

# **MOSBY's** **COMPREHENSIVE** **REVIEW** 14<sup>TH</sup> EDITION **OF** **NURSING**

for NCLEX-RN

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# **MOSBY'S COMPREHENSIVE REVIEW OF NURSING**

# **MOSBY's COMPREHENSIVE REVIEW OF NURSING**

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## FOURTEENTH EDITION

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# Preface

The material in *Mosby's Comprehensive Review of Nursing* has been revised and updated for this fourteenth edition. The progression of subject matter in each area reflects the consistent approach that has been used throughout the book. Selected information incorporates the latest knowledge, newest trends, and current practices in the profession of nursing.

The medical-surgical, maternity, pediatric, and psychiatric chapters incorporate material from the basic sciences, nutrition, pharmacology, and rehabilitation. Chapter 1 gives directions on how to study and use the review to prepare for the licensing examination.

The chapter, "Components of Nursing Practice," includes a conceptual introduction covering the health-illness continuum and health resources; nursing practice and the law in the United States and Canada; and the nurse's role. Highlighted in the section on the nurse's role are those topics the student of today needs to know to function as tomorrow's practitioner: communication; the nursing process; the teaching-learning environment; leadership; and the administration of medications. A list of nursing diagnoses as developed by the North American Nursing Diagnosis Association at the National Conference, held in 1992, has also been included.

We have continued to present the material in the traditional clinical groupings, for we still believe that, even in preparing for the comprehensive examination, the average student will study all the distinct parts before attempting to put them together.

Although we believe that in practice the nursing process is continuously evolving rather than remaining a clearly defined step-by-step procedure, we have presented the content under the headings called: Assessment; Analysis/Nursing Diagnosis; Planning/Implementation; and Evaluation/Outcomes. We trust that this grouping avoids needless repetition, recognizes the abilities of our readers, and reflects current practice.

This edition contains, for every question following the individual chapters as well as for every question in the two comprehensive tests, the reasons why the incorrect answers are incorrect as well as why the correct answer is

correct. In the two 375-question comprehensive tests we have analyzed each question as to the step in the nursing process required, the level of cognitive ability required, the clinical area involved, the area of client needs involved, and the category of concern.

The questions following each chapter are analyzed as to the step in the Nursing Process, area of Client Needs, and Category of Concern. To further assist the user in studying/reviewing by a specific content area (what we refer to as a Category of Concern) we have developed a list of our categories and the questions that deal with material from these areas for each of the individual chapters.

The comprehensive tests at the end of the text give the reader an opportunity to apply material from the specific clinical areas to any nursing situation. Since Canada and the United States use comprehensive examinations, these tests will help students from both countries prepare for this experience. The movement from specific learning to general application is educationally sound, and the reader should follow this approach in studying.

All the questions used in this book have been submitted by outstanding educators and practitioners of nursing. Initially the editorial panel reviewed all questions, selecting the most pertinent for inclusion in a mass field-testing project. Students graduating from baccalaureate, associate degree, and diploma nursing programs in various locations in the United States and Canada provided a diverse testing group. The results were statistically analyzed. This analysis was used to select questions for inclusion in the book and to provide the reader with a general idea of each question's level of difficulty.

We would like to take this opportunity to express our sincere appreciation to our many colleagues for their contributions and support: to Edith Augustson for her careful processing of the manuscript; to our editors Nancy Coon and Susan Epstein for their help and support; and last, but not least, to our families for their love and encouragement.

**Dolores F. Saxton  
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# Introduction for Students Preparing for the Licensing Examination

Licensing examinations in the United States and Canada have been integrated and comprehensive for many years. Nursing candidates in both countries are required to answer questions that necessitate a recognition and understanding of the physiologic, biologic, and social sciences, as well as the specific nursing skills and abilities involved in a given client situation.

