

Advanced Practice Nursing in the Care of Older Adults 2nd Edition Kennedy-Malone Test Bank

Chapter 1. Changes With Aging

- The nurse explains that in the late 1960s, health care focus was aimed at the older adult because:
 - disability was viewed as unavoidable.
 - complications from disease increased mortality.
 - older adults needs are similar to those of all adults.
 - preventive health care practices increased longevity.

ANS: D

Increased preventive health care practices, disease control, and focus on wellness helped people live longer.

DIF: Cognitive Level: Comprehension REF: 2 OBJ: 2

TOP: Aging Trends KEY: Nursing Process Step: Implementation

MSC: NCLEX: Health Promotion and Maintenance: Growth and Development

- The nurse clarifies that in the terminology defining specific age groups, the term *aged* refers to persons who are:
 - 55 to 64 years of age.
 - 65 to 74 years of age.
 - 75 to 84 years of age.
 - 85 and older.

ANS: C

The term *aged* refers to persons who are 75 to 84 years of age. DIF: Cognitive Level: Comprehension REF: 2, Table 1-1 OBJ: 1 TOP: Age Categories KEY: Nursing Process Step: Implementation

MSC: NCLEX: Health Promotion and Maintenance: Growth and Development

- The nurse cautions that ageism is a mindset that influences persons to:
 - discriminate against persons solely on the basis of age.
 - fear aging.
 - be culturally sensitive to concerns of aging.
 - focus on resources for the older adult.

ANS: A

Ageism is a negative belief pattern that influences persons to discriminate against persons solely on the basis of age and can lead to destructive behaviors toward the older adult.

DIF: Cognitive Level: Comprehension REF: 5

OBJ: 3 TOP: Ageism KEY: Nursing Process Step:

Implementation

MSC: NCLEX: Psychosocial Integrity: Psychosocial Adaptation

- The nurse points out that the most beneficial legislation that has influenced health care for the older adult is:
- Medicare and Medicaid.
- elimination of the mandatory retirement age.
- the Americans with Disabilities Act.
- the Drug Benefit Program.

ANS: A

The broadest sweeping legislation beneficial to the older adult is Medicare and Medicaid.

DIF: Cognitive Level: Application REF: 16 OBJ: 6

TOP: Legislation KEY: Nursing Process Step:

Implementation MSC: NCLEX: N/A

- The nurse clarifies that a housing option for the older adult that offers the privacy of an apartment with restaurant-style meals and some medical and personal care services is the:
- government-subsidized housing.
- long-term care facility.
- assisted-living center.
- group housing plan.

ANS: C

Assisted-living arrangements offer the privacy of an apartment or condominium with meals prepared and served, limited medical care, and a variety of personal services.

DIF: Cognitive Level: Application REF: 14 OBJ: 9

TOP: Housing Options KEY: Nursing Process Step:

Implementation MSC: NCLEX: Physiological Integrity:
Physiological Adaptation

- The 75-year-old man who has been hospitalized following a severe case of pneumonia is concerned about his mounting hospital bill and asks if his Medicare coverage will pay for his care. The nurses most helpful response is Yes. Medicare:
 - pays 100% of all medical costs for persons older than 65.
 - Part B pays hospital costs and physician fees.
 - Part A pays for inpatient hospital costs.
 - Part D pays 80% of the charges made by physicians.

ANS: C

Medicare Part A pays inpatient hospital costs, Part B pays 80% of physicians charges, and Part D helps defray prescription drug costs.

DIF: Cognitive Level: Application REF: 16 OBJ: 6

TOP: Medicare Provisions KEY: Nursing Process Step:
Implementation MSC: NCLEX: Psychosocial Integrity: Coping
and Adaptation

- The daughter of a patient who has been diagnosed with terminal cancer asks which documents are required to allow her to make health care decisions for her parent. The nurses most informative response is:
 - Advance directives indicate the degree of intervention desired by the patient.
 - A Do Not Resuscitate document signed by the patient transfers authority to the next of kin.
 - A durable power of attorney for health care transfers decision-making authority for health care to a designated person.
 - A living will transfers authority to the physician.

ANS: C

A durable power of attorney for health care transfers the authority for decision making to a designated person.

DIF: Cognitive Level: Application REF: 19 OBJ: 11

TOP: Advance Directives KEY: Nursing Process Step:
Implementation MSC: NCLEX: Psychosocial Integrity: Coping
and Adaptation

- The daughter of a resident in a long-term care facility is frustrated with her 80-year-old mothers refusal to eat. The nurse explains that the refusal to eat is a behavior that is an:

- effort to maintain a portion of independence and self direction.
- indication of approaching Alzheimer disease.
- effort to gain attention.
- indication of the dislike of the institutional food.

ANS: A

Loss of independence and control is a significant issue for the older adult. Some residents will exercise whatever control they may retain.

DIF: Cognitive Level: Application REF: 21 OBJ: 11

TOP: Loss of Independence KEY: Nursing Process Step: Implementation MSC: NCLEX: Psychosocial Integrity: Coping and Adaptation

- The nurse clarifies that the conditions of a living will go into effect when:
 - the patient declares that desire in writing.
 - a family member indicates the desire for curative therapy to cease.
 - two physicians agree in writing that the criteria in the living will have been met.
 - the physician and a family member agree that the criteria in the living will have been met.

ANS: C

Two physicians must agree in writing that the criteria of the living will have been met before the document can go into effect.

DIF: Cognitive Level: Application REF: 19 OBJ: 11

TOP: Living Wills KEY: Nursing Process Step: Implementation MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

- In the 1980s, Medicare initiated a program of diagnosis-related groups (DRGs) to reduce hospital costs by:
 - classifying various diagnoses as ineligible for hospitalization.
 - allotting a set amount of hospital days and prospective payment on the basis of the admitting diagnosis.
 - specifying particular physicians to treat specified diagnoses.
 - using frequency of a particular diagnosis to set a payment schedule.

ANS: B

DRGs set up a system of preset hospitalization time and payment on the basis of the admitting diagnosis.

DIF: Cognitive Level: Comprehension REF: 16 OBJ: 6

TOP: DRGs KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- When discussing extended care with a patient who has had a hip replacement and needs physical therapy, the nurse would recommend a(n):
- basic care facility.
- skilled care facility.
- subacute care facility.
- assisted-living residence.

ANS: B

Skilled care facilities offer not only basic care but also services from trained licensed professionals such as nurses, physical therapists, speech therapists, and occupational therapists.

DIF: Cognitive Level: Application REF: 16 OBJ: 9

TOP: Extended-Care Facilities KEY: Nursing Process Step: Implementation MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

- The 80-year-old woman who is recovering from a stroke is being sent to an extended-care facility. She is concerned about the expense. The nurse can allay anxiety by explaining that Medicare will cover extended-care facility costs:
- for a period of 30 days.
- for a period of 45 days for physical therapy.
- for a period of 100 days for needed skilled care.
- until she is able to be discharged home.

ANS: C

Medicare will cover extended-care costs for 100 days while skilled care is being applied to the resident. After 100 days, the resident must revert to private pay or ancillary long-term care insurance.

DIF: Cognitive Level: Application REF: 16 OBJ: 8

TOP: Extended Care KEY: Nursing Process Step: