological nurse should help patients to identify where their strengths lie and to develop strategies to harness those strengths.*

7.

The gerontological nurse works in a poverty-stricken area in which families have been decimated by heroin addiction, resulting in a large number of grandfamilies. Which of the following service providers is most likely needed by grandfamilies?

Social worker.

Child care specialist.

Substance abuse counselor.

Housing authority.

**Explanation:**

*In a poverty-stricken area in which families have been decimated by heroin addiction, resulting in a large number of grandfamilies (grandparents raising children, usually grandchildren), the service provider that is most likely needed by grandfamilies is the social worker. About one in five grandfamilies live in poverty, and in poor areas, this percentage is higher. Grandfamilies are often unaware of financial assistance programs (such as the Temporary Assistance for Needy Families [TANF] program, foster care, and adoption assistance) that may be available to them, so the social worker can assist them to apply to the appropriate programs.*

8.

In the field of gerontology, the focus on illness care (treatment) is shifting to a focus on:

maintenance.

prevention.

cost-cutting.

innovation.

**Explanation:**

*In the field of gerontology, the focus on illness care (treatment) is shifting to a focus on prevention. Some of the motivation for this change is the need to cut costs associated with health care, so money and effort spent up front to prevent illness can result in considerable savings over time. However, insurance companies do not always pay for preventive measures, but they may, for example, discount premiums for nonsmokers. Many preventive measures, such as increasing exercise, are of relatively low cost and depend on education of the population.*

9.

The gerontological nurse in reviewing patients in a gerontological practice finds that patients with chronic illnesses commonly fail to contact the practice when problems arise, often because they live at a distance to the practice, don't understand the seriousness of the problem, and/or lack transportation, resulting in hospitalization when the condition exacerbates. Which of the following is likely the best solution?

Referral of patients to a home health agency.

Evening drop-in clinic hours.

**Routine telehealth follow-up.**

Patient education program.

***Explanation:***

*If the gerontological nurse finds that patients with chronic illnesses commonly fail to contact the practice when problems arise, often because they live at a distance, don't understand the seriousness of the problem, and/or lack transportation, resulting in hospitalization when the condition exacerbates, the best solution is likely to be routine telehealth follow-up. This may be as simple as regularly scheduled telephone calls or video calls, but it can also involve distance monitoring. The widespread use of smartphones has made telehealth a viable and cost-effective option for patient monitoring and follow-up.*

10.

A 65-year-old patient who lives alone and has no family nearby is in need of hemodialysis and would like to have home dialysis. What problem does the gerontological nurse anticipate in facilitating this preference?

**The patient lacks a care partner in the home.**

The patient may have difficulty learning the procedure.

Hemodialysis is less effective than peritoneal dialysis.

The patient's vessels may be inadequate.

***Explanation:***

*If a 65-year-old patient who lives alone and has no family nearby is in need of hemodialysis and would like to have home dialysis, the problem that the gerontological nurse anticipates in facilitating this preference is that the patient lacks a care partner in the home. The patient cannot carry out hemodialysis without assistance, and training includes the caregiver. Although it is possible for a nearby friend to commit to assisting, this is often a less-reliable solution. In some cases, the patient can hire private duty nurses trained in hemodialysis to assist, but this is rarely covered by insurance and is prohibitively expensive for most patients.*

11.

**In a family-centered plan of care for a patient who lives with her son, his wife (who provides most of the personal and medical care), and their two daughters, whose needs are most important?**

patient.

son.

son's wife.

**entire family.**

***Explanation:***

*In a family-centered plan of care for a patient who lives with her son, his wife (who provides most of her personal and medical care), and their two daughters, every member of the family is equally important because they all have roles to play and all are impacted by the patient's needs. For example, the son may be financially burdened and the son's wife may be exhausted from the demands of maintaining the household and caring for the patient. The daughters may be resentful or feel burdened by having to help. The patient may feel guilty and may want to ease the burden on others. All of these problems must be considered and dealt with.*

12.

The patient has accessed information about a new "cure" for cancer from the Internet and asks the gerontological nurse if there is an easy way to tell if Internet information is valid. The gerontological nurse should advise the patient to:

accept any information found on the Internet as valid.

**trust information from government sites.**

discount all information obtained on the Internet.

verify all information with a research librarian.

***Explanation:***

*If a patient has accessed information about a new "cure" for cancer from the Internet and asks the gerontological nurse if there is an easy way to tell if Internet information is valid, the gerontological nurse should advise the patient to trust information from government (.gov) sites, such as PubMed, MedlinePlus, and the National Cancer Institute. Well-known national organizations, such as the American Lung Association and the American Cancer Society, also generally contain valid information, but some other organizations do not, so the patient needs to exercise care.*

13.

A patient newly diagnosed with tuberculosis is taking isoniazid (isonicotinylhydrazide [INH]). Which vitamin should the patient take to prevent drug-related peripheral neuropathy?

Vitamin C.

Vitamin A.

**Vitamin B6 (pyridoxine).**

Vitamin B12 (cobalamin).

***Explanation:***

*A patient newly diagnosed with tuberculosis and taking isoniazid (isonicotinylhydrazide [INH]) should take vitamin B<sub>6</sub> (pyridoxine) with the INH to prevent peripheral neuropathy. The patient should be advised to take medications exactly as prescribed and to avoid alcoholic beverages during treatment. The patient should also have a good understanding of the adverse effects associated with antitubercular treatment and advise his or her healthcare providers of any other medications that he or she is prescribed or taking because of possible drug interactions.*

14.

The gerontological nurse works in an ambulatory care center that has decided to use an evidence-based practice guideline for patients with heart failure, but the guideline was originally developed and validated for patients in acute care hospitals. The gerontological nurse should recommend that the center:

**evaluate and modify the guideline as needed.**

use the guideline as written.

discard the guideline as not being applicable.

conduct internal research and develop its own guideline.

***Explanation:***

*If the gerontological nurse works in an ambulatory care center that has decided to use an evidence-based practice guideline for patients with heart failure, but the guideline was originally developed and validated for patients in acute care hospitals, the gerontological nurse should recommend that the center evaluate and modify the guideline as needed. Although many aspects of the guideline may be the same for both types of organizations, some aspects may be different. Review and modification should be standard procedure rather than just accepting a guideline as written because each organization and population served may differ.*

15.

A patient who has become severely hearing impaired but does not know sign language needs to learn about living with heart disease, including monitoring diet, exercise, blood pressure, and pulse. The hospital offers classes, but they involve lecture and discussions. What alternative form of presentation may be the most effective?

Written handouts.

**Closed-captioned videos.**

One-on-one instruction.

Hands-on practice.

***Explanation:***

*If a patient who has become severely hearing impaired but does not know sign language needs to learn about living with heart disease, including monitoring diet, exercise, blood pressure, and*

*pulse, and the hospital offers classes but they involve lecture and discussions, the alternative form of presentation that may be the most effective is closed-captioned videos. Many healthcare videos are available commercially, but presentations can also be videotaped, edited, and closed captioning added. Hands-on practice is valuable for some procedures, such as taking blood pressure measurements.*

16.

A patient with a left ventricular assist device (LVAD) tells the gerontological nurse that he often experiences dizziness during hot weather. The gerontological nurse should advise the patient to:

decrease his fluid intake during hot weather.

**increase his fluid intake during hot weather.**

stay indoors during hot weather.

avoid temperatures greater than 70°F.

***Explanation:***

*If a patient with a left ventricular assist device (LVAD) tells the gerontological nurse that he often experiences dizziness during hot weather, the gerontological nurse should advise the patient to increase his fluid intake during hot weather. Patients in heart failure are often used to fluid restriction and may not drink adequate fluids to accommodate the set rate of blood circulation provided by the LVAD. Patients should also be advised to change position slowly to avoid the dizziness that is associated with orthostatic hypotension.*

17.

The gerontological nurse is a parish nurse in a faith community. When the gerontological nurse takes time to listen to a patient's concerns about missing Mass and arranges for a priest to visit the patient in the home, the aspect of care that the nurse is attending to is:

psychological.

nursing.

spiritual.

case management.

***Explanation:***

*If the gerontological nurse is a parish nurse in a faith community and takes time to listen to a patient's concerns about missing Mass and arranges for a priest to visit the patient in the home, the aspect of care that the nurse is attending to is spiritual. According to the ANA, the two aspects of care for which the parish nurse is responsible are nursing and spiritual care. Parish nurses may provide education, home visits, support groups, and case management among their duties.*

18.

The gerontological nurse has planned to begin to educate a patient about wound care, but when entering the room, she discovers that the patient is very distraught about a personal family matter but he doesn't want to discuss it. The best course of action is to:

encourage the patient to talk about his feelings.

ask the patient to clear his mind of personal matters.

reassure the patient that everything will be all right.

reschedule the wound care education.

**Explanation:**

*If the gerontological nurse has planned to begin to educate a patient about wound care but, when entering the room, discovers that the patient is very distraught about a personal family matter, the best course of action is to reschedule the wound care education. When learning procedures, patients need to focus their attention on the tasks at hand, but that can be impossible if the patient is upset. If the patient doesn't want to discuss the issue, this should be respected, and the gerontological nurse should avoid clichés, such as telling the patient that everything will be all right.*

19.

An older adult patient who has been ambulatory and able to carry out ADLs without assistance following rehabilitation after a stroke and thrombolytic therapy is upset because her daughter is seriously ill. The patient refuses to leave her bed or carry out normal activities. The defense mechanism that the patient is exhibiting is:

denial.

dissociation.

regression.

reaction formation.

**Explanation:**

*If an older adult patient who has been ambulatory and able to carry out ADLs without assistance following rehabilitation after a stroke and thrombolytic therapy is upset because her daughter is seriously ill, and the patient refuses to leave her bed or carry out normal activities, the defense mechanism that the patient is exhibiting is regression. Although this defense*

*mechanism is most commonly seen in children, older adults who are under a great deal of stress often also regress.*

20.

If the gerontological nurse notes that a new nurse on the team becomes very upset whenever patients complain or make negative comments, the gerontological nurse concludes that the new nurse has weak:

emotional boundaries.

professional boundaries.

spiritual boundaries.

mental boundaries.

***Explanation:***

*If the gerontological nurse notes that a new nurse on the team becomes very upset whenever patients complain or make negative comments, this indicates that the nurse has weak emotional boundaries and he cannot adequately separate personal emotions from those of others. An indication of weak emotional boundaries is when the nurse feels guilty or makes excuses for something that is outside of his control or responsibility. The nurse needs to learn to establish and maintain boundaries.*

21.

If an older adult is caring for her spouse (who is under hospice care through original Medicare) and needs time to rest, the duration of respite care that the patient is allowed during each certification period is:

3 days.

**5 days.**

7 days.

10 days.

***Explanation:***

*If an older adult is caring for her spouse (who is under hospice care through original Medicare) and needs time to rest, the duration of respite care that the patient is allowed during each certification period is 5 days or fewer. The patient must be cared for in a Medicare-approved facility. In some cases, the patient may be charged 5% of the Medicare approved amount for care. The purpose of respite care is to allow the caregiver time to recover from the demands of caregiving.*

22.

If the gerontological nurse delegates a duty to a team member and the team member responds by saying, "Sure, I can take care of the problem—like always," the communication style that the team member is using is:

assertive.

**passive-aggressive.**

passive.

submissive.

**Explanation:**

*If the gerontological nurse delegates a duty to a team member and the team member responds by saying, "Sure, I can take care of your problem—like always," the communication style that the team member is using is passive-aggressive. Passive-aggressive communication is often described as "two-faced" because words often say one thing but gestures, posture, and the use of sarcasm suggest something else. Passive-aggressive communicators often try to make others feel resentful or hurt.*

23.

A caregiver reports that the patient, his parent, has always been a negative person but has recently become increasingly demanding, impatient, and unhappy with everything the caregiver does, and he is unsure of how to deal with this problem. The gerontological nurse suggests that the best initial approach is to:

arrange for a different caregiver.

ignore negative behavior.

tell his parent that the behavior must change.

ask his parent about the parent's fears.