Both tests contain objective multiple-choice questions. To answer the questions appropriately, a candidate needs to understand and correlate certain aspects of anatomy and physiology, the behavioral sciences, basic nursing, the effects of medications administered, the client's attitude toward illness, and other pertinent factors (e.g., legal responsibilities). Most questions are based on nursing situations similar to those with which candidates have had experience because both the United States and Canada emphasize the nursing care of clients with representative common national health problems. Some questions, however, require candidates to apply basic principles and techniques to clinical situations with which they have had little, if any, actual experience.

To prepare adequately for an integrated comprehensive examination, it is necessary to understand the discrete parts that compose the universe under consideration. This is one of the major principles of learning on which *Mosby's Comprehensive Review of Nursing* has been developed.

Using this principle, the text first presents a review of each major clinical area. Each review is followed by questions that test the student's knowledge of principles and theories underlying nursing care in a variety of situations (acute, critical, and long term), in a variety of settings (acute care hospitals, nursing homes, and the community), and with a variety of nursing goals (preventive, curative, palliative, and restorative).

Answers to the questions as well as rationales supporting the answers are provided on tear sheets (pp. 703-774) following the comprehensive tests. Explanations are also presented to document why the other answers are inappropriate. By reviewing the rationales the student is able to verify information and reinforce knowledge.

The text concludes with two integrated comprehensive tests reflecting the licensing examinations. In other words, the questions require the student to cross clinical disciplines and respond to individual and specific needs associated with given health problems. Rationales are also provided for answers to these questions.

Similar to those in the comprehensive licensing examinations, all questions have been classified by phases of the nursing process and area of client needs. To provide a more inclusive study guide for the student, we have three added the category of concern to all questions and the cog-

nitive and level and clinical area to the questions in the comprehensive tests.

The following descriptions and the five sample questions on pp. 2-3 are presented to assist you in understanding these classifications.

*Phases of the nursing process (types of behaviors of the nurse)*

1. **Assessment (AS).** The assessment phase requires the nurse to obtain objective and subjective data from primary and secondary sources, to identify and group significant data, and to communicate this information to other members of the health team. The information necessary for making nursing decisions is obtained through assessment. Sample question 1 is an *assessment* question.
2. **Analysis (AN).** This phase requires the nurse to interpret data gathered during the assessment phase. A nursing diagnosis must be made, client and family needs identified, and both short-term and long-term goals set to meet the identified needs. Sample question 2 is an *analysis* question.
3. **Planning (PL).** The planning phase requires the nurse to design a regimen with the client and family to achieve goals set during the analysis phase. It also requires setting priorities for nursing intervention. Sample question 3 is a *planning* question.
4. **Implementation (IM).** The implementation phase requires the nurse to provide care designed during the planning phase. The client may be given total care or may be assisted and encouraged to perform activities of daily living or follow the regimen prescribed by the physician. Implementation also includes activities such as counseling, teaching, and supervising. Sample question 4 is an *implementation* question.
5. **Evaluation (EV).** This phase requires the nurse to determine the effectiveness of nursing care. The goals of care are reviewed, the client's response to intervention identified, and a consideration made as to whether the client has achieved the predetermined goals. Evaluation also includes appraisal of the client's compliance with the health plan. Sample question 5 is an *evaluation* question.

*Client needs (reflect those health care needs of the client that must be addressed by the nurse)*

1. **Support and promotion of physiologic and anatomic equilibrium (PA).** Meeting this need includes reducing risks that interfere with physiologic or anatomical integrity, promoting comfort and mobility, and providing basic care to assist, modify, or limit physiologic and anatomical adaptations. Sample questions 1 and 5 reflect this need.

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2. An environment that is safe and conducive to effective therapeutic care (TC). The nurse must provide quality, goal-directed care that is coordinated, safe, and effective. Sample question 4 reflects this need.
3. Education and other forms of health promotion to prevent, minimize, or correct actual or potential health problems (ED). Fulfilling this need involves supporting optimal growth and development to provide for the achievement of the highest levels of functioning. This includes encouraging use of support systems and self-care directed toward promoting the prevention, recognition, and treatment of disease throughout the life cycle. Sample question 3 reflects this need.
4. Support and promotion of psychosocial and emotional equilibrium (PE). Addressing this need includes supporting individual emotional coping and adapting mechanisms to promote optimal emotional health while limiting or modifying those responses to crises that produce psychopathologic consequences. Sample question 2 reflects this need.

