

Medical Surgical Nursing 10th Edition Ignatavicius Workman **Test Bank**

Chapter 01: Overview of Professional Nursing Concepts for Medical-Surgical Nursing Ignatavicius: Medical-Surgical Nursing, 10th Edition

MULTIPLE CHOICE

1. A nurse is caring for a postoperative client on the surgical unit. The client's blood pressure was 142/76 mm Hg 30 minutes ago, and now is 88/50 mm Hg. What action would the nurse take **first**?
- Call the Rapid Response Team.
 - Document and continue to monitor.
 - Notify the primary health care provider.
 - Repeat the blood pressure in 15 minutes.

ANS: A

The purpose of the Rapid Response Team (RRT) is to intervene when clients are deteriorating before they suffer either respiratory or cardiac arrest. Since the client has manifested a significant change, the nurse would call the RRT. Changes in blood pressure, mental status, heart rate, temperature, oxygen saturation, and last 2 hours' urine output are particularly significant and are part of the Modified Early Warning System guide. Documentation is vital, but the nurse must do more than document. The primary health care provider would be notified, but this is not more important than calling the RRT. The client's blood pressure would be reassessed frequently, but the priority is getting the rapid care to the client.

DIF: Applying TOP: Integrated Process: Communication and Documentation

KEY: Rapid Response Team (RRT), Clinical judgment

MSC: Client Needs Category: Physiological Integrity: Physiological Adaptation

2. A new nurse is working with a preceptor on a medical-surgical unit. The preceptor advises the new nurse that which is the **priority** when working as a professional nurse?
- Attending to holistic client needs
 - Ensuring client safety
 - Not making medication errors
 - Providing client-focused care

ANS: B

All actions are appropriate for the professional nurse. However, ensuring client safety is the priority. Health care errors have been widely reported for 25 years, many of which result in client injury, death, and increased health care costs. There are several national and international organizations that have either recommended or mandated safety initiatives. Every nurse has the responsibility to guard the client's safety. The other actions are important for quality nursing, but they are not as vital as providing safety. Not making medication errors does provide safety, but is too narrow in scope to be the best answer.

DIF: Understanding

TOP: Integrated Process: Nursing Process: Intervention

KEY: Client safety

MSC: Client Needs Category: Safe and Effective Care Environment: Safety and Infection Control

3. A nurse is orienting a new client and family to the medical-surgical unit. What information does the nurse provide to best help the client promote his or her own safety?
- Encourage the client and family to be active partners.
 - Have the client monitor hand hygiene in caregivers.
 - Offer the family the opportunity to stay with the client.
 - Tell the client to always wear his or her armband.

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Debera Jane Thomas



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