**Explanation:**

*If a caregiver reports that the patient, his parent, has always been a negative person but has recently become increasingly demanding, impatient, and unhappy with everything the caregiver does, and he is unsure of how to deal with this problem, the gerontological nurse should suggest that the best initial approach is to ask his parent about the parent's fears. This type of behavior often occurs when patients are uncertain or fearful about what will happen to them. If*

*this doesn't help, then the caregiver needs to address the behavior directly by relating how the behavior makes the caregiver feel: "When you \_\_\_\_, I feel \_\_\_\_."*

24.

A patient being treated for endocarditis has developed sudden-onset hematuria. The gerontological nurse should alert the physician regarding possible:

renal embolization.

urinary tract infection.

drug reaction.

bladder hemorrhage.

***Explanation:***

*If a patient being treated for endocarditis has developed sudden-onset hematuria, the gerontological nurse should alert the physician regarding possible renal embolization. Embolization is a large risk during the first 3 months of treatment and may result in stroke, pulmonary embolus, and splenic embolization as well as renal embolization. Endocarditis can result from bacteremia, transient or chronic, and it may occur in patients who are IV drug users or those with prosthetic heart disease, rheumatic heart disease, mitral valve prolapse, and other cardiac abnormalities.*

25.

A patient tells the gerontological nurse that she has had increasing difficulty coping with her spouse's excessive drinking but is unsure of how to confront the issue with her spouse. The best resource for the patient is probably:

a psychiatrist.

a spiritual advisor.

**Al-Anon.**

the Internet.

***Explanation:***

*If a patient tells the gerontological nurse that she has had increasing difficulty coping with her spouse's excessive drinking but is unsure of how to confront the issue with her spouse, the best resource for the patient is probably Al-Anon. This is a mutual support group in which members in similar situations help each other through talking things out. Membership is open, confidential, and free of cost, although voluntary donations may be given to pay for rented space or supplies/refreshments.*

26.

An 84-year-old patient with advanced Alzheimer's disease asks repeatedly if "Joan" (his deceased wife) is at work, and he says, "I want to see Joan." The most appropriate way to deal with this is to say to the patient:

**"Yes, Joan's still at work."**

"I don't know where Joan is."

"Joan died 10 years ago."

“Why do you want to see Joan?”

**Explanation:**

*If a patient with advanced Alzheimer’s disease asks if his deceased wife (Joan) is at work and states that he wants to see her, the most appropriate way to deal with this is to validate what the patient is saying: “Yes, Joan’s still at work.” Trying to reason with the patient or to convince the patient, for example, that his wife is dead is probably a fruitless endeavor and will cause the patient momentary grief until the patient again asks for his wife.*

27.

A family is no longer able to care for an older patient with numerous health issues, but the family cannot afford to pay for care, and the patient’s Social Security and retirement income preclude Medicaid assistance. The gerontological nurse should advise the family that the least expensive option is likely:

a convalescent hospital.

in-home care (three 8-hour shifts).

**a residential care facility.**

live-in nursing care (one nurse for 4 days a week and another nurse for 3 days a week).

**Explanation:**

*If a family is no longer able to care for an older patient with numerous health issues, but the family cannot afford to pay for care, and the patient’s Social Security and retirement income preclude Medicaid assistance, the gerontological nurse should advise the family that the least expensive option is likely to be the residential care facility. Although costs vary widely, moderately priced facilities are generally less expensive than convalescent hospitals, and in-*

home care tends to be very expensive, especially if staff is obtained through an agency, and turnover tends to be high.

28.

If a patient's care plan indicates a nursing diagnosis of "risk for acute pulmonary edema," which of the following is an appropriate desired outcome?

Patient's lungs will remain clear.

Patient will not develop pulmonary edema as evidenced by unlabored respirations (12–20 beats per minute [bpm]).

Patient will not exhibit cough or shortness of breath.

Patient will respond appropriately to treatment.

**Explanation:**

*If a patient's care plan indicates a nursing diagnosis of "risk for acute pulmonary edema," an appropriate desired outcome is "Patient will not develop pulmonary edema as evidenced by unlabored respirations (12–20 beats per minute [bpm])." Expected outcomes should also list other evidential findings, such as normal oximetry and arterial blood gases. The wording for expected outcomes should directly reflect the nursing diagnosis (pulmonary edema), and the plan of care should outline the interventions necessary to achieve the outcomes.*

29.

A patient with numerous health problems is admitted to the gerontology unit. Which of the following problems should have priority when establishing a plan of care?

Diabetes mellitus, type 2 (serum glucose 140, A1C 6.5%).

Hypertension (blood pressure of 148/90).

**Infected ulcer, left malleolus (2.5 cm), purulent discharge.**

Neuropathy in feet (pain level 1–2, numbness).

***Explanation:***

*Although all of these problems should be attended to, the priority concern is the infected ulcer on the left malleolus (2.5 cm) with purulent discharge because of the danger that the infection can spread to the bone, resulting in osteomyelitis, and because the ulcer and circulatory impairment that is common to diabetes may result in amputation if the ulcer is not treated promptly. Although the patient's serum glucose is elevated (140), the A1c of 6.5% is within the standard established by the ADA for patients with diabetes mellitus, type 2 (7%).*

30.

Which of the following pharmacokinetic changes is least affected by aging?

**Absorption.**

Distribution.

Metabolism.

Excretion.

***Explanation:***

*The pharmacokinetic change that is least affected by aging is absorption. Although an increase in gastric pH may interfere with some drugs and delayed gastric emptying may cause stomach*

*irritation because of extended duration of contact of the drug to the gastric mucosa and may increase the risk of drug-drug reactions, generally the effect on absorption and the bioavailability of most drugs is relatively small. Although distribution may be affected to some extent, metabolism and excretion are most affected.*

31.

Which of the following living options for a homeless patient who is about to be discharged from an acute care facility is a low-cost alternative that involves a private space and sharing of bathroom and kitchen facilities?

Cohousing.

Subsidized senior housing.

Shared housing.

**Single-room occupancy.**

***Explanation:***

*The homeless often have few options for housing after discharge from an acute hospital because many shelters are closed during the day or only allow limited stays. Single-room occupancy (SRO) is available in some areas (primarily cities) and offers a private room but shared bathroom and kitchen facilities. In some cases, former hotels or rooming houses are converted into SRO housing. Some of these units are substandard, but they are usually a better choice than living on the streets.*

32.

What dietary modification is most indicated to help patients control fecal incontinence?

Increased fiber.

Decreased fiber.

Limited fruit.

Fluid restriction.

***Explanation:***

*Although causes for fecal incontinence may vary, the dietary modification that is most indicated to help patients control fecal incontinence is increased fiber. This may be accomplished through dietary fiber (whole grains, fruits, vegetables) or the use of high-fiber bulking agents, such as psyllium (Metamucil), but patients must have an adequate fluid intake or constipation may occur. The patient may benefit from a regular toileting program. In some cases, fecal incontinence is associated with excessive use of laxatives.*

33.

To prevent esophageal irritation from oral medications, it's important to teach patients to take these medications with:

meals.

8 ounces of water.

8 ounces of milk.

an antacid.

**Explanation:**

To prevent esophageal irritation from oral medications, it's important to teach patients to take the medications with 8 ounces of water. Even medications whose directions say to take with meals should be swallowed first with a glass of water to make sure that the medication enters the stomach. Although milk is appropriate to take with some medications, it may interfere with others. Antacids may interfere with the absorption of some medications because they decrease stomach acid.

34.

If a patient with mild confusion that worsens at night repeatedly climbs over the bed rails during the night to go to the bathroom, the best solution is:

leave the bed rails down and schedule toileting.

use a body restraint and keep the bed rails up.

use a chemical restraint and keep the bed rails up.

keep the bed rails up and use movement alarms.

**Explanation:**

If a patient with mild confusion that worsens at night repeatedly climbs over the bed rails during the night to go to the bathroom, the best solution is to leave the bed rails down (because most falls occur in the act of climbing over the rails) and to schedule toileting on a regular basis, such as every 3 to 4 hours, depending on how often the patient ordinarily gets up to urinate. Movement alarms may also be used. Fluid restriction in the evening might help to decrease the patient's urinary frequency.

35.

Which of the following is a common age-related change of the cardiovascular system?

Decreased peripheral blood flow resistance.

Increased peripheral blood flow resistance.

Increased cardiac output.

Decreased thickness of valves.

***Explanation:***

*A common age-related change of the cardiovascular system is decreased peripheral blood flow resistance, at the rate of about 1% per year. Stroke volume also decreases by about 1% a year, resulting in decreased cardiac output. The blood pressure increases as a compensatory measure. The heart valves become thicker and the vessels become less elastic while the aorta becomes dilated and elongated. Arteries in the head, neck, and upper extremities become more pronounced.*

36.

The gerontological nurse notes that a patient with cancer receiving an opioid pain injection for breakthrough pain usually reports relief within 10 minutes, but the patient frequently complains of no pain relief after one team member administers the medication even though the patient reports having received the injections and the medication vials are accounted for. The gerontological nurse should suspect a(an):

pharmacy error in the medication supply.

inadequate injection technique.

patient bias toward the team member.

**misappropriation of the drug.**

***Explanation:***

*If the gerontological nurse notes that a patient with cancer receiving an opioid pain injection for breakthrough pain usually reports relief within 10 minutes, but the patient frequently complains of no pain relief after one team member administers the medication even though the patient reports having received the injections and medication vials are accounted for, the gerontological nurse should suspect misappropriation of the drug. Injectable drugs can easily be replaced with normal saline or sterile water. The gerontological nurse should report this suspicion to the administration rather than confronting the team member and should observe the team member closely.*

37.

A patient who has chronic obstructive pulmonary disease (COPD) is hospitalized with an exacerbation of symptoms, but during the review of medicines, the gerontological nurse discovers that the patient has been nonadherent to treatment, failing to take any of the prescribed medications. The nurse's first response should be to:

reprimand the patient for nonadherence.

tell the patient that the hospitalization resulted from nonadherence.

**ask the patient the reason for nonadherence.**

assume that the patient has low health literacy.

***Explanation:***

*Unfortunately, nonadherence to treatment is very common; therefore, when encountering a patient who has been nonadherent, the gerontological nurse's first response should be to determine the reason for nonadherence. Nonadherence may stem from a variety of reasons, such as from lack of education about the need to continue the drugs, from self-destructive*

*behavior, from lack of insurance, and from an inability to pay for medications. The problem can't be adequately addressed until the reason is identified.*

38.

An older adult with a terminal disease has verbally refused life-prolonging treatment on a number of occasions, although the patient has no advance directive and has not specifically requested a do-not-resuscitate order; but when the patient lapses into a coma, the son authorizes treatment to prolong the patient's life. The best resolution is to:

refer the matter to the bioethics committee.

withhold treatment according to the patient's wishes.

carry out treatment according to the son's wishes.

refer the matter to the organization's attorney.

***Explanation:***

*Ethical issues, such as giving or withholding life-prolonging treatments, are difficult to resolve, but the best solution is probably to refer the matter to the bioethics committee. The fact is that even advance directives are not legally binding in most states, and if family members object to withholding treatment, most physicians comply with the family because of the fear of lawsuits or because they believe the family should have a say in decision making.*

39.

A retired patient who is receiving outpatient care appears to have low self-esteem. Although the patient states he is bored, when questioned about what he would like to do, the patient says, "I'm not much good at anything." Which of the following suggestions may be most likely to result in improved self-esteem?

**Volunteer at a local organization.**

Take a class at the local adult-ed school.

Engage in regular exercise.

Visit a mental health therapist.

***Explanation:***

*Although all of these suggestions may be helpful, volunteering at a local organization is most likely to result in improved self-esteem. Indeed, this is one of the primary reasons that people volunteer. Many retired people, especially those who previously identified strongly with their jobs and whose social lives revolved around their jobs, feel lost, lonely, and unneeded after retirement. Volunteerism gets the person out of the house and engaged in an activity with other people.*

40.