### *Cognitive levels (types of intellectual processes)*

1. Knowledge (KN). The knowledge level of the intellectual process requires recollection of facts about principles, theories, terms, or procedures. Knowledge questions, which require the examinee to define, identify, or select, involve the ability to recall information (a basic cognitive skill). Sample question 2 is a *knowledge* question.
2. Comprehension (CP). The comprehension level of the intellectual process requires demonstration of understanding or interpretation of the subject matter presented. It is much more than just the recall of information. The examinee is required to interpret, explain, distinguish, or predict. Sample question 1 is a *comprehension* question.
3. Application (AP). The application level of the intellectual process requires the examinee not only to know and understand information, but also apply it to a new situation. When applying comprehended information, the examinee must show, solve, modify, change, manipulate, use, demonstrate, or teach in a specific client situation. Sample question 4 is an *application* question.
4. Analysis (AN). The analysis level of the intellectual process requires the recognition of inherent structure and the relation between component parts, as well as an understanding of the underlying concepts or principles. If the examinee is required to analyze, evaluate, select, differentiate, or interpret data from a variety of sources before responding, the question is an analysis question. Sample question 5 is an *analysis* question.

### *Clinical area*

1. Medicine (ME). These questions include the care of adult clients who have health problems that do not require surgical intervention or invasive techniques. Sample question 1 is a *medical* nursing question.
2. Surgery (SU). These questions include care of adult clients with health problems that require surgical intervention or invasive techniques. Sample question 5 is a *surgical* nursing question.
3. Obstetrics (OB). These questions include the care of clients preparing for or experiencing childbirth. Sample question 2 is an *obstetric* nursing question.
4. Pediatrics (PE). These questions include the care of cli-

ents from birth to young adulthood. Sample question 4 is a *pediatric* nursing question.

5. Psychiatry (PS). These questions include the care of clients experiencing emotional stress with or without overt psychiatric behavior in all settings. Sample question 3 is a *psychiatric* nursing question.

### *Category of concern (specific content within broad clinical areas)*

1. The categories of concern used in medical, surgical, and pediatric nursing include: emotional crisis related to health problems (EC); respiratory (RE); reproductive and genitourinary (RG); neuromuscular (NM); skeletal (SK); endocrine (EN); integumentary (IT); gastrointestinal (GI); fluid and electrolyte (FE); cardiovascular (CV); blood and immunity (BI); growth and development (GD); and drug-related responses (DR). Sample question 1 reflects information related to *cardiovascular* content. Sample question 4 reflects information related to *growth and development*. Sample question 5 reflects information related to *blood and immunity* content.
2. The categories of concern used in obstetric nursing include: emotional crisis related to childbearing (EC); fertility, sterility, and family planning (FS); high-risk pregnancy (HP); prenatal period (PN); intrapartum period (IP); postpartum period (PP); normal neonate (NN); high-risk newborn (HN); and drug-related responses (DR). Sample question 2 reflects information related to *prenatal* content.
3. The categories of concern used in psychiatric nursing include: disorders first evident before adulthood (BA); disorders of personality (PR); disorders of mood (MO); schizophrenic disorders (SD); anxiety, somatoform, and dissociative disorders (AX); substance abuse (SA); organic disorders (OR); crisis situations (CS); drug-related responses (DR); and therapeutic relationships (TR). Sample question 3 reflects information related to *drug-related responses*.

