

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 3 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)</p> <ul style="list-style-type: none"> a. Promoting interprofessional services and increased client/family involvement b. Decreasing cost by improving client outcomes c. Providing education to optimize health participation d. Reducing gaps and errors in care e. Applying evidence-based protocols and pathways f. 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</p>		

outcomes. A significant activity of case management is that of advocacy.

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? DHW & ATI

a. Roles of the case manager (SATA)

- 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

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 who is doing medical tasks (cleaning the house, getting grocery, 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? DHW & 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. V
- 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 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?

<p>vi. Does the client have access to health care?</p>
<p>5. How does the home health nurse increase compliance by the client(s)? DHW & ATI</p> <p>a. Home health nurses provide follow-up care after an acute hospital stay. They must educate the client and the family regarding complications or adverse reactions:</p> <ul style="list-style-type: none"> i. These instructions can include when to contact the agency, emergency room, or provider. ii. Information and resources for families and clients can provide support in dealing with illness. iii. Providing education encourages clients to be independent and involved in their own care. It also allows families to be involved in the care and decision-making regarding their family members. iv. Mutual goal setting helps encourage compliance
<p>6. Which areas of a home have the highest safety concerns? DHW Pg 260</p> <ul style="list-style-type: none"> a. Living room (31%) b. Bedroom (30%) c. Kitchen (19%) d. Bathroom (13%) e. Hallway (10%)
<p>7. What key factors influenced the development of current home healthcare? DHW</p> <ul style="list-style-type: none"> a. Development of Health insurance b. Rising costs in healthcare in general c. Medical and Nursing specialization <p>Type of agencies: (SATA)</p> <p>Private/voluntary (not-for-profit)</p> <p>Hospital-based</p> <p>Proprietary (for-profit)</p>

Official

8. Where do regulations for home health care come from? DHW

- 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.

9. What are the criteria an individual needs to meet to receive Medicare or home health services? DHW 250

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

10. What are the 5 phases of a home visit? DHW page 258

- 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)

11. 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
<p>1. What are Primary and Secondary prevention techniques for school health? DHW & ATI</p> <p>Primary:</p> <p>Assess the knowledge base regarding health issues</p> <ul style="list-style-type: none"> - Tooth health promotion practices such as: <ul style="list-style-type: none"> 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) <p>Assess the immunization state of all children</p> <p>Secondary:</p> <p>Assess children who become ill or injured at school</p> <p>Headache, stomach pain, diarrhea, anxiety from separating from parents and minor injuries (cuts or bruises) that occur at school</p> <p>Assess all children, faculty, and staff during emergencies</p> <ul style="list-style-type: none"> • Provide emergency care (first aide, d-fib with AED or CPR) • Create emergency plan who has anaphylactic reactions or other health problems <p>Perform screening for early detection of disease and initiate referrals as appropriate</p> <p>-Vision, hearing, height and weight, oral health, scoliosis, infestation (lice) and general physical examinations</p> <p>Assess children to detect child abuse and neglect.</p> <p>-The school nurse is required by law to report ALL suspected cases of child abuse or neglect.</p> <p>Assess children for evidence of mental illness, suicide and violence.</p> <p>-Identify children at risk.</p> <p>Respond to school crises and disasters.</p>		

- 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? DHW & 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

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

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.

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.

5. Be able to give examples of the school nurse's role as a case manager. DHW & ATI 45

Coordinates comprehensive services for children who have complex health needs.

6. How does the school nurse utilize the epidemiological process? DHW

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. What skills are required for school nurse practice? DHW

The nurse needs to be able to assess students, perform nursing skills (CPR, catheterization, etc), must be able to give advice and support, screenings, etc.

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Think of who functions independently

8. Identify federal education interventions for school nursing. DHW
9. School-based strategies to reduce the number of adolescent pregnancies. DHW Educating adolescents on abstinence, and contraception. Direct teaching sexual behavior.

