1. An elderly patient has presented to the clinic with a new diagnosis of osteoarthritis. The patient's daughter is accompanying him and you have explained why the incidence of chronic diseases tends to increase with age. What rationale for this phenomenon should you describe?

A) With age, biologic changes reduce the efficiency of body systems.  
B) Older adults often have less support and care from their family, resulting in illness.  
C) There is an increased morbidity of peers in this age group, and this leads to the older adult's desire to also assume the “sick role.”  
D) Chronic illnesses are diagnosed more often in older adults because they have more contact with the health care system.

Ans: A

Feedback:
Causes of the increasing number of people with chronic conditions include the following: longer lifespans because of advances in technology and pharmacology, improved nutrition, safer working conditions, and greater access (for some people) to health care. Also, biologic conditions change in the aged population. These changes reduce the efficiency of the body's systems. Older adults usually have more support and care from their family members. Assuming the “sick role” can be a desire in any age group, not just the elderly.

2. A patient tells the nurse that her doctor just told her that her new diagnosis of rheumatoid arthritis is considered to be a “chronic condition.” She asks the nurse what “chronic condition” means. What would be the nurse's best response?

A) “Chronic conditions are defined as health problems that require management of several months or longer.”  
B) “Chronic conditions are diseases that come and go in a relatively predictable cycle.”  
C) “Chronic conditions are medical conditions that culminate in disabilities that require hospitalization.”  
D) “Chronic conditions are those that require short-term management in extended-care facilities.”

Ans: A

Feedback:
Chronic conditions are often defined as medical conditions or health problems with associated symptoms or disabilities that require long-term management (3 months or longer). Chronic diseases are usually managed in the home environment. They are not always cyclical or predictable.
3. A medical-surgical nurse is teaching a patient about the health implications of her recently diagnosed type 2 diabetes. The nurse should teach the patient to be proactive with her glycemic control in order to reduce her risk of what health problem?
   A) Arthritis  
   B) Renal failure  
   C) Pancreatic cancer  
   D) Asthma  
   Ans: B  
   Feedback: One chronic disease can lead to the development of other chronic conditions. Diabetes, for example, can eventually lead to neurologic and vascular changes that may result in visual, cardiac, and kidney disease and erectile dysfunction. Diabetes is not often linked to cancer, arthritis, or asthma.

4. A patient who undergoes hemodialysis three times weekly is on a fluid restriction of 1000 mL/day. The nurse sees the patient drinking a 355-mL (12 ounce) soft drink after the patient has already reached the maximum intake of fluid for the day. What action should the nurse take?
   A) Take the soft drink away from the patient and inform the dialysis nurse to remove extra fluid from the patient during the next dialysis treatment  
   B) Document the patient's behavior as noncompliant and notify the physician  
   C) Further restrict the patient's fluid for the following day and communicate this information to the charge nurse  
   D) Reinforce the importance of the fluid restriction and document the teaching and the intake of extra fluid  
   Ans: D  
   Feedback: Management of chronic conditions includes learning to live with symptoms or disabilities and coming to terms with identity changes resulting from having a chronic condition. It also consists of carrying out the lifestyle changes and regimens designed to control symptoms and to prevent complications. Although it may be difficult for nurses and other health care providers to stand by while patients make unwise decisions about their health, they must accept the fact that the patient has the right to make his or her own choices and decisions about lifestyle and health care.
5. A patient with end-stage lung cancer has been admitted to hospice care. The hospice team is meeting with the patient and her family to establish goals for care. What is likely to be a first priority in goal setting for the patient?
   A) Maintenance of activities of daily living
   B) Pain control
   C) Social interaction
   D) Promotion of spirituality
   Ans: B

   **Feedback:**

   Once the phase of illness has been identified for a specific patient, along with the specific medical problems and related social and psychological problems, the nurse helps prioritize problems and establish the goals of care. Identification of goals must be a collaborative effort, with the patient, family, and nurse working together, and the goals must be consistent with the abilities, desires, motivations, and resources of those involved. Pain control is essential for patients who have a terminal illness. If pain control is not achieved, all activities of daily living are unattainable. This is thus a priority in planning care over the other listed goals.

