

Test Bank for Basic Geriatric Nursing 6th Edition by Williams

Chapter 09: Meeting Safety Needs of Older Adults

Test Bank

MULTIPLE CHOICE

1. An older adult man has been diagnosed as having diminished depth perception. What does the nurse expect him to have difficulty with in his everyday activities?

- a. Judging the height of steps.
- b. Reading small print on food labels.
- c. Reading street signs.
- d. Seeing in dim light.

ANS: A

Diminished depth perception results in an inability to judge height and depth of steps and judge distance. These deficits result in falls.

DIF: Cognitive Level: Knowledge

REF: p. 165

OBJ: 1

TOP: Diminished Depth Perception

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

2. The home health nurse is assessing the home environment of an 85-year-old patient with Parkinson disease. What symptom of Parkinson disease makes the patient at an increased risk of falls?

a. Postural hypotension

b. Cognitive changes

c. Altered vision

d. Altered gait

ANS: D

The propulsive gait and reduced ability to lift the feet make falls a constant threat to a patient with Parkinson disease.

DIF: Cognitive Level: Comprehension REF: p. 166 OBJ: 2

TOP: Fall Prevention KEY: Nursing Process Step: Implementation

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

3. In order to decrease fall risk due to orthostatic hypotension, what advice should be given to an older adult who is taking medication for hypertension?

- a. Ambulate with a walker.
- b. Avoid hot baths.
- c. Avoid climbing stairs.
- d. Sit on the side of the bed for a moment before ambulation.

ANS: D

Sitting on the side of the bed before ambulation gives the vascular system time to adjust to a positional change.

DIF: Cognitive Level: Application

REF: p. 174

OBJ: 3

TOP: Fall Prevention

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity: Pharmacological Therapies

4. What is a common reason that an older adult may deny that he has fallen?

- a. Fear that he will fall again
- b. Fear of being hospitalized for treatment

c. Afraid of being seen as frail and dependent

d. Fear of being considered clumsy

ANS: C

Many older adults do not report falls because they fear that they will be seen as frail and dependent.

DIF: Cognitive Level: Comprehension REF: p. 166 OBJ: 2

TOP: Fall Prevention KEY: Nursing Process Step: Planning

MSC: NCLEX: Psychosocial Integrity: Coping and Adaptation

5. Why is it important for the home health nurse to interview an 82-year-old patient following the patient's fall in the home?

a. So that the incident can be reflected in the home health nurse's documentation

b. To help the patient gain insight into the cause of the fall

c. In order to guarantee no further falls

d. To collect data for research purposes

ANS: B

Gaining insight into the cause of falls will help the patient and family become aware of factors in the home that are so familiar that they are not seen as hazards. Recognition of hazards will lead to an alteration of the environment for improved safety. While the nurse will document the fall in her notes, that is not the primary reason to interview the patient. Further falls cannot be guaranteed.

DIF: Cognitive Level: Application REF: pp. 166-167 OBJ: 3

TOP: Fall Prevention KEY: Nursing Process Step: Assessment

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

6. What is the primary focus of a fall prevention program in a long-term care facility?

a. Improving balance

b. Improving muscle mass

c. Improving circulation

d. Increase in the knowledge base about falls

ANS: A

Most exercise programs are focused on improvement of balance to reduce the incidence of falls. Improved balance is seen as an effort to improve the confidence of the older adult.

DIF: Cognitive Level: Comprehension REF: p. 167 OBJ: 4

TOP: Fall Prevention KEY: Nursing Process Step: Planning

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

7. The daughter of an 80-year-old woman asks the home health nurse for advice in selecting a cane for her mother, who has an unsteady gait. What cane would be a poor choice?

- a. Wooden cane with a rubber tip
- b. Four-footed cane with a rubber grip
- c. Clear acrylic cane with a nonslip tip
- d. Colorful carved cane with a wooden tip

ANS: D

The lack of a nonskid tip makes the colorful carved cane an inappropriate choice.

DIF: Cognitive Level: Application REF: Figure 9-1, p. 175

OBJ: 3 TOP: Assistive Devices

KEY: Nursing Process Step: Implementation

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

8. Why does the home health nurse give his 90-year-old patient a framed poster that says “We need each other.”?

- a. Insure that the patient will take care not to fall.
- b. Remind the patient to ask for assistance when needed.
- c. Encourage the patient to take pride in his independence.
- d. Reinforce that the patient should not attempt *any* activity without help.

ANS: B

Asking for assistance is good judgment rather than attempting risky acts without help.

DIF: Cognitive Level: Application REF: p. 174 OBJ: 4

TOP: Fall Prevention KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

9. What does the nurse hope to achieve by teaching tai chi daily in the long-term care facility?

a. Stimulate intellectual activity

b. Encourage interaction

c. Improve coordination

d. Demonstrate cultural awareness

ANS: C

Tai chi is a low-impact, nonstressful exercise that develops balance and coordination.