DHW Ch. 23	Faith-Oriented Communities & Health Ministries in Faith Communities	ATI Ch.5 pg 44
<p>1. Primary prevention, secondary, & tertiary prevention interventions in faith-based nursing. DHW & ATI 579</p> <p>Primary Prevention:</p> <ul style="list-style-type: none"> - Walking or other forms of exercise to maintain health - Smoking cessation - Heart healthy eating programs <p>Secondary Prevention:</p> <ul style="list-style-type: none"> - Screening programs for hypertension and hyperglycemia - Screening for mammogram visits - Test to diagnose problems early <p>Tertiary Prevention:</p> <ul style="list-style-type: none"> - Minimize the effect of health problems and maximize function for people with conditions such as diabetes, stroke, and injury 		
<p>2. Common misconceptions regarding the role of faith community nurse. DHW</p> <p>The leaders frequently have that the faith community nurse is a private duty nurse for the congregation. The faith community nurse does not provide direct hands-on nursing care. Rather, they provide confidential professional nursing that includes assessment, teaching, patient advocate, health promotion, end of life planning and healthy lifestyle activities,</p>		

individual teaching, spiritual care, leads group with specialty leaders, referral, and counseling.

3. Tasks for the faith community nurse serving several local congregations. DHW

maintain lists of referrals, patient or family advocate, health teaching, provide spiritual care based on the belief structures of the congregation.

4. Use of epidemiology (demographic data) in faith-community nursing. DHW

maintain lists of referrals, patient or family advocate, health teaching, provide spiritual care based on the belief structures of the congregation.

5. Examples of the faith-based nurse's role as health advocate. DHW

the faith-based nurse has an ongoing relationship with the congregation member (or whole family) and can follow up with healthcare referrals and other recommendations.

Empowerment of members of the congregation

Empowerment of the congregation to improve the health of the community

Functions: 1) Integrator of faith and health 2) Personal health counselor 3) Health educator 4) Health advocate 4) Referral agent 5) coordinator of volunteers 6) Accessing and developing support groups.

TABLE 23.4 Functions of the Faith Community Nurse

Function	Examples
Integrator of faith and health	Spiritual care Spiritual assessment Sharing scripture Therapeutic listening
Personal health counselor	Therapeutic communication Assessing for emotional distress Assessing for suicide risk
Health educator	Individual health teaching Group health teaching Provider of health resources
Health advocate	Empowerment of members of the congregation Empowerment of the congregation to improve the health of the community
Referral agent	Maintaining lists of local providers/agencies Communicating with referrals
Coordinator of volunteers	Assessing for needs for volunteer services Recruiting and training volunteers Scheduling and supporting volunteers Commissioning and recognizing volunteers
Accessing and developing support groups	Referring congregation members to existing support groups Developing support groups for congregation members

6. Interventions for nurses of faith-based communities. DHW

- can be at all three levels
- Organize a health fair, blood screening, help people from have had a stroke and know resources that are needed to get back to a level of health

7. Seven functions that parish nurses perform in faith community work. DHW 587

1. Integrator of faith and health

- Spiritual care, assessment
- Sharing scripture
- Therapeutic listening

1. Personal health counselor

- Therapeutic communication
- Assessing for emotional distress and suicide risk

2. Health educator

- Individual health teaching
- Group health teaching
- Provider of health resources

3. Health advocate

- Empowerment of members of the congregation to improve the health of the community

4. Referral agent

- Maintaining list of local agents/ agents
- Communicating with referrals

5. Coordinator of volunteers

- Assessing for needs for volunteer services
- Recruiting and training volunteers
- Scheduling and supporting volunteers

- Commissioning and recognizing volunteers
- 6. Accessing and developing support groups
 - Referring congregation members to existing support groups
 - Developing support groups for congregation members

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. DHW 594 & ATI</p> <ul style="list-style-type: none"> - Care of persons and families who have 6 months or less to live in what they consider their home if the illness runs its normal course and agree to forgo aggressive disease treatment - The patient accepts comfort care rather than curative care. <p>EX. cancer</p>		
<p>2. Maladaptive behaviors of those with terminal illness. DHW & ATI</p>		
<p>3. Identifying behaviors during the stages of the grieving process. DHW</p> <p>Greif: the emotion felt after the loss</p> <p>Mourning: the recovery from the loss</p> <ul style="list-style-type: none"> - Number shock: <ul style="list-style-type: none"> o The widow cannot believe the spouse's death occurred. 		

