

Chapter 1. Critical Thinking and the Nursing Process

MULTIPLE CHOICE

1. The nurse is caring for a group of patients on a medical-surgical unit. Which patient should the licensed practical nurse/licensed vocational nurse (LPN/LVN) assess first?
 1. A patient with a blood glucose of 42 mg/dL
 2. A patient who reports a pain level of 2
 3. A patient who has just received a diagnosis of cancer
 4. A patient who has a respiratory rate of 22

ANS: 1

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 7. Prioritize patient care activities based on the Maslow hierarchy of human needs.

Pages: 6–7

Heading: Prioritize Care

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE—Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Difficult

| | Feedback |
|---|---|
| 1 | This patient has a dangerously low blood glucose level and requires immediate intervention. |
| 2 | This patient will need to be assessed, but is not as high a priority. |
| 3 | According to Maslow, psychosocial needs are not as high of a priority as physiological needs. |
| 4 | A respiratory rate of 22 is within normal range. |

PTS: 1

CON: Patient-Centered Care

2. The LPN/LVN enters the room of a patient who is angry and yells, “I asked 5 minutes ago for my pain medication. I’m going to call the CEO of the hospital if you don’t get it for me now.” Which statement by the nurse demonstrates intellectual empathy?
 1. “We are short-staffed today, so it will take me longer to meet your needs.”
 2. “I am sorry you had to wait, I know you must be in a lot of pain.”
 3. “I had another patient who had severe pain, and I had to get to them first.”
 4. “I will get you the number for the CEO, but he is aware of how busy we are.”

ANS: 2

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 2. Describe attitudes and skills that promote good critical thinking

Page: 2

Heading: Intellectual Empathy

Integrated Process: Communication and Documentation

Client Need: Psychosocial Integrity

Cognitive Level: Application [Applying]

Concept: Communication

Difficulty: Moderate

| | Feedback |
|---|--|
| 1 | This statement does not consider an individual's situation. |
| 2 | This statement demonstrates intellectual empathy by considering this patient's situation and will likely alleviate the patient's anger. |
| 3 | This statement does not consider a patient's situation and does not demonstrate intellectual empathy. |
| 4 | This statement addresses the patient's statement of wanting to call the CEO, but does not demonstrate intellectual empathy by considering the patient's situation. |

PTS: 1

CON: Communication

3. The nurse is collecting data on a patient. Which data are described as subjective?

1. Respiratory rate of 26 per minute
2. Patient report of shortness of breath
3. Coarse lung sounds bilaterally
4. Cough producing green sputum

ANS: 2

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 5. Differentiate between objective and subjective data.

Page: 4

Heading: Subjective Data

Integrated Process: Communication and Documentation

Client Need: Communication and Documentation

Cognitive Level: Application (Applying)

Concept: Communication

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | Respiratory rate of 26 per minute is an example of objective data. |
| 2 | A patient reporting symptoms to the nurse is an example of subjective data. |
| 3 | Coarse lung sounds is an example of objective data. |
| 4 | A productive cough is an example of objective data. |

PTS: 1

CON: Communication

4. A patient with a newly fractured femur reports a pain level of 8/10 and analgesic medication is not due for another 50 minutes. Which action should the nurse take first?

1. Reposition the patient.
2. Give the medication in 30 minutes.
3. Notify the registered nurse (RN) or physician.
4. Tell the patient it is too early for pain medication.

ANS: 3

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 4. Identify the role of a licensed practical nurse/licensed vocational nurse in using the nursing process.

Page: 3

Heading: Clinical Judgement

Integrated Process: Clinical Problem-solving Process (Nursing Process)

Client Need: SECE—Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|--|
| 1 | The patient who has a fractured femur is having acute pain. Repositioning a patient with a new fracture is not likely to relieve pain. |
| 2 | Giving the medication before the prescribed time is beyond the nurse's scope of practice. |
| 3 | The patient should not have to wait for pain relief, so the LPN should inform the RN or physician so new pain relief orders can be obtained. |
| 4 | The nurse needs to do more than expect the patient to wait for pain relief. |

PTS: 1

CON: Patient-Centered Care

5. The nurse is prioritizing care based on Maslow hierarchy of needs. Which need does the nurse identify as having the highest priority?
1. Job-related stress
 2. Feeling of loneliness
 3. Pain level of 9 on 0-to-10 scale
 4. Lack of confidence

ANS: 3

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 7. Prioritize patient care activities based on the Maslow hierarchy of human needs

Page: 7

Heading: Prioritize Care

Integrated Process: Caring

Client Need: SECE – Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | Job-related stress falls under safety according to Maslow and is addressed after physiological needs. |
| 2 | According to Maslow, loneliness is addressed under social needs following physiological and safety. |
| 3 | Pain is a physiological need and is the highest priority. |
| 4 | Lack of confidence falls under esteem according to Maslow and is addressed following physiological, safety, and social needs. |

PTS: 1

CON: Patient-Centered Care

6. The nurse is planning care and setting goals for a newly admitted patient. Who should the nurse include when conducting these nursing actions?
1. Patient
 2. Nurse manager
 3. Hospital chaplain
 4. Patient's health care provider (HCP)

ANS: 1

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 4. Identify the role of a licensed practical nurse/licensed vocational nurse is using the nursing process.