DIF: Cognitive Level: Knowledge REF: pp. 167-168 OBJ: 4

TOP: Fall Prevention KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

10. The home health nurse conducts a safety assessment in a patient's home.
Which of the following would be identified as a fire hazard?

a. Baking soda near the stovetop

b. A smoke detector in the kitchen

c. Multiple appliances plugged into one outlet

d. A metal container for cigarettes

ANS: C

Multiple electrical appliances plugged into one outlet can create an overload and cause a fire.

DIF: Cognitive Level: Analysis REF: p. 170 OBJ: 3

TOP: Fire Hazard KEY: Nursing Process Step: Assessment

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

11. What would be an appropriate suggestion for an 80-year-old woman who recently placed a deadbolt lock on her door?

a. Keep the door securely locked.

b. Apply similar locks on the windows.

c. Leave the door unlocked, with the key in place.

d. Replace the lock with a security chain.

ANS: C

Unlocked deadbolts allow rapid access by emergency personnel.

DIF: Cognitive Level: Application REF: Box 9-4, p. 170

OBJ: 3 TOP: Home Safety

KEY: Nursing Process Step: Implementation

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

12. Which of the following would least improve home security?

a. Peephole in the door at a convenient height

b. Brightly lit porch

c. Large dog with a loud bark

d. Hook and eye latch on the screen door

ANS: D

The hook and eye latch on the screen door, although a retardant, would not offer adequate security in the case of a break-in.

DIF: Cognitive Level: Analysis REF: Box 9-4, p. 170

OBJ: 3 TOP: Home Security

KEY: Nursing Process Step: Assessment

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

13. The home health nurse counsels a family in making safe driving “rules” for their 85-year-old father. Which rule would not be effective in promoting safety?

- a. Limit driving to nearby areas with easy access.
- b. Plan ahead and know where you are going.
- c. Wear prescribed glasses and hearing aids.
- d. Drive below the speed limit to maintain control of the car.

ANS: D

Driving “rules” are significant when there are no alternatives to driving. Driving slowly causes accidents.

DIF: Cognitive Level: Application REF: Box 9-5, p. 171

OBJ: 3 TOP: Driving Safety

KEY: Nursing Process Step: Implementation

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

14. Which of the following may be a thermoregulation risk in the older adult?

- a. Inactivity
- b. Eating highly spiced foods
- c. Being overweight
- d. Mental illness

ANS: A

Reduced activity, lower basal metabolism rate, and slowed circulatory rate contribute to the feeling of being cold.

DIF: Cognitive Level: Comprehension REF: p. 172 OBJ: 5

TOP: Thermoregulation Disorder KEY: Nursing Process Step: Assessment

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

15. What is an expected assessment finding in an older adult suffering from hyperthermia?

- a. Excessive perspiration

b. Bradycardia

c. Temperature of 100° F

d. Leg cramps

ANS: D

Persons with heat exhaustion have leg and abdominal cramps; dry, hot, nonperspiring skin; tachycardia; and a temperature over 102° F.

DIF: Cognitive Level: Application REF: p. 173 OBJ: 6

TOP: Heat Exhaustion KEY: Nursing Process Step: Assessment

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

16. The nurse is aware that the older adult is at greater risk for hypothermia than a younger person because the older adult has a diminished ability to:

a. convert glycogen to glucose.

b. select appropriate clothing or bed linen.

c. shiver.

d. constrict vessels.

ANS: C

Older adults have a diminished ability to shiver. Shivering is a muscular activity that increases metabolism and body heat.

DIF: Cognitive Level: Comprehension REF: p. 173 OBJ: 4

TOP: Thermoregulation KEY: Nursing Process Step: Planning

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

17. The nurse is volunteering at a homeless shelter. What intervention should be taken for a patient admitted with severe hypothermia?

a. Give the person hot coffee or soup.

b. Place the person in a warm bath.

c. Briskly rub the person's hands.

d. Wrap the person in blankets.

ANS: D

The hypothermic individual should be moved to a warmer environment, wrapped in blankets or other insulating material, and given warm, not hot, drinks or food. Putting an individual in a warm bath may cause cardiovascular problems or skin damage.

DIF: Cognitive Level: Knowledge REF: p. 173 OBJ: 7

TOP: Thermoregulation KEY: Nursing Process Step: Planning

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

18. What would be the initial choice of interventions to help prevent a fall in a confused 85-year-old extended-care facility patient?

- a. Use of a vest restraint
- b. Use of an electronic sensor alarm
- c. Placement of a wheelchair between the wall and dining table
- d. A tray table attached to the arms of the wheelchair

ANS: B

The alarm is the best initial choice because it does not require a physician's order. The vest restraint requires an order. The tray table and "trapping" the resident between the wall and a dining table may lead to injuries as the resident attempts to get out of confinement.

DIF: Cognitive Level: Comprehension REF: p. 175

OBJ: 3

TOP: Restraints KEY: Nursing Process Step: Planning

MSC: NCLEX: Physiological Integrity: Reduction of Risk

MULTIPLE RESPONSE

19. What should the home health nurse suggest in the case of a fire in the home of the older adult? (*Select all that apply.*)

- a. Keep a flashlight at the bedside
- b. Use an appropriate fire extinguisher to control fire
- c. Keep the doors open for an easy escape route
- d. Call 911 before exiting the home
- e. Open the windows to decrease smoke

ANS: A

Keep a flashlight for emergency lighting in case of dense smoke or an electrical failure. Do not try to extinguish the fire, close doors and windows to prevent spread of fire, and call 911 after exiting the building.