- o This phase is marked by shock, emotional dullness and restless behavior that may include stupor and withdrawal.
- o It may include physical characteristics such as nausea or insomnia.
- Emotional turmoil or depression:
- o Alarm or panic type reaction occurs.
- o Emotional expression may include crying, low mood, sleep disturbance, and anorexia.
- o Anger, guilt or longing for the deceased may take place.
- o The widow may also become preoccupied with the meaning of the loss.
- Reorganization or resolution:
- o Eventually takes place and coping strategies, and positive outlooks emerge
- o A final resolution phase leads to acceptance of the loss
- o The widow may return to prior levels of functioning

4. Identify the services of hospice care. DHW & ATI 42

- Hospice care focuses on enhancing quality of life.
- Comprehensive care delivery system for clients who are terminally ill.
- Supporting the client and family through the dying process and providing bereavement support to the family following the client's death.
- Client can receive hospice care in a variety of settings, including the home, hospice centers, hospitals and long-term care settings.
- The focus becomes a relief of pain and suffering NOT cure.
- The hospice nurse provides care for the client and the entire family (includes skilled, direct services and indirect care coordination).
- Uses interprofessional approach
- Controlling manifestations of the medical program and dying process is priority
- Postmortem bereavement services are offered for the family
- Helping the family transition from an exception of recovery to acceptance of death is an important aspect of providing hospice care. the hospice nurse can continue to work with the

family for up to 1 year following the death of the client.

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

- Advanced directives: legal documents that allow people to convey their wishes for end-of-life care and include living wills, durable powers of attorney for healthcare and healthcare proxies.

o All documents go into effect when the person is no longer able to communicate their wishes.

- Living wills: documents in which persons describes their wishes regarding treatment intended to sustain life

o Share it with physicians, nurse, family members and spouse

- Do not resuscitate (DNR) order in place usually involves the ill person, family, doctor and healthcare team.

o Should be placed within the patient's chart by a doctor for it to be legal using a standard form provider order for life-sustaining treatment (POLST)

o If no order is written, CPR should be administered by default

DHW Ch. 25

Occupational Health Nursing

ATI Ch. 5 pg. 42-43

1. Occupational health risks for farmers and agricultural workers. DHW & ATI 42

Host Factors

- Worker characteristics (job inexperience, age, and pregnancy)

Agent Factors

- Biological agents

- o Virus, bacteria, fungi, blood-borne, airborne pathogens
 - Chemical agents
- o Asbestos, smoke
 - Mechanical agents
- o Musculoskeletal or other strains from repetitive motions, poor workstation (worker fit, lifting heavy loads)
 - Physical agents
- o Temperature extremes, vibrations, noise, radiation lighting
 - Psychological agents
- o Threats to psychological or social well-being resulting in work-related stress, burnout and violence

Environmental Factors

- o Physical factors
 - o Heat, door, ventilation, and pollution
 - o social factors
 - o Sanitation, overcrowding
 - o Psychological factors
 - o Addictions, stress

2. Steps of a root cause analysis. DHW 628

25.4 Root Cause Analysis Process in Occupational Health

Define the Problem

- Define the characteristics of the case.
- Determine the circumstances under which it occurred.

Collect Data

- Determine whether similar illnesses or injuries occurred in the past.
- Compare similarities and differences.
- Create a timeline related to the problem.
- Determine the impact of the problem.

Identify Possible Causal Factors

- Convene people involved in the situation to discuss cause.
- Determine the sequence of events that led to the illness or injury.
- Identify the conditions that allowed the problem to occur.
- Identify other problems that could be related to the problem.
- Create a chart of possible causal factors.
- Identify causal factors and possible interrelationships.

Identify the Root Cause(s)

- Identify the true causes of the illness or injury.
- Determine why the causal factor(s) exist.
- Determine the real reason the problem occurred.

