

Hockenberry & Wilson: Wong's Essentials of Pediatric Nursing, 8th Edition

Pub Review

Chapter 1: Perspectives of Pediatric Nursing

MULTIPLE CHOICE

1. Information about morbidity and mortality gives the nurse data to identify which of the following?
 - a. Life-span statistics
 - b. Effectiveness of treatment
 - c. Cost-effective treatment for general population
 - d. High-risk age-groups for certain disorders or hazards

ANS: D

- d. Analysis of these data provides the nurse with information about which groups of individuals are at risk for which health problems.
- a. This is a part of the mortality data.
- b and c. Treatment modalities and cost are not included in these data.

DIF: Cognitive Level: Knowledge REF: Page 8

TOP: Integrated Process: Nursing Process: Assessment

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

2. From a worldwide perspective, infant mortality in the United States:
 - a. is the highest of the other developed nations.
 - b. lags behind five other developed nations.
 - c. is the lowest infant death rate of developed nations.
 - d. lags behind 20 other developed nations.

ANS: A

- a. Although the death rate has decreased, the United States still ranks last among nations with the lowest infant death rates.
- b, c, and d. The United States has the highest infant death rate of developed nations.

DIF: Cognitive Level: Knowledge REF: Page 9

TOP: Integrated Process: Nursing Process: Assessment

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

3. Which of the following is the leading cause of death in infants younger than 1 year?
 - a. Congenital anomalies
 - b. Sudden infant death syndrome
 - c. Respiratory distress syndrome

d. Infections specific to the perinatal period

ANS: A

- a. Congenital anomalies account for 20.6% of deaths in infants younger than 1 year.
- b. Sudden infant death syndrome accounts for 7.7% of deaths in this age-group.
- c. Respiratory distress syndrome accounts for 3.6% of deaths in this age-group.
- d. Infections specific to the perinatal period account for 2.9% of deaths in this age-group.

DIF: Cognitive Level: Knowledge REF: Page 9

TOP: Integrated Process: Nursing Process: Planning

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

4. Which of the following is the leading cause of death among African-American boys ages 15 to 19 years?
- a. Suicide
 - b. Human immunodeficiency virus (HIV) infection
 - c. Firearm homicide
 - d. Occupational injuries

ANS: C

- c. This is the second overall cause of death in this age-group, but the leading cause of death in African-American males.
- a. This is the third leading cause of death in this population.
- b. Although a major health problem, this does not contribute to a significant death rate in this population.
- d. This type of injury does not contribute to a significant death rate.

DIF: Cognitive Level: Comprehension REF: Page 9

TOP: Integrated Process: Nursing Process: Planning

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

5. Which of the following is the major cause of death for children older than 1 year?
- a. Cancer
 - b. Infection
 - c. Unintentional injuries
 - d. Congenital abnormalities

ANS: C

- c. Unintentional injuries (accidents) are the leading cause of death after age 1 year through adolescence.
- a. This is the leading cause of death in those younger than 1 year and is less significant in this age-group.
- b and d. There have been major declines in deaths attributed to these disorders because of improved therapies.

DIF: Cognitive Level: Comprehension REF: Page 9
TOP: Integrated Process: Nursing Process: Planning
MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

6. In addition to injuries, which of the following are the leading causes of death in adolescents ages 15 to 19 years?
- Suicide, cancer
 - Suicide, homicide
 - Homicide, heart disease
 - Drowning, cancer

ANS: B

- b. Homicide and suicide account for 22.6% of deaths in this age-group.
a. Suicide and cancer account for 14.4% of deaths in this age-group.
c. Homicide and heart disease account for 14.5% of deaths in this age-group.
d. Drowning and cancer account for 2.8% of deaths in this age-group.

DIF: Cognitive Level: Knowledge REF: Page 9 | Page 10
TOP: Integrated Process: Nursing Process: Planning
MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

7. Which of the following is the leading cause of death from unintentional injuries in children?
- Poisoning
 - Drowning
 - Motor vehicle-related fatalities
 - Fire- and burn-related fatalities

ANS: C

- c. This is the leading cause of death in children, either as passengers or as pedestrians.
a. Poisoning is the ninth leading cause of death.
b. Drowning is the second leading cause of death.
d. Fire- and burn-related fatalities are the third leading cause of death.

DIF: Cognitive Level: Knowledge REF: Page 10
TOP: Integrated Process: Nursing Process: Planning
MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

8. Which of the following is descriptive of deaths caused by unintentional injuries?
- More deaths occur in males.
 - More deaths occur in females.
 - Pattern of deaths varies widely in Western societies.
 - Pattern of deaths does not vary according to age and sex.

ANS: A

- a. The majority of deaths from unintentional injuries occur in males.
- b. Males account for a greater number of deaths from unintentional injuries.
- c. The pattern of death caused by unintentional injuries is consistent in Western societies.
- d. Causes of unintentional deaths vary with age and gender.

DIF: Cognitive Level: Comprehension REF: Page 9

TOP: Integrated Process: Nursing Process: Planning

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

9. The type of injury a child is especially susceptible to at a specific age is most closely related to which of the following?
- a. Physical health of the child
 - b. Developmental level of the child
 - c. Educational level of the child
 - d. Number of responsible adults in the home

ANS: B

- b. The child's developmental stage determines the type of injury that is likely to occur.
- a. The child's physical health may facilitate the child's recovery from an injury.
- c. Educational level is related to developmental level, but it is not as important as the child's developmental level in determining the type of injury.
- d. This may affect the number of unintentional injuries, but the type of injury will be related to the child's developmental stage.

