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N-101 Assessment Review Questions 2020

1. **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.**
   Have you noticed any changed in your health recently?
   Anything that has altered your daily lifestyle?
   How is your job and how has your stress levels been recently?

2. **Which of the following is an effective technique to use when interviewing a client?**
   a. **Start the interview with "non-threatening" topics**
   b. **Use only nondirective questions**
   c. **Have the client complete a printed nursing history form**
   d. **Ask the questions word for word from the history form**

3. **The history of present illness is (HPI):**
   a. **Information about family members with the same problem**
   b. **Extensive information about a body system**
   c. **The primary care provider's report of the client**
   d. **A chronological description of the client's chief concern**

4. **Which of the following is true regarding inspection?**
   a. **Very little information is provided**
   b. **Adequate time should be allowed**
   c. **It must be done quickly to avoid making the client uncomfortable**
   d. **It can be eliminated if the client is too modest**

5. **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?

The order is important because if the client is feeling any pain or discomfort in their abdominal region, then the bowel sounds could possibly sound abnormal. If this is the case, then a nurse would not want to conduct percussions to the client's abdomen because this would cause the client pain and/or discomfort. Furthermore, striking the abdomen before conducting auscultation may alter the bowel sounds.

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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, palpation, percussion, and auscultation.