6. An international nurse has noted that a trend in developing countries is a decrease in mortality from some acute conditions. This has corresponded with an increase in the incidence and prevalence of chronic diseases. What has contributed to this decrease in mortality from some acute conditions?
   A) Improved nutrition
   B) Integration of alternative health practices
   C) Stronger international security measures
   D) Decrease in obesity
   Ans: A

   **Feedback:**

   In developing countries, chronic conditions have become the major cause of health-related problems due to improved nutrition, immunizations, and prompt and aggressive management of acute conditions. The integration of alternative health practices has not contributed to a decrease in mortality. Stronger international security measures have not contributed to a decrease in mortality. Obesity has not decreased, even in developing countries.
7. A 37-year-old woman with multiple sclerosis is married and has three children. The nurse has worked extensively with the woman and her family to plan appropriate care. What is the nurse's most important role with this patient?
   A) Ensure the patient adheres to all treatments
   B) Provide the patient with advice on alternative treatment options
   C) Provide a detailed plan of activities of daily living (ADLs) for the patient
   D) Help the patient develop strategies to implement treatment regimens
   Ans: D
   **Feedback:**
   The most important role of the nurse working with patients with chronic illness is to help patients develop the strategies needed to implement their treatment regimens and carry out activities of daily living. The nurse cannot ensure the patient adheres to all treatments. Providing information of treatment options is not the nurse's most important role. The nurse does not provide the patient with a detailed plan of ADLs, though promotion of ADLs is a priority.

8. A patient has recently been diagnosed with type 2 diabetes. The patient is clinically obese and has a sedentary lifestyle. How can the nurse best begin to help the patient increase his activity level?
   A) Set up appointment times at a local fitness center for the patient to attend.
   B) Have a family member ensure the patient follows a suggested exercise plan.
   C) Construct an exercise program and have the patient follow it.
   D) Identify barriers with the patient that inhibit his lifestyle change.
   Ans: D
   **Feedback:**
   Nurses cannot expect that sedentary patients are going to develop a sudden passion for exercise and that they will easily rearrange their day to accommodate time-consuming exercise plans. The patient may not be ready or willing to accept this lifestyle change. This is why it is important that the nurse and patient identify barriers to change.
9. A home care nurse is making an initial visit to a 68-year-old man. The nurse finds the man tearful and emotionally withdrawn. Even though the man lives alone and has no family, he has been managing well at home until now. What would be the most appropriate action for the nurse to take?
   A) Reassess the patient's psychosocial status and make the necessary referrals
   B) Have the patient volunteer in the community for social contact
   C) Arrange for the patient to be reassessed by his social worker
   D) Encourage the patient to focus on the positive aspects of his life

   Ans: A

   Feedback:
The patient is exhibiting signs of depression and should be reassessed and a referral made as necessary. Patients with chronic illness are at an increased risk of depression. It would be simplistic to arrange for him to volunteer or focus on the positive. Social work may or may not be needed; assessment should precede such a referral.

10. You are caring for a patient with a history of chronic angina. The patient tells you that after breakfast he usually takes a shower and shaves. It is at this time, the patient says, that he tends to experience chest pain. What might you counsel the patient to do to decrease the likelihood of angina in the morning?
   A) Shower in the evening and shave before breakfast.
   B) Skip breakfast and eat an early lunch.
   C) Take a nitro tab prior to breakfast.
   D) Shower once a week and shave prior to breakfast.

   Ans: A

   Feedback:
If the nurse determines that one of the situations most likely to precipitate angina is to shower and shave after breakfast, the nurse might counsel the patient to break these activities into different times during the day. Skipping breakfast and eating an early lunch would not decrease the likelihood of angina in the morning. Taking a nitro tablet before breakfast is inappropriate because the event requiring the medication has not yet occurred. Also, suggesting that the patient shower once a week and shave prior to breakfast is an incorrect suggestion because showering and shaving can both be done every day if they are spread out over the course of the day.
11. A man with a physical disability uses a wheelchair. The individual wants to attend a support group for the parents of autistic children, which is being held in the basement of a church. When the individual arrives at the church, he realizes there are no ramps or elevators to the basement so he will not be able to attend the support group. What type of barrier did this patient encounter?