Page: 6

Heading: Prioritize Care

Integrated Process: Communication and Documentation

Client Need: SECE—Management of Care

Cognitive Level: Application [Applying]

Concept: Communication

Difficulty: Moderate

| | Feedback |
|---|--|
| 1 | Planning care and setting goals is an action performed with the patient. The patient must be in agreement with the plan for it to be successful in meeting the desired outcomes. |
| 2 | The nurse manager may or may not be aware of the patient's care needs. |
| 3 | The hospital chaplain may not be aware of the patient's needs. |
| 4 | The focus of nursing care is different from that of the HCP. |

PTS: 1

CON: Communication

7. While caring for a patient 4 hours after a surgical procedure, the LPN/LVN notes serosanguineous drainage on the dressing. Which statement should the nurse use to document this finding?
1. "Normal drainage noted."
 2. "Moderate drainage recently noted."
 3. "Scant serosanguineous drainage seen on dressing."
 4. "Pale pink drainage 2 cm by 1 cm noted on dressing."

ANS: 4

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 6. Document subjective and objective data.

Page: 5

Heading: Documentation of Data

Integrated Process: Communication and Documentation

Client Need: PHYS—Physiological Adaptation

Cognitive Level: Application [Applying]

Concept: Communication

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | These statements are interpretations of the data and use words that have vague meanings, which should be avoided when documenting. |
| 2 | These statements are interpretations of the data and use words that have vague meanings, which should be avoided when documenting. |
| 3 | These statements are interpretations of the data and use words that have vague meanings, which should be avoided when documenting. |
| 4 | Objective data are pieces of factual information obtained through physical assessment and diagnostic tests that are observable or knowable through the five senses. The nurse should document exactly what is seen. |

PTS: 1

CON: Communication

8. The nurse is caring for a patient using the nursing process. Which step should the nurse take first?
1. Implementation
 2. Planning
 3. Nursing diagnosis
 4. Assessment

ANS: 4

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 4. Identify the role of a licensed practical nurse/licensed vocational nurse in using the nursing process.

Page: 4

Heading: Data Collection

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | The steps of the nursing process are data collection/assessment, nursing diagnosis, planning, implementation, and evaluation. |
| 2 | The steps of the nursing process are data collection/assessment, nursing diagnosis, planning, implementation, and evaluation. |
| 3 | The steps of the nursing process are data collection/assessment, nursing diagnosis, planning, implementation, and evaluation. |
| 4 | Assessment, or data collection, is the first step in the nursing process and is used to evaluate a patient's condition before providing care. The other steps, in order, are nursing diagnosis, planning, implementation, and evaluation. |

PTS: 1

CON: Patient-Centered Care

9. The nurse is administering morphine to a patient reporting a pain level of 8 on a 0-to-10 scale. This describes which step of the nursing process?

1. Assessment
2. Nursing diagnosis
3. Implementation
4. Evaluation

ANS: 3

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 4. Identify the role of a licensed practical nurse/licensed vocational nurse in using the nursing process.

Page: 8

Heading: Identify Interventions

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: SECE – Coordination of Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | Administering medication does not describe assessment. |
| 2 | Administering medication does not describe nursing diagnosis. |
| 3 | Administering medication describes the implementation process, since an action is being taken to help the patient meet a desired outcome. |
| 4 | Administering medication does not describe the evaluation phase of the nursing process. |

PTS: 1

CON: Patient-Centered Care

10. The nurse is developing an outcome for a patient with exacerbation of asthma. Which is the most appropriate outcome for this patient?
1. The patient will not experience shortness of breath.
 2. The patient will have a respiratory rate of 16 to 20 per minute.
 3. The patient will ambulate without reporting shortness of breath.
 4. The patient will not require use of an inhaler.

ANS: 2

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 3. Describe the thinking that occurs in each step of the nursing process.