### SAMPLE QUESTIONS:

1. Mr. Evere was admitted to the intensive care unit with a diagnosis of Adams-Stokes syndrome. Symptoms most likely include:
  - ① Syncope and low ventricular rate
  - ② Flushing and slurred speech
  - ③ Cephalalgia and blurred vision
  - ④ Nausea and vertigo
2. Miss Daley has decided to go through with her pregnancy and keep her baby. Now the crisis intervention worker's primary responsibility is to:
  - ① Support her for making a wise decision
  - ② Make an appointment for her to see a physician for prenatal care
  - ③ Explore other problems she may be experiencing
  - ④ Provide information about other health resources where she may receive additional assistance
3. When monoamine oxidase (MAO) inhibitors are prescribed, the client should be cautioned against:
  - ① The use of medications with an elixir base
  - ② Prolonged exposure to the sun
  - ③ Ingesting wines and cheeses
  - ④ Engaging in active physical exercise
4. Jamey, age 4, has been hospitalized for fever of undetermined origin (FUO). He screams and becomes

uncontrollable as his mother leaves after visiting hours.

The best approach is to:

- ① Ignore this outburst
  - ② Sit quietly at his bedside
  - ③ Hold and pat him even though he struggles
  - ④ Give him a favorite toy to hold
5. Following surgery, while receiving a blood transfusion, Mr. Manning develops chills and headache. The nurse's best action is to:
- ① Stop the transfusion immediately
  - ② Lightly cover the client
  - ③ Notify the physician STAT
  - ④ Slow the blood flow to keep vein open

## How to Use This Book in Studying

- A. Start in one area. Study the material covered by the section. Refer to other textbooks to find additional details if you are unsure of a specific fact.
- B. Answer the questions following the area. As you answer each question, write a few words about why you think that answer was correct; in other words, justify why you selected the answer. If you guess at an answer in this book you should make a special mark to identify it. This will permit you to recognize areas that need further review. It will also help you to see how correct your "guessing" can be. Remember on the licensing examination you should guess at answers rather than leave blank spaces since only correct answers are counted and you are not penalized for incorrect answers.
- C. Record the answer by filling in the numbered circle next to the one you believe is correct.
- D. Tear out the sheets with the answers for the area you are taking (pp. 703–774) and compare your answers with those provided. If you answered the item correctly, check your reason for selecting the answer with the rationale presented. If you answered the item incorrectly, read the rationale to determine why the one you selected was incorrect. In addition, you should review the correct answer and rationale for each item answered incorrectly. If you still do not understand your mistake, look up the theory pertaining to these questions. You should carefully review all questions and rationales for items you identified as guesses, since you did not have mastery of the material being questioned.
- E. Following the rationale for the correct answer you will find a number—1, 2, or 3—in parentheses. These numbers indicate the difficulty of the question and can serve as a guide in your studying. The number 1 signifies that more than 75% of the graduating students in the testing group answered this question correctly; 2 signifies that between 50% and 75% answered it correctly; and 3 that 25% to 50% answered it correctly.
- F. In addition to the difficulty level of the question (1, 2, and 3), you will find a grouping of letters that classify the questions according to the following categories:

### 1. Nursing process

- (AS) Assessment
- (AN) Analysis
- (PL) Planning
- (IM) Implementation
- (EV) Evaluation

### 2. Area of client needs

- (PA) Physiologic and anatomic equilibrium
- (TC) Therapeutic care
- (ED) Education and health promotion
- (PE) Psychosocial and emotional equilibrium

### 3. Category of concern

#### Medical, surgical, and pediatric nursing

- (EC) Emotional crisis related to health problems
- (RE) Respiratory
- (RG) Reproductive and genitourinary
- (NM) Neuromuscular
- (SK) Skeletal
- (EN) Endocrine
- (IT) Integumentary
- (GI) Gastrointestinal
- (FE) Fluid and electrolyte
- (CV) Cardiovascular
- (BI) Blood and immunity
- (GD) Growth and development
- (DR) Drug-related responses

#### Obstetric nursing

- (EC) Emotional crisis related to childbearing
- (FS) Fertility, sterility, and family planning
- (HP) High-risk pregnancy
- (PN) Prenatal period
- (IP) Intrapartal period
- (PP) Postpartal period
- (NN) Normal neonate
- (HN) High-risk newborn
- (DR) Drug-related responses