Recommend and Implement Solutions

- Identify ways to prevent the problem from happening again.
- Plan for implementation of solutions.
- Identify who will be responsible.
- Determine the risks of implementing the solution.

Evaluate the Outcome

- Develop and implement an evaluation plan.

3. Categories of hazards in the workplace with examples. DHW

TABLE 25.1 Common Workplace Hazards and Exposures

Biologic Hazards	Chemical Exposures	Physical Hazards	Psychosocial Factors
Infectious agents	Hazardous drug and toxin exposures	Electric and magnetic fields	Sexual harassment
Contaminated body fluids	Diesel exhaust	Ultraviolet radiation	Psychological stress
Poisonous plants	Aerosols	Cold stress	Interpersonal problems
Insects, scorpions, spiders	Respirable particulate matter and fumes	Heat stress	Assaults and violent acts
Venomous snakes	Take-home toxins (reached workers' home and families)	Noise	Bodily reaction and exertion
	Substances in cleaning solutions, for example, floor strippers, disinfection, and sterilization products	Vibration	
		Lighting	
		Falls	
		Fires and vibration	
		Particulate inhalation	
		Unsafe machinery and equipment	
		Abrasive blasting	
		Inadequate workstations	
		Transportation accidents	

4. Techniques to use for an assessment of the workplace. DHW & ATI

Workplace walkthrough.

A work site walk-through or survey is also part of a workplace assessment. the occupational health nurse should focus on the following:

- Observation of work processes and material
- Job requirements
- Actual and potential hazards
- Employee work practices (hygiene, waste disposal, housekeeping)
- Incidence/ prevalence of work-related illness/ injuries
- Control strategies to eliminate exposures

5. Roles of OSHA, FMLA, NORA. DHW & ATI

OSHA

- Occupational Safety and Health Administration
- Develop and enforces workplace health regulations to protect and safety and health of workers
- Provides education to employers about workplace health and safety

FMLA

- Family and Medical Leave Act of 1993
 - An employee is eligible to exercise his or her right after working a minimum of 12 months and at least 1,250 hours.
- In case of serious illness affecting themselves or family members when all conditions are met under this act, employees can leave work for up to 12 weeks and return to work without penalty

NORA

- National occupational research agenda
- A partnership program to stimulate innovative research and improved program to stimulate innovative research and improved practices for safer, healthier workplaces
- Directed toward the study of disease and injury and the work environment and the workforce and the various research methods which are used to study occupational health
- Composed of councils which focus on specific sectors of industry such as construction, agriculture or healthcare.
- Works together to develop goals and objectives addressing the needs

6. Workplace emergency plans. DHW 635-6

- The goal of an emergency plan is to anticipate emergencies and to establish clear reporting instructions for employees.
- The plan names key personals who will assume necessary tasks.
- It establishes emergency escape route, and procedures to identify workers and visitors with and without disabilities.
- Used for major natural emergencies such as fires, floods, hurricanes, tornadoes,

earthquakes, winter storms and human made events such as fires, violence, bombs, transportation accidents, civil disturbances, radiation, release of chemicals or infectious agents.

- Key components of the emergency plan involve alarms, reporting communication, evacuation, a system for continuing the occupants, procedures for staff who do not immediately evacuate and rescue and medical services.
- Shelter in place policy and procedure must be established for emergencies such as hurricanes, tornados, high winds, and chemical releases.
- Having drills on a regular basis helps ensure that workers know what they are doing in an emergency.
- When the alarm goes off, evacuation needs to occur quickly and in an orderly manner.
- Counseling services should be available for employees who many suffer symptoms of PTSD

1. What data should be included in an epidemiologic workplace surveillance? DHW 633

- Health risk
- Physical examination
- The tracking of injuries, illness, hazards, and exposures both in individual people and for groups of workers
- Every industry should have monitoring procedures in place that are specific to the setting.
 - o EX: biomonitoring assesses the total body burden of a hazardous chemical in a worker through lab tests of body fluid specimens

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		

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