A) A structural barrier  
B) A barrier to health care  
C) An institutional barrier  
D) A transportation barrier  

Ans: A  

**Feedback:**  
Structural barriers make certain facilities inaccessible. Examples of structural barriers include stairs, lack of ramps, narrow doorways that do not permit entry of a wheelchair, and restroom facilities that cannot be used by people with disabilities. This individual did not experience a barrier to health care, an institutional barrier, or a transportation barrier.

12. A patient who is legally blind is being admitted to the hospital. The patient informs the nurse that she needs to have her guide dog present during her hospitalization. What is the nurse's best response to the patient?

A) “Arrangements can be made for your guide dog to be at the hospital with you during your stay.”  
B) “I will need to check with the care team before that decision can be made.”  
C) “Because of infection control, your guide dog will likely not be allowed to stay in your room during your hospitalization.”  
D) “Your guide dog can stay with you during your hospitalization, but he will need to stay in a cage or crate that you will need to provide.”  

Ans: A  

**Feedback:**  
If patients usually use service animals to assist them with ADLs, it is necessary to make arrangements for the accommodation of these animals. The patient should be moved to a private room, and a cage would prevent the service dog from freely assisting the patient, so it is not necessary.
13. The staff development nurse is presenting a class on the importance of incorporating “people-first” language into daily practice as well as documentation. What is an example of the use of “people-first” language when giving a verbal report?
A) “The schizophrenic”
B) “The patient with schizophrenia”
C) “The schizophrenic patient”
D) “The schizophrenic client”
Ans: B
Feedback:
Using “people-first” language means referring to the person first: “the patient with diabetes” rather than “the diabetic,” “the diabetic patient,” or “the diabetic client.”

14. A 19-year-old patient with a diagnosis of Down syndrome is being admitted to your unit for the treatment of community-acquired pneumonia. When planning this patient's care, the nurse recognizes that this patient's disability is categorized as what?
A) A sensory disability
B) A developmental disability
C) An acquired disability
D) An age-associated disability
Ans: B
Feedback:
Developmental disabilities are those that occur any time from birth to 22 years of age and result in impairment of physical or mental health, cognition, speech, language, or self-care. Examples of developmental disabilities are spina bifida, cerebral palsy, Down syndrome, and muscular dystrophy. Acquired disabilities may occur as a result of an acute and sudden injury, acute nontraumatic disorders, or progression of a chronic disorder. Age-related disabilities are those that occur in the elderly population and are thought to be due to the aging process. A sensory disability is a type of a disability and not a category.
15. The nurse is reviewing the importance of preventative health care with a patient who has a disability. The patient states that she will not have the money to pay for her annual gynecologic exams or mammograms due to the cost of this hospitalization. What information would be appropriate for the nurse to share with the patient?

A) “Limited finances are a common problem for patients with a disability. Since you were hospitalized this year, you can likely forego the gynecologic exam and mammogram.”

B) “These are very important health preventative measures, so you will need to borrow the money to pay for the exam and mammogram.”

C) “I'll look into federal assistance programs that provide financial assistance for health-related expenses for people with disabling conditions.”

D) “These preventative measures should likely be tax deductible, so you should consult with your accountant and then make your appointments.”

Ans: C

Feedback:
Several federal assistance programs provide financial assistance for health-related expenses for people with some chronic illnesses, acquired disabling acute and chronic diseases, and diseases from childhood. Lack of financial resources, including health insurance, is an important barrier to health care for people with disabilities. Each of the other responses is inappropriate and inaccurate.

16. You are the case manager who oversees the multidisciplinary care of several patients living with chronic conditions. Two of your patients are living with spina bifida. You recognize that the center of care for these two patients typically exists where?

