PRACTICE QUESTIONS (LMR)

1. Bianca intends to investigate the following topic “the effects of therapeutic massage and guided meditation on client stress and pain levels. Which broad research approach is most appropriate for testing these measurable variables?

Answer: **D. Quantitative Research**

2. Which specific research design studies variables in their natural state or examines existing relationships without introducing or manipulating an independent variable?

Answer: **C. Non-Experimental Design**

3. When an argument breaks out between two staff members over a shift assignment, Katherine interrupts by stating, “I do not have the time to address this right now, Please report to my office later this afternoon.” Which conflict resolution strategy is she displaying?

Answer: **C. Avoidance**

4. This research topic is highly valuable to professional nursing practice primarily because its underlying intent is to:

Answer: **D. Enhance and optimize client care outcomes**

5. Research Question: Are measured levels of clinical depression higher among pediatric patients diagnosed with a chronic illness compared to health pediatric peers? Within the context of the same research question, Which variable serves as the dependent variable?

Answer: **B. Measured Levels of Depression**

6. A former nurse manager is noted for prioritizing the personal and professional growth of her staff over her own status.She listens actively and views her roles as an educator first and leader as second. This philosophy aligns with which leadership style?

Answer: **C. Servant Leader**

7. A nursing supervisor utilizes a system of tangible rewards, performance bonuses, or corrective actions to ensure staff compliance with institutional policies. Which style of leadership is?

Answer: **B. Transactional Leader**

8. During which specific phase of the formal research process does the investigator make explicit structural decisions regarding the design, setting, sampling, and data collection tools required to answer the research question?

Answer: **A. Design and Planning Phase**

9. Which style of leadership is fundamentally group-centered, shifting decision-making power directly to the team members to vote or agree on actions?

Answer: **A. Democratic**

10. In Kurt Lewin's classic three stage model of planned change, the initial phase involving the destabilization and dismantling of outdated clinical habits or old traditions is known as:

Answer: **A. Unfreezing**

11. Which phase of the planned change process focuses on locking in newly introduced clinical practices, integrating them into daily routines, and establishing them as the official standard of care?

Answer: **C. Refreezing**

12. Which conflict management style actively integrates the diverse perspectives of both parties to find a mutually satisfying solution, resulting in a classing win-win outcome?

Answer: **B. Collaboration**

13. Following the acquisition of a new telemetry monitoring system, the nurse manager coordinates mandatory hands-on workshops to train the staff on how to operate the equipment safely. this classified as:

Answer: **B. In-Service Training**

14. Within the standardized patient classification system (pcs), a client who is largely stable but requires partial nursing assistance with a few activities of a daily living (adls) is catef\gorized under which level of care?

Answer: **B. Level 2 (Moderate/Partial Care)**

15. Following the encouragement of his support network, James begins modifying his behavior by reducing his tobacco intake from 10 packs to 7 packs per day. According to Kurt Lewin's field theory of change, which phase is Harry currently exhibiting?

Answer: **D. Moving**

16. Nurse Goku undergoes a structured, specialized training curriculum to transition into a competent, certified hemodialysis nurse. This type of targeted developmental educations classified as:

Answer: **C. Specialty Courses**

17. A nurse manager encourages a senior staff nurse to enroll in a university graduate school program to earn a master's in nursing (man). This is an example of which staff development?

Answer: **A. Formal Education**

18. Management plays are broadly categorized into strategic and operational types. Which of the following statements does not correctly describe strategic planning?

Answer: **D. It deals primarily**

19. Which organizational design concept is also functionally referred to as a “homogenous assignment,” where similar duties and specialized tasks are grouped locally

Answer: **A. Departmentalization**

20. A nurse reviews contingency leadership theories, which state that leadership effectiveness depends on environmental context. Which style is most effective when working with a highly mature, self-directed team or specialized nursing experts?

Answer: **C. Laissez-Faire**

21. To maintain strict scientific, ethical, and professional standards, a formal research data table should omit which of the following elements?

Answer: **D. Personal names of the human individual subjects**

22. Which type of non-experimental research design is most appropriate for examining differences in depression scores between these two naturally existing groups of children?

Answer: **B. Comparative**

23. While restructuring the nursing departments, ms. uy designs an organizational chart that delineates the roles and functions of various positions, and then matches qualified personnel to those roles. This activity is part of which administrative component?

Answer: **B. Organizing**

24. To implement an electronic charting system, a nursing director issues written reprimands and administrative penalties to employees who refuse to use the software. This demonstrates which strategy to use.

Answer: **B. Power-Coercive**

25. Janice performs a rigorous RRL primarily to:

Answer: **B. Gather data regarding what is currently known or unknown**

26. A care delivery system where a single nurse assumes total responsibility for the complete care of an assigned patient during their entire shift is known as:

Answer: **D. Case Method**

27. Which traditional leadership theory asserts that certain leadership capabilities are entirely innate rather than acquired, famously summarizing that " leaders are born, not made"?

Answer: **C. Great Man Theory**

28. a facility mandates that all delivery room staff attend educational workshops on essential intrapartum and newborn care (einc) protocols, awarding competency certificates upon completion. This represents which change strategy?

Answer: **A. Normative-Reeducative**

29. Nurse JB has practiced in the medical-surgical unit for two years, demonstrating strong day to day organizational skills, conscious planning, and analytical clinical reasoning, according to Patricia benner's from novice to expert model, jb is at which stage?

Answer: **B. Competent**

30. A clinical instructor presents peer-reviewed journal articles and statistical data proving how proper hand hygiene cuts nosocomial infection rates by 40%. This strategy relies on which implementation approach?

Answer: **C. Rational-Imperative**

31. Aida, a young nurse manager in a pediatric unit, supervises senior nurses who are highly articulate, experienced, and occasionally aggressive. katherine feels isolated and targeted whenever department errors occur. What is her best initial course of action?

Answer: **A. Identify the underlying source of the interpersonal conflict and analyze specific friction points**

32. Manny consults with Robert regarding the most effective way to motivate James to stop smoking . Robert advises him to educate James in the specific physiological health risks and carcinogenic chemicals associated with tobacco use. Which change implementation strategy is Robert recommending?

Answer: **A. Empirical Rational**

33. Which institutional budget category specifically outlines the programmed acquisitions, structural improvements, or disposals of long-term physical assets and high-cost equipment?

Answer: **C. Capital Budget**

34. from the perspective of practical application, a type of research that focuses on finding novel ways to utilize scientific knowledge to guide clinical decisions, implement interventions, or evaluate healthcare programs is classified as:

Answer: B. Applied Research

35. a unit manager reviews workplace dynamics. Which statement regarding organizational conflict is inaccurate?

Answer: **B. It yields zero organizational benefit and must be entirely prevented at all time**

36. Research Question: Are measured levels of clinical depression higher among pediatric patients diagnosed with a chronic illness compared to health pediatric peers? Within the context of the same research question, which variables serve as the independent variable?

Answer: **C. Presence of Chronic Illness**

37. According to classic management literature, an effective nurse manager must master three essential categories of administrative skills. These are:

Answer: **D. Conceptual Skills, Interpersonal Skills, and Technical Skills**

38. Which research methodology is most appropriate for a study tracking the effect of an active intervention (structured preoperative prep) on a measured clinical outcome (analgesic demand)?

Answer: **B. Experimental**

39. Which specific type of operational budget accommodates expenditures relating to recruitment, salaries, benefits, and cost associated with staff adjustments?

Answer: **A. Personnel Budget**

40. to best organize raw quantitative data and directly facilitate a streamlined, accurate statistical analysis, the researcher should:

Answer: **D. Categorized and code the collected data**

41. regular monthly utility expenditures, facility maintenance fees, and consumable unit supplies are accounted for under which standard budget classification?

Answer: **D. Operational Budget**

42. fluctuations in ready fluid assets, such as daily cash receipts and the maintenance of a unit petty cash fund, are tracked in which specific budget?

Answer: **B. Cash Budget**

43. a quasi experimental research design lacks which defining characteristic of a true experimental study?

Answer: **B. Random assignment of subjects to groups (randomization)**

44. a cardiac catheterization unit creates a standardized, step by step clinical protocol to achieve rapid hemostasis at the femoral insertion site. These guidelines- based documents represent which type of quality standard?

Answer: **C. Process Standard**

45. Under a true primary nursing delivery framework, the primary nurse is directly accountable for the 24 hour total care coordination of which designated population?

Answer: **B. A small caseload of patients (typically 3 to 5 clients)**

46. when evaluating whether a proposed clinical problem is truly “researchable”, which of the following characteristics does not contribute to its feasibility or scientific researchability?

Answer: **B. General readability of the final published**

47. Which component of the administrative controlling function involves evaluating an individual employee's clinical performance against established institutional standards over a specific period?

Answer: **A. Performance Appraisal**

48. Situation: ms. dy is appointed as the chief nurse of a 50 bed government hospital in Marikina. On her first day, she reviews the core components of the administrative and management process. As an initial step, Ms dy collaborates with her nursing units to draft formal objectives, establish long term department goals, and define the philosophy of the nursing service. These activities fall under which functional element of administration?

Answer: **A. Planning**

49. According to the Blake Mouton managerial grid, a leader who demonstrates minimal concern for production or service output, but maintains a very high concern for staff satisfaction and workplace harmony , is practicing which style?

Answer: **C. Country Club Management**

50. Situation: your clinical nursing unit plans to initiate a research study evaluating whether structured preoperative patient education can significantly lower post op analgesic requirements. Which research activity must the nursing team prioritize first when beginning this scientific inquiry?

Answer: **C. Conducting a comprehensive review**

Leadership, Management and Research

Nursing Administration, Leadership, and Research Foundations
Change Theory & Leadership Strategies

A. Core Strategies for Effecting Change
- When attempting to implement change (e.g.,motivating a patient to quit smoking)
- **Empirical-Rational Strategy** (e.g., Informing a patient of the factual health risks of tobacco and cigarette chemicals to motivate them to quit)
- **Normative-Reeducative Strategy** - focuses on shifting cultural norms, values, and interpersonal relationships to drive change. (e.g., formally training nurses on new Essential Intrapartum and Newborn care (EINC) protocols and awarding certificates).
- **Power-coercive Strategy** - uses authority, economic sanctions, or legal enforcement to mandate compliance.

B. Kurt Lewin's 3-stage Theory of Change
- **Unfreezing (Initial)** - Overcoming inertia, breaking down existing mindsets, and recognizing that change is necessary. Where old practices and behaviors are actively dissolved or broken down.
- **Moving (Changing)** - Active transition phase where new behaviors, beliefs, or practices are tried out and adopted. (e.g., A patient actively decreasing their tobacco consumption from 10 packs to 7 packs a day based on the advice of loved ones)
- **Refreezing** - Re-establishing stability once the change has been integrated

Principles of Nursing Administration & Management

A. The 5 Core Elements of Administration

- **Planning** - The foundational phase involves objective writing, formulating goals, establishing a philosophy of nursing service, and mapping out future courses of action.
- **Organizing** - structuring the department. This includes designing the organizational lay out, clearly defining roles and functions for nursing positions, and aligning qualified people with those positions.
- **Staffing** - Recruiting, selecting, orienting, and developing staff members.
- **Directing** - Leading, communicating, motivating, and guiding personnel to achieve goals
- **Controlling** - Evaluating performance against established standards to ensure quality and accountability.

B. Financial Management: Types of Budgets

- **Capital Budget** - Outlines long term expenditures (e.g., purchasing major medical equipment, renovating a wing, or upgrading structural facilities)
- **Operating Budget** - Focuses on the day to day revenues and expenses of running the unit (supplies, minor equipment, utilities, monthly electric and water bills)
- **Personnel Budget** - Allocates funds for workforce costs (hiring, firing, salaries, benefits, overtime).
- **Cash Budget** - Allocates fluid, accessible funds for immediate expenses (e.g., The unit's petty cash fund)

C. Classic Management Principles

- **Departmentalization (Homogenous Assignment):** The practice of grouping activities, tasks, or specialties that are similar in nature into distinct units to maximize efficiency.
- **Span of Control:** The specific number of subordinates a manager can effectively supervise.
- **Unity of Command:** The principle that an employee should receive orders from, and be accountable to, only **one** immediate supervisor.

D. Nursing Care Delivery Models

- **Case Method:** One nurse is assigned entirely to **ONE PATIENT** for the delivery of total care during a specific shift.
- **Primary Nursing:** A single nurse is structurally responsible for a **SMALL GROUP OF PATIENTS (typically 3-5)** throughout their entire hospital stay
- **Functional Nursing:** Task-oriented care where nurses are assigned specific functions (e.g., one medication nurse, one treatment nurse) for the **WHOLE WARD.**

E. Professional Development: Benner's Stages of Clinical Expertise

- Novice: no situational experience
- Advanced Beginner: 1 year experience
- Competent: **2-3 years of working**

- Proficient: Perceives situations holistically rather than in terms of isolated **(4-5 years)**
- Expert: **More than 5 years.**

Conflict Resolution
Collaboration: A win-win approach
Compromise: A middle-ground approach where both parties give up something to meet in the middle
Accommodation: One party sacrifices their own needs to satisfy the other.
Avoidance: Walking away from or ignoring the conflict entirely.

Advanced Nursing Leadership & Management

I. Evolutionary Theories & Style of Leadership

A. Foundational Leadership Theories

- **Great Man Theory:** States that "leaders are born and not made." It assumes leadership lines are strictly genetic and inherent.
- Trait Theory: Focuses on identifying specific personal, social, or physical characteristics (traits) that distinguish leaders from non-leaders.
- Situational/Contingency Theory: Asserts the leadership style is dynamic and its effectiveness depends entirely on the situations and the maturity/expertise of the followers.

B. Contemporary Leadership Styles

- **Servant Leadership:** Characterized by a passion for serving staff rather than being served.
- **Transactional Leadership:** Built on a system of exchange. The leader offers structural incentives or rewards (such as bonuses)
- **Transformational Leadership:** Focuses on inspiring, vision-building, and intellectually stimulating followers to exceed their own self-interests for the sake of the organization.

C. **Behavioral Leadership Styles (Lewin)**

- **Democratic Style:** The leader functions as facilitator; decisions are primarily made by the members
- **Laissez-Faire Style:** A "hands-off" approach
- **Authoritarian (Autocratic) Style**: Centralized decision-making; the leader dictates all directives with zero input from the group

II. **Conflict Management & Resolution in Nursing Units**

A. The Nature of Conflict

- an inevitable component of any healthcare organization
- Key Distinction: Conflict is **NOT** inherently negative.

B. Constructive Conflict Management

- **Initial Action for Managers: identify the source of the conflict and understand the specific points of friction.**

- **Avoidance Strategy:** delaying or withdrawing from the issue. (e.g., Telling a staff member, “I don’t have time to discuss the matter with you now. See me in my office later.”)

III. **Strategic Planning & Resourcement Management**

A. The Nurse Manager’s Core Skill Trial

- to function effectively, a nurse manager must master three levels of operational skills:
- **Conceptual Skills:** ability to visualize the organization holistically, understand how units fit together, and engage in abstract thinking.
- **Interpersonal (Human) Skills:** ability to work effectively with, motivate, and manage relationships among staff members
- **Technical Skills:** professional proficiency in clinical protocols, specialized procedures, and unit-specific mechanics.

