Test Bank for Safe Maternity & Pediatric Nursing Care 3rd Edition by Linnard-Palmer, Coats

ISBN: 9781719648844

Chapter 1: Introduction to Maternity and Pediatric Nursing

Multiple Choice

Identify the choice that best completes the statement or answers the question.

____ 1. A patient is admitted to the labor and delivery unit. Which member of the health-care team develops a plan of care based on that patient's needs?

1)	Licensed practical nurse (LPN)/licensed vocational nurse (LVN)
2)	Registered nurse (RN)
3)	Nurse practitioner (NP)
4)	Certified nurse midwife (CNM)

____ 2. How does a nurse practitioner's (NP's) role differ from that of a certified nurse midwife (CNM) with regard to maternity care?

1)	The NP does not usually deliver babies but cares for women before and after delivery.
2)	The CNM cannot prescribe medications, but an NP does have prescribing privileges.
3)	The CNM is hired by the hospital, whereas an NP practices independently and does not have hospital privileges.
4)	The CNM and the NP have very similar roles with little difference between the two.

____ 3. The health-care provider explains the need for an amniocentesis, but the patient declines the procedure. The nurse supports the patient's right to make this decision, demonstrating an understanding of which ethical principle?

1)	Autonomy
2)	Beneficence
3)	Nonmaleficence
4)	Justice

____ 4. The nurse joins a community outreach program to promote vaccination of children, demonstrating which ethical principle?

1)	Autonomy
2)	Beneficence
3)	Nonmaleficence
4)	Justice

____ 5. The nurse working in an acute care facility makes it a point to never look at the declaration page showing the patient's insurance or lack of insurance because of a belief that all patients should be treated equally. This demonstrates which ethical principle?

1)	Autonomy
2)	Beneficence
3)	Nonmaleficence
4)	Justice

____ 6. The nurse working on a pediatric medical–surgical unit is reviewing the clinical guidelines for how to administer an intramuscular injection to a child. Which type of legal guideline is the

nurse using to inform their practice in this scenario?

1)	Scope of practice
2)	Standards of care
3)	Ethical principles
4)	Informed consent

____ 7. Which term describes assisting a family to feel supported, listened to, and competent?

1)	Enabling
2)	Empathy
3)	Egocentric
4)	Empowerment

___ 8. Which action would the nurse implement in order to apply the principles of family-centered care in the hospital environment?

1)	Implementing a strict visitation policy for siblings
2)	Allowing a child to “cry it out” when parents leave the bedside
3)	Encouraging parents to continue bedtime routines, such as reading a story
4)	Discouraging cultural foods because they cannot be provided by the dietary department

____ 9. Which anatomical difference between adults and children places a pediatric patient at risk for insensible losses?

1)	Large body surface area
2)	Obligatory nose breathing
3)	Disproportionate head size
4)	Poorly developed intercostal chest muscles

____ 10. Which anatomical factor increases the risk for respiratory failure in a pediatric patient?

1)	Smaller airway
2)	Obligatory nose breathing
3)	Large posterior head bone (occiput)
4)	Poorly developed intercostal chest muscles

____ 11. Which anatomical factor increases the risk for airway occlusion in a pediatric patient?

1)	A large posterior head bone (occiput)
2)	An increase in total body surface area
3)	A decrease in circulatory blood volume
4)	Poorly developed intercostal chest muscles

____ 12. The nurse is preparing an 8-year-old child for a procedure. Which statement is true of assent?

1)	Feedback from the child is part of the agreement or assent.
2)	All children 7 years or older can participate in assent.
3)	Assent only applies to emancipated children.
4)	The health-care team does not need to include the parent or guardian in assent.

____ 13. The nurse has many tasks to complete and is trying to ensure that they are all done in a timely

manner. What is the first step the nurse would take when delegating?

1)	Review the legal standards of the task.
2)	Decide whether the legal standards and specific activity of the task allow the task to be delegated.
3)	Clarify what the specific activity or task is by defining all aspects of the issue.
4)	Model the established practice that is accepted as the correct way to provide care.

____ 14. What is the nurse's responsibility with regard to informed consent?

1)	Answer the patient's questions about the procedure.
2)	Explain what the health-care provider will be doing during the procedure.
3)	Ensure that the consent is signed by the health-care provider and the patient before the procedure.
4)	Tell the patient all of the risks associated with the procedure.

____ 15. A 17-year-old in her first trimester visits the clinic for a prenatal appointment. She is upset because her parents want her to have an abortion, but she does not want to terminate the pregnancy. What question would the nurse ask to determine the emancipation status of the patient?