**A patient lives alone on a limited income and wants to continue to do so but tires easily and is no longer able to shop or cook for himself. The patient has gained weight and has developed anemia because he is eating primarily junk food and sweets. The best solution is probably:**

move to a residential care facility.

hire a cook to prepare meals in the home.

use take-out meal delivery (from local restaurants).

receive home meal delivery (Meals-on-Wheels program).

**Explanation:**

*Although moving to a residential care facility may be ideal, the patient wants to remain in his home, and his limited income likely precludes hiring a cook to prepare meals in the home or ordering take-out meals from local restaurants (also, most restaurants do not deliver, although delivery services are sometimes available). For this patient, the best option is home meals delivery from programs established for older adults and the disabled, such as Meals on Wheels. Most of these programs are of low cost, or they are priced based on the person's income.*

41.

A patient has been scheduled for physical therapy treatments at 8:00 AM, but the patient complains to the gerontological nurse that she is not a "morning person" and hates going to therapy. The gerontological nurse should:

discuss the important benefits of the therapy treatments.

suggest that the patient try going to bed earlier.

**work with the physical therapy (PT) department to arrange later scheduling.**

show empathy to the patient and allow her to vent.

**Explanation:**

*If a patient has been scheduled for physical therapy treatments at 8:00 AM, but the patient complains to the gerontological nurse that she is not a "morning person" and hates going to therapy, the gerontological nurse should work with the PT department to arrange scheduling later in the day. In person-centered care, the needs of the patient should be accommodated when possible, even if it is less convenient for the staff. The patient is likely to benefit more from therapy done later in the day.*

42.

The gerontological nurse made a home visit and found a bedbound patient near death. Toxicology tests showed that the patient was administered a massive dose of a narcotic drug that was not prescribed to the patient. The patient's grandson admitted to the nurse that he had administered the drug at the request of the patient, who wanted to die. This matter should be referred to:

a social worker.

law enforcement.

adult protective services.

the bioethics committee.

***Explanation:***

*Regardless of intent or the desire of a patient to die, a family member cannot simply give a patient a life-threatening overdose of a drug to hasten death, even in states with statutes that allow assisted suicide. In this case, the grandson admitted to giving the patient an overdose with the intent to bring about the patient's death, and this matter should be referred to law enforcement. The district attorney will then decide what charges to bring against the grandson.*

43.

A patient is in an abusive relationship but is afraid to leave because she has only Social Security income and has no place to go. The gerontological nurse should recommend:

adult protective services.

law enforcement.

a women's crisis center.

couple's counseling.

**Explanation:**

*If a patient is in an abusive relationship but is afraid to leave because she only has Social Security income and has no place to go, the gerontological nurse should recommend that the patient seek help through a women's crisis center. Although crisis centers may vary somewhat, most can provide guidance in finding housing (some provide shelters), making safety plans, and obtaining restraining orders. They may offer on-site counseling or referrals as well as support groups. Many have a 24-hour crisis line from which people can obtain help.*

44.

The use of restraints may be indicated for:

staff convenience.

effectiveness in calming patient.

risk of wandering.

**the safety of the patient or others.**

**Explanation:**

*The use of restraints may be indicated for the safety of the patients or others and should be used for no other reasons. Restraints should never be used for the convenience of staff members. Before restraints are applied, all other methods of dealing with the problem should be tried. If restraints are absolutely necessary, a physician's order must be obtained, and the order*

*must state the conditions for use, type of restraints, and duration of their use. Patients must be monitored while in restraints, and protocols for use must be followed and documented.*

45.

An overweight patient has maintained a food log as part of a weight-loss program. The patient states she eats no “white foods” but eats a lot of vegetables and salads because she is trying to curb her intake of carbohydrates. Which of the other foods that the patient routinely eats is also high in carbohydrates?

Asparagus.

Spinach.

**Corn.**

Radishes.

***Explanation:***

*If an overweight patient states she eats no “white foods” but eats a lot of vegetables and salads because she is trying to curb her intake of carbohydrates, the patient should also avoid eating a lot of corn because it is relatively high in carbohydrates. Many nonwhite foods are also high in carbohydrates, such as juice and excessive amounts of fruit. Brown rice, although more nutritious than white rice, is also high in carbohydrates.*

46.

A 76-year-old female ate *Escherichia coli* (*E. coli* O157:H7)-contaminated vegetables and developed abdominal cramps and non-bloody diarrhea that persisted for 48 hours, after which the diarrhea became bloody and has remained so for 4 days. If the patient’s condition does not resolve, she is at risk for developing:

intestinal necrosis.

small-bowel obstruction.

intestinal perforation.

**hemolytic uremic syndrome.**

***Explanation:***

*If a 76-year-old female ate Escherichia coli (E.coli O157:H7)-contaminated vegetables and developed abdominal cramps and non-bloody diarrhea that persisted for 48 hours, after which the diarrhea became bloody and has remained for 4 days, and if her condition does not resolve, she is at risk for developing hemolytic uremic syndrome (HUS), which can lead to renal failure. Children younger than 5 and older adults are most likely to develop HUS. HUS is characterized by microangiopathic hemolytic anemia, thrombocytopenia, and acute renal failure.*

47.

The most appropriate transfer from acute care for a patient who remains ventilator dependent and requires specialized monitoring is likely to a(an):

residential care facility.

acute rehabilitation facility.

**subacute care facility.**

long-term care facility.

**Explanation:**

*The most appropriate transfer from acute care for a patient who remains ventilator dependent and requires specialized monitoring is likely to be a subacute care facility. Acute rehabilitation centers are for patients receiving therapy for neurological or physical injuries to prepare them to go home. Long-term care facilities may be able to take ventilator patients, but they usually don't do specialized monitoring. Residential care facilities are assisted living facilities and are not appropriate for those with major medical issues.*

48.

**A patient becomes very anxious and upset when transferred from one unit to another. When the gerontological nurse is assessing whether the move itself was the triggering event, the nurse recognizes that the degree of stress a patient experiences is based on the patient's:**

perception.

cognitive ability.

adaptation.

tolerance.

**Explanation:**

*If a patient becomes very anxious and upset when transferred from one unit to another, and when the gerontological nurse is assessing whether the move itself was the triggering event, the nurse should recognize that the degree of stress a patient experiences is based on the patient's perception. What may seem to be a minor inconvenience to one patient may seem catastrophic to another. The best solution is to talk with the patient and discuss the patient's feelings and concerns and help with the transition.*

49.

A patient has been diagnosed with osteopenia. As part of developing the plan of care with the patient, the gerontological nurse advises the patient that the change in lifestyle that may help to prevent further deterioration is:

a high-protein diet.

weight loss.

daily isometric exercises.

**smoking cessation.**

***Explanation:***

*If a patient has been diagnosed with osteopenia, as part of developing the plan of care with the patient, the gerontological nurse should advise the patient that the change in lifestyle that may help to prevent further deterioration is smoking cessation. Smoking reduces blood circulation to the bones and increases the speed of bone loss. Smoking also increases levels of cortisol, which can increase the breakdown of bone tissue, increasing the risk of fractures.*

50.

A patient hates using the continuous positive airway pressure (CPAP) machine and wants help in making a plan to reduce sleep apnea. Which of the following should the gerontological nurse advise the patient is most likely to reduce the need for CPAP during sleep?

Strength-building exercises.

**Weight loss.**

Use of the incentive spirometer.

Nothing will help.

**Explanation:**

*If a patient hates using the continuous positive airway pressure (CPAP) machine and wants help in making a plan to reduce sleep apnea, the gerontological nurse should advise the patient that weight loss is most likely to reduce the need for CPAP during sleep. Weight loss helps to reduce the amount of tissue in the back of the throat that blocks air flow, but patients usually need to lose at least 10% of body weight to have a significant effect or even to eliminate sleep apnea.*

51.

A 70-year-old female patient has been diagnosed with a sexually transmitted disease (STD). The patient is very upset and embarrassed and asks no questions about the disease. The gerontological nurse should:

ask the patient directly if she has questions.

avoid talking about the disease but provide literature.

**provide education about the disease in an empathetic manner.**

reassure the patient that STDs are common in older adults.

**Explanation:**

*If a 70-year-old female patient has been diagnosed with a sexually transmitted disease (STD), and the patient is very upset and embarrassed and asks no questions about the disease, the gerontological nurse should provide education about the disease in an empathetic manner, remaining supportive of the patient's feelings. The gerontological nurse should check the patient's perception periodically by asking if he or she understands the information or needs to have it repeated.*

52.

When the gerontological nurse is assessing a patient's home environment, the patient complains of constantly feeling cold. The recommended environmental temperature for an older adult is at least:

68 degrees.

72 degrees.

75 degrees.

80 degrees.

***Explanation:***

*Older adults are much more sensitive to cold than are younger people because of a lowered normal body temperature and decreased circulation. Because of this, the recommended environmental temperature for an older adult is at least 75 degrees. In fact, older adults may experience hypothermia at a temperature below 70 degrees. The performance of older adults is impaired at lower temperatures, especially when the temperature falls below 55 degrees. The need for a higher environmental temperature sometimes causes conflict when the older adult lives with younger family members.*

53.

When visiting a patient in a shared room in a residential care facility, the gerontological nurse notes that the two occupants' belongings are comingled in the closet and throughout the room and that personal items of both patients are placed together on the same dresser. The gerontological nurse suggests that:

both patients need private space for personal belongings.

this comingling helps establish companionship.

one patient may steal from the other.

patients may become confused about their belongings.

***Explanation:***

*If, when visiting a patient in a shared room in a residential care facility, the gerontological nurse notes that the two occupants' belongings are comingled in the closet and throughout the room and that personal items of both patients are placed together on the same dresser, the gerontological nurse should suggest that both patients need private space for their personal belongings. The need for personal space is important for all ages but is often overlooked in older adults.*

54.

Which of the following is a caregiver-related factor that may contribute to falls?

Waxed floors.

Mood disturbance.

Poorly fitting shoes.

**Delayed response to requests.**

***Explanation:***

*A caregiver-related factor that may contribute to falls is a delayed response to requests. For example, if a patient rings the call bell because of the need to use the bathroom and no one*

*responds, the patient is more likely to climb out of bed and attempt to go without assistance. Other caregiver-related factors include improperly using restraints or bed rails, unsafe practices (leaving the bed in the high position), and poorly supervising problem behaviors.*

55.

The gerontological nurse notes that the visiting grandson of a patient has nasal congestion, appears feverish, and is coughing. The gerontological nurse should ask the visitor to:

wear a mask.

**delay the visit until he is well.**

stand at least 5 feet from the patient.

stay away from other patients.

***Explanation:***

*If the gerontological nurse notes that the visiting grandson of a patient has nasal congestion, appears feverish, and is coughing, the gerontological nurse should ask the visitor to delay his visit until he feels well. Older adults, whose immune systems are often impaired, have lowered resistance to infection and may become more severely infected. A mask alone may not be an adequate safety precaution because pathogens may be present on the visitor's hands, and pathogens can spread more than 5 feet with coughing.*

56.

A patient was forced to retire as a pilot for a major airline when he turned 65. Since then, the patient has withdrawn from most previous friendships and activities. The forced retirement likely resulted in:

**a change in self-image.**

impaired physical health.

new interests and friends.

severe depression.

***Explanation:***

*If a patient was forced to retire as a pilot for a major airline when he turned 65 and since then has withdrawn from most previous friendships and activities, the forced retirement likely resulted in a change in self-image. Forced retirement is often unwelcome and results in changes in lifestyle. The patient may not be clear about his current role or how to interact with previous friends and associates, who may still be working and have less time for the patient.*

57.

**If a 64-year-old female patient has persistent overflow incontinence resulting from detrusor areflexia, the initial treatment that the gerontological nurse expects is:**

urinary diversion.

Foley catheter.

**intermittent catheterization.**

protective pads.

