7. The nurse is reviewing information about evidence-based practice (EBP). Which statement best reflects evidence-based practice?
   A) EBP relies on tradition for support of best practices.
   B) EBP is simply the use of best practice techniques for treatment of patients.
   C) EBP emphasizes the use of best evidence with the clinician’s experience.
   D) The patient’s own preferences are not important with EBP.

ANS: C
Evidence-based practice (EBP) is a systematic approach to practice that emphasizes the use of best evidence in combination with the clinician’s experience, as well as patient preferences and values, to make decisions about care and treatment. It is more than simply the use of best practice techniques to treat patients, and it is important to question tradition when no compelling research evidence exists to support it.

8. The nurse is conducting a class on priority setting for a group of new graduate nurses. Which is an example of a first-level priority problem?
   A) A patient with postoperative pain
   B) A newly diagnosed diabetic who needs diabetic teaching
   C) An individual with a small laceration on the sole of the foot
   D) An individual with shortness of breath and respiratory distress

ANS: D
First-level priority problems are those that are emergent, life threatening, and immediate (e.g., establishing an airway, supporting breathing, maintaining circulation, and monitoring abnormal vital signs). See Table 1-1.

9. When considering priority setting of problems, the nurse keeps in mind that second-level priority problems include which of these aspects?
   A) Low self-esteem
   B) Lack of knowledge
   C) Abnormal laboratory values
   D) Severely abnormal vital signs

ANS: C
Second-level priority problems are those that require prompt intervention to forestall further deterioration (e.g., mental status change, acute pain, abnormal laboratory values, and risks to safety or security). See Table 1-1.
A) Collect history information first, then perform the physical examination and institute life-saving measures.
B) Simultaneously ask history questions while performing the examination and initiating life-saving measures.
C) Collect all information on the history form, including social support patterns, strengths, and coping patterns.
D) Perform life-saving measures and not ask any history questions until he is transferred to the intensive care unit.

ANS: B
The emergency data base calls for a rapid collection of the data base, often compiled concurrently with life-saving measures. The other responses are not appropriate for the situation.

PTS: 1
DIF: Cognitive Level: Analyzing (Analysis)
REF: Page: 8
MSC: Client Needs: Safe and Effective Care Environment: Management of Care

26. A 42-year-old Asian patient is being seen at the clinic for an initial examination. The nurse knows that it is important to include cultural information in his health assessment to:
A) identify the cause of his illness.
B) make accurate disease diagnoses.
C) provide cultural health rights for the individual.
D) provide culturally sensitive and appropriate care.

ANS: D
The inclusion of cultural considerations in health assessment is of paramount importance to gathering data that are accurate and meaningful and to intervening with culturally sensitive and appropriate care.

PTS: 1
DIF: Cognitive Level: Understanding (Comprehension)
REF: Page: 10
MSC: Client Needs: Psychosocial Integrity

27. In the health promotion model, the focus of the health professional includes:
A) changing the patient’s perceptions of disease.
B) identifying biomedical model interventions.
C) identifying negative health acts of the consumer.
D) helping the consumer choose a healthier lifestyle.

ANS: D
In the health promotion model, the focus of the health professional is on helping the consumer choose a healthier lifestyle.

PTS: 1
DIF: Cognitive Level: Remembering (Knowledge)
REF: Page: 8
MSC: Client Needs: Health Promotion and Maintenance

28. The nurse is classifying nursing diagnoses. Which of these would be considered a risk diagnosis?
A) Identifying existing levels of wellness
B) Evaluating previous problems and goals