#### Psychiatric nursing

- (BA) Disorders first evident before adulthood
- (PR) Disorders of personality
- (MO) Disorders of mood
- (SD) Schizophrenic disorders
- (AX) Anxiety, somatoform, and dissociative disorders
- (SA) Substance abuse
- (OR) Organic disorders
- (CS) Crisis situations
- (DR) Drug-related responses
- (TR) Therapeutic relationships

- G. For the comprehensive examinations two additional categories are added to each question. They are:

#### 1. Cognitive level

- (KN) Knowledge
- (CP) Comprehension
- (AP) Application
- (AN) Analysis

#### 2. Clinical area

- (ME) Medicine
- (SU) Surgery
- (OB) Obstetrics
- (PE) Pediatrics
- (PS) Psychiatric

- H. This series of letters will always appear in the same order for each question following the clinical areas and the questions on the comprehensive examinations.
- I. A few days later, review this area again and retake the questions following it. If you miss the same questions again, you need further study of the material.

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- J. To study questions for a specific area of content (category of concern), refer to the list following the clinical review material in each of the clinical areas. These lists contain the categories of concern for that clinical area and the numbers of the questions that deal with material related to each category.
- K. After you have completed the area questions, begin taking the comprehensive tests because they will assist you in applying knowledge and principles from the specific clinical area to any nursing situation. Take each of these examinations under conditions as closely approximating those of the licensure examination as possible.
1. Arrange a quiet, uninterrupted, 1½-hour time span for each of the comprehensive tests.
  2. Pace yourself during the testing period; allow about 1 minute per question.
  3. Do not rush.
  4. Make educated guesses.
  5. Read carefully and answer the question asked; pay attention to specific details in the question.
  6. Try putting questions and answers in your own words to test your comprehension.
- L. To help analyze your mistakes on the comprehensive examinations and to provide a data base for making future study plans, worksheets are included. These worksheets are designed to aid you in identifying and recording errors in the way you process information and to help you identify and record gaps in knowledge. These worksheets follow the Answers and Rationales for each part of the Comprehensive Tests and are on tear-out sheets also.
- M. After completing your worksheets, do the following:
1. Identify the frequency with which you made particular errors. As you review material in class notes or this review book, pay special attention to correcting your most common problems.
  2. Identify the topics you want to review. It might be helpful to set priorities; review the most difficult topics first so that you will have time to review them more than once.
- C. Attempt to select the answer that is most complete and includes the other answers within it. An example might be as follows:
- A child's intelligence is influenced by:
- ① Heredity and environment
  - ② Environment and experience
  - ③ A variety of factors
  - ④ Education and economic factors
- The most correct answer is 3 because it includes all the other answers.
- D. Make certain that the answer you select is reasonable and obtainable under ordinary circumstances and that the action can be carried out in the given situation.
- E. *Watch for grammatical inconsistencies.* If one or more of the options is not grammatically consistent with the stem, the alert test taker can identify it as a probable distractor. When the stem is in the form of an incomplete sentence, each option should complete the sentence in a grammatically correct way.
- F. Avoid selecting answers that state hospital rules or regulations as a reason or rationale for action.
- G. Look for answers that focus on the client or are directed toward feelings.
- H. If the question asks for an immediate action or response, all the answers may be correct, so base your selection on identified priorities for action.
- I. Do not select answers that contain exceptions to the general rule, controversial material, or degrading responses.
- J. Reread the question if the answers do not seem to make sense, because you may have missed the words *not* or *except* in the statement.
- K. Do not worry if you select the same numbered answer repeatedly, because there is usually no pattern to the answers.
- L. Mark the numbered circle next to the answer you have chosen. This method of marking your answer has been used to help familiarize you with the method currently used on the NCLEX-RN examination.
- M. Answer every question; you are not penalized for incorrect answers.

