

N442 Exam 4 Spring 2022

While this exam is over the content in DHW Chapters 12, 22, 23, 24, & 25 and ATI Chapter 5 & 9 (pp 81-83), it utilizes material you have already been tested over as we now look at implementing nursing practice in the community and with special populations. So some of the topics on this study guide will require that you utilize the knowledge/material covered previously e.g. social determinants of health, health disparities, health promotion, levels of prevention, nursing diagnosis process, Health People 2020, data sources, epidemiology. Also, refer to your Epidemiology rate worksheet to review the rate. There are 5 rate questions on this exam.

DHW Ch. 12	Case Management, Care Management, and Home Health Care	ATI Ch. 5 pg. 42 Ch. 9 pg. 81-83
<p>1. What is case management indicated for? ATI (SATA) (PDPRAA)</p> <ul style="list-style-type: none">a. Promoting interprofessional services and increased client/family involvementb. Decreasing cost by improving client outcomesc. Providing education to optimize health participationd. Reducing gaps and errors in caree. Applying evidence-based protocols and pathwaysf. Advocating for quality services and client rights <p>Care management is the coordination of a plan or process to bring health services together as a common whole in a cost-effective way. It includes the evaluation of healthcare interventions, including need and appropriateness of care, and the actions taken to attain effective and efficient outcomes --synonymous with utilization management. Care management/utilization management is a tool used in acute care as well as ambulatory care facilities. It is a process/method utilized to track the patients'/clients' utilization of services within a health provider system. It is a statistical analysis done by tracking trends and the costs associated with this. The goal is to be able to predict needs of the clients and then provide care that will decrease disease or disability.</p> <p>case management is the development and coordination of care for a selected client and family. This is what you are participating in for one of your clinical days. It requires assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. A significant activity of case management is that of advocacy.</p>		

Case management can and is done at both the acute care institutions and in the community and requires the knowledgeable professional. While it is often focused on low-income patients and families, all clients can benefit from case management particularly when encountering the complexities of the health care system during times of significant illness. The focus is often towards disease management by secondary and tertiary prevention methods. i.e. the disease has already occurred but through early and ongoing treatment the progression of the disease or disability is managed and minimized. This requires a team made up of both health professionals, care givers, family as well as the client working in collaboration to manage the disease. **Not a primary prevention.**

2. What are the roles of a case manager? What are the limits of the roles? **Textbook & ATI**

a. Roles of the case manager (SATA) (Accu-P2R)

- i. **Advocacy and Education**
- ii. **Clinical Care Coordination/Facilitation**
- iii. **Continuity/Transition Management**
- iv. **Utilization/Financial Management**
- v. **Performance and Outcome Management**
- vi. **Psychosocial Management**
- vii. **Research and Practice Development**

Limits: They are working together with other healthcare workers. They are not allowed to pay prescription, bedside care, they facilitate pt to ambulate, but they don't ambulate the pt. They do reinforcement of teaching. They are not doing primary teaching. They are more like facilitator. They find resources for the clients.

b. Limits of the Role

i. Home Health Nurse:

1. **Skilled Assessments**
2. **Wound Care**
3. **Laboratory Draws**
4. **Medication education and administration**
5. **Parenteral nutrition**
6. **IV fluids and medications**
7. **Central line care**
8. **Urinary line care**
9. **Urinary catheter insertion and maintenance**

10. Coordination, delegation, and supervision of various other participants in health services

- ii. Remember that the home health nurse is not going to be the one doing medical tasks (cleaning the house, getting groceries, picking up meds - you would have an aid to do that). The medical model includes 1) comprehensive exam , 2) patient centered care, coordination of care , accessible services and quality and safety.

3. What are the actions in the discharge planning process? **Textbook & ATI**

- a. Discharge planning begins at **admission**
- b. Discharge planning is an essential component of the continuum of care, and is an ongoing assessment that anticipates the future needs of the client.
- c. Discharge planning requires ongoing communication between the client, nurse, providers, family and other members of the interprofessional team. The goal of discharge planning is to enhance the well-being of the client by establishing appropriate options of meeting the health care needs of the client .

