

EXAM REVIEW

NUR 142

Respiratory Disorders

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Test Question 1

1. Admitting orders for a patient with acute bacterial pneumonia include an intravenous antibiotic every 8 hours, oxygen per nasal cannula at 5 L/min, continuous pulse oximetry monitoring, bedrest with bathroom privileges and chair at bedside as desired, diet as tolerated, sputum specimen for C&S, CBC, urinalysis, and chemistry panel. Which order should the nurse carry out first?

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Test Question 1 Choices

1. Start the oxygen per nasal cannula.
2. Insert an intravenous catheter and start the prescribed antibiotic.
3. Provide a dinner tray to the patient.
4. Obtain the sputum specimen.

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Test Question 1 Response

1. Start the oxygen per nasal cannula.
2. Insert an intravenous catheter and start the prescribed antibiotic.
3. Provide a dinner tray to the patient.
4. **Obtain the sputum specimen.**

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Test Question 1 Rationale

Unless oxygenation is compromised by the inflammatory process, the sputum specimen is obtained first.

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Test Question 2

2. When assessing a patient with bacterial pneumonia, the nurse notes that the patient's overall skin tone is somewhat grey and there is a bluish tinge around the patient's lips. The nurse should do which of the following? (Place the following in the correct order of priority.)
1. Start oxygen.
 2. Assess breath sounds.
 3. Notify the healthcare provider.
 4. Raise the head of the bed.
 5. Obtain oxygen saturation level.

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Test Question 2 Response

2. When assessing a patient with bacterial pneumonia, the nurse notes that the patient's overall skin tone is somewhat grey and there is a bluish tinge around the patient's lips. The nurse should do which of the following? (Place the following in the correct order of priority.)
1. **Start oxygen.**
 2. **Raise the head of the bed.**
 3. **Obtain oxygen saturation level.**
 4. **Assess breath sounds.**
 5. **Notify the healthcare provider.**

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Test Question 2 Rationale

Overall gray skin color and bluish tinge to lips indicate hypoxemia; supplemental oxygen is highest priority. Second, raise the head of the bed to promote chest expansion and alveolar ventilation. Assessment of oxygen saturation and breath sounds provide important information to be provided to the physician.

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Test Question 3

3. The nurse evaluating a tuberculin test result 72 hours after it was administered notes an area of induration 9 mm in diameter. What additional information would indicate to the nurse that this is a positive result?
1. The patient resides in a long-term care facility.
 2. The patient was born in Southeast Asia.
 3. The patient has HIV disease.
 4. The patient is an injection drug user.

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Test Question 3 Response

3. The nurse evaluating a tuberculin test result 72 hours after it was administered notes an area of induration 9 mm in diameter. What additional information would indicate to the nurse that this is a positive result?
 1. The patient resides in a long-term care facility.
 2. The patient was born in Southeast Asia.
 3. **The patient has HIV disease.**
 4. The patient is an injection drug user.

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Test Question 3 Rationale

A 9 mm induration is a positive result in a patient with HIV disease.

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Test Question 4

4. The nurse teaching a patient taking prophylactic daily isonizid (INH) following tuberculin test conversion includes which of the following in the instructions?

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Test Question 4 Choices

1. This drug turns your urine red-orange. This is harmless.
2. Report numbness and tingling of your extremities to your doctor.
3. You will need to have periodic eye examinations during treatment.
4. Do not use aspirin while taking this drug, as abnormal bleeding may occur.

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Test Question 4 Response

1. This drug turns your urine red-orange. This is harmless.
2. **Report numbness and tingling of your extremities to your doctor.**
3. You will need to have periodic eye examinations during treatment.
4. Do not use aspirin while taking this drug, as abnormal bleeding may occur.

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Test Question 4 Rationale

When teaching a patient who is taking INH, the nurse needs to include information on adverse effects such as numbness and tingling of extremities to the doctor.

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Test Question 5

5. Which of the following statements made by a patient with a new diagnosis of lung cancer would indicate that the nurse's teaching has been effective?

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Test Question 5 Choices

1. “Well, since I’m going to die anyway, I may as well go home, put my affairs in order, and spend the rest of my time in the easy chair.”
2. “I understand that because the cancer has already spread I will be undergoing aggressive cancer treatment for the next several years to beat this thing.”
3. “Even though I can’t undo the damage caused by cigarette smoking, I will try to quit to prevent further damage to my lungs.”
4. “Having the ‘big C’ is very scary; I’m just glad it is one of the more curable forms of cancer.”

