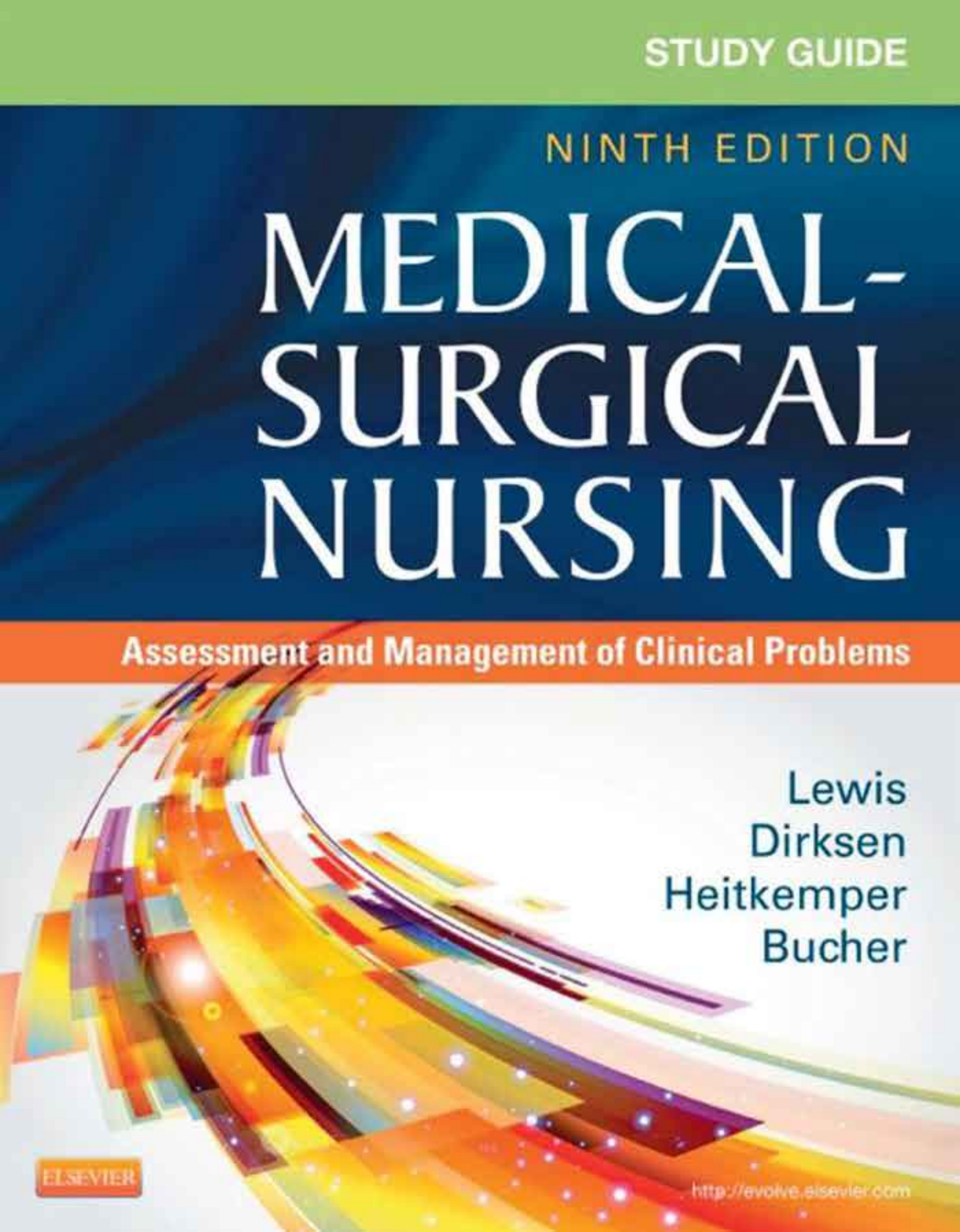
STUDY GUIDE

NINTH EDITION

MEDICAL-SURGICAL NURSING

Assessment and Management of Clinical Problems



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Study Guide for

Medical-Surgical Nursing: Assessment and Management of Clinical Problems

Ninth Edition

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Contents

CHAPTER

1 Professional Nursing Practice

1. Using the American Nurses Association's definition of nursing, which activities are within the domain of nursing (*select all that apply*)?
   _____ a. Implementing intake and output for a patient who is vomiting
   _____ b. Establishing and implementing a stress management program for family caregivers of patients with Alzheimer's disease
   _____ c. Explaining the risks associated with the planned surgical procedure when a preoperative patient inquires about risks
   _____ d. Developing and performing a study to compare the health status of older patients who live alone with the status of older patients who live with family members
   _____ e. Identifying the effect of an investigational drug on patients' hemoglobin levels
   _____ f. Using a biofeedback machine to teach a patient with cancer how to manage chronic pain
   _____ g. Preventing pneumonia in an immobile patient by implementing frequent turning, coughing, and deep breathing
   _____ h. Determining and administering fluid replacement therapy needed for a patient with serious burns
   _____ i. Testifying to legislative bodies regarding the effect of health policies on culturally, socially, and economically diverse populations

2. A nurse who has worked on an orthopedic unit for several years is encouraged by the nurse manager to become certified in orthopedic nursing. What will certification in nursing require and/or provide (*select all that apply*)?
   a. A certain amount of clinical experience
   b. Successful completion of an examination
   c. Membership in specialty nursing organizations
   d. Professional recognition of expertise in a specialty area
   e. An advanced practice role that requires graduate education

3. What accurately describes the health care system in which future nurses will be employed?
   a. With improvements in medicine there will be fewer patients with chronic illnesses.
   b. Rapidly changing technology and expanding knowledge will simplify the health care environment.
   c. The Quality and Safety Education for Nurses (QSEN) project measures the ability of nursing graduates to be prepared for the reality of practice.
   d. The Joint Commission establishes National Patient Safety Goals and evidence-based solutions for nurses to promote meeting these goals by all caring for the patient.

4. What are the six competencies from Quality and Safety Education for Nurses (QSEN) that are expected of new nursing graduates?
   a.
   b.
   c.
   d.
   e.
   f.

5. Place the steps of the evidence-based practice (EBP) process in order (0 being the first step; 6 being the last step).
   _____ Make recommendations for practice or generate data
   _____ Ask a clinical question
   _____ Critically analyze the evidence
   _____ Find and collect the evidence
   _____ Evaluate the outcomes in the clinical setting
   _____ Create a spirit of inquiry
   _____ Use evidence, clinical expertise, and patient preferences to determine care

6. The following is an example of an evidence-based practice (EBP) clinical question. "In adult seizure patients, is restraint or medication more effective in protecting them from injury during a seizure?" Which word(s) in the question identify(ies) the C part of the PICOT format?
   a. Restraint
   b. Or medication
   c. During a seizure
   d. Adult seizure patients
   e. Protecting them from injury

7. Two nurses are establishing a smoking cessation program to assist patients with chronic lung disease to stop smoking. To offer the most effective program with the best outcomes, the nurses should initially
   a. search for an article that describes nursing interventions that are effective for smoking cessation.
   b. develop a clinical question that will allow them to compare different cessation methods during the program.
   c. keep comprehensive records that detail each patient's progress and ultimate outcomes from participation in the program.
   d. use evidence-based clinical practice guidelines developed from reviews of randomized controlled trials of smoking cessation methods.