4. What does the home health nurse assess for regarding safety in a home? **ATI**

- a. They must pay close attention to non secure rugs, electrical outlets, and extension cords; the use of oxygen, low lighting, the need for safety devices in the bathroom; and other potential environmental hazards
- b. Note: older adults are at risk for falls!
- c. Questions to ask:
 - i. Does the client have food in the house to eat?
 - ii. Is there help with household activities?
 - iii. Does the client live alone in the community?
 - iv. Who is the client's support system?
 - v. Is the client able to set up and dispense their own medication?
 - vi. Does the client have access to health care?

5. Which areas of a home have the highest safety concerns? **Textbook**

- a. Living room (31%)
- b. Bedroom (30%)
- c. Kitchen (19%)
- d. Bathroom (13%)

e. Hallway (10%)

6. What key factors influenced the development of current home healthcare?

Textbook

- a. Development of Health insurance**
- b. Rising costs in healthcare in general**
- c. Medical and Nursing specialization**

Type of agencies : (SATA) (Clarify)

Private/voluntary (not-for-profit)

Hospital-based

Proprietary (for-profit)

Official (Agencies supported by public monies that often come from taxes).

It has evolved over time on the basis of three distinct needs:

1. Quality healthcare in places and spaces where people live most of their lives (homes and communities)
2. Continued development of ways to inform healthcare providers what realities affect health promotion and prevention in the diverse, complex lives of people and families
3. Cost containment in the healthcare industry

7. Where do regulations for home health care come from? **Textbook**

- a. Home healthcare services are reimbursed by local, state, and federal funds
- b. Government funding for home health includes: medicare (federal); and medicaid (state) as well as monies from TRICARE (federal funds for military personnel and their dependents) and veterans administration VA (federal funds of those who are currently serving or have severed in the armed forces of the US)
- c. Insurance companies that pay for home healthcare can be independent (ex: states farm insurance, wellcare, health alliance) or can be part of the health maintenance organization (HMO) or a case management organization
- d. Medicare, Medicaid, TRICARE, and VA coverage is generated from money that citizens contribute to the state or federal government through taxes.
- e. Insurance companies, HMOs, and care management organizations give coverage based on monies that are paid directly to them in monthly or annual increments for the purpose of giving home health when and if they are needed.

- f. Home healthcare is regulated by the state and federal government
- g. Insurance companies generally align themselves with the regulations stipulated by these governments but may have their own rules and regulations
- h. Home health conditions must be present for the agency to give services to the public and receive payment for those services.

8. What are the criteria an individual needs to meet to receive Medicare or home health services? **Textbook**

- a. Not ongoing!
 - i. Homebound
 - ii. Specific plan of care
 - iii. Skilled healthcare needs'
 - iv. Intermittent care needs
 - v. Necessity

9. What are the 5 phases of a home visit? **Textbook**

- a. Initiating the visit- Having referrals from their physicians or their discharge planners from other health care institutions.
- b. Preparation
 - i. Equipment
 - ii. Directions
 - iii. Personal safety
- c. The in-home visit
 - i. Assessing for risk of medication errors
 - ii. Assessing for risk of falls
 - iii. Assessing for risk of abuse and neglect
- d. Termination of the visit
- e. Post-visit planning (DHW Ch 12 p 258)

10. What can a home health nurse do and what can they not do? **ATI**

- a. Home healthcare is part of a continuum of care where clients have the opportunity to live through the experiences of subacute, chronic, and end-of-life care.
- b. Assessment by collecting data about home care clients
- c. Diagnosis through the analysis of these data
- d. Outcome identification that helps home care nurses identify nurse-sensitive measures
- e. Planning in the form of nurse-sensitive interventions directed to the identified outcomes
- f. Implementation-identified nurse-centered actions in collaboration with clients and families
- g. Evaluation outcome accomplishment through nurse-sensitive interventions (DHW Ch 12 p 254)

Home care is not ongoing.

