

# Detailed Answer Key

## IM8\_B Nutrition Assessment

---

1. A nurse is caring for a client following the surgical placement of a colostomy. Which of the following statements indicates the client understands the dietary teaching?

- A. "Eating yogurt can help decrease the amount of gas that I have."

**Rationale:** The client who has a colostomy can include yogurt into his diet to help reduce odors and intestinal gas.

- B. "I should eliminate pasta from my diet so that I don't have as many loose stools."

**Rationale:** The client who has a colostomy should include pasta and other sources of fiber into his diet to help control loose stools.

- C. "My largest meal of the day should be in the evening."

**Rationale:** The client who has a colostomy should have his largest meal of the day in the middle of the day to help decrease the amount of stool produced during the hours of sleep.

- D. "Carbonated beverages can help control odor."

**Rationale:** The client who has a colostomy should avoid carbonated beverages due to the increased production of intestinal gas.

---

2. A nurse is teaching a client about following a low-cholesterol diet after coronary artery bypass grafting. Which of the following client food choices reflects the client's understanding of these dietary instructions?

- A. Liver

**Rationale:** Liver and other organ meats are from animal sources and are therefore high in cholesterol content.

- B. Milk

**Rationale:** Dairy products, including whole milk and butter, are from animal sources and therefore contain cholesterol.

- C. Beans

**Rationale:** Any food that does not contain animal products does not contain cholesterol. Beans are a good source of protein for a client who follows a low-cholesterol diet.

- D. Eggs

**Rationale:** Egg yolks contain cholesterol. Egg whites, however, are cholesterol-free.

---

3. A nurse is assessing a client who has malnutrition. Which of the following findings should the nurse expect?

- A. Increased vital capacity

**Rationale:**

## Detailed Answer Key IM8\_B Nutrition Assessment

Decreased vital capacity due to respiratory muscle atrophy is a manifestation of malnutrition.

B. Moist skin

**Rationale:** Dry, flaking skin is a manifestation of malnutrition.

C. Heat intolerance

**Rationale:** Cold intolerance is a manifestation of malnutrition.

D. Decreased mental status

**Rationale:** Lethargy and depression are manifestation of malnutrition. The brain requires glucose to function. When the body lacks adequate glucose, the body will metabolize tissue such as muscle and fat. The resulting metabolic acidosis can further decrease the client's mental status.

---

4. A nurse is providing dietary teaching for a client who has a burn injury and adheres to a vegan diet. The nurse should recommend which of the following foods as the best source of protein to promote wound healing?

A. One cup of brown rice

**Rationale:** The nurse should recommend a different food because there is another choice that contains more protein. One cup of brown rice contains 5.53 g of protein.

B. One cup of orange juice

**Rationale:** The nurse should recommend a different food because there is another choice that contains more protein. One cup of orange juice contains 1.74 g of protein.

C. One cup of pureed avocado

**Rationale:** The nurse should recommend a different food because there is another choice that contains more protein. One cup of pureed avocado contains 4.51 g of protein.

D. One cup of lentils

**Rationale:** The nurse should determine that nuts and legumes, such as lentils, are the best foods to recommend for protein intake for this client. One cup of lentils contains 17.86 g of protein. A diet high in protein and calories is required to promote wound healing. Nuts and legumes are good sources of protein to include in a plant based diet such as a vegan diet.

---

5. A nurse is assessing four female clients for obesity. Which of the following clients have manifestations of obesity?

A. A client who has a body fat of 22%

**Rationale:** A female client who has body fat of 22% is within the expected range of 18% to 32% body fat.

B. A client who has a BMI of 28

**Rationale:** A female client who has a BMI of 28 is classified as overweight.

## Detailed Answer Key IM8\_B Nutrition Assessment

C. A client who has a waist circumference of 81.3 cm (32 in)

**Rationale:** A female client who has a waist circumference greater than 88.9 cm (35 in) is classified as obese.

D. A client who weighs 28% above ideal body weight

**Rationale:** For a female client, obesity is classified as a weight 20% greater than ideal weight. A client whose weight is 28% above ideal body weight is classified as obese.

---

6. A nurse is teaching a client who has gastroesophageal reflux disease about managing his illness. Which of the following recommendations should the nurse include in the teaching?