8. Which standardized nursing terminologies specifically relate to the steps of the nursing process (*select all that apply*)?
   a. Omaha System
   b. Nursing Minimum Data Set (NMDS)
   c. Perioperative Nursing Data Set (PNDS)
   d. Nursing Outcomes Classification (NOC)
   e. Nursing Interventions Classification (NIC)
   f. NANDA International: Nursing Diagnoses

9. The nurse working in a health care facility where uniform electronic health records are used explains to the patient that the primary purpose of such a record is to
   a. reduce the cost of health care by eliminating paper records.
   b. prevent medical errors associated with traditional paper records and handwritten orders and prescriptions.
   c. force the use of standardized medical vocabularies and nursing terminologies so that outcomes of patient care can be measured.
   d. provide a single record in which all aspects of a patient's medical information are readily available to any health care provider involved in the patient's care.

10. Which actions are done primarily by an informatics nurse (*select all that apply*)?
    a. Designs and builds computer systems
    b. Studies the validity of nursing information
    c. Trains health care providers to provide nursing care
    d. Communicates and accesses information for nursing staff
    e. Builds systems that support the processing of nursing information

11. Match the phases of the nursing process with the descriptions (phases may be used more than once).

_____ a. Analysis of data	1. Assessment
_____ b. Priority setting	2. Diagnosis
_____ c. Nursing interventions	3. Planning
_____ d. Data collection	4. Implementation
_____ e. Identifying patient strengths	5. Evaluation
_____ f. Measuring patient achievement of goals	
_____ g. Setting goals	
_____ h. Identifying health problems	
_____ i. Modifying the plan of care	
_____ j. Documenting care provided	

12. During the diagnosis phase of the nursing process, both nursing diagnoses and collaborative problems are identified. Which are collaborative problem statements (*select all that apply*)?
    a. Fatigue related to sleep deprivation
    b. Infection related to immunosuppression
    c. Excess fluid volume related to high sodium intake
    d. Constipation related to irregular defecation habits
    e. Hypoxia related to chronic obstructive pulmonary disease
    f. Risk for cardiac dysrhythmias related to potassium deficiency

13. For the nursing diagnoses and written patient outcomes listed below, use the Nursing Interventions Classification (NIC) to identify a specific nursing intervention to help the patient reach the outcome.
    a. Nursing diagnosis: Risk for impaired skin integrity *related to* immobility
       Patient outcome: Patient will demonstrate skin integrity free of pressure ulcers.

    b. Nursing diagnosis: Constipation *related to* inadequate fluid and fiber intake
       Patient outcome: Patient will have daily soft bowel movements in 1 week.

14. A patient with a seizure disorder is admitted to the hospital after a sustained seizure. When she tells the nurse that she has not taken her medication regularly, the nurse makes a nursing diagnosis of ineffective self-health management related to lack of knowledge regarding medication regimen and identifies the Nursing Outcomes Classification (NOC) outcome of *Compliance behavior*, with the indicator *Performs treatment regimen as prescribed, at a target rate of 3 (sometimes demonstrated)*. When the nurse tries to teach the patient about the medication regimen, the patient tells the nurse that she knows about the medication but she does not always have the money to refill the prescription. Where was the mistake made in the nursing process with this patient?
    a. Planning
    b. Diagnosis
    c. Evaluation
    d. Assessment
    e. Implementation

15. Identify the five rights of delegating nursing care (*select all that apply*).
    a. Right time
    b. Right task
    c. Right patient
    d. Right person
    e. Right dosage
    f. Right circumstance
    g. Right supervision and evaluation
    h. Right direction and communication

16. Delegation is a process used by the RN to provide safe and effective care in an efficient manner. Which nursing interventions should not be delegated to unlicensed assistive personnel (UAP) but should be performed by the RN (*select all that apply*)?
    a. Administering patient medications
    b. Ambulating stable patients
    c. Performing patient assessment
    d. Evaluating the effectiveness of patient care
    e. Feeding patients at mealtime
    f. Performing sterile procedures
    g. Providing patient teaching
    h. Obtaining vital signs on a stable patient
    i. Assisting with patient bathing

17. Match the following care planning tools to the description statement(s). There may be more than one statement per tool and some statements may be used more than once.

Tools	**Statements**
1. Nursing Care Plan	_____ A plan that directs an entire health care team
2. Concept Maps	_____ Used as guides for routine nursing care
3. Clinical Pathway	_____ Used in nursing education to teach the nursing process and care planning
	_____ A description of patient care required at specific times during treatment
	_____ Should be personalized and specific to each patient
	_____ A visual diagram representing relationships between patient problems, interventions, and data
	_____ Used for high-volume and highly predictable case types

18. Which nursing actions are in response to the National Patient Safety Goals (*select all that apply*)?
    a. Use restraints to prevent patient falls.
    b. Administer all medications ordered by physicians.
    c. Wash hands before and after every patient contact.
    d. Conduct a "time-out" when too tired to provide care.
    e. Use SBAR for communicating with health professionals.
    f. Evaluate the initial existence of pressure ulcers before patient dismissal.

19. Which quality of care measures influence the payment for health care services by third-party payers (*select all that apply*)?
    a. Clinical outcomes
    b. Regulatory agencies
    c. Use of evidence-based practice
    d. Adoption of information technology
    e. Occurrence of preventable conditions

CHAPTER

2 Health Disparities and Culturally Competent Care

1. A 62-year-old African American man has been diagnosed with lung cancer and has been scheduled for surgery. The nurse recognizes what as the most likely major determinant of this patient's health?
   a. He is African American.
   b. He chose to smoke all of his adult life.
   c. His father died of lung cancer at about the same age.
   d. He has a limited ability to understand and act on health information.

2. A 73-year-old white woman is brought to the emergency department by a neighbor who found the woman experiencing severe abdominal and lower back pain for 2 days and nausea and vomiting for the last 24 hours. She has always refused medical care of any kind and lives by herself "up the mountain" off a dirt road in rural West Virginia. She had two children with the help of a midwife but they both left for the West Coast years ago and she rarely sees them. She was not married to the father of her children and she has not seen him in years. She has barely made a living by sewing for a doll company and receives a small amount of public assistance. As ill as she is, she is insisting that she will return home after she sees the doctor.

   List at least four factors in this situation that contribute to health disparities.
   a.

   b.

   c.

   d.

3. Limited health literacy may be associated with which conditions that lead to health disparities (*select all that apply*)?
   a. Age
   b. Place
   c. Gender
   d. Race/ethnicity
   e. Language barrier
   f. Income/education

4. Cultural safety describes care that prevents cultural imposition. The nurse must be aware of and include the knowledge of which factors in providing safe cultural care for the patient (*select all that apply*)?
   _____ a. Values
   _____ b. Culture
   _____ c. Ethnicity
   _____ d. Stereotyping
   _____ e. Acculturation
   _____ f. Ethnocentricity

5. What are four basic characteristics of culture?
   a. Ever-present, shared by all members, expected by all members, adapted to individuals
   b. Dynamic, shared values, provides a baseline for judging other cultures, learned from parents
   c. Ever-present, not always shared by all members, not accepted by the group, learned at school
   d. Dynamic, not always shared by all members, adapted to specific conditions, learned by communication and imitation

6. Identify the specific component of acquiring cultural competence that is reflected in creating a safe environment in which collection of relevant cultural data can be obtained during the health history and physical examination.
   a. Cultural skill
   b. Cultural encounter
   c. Cultural awareness
   d. Cultural knowledge

7. Identify one example of how each of the following cultural factors may affect the nursing care of a patient of a different culture and one example of the functioning of a health care team made up of individuals from different cultures.