A) In the hospital
B) In the physician's office
C) In the home
D) In the rehabilitation facility

Ans: C

Feedback:
The day-to-day management of illness is largely the responsibility of people with chronic disorders and their families. As a result, the home, rather than the hospital, is the center of care in chronic conditions. Hospitals, rehabilitation facilities, clinics, physician's offices, nursing homes, nursing centers, and community agencies are considered adjuncts or back-up services to daily home management.
17. The nurse is caring for a patient diagnosed with cancer of the liver who has chosen to remain in his home as long as he is able. The nurse reviews the care plan for the patient and notes that it focuses on palliative measures. The nurse also notes that over the last 3 weeks, the patient's condition has continued to deteriorate. What is the nurse's best response to this clinical information?

A) Recognize that death will most likely occur in the next week.
B) Recognize that the patient is in the trajectory phase of chronic illness and should be kept pain-free.
C) Recognize that the patient is in the downward phase of chronic illness and should be reassessed.
D) Recognize that the patient should immediately be admitted into the hospital.

Ans: C

**Feedback:**
The downward phase occurs when symptoms of chronic illness worsen despite attempts to control the course through proper regimen management. A downward turn does not necessarily lead to death. A downward trend can be arrested and the trajectory reestablished at any point, depending on the condition and the treatment. A patient who is palliative may not desire hospitalization and aggressive treatment.

18. A nurse is planning the care of a patient who has been diagnosed with renal failure, which the nurse recognizes as being a chronic condition. Which of the following descriptors apply to chronic conditions? Select all that apply.

A) Diseases that resolve slowly
B) Diseases where complete cures are rare
C) Diseases that have a short, unpredictable course
D) Diseases that do not resolve spontaneously
E) Diseases that have a prolonged course

Ans: B, D, E

**Feedback:**
Chronic conditions can also be defined as illnesses or diseases that have a prolonged course, that do not resolve spontaneously, and for which complete cures are unlikely or rare.
19. Research has corroborated an experienced nurse's observation that the incidence and prevalence of chronic conditions is increasing in the United States. What health promotion initiative most directly addresses the factor that has been shown to contribute to this increase?

A) A program to link residents with primary care providers
B) A community-based weight-loss program
C) A stress management workshop
D) A cancer screening campaign

Ans: B

Feedback:
Lifestyle factors, such as smoking, chronic stress, and sedentary lifestyle, that increase the risk of chronic health problems such as respiratory disease, hypertension, cardiovascular disease, and obesity are all thought to be factors for the increasing incidence of chronic conditions. Obesity is paramount among these, exceeding the significance of lack of access to primary care, inadequate cancer screening, and inadequate stress management.

20. A patient who has recently been diagnosed with chronic heart failure is being taught by the nurse how to live successfully with her chronic condition. Her ability to meet this goal will primarily depend on her ability to do which of the following?

A) Lower her expectations for quality of life and level of function.
B) Access community services to eventually cure her disease.
C) Adapt her lifestyle to accommodate her symptoms.
D) Establish good rapport with her primary care provider.

Ans: C

Feedback:
Successful management of chronic conditions depends largely on the patient's ability to adapt in order to accommodate symptoms. However, telling the patient to lower her expectations is a simplistic and negative interpretation of this reality. Rapport is beneficial, but not paramount. A cure is not normally an option.
21. A major cause of health-related problems is the increase in the incidence of chronic conditions. This is the case not only in developed countries like the United States but also in developing countries. What factor has contributed to the increased incidence of chronic diseases in developing countries?
   A) Developing countries are experiencing an increase in average life span.
   B) Increasing amounts of health research are taking place in developing countries.
   C) Developing countries lack the health infrastructure to manage illness.
   D) Developing countries are simultaneously coping with emerging infectious diseases.

   Ans: D

   Feedback:
   Chronic conditions have become the major cause of health-related problems in developed countries as well as in the developing countries, which are also trying to cope with new and emerging infectious diseases. There is indeed a lack of health infrastructure in many countries, but this is not cited as the cause of the increased incidence of chronic diseases. In many countries, increased life span and health research are not occurring.

22. A patient with a spinal cord injury is being assessed by the nurse prior to his discharge home from the rehabilitation facility. The nurse is planning care through the lens of the interface model of disability. Within this model, the nurse will plan care based on what belief?
   A) The patient has the potential to function effectively despite his disability.
   B) The patient's disabling condition does not have to affect his lifestyle.
   C) The patient will not require care from professional caregivers in the home setting.
   D) The patient's disability is the most salient aspect of his personal identity.