What can they not do? (DOESN'T STATE IN THE BOOK NOR ATI)

DHW Ch. 22

School Health

ATI Ch.5 pg. 44-45

1. What are Primary and Secondary prevention techniques for school health?

Textbook & ATI

Primary:

Assess the knowledge base regarding health issues

- Tooth health promotion practices such as:
 - o Hand hygiene and tooth brushing
 - o Healthy food choices
 - o Injury prevention (seat belt, bike and fire and water safety)
 - o Substance use prevention
 - o Disease prevention (condoms)

Assess the immunization state of all children

Secondary:

Assess children who become ill or injured at school

Headache, stomach pain, diarrhea, anxiety from separating from parents and minor injuries (cuts or bruises) that occur at school

Assess all children, faculty, and staff during emergencies

- Provide emergency care (first aide, d-fib with AED or CPR)
- Create emergency plan who has anaphylactic reactions or other health problems

Perform screening for early detection of disease and initiate referrals as appropriate

-Vision, hearing, height and weight, oral health, scoliosis, infestation (lice) and general physical examinations

Assess children to detect child abuse and neglect.

-The school nurse is required by law to report ALL suspected cases of child abuse or neglect.

Assess children for evidence of mental illness, suicide and violence.

-Identify children at risk.

Respond to school crises and disasters.

- Develop a crisis plan
- Act as first responder or triage the injured
- Participate the drills
- Counsel and debrief

2. What are the components of a school health education program on safety by level i.e. elementary versus adolescents? **Textbook & ATI**

Reducing illicit drug and tobacco use and violence in schools

- Assisting with development of policies and procedures for staff in the event of fire, disaster, or injury.

Elementary: teaching children to be careful on the outside equipment (jungle gym)

Handwashing, equipment.

Adolescents: smoking, drinking, STD's, teen pregnancy, motorcycle etc. internet, nutrition, safe sex practice, violence and cyberbullying.

3. School nurses' roles in the school health screening process? **Textbook**

Provision of the health services, health promotion, health education and child health advocacy. Also collaboration with other members of the school health services such as comprehensive wellness and practices.

Health assessment skills, identifying of common problems that impact a child's learning, such as vision impairment, ADHD, and scoliosis. Screening is also a valuable tool in identifying and treating problems that may result in a child being excluded from school, such as infestation with lice or other communicable diseases. Health promotion, health education, and child health advocacy are key components of the school nurse's role.

4. Be able to give examples of the school nurse's role as a child advocate. **DHW 568-9**

- Involves both teaching children and empowering others who care for the children to ensure quality of care.
- Key components of the advocacy role include collaboration and policy making.
- As an advocate the school nurse needs to find a balance between empowering parents and other external to the school to pursue healthcare for a child.
- The child with a chronic health condition (ex. asthma, seizure, diabetes) presents a unique challenge for nurses as advocate.
- The nurse must often mediate between educator, parents and physicians to ensure children with chronic health conditions can function to their maximum potential.
- Spreading knowledge
 - o Allows the person to control their own healthcare by promote healthy behaviors
- Networking
 - o Working together, the school nurse, parents, teachers and healthcare providers can ensure that the child with special healthcare needs has access to all educational resources and opportunities.
 - **Provide education and communication necessary to ensure that the student's health and educational needs are met.**
 - **Implement strategies to reduce disruptions in the school's activities.**
 - **Communicate with families and health care providers as authorized.**
 - **Ensure the student receives prescribed medications and treatment and that staff who interact with the student on a regular basis are knowledgeable about these needs.**
 - **Provide a safe and healthy social environment to promote learning.**

Case manager

Community Outreach

Consultant

Counselor

Direct caregiver

Health educator

Researcher

5. Be able to give examples of the school nurse's role as a case manager.
Textbook & ATI

Coordinates comprehensive services for children who have complex health needs.

The nurse must often mediate between educators, parents, and physicians to ensure children with chronic health conditions can function to their maximum potential

6. How does the school nurse utilize the epidemiological process? **Textbook**

Epidemiologically we see incidents and prevalence rates, morbidity and even mortality rates, rates specific to age groups, rates specific to a specific disease or disability, and rates specific to some of the other social determinants of health.

While screening, look at the students' record.