**Explanation:**

*If a 64-year-old female patient has persistent overflow incontinence resulting from detrusor areflexia, the treatment that the gerontological nurse expects to perform is intermittent catheterization if the patient is able to carry out the procedure. A Foley catheter may be inserted, but it increases the risk of infection because colonization of bacteria usually occurs within 14 days. A Foley catheter should be changed at least once monthly because encrustations may cause blockage and bladder spasms.*

58.

**A risk factor for strokes that is modifiable is:**

age.

gender.

race.

**obesity.**

**Explanation:**

*Although age, gender, and race cannot be modified, obesity is a modifiable risk factor for stroke. Other modifiable risk factors include smoking, diet, and lack of physical exercise. Some diseases and conditions also contribute to the increased risk of stroke, including sickle cell disease, other heart disease, peripheral arterial disease, carotid artery disease, atrial fibrillation, diabetes mellitus, and hyperlipidemia. The key to reducing risk is to manage and control the disease processes.*

59.

**According to Knowles' theory of andragogy related to adult learning, an important principle is that adult learners tend to be:**

dependent on others for direction.

**practical and goal oriented.**

more interested in theory than application.

unmotivated to learn.

***Explanation:***

*According to Knowles' theory of andragogy related to adult learning, an important principle is that adult learners tend to be practical and goal oriented. Other characteristics include self-directed, knowledgeable, relevancy oriented, and motivated. Adult learners like to receive an overview or summary and enjoy collaborative discussions and active involvement. They also like tangible rewards, such as a certificate of achievement.*

60.

The gerontological nurse examines a patient's functional ability and notes that the patient's gait is characterized by shuffling of the feet with periodic short rapid steps while the neck, trunk, and knees are flexed and the patient is leaning forward, increasingly walking faster. This gerontological nurse should recognize this gait as being characteristic of:

**Parkinson's disease.**

cerebral palsy.

hemiplegia.

multiple sclerosis.

**Explanation:**

*If the gerontological nurse examines a patient's functional ability and notes that the patient's gait is characterized by shuffling of the feet with periodic short rapid steps while the neck, trunk, and knees are flexed and the patient is leaning forward and increasingly walking faster, the gerontological nurse should recognize this gait as characteristic of Parkinson's disease. The patient may also exhibit a blank facial expression; slow, monotonous, or slurred speech; and tremors. Classic manifestations include the triad of tremor, rigidity, and bradykinesia.*

61.

According to the World Health Organization (WHO) three-step ladder approach to pain management, if a patient's abdominal pain associated with pancreatic cancer varies from 4 to 8 on the pain scale, pain control should be initiated at:

step 1.

step 2.

step 3.

**whichever step is appropriate at the time of initiation.**

**Explanation:**

*According to the World Health Organization (WHO) three-step ladder approach to pain management, if a patient's abdominal pain associated with pancreatic cancer varies from 4 to 8 on the pain scale, pain control should be initiated at whichever step is most appropriate for the level of pain at the time and then may later be adjusted to a higher or lower step. Although this is a three-step process, it is not necessary to start all pain control at step 1.*

62.

A patient in end-of-life hospice care for stage 4 multiple myeloma has developed severe skeletal pain and is scheduled to undergo radiation therapy to reduce his discomfort. How will this treatment affect hospice care?

Hospice care must be discontinued.

Hospice care is put on hold until treatment is finished, and then hospice is resumed.

Hospice care will continue without interruption.

Hospice care may be continued if preauthorization is received.

***Explanation:***

*If a patient in end-of-life hospice care for stage 4 multiple myeloma has developed severe skeletal pain and is scheduled to undergo radiation therapy to reduce his discomfort, this treatment does not affect hospice care because, although radiation may be an active treatment in some cases, the intent of the treatment is to provide palliation rather than to delay disease progress or to cure the disease. Although there is no preauthorization process for treatment under hospice, there are appeal processes that are used after hospice service has been denied.*

63.

A 66-year-old recently widowed patient with limited income is planning to move into the home of her daughter and son-in-law and their two adolescent children in order to share expenses, and she is concerned about the transition and a lack of independence. The best advice is for the patient to:

accept the changes in her life.

apply for low-cost housing elsewhere.

set the ground rules for living together.

**have a frank discussion with the family.**

***Explanation:***

*If a 66-year-old recently widowed patient with limited income is planning to move into the home of her daughter and son-in-law and their two adolescent children in order to share expenses and is concerned about the transition and lack of independence, the best advice is for the patient to have a frank discussion with the family. Before the move, the patient and family should discuss such issues such as how expenses, duties, and responsibilities will be shared; how private space will be allocated; and how privacy will be respected.*

64.

An older patient tells the gerontological nurse that she is very concerned that end-of-life care will provide her with comfort care and avoid unnecessary interventions. Which of the following is the best recommendation for the patient?

Power of attorney.

**Advance directive.**

Do-not-resuscitate (DNR) request form.

Will.

***Explanation:***

*If an older patient tells the gerontological nurse that she is very concerned that end-of-life care will provide her with comfort care and avoid unnecessary interventions, the best recommendation for the patient is to prepare an advance directive that outlines in detail the type of end-of-life care that she wants. The patient should also be advised to share the advance*

*directive with family members because in most states, if the patient is incapacitated, the advance directive is not legally binding and may be overridden by family members.*

65.

If a patient is admitted to the hospital with a diagnosis of left ventricular heart failure, which of the following clinical indications does the gerontological nurse expect?

Abdominal distension.

Ankle edema.

Weight gain.

**Dyspnea and cough.**

***Explanation:***

*If a patient is admitted to the hospital with a diagnosis of left ventricular heart failure, the gerontological nurse should expect the clinical indications to include dyspnea and cough as well as a generalized weakness and fatigue. With left-sided failure, the left ventricle becomes enlarged because of increased workload and end-diastolic volume. The impaired function results in blood pooling in the ventricles and backing up into the pulmonary veins, resulting in engorgement of the pulmonary circulation and pulmonary edema.*

66.

A patient complaining of drooping eyelids and double vision is diagnosed with myasthenia gravis (MG). If the disease is generalized, the area of the body that the gerontological nurse anticipates will be affected next is the:

**neck and jaw.**

upper extremities.

lower extremities.

hands and feet.

***Explanation:***

*The first indications of myasthenia gravis (MG) are usually problems with the eyes, such as drooping eyelids and double or blurred vision. Generalized MG tends to progress sequentially from the upper body to the lower, so the next area that is usually affected is the neck and jaw because of damage to the bulbar nerves arising from the brainstem. Typically, the patient begins to have dysphagia and tires quickly when eating. Speech is also affected (slurred, nasal).*

67.

When the gerontological nurse speaks to the unit supervisor, the supervisor becomes very impatient and frequently interrupts with statements such as "I don't have time for this" and "Can you hurry it up?" This is an example of:

overwork.

violence.

**incivility.**

normal behavior.

***Explanation:***

*If, when the gerontological nurse speaks to the unit supervisor, the supervisor becomes very impatient and frequently interrupts with statements such as "I don't have time for this" and "Can you hurry it up?" this is an example of incivility. Expressing impatience with a coworker or subordinate, although it is not insulting or attacking the person directly, shows rudeness and a lack of respect for the individual, impairs the communication process, and damages the relationship.*

68.

If a Navajo patient tells the gerontological nurse that he has "ghost sickness," the most appropriate response is:

"There is no such disease."

"What do you mean?"

"Is that a common name for a real illness?"

"How does the ghost sickness make you feel?"

***Explanation:***

*If a Navajo patient tells the gerontological nurse that he has "ghost sickness," the most appropriate response is "How does the ghost sickness make you feel?" This response respects the patient's perception of the disease and helps the nurse to understand what symptoms the patient is attributing to the disorder. The Navajo believe that ghost sickness is brought about by evil spirits, and they believe that a tribal healer may be able to overcome the spirit. Typical symptoms include weakness, nightmares, fear, and feelings of suffocation.*

69.

A patient with dementia is admitted to an acute hospital from a residential care facility with rib fractures and patterns of bruising about her face and body (including both arms) that are

associated with abuse, although the staff member from the facility states that the patient fell out of bed. The gerontological nurse should:

file a police report.

**notify adult protective services.**

accept the staff member's account.

ask administration for guidance.

***Explanation:***

*As a mandatory reporter, the gerontological nurse is required to report incidences of suspected abuse of older adults and disabled patients to adult protective services. Procedures may vary somewhat from one state to another. Although older adults may bruise easily and are more prone to fractures because of osteoporosis, some patterns of bruising (especially bruising of both arms, which often indicates defensive wounds when the patient puts up the arms for protection) are indicative of abuse.*

70.

If a patient has suspected heart failure, which of the following tests should the gerontological nurse expect will show the severity of the heart failure?

C-reactive protein (CRP).

Homocysteine.

Ischemia modified albumin (IMA).

**B-type natriuretic peptide (BNP).**

***Explanation:***

*If a patient has suspected heart failure, B-type natriuretic peptide (BNP) is the laboratory test that will show the severity of the heart failure. This hormone is secreted by ventricular tissues in response to increased volume and pressure in the ventricles, as occurs with heart failure. Normal values should be less than 100 pg/mL. A level of 250 pg/mL (250 ng/L) is consistent with mild heart failure, 375 pg/mL (375 ng/L) with moderate, 650 pg/mL (650 ng/L) with moderately severe, and 800 pg/mL (800 ng/L) with severe.*

71.

If the gerontological nurse is educating a patient with obstructive sleep apnea, and the patient is to use a bilevel positive airway pressure (BPAP) machine after discharge, the gerontological nurse should stress that the patient:

**must use the BPAP machine whenever sleeping.**

focus on improving his diet.

may not need the BPAP machine during an afternoon nap.

should do deep breathing and coughing exercises.

***Explanation:***

*If the gerontological nurse is educating a patient with obstructive sleep apnea, and the patient is to use a bilevel positive airway pressure (BPAP) machine after discharge, the gerontological nurse should stress that the patient must use the BPAP machine whenever he is sleeping, even for naps. The patient should be encouraged to establish better sleeping habits, falling asleep at the same time and avoiding excessive sleeping in the daytime. Many patients with obstructive sleep apnea have slept poorly for years and compensate by daytime napping.*

72.

If a patient with latex allergy is inadvertently exposed to latex and develops severe anaphylaxis with difficulty breathing, the priority intervention is to establish an airway and administer:

oxygen.

**epinephrine.**

corticosteroid.

albuterol inhaler.

***Explanation:***

*If a patient with a latex allergy is inadvertently exposed to latex and develops severe anaphylaxis with difficulty breathing, the priority intervention is to establish an airway and administer epinephrine. The epinephrine should be administered intramuscularly into the vastus lateralis (thigh) muscle instead of the deltoid because absorption is more rapid. Patients should receive adjunctive therapy with an antihistamine (such as diphenhydramine), corticosteroid (to prevent a biphasic reaction), and a histamine-2 blocker (such as ranitidine).*

73.

A 65-year-old patient with hypertension is planning a 6-hour flight to visit family members. What advice should the gerontological nurse provide to help reduce the risk of developing deep vein thrombosis?

**Move around often and stay hydrated.**

Ask the physician about taking an anticoagulant.

Take the train instead of the plane.

Fly in first class so there is more legroom.

**Explanation:**

*If a 65-year-old patient with hypertension is planning a 6-hour flight to visit family members, the advice the gerontological nurse should provide to help reduce the risk of developing deep vein thrombosis is to move around (get up and walk, stretch, circle feet, point toes, and shift weight) often and to stay well hydrated. The physician may recommend, in some instances, the use of compression stockings or an anticoagulant, but this is not usually necessary.*

74.

A patient approaches the gerontological nurse, stating the desire to talk. The patient's face is flushed, posture is rigid, breathing is rapid, and pupils are constricted. The patient comes close to the gerontological nurse and stares directly at her. This nonverbal behavior is most indicative of:

fear.

**anger.**

sadness.

happiness.

**Explanation:**

*If a patient approaches the gerontological nurse, stating the desire to talk and the patient's face is flushed, posture is rigid, breathing is rapid, and pupils are constricted, and then the patient comes close to the nurse and stares directly at her, this nonverbal behavior is most indicative of*

*anger and hostility. The gerontological nurse should be on alert and should step back or to the side to put space between the two and should respond in a calm manner.*

75.