   Ans: A

   Feedback:
   The interface model does not ignore the disabling condition or its disabling effects; instead, it promotes the view that people with disabilities are capable, responsible people who are able to function effectively despite having a disability. This does not mean that the patient will not require care, however, or that it will not affect his lifestyle. The person's disability is not his identity.
23. During the care conference for a patient who has multiple chronic conditions, the case manager has alluded to the principles of the interface model of disability. What statement is most characteristic of this model?
A) “This patient should be free to plan his care without our interference.”
B) “This patient can be empowered and doesn't have to be dependent.”
C) “This patient was a very different person before the emergence of these health problems.”
D) “This patient's physiological problems are the priority over his psychosocial status.”
Ans: B
Feedback: The interface model focuses on care that is empowering rather than care that promotes dependency. The other listed statements are inconsistent with the principles of the interface model.

24. The nurse is caring for a young adult male with a traumatic brain injury and severe disabilities caused by a motor vehicle accident when he was an adolescent. Where does the nurse often provide care for patients like this young adult?
A) Adult day-care facilities
B) Step-down units
C) Medical-surgical units
D) Pediatric units
Ans: C
Feedback: Patients with preexisting disabilities due to conditions that have been present from birth or due to illnesses or injuries experienced as an adolescent or young adult often require health care and nursing care in medical-surgical settings. Step-down units provide care between the ICU setting and the regular units. Pediatric units provide care for patients aged 19 and younger. Adult day care may or may not be appropriate.

25. You are caring for a young woman who has Down syndrome and who has just been diagnosed with type 2 diabetes. What consideration should you prioritize when planning this patient's nursing care?
A) How her new diagnosis affects her health attitudes
B) How her diabetes affects the course of her Down syndrome
C) How her chromosomal disorder affects her glucose metabolism
D) How her developmental disability influences her health management
Ans: D
Feedback: It is important to consider the interaction between existing disabilities and new diagnoses. Cognitive and motor deficits would greatly affect diabetes management. Diabetes would not likely affect her attitude or the course of her Down syndrome. Chromosomal disorders such as Down syndrome do not affect glucose metabolism.
26. You are the nurse caring for a young mother who has a longstanding diagnosis of multiple sclerosis (MS). She was admitted to your unit with a postpartum infection 3 days ago. You are planning to discharge her home when she has finished 5 days of IV antibiotic therapy. With what information would it be most important for you to provide this patient?

A) A succinct overview of postpartum infections
B) How the response to infection differs in patients with multiple sclerosis
C) The same information you would provide to a patient without a chronic condition
D) Information on effective management of multiple sclerosis in the home setting

Ans: C

Feedback:
In general, patients with disabilities are in need of the same information as other patients. Information on home management of MS has likely been already provided to the patient. The immune response does not greatly differ in this patient.

27. You have admitted a new patient to your unit with a diagnosis of stage IV breast cancer. This woman has a comorbidity of myasthenia gravis. While you are doing the initial assessment, the patient tells you that she felt the lump in her breast about 9 months ago. You ask the patient why she did not see her health care provider when she first found the lump in her breast. What would be a factor that is known to influence the patient in seeking health care services?

A) Lack of insight due to the success of self-managing a chronic condition
B) Lack of knowledge about treatment options
C) Overly sensitive patient reactions to health care services
D) Unfavorable interactions with health care providers

Ans: D

Feedback:
Because of unfavorable interactions with health care providers, including negative attitudes, insensitivity, and lack of knowledge, people with disabilities may avoid seeking medical intervention. The population of people who are disabled is not overly sensitive to the reactions of those providing health care services. This is more likely than lack of insight or knowledge on the part of the patient.
28. The community nurse is caring for a patient who has paraplegia following a farm accident when he was an adolescent. This patient is now 64 years old and has just been diagnosed with congestive heart failure. The patient states, “I'm so afraid about what is going to happen to me.” What would be the best nursing intervention for this patient?
A) Assist the patient in making suitable plans for his care.
B) Take him to visit appropriate long-term care facilities.
C) Give him pamphlets about available community resources.
D) Have him visit with other patients who have congestive heart failure.
Ans: A
Feedback:
The nurse should recognize the concerns of people with disabilities about their future and encourage them to make suitable plans, which may relieve some of their fears and concerns about what will happen to them as they age. Taking him to visit long-term care facilities may only make him more afraid, especially if he is not ready and/or willing to look at long-term care facilities. Giving him pamphlets about community resources or having him visit with other patients who have congestive heart failure may not do anything to relieve his fears.