7. Identify federal education interventions for school nursing. **Textbook**

Screening for vision and hearing . Screening and referrals, the Early Periodic Screening, Diagnosis, and treatment program

8. School-based strategies to reduce the number of adolescent pregnancies.

Textbook

1. Textbook pg 563 (Sex educating classes).

- a. The Patient Protection and Affordable Care Act (ACA) enables states to operate a new Personal Responsibility Education Program (PREP), which is a comprehensive approach to teen pregnancy prevention that educates adolescents on both abstinence and contraception to prevent pregnancy and STDs.
- b. State Abstinence Education Grant Programs continue to provide funds for programs offering mentoring, counseling, or adult supervision programs to promote abstinence.
- c. Programs that endure sex and contraceptive counseling performed by healthcare professionals as the model to be used to promote responsible sexual behavior and reduce teen pregnancy.

DHW Ch. 23	Faith-Oriented Communities & Health Ministries in Faith Communities	ATI Ch.5 pg 44
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1. Primary prevention, secondary, & tertiary prevention interventions in faith-based nursing. **Textbook & ATI**

1. **Primary Prevention, Secondary, & Tertiary Prevention Interventions in Faith-Based Nursing.** Textbook & ATI pg 579

- a. Primary:
 - i. Programs on walking or other forms of exercise to maintain health, smoking cessation programs, and heart-healthy eating programs
- b. Secondary:
 - i. Screening for HTN and hyperlipidemia, and setting up screenings such as mammogram cans or other tests to diagnose problems early.
- c. Tertiary:
 - i. Nurses work to maximize the effect of health problems and maximize function for people with conditions such as diabetes, stroke, or injury.

2. Common misconceptions regarding the role of faith community nurse. **Textbook**

- a. They maintain lists of community and healthcare referrals.
- b. Faith community nursing is often misunderstood because concepts of community health are frequently not understood by the general public, who see healthcare as physician-dominated and disease-focused.
- c. The faith-based nurse is not going to do direct patient care.
- d. They are not a private visiting nurse for the congregation.

They only provide assessment , teaching, referrals and counseling and not direct nursing care.

3. Use of epidemiology (demographic data) in faith-community nursing. **Textbook**

- a. Can be used as a method to determine **patterns of illness** for the faith community, and **risk factor assessment** helps the nurse decide what programs to provide.
- b. First, they should gather general demographic data about the faith community, including age, family structure, and proximity of residence to a healthcare facility and other health resources.
 - i. The data can be summarized with descriptive statistics that can be used to generate reports and to assist planning.
- c. Second, the nurse should use data about various diseases from comparison groups, such as public health prevalence data.

- d. Using this data, the faith-community nurse can demonstrate both the need for programming and the effectiveness of the programs encountered.

- 4. Examples of the faith-based nurse's role as health advocate. **Textbook**
 - a. Empowerment of members of the congregation
 - b. Empowerment of the congregation to improve the health of the community

- 5. Interventions for nurses of faith-based communities. **Textbook**
 - a. Nutrition programs using the church kitchen to plan and prepare healthy, tasty food
 - b. Hypertension screening
 - c. Exercise program in the church basement

Interventions look at the outcomes for the community as a whole might include acceptance of health status, caregiver emotional health, pain level control, decision-making, or self-care.

interventions can be at all three levels of prevention ex: Health education, health-risk appraisals (a type of screening), and support for management of chronic disease processes.

- 6. Seven functions that parish nurses perform in faith community work. **Textbook**
 - a. Integrator of faith and health
 - i. Spiritual care
 - ii. Spiritual assessment
 - iii. Sharing scripture
 - iv. Therapeutic listening
 - b. Personal health counselor
 - i. Therapeutic communication
 - ii. Assessing for emotional distress
 - iii. Assessing for suicide risk
 - c. Health educator
 - i. Individual health teaching
 - ii. Group health teaching
 - iii. Provider of health resources
 - d. Health advocate
 - i. Empowerment of members of the congregation
 - ii. Empowerment of the congregation to improve the health of the community
 - e. Referral agent

- i. Maintaining lists of local providers/agencies
 - ii. Communicating with referrals
- f. Coordinator of volunteers
 - i. Assessing for needs for volunteer services
 - ii. Recruiting and training volunteers
 - iii. Scheduling and supporting volunteers
 - iv. Commissioning and recognizing volunteers
- g. Accessing and developing support groups
 - i. Referring congregation members to existing support groups
 - ii. Developing support groups for congregation