1)	"Are you married?"
2)	"Do you have a lawyer?"
3)	"Do you have a job?"
4)	"Have you graduated high school?"

____ 16. The nurse is caring for a pediatric patient and gathers information to ensure that the child is living in a safe home environment. Which children's right is the nurse advocating for?

1)	Right to participation
2)	Right to decision-making
3)	Right to protection
4)	Right to provisions

____ 17. The nurse is uncomfortable with caring for a patient who is planning to undergo an abortion. What action should the nurse take?

1)	Continue to care for the patient.
2)	Talk to the patient about her decision.
3)	Notify the nurse manager.
4)	Delegate care to unlicensed assistive personnel.

____ 18. The parents of a child with brain cancer are debating whether or not to proceed with a high-risk surgery for their child. What is the best therapeutic response by the nurse?

1)	"Why don't you ask your child what they want?"
2)	"The surgery has a 75% mortality rate."
3)	"What do you know about the surgery?"
4)	"How can I help you with this decision?"

____ 19. What evaluation is challenging for nurses to conduct in young children?

1)	Glasgow Coma Scale
2)	Pain
3)	Cardiovascular
4)	Respiratory

____ 20. A nurse is explaining child development to expectant parents. How would the nurse explain the proximal–distal aspect of development?

1)	Infants have head control before they can walk.
2)	Infants develop from the feet first, then up to the head.
3)	Infants can move their arms before they can grasp objects.
4)	Infants can crawl before they can walk.

____ 21. The nurse is caring for a pediatric patient who lives at home with their mother, father, and grandmother. Which term would the nurse use to describe this family?

1)	Nuclear family
2)	Reconstituted family
3)	Extended family
4)	Communal family

Multiple Response
Identify one or more choices that best complete the statement or answer the question.

____ 22. The nurse working in the neonatal intensive care unit (NICU) sits with the family as the health-care provider explains that the neonate has no hope of survival and recommends discontinuation of life support. Which ethical dilemma(s) should the nurse identify in this situation? *(Select all that apply.)*

1)	Quality of life versus quantity of life
2)	The cost of providing futile care
3)	Euthanasia versus God's will
4)	Lack of support for decision-making
5)	Knowledge deficit

____ 23. The nurse working in an obstetric clinic admits a woman who is 5 months pregnant and admits to a heroin addiction. Which intervention(s) will be effective in meeting the nurse's ethical obligation to the unborn fetus? *(Select all that apply.)*

1)	Reporting the patient's heroin use to the police
2)	Teaching the patient about the impacts to babies born to heroin addicts
3)	Providing referrals to community resources for drug treatment
4)	Discussing the option of abortion because the mother will be unable to care for the child
5)	Determining whether the patient has family support during her pregnancy

____ 24. Which pediatric anatomical differences increase the child's risk for developing respiratory complications? *(Select all that apply.)*

1)	Higher glucose needs
2)	Obligate nose breathing

3)	Larger posterior head bone
4)	Immature temperature regulation
5)	Poorly developed intercostal muscles

____ 25. Families are entitled to protected rights within a health-care institution. Which of the following are included in the protected rights of families? *(Select all that apply.)*

1)	Right to active participation in cultural beliefs and practices
2)	Right to visitation and family participation
3)	Right to personal dignity and privacy
4)	Right to refuse care provided by students
5)	Right to have elective procedures regardless of ability to pay

Chapter 1: Introduction to Maternity and Pediatric Nursing
Answer Section

MULTIPLE CHOICE

1. ANS: 2
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 3. Compare the roles of the licensed practical/vocational nurse (LPN/LVN), registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), and certified nurse midwife (CNM).
Chapter page reference: 3–4
Heading: Roles in Maternal–Child and Pediatric Nursing
Integrated processes: Caring
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Comprehension [Understanding]
Concept: Collaboration
Difficulty: Easy

	Feedback
1	The LPN/LVN is responsible for carrying out the plan of care but does not develop the plan of care because independent care planning is not within their scope of practice.
2	The RN is responsible for developing the plan of care.
3	NPs do not develop the plan of care but may contribute to the development if they wish.
4	CNMs do not develop the plan of care but may contribute to the development if they wish.

