Chapter 03: Health History and Physical Examination
Lewis et al.: Medical-Surgical Nursing in Canada, 3rd Edition

MULTIPLE CHOICE

1. A man is admitted to the hospital with difficulty breathing. What is the best approach to obtain a health history?
   a. Obtain subjective data about the patient from his family members.
   b. Delay any subjective data collection, and focus only on his physical examination.
   c. Schedule several short sessions with the patient to gather necessary subjective data.
   d. Use the physician's medical history as the primary source of subjective data.

   ANS: C
   In an emergency situation, the nurse may need to ask only the most pertinent questions for a specific problem and obtain more information later. A complete health history will include subjective information that is not available in the health care provider's medical history.

   PTS: 1 DIF: Cognitive Level: Application REF: page 40
   OBJ: 4 TOP: Nursing Process: Assessment MSC: CRNE: CH-1

2. When the nurse is gathering information of a personal nature, which best demonstrates an acceptance of the patient's behaviour?
   a. "Tell me, do you drink alcohol like I do?"
   b. "Many drugs used for hypertension cause sexual dysfunction. How is your sexual functioning?"
   c. "Most of my friends have been divorced. Would you like to tell me about the problems with your divorce?"
   d. "Many older people have limited financial resources for food and medications. Is this a concern for you?"

   ANS: D
   When asking personal or potentially sensitive questions, prefacing the question with phrases such as "many people" indicates that the patient's situation is normal. Therefore, the best response is the one in which the nurse asks whether the patient actually has the problem of limited resources but does not imply any judgments about the patient in this regard.

   PTS: 1 DIF: Cognitive Level: Application REF: page 39
   OBJ: 2 TOP: Nursing Process: Implementation MSC: CRNE: NCP-1

3. A patient is admitted to the orthopedic unit with a fractured right elbow following a skiing accident. During the initial nursing assessment, what information is related to the functional health pattern regarding the patient's fractured elbow and the treatment he has received?
   a. Activity–exercise
   b. Cognitive–perceptual
   c. Self-perception–self-concept
   d. Health perception–health management

   ANS: D

In a hospitalized patient, the health perception–health management pattern includes information about the patient's understanding of the onset and treatment of the current health problem.

PTS: 1 DIF: Cognitive Level: Application REF: page 41, Table 3-3
OBJ: 2 TOP: Nursing Process: Planning MSC: CRNE: CH-9

4. Which of the following findings is a positive sign in relation to a patient with an enlarged liver?
   a. Blood pressure of 128/78 mm Hg
   b. Pulse of 82 beats per minute
   c. Yellow-tinged sclera
   d. Painful and swollen great right toe

   ANS: C
   A positive finding is one that indicates that the patient has or had the particular problem or sign under discussion. In this example, yellow-tinged sclera in a patient with an enlarged liver would indicate jaundice and be a positive sign.

   PTS: 1 DIF: Cognitive Level: Application REF: page 44
   OBJ: 1 TOP: Nursing Process: Diagnosis MSC: CRNE: CH-8

5. A patient reports that she has periodic fainting spells. In gathering more specific information, the nurse asks where these episodes most commonly occur. In what area is the nurse pursuing symptom investigation?
   a. Setting
   b. Frequency
   c. Chronology
   d. Associated manifestations

   ANS: A
   Information about the setting is obtained by asking where the patient was and what the patient was doing when the symptom occurred.

   PTS: 1 DIF: Cognitive Level: Application REF: page 40
   OBJ: 4 TOP: Nursing Process: Assessment MSC: CRNE: CH-1

6. The nurse records the following general survey of a patient: "The patient is a 68-year-old male Asian attended by his wife and two daughters. Alert and oriented. Does not make eye contact with the nurse and responds slowly, but appropriately, to questions. No apparent disabilities or distinguishing features." What additional information should be added to this general survey?
   a. Body movements
   b. Intake and output
   c. Reasons for contact with the health care system
   d. Comments of family members about his condition

   ANS: A
   In addition to body movements, the general survey also describes the patient's general nutritional status. The other information will be obtained when doing the complete nursing history and examination but is not obtained through the initial scanning of a patient.