The gerontological nurse is examining a patient with circulatory impairment of the lower extremities. Which of the following should the gerontological nurse recognize as an indication of arterial insufficiency?

Brownish discoloration around the ankles.

Moderate to severe edema.

Pedal pulse present.

**Rubor on dependency and pallor on elevation.**

***Explanation:***

*If the gerontological nurse is examining a patient with circulatory impairment of the lower extremities, she should recognize rubor on dependency and pallor on elevation as being indications of arterial insufficiency. Other indications include pain that ranges from intermittent to severe and constant. The skin is often pale and shiny with loss of hair, and it may feel cool to the touch. Nails may be thickened and ridged. Peripheral pulses are weak or absent, but edema is minimal. Ulcerations may occur on the toe tips, toe webs, heels, and other pressure areas, and they are often deep, circular, and necrotic.*

76.

Which of the following types of aspirations does the gerontological nurse expect will produce the most severe pulmonary damage?

Acid liquid (such as liquid gastric contents).

Nonacid liquid (such as water).

**Acid food particles (such as partially digested gastric contents).**

Nonacid food particles (such as chewed bread).

***Explanation:***

*The type of aspiration that will produce the most severe pulmonary damage is acid food particles (such as partially digested gastric contents). Patients typically exhibit severe hypoxemia, hypercapnia, and acidosis. The patient's upper airway is usually suctioned to remove as many food particles as possible and may require a bronchoscopy for further removal. The patient's oxygenation and hemodynamics must be supported with supplemental oxygen or mechanical ventilation. Antibiotic therapy is usually initiated in 48 hours if symptoms persist.*

77.

If the gerontological nurse needs to delegate a task to a licensed practical nurse (LPN)/licensed vocational nurse (LVN) but he is unsure how that nurse performs because he has not worked with the LVN/LPN before, the best initial approach is to:

assign the task and try to observe the LVN/LPN.

**ask the LVN/LPN how he or she would go about doing the task.**

ask the opinion of nurses who have worked with that LVN/LPN.

outline specific steps to carrying out the task.

**Explanation:**

*If the gerontological nurse needs to delegate a task to an LVN/LPN but is unsure how that nurse performs because he has not worked with the LVN/LPN before, the best initial approach is to ask the LVN/LPN how he or she would go about doing the task. Then, the gerontological nurse should share expectations and any specific instructions, including under what conditions and when the LVN/LPN needs to report back to him and how he will supervise the LVN/LPN.*

78.

According to the Payne-Martin classification system for skin tears, which of the following is an example of a category II skin tear?

**Scant tissue loss: Partial-thickness injury and  $\leq 25\%$  of the epidermal flap is lost.**

Linear: Full-thickness wound in a wrinkle or furrow with the epidermis and dermis pulled apart.

Flap: Partial thickness wound with a flap that can cover the wound with  $\leq 1$  mm of dermis exposed.

Complete partial-thickness injury with loss of the epidermal flap.

**Explanation:**

*Scant tissue loss: Partial-thickness injury and  $\leq 25\%$  of the epidermal flap is lost. The Payne-Martin classification for skin tears is as follows:*

*Payne-Martin Classification for Skin Tears*

*Category I                      Linear: Full-thickness wound in a wrinkle or furrow with the epidermis and dermis pulled apart (incisional appearance).*

*Skin tear without*

*tissue loss*

*Flap: Partial-thickness wound with a flap that can cover the wound with  $\leq$  1 mm of the dermis exposed.*

*Category II*

*Skin tear with  
partial*

*tissue loss*

*Scant tissue loss: Partial-thickness injury and  $\leq$ 25% of the epidermal flap lost.*

*Moderate-large tissue loss: Partial-thickness injury with  $>$ 25% of the epidermal flap lost.*

*Category III*

*Skin tear with  
complete*

*tissue loss*

*Complete partial-thickness injury with loss of the epidermal flap.*

79.

A patient's friend is visiting and expresses concern about the patient and asks for an update on her prognosis. The gerontological nurse should:

provide a general update about the patient without going into detail.

tell the visitor it's not appropriate to ask for information about the patient.

**tell the visitor that the patient's condition cannot be discussed due to privacy laws.**

deny knowledge of the patient's prognosis.

***Explanation:***

*If a patient's friend is visiting and expresses concern about the patient and asks for an update on the patient's prognosis, the gerontological nurse should tell the visitor that the patient's condition cannot be discussed because it would be a Health Insurance Portability and Accountability Act of 1996 (HIPAA) violation. The gerontological nurse can only discuss a*

*patient's condition with a parent/caregiver of a minor child, a spouse, or a person with the patient's power of attorney without permission from the patient.*

80.

If an older adult is unable to come to terms with aging and rails against the limitations imposed by aging, according to Erikson, the person has likely not resolved the conflict at the stage of:

generativity versus stagnation.

**ego integrity versus despair.**

ego identity versus role confusion.

industry versus inferiority.

***Explanation:***

*According to Erikson, the stage of older adulthood involves the conflict of ego integrity versus despair. The primary focus of the conflict during this stage is aging. Those who are able to accept the limitations of aging and remain with their egos intact gain wisdom, whereas those who cannot accept or adapt to changes often end up in a state of despair. They may become angry at the aging process or afraid of the future and of dying.*

81.

The gerontological nurse has taught a patient's spouse to change the patient's dressing and to understand signs of healing and of infection. The best method to ensure that the patient's spouse is able to carry out the dressing change and monitor the wound is to ask for a:

written test.

verbal description of the procedure.

**return teach-back demonstration.**

follow-up wound assessment.

***Explanation:***

*If the gerontological nurse has taught a patient's spouse to change the patient's dressing and to understand signs of both healing and infection, the best method to ensure that the patient's spouse is able to carry out the dressing change and monitor the wound is to ask for a return demonstration. The gerontological nurse should ask the spouse to change the dressing while the gerontological nurse observes and asks the spouse to "talk through" the steps during the procedure, including a description of the wound.*

82.

A patient who uses a continuous positive airway pressure (CPAP) machine during the night complains that excessive amounts of water collect in the tubing and asks the gerontological nurse how to resolve this problem. The best advice is to initially:

**decrease the humidifier temperature by one degree.**

increase the humidifier temperature by one degree.

increase the room temperature by two to three degrees.

decrease the room temperature by two to three degrees.

***Explanation:***

*If a patient who uses a C-PAP machine during the night complains that excessive amounts of water collect in the tubing and asks the gerontological nurse how to resolve this problem, the best advice is to initially decrease the humidifier temperature by one degree. Condensation tends to form in the tubing when the temperature inside the tubing is higher than the external temperature. If that doesn't work or the humidification is inadequate (dry mouth), then heated tubing or a tubing wrap may be helpful.*

83.

If a 73-year-old patient is admitted from a residential care facility with a coccygeal pressure ulcer that is 6 cm × 4 cm and extends to the muscle and is partially covered with black necrotic tissue, then the gerontological nurse would classify the pressure ulcer with a National Pressure Ulcer Advisory Panel (NPUAP) classification of:

stage I.

stage II.

stage III.

**stage IV.**

***Explanation:***

*If a 73-year-old patient has a 6 cm × 4 cm coccygeal pressure ulcer that extends to the muscle and is partially covered with black necrotic tissue, then the gerontological nurse would classify the pressure ulcer as stage IV. Stages include the following:*

*NPUAP Pressure Ulcer Classification*

*Suspected    Blood blister, discolored skin, pain, texture change, or temperature change.*

*Stage I        Localized nonblanching reddened area.*

*Stage II Partial thickness skin loss involving epidermis and dermis. Abrasion/Blistered appearance.*

*Stage III Exposure of subcutaneous tissue, but not of the muscle or bone.*

*Stage IV Extends to muscle, bone, tendons, or joints with extensive damage and necrosis.*

*Unstageable Sloughing and/or eschar in the wound makes staging impossible until debridement.*

84.

A patient with chronic low back pain states that he wants to try complementary therapy to relieve pain because medications have been ineffective, and he asks the gerontological nurse which therapy is likely to relieve discomfort. The gerontological nurse should reply that the therapy that has documented effectiveness is:

acupuncture.

herbal medicines.

homeopathic medicines.

healing touch.

***Explanation:***

*If a patient with chronic low back pain states that he wants to try complementary therapy to relieve pain because the current medications have been ineffective and asks the gerontological nurse which therapy is likely to relieve discomfort, the gerontological nurse should reply that the therapy that has documented effectiveness is acupuncture. Acupuncture appears to stimulate*

*the production of endorphins. Acupuncture is generally safe and has no adverse effects if it is performed by an experienced practitioner. There is little discomfort involved in this treatment.*

85.

A patient has been dieting but complains that she has developed chronic diarrhea. On reviewing the patient's food log, the gerontological nurse notes one item that is likely to cause diarrhea. This item is:

dietetic hard candy.

broccoli.

cottage cheese.

hard-boiled eggs.

***Explanation:***

*If a patient has been dieting but complains that she has developed chronic diarrhea, the item on the food log that is most likely the cause is dietetic hard candy. Dietetic candy, diet soda, sugarless gum, and other sugarless products contain sweeteners (such as sorbitol, sucralose, and xylitol) that often cause diarrhea, abdominal distension, and gas, especially if taken in large amounts. The patient should stop eating the dietetic candy until the diarrhea stops and then eat it only in small amounts to tolerance.*

86.

If the gerontological nurse hears a patient's physician complaining that a patient is "difficult and impatient," and the gerontological nurse tells the physician that the patient is very frightened and acting defensively, the aspect of care that the nurse is exhibiting is:

advocacy.

patient equality.

human dignity preservation.

caring practice.

***Explanation:***

*If the gerontological nurse hears a patient's physician complaining that she is "difficult and impatient," and the gerontological nurse tells the physician that the patient is very frightened and acting defensively, then the aspect of care that the nurse is exhibiting is advocacy. The nurse is speaking up in defense of the patient and acting for her benefit in trying to help the physician have a more balanced view of the patient's behavior.*

87.

During the initial trial period for prompted voiding, the first intervention is to:

schedule verbal reminders and provide positive feedback.

ask patients if they want to use the toilet.

modify fluid intake.

ask patients if they are wet or dry, check, and provide feedback.

***Explanation:***

*During the initial trial period of 3 days, the first intervention is to ask patients if they are wet or dry to help them focus attention on what it feels like, to check, and then provide feedback. Then, patients should be asked if they want to use the toilet and prompted three times if they refuse. Patients should be assisted to the toilet and encouraged to urinate. After the initial period, scheduled verbal reminders and positive feedback should be provided.*

88.

**When assessing an elderly patient's functional ability, which test is used specifically to indicate the risk of falls?**

**Timed Up and Go (TUG).**

Katz Index of Independence in Activities of Daily Living (Katz ADL).

Functional Ability Rating Scale.

Instrumental Activities of Daily Living.

***Explanation:***

*The Timed Up and Go (TUG) assessment evaluates the time a patient requires to stand from a chair with armrests, walk 3 meters, turn, return, and sit back down. Those requiring  $\geq 14$  seconds are at risk for falls. The Katz Index of Independence in Activities of Daily Living (Katz ADL) evaluates normal activities, such as bathing, dressing, transferring, walking, using the toilet, grooming, and eating, and it includes timed tests for various activities. The Instrumental Activities of Daily Living test evaluates ADLs as well as the patient's ability to manage his or her affairs (including finances), arrange transportation, use prosthetic devices, shop, and use the telephone. The Functional Ability Rating Scale evaluates limitations in major life activities, such as self-care, communication, self-direction, ability to live independently, learning, and the patient's ability to handle economic affairs.*

89.

When the gerontological nurse makes a home visit to see a patient who is homebound because of arthritis, the nurse notes that the patient smells of perspiration and his hair is greasy and dirty, so it appears that he has not been attending to personal hygiene. The best approach to resolving this problem is to:

question the patient's ability to live at home.

suggest a home health aide.

