

### **N-101 Assessment Review Questions 2020**

- **A client has come in for a routine health assessment without having a specific health concern. Identify 2 open ended questions that the nurse could ask to encourage the client to talk further about his health.**

What do you do for work?--Get information on any environmental factors that may have influenced their current health state.

How has your week been?--May jog their memory if they have any symptoms that stick out, such as, "I had a really bad headache on Wednesday" or "I haven't felt like I've had a good night's sleep all week".

What's your daily routine?

Have you noticed any changes recently?

- **Which of the following is an effective technique to use when interviewing a client?**
  - **Start the interview with "non-threatening" topics**
  - **Use only nondirective questions**
  - **Have the client complete a printed nursing history form**
  - **Ask the questions word for word from the history form**
- **The history of present illness is (HPI):**
  - **Information about family members with the same problem**
  - **Extensive information about a body system**
  - **The primary care provider's report of the client**
  - **A chronological description of the client's chief concern**

- Which of the following is true regarding inspection?
  - Very little information is provided
  - Adequate time should be allowed
  - It must be done quickly to avoid making the client uncomfortable
  - It can be eliminated if the client is too modest
- Assessment of an older adult reveals significant tenting of the skin over the forearm. Which of the following best explains this finding?
  - A. Loss of adipose tissue and elasticity
  - B. Parchment like skin
  - C. Significant flaking and dryness
  - D. Skin tags

6. When auscultating breath sounds the nurse should:
- A. Listen to the top of the anterior chest & then the top of the posterior chest
  - B. Compare side to side proceeding from the top to the bottom
  - C. Listen only to the posterior chest
  - D. Complete one side of the chest before proceeding to the other side

7. The correct order for performing assessment techniques for the abdomen is:

- A. Inspection, palpation, percussion, auscultation
- B. Inspection, auscultation, palpation, percussion
- C. Auscultation, inspection, percussion, palpation
- D. Auscultation, palpation, percussion, inspection

8. Why is the order of performing assessment techniques for the abdomen important?

Performing auscultation prior to palpation and percussion ensures that the bowel sounds are undisturbed. Inspecting and listening to the bowels first can help predict potential causes if the patient experiences pain or tenderness during palpation.

9. A client expresses concern over confidentiality of the information she is providing during a health history. The nurse should respond by telling the client:

- A. Exactly with whom the information will be shared
- B. It is required for her to give any information requested

**C. A confidential piece of information about herself/himself**

**D. Not to worry about anything**

**10. What are the four techniques of assessment?**

Inspection, auscultation, palpation, and percussion.