#### General Clues for Answering Multiple-choice Questions

On a multiple-choice test the question and possible answers are called a *test item*. The part of the item that asks the question or poses a problem is called the *stem*. All of the answers presented are called *options*. One of the options is the correct answer; the remainder are incorrect. The incorrect options are called *distractors* because their major purpose is to distract the test taker from the correct answer.

- A. Read the question carefully before looking at the answers.
1. Attempt to determine what the question is really asking; look for key words.
  2. Read each answer thoroughly and see if it completely covers the material asked by the question.
  3. Narrow the choices by immediately eliminating answers you know are incorrect.
- B. Because few things in life are absolute without exceptions, avoid selecting answers that include words such

as *always*, *never*, *all*, *every*, and *none*, since answers containing these key words are rarely correct.

- C. Attempt to select the answer that is most complete and includes the other answers within it. An example might be as follows:

A child's intelligence is influenced by:

- ① Heredity and environment
- ② Environment and experience
- ③ A variety of factors
- ④ Education and economic factors

The most correct answer is 3 because it includes all the other answers.

- D. Make certain that the answer you select is reasonable and obtainable under ordinary circumstances and that the action can be carried out in the given situation.

- E. *Watch for grammatical inconsistencies.* If one or more of the options is not grammatically consistent with the stem, the alert test taker can identify it as a probable distractor. When the stem is in the form of an incomplete sentence, each option should complete the sentence in a grammatically correct way.

- F. Avoid selecting answers that state hospital rules or regulations as a reason or rationale for action.

- G. Look for answers that focus on the client or are directed toward feelings.

- H. If the question asks for an immediate action or response, all the answers may be correct, so base your selection on identified priorities for action.

- I. Do not select answers that contain exceptions to the general rule, controversial material, or degrading responses.

- J. Reread the question if the answers do not seem to make sense, because you may have missed the words *not* or *except* in the statement.

- K. Do not worry if you select the same numbered answer repeatedly, because there is usually no pattern to the answers.

- L. Mark the numbered circle next to the answer you have chosen. This method of marking your answer has been used to help familiarize you with the method currently used on the NCLEX-RN examination.

- M. Answer every question; you are not penalized for incorrect answers.

#### Preparing for the Licensure Examination

A few individuals can improve their scores significantly by a highly concentrated period of study immediately before taking an examination. Most, however, profit by spreading their review over a much longer period of time, and the best time to begin studying for state boards is the first class attended.

After you have completed studying this text, you may wish to use *Mosby's Q & A for NCLEX-RN* for further questions for study. In addition, you may find it beneficial and enlightening to take *Mosby's Assess Test* to evaluate your level of preparation. The *AssessTest* is a computer-scored, multiple-choice examination designed to test nursing knowledge and evaluate your ability to apply that knowledge in clinical situations. The extensive computer analysis of your performance, which is the most outstanding feature of this test, will help you design effective and efficient plans for further study and review. Identification of your own

*specific* strengths and weaknesses should eliminate much of the anxiety of deciding what material to study by giving you a sense of direction and a means of setting priorities.

### **Taking the Licensure Examination**

The most crucial requisite for doing well on the licensure examination is a sound understanding of the subject and a high level of reading comprehension. Determination to do well and a degree of confidence will further enhance the well-prepared individual's chances of earning high scores.

At least three other requirements must be met if an individual's performance is to accurately reflect professional competence. First, the candidate must follow explicitly the directions given by the examiner and those printed at the beginning of each test, as well as any that refer to a specified group of questions. Second, the candidate must read each question carefully before deciding how to answer it. Third, the candidate must record the answers in the space and manner specified. Some candidates find it helpful to

glance over a test before starting to answer questions. This enables them to answer questions in the order most efficient and comfortable for them. Others find it more efficient to go through the test answering all questions they are sure of first, then go back to the more difficult ones. Once the NCLEX-RN moves to computerization, it will not be possible to view all of the questions first or to skip questions and return to them later.