**determine the reason.**

tell the patient to bathe.

***Explanation:***

*If the gerontological nurse makes a home visit to a patient who is homebound because of arthritis and notes that the patient smells of perspiration and his hair is greasy and dirty, the best approach to resolving his problem of not attending to personal hygiene is to determine the reason. For example, if the patient is afraid to get in and out of the tub, then perhaps he needs a shower chair or a hand-held shower. If the patient is confused or depressed, these may affect his ability to perform self-care.*

90.

Which of the following waist measurements for a female is considered a risk factor for obesity-related health conditions?

≤35 inches.

**>35 inches.**

36 to 40 inches.

>40 inches.

**Explanation:**

*Because waist circumference is based on averages, the measurements won't hold true for females who are too far outside of average size, but generally a waist measurement of >35 inches is a risk factor for obesity-related health problems for females and >40 inches for males. Waist measurements are often considered in relation to the BMI with 25–29.9 being overweight, 30–34.9 obese, 35–39.9 severely obese, and  $\geq 40$  morbidly obese.*

91.

Which of the following assessment tools is most indicated for a 76-year-old male recovering from prostatectomy exhibiting sudden onset of confusion with fluctuating inattention, disorganized thinking, and altered level of consciousness?

Mini-Mental State Examination (MMSE).

Mini-Cog.

Confusion Assessment Method (CAM).

Geriatric Depression Scale (GDS).

**Explanation:**

*The Confusion Assessment Method (CAM) assesses the development of delirium. Factors indicative of delirium include the following:*

- *Onset: Acute change in mental status.*
- *Attention: Inattentive, stable or fluctuating.*

- *Thinking: Disorganized, rambling conversation, switching topics, illogical.*
- *Level of consciousness: Altered, ranging from alert to coma.*
- *Orientation: Disoriented (person, place, time).*
- *Memory: Impaired.*
- *Perceptual disturbances: Hallucinations, illusions.*
- *Psychomotor abnormalities: Agitation (tapping, picking, moving) or retardation (staring, not moving).*
- *Sleep–wake cycle: Awake at night and sleepy in the daytime.*

*The Mini-Mental State Examination (MMSE) and Mini-Cog are used to assess evidence of dementia or short-term memory loss, often associated with Alzheimer’s disease. The Geriatric Depression Scale (GDS) is a self-assessment tool to identify older adults with depression.*

92.

**When assessing a patient’s short-term memory, which of the following is the best question?**

"What is your birthdate?"

"What did you have for breakfast this morning?"

"Can you spell the word WORLD backward?"

**"What was the weather like this morning?"**

***Explanation:***

*The question "What was the weather like this morning?" tests short-term memory with a question whose answer the gerontological nurse can verify from personal experience. Patients may sometimes make up answers to questions such as "What did you have for breakfast this morning?" to cover their memory loss. Tasks such as spelling words backward are used to test attention. Asking questions about past events, such as the person’s birthdate, tests long-term memory.*

93.

Which of the following complies with the American Medical Association guidelines for informed consent?

A patient with an aortic aneurysm is provided a list of treatment options.

A patient with arrhythmia is told that her only option is cardioversion.

A preoperative patient is advised that she has nothing to worry about because valve repair poses little risk.

Information about a patient's condition is withheld to prevent causing her anxiety.

***Explanation:***

*The patient with an aortic aneurysm is provided a list of possible treatment options, as required by the guidelines for informed consent. Arrhythmias may be treated in different ways, so providing only one option limits the patient's right to choose. Telling a patient she has nothing to worry about is a platitude and may be wrong. Patients have a legal right to information about their conditions, even if it may cause anxiety. Patients cannot make informed consent without adequate and accurate information.*

94.

Changes in which organ system have the most profound effect on the metabolism of drugs in the older adult?

Gastrointestinal.

Cardiovascular.

Renal.

**Hepatic.**

***Explanation:***

*Changes in the hepatic system have the most profound effect on the metabolism of drugs in the older adult. The liver's primary role is to transform active drugs into inactive metabolites so that they can be excreted by the kidneys. This function is carried out by microsomal enzymes, which decrease with age. The hepatic blood flow also decreases because of atherosclerosis and a reduction in cardiac output. This slowing of drug metabolism can allow drugs to accumulate, increasing the serum level and drug effects.*

95.

**A patient with poorly controlled diabetes mellitus, type 2, and hypertension has a history of falling in the home and complains of increasing problems with balance, leading the patient to becoming increasingly homebound. With whom should the gerontological nurse coordinate the plan of care?**

Social worker.

**Physical therapist.**

Occupational therapist.

Psychotherapist.

***Explanation:***

*If a patient with poorly controlled diabetes mellitus, type 2, and hypertension has a history of falling in the home and complains of increasing problems with balance, the gerontological nurse should coordinate the plan of care with the physical therapist. The physical therapist can*

*evaluate the patient's gross motor coordination and assist the patient with postural control and physical skills as well as recommend devices for safe ambulation if necessary.*

96.

According to his son, a 70-year-old male whose wife died 6 months earlier appeared to grieve little and manage well after her death, resuming an active social life, but he has become increasingly withdrawn in the past month, eating and sleeping poorly and wandering the house at night. The patient is hospitalized with depression. Which of the following is a priority intervention for the gerontological nurse?

Encourage the patient to think about the future.

**Encourage the patient to talk about his wife and her death.**

Encourage the patient to eat nutritious meals.

Encourage the patient to establish a sleeping schedule.

***Explanation:***

*If, according to his son, a 70-year-old male whose wife died 6 months earlier appeared to grieve little and manage well after her death, resuming an active social life, but he has become increasingly withdrawn in the past month, eating and sleeping poorly and wandering the house at night, resulting in hospitalization for depression, the priority intervention for the gerontological nurse should be to encourage the patient to talk about his wife and her death. The patient is likely having a delayed grief response and dysfunctional grieving.*

97.

The gerontological nurse enters a patient's room after she talks to the doctor and finds the patient shaking and distraught. Which is the best response?

“What’s wrong?”

“Do you want me to call your family?”

**“You are shaking and seem worried.”**

“You don’t need to worry. Everything will be all right.”

***Explanation:***

*“You are shaking and seem worried” acknowledges what is true and evident and leaves an opening for the patient to discuss her feelings if she wants to. “What’s wrong?” requires a direct response that the patient may not feel like giving. “Do you want me to call your family” does not deal with the patient’s anxiety and is an escape for the nurse. “You don’t need to worry. Everything will be all right” is a platitude that has little meaning and may not, in fact, be true.*

98.

**National guidelines recommend that adults do exercises of moderate intensity:**

20 minutes daily to a minimum total of 100 minutes weekly.

**30 minutes daily to a minimum of 150 minutes weekly.**

90 minutes daily to a minimum of 300 minutes weekly.

10 minutes daily to a minimum of 60 minutes weekly.

***Explanation:***

*National guidelines recommend that adults exercise 30 minutes daily to a minimum of 150 minutes weekly with moderate-intensity exercises (walking, bicycling, gardening) or 20 minutes of vigorous-intensity exercises (running, aerobics, heavy physical work) to a minimum of 60 minutes a week. In addition, adults should engage in strengthening exercises (push-ups, sit-ups, weight lifting) at least twice weekly. Exercise sessions should be at least 10 minutes long to achieve health benefits.*

99.

**A cooperative 80-year-old severely arthritic patient suffered a myocardial infarction and has limited use of her hands and some forgetfulness. She is very anxious. What type(s) of barriers to learning/self-care does this patient have?**

Psychological and cognitive.

Physical and cognitive.

Physical only.

**Psychological, physical, and cognitive.**

***Explanation:***

*The barriers to self-care that this patient faces are psychological, physical, and cognitive:*

- *Psychological: She is very anxious, and this may interfere with her ability to manage care.*
- *Physical: Her arthritis has impaired her mobility, and this may prevent her from carrying out necessary activities or procedures.*
- *Cognitive: This patient is forgetful, so she may require repeated instructions or may not be able to manage her own care.*

100.

The gerontological nurse is speaking to a group of older adults, and one of them asks about the elements necessary for aging in place. Those elements include:

proximity to needed services.

ability to drive a car.

family support system.

good health.

***Explanation:***

*If the gerontological nurse is speaking to a group of older adults, and one of them asks about the elements necessary for aging in place, the gerontological nurse should include proximity to needed services—either close by or within walking distance. These may include medical care, but also may include places such as grocery stores and pharmacies or at least places that will deliver. Other elements include transportation availability (not necessarily the ability to drive), such as public transportation options. The last important element is housing that is affordable and accessible. This can mean that older adults may have to move to a different home to safely age in place.*

101.

According to Joint Commission guidelines, which medication order is written correctly?

Maalox 30 cc PO qhs.

Lasix 40.0 mg PO daily.

MS 4.0 mg IV q 4 hr. prn.

Synthroid 0.88 mg PO daily at 0700.

**Explanation:**

*Synthroid 0.88 mg PO daily at 0700 is correct because the medication is spelled out, the decimal has a leading zero, PO is clearly written, and "daily" is used instead of "qd," which can be misinterpreted as QID if the nurse uses periods, "q.d." Additionally, a 24-hour time designation is used. "Maalox 30 cc" should be "Maalox 30 mL" because "cc" may be misread as "U" for unit. Instead of "qhs," which can be misread as "qhr," "nightly" should be used. "Lasix 40.0 mg" should be "Lasix 40 mg" because the trailing zero may cause someone to read the order as "400 mg." "MS" could be misread as magnesium sulfate.*

102.

A patient is receiving daily warfarin after treatment for atrial fibrillation. Which of the following may interfere with the drug's effectiveness?

One 4-ounce glass of red wine daily.

**Caffeinated beverages.**

A daily multivitamin.

Milk products.

**Explanation:**

*Caffeinated foods (tea, coffee, hot chocolate) may increase the effects of warfarin. Alcohol intake should be limited to no more than three drinks daily. A daily multivitamin should not affect warfarin, but some herbal medications can affect clotting time. Milk products should not affect warfarin, but foods that are high in vitamin K may affect the medication and should be limited and eaten in consistent amounts. These include broccoli, green leafy vegetables (kale, turnip greens, beet greens), cauliflower, and legumes as well as soybean and canola oils.*

103.

Which of the following is an example of shared governance?

Unit teams establish work schedules for their own units.

Administrators receive regular reports of executive decisions.

The administration allows incentive pay for 12-hour shifts.

Units are rewarded for achieving cost-cutting goals.

***Explanation:***

*Shared governance implies shared decision making, but this can be realized in different ways. A common form of shared governance is for the administration to allow autonomous decision making by specific departments, teams, or groups within an organization regarding issues that apply to them or are within their area of expertise. For example, a unit team may have the authority to establish work schedules for that unit only, and members of a professional development team may be able to make decisions regarding professional development activities. In some cases, shared governance committees communicate with the administration and can affect decision making but do not make the final decision.*

104.

When doing medication reconciliation for a gerontological patient, the gerontological nurse is concerned that some medications or dosages may be inappropriate for elderly patients. The most efficient method of checking these medications is probably to consult:

The Physician's Desk Reference (PDR).

Drugs.com.

the Beers Criteria.

drug manufacturers.

**Explanation:**

*The Beers Criteria (American Geriatrics Society) lists drugs that are inappropriate for older adults. The Beers Criteria can be incorporated into clinical decision support systems so that alerts are issued if a medication or dosage is inappropriate for the patient. The Beers Criteria lists the organ system/therapeutic category of the drugs, the rationale for including the drugs on the list, recommendations (conditions for avoidance and exceptions), the quality and strength of evidence, and references.*

105.

The gerontological nurse notes that one nurse on the unit refers to older adults as “honey,” “sweetie,” and “dear.” This is an indication of:

caring.

ageism.

incivility.

sexism.

**Explanation:**

*If a nurse refers to older adults as “honey,” “sweetie,” and “dear,” this is an indication of ageism, which involves systematically labeling and/or discriminating against older adults. Inappropriate use of terms of endearment is infantilizing and suggests that the older adult is less than equal. Ageist language, including such terms as “little old lady” and “old coot,” should be avoided.*

*Ageism also includes using ageist stereotypes, such as believing that all adults are rigid in their beliefs or have poor memories.*

106.