2. ANS: 1
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 3. Compare the roles of the licensed practical/vocational nurse

(LPN/LVN), registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), and certified nurse midwife (CNM).
Chapter page reference: 3–4
Heading: Roles in Maternal–Child and Pediatric Nursing
Integrated processes: Caring
Client need: Coordinated Care
Cognitive level: Comprehension [Understanding]
Concept: Collaboration; Professionalism
Difficulty: Easy

	Feedback
1	Both the CNM and the NP care for women before and after delivery; however, NPs do not take responsibility for delivering babies, whereas CNMs do deliver babies.
2	Both the NP and the CNM can prescribe medications.
3	Either can be employed by a facility, but usually the CNM has an independent practice with hospital privileges.
4	There are significant differences between an NP and a CNM.

3. ANS: 1
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 5. Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice as related to maternity and pediatric nursing.
Chapter page reference: 4
Heading: Legalities and Ethics—Ethics
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Application [Applying]
Concept: Ante-/Intra-/Postpartum; Ethics
Difficulty: Moderate

	Feedback
1	The nurse demonstrates the ethical principle of autonomy by understanding the importance of allowing the patient to make their own health decisions.
2	Beneficence is doing good to benefit others and is not the principle involved in this scenario.
3	Nonmaleficence is doing no harm and is not the principle involved in the scenario.
4	Justice is treating people fairly and is not the principle demonstrated in this scenario.

4. ANS: 2
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 5. Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice as related to maternity and pediatric nursing.
Chapter page reference: 4

Heading: Legalities and Ethics—Ethics
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Application [Applying]
Concept: Ethics
Difficulty: Moderate

	Feedback
1	Autonomy is allowing patients to make their own decisions regarding health care and is not the principle involved in this scenario.
2	Beneficence is doing good to benefit others; it is the principle involved in this scenario because the nurse is advocating for the health of children.
3	Nonmaleficence is doing no harm and is not the principle involved in this scenario.
4	Justice is treating people fairly and is not the principle demonstrated in this scenario.

5. ANS: 4
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 5. Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice as related to maternity and pediatric nursing.
Chapter page reference: 5
Heading: Legalities and Ethics—Ethics
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Application [Applying]
Concept: Ethics
Difficulty: Moderate

	Feedback
1	Autonomy is allowing patients to make their own decisions regarding health care and is not the principle involved in this scenario.
2	Beneficence is doing good to benefit others and is not the principle involved in this scenario.
3	Nonmaleficence is doing no harm and is not the principle involved in this scenario.
4	Justice is treating people fairly; it is the principle demonstrated in this scenario because the nurse is treating everyone equally, regardless of their health insurance status.

6. ANS: 2
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 4. Discuss the legalities and ethics of nursing practice including scope of practice, delegation, standards of care, and institutional policies.
Chapter page reference: 4
Heading: Legalities and Ethics—Legalities—Standards of Care
Integrated processes: Caring

Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Comprehension [Understanding]
Concept: Collaboration; Legal
Difficulty: Easy

	Feedback
1	The scope of practice is the legal outline of what a certain role (nurse practitioner, registered nurse, licensed vocational nurse, etc.) can do according to state laws. The nurse is reviewing clinical guidelines related to caring for the patient, not legal guidelines about the nurse's role.
2	Standards of care refer to guidelines that show the correct way to provide care for a patient. In this scenario, the nurse was reviewing guidelines that showed the correct way to administer injections.
3	Ethical principles are moral principles that guide behavior. Reviewing guidelines about how to administer injections is not an example of ethical principles.
4	Informed consent involves obtaining consent before a procedure or intervention, provided that the patient has a full understanding of the procedure and its associated risks and benefits. Although the nurse will need to obtain informed consent before administering the injection, reviewing clinical guidelines about how to perform the injection is not an example of informed consent.

7. ANS: 4
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 1. Define the key terms.
Chapter page reference: 7
Heading: Family-Centered Care—Definition of Family
Integrated processes: Caring
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Knowledge [Remembering]
Concept: Family Dynamics; Patient-Centered Care
Difficulty: Easy

	Feedback
1	*Enabling* is defined as giving someone or something the authority or means to do something.
2	*Empathy* is defined as the ability to understand and share the feelings of another.
3	*Egocentric* is defined as thinking only of oneself, without regard for the feelings or desires of others; self-centered.
4	*Empowerment* is defined as assisting a family to feel supported, listened to, and competent.

