

- 1** An adolescent male being treated for depression arrives with his family at the Adolescent Day Treatment Center for an initial therapy meeting with the staff. The nurse explains that one of the goals of the family meeting is to encourage the adolescent to:

 - (A) trust the nurse who will solve his problem.
 - (B) learn to live with anxiety and tension
 - (C) accept responsibility for his actions and choices.
 - (D) use the members of the therapeutic milieu to solve his problems.

- 2** A 23-year-old woman comes to the emergency room stating that she had been raped. Which of the following statements BEST describes the nurse's responsibility concerning written consent?

 - (A) The nurse should explain the procedure to the patient and ask her to sign the consent form.
 - (B) The nurse should verify that the consent form has been signed by the patient and that it is attached to her chart.
 - (C) The nurse should tell the physician that the patient agrees to have the examination.
 - (D) The nurse should verify that the patient or a family member has signed the consent form.

- 3** The nurse cares for an elderly patient with moderate hearing loss. The nurse should teach the patient's family to use which of the following approaches when speaking to the patient?

 - (A) Raise your voice until the patient is able to hear you.
 - (B) Face the patient and speak quickly using a high voice.
 - (C) Face the patient and speak slowly using a slightly lowered voice.
 - (D) Use facial expressions and speak as you would normally.

- 4** A 52-year-old man is admitted to a hospital after sustaining a severe head injury in an automobile accident. When the patient dies, the nurse observes the patient's wife comforting other family members. Which of the following interpretations of this behavior is MOST justifiable?

 - (A) She has already moved through the stages of the grieving process.
 - (B) She is repressing anger related to her husband's death.
 - (C) She is experiencing shock and disbelief related to her husband's death.
 - (D) She is demonstrating resolution of her husband's death.

- 5** After two weeks of receiving lithium therapy, a patient in the psychiatric unit becomes depressed. Which of the following evaluations of the patient's behavior by the nurse would be MOST accurate?

 - (A) The treatment plan is not effective; the patient requires a larger dose of lithium.
 - (B) This is a normal response to lithium therapy; the patient should continue with the current treatment plan.
 - (C) This is a normal response to lithium therapy; the patient should be monitored for suicidal behavior.
 - (D) The treatment plan is not effective; the patient requires an antidepressant.

1 The correct answer is C.

What is the goal of family therapy?

Needed Info: Symptoms of depression: a low self-esteem, obsessive thoughts, regressive behavior, unkempt appearance, a lack of energy, weight loss, decreased concentration, withdrawn behavior.

- (A) trust the nurse who will solve his problem — not realistic
- (B) learn to live with anxiety and tension — minimizes concerns
- (C) accept responsibility for his actions and choices — CORRECT
- (D) use the members of the therapeutic milieu to solve his problems — must do it himself

2 The correct answer is B.

What is your responsibility concerning informed consent?

Needed Info: Physician's responsibility to obtain informed consent.

- (A) The nurse should explain the procedure to the patient and ask her to sign the consent form — Physician should get patient to sign consent
- (B) The nurse should verify that the consent form has been signed by the patient and that it is attached to her chart — CORRECT
- (C) The nurse should tell the physician that the patient agrees to have the examination — Physician should explain procedure and get consent form signed
- (D) The nurse should verify that the patient or a family member has signed the consent form — must be signed by patient unless unable to do

3 The correct answer is C.

What should you do to communicate with a person with a moderate hearing loss?

Needed Info: Presbycusis: age-related hearing loss due to inner ear changes. Decreased ability to hear high sounds.

- (A) Raise your voice until the patient is able to hear you — would result in high tones patient unable to hear
- (B) Face the patient and speak quickly using a high voice — usually unable to hear high tones
- (C) Face the patient and speak slowly using a slightly lowered voice — CORRECT: also decrease background noise; speak at a slow pace, use nonverbal cues
- (D) Use facial expressions and speak as you would normally — nonverbal cues help, but need low tones

4 The correct answer is C.

What is the reason for the wife's behavior?

Needed Info: Stages of grief: 1) shock and disbelief, 2) awareness of pain and loss, 3) restitution. Acute period: 4-8 weeks, usual resolution: 1 year.

- (A) She has already moved through the stages of the grieving process — takes one year
- (B) She is repressing anger related to her husband's death — not accurate; second stage: crying, regression
- (C) She is experiencing shock and disbelief related to her husband's death — CORRECT: denial first stage; inability to comprehend reality of situation
- (D) She is demonstrating resolution of her husband's death — too soon

5 The correct answer is C.

Is the depression normal, or something to be concerned about?

- (A) The treatment plan is not effective; the patient requires a larger dose of lithium — not accurate
- (B) This is a normal response to lithium therapy; the patient should continue with the current treatment plan — does not address safety needs
- (C) This is a normal response to lithium therapy; the patient should be monitored for suicidal behavior — CORRECT: delay of 1-3 weeks before med benefits seen
- (D) The treatment plan is not effective; the patient requires an antidepressant — normal response