A 40-year-old woman who works as a store clerk explains to the gerontological nurse that she is trying to care for her mother (the patient), who is 68 and has moderate Alzheimer's-related dementia, but the patient has begun to wander while the woman is at work, and the woman wonders what options are available. The patient's only income is her Social Security. The best option at present is probably:

an adult day care.

an assisted living facility.

asking neighbors to check on the patient.

a medical alert system.

***Explanation:***

*The best option for a 68-year-old patient with moderate Alzheimer's-related dementia and who has begun to wander while her caregiver daughter is at work is probably an adult day care center. Although they vary widely, some accept payment according to income. Assisted care facilities, while ideal, are generally very expensive. Intermittent checking by a neighbor is not adequate, and patients with dementia may not be able to reliably use medical alert systems.*

107.

If a patient is severely dehydrated, what effect will this have on the complete blood count (CBC)?

Increased hemoglobin and hematocrit, decreased blood volume, and stable red blood cell (RBC)

count.

Decreased hemoglobin and hematocrit, decreased blood volume, and increased RBC count.

Decreased hemoglobin and hematocrit, decreased blood volume, and decreased RBC count.

Stable hemoglobin and hematocrit, decreased blood volume, and stable RBC count.

***Explanation:***

*If a patient is severely dehydrated, the effect this will have on the complete blood count (CBC) includes the following:*

- *Increased hemoglobin and hematocrit because the blood is more concentrated.*
- *Decreased blood volume because of the lack of adequate body fluids.*
- *Stable red blood cell (RBC) count.*

*Other laboratory tests that may indicate dehydration include abnormal findings of electrolytes (especially sodium, potassium, chloride, and carbon dioxide) and elevated kidney function tests, such as blood urea nitrogen (BUN) and creatinine.*

108.

According to Maslow's hierarchy of needs, which of the following nursing diagnoses would have priority?

Risk for injury.

Ineffective coping.

Sleep deprivation.

Social isolation.

**Explanation:**

According to Maslow's hierarchy of needs, the nursing diagnoses would be prioritized in the following manner (first to last):

- *Physiological needs: Sleep deprivation.*
- *Safety and security needs: Risk for injury.*
- *Love and belonging: Social isolation.*
- *Esteem (self and from others): Ineffective coping.*

The last need is for self-actualization, but Maslow's hierarchy of needs is predicated on the idea that one must meet the needs at one level before progressing to the next level; therefore, many people are never able to meet the needs associated with self-actualization.

109.

An outpatient with generalized anxiety disorder (GAD) has an emotional support animal (a cat) and wants to take the cat to work with her when she returns to her job. The gerontological nurse should advise the patient that, according to Title II and Title III of the Americans with Disabilities Act, an emotional comfort animal:

does not qualify as a service animal.

must be accommodated by employers as a service animal.

can be certified as a service animal only if it is a dog.

is certified as a service animal only on special request.

**Explanation:**

According to Title II and Title III of the Americans with Disabilities Act, an emotional comfort animal does not qualify as a service animal. Service animals must actually provide some type of

*active service and must be canine, although special requests can be made to qualify miniature horses. Psychiatric services dogs, for example, are qualified and may be trained to identify oncoming psychiatric episodes, remind the patient to take medications, interrupt self-injurious behavior, or protect disoriented patients from danger.*

110.

Which is the best support surface for a palliative care patient who cannot assume a variety of different positions without experiencing pain and exerting pressure on two existing ulcers, stages I and II?

Static flotation (water).

Foam.

**Alternating air mattress.**

High air loss (air fluidized).

***Explanation:***

*The alternating air mattress is a dynamic support surface and is especially useful for palliative care patients who cannot be moved easily without pain because it may assist with tissue perfusion even when patients are immobile. The support surface should be assessed with the patient in various positions for bottoming out by placing a flat hand beneath the patient's pressure points and ensuring there is at least an inch of support. Alternating air mattresses may result in moisture retention and heat accumulation.*

111.

The gerontological nurse is coordinating a diabetes screening program in the community. This is an example of:

primary prevention.

**secondary prevention.**

tertiary prevention.

quaternary prevention.

***Explanation:***

*Secondary. Primary prevention: Includes specific interventions such as wearing safety glasses, giving immunizations, and changing behavior (smoking cessation, diet). Secondary prevention includes screening to identify risk of disease or undiagnosed disease in order to begin treatment. Tertiary prevention includes measures to prevent disabilities and promote recovery from disease, such as turning bedridden patients and providing rehabilitation programs. Quaternary prevention includes measures to prevent harm from medical treatment.*

112.

The gerontological nurse is teaching a 68-year-old man with a colostomy to do irrigations and has prepared written directions and a video, but the patient ignores them and picks up the equipment and looks at each part, trying to figure it out. The patient's learning style is probably:

auditory.

visual.

**kinesthetic.**

mixed.

***Explanation:***

*Kinesthetic learners learn best by handling, doing, and practicing and should be allowed to handle supplies/equipment with minimal directions. They benefit from demonstrating their understanding by doing the procedure. Visual learners learn best by seeing and reading, and they benefit from written directions, videos, diagrams, pictures, and demonstrations. Auditory learners learn best by listening and talking, so procedures should be explained during demonstrations. Auditory learners benefit from audiotapes and having extra time for questions.*

113.

**A 70-year-old female is recovering from an ischemic stroke of the left hemisphere and has global aphasia. Which of the following communication approaches is most effective to facilitate communication with a patient who has global aphasia?**

Speak slowly and clearly, facing the patient.

Use letter boards.

Ask yes/no questions.

**Use pictures, diagrams, and gestures.**

***Explanation:***

*Aphasia is the loss of ability to use and/or understand written and spoken language because of damage to the speech center of the brain caused by brain tumors, brain injury, and stroke. Global aphasia is characterized by difficulty understanding and producing language in speaking, reading, and writing, although patients may understand gestures. The nurse can use pictures, diagrams, and gestures to convey meaning. Picture charts may also be useful. The speech*

pathologist should assess patients with aphasia and provide guidance in communicating with them.

114.

Which of the following sensory changes associated with aging has the most impact on older adults?

Hearing deficit.

**Vision deficit.**

Decreased taste and smell.

Decreased sense of touch (vibration, temperature, pain).

***Explanation:***

*Older adults are most impacted by deteriorating vision (presbyopia, cataracts), which prevents them from reading and navigating safely. Most people >60 require glasses. People may be less sensitive to color differences (particularly blues and greens), and night vision decreases. Hearing impairment (impacted cerumen, presbycusis) may require periodic cleaning of the ears or hearing aids. Taste and smell usually remain fairly intact, although the smell of airborne chemicals may be less acute, and taste buds begin to atrophy >60, affecting the ability to taste sweet and salty especially. The sense of touch is usually somewhat reduced in older adults.*

115.

When counseling a 66-year-old patient about the need for a herpes zoster immunization, which of the following should the gerontological nurse tell the patient?

The vaccine prevents about 50% of cases and decreases pain and severity of those who develop

the disease.

The immunization should be routinely administered to those who are immunocompromised.

There are no adverse effects associated with the immunizations.

The immunization is recommended for those  $\geq 50$  years.

***Explanation:***

*The herpes zoster vaccine prevents about 50% of herpes zoster cases and decreases the pain and severity of those who still develop the disease. It is contraindicated in those with an allergy to gelatin or neomycin and those who are immunocompromised because of HIV/AIDS, chemotherapy, radiation, steroid use, history of leukemia or lymphoma, and active TB. Adverse reactions are rare but include allergic response, local inflammation, and headache. The herpes zoster vaccine is recommended for those  $\geq 60$  years old.*

116.

Which of the following regulatory guidelines contains the Nursing Home Reform Act, which establishes guidelines for long-term care facilities?

Omnibus Budget Reconciliation Act (OBRA).

Older Americans Act (OAA).

Americans with Disabilities Act (ADA).

Health Insurance Portability and Accountability Act (HIPAA).

**Explanation:**

*The Omnibus Budget Reconciliation Act (OBRA) contains the Nursing Home Reform Act (NHRA), which establishes guidelines for nursing facilities (such as long-term care facilities). The Older Americans Act (OAA) provides improved access to services for older adults and Native Americans, including community services (meals, transportation, home health care, adult day care, legal assistance, and home repair). The Americans with Disabilities Act (ADA) is a civil rights legislation that provides the disabled, including those with mental impairment, access to employment and the community. The Health Insurance Portability and Accountability Act (HIPAA) addresses the rights of the individual related to privacy of health information.*

117.

**When evaluating an older adult's mobility, which of the following is a safe maneuver?**

Supporting the leg and pushing the knee into flexion.

Asking the patient to hop on one foot.

Asking the patient to do deep knee bends.

**Supporting the arm and asking the patient to flex the elbow.**

**Explanation:**

*Extremities should be examined using modified movements that are not overly vigorous, such as pushing a limb into flexion or extension. The gerontological nurse may support the arm and ask the patient to flex the elbow. The nurse should avoid having patients hop on one foot or do deep knee bends because of decreased range of motion (ROM), reflexes, and balance and should always provide support of the limbs during inspection. Positioning is an issue for many older adults who may have a limited ROM and/or difficulty sitting or lying in certain positions, based on their individual physical limitations.*

118.

A patient who suffered a stroke has persistent dysphagia and cough, and the gerontological nurse is concerned that the patient may aspirate. With which of the following should the gerontological nurse coordinate to implement a plan of care?

Physical therapist.

Occupational therapist.

Respiratory therapist.

**Speech pathologist.**

***Explanation:***

*If a patient who suffered a stroke has persistent dysphagia and cough, and the gerontological nurse is concerned that the patient may aspirate, then the most appropriate referral is to a speech pathologist. The speech pathologist is able to assess the strength of the mouth, including the lips, the tongue, the palate, and the jaw. The speech pathologist may suggest preventive measures, including positioning and diet modifications, and may prescribe exercises and/or neurological stimulation or thermostimulation.*

119.

A 76-year-old patient has developed slight dependent rubor in both feet. The best procedure to assess peripheral arterial insufficiency of the lower extremities is the:

nylon monofilament test.

toe-brachial index.

capillary refill test.

**ankle-brachial index.**

***Explanation:***

*The ankle-brachial index is used to evaluate peripheral artery disease by combining use of blood pressure and Doppler readings of the arms (brachial artery) and ankles to determine difference in pressure from the upper extremities to the lower. The toe-brachial index is used if the ankle-brachial index is positive to provide additional information. The nylon monofilament test is used to evaluate neuropathy and risk of ulcers. A piece of monofilament is touched and pressed against parts of the foot and toes to determine if the patient can feel it. Capillary refill is used to assess perfusion. The nail is grasped and pressure is applied for a few seconds and then released. Arterial occlusion is indicated with times >2–3 seconds.*

120.

**The generational group that is most likely to be accepting of diversity and sociable and to expect to be able to take time off from work for recreational activities as desired is:**

Baby boomers (born 1946 to 1964).

Generation X (born 1965 to 1980).

**Millennials (born 1981 to 2000).**

Centennials (born 2001 to present).

***Explanation:***

*The generational group that is most likely to be accepting of diversity and sociable and to expect to be able to take time off from work for recreational activities as desired is millennials (born 1981 to 2000). Although the group characteristics may not apply to each individual,*

*generally, millennials grew up with technology and are comfortable with electronic media and equipment. Because they are often self-confident, they enjoy personal attention and acknowledgement of their achievements. They tend to be competitive and strive for achievement.*

121.

**A 76-year-old patient with heart disease reports having only a few close friends at present and has little interest in social activities, although she previously had a wide range of friends and engaged in many social activities. This change probably represents:**

the onset of depression.

**a normal experience of aging.**

neglect by previous friends.

the onset of dementia.