8. ANS: 3
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing

Chapter learning objective: 9. Apply principles of family-centered care to families receiving care in a hospital or home setting.
Chapter page reference: 7
Heading: Family-Centered Care—Definition of Family—Box 1.4: Family-Centered Care Principles
Integrated processes: Caring
Client need: Psychosocial Integrity
Cognitive level: Application [Applying]
Concept: Family Dynamics
Difficulty: Moderate

	Feedback
1	Siblings and members of the extended family should be included in care provision.
2	Separation anxiety intensifies during hospitalization; therefore, the nurse should provide comfort to the child when the parents leave the bedside.
3	Routines from home, such as bedtime routines, should be encouraged during hospitalization when promoting the principles of family-centered care.
4	Cultural diversity should be promoted when applying the principles of family-centered care. If the dietary department cannot provide a cultural food, the family should be encouraged to bring it from home.

9. ANS: 1
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 11. Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.
Chapter page reference: 8
Heading: Special Considerations in Pediatric Nursing—Anatomical and Physiological Differences Between Children and Adults
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Comprehension [Understanding]
Concept: Growth and Development
Difficulty: Easy

	Feedback
1	A large body surface area places pediatric patients at risk for greater heat loss and increased insensible losses.
2	Newborns are obligatory nose breathers; however, this does not increase the risk for heat loss and insensible losses.
3	Although children's heads are disproportionately large compared to those of adults, it is not the reason for an increased risk for insensible losses.
4	Poorly developed intercostal muscles place the pediatric patient at risk for fatigue and respiratory failure, not insensible losses.

10. ANS: 4
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 11. Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.
Chapter page reference: 8
Heading: Special Considerations in Pediatric Nursing—Anatomical and Physiological Differences Between Children and Adults
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Comprehension [Understanding]
Concept: Growth and Development; Oxygenation
Difficulty: Moderate

	Feedback
1	Although children do have smaller airways than adults, this is not an anatomical difference that increases the risk for respiratory failure.
2	Although younger infants are obligatory nose breathers, this is not an anatomical difference that increases the risk for respiratory failure.
3	Although pediatric patients do have a large posterior head bone (occiput), this increases the risk of airway occlusion, not respiratory failure.
4	The poorly developed intercostal muscles of the chest increase the pediatric patient's risk for fatigue, leading to respiratory failure.

11. ANS: 1
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 11. Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.
Chapter page reference: 8
Heading: Special Considerations in Pediatric Nursing—Anatomical and Physiological Differences Between Children and Adults
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Comprehension [Understanding]
Concept: Growth and Development; Oxygenation
Difficulty: Easy

	Feedback
1	A large posterior head bone (occiput) increases the risk for airway occlusion in pediatric patients.
2	An increase in total body surface area results in greater heat loss and insensible losses.

3	A decrease in circulatory blood volume does not increase the risk for airway occlusion.
4	The poorly developed intercostal muscles of the chest increase the pediatric patient's risk for respiratory failure, not airway occlusion.

12. ANS: 1
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 7. Analyze the purposes for and essential elements of informed consent, including the concept of assent for school-aged children older than 7 and the emancipated minor.
Chapter page reference: 5
Heading: Informed Consent—Assent
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Knowledge [Remembering]
Concept: Family Dynamics; Growth and Development
Difficulty: Easy

	Feedback
1	Feedback from the child is part of the agreement or assent. The child should be asked whether they have any questions or concerns about the course of medical treatment.
2	Not all children 7 years or older can participate in assent. The health-care team should evaluate the child for their ability to participate in this process.
3	Assent allows a child to participate in the decision-making process with their parent or guardian. Emancipation grants basic adult rights to children and allows them to make decisions without a parent or guardian.
4	Because the child is a minor, the parent or guardian is still involved in the decision-making process. Only emancipated minors can make decisions without their parent or guardian.

13. ANS: 3
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 4. Discuss the legalities and ethics of nursing practice including scope of practice, delegation, standards of care, and institutional policies.
Chapter page reference: 4
Heading: Legalities and Ethics—Legalities—Delegation
Integrated processes: Caring
Client need: Communication and Documentation
Cognitive level: Application [Applying]
Concept: Pregnancy
Difficulty: Moderate

	Feedback
1	Reviewing the legal standards of the task is the second step in delegation.

2	Deciding whether the task can be delegated is the final step in delegation.
3	Clarifying what the specific activity or task is by defining all aspects of the issue is the first step in delegation.
4	Modeling the established practice is not a step in delegation but can be helpful when trying to evaluate whether a coworker knows how to complete a task correctly.