DHW Ch. 24	Palliative and End-of-Life Care	ATI Ch. 5 pg. 42
<p>1. Identifying clients who should be recommended for hospice services. Textbook & ATI</p> <ul style="list-style-type: none"> a. Terminally ill b. Six months or less to live if the illness runs its normal course c. Patient signs a statement choosing hospice care instead of other Medicare-covered benefits to treat the terminal illness d. Patient receives care from a Medicare-approved hospice program 		
<p>2. Maladaptive behaviors of those with a terminal illness. Textbook & ATI</p> <ul style="list-style-type: none"> a. Denial b. Anger c. Bargaining d. Acceptance e. Suicide f. Think about using alternative therapies that may interact with the medical therapies that are prescribed. 		
<p>3. Identifying behaviors during the stages of the grieving process. Textbook</p> <ul style="list-style-type: none"> a. <u>Numb Shock</u> <ul style="list-style-type: none"> i. The widow or widower cannot believe the spouse's death occurred. This phase is marked by shock, emotional dullness, and restless behavior that may include stupor and withdrawal. It 		

may include physical characteristics such as nausea or insomnia. One wants to protect oneself from the feeling of loss.

b. Emotional Turmoil or Depression

- i. Alarm or panic-type reactions occur. Emotional expression may include crying, low mood, sleep disturbance, and anorexia. Anger, guilt, or longing for the deceased may take place. The widow or widower may also become preoccupied with the meaning of loss.

c. Reorganization or Resolution

i. Reorganization eventually takes place, and coping strategies and positive outlooks emerge. A final resolution phase leads to acceptance of the loss. The widow or widower may return to prior levels of functioning.

4. Identify the services of hospice care. **Textbook & ATI page 42 and ppt**

a. Patient and family centered care:

- i. providing care and services that are responsive to the needs and exceed the expectations of those served

b. Ethical behavior and consumer rights:

- i. Upholding high standards of ethical conduct and advocating for the rights of patients and their family caregivers

c. Clinical excellence and safety:

- i. Ensuring clinical excellence and promoting safety through standards of practice

d. Inclusion and access:

- i. promoting inclusiveness in the community by ensuring that all people- regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, or other characteristics- have access to programs and services

e. Organizational excellence:

- i. building a culture of quality and accountability within our organization that values collaboration and communication and ensures ethical business practices

f. Workforce excellence:

- i. Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability, and workforce excellence through professional development, training, and support to all staff and volunteers.

g. Standards:

- i. Adopting the NHPCO standards of practice for hospice programs and/or the national consensus project's clinical practice guidelines for quality palliative care as the foundation for an organization

h. Compliance with laws and regulations:

- i. Ensuring compliance with all applicable laws, regulations, and professional standards of practice, and implementing systems and processes that prevent fraud and abuse.
- i. **Stewardship and accountability:**
 - i. Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight
- j. **Performance measurement:**
 - i. Collecting, analyzing, and actively using performance measurement data to foster quality assessment and performance improvement in all areas of care and services

5. What are advanced directives (DNR or Living will) and what are their purposes?

Textbook & ATI

- a. Advanced Directives- Documents signed by a person indicating his or her choice or wishes for medical treatment or naming of another to make choices if the person is unable to do so.
 - i. Purpose- Gives direction to medical professionals about the care of a patient if that patient is unable to relay their wishes.

DHW Ch. 25	Occupational Health Nursing	ATI Ch. 5 pg. 42-43
1. Occupational health risks for farmers and agricultural workers. Textbook & ATI a. Exposure to pesticides, fertilizers, diesel fumes, heavy machinery		
2. Categories of hazards in the workplace with examples. Textbook a. <u>Biologic Hazards</u> <ul style="list-style-type: none"> i. Infectious agents, contam. Body fluids, poisonous plants/insects/reptiles b. <u>Chemical Exposures</u> <ul style="list-style-type: none"> i. Drugs and toxins, diesel exhaust, aerosols, fumes and respirable particulates, ingredients in cleaning solutions c. <u>Physical Hazards</u> <ul style="list-style-type: none"> i. electric/magnetic fields, UV radiation, cold/heat stress, noise, vibration, lighting, falls, fires, unsafe machinery and equipment, transportation accidents d. <u>Psychosocial Factors</u>		

- i. Sexual harassment, stress, interpersonal problems, assault/violence, bodily reaction and exertion.