***Explanation:***

*As patients age and develop chronic disease, the energy required to support numerous friendships and to engage in social activities often wanes. Because of this, patients often begin to narrow their friendships to a few people with whom they have close ties and to limit social engagements. This is usually a normal experience of aging and does not necessarily represent depression or dementia, although, if this is a sudden change for a patient, these may be factors.*

122.

**Which of the following diagnostic tests is most valuable to evaluate dietary and treatment compliance for a 70-year-old patient with type 2 diabetes mellitus?**

Fasting blood glucose.

Diabetes autoantibodies.

Ketones (urine).

**Hemoglobin A1c.**

***Explanation:***

*The hemoglobin A1c test provides information about the average glucose content of the blood over the previous 2- to 3-month period, so it is useful for monitoring compliance with diet and treatment, although it cannot be used alone for diagnosis. The fasting blood glucose test provides the glucose level after 8 to 12 hours of fasting, but this can be affected by recent diet changes and may fluctuate. Ketone testing is used for screening but is not sensitive enough for monitoring or diagnosis. Diabetic autoantibodies are tested to differentiate type 1 from type 2 diabetes.*

123.

**Which of the following is a violation of professional boundaries on the part of the gerontological nurse?**

A gerontological nurse accepts a box of chocolates to be shared by all unit staff from a patient's daughter.

**The gerontological nurse confides to the patient that he, like the patient, is getting a divorce, so he understands the patient's stress.**

The gerontological nurse assists a patient in placing a call to his landlord so the patient can explain that he cannot pay the rent on time.

The gerontological nurse finds a patient crying and places his hand on the patient's shoulder.

**Explanation:**

*The gerontological nurse should not disclose personal information, such as an impending divorce, because this establishes a social relationship that interferes with the professional role of the nurse. Small tokens of appreciation that can be shared with other staff, such as a box of chocolates, are usually acceptable (depending upon the policy of the institution), but almost any other gifts (jewelry, money, clothes) should be declined. Assisting a patient to place a phone call is not a boundary issue. Touching should be used with care, such as touching a patient's hand or shoulder. Hugging may be misconstrued.*

124.

Which is the most critical skill for a nurse collaborating in an interdisciplinary team?

Patience.

Assertiveness.

Empathy with others.

**Willingness to compromise.**

**Explanation:**

*Although all of these characteristics are important for team members, central to collaboration is the willingness to compromise. In addition, members must be able to communicate clearly, which encompasses assertiveness, patience, and empathy. Teams should identify specific challenges and problems and then focus on the task of reaching a solution. Collaboration is needed in order to move nursing forward. Gerontological nurses must take an active role in gathering data for evidence-based practice to support nursing's role in health care and must share this information with other nurse and health professionals.*

125.

If a patient has prescriptions from four different doctors and admits to taking additional “pills” but can’t recall which ones and gives conflicting information regarding the dosage and frequency of the different medications, the gerontological nurse should recognize these findings as an indication of:

dementia.

overdose.

**polypharmacy.**

drug-seeking behavior.

***Explanation:***

*If a patient has prescriptions from four different doctors and admits to taking additional “pills” but can’t recall which ones and gives conflicting information regarding the dosage and frequency of the different medications, the gerontological nurse should recognize these findings as an indication of polypharmacy. Polypharmacy occurs when patients take too many drugs, some of which may be duplicates or may interact with other drugs, especially when prescriptions are from multiple physicians.*

126.

One of the primary indications that a patient is ready to learn is when the patient:

appears confused.

expresses frustration.

admits lack of knowledge.

asks a question.

**Explanation:**

*One of the primary indications that a patient is ready to learn is when he asks a question because it shows that he is generally receptive and willing to listen at this point. If the patient is resistive, education may be unsuccessful, so gaining the patient's willing participation in the learning process is critical. Timing is an important consideration. The patient should be physically comfortable (free of pain, awake, and alert), and he should feel psychologically secure.*

127.

If a 78-year-old patient complains of increasing difficulty understanding people because their speech is distorted, the most likely cause is degenerative hearing impairment affecting the ability to hear:

high-frequency sounds.

medium-frequency sounds.

low-frequency sounds.

all sounds.

**Explanation:**

*If a 78-year-old patient complains of increasing difficulty understanding people because their speech is distorted, the most likely cause is degenerative hearing impairment affecting the ability to hear high-frequency sounds. This results in difficulty discerning consonant sounds and high-pitched sounds such as s, sh, f, ph, and ch. This type of hearing loss may result from long-*

*term exposure to high-decibel sounds, such as soldiers exposed to artillery sounds and some factory workers.*

128.

**When entering the examining room of a patient who is deaf and facing away from the door, the gerontological nurse should:**

approach from the direction the patient is facing.

say the patient's name.

approach and touch the patient.

**clap hands or tap a foot.**

***Explanation:***

*When entering the examining room of a patient who is deaf and facing away from the door, the gerontological nurse should clap hands or tap a foot. Patients who are deaf are often more sensitive to vibrations, so this will likely alert the patient that someone is present. If there is no response, the nurse should try to approach from the direction the patient is facing in order to avoid startling the patient by touching the patient from behind.*

129.

**An 82-year-old patient in a long-term care facility wants information about patient resident rights and complaint processes regarding add-on charges for custodial care. The gerontological nurse should suggest that the patient consult:**

the facility administration.

an ombudsman.

adult protective services.

an attorney.

***Explanation:***

*If an 82-year-old patient in a long-term care facility wants information about patient resident rights and complaint processes regarding add-on charges for custodial care, the gerontological nurse should suggest that the patient consult an ombudsman. The Older Americans Act requires states to have an ombudsman program. Ombudsmen are charged with educating others about residents' rights, advocating for patients, and assisting patients with the complaint process. Although ombudsmen do not perform adult protective services functions (such as investigations), they can assist the patient to find legal or other remedies to problems.*

130.

In handoff communication, the SBAR technique involves situation (S), background (B), assessment (A), and \_\_\_\_\_ (R):

rating.

recommendation.

response.

requirement.

***Explanation:***

Handoff communication often uses the SBAR technique to ensure that information is provided in an orderly manner with all important points being covered:

- *Situation (S):* Introduce the patient and current problems, including the reason for care.
- *Background (B):* Provide admission dates and relevant health and social history.
- *Assessment (A):* Outline the current problems list, treatments provided, and the patient's response to treatments.
- *Recommendation (R):* Discuss the necessary next steps to take in the patient's care.

131.

Which of the following acts specifically states that adults have the right to refuse medical treatment?

Americans with Disabilities Act.

Emergency Medical Treatment and Active Labor Act.

**Patient Self-Determination Act.**

Older Americans Act.

**Explanation:**

*The Patient Self-Determination Act gives adults the right to refuse treatment, to direct treatment, and to prepare advance directives. Patients must be apprised of their rights on admission to a Medicare or Medicaid provider, such as a hospital. The Older Americans Act (OAA) provides improved access to services for older adults and Native Americans, including community services, such as transportation and meals. The Americans with Disabilities Act (ADA) provides the disabled, including those with mental impairment, access to employment and the community. The Emergency Medical Treatment and Active Labor Act (EMTALA) is designed to prevent patient "dumping" from emergency departments.*

132.

Which of the following states clearly that the nurse's primary commitment is to the patient?

Patient's Bill of Rights.

**American Nurses Association (ANA) Code of Ethics.**

American Medical Association (AMA) Code of Medical Ethics.

Code of Ethics and Standards of Practice for Healthcare Professionals.

***Explanation:***

*The American Nurses Association (ANA) Code of Ethics provides the following tenets:*

- 1. Treat all patients with respect and consideration.*
- 2. Retain primary commitment to the patient regardless of conflicts.*
- 3. Promote and advocate for the patient's health, safety, and rights, maintaining privacy, confidentiality, and protecting them from questionable practices or care.*
- 4. Remain responsible for his or her own care practices and determines appropriate delegation of care.*
- 5. Retain respect for self and his or her own integrity and competence.*
- 6. Ensure that the healthcare environment is conducive to providing good health care, consistent with professional and ethical values.*
- 7. Participate in education and knowledge development.*
- 8. Collaborate with others.*
- 9. Articulate values and promote and maintain the integrity of the profession.*

133.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules allow unrestricted disclosure of patients':

past health history.

past payments for health care.

future plans for health care.

de-identified health information.

***Explanation:***

*The Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules allow unrestricted disclosure only of patients' de-identified health information, usually aggregated for purposes of research. Health information may be de-identified by a formal determination by a qualified statistician or through removal of specific identifiers such as the name of the patient, family members, household members, and employers, as well as date of birth, Social Security number, other ID number, telephone number, and address.*

134.

When the gerontological nurse enters the room of a patient whose death is imminent, the daughter states, "I can't stay in the room when Dad dies! I can't stand the thought!" Which of the following is the best response?

"You will regret it if you don't."

"Your father would want you with him."

"I'll stay with him, and you can come and go as you feel comfortable."

"Is there someone else who can stay with him?"

***Explanation:***

*The gerontological nurse should remain supportive and nonjudgmental. Saying "I'll stay with him, and you can come and go as you feel comfortable" supports the daughter's stated desire while still leaving open the opportunity for her to spend time with her father during the death vigil. People react in very different ways to death, and many people have never seen a deceased person and may be very frightened. Although many people find comfort in being with a dying friend or family member, this should never be imposed on anyone.*

135.

Considering human subject protection, once a subject has agreed to participate in research, which of the following is an accurate statement?

The subject may discontinue participation at any time.

The subject must complete the research project.

The subject must petition the Office for Human Research Protections to withdraw.

The subject must give 2 weeks' notice to withdraw.

***Explanation:***

*Participation in research is voluntary, and the subject can discontinue participation at any time without penalty. Risks should be minimal, and selection of subjects should be equitable. Any researcher involving patients in research must obtain informed consent in language understandable to the patient or the patient's agent. The elements of this informed consent must include an explanation of the research, the purpose, and the expected duration as well as a description of any potential risks. Potential benefits must be described and possible alternative treatments should be offered. Any compensation to be provided must be outlined. The extent of confidentiality should be clarified.*

136.

The ethical principle that is applied when a gerontological nurse observes another staff member mistreating a patient and intervenes and then reports that staff member to administration is:

justice.

**nonmaleficence.**

beneficence.

autonomy.

***Explanation:***

*Nonmaleficence is an ethical principle that means healthcare workers should provide care in a manner that does not cause direct intentional harm to the patient. Beneficence is an ethical principle that involves performing actions that are for the purpose of benefiting another person. Autonomy is the ethical principle that the individual has the right to make decisions about his/her own care. Justice is the ethical principle that relates to the distribution of the limited resources of healthcare benefits to the members of society. These resources must be distributed fairly.*

137.

According to the social learning theory (Bandura), the four conditions required for modeling of behavior are:

observation, effort, ability, and motivation.

knowledge, motivation, retention, and observation.

**attention, retention, reproduction, and motivation.**

attention, effort, motivation, and observation.

***Explanation:***

*According to the social learning theory (Bandura), the four conditions required for modeling of behavior are (1) attention, (2) retention, (3) reproduction, and (4) motivation. Bandura believed that people learn through observing and rehearsing behavior that others have modeled and that people were more likely to model specific behaviors if they valued the outcomes and admired the individuals they were modeling.*

138.

**A 72-year-old female on Medicare is being discharged home with a healing burn on her left arm that she is unable to care for independently because of arthritis. She requires dressing changes every 3 days. She depends on public transportation and walks with difficulty. The bus stop is two blocks from her house. Her 12-year-old granddaughter lives with her. The best solution is:**

transferring the patient to an extended care facility.

providing treatment on an outpatient basis at the hospital clinic.

teaching the woman's 12-year old granddaughter to do the dressing changes.

**making a referral to a home health agency to provide in-home care.**

***Explanation:***

*The best solution is a referral to a home health agency to provide in-home care because this ensures that the woman will receive skilled nursing care and be able to stay at home and supervise her granddaughter. A 12-year-old is too young for the responsibility of wound care. The patient's dependence on public transportation and difficulty walking preclude outpatient care. Home health care is a more cost-effective solution than transferring the patient to an*