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Test Question 5 Response

1. “Well, since I’m going to die anyway, I may as well go home, put my affairs in order, and spend the rest of my time in the easy chair.”
2. “I understand that because the cancer has already spread I will be undergoing aggressive cancer treatment for the next several years to beat this thing.”
3. **“Even though I can’t undo the damage caused by cigarette smoking, I will try to quit to prevent further damage to my lungs.”**
4. “Having the ‘big C’ is very scary; I’m just glad it is one of the more curable forms of cancer.”

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Test Question 5 Rationale

Smoking cessation is important with the diagnosis of lung cancer to prevent further damage from the chemicals in the cigarettes.

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Test Question 7

7. The nurse caring for a patient having a thoracentesis appropriately assists the patient to do which of the following?
1. Sit upright leaning forward during the procedure.
 2. Breathe deeply as the needle is inserted.
 3. Remain on quiet bedrest for 4 hours following the procedure.
 4. Cough as the fluid is withdrawn.

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Test Question 7 Response

7. The nurse caring for a patient having a thoracentesis appropriately assists the patient to do which of the following?
1. **Sit upright leaning forward during the procedure.**
 2. Breathe deeply as the needle is inserted.
 3. Remain on quiet bedrest for 4 hours following the procedure.
 4. Cough as the fluid is withdrawn.

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Test Question 7 Rationale

The patient having a thoracentesis needs to sit upright, leaning forward during the procedure to spread the rib cage for easier placement of the needle.

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Test Question 1

1. All of the following nursing diagnoses are appropriate for a patient with an acute asthma attack. Which is of highest priority?
 1. *Anxiety* related to difficulty breathing
 2. *Ineffective Airway Clearance* related to bronchoconstriction and increased mucous production
 3. *Ineffective Breathing Pattern* related to anxiety
 4. *Ineffective Health Maintenance* related of lack of knowledge about attack triggers and appropriate use of medications

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Test Question 1 Response

1. All of the following nursing diagnoses are appropriate for a patient with an acute asthma attack. Which is of highest priority?
 1. *Anxiety related to difficulty breathing*
 2. **Ineffective Airway Clearance related to bronchoconstriction and increased mucous production**
 3. *Ineffective Breathing Pattern related to anxiety*
 4. *Ineffective Health Maintenance related of lack of knowledge about attack triggers and appropriate use of medications*

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Test Question 1 Rationale

Ineffective airway clearance is the highest priority because it impairs alveolar ventilation and the exchange of oxygen and carbon dioxide at the capillaries, decreasing the blood and tissue oxygen levels.

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Test Question 2

2. The nurse caring for a patient with asthma notices that the patient's respirations have slowed and he is no longer coughing. Breath sounds are diminished throughout his lung fields and absent in the bases. The nurse should do which of the following?
 1. Notify the healthcare provider.
 2. Allow the patient to rest undisturbed.
 3. Obtain a chest x-ray.
 4. Ask family members to leave.

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Test Question 2 Response

2. The nurse caring for a patient with asthma notices that the patient's respirations have slowed and he is no longer coughing. Breath sounds are diminished throughout his lung fields and absent in the bases. The nurse should do which of the following?
 1. **Notify the healthcare provider.**
 2. Allow the patient to rest undisturbed.
 3. Obtain a chest x-ray.
 4. Ask family members to leave.

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Test Question 2 Rationale

When teaching use of a metered dose inhaler (MDI), the nurse instructs her patient to do which of the following?

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Test Question 3

3. When teaching use of a metered dose inhaler (MDI), the nurse instructs her patient to do which of the following?
 1. Take quick shallow breaths in rapid succession while holding the canister down.
 2. Use the inhaler containing the anti-inflammatory drug first, then the bronchodilator.
 3. Use the anti-inflammatory drug as needed to treat acute episodes of wheezing.
 4. Rinse the mouth after using the inhaler to reduce systemic absorption of the drug.

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Test Question 3 Response

3. When teaching use of a metered dose inhaler (MDI), the nurse instructs her patient to do which of the following?
 1. Take quick shallow breaths in rapid succession while holding the canister down.
 2. Use the inhaler containing the anti-inflammatory drug first, then the bronchodilator.
 3. **Use the anti-inflammatory drug as needed to treat acute episodes of wheezing.**
 4. Rinse the mouth after using the inhaler to reduce systemic absorption of the drug.

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Test Question 3 Rationale

The patient should be taught to use the anti-inflammatory drug as needed to treat acute episodes of wheezing.