3. Techniques to use for an assessment of the workplace. **Textbook & ATI**

- a. Workplace walk-through - a technique for an assessment of the workplace; the walk-through leads to an understanding of the work process, job requirements, materials being used, identification of potential hazards, and routines of employees. A complete survey of the workplace inside and out, compiling information as to the presence of hazards, the location of entries and exits, the availability of emergency equipment, and potential trouble spots.
- b. Susceptibility
 - i. Host, agent, and environmental factors
- c. Responsibility
 - i. Levels of prevention
- d. Exposure to Hazards
- e. Control Strategies
 - i. Reduce future exposures
- f. Protection
 - i. From violence and work-related injuries
- g. Occupational Health and Legislation

4. Roles of OSHA, FMLA, NORA. **Textbook & ATI**

- a. OSHA - Occupational Health and Safety Administration
 - i. Develops and enforces workplace health regulations to protect the safety/health of employees. Provides education to employers about workplace health and safety.
- b. FMLA - Family Medical Leave Act
 - i. Allows an employee to leave work for up to 12 weeks in the event that they or a family member have a serious illness. The employee can then return to work without penalty.
 - ii. Employee must be with the company for a minimum of 12 months or 1,250 hours to qualify for FMLA
- c. NORA - National Occupational Research Agenda
 - i. A partnership program to stimulate innovative research and improved practices for safer, healthier workplaces
 - ii. Is specifically directed toward the study of disease/injury, the workforce/environment, and the research methods for studying occupational health.

5. Workplace emergency plans. **Textbook**

a. Components

- i. Key personnel in charge of specific, necessary tasks
- ii. Escape routes have been set
- iii. Predesignated areas have been assigned and employees have participated in actual drills
- iv. Committee evaluates all risks, security/safety equipment, plans, evacuation routes/procedures

b. Functions of the plans

- i. Procedures for personnel that stay in the building to make sure everyone gets out. Includes people who administer first aid and fire extinguishers
- ii. Appropriate PPE must be worn by all personnel that handle dangerous materials and chemicals
- iii. Shelter in place policies for emergencies involving facilities that are not able to evacuate
- iv. Knowing what to do when an alarm goes off, where to go and how to get there quickly and orderly.
- v. Plans are in place for resuming operations after an all-clear is given.

6. What data should be included in an epidemiologic workplace surveillance?

Textbook

- a. Physical examinations and the tracking of injuries, illness, hazards, and exposures both in individual people and groups of workers.
- b. Incidence of injuries or disease/illness should be documented for early detection of possible spread of disease within a department.
- c. Prevalence reflects the extent of the spread of injury/disease/illness in the workplace.

The rates of exposures and diseases in different populations
Aggregate data on exposure and disease are gathered, rather than data pertaining to individuals. This could be data from a group of workers within an organization, facility, community, state, or nation

DHW Ch. 6, 7	Epidemiology-Rates	ATI Ch. 3
1. Calculation of rates related to school health, faith communities, and occupational health.		

2. Review Incidence, prevalence, proportions

SDOH Case Study

1. Compare and contrast a food desert and a food swamp

- a. **Food Desert:** Geographic location where there is an area that does not have healthy food options or grocery stores in a specific location.
- b. **Food Swamp:** A “Swamp” of one fast food restaurant after another, or over saturation of liquor stores, corner delis, etc. No grocery stores.

2. What are questions used for screening for possible food insecurity?

- a. Will food run out within the past 12 months.
- b. Within the last 12 months, are we worried the food will run out?

Two questions that are widely used to do screening for food insecurity are the following:

- Within the past 12 months, we were worried whether our food would run out before we got money to buy more?
- Within the past 12 months, the food we bought just did not last and we did not have money to get more?