Page: 8

Heading: Establish Outcomes

Integrated Process: Clinical Problem-solving (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|--|
| 1 | This is a vague outcome and is not measurable. |
| 2 | This is a measurable outcome and is not vague. |
| 3 | This is a vague outcome and is not measurable. |

| | |
|---|--|
| 4 | This is a vague outcome and is not measurable. |
|---|--|

PTS: 1 CON: Patient-Centered Care

11. The nurse suspects a patient is experiencing adverse effects to a newly prescribed antihypertensive medication. After being informed that the effects are expected, the nurse remains concerned and conducts an Internet search on the patient's manifestations. Which critical thinking behavior did the nurse implement?
1. Sense of justice
 2. Intellectual courage
 3. Intellectual empathy
 4. Intellectual perseverance

ANS: 4

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 2. Describe attitudes and skills that promote critical thinking.

Page: 2

Heading: Intellectual Perseverance

Integrated Process: Caring

Client Need: Psychosocial Integrity

Cognitive Level: Analysis [Analyzing]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | A sense of justice examines motives when making decisions. |
| 2 | Intellectual courage looks at other points of view, even when the nurse does not agree with them. |
| 3 | Intellectual empathy understands how another person feels when making decisions. |
| 4 | Intellectual perseverance is not giving up. |

PTS: 1 CON: Patient-Centered Care

12. The nurse is identifying outcomes for a patient with fluid volume deficit. Which outcome should the nurse use to guide this patient's care?
1. Patient's intake will be measured daily.
 2. Patient's intake will be 3,000 mL daily.
 3. Fluids will be at the bedside for the patient.
 4. Fluids the patient likes will be at the bedside.

ANS: 2

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 3. Describe the thinking that occurs in each step of the nursing process.

Page: 7

Heading: Establish Outcomes

Integrated Process: Clinical Problem-solving (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|--|
| 1 | These statements are nursing actions. |
| 2 | This outcome provides objective measurable data. |
| 3 | These statements are nursing actions. |
| 4 | These statements are nursing actions. |

PTS: 1

CON: Patient-Centered Care

13. The nurse is formulating nursing diagnoses for a patient with chronic obstructive pulmonary disease (COPD). Which diagnosis is of the highest priority?
1. Activity intolerance
 2. Impaired gas exchange
 3. Risk for injury
 4. Deficient knowledge

ANS: 2

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 7. Prioritize patient care activities based on the Maslow hierarchy of human needs.

Page: 6

Heading: Prioritize Care

Integrated Process: Clinical Problem-solving (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Analysis [Analyzing]

Concept: Patient-Centered Care

Difficulty: Difficult

| | Feedback |
|---|--|
| 1 | Although activity intolerance is a nursing diagnosis for a patient with COPD, it is not the highest priority. |
| 2 | Impaired gas exchange is the highest priority according to Maslow. |
| 3 | A risk for diagnosis is not a priority because the patient is only at risk for the problem, it is not an actual problem as of yet. |
| 4 | According to Maslow, deficient knowledge is not a priority. |

PTS: 1

CON: Patient-Centered Care

14. An RN delegates a patient care assignment to the LPN/LVN. Which phase of the nursing process should the LPN/LVN perform independently?
1. Assessment
 2. Planning care
 3. Implementation
 4. Nursing diagnosis

ANS: 3

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 4. Identify the role of a licensed practical nurse/licensed vocational nurse in using the nursing process.

Page: 22

Heading: Role of the Licensed Practical Nurse/Licensed Vocational Nurse

Integrated Process: Clinical Problem-Solving (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|--|
| 1 | The LPN/LVN assists the RN with collecting data, formulating nursing diagnoses, and in determining outcomes and planning care to meet patient needs. |
| 2 | The LPN/LVN assists the RN with collecting data, formulating nursing diagnoses, and in determining outcomes and planning care to meet patient needs. |
| 3 | The LPN/LVN independently provides direct patient care. |
| 4 | The LPN/LVN assists the RN with collecting data, formulating nursing diagnoses, and in determining outcomes and planning care to meet patient needs. |

PTS: 1

CON: Patient-Centered Care

15. The LPN/LVN is reviewing a care plan for a patient who underwent abdominal surgery 2 hours ago and has a priority nursing diagnosis of acute pain. Which intervention should the nurse implement first?
1. Teach the patient how to splint the abdomen when coughing.
 2. Assist the patient with early ambulation.
 3. Encourage the patient to increase fluid intake.
 4. Administer hydromorphone (Dilaudid) per order as needed for pain.

ANS: 4

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 7. Prioritize patient care activities based on the Maslow hierarchy of human needs.

Page: 6

Heading: Prioritize Care

Integrated Process: Clinical Problem-solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Difficult

| | Feedback |
|---|--|
| 1 | Splinting is important, but if the patient is in pain, he or she will not likely retain information. |
| 2 | Early ambulation is important, but does not address the diagnosis of acute pain. |
| 3 | The patient may need to increase fluid intake, but this is not a priority |

| | |
|---|---|
| | intervention. |
| 4 | The patient has a nursing diagnosis of acute pain; this intervention should be implemented first. |

PTS: 1

CON: Patient-Centered Care

16. Which critical thinking trait is demonstrated when the LPN/LVN is unsure of how to perform a dressing change and asks the RN for assistance?