14. ANS: 3
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 7. Analyze the purposes for and essential elements of informed consent, including the concept of assent for school-aged children older than 7 and the emancipated minor.
Chapter page reference: 5
Heading: Informed Consent
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Comprehension [Understanding]
Concept: Communication; Legal
Difficulty: Moderate

	Feedback
1	The health-care provider is responsible for answering the patient's questions before the consent is signed.
2	The health-care provider is responsible for explaining the procedure before the consent is signed.
3	The nurse is responsible for ensuring that the consent is signed by the health-care provider and the patient before the procedure.
4	The nurse can clarify if a patient has questions, but the health-care provider should explain the procedure and answer the patient's questions.

15. ANS: 1
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 7. Analyze the purposes for and essential elements of informed consent, including the concept of assent for school-aged children older than 7 and the emancipated minor.
Chapter page reference: 5
Heading: Informed Consent—Emancipated Minor
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Comprehension [Understanding]
Concept: Ante-/Intra-/Postpartum; Legal
Difficulty: Moderate

	Feedback

1	A married pregnant teenager is automatically emancipated, but an unmarried pregnant teenager is not automatically emancipated.
2	Hiring a lawyer could be the next step for a pregnant teenager who wishes to become emancipated, but the nurse should ask whether she is married first.
3	Having a job does not automatically qualify a teenager for emancipation.
4	Graduating from high school does not automatically qualify a teenager for emancipation.

16. ANS: 4
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 8. List the children's rights and the family rights in health care.
Chapter page reference: 6
Heading: Informed Consent—Children's Rights
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Knowledge [Remembering]
Concept: Family Dynamics
Difficulty: Easy

	Feedback
1	Right to participation is included in children's rights. Children should be offered full participation in community activities, arts and sports activities, and cultural events according to their individual and family beliefs and practices.
2	Right to decision-making is not one of the listed children's rights. A child's right to assist in decision-making regarding their health-care needs is called assent.
3	Right to protection is included in children's rights. Children should be protected from abuse, exploitation, neglect, and discrimination.
4	The nurse evaluating the child's living environment for safety is an example of advocating for the child's right to provisions. Children should be provided a standard of living that provides the provisions of safe living, health care, education, clean water, appropriate diets, adequate rest, sleep, play, and recreation.

17. ANS: 3
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 6. Identify possible ethical dilemmas in maternity and pediatric nursing.
Chapter page reference: 5
Heading: Legalities and Ethics—Ethics
Integrated processes: Caring
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Application [Applying]
Concept: Ethics
Difficulty: Moderate

	Feedback
1	Nurses are legally obligated to provide care that meets the standards of practice, regardless of personal feelings about the patient. The nurse should not continue to care for the patient if the nurse's personal values will keep them from providing care that meets the standards of practice.
2	The nurse should not impose their own values on the patient.
3	Nurses who encounter ethical dilemmas should report through the chain of command to receive assistance.
4	The nurse can delegate tasks that are within the scope of an unlicensed assistive personnel, but not all care can be delegated.

18. ANS: 4
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 6. Identify possible ethical dilemmas in maternity and pediatric nursing.
Chapter page reference: 8
Heading: Family-Centered Care—Therapeutic Communication
Integrated processes: Communication and Documentation
Client need: Psychosocial Integrity
Cognitive level: Application [Applying]
Concept: Communication
Difficulty: Moderate

	Feedback
1	The nurse should not impose their views on the parents. This is not an example of therapeutic communication.
2	Notifying the parents of the surgery's mortality risk is not an example of therapeutic communication.
3	Asking the parents what they know about the surgery is not an example of therapeutic communication.
4	The nurse should support the autonomy of the parents by asking how they can help the parents with the decision. It may be necessary to help the patient clarify their values as they relate to the health-care situation.

19. ANS: 2
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 11. Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.
Chapter page reference: 8
Heading: Special Considerations in Pediatric Nursing—Anatomical and Physiological Differences Between Children and Adults

Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Knowledge [Remembering]
Concept: Growth and Development
Difficulty: Easy

	Feedback
1	The Glasgow Coma Scale evaluation is not more difficult in young children than in adults.
2	Pain is more difficult to evaluate in young children than in adults. Nurses must use vital signs and developmentally appropriate pediatric tools to measure symptoms such as pain.
3	A cardiovascular evaluation is not more difficult in young children than in adults.
4	A respiratory evaluation is not more difficult in young children than in adults.

20. ANS: 3
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 11. Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.
Chapter page reference: 8
Heading: Special Considerations in Pediatric Nursing—Anatomical and Physiological Differences Between Children and Adults
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Comprehension [Understanding]
Concept: Growth and Development
Difficulty: Moderate

	Feedback
1	Infants do have head control before they can walk. This developmental progression, however, is known as cephalocaudal, or head to toe.
2	Infants develop from the head to the toes, known as cephalocaudal development.
3	Infants can move their arms before they can grasp objects. This is an example of proximal–distal development.
4	Infants can crawl before they can walk, but this progression is known as general to specific.