Cultural Factor	Effect on Nursing Care	Health Care Team
Time orientation		
Economic factors		
Nutrition		
Personal space		
Beliefs and practices		

8. When admitting a woman experiencing a spontaneous abortion at the ambulatory care center, the nurse notes that the admission form identifies the patient's religion as Islam. What should the nurse understand about this patient?
   a. She should not receive any pork-derived products.
   b. She probably will not have purchased health insurance.
   c. Artificial contraception and abortion are prohibited.
   d. She will not be able to receive blood or blood products if an emergency develops.

9. A hospitalized Native American patient tells the nurse that later in the day a medicine man from his tribe is coming to perform a healing ceremony to return his world to balance. What should the nurse recognize about this situation?
   a. The patient does not adhere to an organized, formal religion.
   b. The patient's spiritual needs may be met by traditional rituals.
   c. The patient may be putting his health in jeopardy by relying on rituals.
   d. Native American medicine cannot alter the progression of the patient's physical illness.

10. In a Hispanic patient who claims to have empacho, what assessment findings would the nurse expect?
    a. Abdominal pain and cramping
    b. Anxiety, insomnia, anorexia, and social isolation
    c. Nightmares, weakness, and a sense of suffocation
    d. Headaches, stomach problems, and loss of consciousness

11. When the nurse takes a surgical consent form to an Asian woman for a signature after the surgeon has provided the information about the recommended surgery, the patient refuses to sign the consent form. What is the best response by the nurse?
    a. "Didn't you understand what the doctor told you about the surgery?"
    b. "Are there others with whom you want to talk before making this decision?"
    c. "Why won't you sign this form? Do you want to do what the doctor recommended?"
    d. "I'll have to call the surgeon and have your surgery cancelled until you can make a decision."

12. A male nurse would be providing culturally competent care by requesting that a female nurse provide the care for which patient?
    a. Arab male
    b. Latino male
    c. Arab female
    d. African American female

13. Identify the drug classes that have a different response in African Americans when compared with the usual response of whites of European descent (*select all that apply*).
    a. Analgesics
    b. Antipsychotics
    c. Benzodiazepines
    d. Tricyclic antidepressants
    e. Antihypertensive agents

14. Several cultural groups avoid direct eye contact and consider it disrespectful or aggressive. Which cultural group may not return a direct gaze?
    a. Arab
    b. Asian
    c. Hispanic
    d. Native American

15. To communicate with a patient who does not speak the dominant language, the nurse should (*select all that apply*)
    a. speak slowly and enunciate clearly in a slightly louder voice.
    b. use gestures and pantomime words while verbalizing specific words.
    c. use family members rather than strangers as interpreters to increase the patient's feeling of comfort.
    d. use a dictionary or phrase books that translate from both the nurse's language and the patient's language.
    e. avoid the use of any words known in the patient's language because the grammar and pronunciation may be incorrect.

16. Identify measures that the nurse should use to reduce health care disparities (*select all that apply*).
    a. Use cultural competency guidelines
    b. Use a family member as the interpreter
    c. Use standardized evidence-based care guidelines
    d. Complete the health history as rapidly as possible
    e. Include racial cultural differences in planning care

CHAPTER

3 Health History and Physical Examination

1. During the day, while being admitted to the nursing unit from the emergency department, a patient tells the nurse that she is short of breath and has pain in her chest when she breathes. Her respiratory rate is 28 and she is coughing up yellow sputum. Her skin is hot and moist, and her temperature is 102.2°F (39°C). The laboratory results show white blood cell count elevation and the sputum result is pending. The patient says that coughing makes her head hurt and she aches all over. Identify the subjective and objective assessment findings for this patient.

Subjective	Objective

2. For the patient described in Question 1, the data will lead the night shift nurse to complete a focused nursing assessment of which body part(s)?
   a. Abdomen
   b. Arms and legs
   c. Head and neck
   d. Anterior and posterior chest

3. Give an example of a sensitive way to ask a patient each of the following questions.
   a. Is the patient on antihypertensive medication having a side effect of impotence?

   b. Has the patient with a history of alcoholism had recent alcohol intake?

   c. Who are the sexual contacts of a patient with gonorrhea?

   d. Does the patient skip taking medications because they cost too much?

4. ***Priority Decision:*** The nurse prepares to interview a patient for a nursing history but finds the patient in obvious pain. Which action by the nurse is the best at this time?
   a. Delay the interview until the patient is free of pain.
   b. Administer pain medication before initiating the interview.
   c. Gather as much information as quickly as possible by using closed questions that require brief answers.
   d. Ask only those questions pertinent to the specific problem and complete the interview when the patient is more comfortable.

5. ***Priority Decision:*** While the nurse is obtaining a health history the patient tells the nurse, "I am so tired I can hardly function." What is the nurse's best action at this time?
   a. Stop the interview and leave the patient alone to be able to rest.
   b. Arrange another time with the patient to complete the interview.
   c. Question the patient further about the characteristics of the symptoms.
   d. Reassure the patient that the symptoms will improve when treatment has had time to be effective.

6. Rewrite each of the following questions asked by the nurse so that it is an open-ended question designed to gather information about the patient's functional health patterns.
   a. Are you having any pain?

   b. Do you have a good relationship with your spouse?

   c. How long have you been ill?

   d. Do you exercise regularly?

7. A patient has come to the health clinic with diarrhea of 3 days' duration. He says the stools occur five or six times per day and are very watery. Every time he eats or drinks something, he has an urgent diarrhea stool. He denies being out of the country but did attend a large family reunion held at a campground in the mountains about a week ago. Identify the areas of symptom investigation using PQRST that still need to be addressed to provide additional important information (*select all that apply*).
   a. Timing
   b. Quality
   c. Severity
   d. Palliative
   e. Radiation
   f. Precipitating

8. The following data are obtained from a patient during a nursing history. Organize these data according to Gordon's functional health patterns. Patterns may be used more than once and some data may apply to more than one pattern.
   _____ a. 78-year-old woman
   _____ b. Married, three grown children who all live out of town
   _____ c. Cares for invalid husband in home with help of daily homemaker
   _____ d. Vision corrected with glasses; hearing normal
   _____ e. Height 5 ft, 10 in; weight 172 lb
   _____ f. Vital signs: T 99.2°F (37.3°C); HR 82 bpm; RR 32; BP 142/88
   _____ g. 5-year history of adult-onset asthma; smokes two or three cigarettes a day
   _____ h. Coughing, wheezing, with stated shortness of breath
   _____ i. Moderate light-yellow sputum
   _____ j. Says she now has no energy to care for husband
   _____ k. Awakens three or four times per night and has to use a bronchodilator inhaler
   _____ l. Uses a laxative twice a week for bowel function; no urinary problems
   _____ m. Feels her health is good for her age
   _____ n. Allergic to codeine and aspirin
   _____ o. Has esophageal reflux and eats bland foods
   _____ p. Can usually handle the stress of caring for her husband but if she becomes overwhelmed, asthma worsens
   _____ q. Has been menopausal for 26 years; no sexual activity
   _____ r. Takes medications for asthma, hypertension, and hypothyroidism and uses diazepam (Valium) PRN for anxiety
   _____ s. Goes out to lunch with friends weekly
   _____ t. Says she misses going to church with her husband but watches religious services with him on TV