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Test Question 4

4. Which of the following would be an expected assessment finding in a patient admitted with chronic obstructive airway disease?
 1. AP chest diameter equal to or greater than lateral chest diameter
 2. mental confusion and lethargy
 3. three+ pitting edema of ankles and lower legs
 4. oxygen saturation readings of 85% or less

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Test Question 4 Response

4. Which of the following would be an expected assessment finding in a patient admitted with chronic obstructive airway disease?
 1. **AP chest diameter equal to or greater than lateral chest diameter**
 2. mental confusion and lethargy
 3. three+ pitting edema of ankles and lower legs
 4. oxygen saturation readings of 85% or less

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Test Question 4 Rationale

Development of a barrel chest due to air trapping is an expected finding in COPD.

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Test Question 5

5. An appropriate goal for a patient admitted with an acute exacerbation of COPD would be which of the following?
1. Will verbalize self-care measures to regain lost lung function.
 2. Arterial blood gases will be within normal limits by discharge.
 3. Will maintain SaO_2 of 90% or higher.
 4. Will identify strategies to help reduce number of cigarettes smoked per day.

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Test Question 5 Response

5. An appropriate goal for a patient admitted with an acute exacerbation of COPD would be which of the following?
1. Will verbalize self-care measures to regain lost lung function.
 2. Arterial blood gases will be within normal limits by discharge.
 3. **Will maintain SaO_2 of 90% or higher.**
 4. Will identify strategies to help reduce number of cigarettes smoked per day.

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Test Question 5 Rationale

During an acute exacerbation of COPD, keeping the SaO_2 above 90% is an appropriate goal.

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Test Question 6

6. Which of the following statements best represents a nurse's understanding of use of supplemental oxygen in patients with COPD?
1. Because oxygen is flammable, the patient should not smoke.
 2. Oxygen is used only at night for patients with COPD.
 3. Oxygen is never used for patients with COPD as they may become dependent on it.
 4. The patient needs to be closely monitored for signs of respiratory depression.

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Test Question 6 Response

6. Which of the following statements best represents a nurse's understanding of use of supplemental oxygen in patients with COPD?
1. Because oxygen is flammable, the patient should not smoke.
 2. Oxygen is used only at night for patients with COPD.
 3. Oxygen is never used for patients with COPD as they may become dependent on it.
 4. **The patient needs to be closely monitored for signs of respiratory depression.**

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Test Question 6 Rationale

In some patients with COPD, decreased arterial oxygen concentrations drive respirations. Administered O₂ may decrease the drive to breathe; however, many patients with COPD require supplemental oxygen.

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Test Question 7

7. The home care nurse working with a patient who has cystic fibrosis specifically directs the home care aide to report which of the following? **Select all that apply.**
1. thick, tenacious, milky, and white sputum
 2. fever
 3. bulky, fatty stools
 4. difficulty clearing mucus secretions
 5. increasing shortness of breath and fatigue

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Test Question 7 Response

7. The home care nurse working with a patient who has cystic fibrosis specifically directs the home care aide to report which of the following? **Select all that apply.**
1. **thick, tenacious, milky, and white sputum**
 2. **fever**
 3. bulky, fatty stools
 4. **difficulty clearing mucus secretions**
 5. **increasing shortness of breath and fatigue**

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Test Question 7 Rationale

Thick, tenacious, milky white sputum and fever indicate possible infection. Difficulty coughing up mucus and increased shortness of breath and fatigue indicate potential early manifestations of respiratory failure.

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Test Question 8

8. A patient in skeletal traction suddenly develops right-sided chest pain and shortness of breath. The nurse should do which of the following?
 1. Check for Homan's sign.
 2. Start oxygen per nasal cannula.
 3. Administer the prescribed analgesic.
 4. Elevate the head of the bed to 45 degrees.

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Test Question 8 Response

8. A patient in skeletal traction suddenly develops right-sided chest pain and shortness of breath. The nurse should do which of the following?
 1. Check for Homan's sign.
 2. **Start oxygen per nasal cannula.**
 3. Administer the prescribed analgesic.
 4. Elevate the head of the bed to 45 degrees.

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Test Question 8 Rationale

These manifestations may indicate pulmonary embolism. Oxygen is administered to support gas exchange and tissue oxygenation.

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Test Question 9

9. The nurse caring for a patient with COPD recognizes which of the following as an early sign of possible respiratory failure?
1. restlessness and tachypnea
 2. deep coma
 3. hypotension and tachycardia
 4. decreased urine output

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Test Question 9 Response

9. The nurse caring for a patient with COPD recognizes which of the following as an early sign of possible respiratory failure?
1. **restlessness and tachypnea**
 2. deep coma
 3. hypotension and tachycardia
 4. decreased urine output

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Test Question 9 Rationale

Restlessness and tachypnea are early signs of respiratory failure caused by hypoxemia and stimulation of the respiratory center.

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Test Question 1 Rationale

Unless oxygenation is compromised by the inflammatory process, the sputum specimen is obtained first.