N310 Practice Self Regulation

Multiple Choice

Identify the choice that best completes the statement or answers the question.

____ 1. You are working with a hospitalized client whose primary diagnosis is a medical diagnosis. This client also has a diagnosis of bulimia nervosa. Which of the following nursing actions would be your top priority?
   a. Secure all the laxatives the client brought with her.
   b. Assess for any self-harm ideation and means for suicide.
   c. Orient the client to the unit rules and regulation.
   d. Obtain a baseline set of vital signs and the client's weight.

____ 2. A client with bulimia asks you about using medication to treat her bulimia. Your response is based on the knowledge of which of the following?
   a. Since bulimia is a behavioral problem, treating bulimia with medications is not an effective strategy.
   b. Of the available selective serotonin reuptake inhibitors (SSRIs) medications, only the use of fluoxetine (Prozac) is supported by strong evidence.
   c. The most effective medications are the benzodiazepine anxiolytics used to reduce panic attacks that trigger episodes of bulimia.
   d. Pharmacological treatment of bulimia usually includes regularly scheduled antiemetics to prevent vomiting of stomach contents.

____ 3. When a patient with anorexia nervosa spills milk over her plate of partially eaten food, the best approach for the nurse to take would be to say:
   a. "Nice try, but it won't work."
   b. "Why are you deliberately making mealtime difficult?"
   c. "I'll get you another plate of food so you can finish."
   d. "That little trick will cost you television privileges."

____ 4. A patient has been diagnosed with gender identity disorder. The characteristic assessment finding that the nurse would expect is that patient experiences:
   a. discomfort with his or her biologic gender.
   b. an intense sexual urge focused on an object.
   c. compromised sexual response cycle.
   d. a need to humiliate partner during sex.

____ 5. You are a nurse working in a community hospital emergency department. A 19-year-old female is brought in to the ED with a fractured jaw and pelvis, sustained when the car she was driving was rear-ended by another vehicle going 10 mph as she sat at a red light. You become concerned that this client may engage in either anorexic or bulimic behaviors, because uncontrolled engagement in these behaviors over time:
   a. often results in osteoporosis
   b. is associated with increased suicidal behavior
   c. will alter this client's response to narcotic analgesics
   d. interferes with the person's ability to safely operate a motor vehicle

____ 6. The priority nursing diagnosis that should be completed for a patient who restricts food and is 15% underweight is:
a. risk for injury.
b. disturbed thought processes.
c. ineffective coping.
d. imbalanced nutrition: less than body requirements.

____ 7. The nurse is seeing an out-patient with long-standing pedophilia who has recently been arrested and released on bail. The mental status examination (MSE) is essentially normal. A short-term outcome that should be identified for the individual is that the patient will:
a. discuss alternate methods for satisfying sexual needs.
b. express readiness to take antiandrogen medication.
c. submit to assessment for dementia.
d. take SSRI medication as prescribed.

____ 8. A 56-year-old man has been feeling much tension since losing his job. He leaves home one morning and, while sitting in the park feeding birds, impulsively exposes himself publicly to a group of mothers and children. This behavior should be assessed as:
a. voyeurism.
b. dyspareunia.
c. exhibitionism.
d. sexual masochism.

____ 9. A patient, 16, is 5' 4" tall and weighs 85 pounds. She has lost 20% of her body weight over the past year. Her vital signs are T, 96.6° F, BP 70/42, P 38, R 20. Skin turgor is poor. Lanugo is present. She has had amenorrhea for 9 months. She tells the nurse, "I'm too fat. I need to lose another 10 pounds." These assessment findings are consistent with the medical diagnosis of:
a. bulimia nervosa.
b. anorexia nervosa.
c. binge-eating disorder.
d. dissociative identity disorder.

____ 10. While interviewing a patient who restricts food and is 25% underweight, the nurse learns from the patient that she does not view her underweight status as problematic. The nurse should assess this coping mechanism as:
a. rationalization.
b. projection.
c. splitting.
d. denial.

____ 11. The nurse is assigned to provide care for a client admitted with anorexia nervosa. If the goal is to extinguish such habits as purging, hiding food, dieting, and using laxatives in order to increase proper nutritional habits and positive self-affirmations, nursing interventions would MOST likely be based on which form of therapy?
a. psychoanalytic
b. electroconvulsive therapy
c. behavioral therapy
d. reminiscent therapy

____ 12. The physician tells the nurse that she will order medication that is known to reduce paraphilic behaviors. The nurse should teach the patient about:
a. SSRIs.
b. antiandrogens.
c. mood stabilizers.
d. atypical antipsychotics.

____ 13. The first morning after admission, when a hospitalized patient with anorexia nervosa was weighed, the patient's anxiety level was assessed as severe when she saw that she had gained $^1/_2$ pound. An anxiolytic was required. An intervention that should be added to the care plan is:
a. blindfold the patient before weighing.
b. have the patient stand backward on the scale.
c. administer an anxiolytic before weighing the patient.
d. omit daily weights until trust with the nurse is established.

____ 14. In screening people for bulimia nervosa, the nurse would question the person about:
a. satisfaction with eating patterns and eating in secret
b. relationships with others and eating with others
c. childhood experiences with food and eating
d. feelings about food and nourishing the body

____ 15. A 56-year-old man has been feeling great tension since losing his job. He leaves home one morning and, while sitting in the park feeding birds, impulsively exposes himself publicly to a group of mothers and children. A milieu group that would be of greatest benefit to this patient is a:
a. sex education group.
b. stress management group.
c. problem-solving group.
d. social skills group.