The score on each test is the number of questions answered correctly; there is no deduction for incorrect answers. You are not penalized for guessing. Do not leave an answer blank. You have a 1 in 4 (25%) chance of guessing the correct answer. Do not mark more than one answer for each question, because questions with more than one mark will be scored as incorrect.

The licensing examination is currently given over a 2-day period. The score is reported as pass or fail. The National Council has announced it will be moving to a computerized NCLEX-RN in the near future.

# Components of Nursing Practice

## Conceptual Introduction

### THE HEALTH-ILLNESS CONTINUUM

#### Introduction

- A. Health is a generally accepted right; well-being is the norm toward which most governments and all health personnel direct their efforts
- B. One of the primary functions of the nursing and medical professions is to help individuals, families, and groups reach the highest level of wellness of which they are capable
- C. A person's perception of health is based on a complex interrelationship among the physiologic, emotional, social, intellectual, cultural, and developmental components of the self
- D. Distribution of wealth, quality of life, level of poverty, and level of material well-being are essential determinants of health
- 3. Level attainable depends on adaptive capacity, genetic and environmental factors, and life-style
  - a. Fluctuates throughout life cycle
  - b. Varies among individuals
- 4. Individual may or may not be aware of change
- 5. Person's position on the continuum determined by
  - a. Ability to adapt
  - b. Level of adaptation
  - c. Culture's view of health
  - d. Ability to carry out social, family, and job responsibilities
  - e. Risk factors
- B. Stresses affect physical, emotional, and social health
  - 1. May be internal or external
  - 2. Can be beneficial or detrimental to life
    - a. Tension is essential to life
    - b. Stress of life causes wear and tear
      - (1) Produces a nonspecific response that Hans Selye identifies as the general adaptation syndrome (GAS)
      - (2) Three stages—alarm, resistance, and exhaustion
  - 3. Elicit some response from or change in the individual
  - 4. Vary widely for different individuals and within the same individual at different times
  - 5. Tolerance is individual
  - 6. Sources of stress (with examples)
    - a. Physical: thermal, acoustical
    - b. Chemical: gas, hormonal, nutrient
    - c. Microbiologic: viral, bacterial
    - d. Physiologic: neoplastic, hypofunctional, hyperfunctional
    - e. Developmental: genetic, aging
    - f. Psychologic: values, self-image
  - 7. Stress can threaten homeostasis in the physical, emotional, intellectual, social, and spiritual dimensions of the self
  - 8. Stress can alter how a person meets basic human needs
  - 9. That which causes a stress is a stressor
  - 10. Stressors can be eliminated, avoided, minimized, or responded and/or adapted to
  - 11. Illness results when one is unable to cope with stress

#### Definition

- A. The World Health Organization (WHO) states, "Health is a state of complete physical, mental, and social well-being and not just the absence of disease or infirmity"
- B. This definition implies that there is
  - 1. Interaction between self and environment
  - 2. Preservation of structure and function
  - 3. Maintenance of adaptive potential
- C. Significance of definition
  - 1. Accepted right of all rather than a privilege
  - 2. Reciprocal relationships between individual health and community health
  - 3. Increasing public expectation of government support for health services and the extent of care provided
  - 4. Need for nursing and medical practice to move toward maintenance and promotion of health and rehabilitation of the ill rather than merely to focus on provision of episodic care
- D. Concerns related to the WHO definition
  - 1. Unrealistic for underdeveloped countries and those living in poverty
  - 2. Difficult to always determine scientifically when one is healthy and when one becomes ill
  - 3. Many people who consider themselves healthy would not be considered healthy according to this definition

#### Basic Concepts

- A. Health: a dynamic state that is continually changing
  - 1. Moves on a continuum between optimal wellness (where potential is maximized and used with purpose) and death, rather than an absolute state
  - 2. Change may be gradual or abrupt
- C. Rehabilitation assists people in attaining their maximum level of wellness on the continuum
  - 1. Particularly concerned with establishing function that is lost while expanding, maintaining, and supporting the limited remaining function