A. Limit fluid intake not related to meals.

**Rationale:** The nurse should recommend consuming liquids between meals rather than with meals to help reduce abdominal distention.

B. Chew on mint leaves to relieve indigestion.

**Rationale:** The nurse should instruct the client to avoid items like mint that can increase gastric acid secretion.

C. Avoid eating within 3 hr of bedtime.

**Rationale:** The nurse should instruct the client to eat small, frequent meals but to avoid eating within 3 hr of bedtime.

D. Season foods with black pepper.

**Rationale:** The nurse should instruct the client to avoid items such as black and red pepper that can increase gastric acid secretion.

---

7. A nurse is caring for a client who has cancer and is receiving total parenteral nutrition (TPN). Which of the following lab values indicates the treatment is effective?

A. Hct 43%

**Rationale:** An Hct of 43% is within the expected reference range, but this does not indicate the TPN therapy is effective. Clients with cancer are likely to have a low Hct due to anemia.

B. WBC 8,000/uL

**Rationale:** A WBC count of 8,000/uL is within the expected reference range, but this does not indicate the TPN therapy is effective. Clients receiving TPN are at risk for developing infection.

C. Albumin 4.2 g/dL

**Rationale:** Clients who have cancer can receive TPN to provide needed proteins and glucose they are otherwise unable to obtain. An albumin level of 4.2 g/dL is within the expected reference range and indicates the client is receiving adequate amounts of protein.

## Detailed Answer Key IM8\_B Nutrition Assessment

D. Calcium 9.4 mg/dL

**Rationale:** A calcium level of 9.4 mg/dL is within the expected reference range, but this does not indicate the TPN therapy is effective. Clients receiving TPN are at high risk for developing hypercalcemia.

8. A nurse is planning care for a client who has cirrhosis and ascites. Which of the following interventions should the nurse include in the plan of care?

A. Decrease the client's fluid intake.

**Rationale:** The nurse should restrict fluids for a client who has cirrhosis and ascites due to the client's risk for increased fluid retention.

B. Increase the client's saturated fat intake.

**Rationale:** The nurse should limit the fat intake for a client who has cirrhosis due to the risk of malabsorption and steatorrhea.

C. Increase the client's sodium intake.

**Rationale:** The nurse should limit the sodium intake for a client who has cirrhosis and ascites due to the client's risk for increased fluid retention.

D. Decrease the client's carbohydrate intake.

**Rationale:** It is not necessary for the nurse to decrease the carbohydrate intake for a client who has cirrhosis or ascites.

9. A nurse is providing discharge teaching for a client who has acute pancreatitis and has a prescription for fat-soluble vitamin supplements. The nurse should instruct the client to take a supplement for which of the following?

A. Vitamin A

**Rationale:** The nurse should instruct the client that fat-soluble vitamins include vitamins A, D, E, and K.

B. Vitamin B1

**Rationale:** Vitamin B1 is a water-soluble vitamin and would not be prescribed as a fat-soluble vitamin, which includes vitamins A, D, E, and K.

C. Vitamin C

**Rationale:** Vitamin C is a water-soluble vitamin and would not be prescribed as a fat-soluble vitamin, which includes vitamins A, D, E, and K.

D. Vitamin B12

**Rationale:** Vitamin B12 is a water-soluble vitamin and would not be prescribed as a fat-soluble vitamin, which includes vitamins A, D, E, and K.

## Detailed Answer Key IM8\_B Nutrition Assessment

10. A nurse is caring for a client who has bilateral eye patches in place following an injury. When the client's food tray arrives, which of the following interventions should the nurse take to promote independence in eating?

A. Assign an assistive personnel to feed the client.

**Rationale:** Assigning an assistive personnel does not promote client independence and is not necessary in this client situation.

B. Explain to the client that her tray is here and place her hands on it.

**Rationale:** Placing the client's hands on the tray does not provide her with enough information to feed herself independently.

C. Describe to the client the location of the food on the tray.

**Rationale:** Describing the location of the food on the tray promotes independence and provides the client with the necessary information to feed herself.

D. Ask the client if she would prefer a liquid diet.

**Rationale:** Suggesting a change to a liquid diet does not promote client independence and places the client at potential risk for inadequate nutritional intake.