   1. Demographic data
   2. Important health information
   3. Health-perception–health-management pattern
   4. Nutrition-metabolic pattern
   5. Elimination pattern
   6. Activity-exercise pattern
   7. Sleep-rest pattern
   8. Cognitive-perceptual pattern
   9. Self-perception–self-concept pattern
   10. Role-relationship pattern
   11. Sexuality-reproductive pattern
   12. Coping–stress tolerance pattern
   13. Value-belief pattern

9. What is an example of a pertinent negative finding during a physical examination?
   a. Chest pain that does not radiate to the arm
   b. Elevated blood pressure in a patient with hypertension
   c. Pupils that are equal and react to light and accommodation
   d. Clear and full lung sounds in a patient with chronic bronchitis

10. Match the following data with the assessment technique used to obtain the information.

_____ a. Normal blood flow through arteries	1. Inspection
_____ b. Abnormal blood flow in carotid artery	2. Palpation
_____ c. Tympany of the abdomen	3. Percussion
_____ d. Pitting edema	4. Auscultation
_____ e. Cyanosis of the lips	
_____ f. Hyperactive peristalsis	
_____ g. Bruising of the lateral left thigh	
_____ h. Cool, clammy skin	

11. What is the correct sequence of examination techniques that should be used when assessing the patient's abdomen?
    a. Inspection, palpation, auscultation, percussion
    b. Auscultation, inspection, percussion, palpation
    c. Palpation, percussion, auscultation, inspection
    d. Inspection, auscultation, percussion, palpation

12. When performing a physical examination, what approach is most important for the nurse to use?
    a. A head-to-toe approach to avoid missing an important area
    b. The same systematic, efficient sequence for all examinations
    c. A sequence that is least revealing and embarrassing for the patient
    d. An approach that allows time to collect the nursing history data while performing the examination

13. The nurse is performing a physical examination on a 90-year-old male patient who has been bedridden for the past year. Which adaptations for performing the examination would be appropriate for the patient (*select all that apply*)?
    a. Make sure that a family member is with him.
    b. Handle the skin with care because of potential fragility.
    c. Keep the patient warm and comfortable during the assessment.
    d. Allow the patient to watch TV to distract him from any painful assessments.
    e. Place the patient in a position of comfort and avoid unnecessary changes in position.

14. In what patient situations would a comprehensive assessment be performed (*select all that apply*)?
    a. Complaints of chest pain
    b. On initial admission to the telemetry unit
    c. On initial evaluation by the home health nurse
    d. The patient is found lying on the floor and is unresponsive
    e. On arrival in the surgery holding area of the operating room

15. Which assessment tools can be used to assess the cardiac system (*select all that apply*)?
    a. Watch
    b. Stethoscope
    c. Ophthalmoscope
    d. Percussion hammer
    e. Blood pressure cuff

16. What is the term used for assessment data that the patient tells you about?
    a. Focused
    b. Objective
    c. Subjective
    d. Comprehensive

17. On the first encounter with the patient, the nurse will complete a general survey. Which features are included (*select all that apply*)?
    a. Mental state and behavior
    b. Lung sounds and bowel tones
    c. Body temperature and pulses
    d. Speech and body movements
    e. Body features and obvious physical signs
    f. Abnormal heart murmur and limited mobility

CHAPTER

4 Patient and Caregiver Teaching

1. In each of the nursing situations described below, identify the goal of the patient and caregiver teaching.

Nursing Situation	Goal
Teaching a new mother about the recommended infant immunization schedule	a.
Discussing recommended lifestyle changes with a patient with newly diagnosed heart disease	b.
Counseling a patient with a breast biopsy that is positive for cancer	c.
Demonstrating the proper condom application to sexually active teenagers	d.

2. What is meant by this statement? "Every interaction with a patient or caregiver is potentially a teachable moment."

3. Which statements characterize the teaching-learning process (*select all that apply*)?
   a. Learning can occur without teaching.
   b. Teaching may make learning more efficient.
   c. Teaching must be well planned to be effective.
   d. Learning has not occurred when there is no change in behavior.
   e. Teaching uses a variety of methods to influence knowledge and behavior.

4. From the list of principles of adult learning below, identify which one(s) is (are) used in the following examples of patient teaching. Principles may be used more than once and more than one principle may be used for each example of patient teaching.

   _____ a. The nurse explains why it is important for a patient with Parkinson's disease to walk with wide placement of the feet.
   _____ b. The nurse asks a patient what is most important to her to learn about managing a new colostomy.
   _____ c. The nurse teaches a patient how to reduce the risks for stroke after the patient has had a transient ischemic attack.
   _____ d. The nurse provides a variety of printed materials and Internet resources for a patient with impaired kidney function to use to learn about the disorder.
   _____ e. When caring for a patient with newly diagnosed asthma, the nurse explains that asthma is a disorder the patient can control and allows the patient to decide when teaching should be done and who else should be included.
   _____ f. The patient diagnosed with diabetes mellitus requests to try performing self-monitoring of blood glucose and insulin administration while being taught by the nurse.
   _____ g. During preoperative teaching of a patient scheduled for a total hip replacement, the nurse compares the postoperative care with that of the patient's prior back surgery.

   1. Learner's need to know
   2. Learner's readiness to learn
   3. Learner's prior experiences
   4. Learner's motivation to learn
   5. Learner's orientation to learning
   6. Learner's self-concept

5. When a patient with diabetes tells the nurse that he cannot see any reason to change his eating habits because he is not overweight, what action does the nurse determine as the most appropriate at this stage of the Transtheoretical Model of behavior change?
   a. Help the patient set priorities for managing his diabetes.
   b. Arrange for the dietitian to describe what dietary changes are needed.
   c. Explain that dietary changes can help prevent long-term complications of diabetes.
   d. Emphasize that he must change behaviors if he is going to control his blood glucose levels.

6. Put the following medical terms into phrases that a patient with limited health literacy would be able to understand.
   a. Acute myocardial infarction

   b. Intravenous pyelogram

   c. Diabetic retinopathy

7. What demonstrates an empathetic approach to patient teaching by the nurse?
   a. Assesses the patient's needs before developing the teaching plan.
   b. Provides positive nonverbal messages that promote communication.
   c. Reads and reviews educational materials before distributing them to patients and families.
   d. Overcomes personal frustration when patients are discharged before teaching is complete.

8. Describe one strategy that could be used to overcome the common barriers to teaching patients and caregivers.

Barrier	**Strategy**
Lack of time	
Your feeling as a teacher	
Patient circumstances	

9. The nurse assesses a 48-year-old male patient and his family for learning needs related to the myocardial infarction the patient experienced 2 days ago. While doing her assessment, she finds out that the patient's father died at age 52 from a myocardial infarction. Which assessment area will influence the teaching plan for this patient and family?
   a. Learner characteristics
   b. Physical characteristics
   c. Psychologic characteristics
   d. Sociocultural characteristics

10. To promote the patient's self-efficacy during the teaching-learning process, the nurse should use which strategy?
    a. Emphasize the relevancy of the teaching to the patient's life.
    b. Begin with concepts and tasks that are easily learned to promote success.
    c. Provide stimulating learning activities that encourage motivation to learn.
    d. Encourage the patient to learn independently without instruction from others.