   PTS: 1 DIF: Cognitive Level: Application REF: page 44

OBJ: 4 TOP: Nursing Process: Assessment MSC: CRNE: CH-1

7. Following knee surgery, the patient has an elastic bandage applied to the surgical site. What examination technique is used to assess the patient's distal extremity pulses and temperature?
   a. Palpation
   b. Inspection
   c. Percussion
   d. Auscultation

   ANS: A
   Distal extremity pulses and temperature can be assessed only by palpation.

   PTS: 1 DIF: Cognitive Level: Application REF: page 44
   OBJ: 3 TOP: Nursing Process: Assessment MSC: CRNE: CH-4

8. What does a negative finding obtained from the patient during the initial nursing history indicate?
   a. The patient is healthy.
   b. The symptom related to the specific health problem presented is delayed.
   c. The patient uses health promotion practices.
   d. A symptom normally associated with the patient's health problem is absent.

   ANS: D
   A negative finding is the absence of a sign or symptom that is usually associated with a problem, for example, if a patient with advanced liver disease has no peripheral edema.

   PTS: 1 DIF: Cognitive Level: Comprehension REF: page 44
   OBJ: 1 TOP: Nursing Process: Assessment MSC: CRNE: CH-6

9. As the nurse assesses the patient's neck, the patient tells the nurse that it is so stiff she can hardly move it. The nurse should next perform a(n) _____ examination.
   a. emergency
   b. screening
   c. focused
   d. extensive

   ANS: C
   The focused examination is needed when a patient has clinical manifestations that indicate a problem.

   PTS: 1 DIF: Cognitive Level: Comprehension REF: page 48, Table 3-6
   OBJ: 4 TOP: Nursing Process: Assessment MSC: CRNE: CH-3

10. When assessing using mediated percussion, which finger of which hand will the nurse use on the patient's body?
    a. Middle finger of dominant hand
    b. Index finger of dominant hand
    c. Middle finger of nondominant hand
    d. Index finger of nondominant hand

    ANS: C

When performing mediated (indirect) percussion, the examiner uses the middle finger of the nondominant hand against the patient's body for percussion.

PTS: 1 DIF: Cognitive Level: Application REF: page 44
OBJ: 3 TOP: Nursing Process: Assessment MSC: CRNE: CH-4

11. Which functional health pattern is the nurse assessing when asking a patient how his or her family feels about the patient being hospitalized?
    a. Cognitive–perceptual
    b. Role–relationship
    c. Coping–stress tolerance
    d. Self-perception–self-concept

    ANS: B
    The nurse is assessing the functional health pattern of role–relationships when asking a patient about how his or her family feels about the patient being hospitalized.

    PTS: 1 DIF: Cognitive Level: Assessment REF: page 41, Table 3-3
    OBJ: 2 TOP: Nursing Process: Implementation MSC: CRNE: CH-3

12. Which part of the stethoscope is best to use when the nurse is listening to low-pitched sounds?
    a. Bell
    b. Tube
    c. Diaphragm
    d. The largest area for auscultation

    ANS: A
    The bell of the stethoscope is best to listen to low-pitched sounds. The diaphragm (or largest part) is best used when assessing for high-pitched sounds.

    PTS: 1 DIF: Cognitive Level: Comprehension REF: page 45
    OBJ: 3 TOP: Nursing Process: Assessment MSC: CRNE: CH-4

13. While the nurse is taking a health history, the patient indicates that his father and grandfather both had heart attacks and were unable to be very active afterward. Which functional health pattern is reflected in this statement?
    a. Health perception–health management
    b. Coping–stress tolerance
    c. Cognitive–perceptual
    d. Activity–exercise

    ANS: A
    The information in the patient statement relates to risk factors that may cause cardiovascular problems in the future. Identification of risk factors falls into the health perception–health management pattern.

    PTS: 1 DIF: Cognitive Level: Comprehension REF: page 42
    OBJ: 2 TOP: Nursing Process: Planning MSC: CRNE: CH-9

14. Which assessment technique would the nurse have used to document a finding of crepitus?
    a. Inspection
    b. Palpation

c. Auscultation
d. Percussion

ANS: B
The use of light, moderate, and deep palpation can yield information related to masses, pulsations, organ enlargement, tenderness or pain, swelling, muscular spasm or rigidity, elasticity, vibration of voice sounds, crepitus, moisture, and differences in texture.

PTS:	1	DIF:	Cognitive Level: Analysis	REF:	page 44
OBJ:	3	TOP:	Nursing Process: Assessment	MSC:	CRNE: CH-4