11. A nurse is providing teaching to a client who has cancer about foods that prevent protein-energy malnutrition. Which of the following foods should the nurse include in the teaching? (Select all that apply.)

A. Cottage cheese

B. Milkshakes

C. Tuna fish

D. Strawberries and bananas

E. Egg and ham omelet

**Rationale:** Cottage cheese is correct. Cottage cheese is a protein-rich food that is appropriate to include when teaching about foods that prevent protein-energy malnutrition.  
Milkshakes is correct. Milkshakes are a protein-rich food and are appropriate to include when teaching about foods that prevent protein-energy malnutrition.  
Tuna fish is correct. Tuna fish is a protein-rich food that is appropriate to include when teaching about foods that prevent protein-energy malnutrition.  
Strawberries and bananas is incorrect. While strawberries and bananas provide essential nutrients, they are not protein-rich foods and should not be included when teaching about foods that prevent protein-energy malnutrition.  
Egg and ham omelet is correct. An egg and ham omelet is a protein-rich food that is appropriate to include when teaching about foods that prevent protein-energy malnutrition.

12. A nurse is caring for a client who is well-hydrated and who demonstrates no evidence of anemia. Which of the

## Detailed Answer Key IM8\_B Nutrition Assessment

following laboratory values gives the nurse an assessment of the adequacy of the client's protein uptake and synthesis?

A. Albumin

**Rationale:** Albumin levels reflect the overall body protein status and is used to detect metabolic and liver dysfunction.

B. Calcium

**Rationale:** This laboratory value will not give the nurse an assessment of the adequacy of the client's protein uptake and synthesis. Serum calcium levels are used to detect neuromuscular, cardiovascular, and intestinal dysfunctions.

C. Sodium

**Rationale:** This laboratory value will not give the nurse an assessment of the adequacy of the client's protein uptake and synthesis. Serum sodium levels are used to detect cerebral, neuromuscular, gastrointestinal, and cardiovascular dysfunctions.

D. Potassium

**Rationale:** This laboratory value will not give the nurse an assessment of the adequacy of the client's protein uptake and synthesis. Serum potassium levels are used to detect musculoskeletal, respiratory, cardiovascular, and neuromuscular dysfunctions.

---

13. A nurse is teaching a client about nutritional requirements necessary to promote wound healing. Which of the following nutrients should the nurse include in the teaching?

A. Protein

**Rationale:** Protein is the major structural and functional component of every cell. It is required in increased amounts during times when the body needs to heal itself and protein will promote wound healing.

B. Calcium

**Rationale:** Calcium is a nutrient that functions in the formation and maintenance of bone and teeth. It does not promote wound healing.

C. Vitamin B1

**Rationale:** Vitamin B1 is a nutrient that functions to promote normal appetite and nervous system functioning. It does not promote wound healing.

D. Vitamin D

**Rationale:** Vitamin D is a nutrient that helps to maintain serum calcium levels. It does not promote wound healing.

---

14. A nurse is instructing a group of clients regarding nutrition. Which of the following is a good source of omega-3

## Detailed Answer Key IM8\_B Nutrition Assessment

fatty acids that the nurse should include in the teaching?

- A. Fish

**Rationale:** Fish is an excellent source of omega-3 fatty acids.

- B. Corn oil

**Rationale:** Corn oil is not a good source of omega-3 fatty acids.

- C. Dietary supplements

**Rationale:** Dietary supplements are not a good source of omega-3 fatty acids.

- D. Leafy green vegetables

**Rationale:** Leafy green vegetables are not a good source of omega-3 fatty acids.

---

15. A nurse is instructing a group of clients about nutrition. The nurse's teaching plan should state that in order to limit saturated fat intake, the client should limit total fat intake to what percentage of total calories per day?

- A. 20%

**Rationale:** In order to limit saturated fat intake, the total percentage of fat intake per day is 35%.

- B. 25%

**Rationale:** In order to limit saturated fat intake, the total percentage of fat intake per day is 35%.

- C. 30%

**Rationale:** In order to limit saturated fat intake, the total percentage of fat intake per day is 35%.

- D. 33%

**Rationale:** In order to limit saturated fat intake, the total percentage of fat intake per day is 35%.

---

16. How many calories are contained in a food item that has 15 g of carbohydrates, 4 g of protein, and 10 g of fat?

- 166 calories

**Correct Rationale:** Carbohydrates contain 4 cal per g ( $15 \times 4 = 60$ ). Proteins contain 4 cal per g ( $4 \times 4 = 16$ ). Fats contain 9 cal per g ( $10 \times 9 = 90$ ). This adds up to a total of 166 cal.