11. Identify the teaching interventions that are indicated when the following patient characteristics are found.

Patient Characteristic	**Teaching Intervention**
Impaired hearing	
Patient refuses to see a need for a change in health behaviors	
Drowsiness caused by use of sedatives	
Presence of pain	
Uncertain of reading ability	
Visual learning style	
Primary language is not English	

12. On assessment of a patient's learning needs, the nurse determines that a patient taking potassium-wasting diuretics does not know what foods are high in potassium. What is an appropriate nursing diagnosis for this patient?
    a. Risk for cardiac dysrhythmias related to low potassium intake
    b. Deficient knowledge related to not knowing what foods are high in potassium
    c. Imbalanced nutrition: less than body requirements related to lack of intake of potassium-rich foods
    d. Deficient knowledge related to lack of interest regarding dietary requirements when taking diuretics

13. Write a learning goal for the patient taking potassium-wasting diuretics who does not know what foods are high in potassium.

14. Which teaching strategies should be used when it is difficult to reach the desired goals of the session (*select all that apply*)?
    a. DVD
    b. Role play
    c. Discussion
    d. Printed material
    e. Lecture-discussion

15. When is role playing best used as a teaching strategy (*select all that apply*)?
    a. To rehearse behaviors or feelings
    b. With mature and confident participants
    c. To teach motor skills or procedures to patients
    d. To provide patients and caregivers basic information
    e. In combination with almost any other teaching strategy

16. When selecting audiovisual and written materials as teaching strategies, what is important for the nurse to do?
    a. Provide the patient with these materials before the planned learning experience.
    b. Ensure that the materials include all the information the patient will need to learn.
    c. Review the materials before use for accuracy and appropriateness to learning needs and goals.
    d. Assess the patient's auditory and visual ability because these functions are necessary for these strategies to be effective.

17. A patient with a breast biopsy positive for cancer tells the nurse that she has been using information from the Internet to try to make a decision about her treatment choices. In counseling the patient, the nurse knows that (*select all that apply*)
    a. the patient should be taught how to identify reliable and accurate information available online.
    b. all sites used by the patient should be evaluated by the nurse for accuracy and appropriateness of the information.
    c. most information from the Internet is incomplete and inaccurate and should not be used to make important decisions regarding treatment.
    d. the Internet is an excellent source of health information, and online education programs can provide patients with better instruction than is available at clinics.
    e. the patient should be encouraged to use sites established by universities, the government, or reputable health organizations, such as the American Cancer Society, to access reliable information.

18. Identify what short-term evaluation technique is appropriate to assess whether the patient has met the following learning goals.

Learning Goal	Evaluation Technique
The patient will demonstrate to the nurse the preparation and administration of a subcutaneous insulin injection to himself with correct technique before discharge.	
Before discharge, the patient will identify five serious side effects of Coumadin that should be reported to the doctor.	
The patient's wife will select the foods highest in potassium for each meal from the hospital menu with 80% accuracy.	
The patient will verbalize "no shortness of breath" when ambulating unassisted with the walker each of three times a day.	
The patient's caregiver will state that they are ready to change the patient's dressing today.	

19. What is the best example of documentation of patient teaching regarding wound care?
    a. "The patient was instructed about care of wound and dressing changes."
    b. "The patient demonstrated correct technique of wound care following instruction."
    c. "The patient and caregiver verbalize that they understand the purposes of wound care."
    d. "Written instructions regarding wound care and dressing changes were given to the patient."

20. Which teaching strategies should the nurse plan to use for a baby boomer patient (*select all that apply*)?
    a. Podcast
    b. Role playing
    c. Group teaching
    d. Lecture-discussion
    e. A game or game system
    f. Patient education TV channels

21. An 88-year-old male patient with dementia and a fractured hip is admitted to the clinical unit accompanied by his daughter who is his caregiver. She looks tired and disheveled. She states that she moved in with her father about 6 months ago when he started wandering away from his house. She is concerned about what will happen to her father after this hospitalization. Her brother calls on the phone to tell her what to do but does not help out. What stressors is she experiencing (*select all that apply*)?
    a. Change in role within the family
    b. Lack of respite from caregiving responsibilities
    c. Conflict in the family related to decisions about caregiving
    d. Financial depletion of resources as a result of her inability to work
    e. Social isolation and loss of friends from an inability to have time for herself

22. A 68-year-old female patient was admitted with a stroke 3 days ago. She has weakness on her right side. She states, "I will never be able to take care of myself. I don't want to go to therapy this afternoon." After listening to her, which statement would be included as part of a motivational interview?
    a. "Why not?"
    b. "If you go to therapy, I'll give you a back rub when you get back."
    c. "I know you are tired but look how much easier walking was today than it was last week."
    d. "Well, with that attitude, you will have trouble. The doctor ordered therapy because he thought it would help."

CHAPTER

5 Chronic Illness and Older Adults

1. A 78-year-old female patient is admitted with nausea, vomiting, anorexia, diarrhea, and dehydration. She has a history of diabetes mellitus and 2 years ago had a stroke with residual right-sided weakness. Identify which characteristics of chronic illness the nurse will probably find in this patient (*select all that apply*).
   a. Self-limiting
   b. Residual disability
   c. Permanent impairments
   d. Infrequent complications
   e. Need for long-term management
   f. Nonreversible pathologic changes

2. Seven tasks required for daily living with chronic illness have been identified. From Table 5-4, select at least one of these tasks that would specifically apply to the following common chronic conditions in older adults.

Chronic Condition	**Task**
Diabetes mellitus	
Visual impairment	
Heart disease	
Hearing impairment	
Alzheimer's disease	
Arthritis	
Orthopedic impairment	

3. Consider the differences between primary and secondary prevention. Fill in the blanks.
   a. Actions aimed at early detection of disease and interventions to prevent progression of disease are considered _____ prevention.
   b. Following a proper diet, getting appropriate exercise, and receiving immunizations against specific diseases is considered _____ prevention.

4. What is the leading cause of death in the United States?
   a. Cancer
   b. Diabetes mellitus
   c. Coronary artery disease
   d. Cerebrovascular accident
   e. Chronic obstructive pulmonary disease

5. According to the Corbin and Strauss chronic illness trajectory, which statement describes a patient with an unstable condition?
   a. Life-threatening situation
   b. Increasing disability and symptoms
   c. Gradual return to acceptable way of life
   d. Loss of control over symptoms and disease course

6. Which statement(s) about older people are only myths and illustrate the concept of ageism (*select all that apply*)?
   a. Can't teach an old dog new tricks.
   b. Old people are not sexually active.
   c. Most old people live independently.
   d. Most older adults can no longer synthesize new information.
   e. Most older people lose interest in life and wish they would die.