1. Intellectual courage
2. Intellectual integrity
3. Intellectual humility
4. Intellectual empathy

ANS: 3

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 2. Describe attitudes and skills that promote good critical thinking.

Page: 2

Heading: Intellectual Humility

Integrated Process: Communication and Documentation

Client Need: Psychosocial Integrity

Cognitive Level: Comprehension (Understanding)

Concept: Communication

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | Intellectual courage allows the nurse to look at other points of view even if he or she does not agree. |
| 2 | Intellectual integrity is holding oneself to the same level of standards one expects others to meet. |
| 3 | The LPN/LVN is demonstrating intellectual humility, which is having the ability to ask for assistance when he or she is unsure. |
| 4 | Intellectual empathy allows the nurse to put himself or herself in the patient's shoes. |

PTS: 1

CON: Communication

17. During morning report, the LPN/LPN is assigned a group of patients. Which patient should the LPN/LPN see first?

1. A patient scheduled for magnetic resonance imaging (MRI) due to back pain
2. A patient reporting constipation and stomach cramps
3. A 2-day postsurgical patient reporting pain at a level of 6
4. A patient with pneumonia who is short of breath and anxious

ANS: 4

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 7. Prioritize patient care activities based on the Maslow hierarchy of human needs.

Page: 3

Heading: Prioritize Care

Integrated Process: Clinical Problem-solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Analysis [Analyzing]

Concept: Patient-Centered Care

Difficulty: Difficult

| | Feedback |
|---|---|
| 1 | The patient's problems of pain, constipation, and scheduled tests are all important but are not immediately life threatening. |
| 2 | The patient's problems of pain, constipation, and scheduled tests are all important but are not immediately life threatening. |
| 3 | The patient's problems of pain, constipation, and scheduled tests are all important but are not immediately life threatening. |
| 4 | Using Maslow hierarchy of needs and considering which patient problems are life threatening, shortness of breath is most important. |

PTS: 1

CON: Patient-Centered Care

18. The LPN/LVN asks a patient who received 2 mg of Morphine IV 30 minutes ago to rate his or her pain. This describes which step of the nursing process?

1. Assessment
2. Planning
3. Implementation
4. Evaluation

ANS: 4

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 3. Describe the thinking that occurs in each step of the nursing process.

Page: 8

Heading: Evaluation of Outcomes

Integrated Process: Clinical Problem-solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Analysis [Analyzing]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | The assessment process would be conducted prior to administering the Morphine. |
| 2 | This does not describe the planning phase of the nursing process. |
| 3 | The implementation phase of the nursing process is the administration of Morphine. |
| 4 | Asking the patient if the Morphine was effective by asking him or her to rate the pain describes the evaluation phase of the nursing process. |

PTS: 1

CON: Patient-Centered Care

19. The LPN/LVN is assisting the RN in planning interventions for a patient. Which is an example of a collaborative action?

1. Administering a medication
2. Giving a back rub
3. Assessing a patient
4. Teaching relaxation techniques

ANS: 1

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 3. Describe the thinking that occurs in each step of the nursing process.

Page: 6

Heading: Nursing Diagnosis

Integrated Process: Clinical Problem-solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|---|
| 1 | Administering a medication requires an order from the HCP, which makes this a collaborative action. |
| 2 | Giving a back rub is an independent nursing action. |
| 3 | Assessing a patient is an example of an independent nursing action. |
| 4 | Teaching relaxation techniques is an example of an independent nursing action. |

PTS: 1

CON: Patient-Centered Care

20. The LPN/LVN is reviewing nursing diagnoses for a patient. Which diagnosis should the nurse report to the RN as incorrect?
1. Risk for injury
 2. Heart failure
 3. Ineffective gas exchange
 4. Activity intolerance

ANS: 2

Chapter: Chapter 1 Critical Thinking and the Nursing Process

Objective: 4. Identify the role of a licensed practical nurse/licensed vocational nurse in using the nursing process.

Page: 6

Heading: Nursing Diagnosis

Integrated Process: Clinical Problem-solving Process (Nursing Process)

Client Need: SECE: Coordinated Care

Cognitive Level: Application [Applying]

Concept: Patient-Centered Care

Difficulty: Moderate

| | Feedback |
|---|--|
| 1 | Risk for injury is a nursing diagnosis and does not require correction. |
| 2 | Heart failure is a medical diagnosis and requires correction. |
| 3 | Ineffective gas exchange is a nursing diagnosis and does not require correction. |
| 4 | Activity intolerance is a nursing diagnosis and does not require correction. |