

## HEALTH ASSESSMENT IN NURSING TEST BANK EXAM WELL UPDATED QUESTIONS AND ANSWERS 100% CORRECT NEW EXAM |2024/2025(GRADED A+)

Assessment - **ANSWER**-Collection of subjective and objective data

Diagnoses - **ANSWER**-Analysis of subjective and objective data to make a professional nursing judgement

Planning - **ANSWER**-Developing a plan of nursing care and outcome criteria

Implementation - **ANSWER**-Carrying out the plan of care

Evaluation - **ANSWER**-Assessing whether outcome criteria have been met and revising the plan of care if necessary

Nursing Diagnosis - **ANSWER**-Clinical judgement about individual, family or community responses to actual or potential health problems and life processes

Subjective Data - **ANSWER**-Sensations or symptoms that can be verified only by the client (ex. pain)

Objective Data - **ANSWER**-Findings directly observed or indirectly observed through measurements (ex. body temperature)

Collaborative Problem - **ANSWER**-Physiologic complications that nurses monitor to detect their onset or changes in status

Referral Problem - **ANSWER**-Problem that requires the attention or assistance of other health care professionals

A medical examination differs from a comprehensive nursing examination in that the medical examination focuses primarily on the client's - ANSWER-Physiologic status

The result of a nursing assessment is the - ANSWER-Formulation of nursing diagnoses

Although the assessment phase of the nursing process precedes the other phases, the assessment phase is - ANSWER-Continuous

When a client first enters the hospital for an elective surgical procedure, the nurse should perform an assessment termed - ANSWER-Comprehensive

An ongoing or partial assessment of a client - ANSWER-Includes a brief reassessment of the client's normal body system

The purpose of the comprehensive health assessment is to - ANSWER-Arrive at conclusions about the client's health

The use of this type of question can keep a client interview from going off track - ANSWER-Closed-ended

A nurse can clarify a client's statements by - ANSWER-Rephrasing the client's statements

During what phase of the interview between a nurse and client do you collaborate to identify problems and goals - ANSWER-Working phase

When dealing with a manipulative client it is important for the nurse to - ANSWER-Provide structure and set limits

The primary purpose of the health history is to - **ANSWER**-Identify risk factors to the client and his or her significant others

Define the "COLDSPAA" acronym - **ANSWER**-Character, Onset, Location, Duration, Severity, Pattern, Associated factors, how it Affects the client

Sim's position - **ANSWER**-Side-lying position used during the rectal examination

Sitting Position - **ANSWER**-Position used during much of the physical examination including examination of the head, neck, lungs, chest, back, breast, axilla, heart, vital signs, and upper extremities

Supine Position - **ANSWER**-Back-lying position used for examination of the abdomen (with one small pillow under the head and another under the knees); this position also allows easy access for palpation of peripheral pulses

Standing Position - **ANSWER**-Position used to examine male genitalia and to assess gait, posture, and balance

Prone Position - **ANSWER**-Client lies on abdomen with head turned to the side; may be used to assess back and mobility of hip joint

Lithotomy Position - **ANSWER**-Back-lying position with hips at edge of examining table and feet supported in stirrups; used for examination of female genitalia, reproductive tract, and rectum

What part of the examiner's hand is used to feel for fine discriminations: pulses, texture, size, consistency, shape, and crepitus - **ANSWER**-Fingerpads

Part of the examiner's hand used to feel for vibration, thrills, or fremitus - **ANSWER**-Ulnar surface or palm of hand

Part of the examiner's hand used to feel for temperature - **ANSWER**-Dorsal surface of hand

Smaller end of stethoscope used to detect low-pitched sounds (abnormal heart sounds and bruits) - **ANSWER**-Bell of stethoscope

Larger end of stethoscope used to detect breath sounds, normal heart sounds, and bowel sounds - **ANSWER**-Diaphragm of stethoscope

Name the four basic techniques used for physical assessment - **ANSWER**-Inspection, palpation, percussion, auscultation

Name the five steps of the nursing process - **ANSWER**-Assessment, diagnosis, planning, implementation and evaluation

What are the four sections of the nursing assessment framework? - **ANSWER**-History of present health concern, past health history, family history and lifestyle and health practices

What are the four basic types of assessments? - **ANSWER**-Initial comprehensive assessment, ongoing or partial assessment, focused or problem oriented assessment and emergency assessment

Name the four major steps of the assessment phase - **ANSWER**-Collection of subjective data, collection of objective data, validation of data and documentation data

Explain the importance of a contextual approach to nursing health assessment - **ANSWER**-The client's culture, family, community and spirituality all affect their overall health

What is the purpose of conducting a health history interview? - **ANSWER**-Establishing rapport and a trusting relationship with the client to elicit accurate and meaningful