7. For each of the nursing diagnoses listed, identify at least two normal expected physiologic changes related to aging that could be etiologic factors of the diagnosis. Changes related to aging are found in the chapters identified in Table 5-6.
   a. Imbalanced nutrition: less than body requirements (see Table 39-5, p. 871.)
      Change:

      Change:
   b. Activity intolerance (see Table 62-1, p. 1494.)
      Change:

      Change:
   c. Risk for injury (see Table 56-4, p. 1344; Table 21-1, p. 371.)
      Change:

      Change:
   d. Urge urinary incontinence (see Table 45-2, p. 1051.)
      Change:

      Change:
   e. Ineffective airway clearance (see Table 26-4, p. 481.)
      Change:

      Change:
   f. Risk for impaired skin integrity (see Table 23-1, p. 417.)
      Change:

      Change:
   g. Ineffective peripheral tissue perfusion (see Table 32-1, p. 691.)
      Change:

      Change:
   h. Constipation (see Table 39-5, p. 871.)
      Change:

      Change:

8. The nurse identifies the presence of age-associated memory impairment in the older adult who states
   a. "I just can't seem to remember the name of my granddaughter."
   b. "I make out lists to help me remember what I need to do but I can't seem to use them."
   c. "I forgot that I went to the grocery store this morning and didn't realize it until I went again this afternoon."
   d. "I forget movie stars' names more often now but I can remember them later after the conversation is over."

9. Indicate what the acronym SCALES stands for in assessment of nutrition indicators in frail older adults.

S	
C	
A	
L	
E	
S	

10. When working with older patients who identify with a specific ethnic group, the nurse recognizes that health care problems may occur in these patients because they
    a. live with extended families who isolate the patient.
    b. live in rural areas where services are not readily available.
    c. eat ethnic foods that do not provide all essential nutrients.
    d. have less income to spend for medications and health care services.

11. An 83-year-old woman is being discharged from the hospital following stabilization of her international normalized ratio (INR) levels (used to assess effectiveness of warfarin therapy). She has chronic atrial fibrillation and has been on warfarin (Coumadin) for several years. Discharge instructions include returning to the clinic weekly for INR testing. Which statement by the patient indicates that she may be unable to have the testing done?
    a. "When I have the energy, I have taken the bus to get this test done."
    b. "I will need to ask my son to bring me into town every week for the test."
    c. "Should I just keep taking the same pill every day until I can get a ride to town?"
    d. "It is very important to have this test every week. I have several church friends who can bring me."

12. The old-old population (85 years and older) has an increased risk for frailty. However, old age is just one element of frailty. Identify at least three other assessment findings that contribute to frailty.
    a.

    b.

    c.

13. An 80-year-old woman is brought to the emergency department by her daughter, who says her mother has refused to eat for 6 days. The mother says she stays in her room all of the time because the family is mean to her when she eats or watches TV with them. She says her daughter brings her only one meal a day and that meal is cold leftovers from the family's meals days before.
    a. What types of elder mistreatment may be present in this situation?
    b. How would the nurse assess the situation to determine whether abuse is present?

    The daughter says her mother is too demanding and she just cannot cope with caring for her 24 hours a day.
    c. What might be an appropriate nursing diagnosis for the daughter?
    d. What resources can the nurse suggest to the daughter?

14. What are three common factors known to precipitate placement in a long-term care facility?
    a.

    b.

    c.

15. An 88-year-old woman is brought to the health clinic for the first time by her 64-year-old daughter. During the initial comprehensive nursing assessment of the patient, what should the nurse do?
    a. Ask the daughter whether the patient has any urgent needs or problems.
    b. Interview the patient and daughter together so that pertinent information can be confirmed.
    c. Obtain a health history using a functional health pattern and assess activities of daily living (ADLs) and mental status.
    d. Refer the patient for an interdisciplinary comprehensive geriatric assessment because at her age she will have multiple needs.

16. What is a mental status assessment of the older adult especially important in determining?
    a. Potential for independent living
    b. Eligibility for federal health programs
    c. Service and placement needs of the individual
    d. Whether the person should be classified as frail

17. What is an important nursing measure in the rehabilitation of an older adult to prevent loss of function from inactivity and immobility?
    a. Using assistive devices such as walkers and canes
    b. Teaching good nutrition to prevent loss of muscle mass
    c. Performance of active and passive range-of-motion (ROM) exercises
    d. Performance of risk appraisals and assessments related to immobility

18. In view of the fact that most older adults take at least six prescription drugs, what are four nursing interventions that can specifically help prevent problems caused by multiple drug use in older patients?
    a.

    b.

    c.

    d.

19. Which nursing actions would demonstrate the nurse's understanding of the concept of providing safe care without using restraints (*select all that apply*)?
    a. Placing patients with fall risk in low beds.
    b. Asking simple yes-or-no questions to clarify patient needs.
    c. Making hourly rounds on patients to assess for pain and toileting needs.
    d. Placing a disruptive patient near the nurses' station in a chair with a seat belt.
    e. Applying a jacket vest loosely so the patient can turn but cannot climb out of bed.

20. When teaching a 69-year-old patient about self-care, what will promote health (*select all that apply*)?
    a. Proper diet
    b. Immunizations
    c. Teaching chair yoga
    d. Demonstrating balancing techniques
    e. Participation in health promotion activities

21. The 58-year-old male patient will be transferred from the acute care clinical unit of the hospital to another care area. The patient requires complicated dressing changes for several weeks. To which practice setting should the patient be transitioned?
    a. Acute rehabilitation
    b. Long-term acute care
    c. Intermediate care facility
    d. Transitional subacute care

CHAPTER

6 Complementary and Alternative Therapies

1. Which National Center for Complementary and Alternative Medicine (NCCAM) category is described by the use of dietary supplements and unrefined plants or plant parts for specific effects?
   a. Natural products
   b. Mind-body medicine
   c. Other CAM therapies
   d. Manipulative and body-based practices

2. What therapies are included in the mind-body medicine National Center for Complementary and Alternative Medicine (NCCAM) category (*select all that apply*)?
   a. Use of hands to realign energy flow
   b. Communication with the Creator or the Sacred
   c. Learned control of physiologic responses of the body
   d. Self-directed practice of focusing, centering, and relaxing
   e. Spinal manipulation and realignment to promote health and well-being
   f. Soft tissue manipulation to relax, stimulate the immune system, and increase flexibility

3. What describes the whole medical system of Ayurveda?
   a. Manipulation of energy channels with fine needles
   b. Uses the principle of "like cures like" with small doses of prepared extracts
   c. Use of finger and hand pressure at energy meridians to improve energy flow
   d. Considers disease as an imbalance of life force and basic metabolic condition

4. What is the focus of the integrative model of health care?
   a. Costs paid by insurance
   b. Treatment of symptoms
   c. Mind-body-spirit connections
   d. Care directed by nurse practitioners

5. Which statement accurately describes the use of complementary and alternative medicine (CAM)?
   a. CAM therapy incorporates only the emotional and spiritual realms of the patient.
   b. The increase in the use of CAM therapies is due to an increase in cost of conventional therapy.
   c. Research and education in CAM therapies are financially supported by the American Holistic Nurses Association.
   d. Practices that are considered complementary and alternative in one culture or time might be considered conventional in another culture or time.

6. What is the rationale behind many nurses advocating complementary and alternative therapies?
   a. They promote self-care and self-determination by patients.
   b. They are congruent with a view of humans as holistic beings.
   c. They are less expensive for patients than conventional therapies.
   d. They cause few adverse effects while achieving positive outcomes.