29. An initiative has been launched in a large hospital to promote the use of “people-first” language in formal and informal communication. What is the significance to the patient when the nurse uses “people-first” language?
A) The nurse knows more clearly who the patient is.
B) The person is of more importance to the nurse than the disability.
C) The patient's disability is the defining characteristic of the patient's life.
D) The nurse knows that the patient's disability is a curable condition.
Ans: B
Feedback:
This simple use of language conveys the message that the person, rather than the illness or disability, is of greater importance to the nurse. The other answers are incorrect because no matter what language the nurse uses, the nurse knows who the patient is, that the patient's disability is not most important in the patient's life, and that the patient's disability most likely will never be cured.
30. A patient who is recovering from a stroke expresses frustration about his care to the nurse, stating, “It seems like everyone sees me as just a problem that needs fixing.”

This patient's statement is suggestive of what model of disability?

A) Biopsychosocial model  
B) Social model  
C) Rehabilitation model  
D) Interface model  

Ans: C

**Feedback:**
The rehabilitation model regards disability as a deficiency that requires a rehabilitation specialist or other helping professional to fix the problem. This is not characteristic of the biopsychosocial, social, or interface models.

31. The interface model of disability is being used to plan the care of a patient who is living with the effects of a stroke. Why should the nurse prioritize this model?

A) It fosters dependency and rapport between the caregiver and the patient.  
B) It encourages the provision of care that is based specifically on the disability.  
C) It promotes interactions with patients focused on the root cause of the disability.  
D) It promotes the idea that patients are capable and responsible.  

Ans: D

**Feedback:**
The interface model promotes the view that people with disabilities are capable, responsible people who are able to function effectively despite having a disability. It does not foster dependency, does not encourage giving care based on the patient's disability, and does not encourage or promote interactions with patients that are focused on the cause of the disability.

32. A nurse knows that patients with “invisible” disabilities like chronic pain often feel that their chronic conditions are more challenging to deal with than more visible disabilities. Why would they feel this way?

A) Invisible disabilities create negative attitudes in the health care community.  
B) Despite appearances, invisible disabilities can be as disabling as visible disabilities.  
C) Disabilities, such as chronic pain, are apparent to the general population.  
D) Disabilities. Such as chronic pain, may not be curable, unlike visible disabilities.  

Ans: B

**Feedback:**
Many disabilities are visible, but invisible disabilities are often as disabbling as those that can be seen. Invisible disabilities are not noted to create negative attitudes among health care workers, though this is a possibility. Disabilities, such as chronic pain, are considered invisible and are not apparent to the general population.
33. A man and woman are in their early eighties and have provided constant care for their 44-year-old son who has Down syndrome. When planning this family's care, the nurse should be aware that the parents most likely have what concerns around what question?
A) “What could we have done better for our son?”
B) “Why was our son born with Down syndrome while our other children are healthy?”
C) “Who will care for our son once we're unable?”
D) “Will we experience the effects of developmental disabilities late in life?”
Ans: C
Feedback:
Parents of adult children with developmental disabilities often fear what will happen when they are no longer available and able to care for their children. Developmental delays do not have a late onset. Concerns about the causes of their son's disease likely predominated when he was younger.