2. Immediate or potential needs exhibited in all health problems
3. The client is the primary rehabilitator; professional health team members assist the client and family with the process of self-rehabilitation
4. Not an isolated process; rehabilitation involves the client, family, health team, community, and society
5. Concerned with all levels of prevention: primary, secondary, and tertiary
6. Health problems that cause disabilities are socially significant because of the number of people affected, economic cost and loss, distress of personal suffering, and conditions in society that increase their incidence
7. More individuals are candidates for rehabilitation than ever before because of
  - a. Advances in technology
  - b. Persons surviving birth defects and traumatic injuries that were once fatal
  - c. Aging of society and more chronic illness
- D. Ability to maintain and/or return to a level of health is influenced by the availability of health resources

### **The Health Care System**

#### **SPONSORSHIP OF AGENCIES**

##### **Government**

- A. Definition: associations functioning at the international, national, state, and local levels providing a variety of services to meet the health, education, and welfare needs of the people; these programs are funded by the government, and services are rendered by professionals
- B. Examples
  1. International: World Health Organization (WHO)
  2. National
    - a. United States: Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Institutes of Health, and the Veterans Administration
    - b. Canada: Department of National Health and Welfare
  3. State or provincial
    - a. United States: state health departments
    - b. Canada: provincial departments of health; each province/territory has the freedom to decide how its share of hospital and medical costs will be financed (i.e., premiums in British Columbia, Alberta, Ontario, and Yukon)
  4. Local: county or city department of health, fire department, police department, department of aging

##### **Voluntary**

- A. Definition: not-for-profit organizations consisting of lay and professional persons dedicated to the prevention and solution of health problems by providing educational, research, and service programs; these agencies depend on voluntary donations of funds and services, are often concerned with specific health problems, and are national organizations that function through state or provincial and local chapters
- B. Examples
  1. International: Rockefeller Foundation, international branches of professional organizations

2. National: American Heart Association, American Cancer Society, National Multiple Sclerosis Society
3. State or provincial: chapters of national organizations
4. Local: branches of national voluntary organizations, community hospitals, volunteers (e.g., a league of women supporting a community hospital, a Girl Scout troop visiting a nursing home, a church group visiting an orphanage)

##### **Proprietary**

- A. Definition: organizations that deliver health care in a variety of settings to meet a broad spectrum of client needs and that are owned and operated for profit
- B. Examples
  1. Hospitals: Humana Corporation
  2. Home care services: Upjohn Health Care Services, Olsten Health Care Services
  3. Private nursing homes

##### **ENTRY INTO THE HEALTH CARE SYSTEM**

- A. Referral from a health team member
- B. In response to a self-identified health need
- C. Emergency room of a hospital
- D. Related to financial resources

##### **TYPES OF SERVICES**

- A. Health promotion
  1. Services designed to reduce risk of illness, maintain maximal function, and promote good health habits
  2. Examples: prenatal nutrition classes, exercise classes, stress management classes
- B. Illness prevention
  1. Services designed to reduce risk factors in an effort to avoid primary, secondary, or tertiary health intervention
  2. Examples: support groups to give up smoking, controlling the breeding of insects, education programs on acquired immunodeficiency syndrome (AIDS) prevention, annual physical examinations
- C. Diagnosis and treatment
  1. This has been the most commonly used service of health care; usually sought once a person feels ill or a problem is indicated
  2. Examples: teaching about breast self-examination (early diagnosis), vision-screening programs at schools, treatments provided in any health care setting
- D. Rehabilitation
  1. The restoration of a person to their highest level of functioning, maximizing abilities, and independence
  2. Programs have extended beyond helping those with illnesses or injuries to the nervous system; rehabilitation programs include those for cardiovascular, pulmonary, and chemical-induced impairments
  3. Involves the client, family, and the entire health team who individualize a rehabilitation program for the client
  4. Provided in various settings (e.g., hospital, home, nursing home, outpatient setting)