7. According to Traditional Chinese Medicine, when does disease occur?
   a. Yin and yang become imbalanced, altering the flow of Qi.
   b. Acupoints in Qi channels become obstructed, preventing the release of Qi.
   c. The body's natural healing abilities are impaired by obstruction of fluid channels.
   d. The individual is out of harmony with nature and requires spiritualism and mysticism to reestablish balance.

8. What is acupuncture used for (*select all that apply*)?
   a. Relieve pain by causing counterirritation in another area of the body.
   b. Reestablish the flow of Qi through meridians to simulate the body's self-healing mechanism.
   c. Create an inflammatory response at an acupoint, increasing blood circulation and healing energy.
   d. Relieve nausea and vomiting postoperatively, with pregnancy, or related to chemotherapy.
   e. Stimulate the electrical activity of the central nervous system, promoting movement of vital energy through the body.

9. When the family members of a postoperative patient leave after a visit, the patient tells the nurse that his family gave him a headache by fussing over him so much. What is an appropriate intervention by the nurse?
   a. Administer the PRN analgesic prescribed for his postoperative pain.
   b. Ask the patient's permission to use acupressure to ease his headache.
   c. Reassure the patient that his headache will subside now that his family has gone.
   d. Teach the patient biofeedback methods to relieve his headaches by controlling cerebral blood flow.

10. ***Priority Decision:*** A bedridden patient tells the nurse she has low back pain and asks if the area could be massaged. What is the best action by the nurse?
    a. Ask the patient if she has ever tried acupuncture for back pain.
    b. Explain to the patient that massage may be done only by a licensed therapist and offer a PRN analgesic instead.
    c. Comfortably position the patient to expose the area and massage the back with effleurage and petrissage strokes.
    d. Call the physical therapy department to request that a physical therapist see the patient to provide a therapeutic massage.

11. A patient who is receiving radiation therapy for breast cancer tells the nurse that she cannot verbalize her fears about her treatment. Which complementary or alternative therapy would be most beneficial for the nurse to teach this patient about at this time?
    a. Journaling
    b. Yoga therapy
    c. Herbal therapy
    d. Chiropractic therapy

12. When discussing herbal therapy with a patient, what should the nurse advise the patient?
    a. Preparations should be purchased only from reputable manufacturers.
    b. Herbs rarely cause harm or side effects because they are natural plants.
    c. Herbs are safe and there are no known contraindications to the use of herbal therapy.
    d. Most herbal preparations have been clinically tested for safety and efficacy before marketing.

13. ***Priority Decision:*** While the nurse is obtaining a health history for a patient, the patient tells the nurse that he uses a number of herbs to maintain his health. What is the most important thing the nurse can do to address the patient's use of these products?
    a. Ask the patient what effects the various products have.
    b. Have a working knowledge of commonly used herbs and dietary supplements.
    c. Reassure the patient that the products can continue to be used with conventional therapies.
    d. Warn the patient that there is limited research on the therapeutic and harmful effects of herbal products.

14. A patient newly diagnosed with type 2 diabetes has been given a prescription to start on an oral hypoglycemic. The patient tells the nurse she would rather control her blood sugar with herbal therapy. Which action should the nurse take?
    a. Advise the patient to discuss using herbal therapy with her physician.
    b. Advise the patient that herbal therapy is not safe and should not be used.
    c. Advise the patient to give the prescriptive medication time to work before using herbal therapy.
    d. Advise the patient that if she takes herbal therapy, she will have to monitor her blood sugar more often.

15. What is the role of the professional nurse related to the use of complementary and alternative therapies (CAT) (*select all that apply*)?
    a. Seeking further education on CAT
    b. Evaluating the evidence regarding CAT
    c. Collecting data on the use of CAT as part of the nursing assessment
    d. Suggesting specific herbs the patient should take to help with his or her condition
    e. Advising patients to not use these therapies because there are so many side effects
    f. Investigating which of these therapies fall within the nursing practice domain in the nurse's state.

16. Which statement accurately describes the common use of feverfew?
    a. Frequently used for insomnia and anxiety
    b. Most commonly used for prevention of migraine headaches
    c. Frequently used to prevent and treat upper respiratory infections
    d. Often used by perimenopausal women to relieve menopausal symptoms

17. Which spice may be used to treat the nausea and vomiting related to pregnancy?
    a. Aloe
    b. Ginger
    c. Cranberry
    d. Evening primrose

18. Melatonin's use is based on scientific evidence. The patient with which problem would benefit from melatonin?
    a. Sleep problems
    b. Mild depression
    c. High cholesterol
    d. Benign prostatic hyperplasia

19. Which herb may relieve anxiety but can cause hepatotoxicity?
    a. Kava
    b. Ginseng
    c. Milk thistle
    d. Ginkgo biloba