**InCorrect Rationale:** Carbohydrates contain 4 cal per g ( $15 \times 4 = 60$ ). Proteins contain 4 cal per g ( $4 \times 4 = 16$ ). Fats contain 9 cal per g ( $10 \times 9 = 90$ ). This adds up to a total of 166 cal.

---

17. A nurse is providing teaching about nutrition to a group of clients. The nurse should include that which of the

## Detailed Answer Key IM8\_B Nutrition Assessment

following foods contains the highest level of thiamine per serving?

- A. 1 hard-boiled egg

**Rationale:** Hard-boiled eggs contain 0.020 mg thiamine per egg; therefore, it is not the highest thiamine food choice.

- B. 1 cup dried pears

**Rationale:** Dried pears contain 0.010 mg thiamine per cup; therefore, it is not the highest thiamine food choice.

- C. 1 cup whole grain wheat flour

**Rationale:** Whole or enriched grains contain 0.981 mg thiamine, which is the highest level of thiamine.

- D. 1 cup brussel sprouts

**Rationale:** Brussel sprouts contain 0.122 mg thiamine per cup; therefore, it is not the highest thiamine food choice.

---

18. A nurse is providing nutritional teaching to a client who has dumping syndrome following a hemi-colectomy. Which of the following foods should the nurse instruct the client to avoid?

- A. Rice

**Rationale:** Clients with dumping syndrome following a hemi-colectomy should include high-protein, high-fat, low- to moderate-carbohydrate, and low-fiber foods. Rice is low in fiber and provides carbohydrates.

- B. Poached eggs

**Rationale:** Clients with dumping syndrome following a hemi-colectomy should include high-protein, high-fat, low- to moderate-carbohydrate, and low-fiber foods. Poached eggs are low in fiber and a good source of protein.

- C. Fresh apples

**Rationale:** Clients with dumping syndrome following a hemi-colectomy should avoid fresh fruits and choose canned or well-cooked fruits instead.

- D. White bread

**Rationale:** Clients with dumping syndrome following a hemi-colectomy should include high-protein, high-fat, low- to moderate-carbohydrate, and low-fiber foods. White bread is low in fiber and provides carbohydrates.

---

19. A nurse is preparing an education program for a group of parents of adolescents. Which of the following should be included as indicators of nutritional risk among adolescents? (Select all that apply.)

- A. Skipping more than three meals per week

## Detailed Answer Key IM8\_B Nutrition Assessment

- B. Eating fast food once weekly
- C. Hearty appetite
- D. Eating without family supervision frequently
- E. Frequently skipping breakfast

**Rationale: Skipping more than three meals per week is correct.** Skipping more than three meals per week is an indicator of nutritional risk among adolescents, and should be included in the program.

**Eating fast food once weekly is incorrect.** Eating fast food more than 3 times per week, rather than once weekly, is an indicator of nutritional risk among adolescents.

**Hearty appetite is incorrect.** A poor appetite, not a hearty appetite, is an indicator of nutritional risk among adolescents.

**Eating without family supervision frequently is correct.** Eating without family supervision frequently is an indicator of nutritional risk among adolescents, and should be included in the program.

**Frequently skipping breakfast is correct.** Frequently skipping breakfast is an indicator of nutritional risk among adolescents, and should be included in the program.

---

20. A nurse is providing teaching to a group of parents of newborns who are planning to formula feed. Which of the following statements by a parent indicates a need for further teaching?

- A. "I will give formula to my baby at room temperature."

**Rationale:** This is an appropriate statement by a parent. Formula can be served at room temperature, warmed, or cold.

- B. "I will ensure my baby's feedings last 10 to 15 minutes."

**Rationale:** This statement by a parent indicates a need for further teaching. Feedings should last 20 to 30 minutes.

- C. "I will burp my baby half way through each feeding."