34. During their prime employable years between ages 21 and 64, 77% of those with a nonsevere disability are employed. What has research shown about this employed population?
A) Their salaries are commensurate with their experience.
B) They enjoy their jobs more than people who do not have disabilities.
C) Employment rates are higher among people with a disability than those without.
D) People with disabilities earn less money than people without disabilities.
Ans: D
Feedback:
Employed people with a disability earn less money than people without disabilities. Of those without a disability, 85% are employed as compared to 77% of those with a nonsevere disability. Job satisfaction is not noted to differ.
35. You are presenting patient teaching to a 48-year-old man who was just diagnosed with type 2 diabetes. The patient has a BMI of 35 and leads a sedentary lifestyle. You give the patient information on the risk factors for his diagnosis and begin talking with him about changing behaviors around diet and exercise. You know that further patient teaching is necessary when your patient tells you what?

A) “I need to start slow on an exercise program approved by my doctor.”
B) “I know there's a chance I could have avoided this if I'd always eaten better and exercised more.”
C) “There is nothing that can be done anyway, because chronic diseases like diabetes cannot be prevented.”
D) “I want to have a plan in place before I start making a lot of changes to my lifestyle.”

Ans: C

Feedback:
The major causes of chronic diseases are known, and if these risk factors were eliminated, at least over 80% of heart disease, stroke, and type 2 diabetes would be prevented. In addition, over 40% of cancers would be prevented. The other listed options are accurate statements.

36. In your role as a school nurse, you are presenting at a high school health fair and are promoting the benefits of maintaining a healthy body weight. You should refer to reductions in the risks of what diseases? Select all that apply.

A) Heart disease
B) Stroke
C) Cancer
D) Diabetes
E) Hypertension

Ans: A, B, D, E

Feedback:
The increasing prevalence of obesity has increased the incidence of heart disease, strokes, diabetes, and hypertension. Obesity is not usually cited as a major risk factor for most types of cancer.
37. A nurse is aware that the number of people in the United States who are living with disabilities is expected to continue increasing. What is considered to be one of the factors contributing to this increase?
A) The decrease in the number of people with early-onset disabilities
B) The increased inability to cure chronic disorders
C) Changes in infection patterns resulting from antibiotic resistance
D) Increased survival rates among people who experience trauma
Ans: D
Feedback:
The number of people with disabilities is expected to increase over time as people with early-onset disabilities, chronic disorders, and severe trauma survive and have normal or near-normal lifespans. There has not been a decrease in the number of people with early-onset disabilities. Acquired chronic disorders still cannot be cured.

38. A case manager is responsible for ensuring that patients meet the criteria for diagnoses of chronic conditions in order to ensure their eligibility for federal programs. Which of these definitions may not apply for legal purposes?
A) A person who is temporarily disabled but later return to full functioning.
B) A person who is disabled and cannot expect a return to full functioning.
C) A person whose disability is the result of a developmental disorder.
D) A person whose disability is the result of a traumatic injury.
Ans: A
Feedback:
People can be temporarily disabled because of an injury or acute exacerbation of a chronic disorder, but later return to full functioning; this definition of disability may not apply for legal purposes. Disabilities may result from developmental challenges or trauma.
39. A 39-year-old patient with paraplegia has been admitted to the hospital for the treatment of a sacral ulcer. The nurse is aware that the patient normally lives alone in an apartment and manages his ADLs independently. Before creating the patient's plan of care, how should the nurse best identify the level of assistance that the patient will require in the hospital?

A) Make referrals for assessment to occupational therapy and physical therapy.
B) Talk with the patient about the type and level of assistance that he desires.
C) Obtain the patient's previous medical record and note what was done during his most recent admission.
D) Apply a standardized care plan that addresses the needs of a patient with paraplegia.

Ans: B

Feedback:
Patients should be asked preferences about approaches to carrying out their ADLs, and assistive devices they require should be readily available. The other listed actions may be necessary in some cases, but the ultimate resource should be the patient himself.

40. A community health nurse has drafted a program that will address the health promotion needs of members of the community who live with one or more disabilities. Which of the following areas of health promotion education is known to be neglected among adults with disabilities?

A) Blood pressure screening
B) Diabetes testing
C) Nutrition
D) Sexual health

Ans: D

Feedback:
Health promotion interventions addressing sexual health in disabled individuals are necessary but rare. Blood pressure testing, diabetes testing, and nutrition are not known to constitute such a gap in health promotion teaching.