CHAPTER

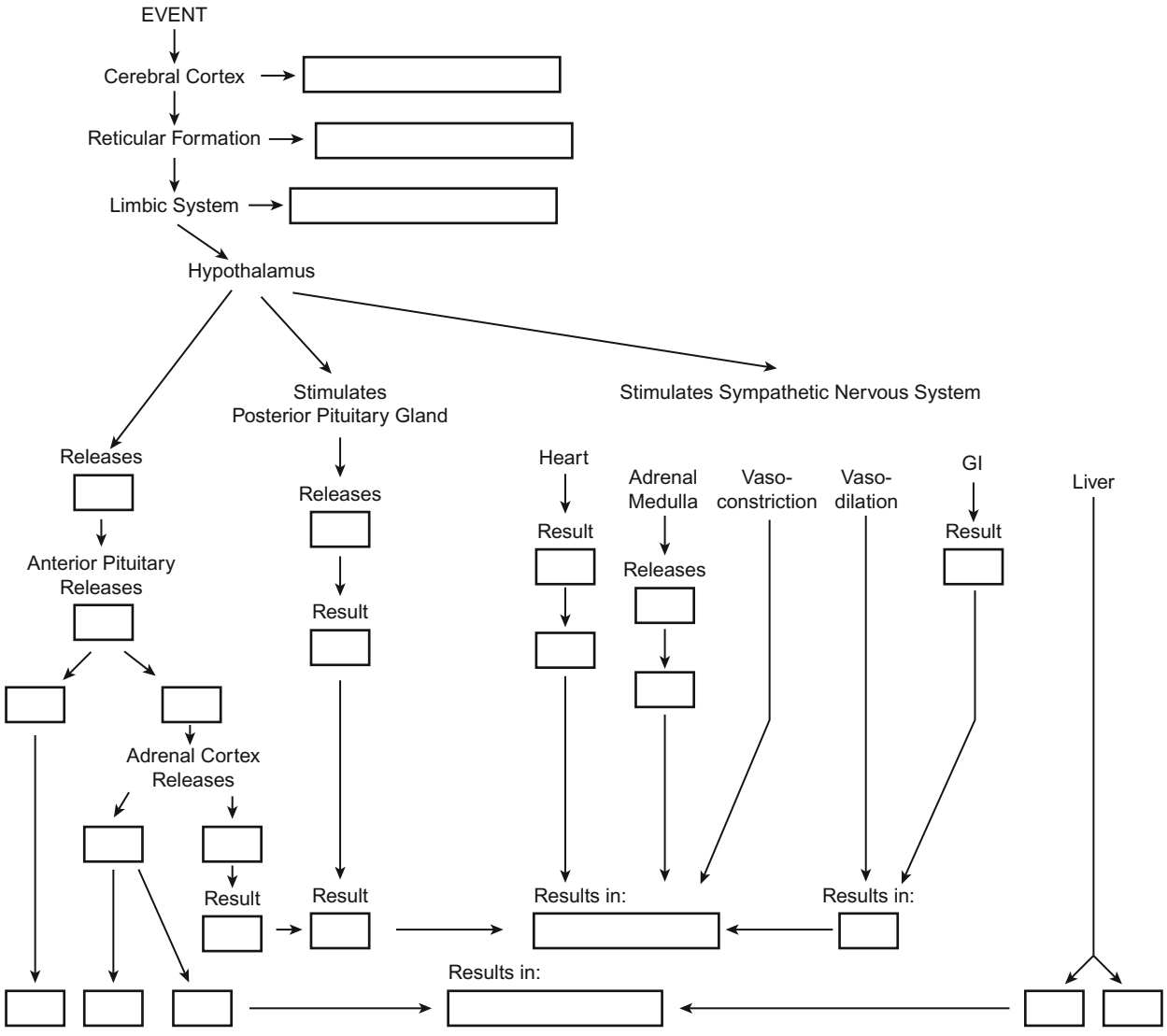
7 Stress and Stress Management

1. When a patient at the clinic is informed that testing indicates the presence of gonorrhea, the patient sighs and says, "That, I can handle." What does the nurse understand about the patient in this situation?
   a. The patient is in denial about the possible complications of gonorrhea.
   b. The patient does not perceive the gonorrhea infection as a threatening stressor.
   c. The patient does not have other current stressors that require adaptation or coping mechanisms.
   d. The patient knows how to cope with gonorrhea from dealing with previous gonorrhea infections.

2. Number the stages of the general adaptation syndrome (GAS) according to the signs and symptoms the nurse would expect to see (see Table 7-1). Use 1 for the Alarm stage, the first stage; 2 for the Resistance stage, the second stage; and 3 for the Exhaustion stage, the third stage.
   _____ a. Increased agitation
   _____ b. Increased heart rate
   _____ c. Continuous viral infections
   _____ d. Bleeding ulcer
   _____ e. Increased blood glucose levels
   _____ f. No signs or symptoms evident

3. Identify four personal characteristics that promote adaptation to stressors.
   a.
   b.
   c.
   d.

4. Using the word and phrase list below, fill in the boxes below with the numbers of the words or phrases that illustrate the physiologic response to stress.



Word and Phrase List

1. Interpretation of event
2. ↑ ADH (antidiuretic hormone)
3. Cortisol
4. ↑ Blood volume
5. ↑ HR and stroke volume
6. ↑ Water retention
7. Wakefulness and alertness
8. ↑ Sympathetic response
9. β-Endorphin
10. Self-preservation behaviors
11. ↑ Cardiac output
12. Corticotropin-releasing hormone
13. Aldosterone
14. ACTH (adrenocorticotropic hormone)
15. Blunted pain perception
16. ↑ Gluconeogenesis
17. ↑ Epinephrine and norepinephrine
18. ↓ Digestion
19. ↑ Pro-opiomelanocortin (POMC)
20. ↑ Systolic blood pressure
21. ↓ Inflammatory response
22. Glycogenolysis
23. ↑ Blood to vital organs and large muscles
24. ↑ Blood glucose
25. ↑ Na and H_2O reabsorption

5. Using the diagram in Question 4 and the physiologic responses that are noted, identify eight objective clinical or laboratory manifestations and four subjective findings that the nurse might expect.

Objective Manifestations	Subjective Findings
a.	a.
b.	b.
c.	c.
d.	d.
e.	
f.	
g.	
h.	

6. While caring for a female patient with Alzheimer's disease and her caregiver husband, the nurse finds that the patient's husband is experiencing increased asthma problems. What is a possible explanation for this finding?
   a. Progressive worsening of asthma occurs in people as they age.
   b. Chronic and intense stress can cause exacerbation of immune-based diseases.
   c. The husband is probably smoking more to help him cope with needing to care continually for his wife.
   d. The husband inadequately copes with his wife's condition by unconsciously forgetting to take his medications.

7. Identify the behaviors listed below as either positive coping (P) or negative coping (N) strategies.
   _____ a. Smoking cigarettes
   _____ b. Ignoring a situation
   _____ c. Joining a support group
   _____ d. Starting an exercise program
   _____ e. Increasing time spent with friends

8. A patient has recently had a myocardial infarction. What emotion-focused coping strategies should the nurse encourage him to use to adapt to the physical and emotional stress of his illness (*select all that apply*)?
   a. Use meditation
   b. Plan dietary changes
   c. Start an exercise program
   d. Do favorite escape activities (e.g., playing cards)
   e. Share feelings with spouse or other family members

9. While teaching relaxation therapy to a patient with fibromyalgia, what does the nurse recognize as being most important to incorporate?
   a. Relaxation breathing
   b. Soft background music
   c. Progressive muscle relaxation
   d. Concentration on a single focus

10. ***Priority Decision:*** After receiving the assigned patients for the day, the nurse determines that stress-relieving interventions are a priority for which patient?
    a. The man with peptic ulcer disease
    b. The newly admitted woman with cholecystitis
    c. The man with a bacterial exacerbation of chronic bronchitis
    d. The woman who is 1 day postoperative for knee replacement

11. A 32-year-old man is admitted to the hospital with an acute exacerbation of Crohn's disease. Coping strategies that might be suggested by the nurse during his hospitalization include (*select all that apply*)
    a. Humor
    b. Exercise
    c. Journaling
    d. A cleansing diet
    e. Relaxation therapy

CASE STUDY

Stress

Patient Profile

M.J., a 26-year-old female single secretary, is admitted to the hospital with right lower quadrant pain rated as 9 on a scale of 0 to 10; 10 to 12 watery, blood-streaked stools in the past 24 hours; and a low-grade fever. She has a 7-year history of inflammatory bowel disease.

Subjective Data

Patient relates the following:

- She has been hospitalized four times in the past year.
- She is not currently working because of the illness and has no income.
- She has no insurance.
- Her boyfriend has lived with her for 2 years.
- She does not want her boyfriend to visit because she thinks he has enough problems of his own.
- She has been in bed for the past week because of weakness, nausea, and malaise and has been crying and depressed.

Objective Data

- Height: 5 ft, 6 in (168 cm)
- Weight: 104 lb (47.3 kg)
- Hemoglobin: 10.5 g/dL (105 g/L)
- Hematocrit: 30%
- Temp: 100°F (37.8°C)

Discussion Questions

Using a separate sheet of paper, answer the following questions:

1. What physiologic and psychologic stressors can be identified or anticipated in M.J.'s situation? Describe the possible effects of these stressors on the course of her illness.
2. What factors identified in the nursing assessment could affect M.J.'s current adaptation to stress?
3. What physiologic changes would be expected in M.J. as she begins to respond to prescribed treatment?
4. Describe an approach that the nurse could use to assess M.J.'s perception of her situation. Include several specific questions to be asked by the nurse.
5. ***Priority Decision:*** What are the priority nursing interventions that can be implemented for M.J. to enhance her adaptation to stress?
6. ***Priority Decision:*** Based on the assessment data provided, what are the priority nursing diagnoses? Are there any collaborative problems?
7. ***Priority Decision:*** What is the priority nursing diagnosis for M.J. on admission?