**Rationale:** This is an appropriate statement by a parent. Burping the infant half way through each feeding will help to get rid of air swallowed during the feeding.

- D. "I will watch for signs my baby is full and stop the feeding."

**Rationale:** This is an appropriate statement by a parent. Watching for signs of being full and stopping the feeding will prevent overfeeding.

---

21. A nurse is providing teaching to the parent of an infant about introducing solid foods. The nurse should recommend that which of the following foods be introduced first?

## Detailed Answer Key IM8\_B Nutrition Assessment

A. Strained fruits

**Rationale:** Strained fruits should not be the first solid food introduced to the infant.

B. pureed meats

**Rationale:** Pureed meats should not be the first solid food introduced to the infant.

C. Cooked egg whites

**Rationale:** Cooked egg whites should not be the first solid food introduced to the infant.

D. Iron-fortified cereal

**Rationale:** Iron-fortified cereal should be the first solid food introduced to the infant.

---

22. A nurse is conducting nutritional counseling with a client who is in her second trimester of pregnancy. The nurse should recommend the client increase her caloric intake by how many calories during this trimester?

A. 110 cal/day

**Rationale:** An increase of 110 cal/day is not enough for a client in her second trimester.

B. 225 cal/day

**Rationale:** An increase of 225 cal/day is not enough for a client in her second trimester.

C. 340 cal/day

**Rationale:** The nurse should recommend the client increase her calorie intake by 340 cal/day.

D. 450 cal/day

**Rationale:** An increase of 450 cal/day is too much for a client in her second trimester.

---

23. A nurse is developing a program about strategies to prevent foodborne illnesses for a community group. The nurse should plan to include which of the following recommendations? (Select all that apply).

A. Avoid unpasteurized dairy products.

B. Keep cold food temperatures below 4.4° C (40° F).

C. Reheat leftovers before eating.

D. Wash raw vegetables thoroughly in clean water.

E. Keep cooked foods at 48.9° C (120° F).

**Rationale:** Avoid unpasteurized dairy products is correct. Avoiding unpasteurized dairy products is a recommendation the nurse should plan to include in the program. Keep cold food temperatures below 4.4 C (40 F) is correct. Keeping cold food temperatures below 4.4 C (40 F) is a

## Detailed Answer Key IM8\_B Nutrition Assessment

recommendation the nurse should plan to include in the program. Reheat leftovers before eating is correct. Reheating leftover before eating is a recommendation the nurse should plan to include in the program. Wash raw vegetables thoroughly in clean water is correct. Washing raw vegetables in clean water is a recommendation the nurse should plan to include in the program. Keep cooked foods at 48.9 C (120 F) is incorrect. Keeping cooked foods at 48.9 C (120 F) is not a recommendation the nurse should plan to include in the program. Cooked and hot foods should be kept at a temperature above 60 C (140 F).

24. A nurse is providing teaching to a group of older adults about sources of complete and incomplete protein. Which of the following foods should the nurse include as a complete protein?

- A. Yogurt

**Rationale:** Yogurt is a source of complete protein.

- B. Fresh vegetables

**Rationale:** Fresh vegetables are a source of incomplete protein.

- C. Nuts

**Rationale:** Nuts are a source of incomplete protein.

- D. Dried beans

**Rationale:** Dried beans are a source of incomplete protein.

25. A client who has chronic lymphocytic leukemia is starting chemotherapy treatments and asks if she needs to make any dietary changes. Which of the following statements should the nurse make?

- A. "You should avoid drinking liquids an hour before the treatments."

**Rationale:** Clients should be encouraged to decrease fluid intake just before treatments because fluids may cause nausea and vomiting.

- B. "Eating low-calorie foods helps prevent nausea."

**Rationale:** Clients receiving chemotherapy are at risk for weight loss and, therefore, the nurse should encourage the client to increase calorie intake.

- C. "Foods that are higher in fat are usually more appealing."

**Rationale:** Clients receiving chemotherapy often find foods with higher fat content to be less appealing and more likely to cause nausea.

- D. "Raw fruits and vegetables will be easier for your body to digest."

**Rationale:** Clients receiving chemotherapy should include fruits and vegetables into the diet; however, raw fruits and vegetables are more difficult to digest than canned or frozen options.

