

## **Chapter 1: The Nursing Process and Drug Therapy**

---

### **MULTIPLE CHOICE**

1. The nurse is writing nursing diagnoses for a plan of care. Which statement reflects the correct format for a nursing diagnosis?
  - a. Anxiety
  - b. Anxiety related to new drug therapy
  - c. Anxiety related to anxious feelings about drug therapy as evidenced by statements such as “I’m upset about having to give myself shots”
  - d. Anxiety related to new drug therapy as evidenced by statements such as “I’m upset about having to give myself shots”

**ANS: D**

Formulation of nursing diagnoses is usually a three step process. Option A is missing the “related to” and “as evidenced by” portions. Option B is missing the “as evidenced by” portion of defining characteristics. Option C’s “related to” section is simply a restatement of the problem “anxiety,” not a separate factor related to the response.

**DIF: COGNITIVE LEVEL: Analysis REF: Text Page: 9**

**TOP: NURSING PROCESS: Nursing Diagnosis**

**MSC: NCLEX: Safe and Effective Care Environment: Coordinated Care**

2. Your patient is supposed to receive oral digoxin daily; however, because he is unable to swallow, he cannot take it orally, as ordered. What kind of problem is this?
  - a. A “right time” problem
  - b. A “right dose” problem
  - c. A “right route” problem
  - d. A “right medication” problem

**ANS: C**

Because the patient cannot swallow, the prescriber must adjust the ordered route. Option A is not correct because the ordered frequency has not change. Option B is not correct because the dose is not related to inability to swallow. Option D is incorrect because the medication ordered will not change, just the route.

**DIF: COGNITIVE LEVEL: Application REF: Text Page: 12**

**TOP: NURSING PROCESS: Implementation**

**MSC: NCLEX: Safe and Effective Care Environment: Safety and Infection Control**

3. The nurse has been monitoring a patient’s progress on a new drug regimen since the first dose and documenting signs of possible adverse effects. This example illustrates which phase of the nursing process?
  - a. Planning
  - b. Evaluation
  - c. Implementation
  - d. Nursing diagnosis

**ANS: B**

Monitoring the patient's progress is part of the evaluation phase. Options A, C, and D are not illustrated by this example.

DIF: COGNITIVE LEVEL: Application REF: Text Page: 12

TOP: NURSING PROCESS: Evaluation

MSC: NCLEX: Safe and Effective Care Environment: Coordinated Care

4. The nurse is assigned to a patient who is newly diagnosed with type 1 diabetes mellitus. Which of the following best illustrates an outcome criterion for this patient?
- The patient will follow instructions.
  - The patient will not experience complications.
  - The patient adheres to the new insulin treatment regimen.
  - The patient demonstrates safe insulin self-administration technique.

ANS: D

This is a specific and measurable outcome criterion. Options A and B are not specific. Option C would be difficult to measure.

DIF: COGNITIVE LEVEL: Application REF: Text Page: 10

TOP: NURSING PROCESS: Planning

MSC: NCLEX: Safe and Effective Care Environment: Coordinated Care

5. Which activity best reflects the implementation phase of the nursing process for the patient who is newly diagnosed with type 1 diabetes mellitus?
- Providing education regarding self-injection technique
  - Setting goals and outcome criteria with the patient's input
  - Recording a drug history regarding OTC medications used at home
  - Formulating nursing diagnoses regarding knowledge deficit related to new treatment regimen

ANS: A

Education is an intervention that occurs during the implementation phase. Option B reflects the Planning phase. Option C reflects the Assessment phase. Option D reflects analysis of data as part of Planning.

DIF: COGNITIVE LEVEL: Analysis REF: Text Page: 10

TOP: NURSING PROCESS: Implementation

MSC: NCLEX: Safe and Effective Care Environment: Coordinated Care

6. The Five Rights of medication administration include:
- The right drug, the right route, the right dose, the right time, and the right patient.
  - The right drug, the right effect, the right route, the right time, and the right patient.
  - The right patient, the right strength, the right diagnosis, the right drug, and the right route.
  - The right patient, the right diagnosis, the right drug, the right route, and the right time.

ANS: A

The five rights of medication administration must always include the right drug, the right route, the right dose, the right time, and the right patient. Options B, C, and D do not include the correct “Five Rights.”

DIF: COGNITIVE LEVEL: Comprehension

REF: Text Page: 10

TOP: NURSING PROCESS: Implementation

MSC: NCLEX: Safe and Effective Care Environment: Safety and Infection Control

7. When the nurse considers the timing of a drug dose, which of the factors listed below is appropriate to consider when deciding when to give a drug?
- The patient’s identification
  - The patient’s weight
  - The patient’s last meal
  - Any drug or food allergies

ANS: C

The nurse must consider specific pharmacokinetic/pharmacodynamic drug properties that may be affected by the timing of the last meal. Options A, B, and D are not affected by the drug’s timing.

DIF: COGNITIVE LEVEL: Application REF: Text Page: 11

TOP: NURSING PROCESS: Assessment

MSC: NCLEX: Safe and Effective Care Environment: Coordinated Care

## **MULTIPLE RESPONSE**

1. Place the phases of the nursing process in the correct order, with 1 as the first phase and 5 as the last phase.
- Planning
  - Evaluation
  - Assessment
  - Implementation
  - Diagnosing

ANS: A, B, C, D, E

The nursing process is an ongoing process that begins with assessing and continues with diagnosing, planning, implementation, and evaluating.

DIF: COGNITIVE LEVEL: Analysis REF: Text Page: 6

TOP: NURSING PROCESS: General

MSC: NCLEX: Safe and Effective Care Environment: Coordinated Care