21. ANS: 3
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 9. Apply principles of family-centered care to families receiving care in a hospital or home setting.
Chapter page reference: 7

Heading: Family-Centered Care—Definition of Family—Box 1.3: Family Structures
Integrated processes: Communication and Documentation
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Comprehension [Understanding]
Concept: Family Dynamics
Difficulty: Easy

	Feedback
1	A nuclear family refers to a family that includes a husband, wife, and children living in the same household.
2	A reconstituted family consists of two parents with children from previous relationships living in the same household.
3	Extended family is any constellation of family members living together in one household, such as in the example where the patient lives with both parents and a grandparent.
4	A communal family is a group of people living together who may not be related to each other.

MULTIPLE RESPONSE

22. ANS: 1, 2, 3
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 6. Identify possible ethical dilemmas in maternity and pediatric nursing.
Chapter page reference: 4–5
Heading: Legalities and Ethics—Ethics
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Safe and Effective Care Environment: Coordinated Care
Cognitive level: Analysis [Analyzing]
Concept: Ethics
Difficulty: Difficult

	Feedback
1	Quality of life is a valid ethical dilemma in this situation, where continued life support could cause discomfort without providing quality time.
2	Futile care in the NICU is very costly, and although it may not influence the parents' decision-making, it is an ethical dilemma because money should be spent where it can do the most good.
3	Euthanasia versus God's will is an ethical dilemma that many religious parents face in this type of situation.
4	There is no indication that this family has a lack of support, so this is not an ethical dilemma.
5	Although there may be a knowledge deficit, there is no indication in this scenario that the parents lack knowledge.

23. ANS: 2, 3, 5
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 6. Identify possible ethical dilemmas in maternity and pediatric nursing.
Chapter page reference: 4–5
Heading: Legalities and Ethics—Ethics
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Application [Applying]
Concept: Ante-/Intra-/Postpartum; Ethics
Difficulty: Moderate

	Feedback
1	The nurse should report up the chain of command, not to the police.
2	Helping the mother understand how heroin addiction impacts the fetus and the newborn may help the mother decide to enter rehabilitation.
3	Referrals are an appropriate action because the mother will need help finding a place where she can rehabilitate and stop using heroin safely if she makes that decision now or in the future.
4	It is not the nurse's place to raise the option of abortion, and depending on the state, this mother may be too far along for that to be an option.
5	Determining whether the patient has family support to provide food and a safe place to sleep is advocating for the fetus.

24. ANS: 3, 5
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 11. Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.
Chapter page reference: 8
Heading: Special Considerations in Pediatric Nursing—Anatomical and Physiological Differences Between Children and Adults
Integrated processes: Clinical Problem-Solving Process (Nursing Process)
Client need: Health Promotion and Maintenance
Cognitive level: Comprehension [Understanding]
Concept: Growth and Development; Oxygenation
Difficulty: Moderate

	Feedback
1	Children have higher glucose needs, resulting in a higher metabolic rate, but this does not increase the risk of respiratory complications.
2	Obligate nose breathing occurs during the first several weeks of life, but this is

	expected and does not increase the risk of respiratory complications.
3	Pediatric patients have a larger posterior head bone, which increases the risk of airway occlusion and could lead to respiratory complications.
4	Young children have immature temperature regulation processes, but this increases their risk of hypothermia, not respiratory complications.
5	Poorly developed intercostal muscles in children cause fatigue, which can result in eventual respiratory failure.

25. ANS: 1, 2, 3, 4
Chapter number and title: 1: Introduction to Maternity and Pediatric Nursing
Chapter learning objective: 8. List the children's rights and the family rights in health care.
Chapter page reference: 6
Heading: Informed Consent—Family Rights
Integrated processes: Caring
Client need: Health Promotion and Maintenance
Cognitive level: Knowledge [Remembering]
Concept: Family Dynamics; Patient-Centered Care
Difficulty: Moderate

	Feedback
1	Families have the right to active participation in cultural beliefs and practices.
2	Families have the right to visitation and family participation.
3	Families have the right to personal dignity and privacy.
4	Families have the right to refuse care by students.
5	Families do not have the right to have elective procedures regardless of their ability to pay. Families have the right to have emergency procedures regardless of their ability to pay.