____ 16. A psychiatric nurse is obtaining a comprehensive history from a 32-year-old male client who has engaged in bulimic behaviors over the past 17 years. When dealing with bulimia, the nurse knows that failure to improve may be associated with all EXCEPT which of the following?
a. comorbid substance abuse
b. the use of structured cognitive behavioral therapy
c. borderline, narcissistic, and antisocial personality disorders
d. a long-term duration of symptoms before initial diagnosis and treatment

____ 17. The first step in the treatment of the client who is anorexic is:
a. nutritional rehabilitation
b. psychotherapy to enhance self-esteem
c. group therapy to share experiences
d. developing internal strategies

____ 18. A psychiatric nurse practitioner takes a sexual history from a new client. To determine that the client's sexual response pattern meets the criteria for disorder of sexual functioning, the nurse:
a. instructs the client to keep a detailed record of all sexual activity for a month
b. orders hormone-level laboratory testing at each stage of the client's sexual response
c. asks if the observed problem is causing significant discomfort or distress to the client
d. rules out all possible physical causes of the sexual performance difficulty

____ 19. A male client being followed for premature ejaculation is prescribed the SSRI sertraline to be taken 4 to 8 hours prior to planned sexual intercourse. The client reads the client education leaflet for this medication and then asks you how taking an antidepressant medication will "fix" his problem with premature ejaculation when he isn't depressed. Your explanation is based on the knowledge that sertraline is being used:
a. "off label" primarily for its side effect of delayed ejaculation
b. to treat a masked depression to resolve his sexual performance disorder
c. as a placebo to convince the client that the problem has been medically "fixed"
d. for its anxiolytic effect to reduce sexual performance anxiety

____ 20. The type of thinking exemplified by a patient with bulimia nervosa that would be considered a cognitive distortion is:
a. "Bingeing cures my feelings of loneliness."
b. "I have many strengths and good points."
c. "I owe it to myself to be healthy."
d. "My therapy group means a lot to me."

____ 21. The nurse is assessing a patient with long-standing pedophilia who has recently been arrested and released on bail to the outpatient clinic. The attitude about pedophilia that the nurse should expect the patient to demonstrate is:
a. extreme remorse for traumatizing a child to meet his own needs.
b. desire to be placed in jail to prevent acting on his sexual impulses.
c. the belief that he has taught the child valuable knowledge and given pleasure.
d. that he is the victim of genetic and environmental factors that render him helpless in the face of his sexual desire.

____ 22. A patient who is a pedophile tells the nurse that he is feeling a huge amount of guilt and shame over molesting a child. He is concerned about the impact on his family and states that the family would be better off without him. The nurse should:
a. explore his feelings in greater depth.
b. set limits on patient disclosure.
c. consider instituting suicide precautions.
d. provide prn anxiolytic medication.

____ 23. A couple arrives at a mental health clinic because the wife is concerned about some of her husband's behavior. She relates to the nurse, "I have found him several times looking across the courtyard with binoculars and snooping on neighbors while they were having sex. I don't understand, because he never wants to have sex with me." The nurse's assessment would MOST likely reveal which sexual disorder?
a. homosexuality
b. transvestism
c. voyeurism
d. fetishism

____ 24. The nurse caring for individuals with eating disorders should determine that the general way in which bulimic and anorexic individuals differ is:
a. indiscernible.
b. anorexia is life-threatening; bulimia is not.
c. bulimia has a biologic origin; anorexia does not.
d. patients with anorexia are proud of their eating habits; patients with bulimia are ashamed.

____ 25. A patient with anorexia nervosa has the nursing diagnosis "imbalanced nutrition: less than body requirements related to inadequate food intake." The expected outcome should be that the patient will:
a. gain 1 to 3 pounds weekly.
b. exhibit fewer signs of malnutrition.
c. restore healthy eating patterns and normalize weight.
d. identify cognitive distortions about weight and shape.

____ 26. In caring for the client with anorexia who feels so out of control, the nurse can provide:
a. unlimited choices
b. rigorous intake requirements
c. rational limit setting
d. stress-reduction techniques

____ 27. The nurse is caring for a patient for whom leuprolide (Lupron) has been prescribed. The patient's statement that suggests that this medication is having a therapeutic effect is:
a. "I feel a lot less depressed since taking this drug."
b. "My sexual desire has practically disappeared."
c. "I can sustain an erection longer than before."
d. "There's no pain during intercourse, now."

____ 28. While a nurse is volunteering at a soup kitchen, she observes a known pedophile leaving the bathroom with a small child while the others are eating. The nurse's priority action in this situation is:
a. to report the incident to the authorities via the child abuse hotline.
b. to protect the child without involving self with the perpetrator.
c. to let the staff of the soup kitchen handle the situation.
d. to avoid jumping to conclusions by watching and waiting.

Multiple Response
Identify one or more choices that best complete the statement or answer the question.

____ 29. Which of the following assessment data would heighten the nurse's suspicion that a patient has bulimia nervosa? (Select all that apply.)
a. Lanugo
b. Dental caries
c. Blurred vision
d. Parotid swelling
e. Peripheral edema
f. Calloused knuckles

____ 30. Which of the following is (are) nursing diagnoses that should be considered for patients with sexual desire, arousal, orgasm, or sexual pain disorders? (Select all that apply.)
a. Ineffective sexuality patterns
b. Risk for disuse syndrome
c. Sexual dysfunction
d. Ineffective denial
e. Defensive coping
f. Acute pain

____ 31. Which priority nursing assessments should be made during refeeding of a patient with anorexia nervosa? (Select all that apply.)
a. Vital signs
b. Peripheral edema
c. Lung and heart sounds
d. Level of consciousness
e. Deep tendon reflexes
f. Cranial nerve dysfunction