Not sure of these questions...

3. What are interventions that a school nurse could use to combat food insecurity?

- a. Provide snacks within his/her nurse office
- b. Send food home
- c. Free lunches in the summer time within certain states. (Illinois offers one)
- d. Where are the food banks/ criteria : provide resources to the child's parents etc.
- e. Screening for food insecurity.

4. Primary prevention intervention for food insecurity.

- a. Educate about healthy foods

- b. Advocate for child
- c. Meals on Wheels for older adults which is very low cost

Exam 4 Practice Problems

1) A community health nurse is assessing the home of a client for hazard. Which of the following issues requires additional teaching to avoid electrocution and fire?

- a) Cords plugged directly into electrical wall sockets
- b) Electrical cords taped to the ground in light-traffic areas
- c) Electrical appliance on the countertop near the kitchen sink
- d) Grounded outlets and plugs in use

2) A nurse navigator is assuming the care of a client who has a new diagnosis of cancer and will be living at home with their family. Which of the following tasks is the responsibility of the nurse navigator?

- a) Assist the client and family in finding community resources
- b) Provide in-home care for the client
- c) Attend medical appointments with the client
- d) Obtain funds and grants to financially assist the client.

3) A school nurse is assisting with developing interventions for high school students to reduce the impact of recent student suicides. Which of the following interventions is an example of tertiary prevention? (Select all that apply)

- a) Conducting a suicide risk screening on all students
- b) Creating a support group for friends of students who completed suicide
- c) Educating students about suicide prevention
- d) Initiating one-on-one observation for a student who has suicidal ideation
- e) Providing a support group for student returning to school after the suicide of a peer

4) A nurse is assessing a group of clients for referrals. Which of the following clients should the nurse recommend for a referral to hospice services?

- a) A client who has diabetes mellitus and is having difficulty self-administering insulin because of poor eye sight
- b) A client who has terminal cancer and requires assistance with pain management
- c) A client who has hemiplegia following a stroke and requires someone to provide care while their partner is at work
- d) A client who has dementia and requires help with activities of daily living

5) A nurse who is employed at a community mental health center participates in a program to screen adolescents for substance use disorder. This type of intervention represents which of the following?

- a) Primary prevention
- b) Secondary prevention
- c) Tertiary prevention
- d) Assertive community treatment

6) A nurse is providing community education on risk reduction and health promotion for adolescents. The greatest cause of death among adolescents is:

- a) Suicide
- b) Cancer
- c) Accidents
- d) Eating disorders

7) An example of primary prevention with the maternal-infant population is to:

- a) Diagnose problem pregnancies early in order to begin treatment

- b) Encourage proper diet, rest, exercise, and regular prenatal care
- c) Follow health care practitioner recommendations for illness care
- d) Detecting signs and symptoms of infection and premature labor

8) The case manager role of the community health nurse with older adults includes which of the following?

- a) Monitoring and evaluating the responses of older adults to provided services.
- b) Speaking out for older adults, making it easier for them to receive quality care.
- c) Focusing on wellness when providing care to older adults.
- d) Working cooperatively with others to promote the health of elders.

9) An example of the advocate role of the community health nurse with the maternal-infant population includes which of the following?

- a) Assessing, planning, and coordinating maternal-infant services
- b) Listening to clients, assisting them to find resources that meet needs
- c) Teaching clients how to promote a healthy pregnancy
- d) Take broad concerns to the appropriate person to solve problems

10) Community health nursing services are provided to families in their homes when:

- a) An outpatient setting such as a clinic or doctor's office is closed
- b) The community health nurse has a lighter work schedule
- c) A disease or high-risk behavior may affect a family member's health
- d) There is a physician order for a set of skilled nursing services

11) A community health nurse has many roles. One of the roles is providing holistic care with a wellness focus and involves expanding many basic nursing and caregiving skills. The role described is:

- a) Educator
- b) Clinician
- c) Leader
- d) Collaborator

12) Empowering community members includes the following activities on the part of the CHN:

- a) Doing all of the activities for the community members
- b) Stepping back at the beginning and giving little input
- c) Giving the ownership and leadership to the community
- d) Defining the community needs for the members