DIF: Cognitive Level: Comprehension REF: Page 4

TOP: Integrated Process: Nursing Process: Planning

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

10. Morbidity statistics describe which of the following?
- a. The number of individuals who have died over a specific period
 - b. The prevalence of a specific illness in the population at a particular time
 - c. Disease occurring in greater than the expected number of cases in a community
 - d. Disease occurring regularly within a geographic location

ANS: B

- b. This is the definition of morbidity statistics.
- a. This refers to mortality statistics.
- c and d. These data may be extrapolated from analysis of the morbidity statistics.

DIF: Cognitive Level: Knowledge REF: Page 10

TOP: Integrated Process: Nursing Process: Planning

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

Wellness

11. Which of the following is descriptive of morbidity in childhood?
- Morbidity does not vary with age.
 - Morbidity is not distributed randomly.
 - Little can be done to improve morbidity.
 - Unintentional injuries do not have an effect on morbidity.

ANS: B

b. Morbidity is not distributed randomly in children. Increased morbidity is associated with certain groups of children, including children living in poverty and children who were low birth weight.

a. Morbidity does vary with age. The types of illnesses in children are different for each age-group.

c and d. Morbidity can be decreased with interventions focused on groups with high morbidity and on decreasing unintentional injuries, which also affect morbidity.

DIF: Cognitive Level: Comprehension REF: Page 10

TOP: Integrated Process: Nursing Process: Planning

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness, Detection of Disease

12. Which of the following is now referred to as the “new morbidity”?
- Limitations in the major activities of daily living
 - Unintentional injuries that cause chronic health problems
 - Discoveries of new therapies to treat health problems
 - Behavioral, social, and educational problems that alter health

ANS: D

d. The new morbidity reflects the behavioral, social, and educational problems that interfere with the child’s social and academic development. It is currently estimated that the incidence of these issues is from 5% to 30%.

a and b. Limitations in major activities of daily living and unintentional injuries that result in chronic health problems are included in morbidity data.

c. Changes in outcomes based on therapies would be reflected in changes in morbidity data over time.

DIF: Cognitive Level: Comprehension REF: Page 3

TOP: Integrated Process: Nursing Process: Planning

MSC: Area of Client Needs: Health Promotion and Maintenance: Health and Wellness

13. Which of the following is most descriptive of family-centered care?
- Reduces effect of cultural diversity on the family
 - Encourages family dependence on health care system
 - Recognizes that the family is the constant in a child’s life
 - Avoids expecting families to be part of the decision-making process

ANS: C

c. The three key components of family-centered care are respect, collaboration, and support. Family-centered care recognizes the family as the constant in the child's life.

a. The nurse should support the cultural diversity of the family, not reduce its effect.

b and d. The family should be enabled and empowered to work with the health care system. The family is expected to be part of the decision-making process.

DIF: Cognitive Level: Comprehension REF: Page 10

TOP: Integrated Process: Nursing Process: Implementation

MSC: Area of Client Needs: Health Promotion and Maintenance: Family Systems

14. The nurse is preparing staff in-service education about atraumatic care for pediatric patients. Which of the following interventions should the nurse include?
- Prepare the child for separation from parents during hospitalization by reviewing a video.
 - Prepare the child before any unfamiliar treatment or procedure by demonstrating on a stuffed animal.
 - Help the child accept the loss of control associated with hospitalization.
 - Help the child accept pain that is connected with a treatment or procedure.

ANS: B

b. Preparing the child for any unfamiliar treatments, controlling pain, allowing privacy, providing play activities for expression of fear and aggression, providing choices, and respecting cultural differences are components of atraumatic care.

a. In the provision of atraumatic care, the separation of child from parents during hospitalization is minimized.

c. The nurse should promote a sense of control for the child.

d. Preventing and minimizing bodily injury and pain are major components of atraumatic care.

DIF: Cognitive Level: Application REF: Page 11

TOP: Integrated Process: Nursing Process: Implementation

MSC: Area of Client Needs: Health Promotion and Maintenance: Teaching and Learning

15. Which of the following is most suggestive that a nurse has a nontherapeutic relationship with a patient and family?
- Staff is concerned about the nurse's actions with the patient and family.
 - Staff assignments allow the nurse to care for same patient and family over an extended time.
 - Nurse is able to withdraw emotionally when emotional overload occurs but still remains committed.
 - Nurse uses teaching skills to instruct patient and family rather than doing everything for them.

ANS: A

- a. An important clue to a nontherapeutic staff-patient relationship is concern of other staff members.
- b. This would be therapeutic for the patient and family.
- c. By withdrawing somewhat, nurses can protect themselves while providing therapeutic care.
- d. The nurse's role is to transition the child and family to self-care.

DIF: Cognitive Level: Knowledge REF: Page 12

TOP: Integrated Process: Nursing Process: Assessment

MSC: Area of Client Needs: Psychosocial Integrity: Therapeutic Communication

16. Which of the following is most descriptive of critical thinking?
- a. A simple developmental process
 - b. Purposeful and goal directed
 - c. Based on deliberate and irrational thought
 - d. Assists individuals in guessing what is most appropriate

ANS: B

b. Critical thinking is a complex, developmental process based on rational and deliberate thought.

a. Critical thinking is a complex developmental process.

c. Critical thinking is based on rational and deliberate thought.

d. When thinking is clear, precise, accurate, relevant, consistent, and fair, a logical connection develops between the elements of thought and the problem at hand.

DIF: Cognitive Level: Comprehension REF: Page 15

TOP: Integrated Process: Nursing Process: Planning

MSC: Area of Client Needs: Safe and Effective Care Environment: Management of Care