DIF: Cognitive Level: Application REF: p. 170 OBJ: 3

TOP: Fire Safety KEY: Nursing Process Step: Implementation

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

20. What are internal factors that threaten the safety of the older adult? (*Select all that apply.*)

a. Decrease in flexibility

b. Slowed reaction time

c. Gait changes

d. Thermal hazards

e. Postural changes

ANS: A, B, C, E

Thermal hazards are not internal risk factors. All other options listed are internal risk factors.

DIF: Cognitive Level: Comprehension REF: pp. 166-167 OBJ: 2

TOP: Internal Hazards KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity: Physiological Adaptation

21. The nurse in a long-term care facility awards stickers to certified nursing assistants who consistently _____. (*Select all that apply.*)

a. report broken tiles in the shower room and bathrooms

b. mop up spills

c. assist residents to hurry

d. remind residents to use walkers

e. retie residents' shoelaces

ANS: A, B, D, E

Hurrying the older adult increases the risk for falls. All other options promote safety for the older adult.

DIF: Cognitive Level: Application REF: pp. 167-169 OBJ: 4

TOP: Fall Prevention KEY: Nursing Process Step: Implementation

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

22. The home health nurse is assessing the patient's home. Which of the following would be identified as a fall risk? (*Select all that apply.*)

- a. Brightly lit rooms
- b. Pantry food at an accessible level
- c. Colorful scatter rugs marking doorways and steps
- d. Wearing comfortable laced tennis shoes
- e. Attractive, low, magazine rack beside a chair

ANS: C, E

Scatter rugs and low items placed near the bed or chairs are fall hazards. All the other options listed promote safety at home.

DIF: Cognitive Level: Application REF: Box 9-3, p. 169

OBJ: 4 TOP: Fall Prevention

KEY: Nursing Process Step: Assessment

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

23. What are external factors that may be a safety threat to the older adult?
(*Select all that apply.*)

a. Fire hazards

b. Lack of home security

c. Vehicular accidents

d. Thermal hazards

e. Sensory deficit

ANS: A, B, C, D

Sensory deficits are not external risk factors. All other options listed are.

DIF: Cognitive Level: Knowledge

REF: pp. 169-174 OBJ: 2

TOP: External Risk Factors

KEY:

Nursing Process Step:

Implementation

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

24. What telephone modifications would increase safety for the older adult? (*Select all that apply.*)

a. Placement of phones at bedside and next to a favorite chair

- b. Programming an auto dial function for quick dialing
- c. Using an answering machine with a male voice
- d. Replacing the phone cord with a 15-foot cord for ease in carrying around the phone
- e. Selecting a phone with large numbers

ANS: A, B, C, E

Long cords are a fall hazard. All other options increase safety of the older adult.

DIF: Cognitive Level: Application REF: Box 9-4, p. 170

OBJ: 3 TOP: Phone Safety

KEY: Nursing Process Step: Implementation

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

25. The home health nurse has evaluated the community for measures that support pedestrian safety. What safety measures would be appropriate modifications to increase safety in the community? (*Select all that apply.*)

- a. Pedestrian-controlled crosswalks

b. Safety islands on wide street intersections

c. Decreased time to cross at walks

d. Clearly marked crosswalks at intersections

e. Overhead crossings over busy streets

ANS: A, B, D, E

Increased time is required for older adults to cross streets. All other options listed promote pedestrian safety.

DIF: Cognitive Level: Application REF: p. 171 OBJ: 3

TOP: Prevention of Vehicular Accidents KEY: Nursing Process Step: Assessment

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

26. What factors increase the risk of vehicular accidents for the older adult? (*Select all that apply.*)

a. Increased reflex time

b. Cognitive disorders

c. Altered depth perception

d. Changes in night vision

e. Reduced flexibility

ANS: B, C, D, E

Older adults have slower reflexes. All other options listed put the older adult at risk for accidents.

DIF: Cognitive Level: Knowledge REF: p. 171 OBJ: 3

TOP: Vehicular Hazards KEY: Nursing Process Step: Implementation

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

27. The daughter of a home health patient is concerned about her 92-year-old father who continues to drive regularly. Which observations would indicate deteriorated driving skills? (*Select all that apply.*)

a. Paint scrapes on the mailbox at the curb

b. Friends calling him to get rides to the grocery store

c. Choosing not to drive at night because of night blindness

d. Difficulty turning his head

e. Carefully planning routes to avoid heavy traffic

ANS: A, D

Paint scrapes suggest depth perception difficulty, and inability to turn the head makes backing up and checking for cross traffic difficult.

DIF: Cognitive Level: Comprehension REF: p. 172

OBJ: 3

TOP: Driving Safety
Assessment

KEY:

Nursing Process Step:

COMPLETION

28. The nurse takes into consideration that the most common injuries to the older adult are the result of _____.

ANS: falls