## Detailed Answer Key IM8\_B Nutrition Assessment

---

26. A nurse is caring for a client who has Crohn's disease and is receiving parenteral nutrition. Which of the following interventions should the nurse include in the care of this client?

- A. Remove the parenteral nutrition solution from the refrigerator 2 hr before infusion.

**Rationale:** Parenteral nutrition solutions should be removed from the refrigerator 1 hr before infusion to allow them to reach room temperature.

- B. Remove unused parenteral nutrition after 12 hr of use.

**Rationale:** Parenteral nutrition solutions must be used or discarded within 24 hr.

- C. Monitor daily laboratory values and report as needed.

**Rationale:** Laboratory data, as well as observation of clinical signs, are important to prevent the development of nutrient deficiencies or toxicities.

- D. Monitor the flow rate of the parenteral nutrition carefully and increase the rate as needed if it falls behind.

**Rationale:** If the rate of delivery falls behind, no attempt should be made to "catch up" as this may cause severe hyperglycemia.

---

27. A nurse is caring for a client who is to receive a mechanically altered diet. Which of the following client food choices necessitates intervention by the nurse?

- A. Scrambled eggs

**Rationale:** Scrambled eggs are an appropriate food choice for clients who are receiving a mechanically altered diet and have limited chewing ability.

- B. Cottage cheese

**Rationale:** Cottage cheese is an appropriate food choice for clients who are receiving a mechanically altered diet and have limited chewing ability.

- C. Piece of wheat toast

**Rationale:** Clients receiving a mechanically altered diet have limited chewing ability and should only receive pureed breads.

- D. Sliced banana

**Rationale:** Sliced banana is an appropriate food choice for clients who are receiving a mechanically altered diet and have limited chewing ability.

---

28. A nurse is planning to teach a client about a low-potassium diet. Which of the following foods should the nurse instruct the client to avoid? (Select all that apply.)

- A. Butter

## Detailed Answer Key IM8\_B Nutrition Assessment

- B. Poultry
- C. Yogurt
- D. Frozen vegetables
- E. Orange juice

**Rationale:** Butter is incorrect. The client can include butter as part of a low-potassium diet.

Poultry is incorrect. The client can include poultry as part of a low-potassium diet.

Yogurt is correct. Yogurt is high in potassium and the client should limit the intake of yogurt as part of a low-potassium diet.

Frozen vegetables are incorrect. The client can include frozen vegetables as part of a low-potassium diet.

Orange juice is correct. Orange juice is high in potassium and the client should limit the intake of orange juice as part of a low-potassium diet.

---

29. A nurse is providing care for a client who is 2 days postoperative following abdominal surgery and is about to progress from a clear liquid diet to full liquids. Which of the following items should the nurse tell the client he may now request to have on his meal tray?

- A. Cranberry juice

**Rationale:** Clients consuming a clear liquid diet may have cranberry juice.

- B. Flavored gelatin

**Rationale:** Clients consuming a clear liquid diet may have flavored gelatin.

- C. Skim milk

**Rationale:** Full liquids include milk and milk products, so the client may now ask for skim milk.

- D. Chicken broth

**Rationale:** Clients consuming a clear liquid diet may have chicken broth.

---

30. A nurse is caring for a client following a CVA and observes the client experiencing severe dysphagia. The nurse notifies the provider. Which of the following nutritional therapies will likely be prescribed?

- A. NPO until dysphagia subsides

**Rationale:** Making the client NPO provides no nutritional support and will not likely be prescribed.

- B. Supplements via nasogastric tube

**Rationale:** Supplements via nasogastric tube provide enteral nutrition for clients who are at risk for

## Detailed Answer Key IM8\_B Nutrition Assessment

---

aspiration caused by a diminished gag reflex or difficulty swallowing. This nutritional therapy will likely be prescribed.

C. Initiation of total parenteral nutrition

**Rationale:** Total parenteral nutrition is initiated when the GI tract cannot be used for the ingestion, digestion, and absorption of essential nutrients. This nutritional therapy will not likely be prescribed.

D. Soft residue diet

**Rationale:** A soft residue diet would place the client at risk for aspiration due to difficulty swallowing solids; therefore, this nutritional therapy will not likely be prescribed.

---