B. Strategic vs. Operational Planning

- **Strategic Planning:** Long-ranged, high-level planning that focuses on the entire organization.
- **Operational Planning:** focuses on short-range, day to day maintenance activities, staffing, and immediate unit actions.

IV. **Quality Assurance, Standards, & Staff Development**

A. Donabedian’s Framework for Quality Standards

- clinical quality is measured using three distinct pillars of auditing:
- **Process Standards:** focuses on the explicit actions, protocols, and tasks executed by healthcare providers. (e.g., as established clinical procedure for achieving hemostasis at a cardiac catheter insertion site.)
- **Structure Standards:** focuses on the physical environment, equipment, availability, organizational mix, and staffing ratios
- **Outcome Standards:** focuses on the final measurable health status or recovery markers of the patient.

B. Performance Appraisal

- phase of **controlling process.** most valuable tool for managing human resource productivity across a specific timeframe.

C. Categorization of Staff Development

- **Formal Education:** pursuing academic advancement through an accredited university. (e.g., Enrolling in a Master’s Degree Program)
- **Specialty Courses:** advanced, focused training designed to certify a nurse in a highly technical, specific clinical subset. (e.g., formally training a nurse to transition into a certified hemodialysis nurse).
- **In-Service Training:** on-site instruction provided by the institution to update staff on a newly updated policy or equipment

V**. Patient Classification Systems (Acuity Levels)**

- **Level 1 (Self Care/Minimal)** - safe and autonomous; requires minimal nursing supervision or assistance.
- **Level 2 (Intermediate/Moderate)** - The patient requires **some assistance** with other activities of daily living (ADLs), medication, or localized treatments.

- **Level 3 (Total care/Intensive)** - severe illness; completely dependent on nursing staff

The Managerial Grid (Blake & Mouton)

- **Country Club Management (Low Service, High Staff Concern):** a leadership orientation characterized by high attention to the social and emotional needs of the staff, at the direct expense of clinical productivity and institutional output.

Foundations of Nursing Research

A. Research Types & Purposes

- **Applied Research:** focuses on finding practical ways to employ scientific knowledge to make decisions, solve operational problems, or develop and evaluate programs.
- **Pure (Basic) Research:** conducted purely to generate or refine theory and expand the abstract body of knowledge
- **Purpose of Literature Reviews: known or unknown**
- **Contribution in Nursing:** primary goal of clinical nursing research is ultimately to **enhance client care**

B. Phases of the Research Process

1. **Conceptual Phase:** Phase 1
   - formulating the problem statement, defining the purpose, and reviewing relevant literature to understand current gaps.
2. **Design and Planning Phase:** Phase 2
   - making critical decisions about exact methods, research design, population, sampling plan, and data collection protocols to address the research question
3. **Empirical Phase:** Phase 3
   - the actual collection of research data from the selected participants
4. **Analytic Phase:** Phase 4
   - processing and organizing the collected information by **categorizing data,** followed by statistical or thematic analysis to make sense of the findings.

C. **Element of Researchability and Presentation**

- **Determinants of Researchability:** a problem considered researchable if it features a well-defined problem statement, clearly measurable variables, and potential use for the findings. *Readability* is a trait of the final report, not a measure of whether a problem can be searched
- **Data Presentation Standards: must never contain the name of the samples**

D. Quantitative Research Designs

- **Experimental Design: randomization** of participants, requires strict manipulation
- **Quasi-Experimental Design**: **lacks true randomization**, involves manipulation
- **Non-Experimental**: **without manipulating** the independent variable.

E. **Variable Identification**

- **Independent Variable - cause**
- **Dependent Variable - effect**

Clinical Example: "Are levels of depression higher among children with a chronic illness among their children?"

- independent variable: chronic illness (the condition or characteristic defining the group)
- dependent variable:

Practice Questions (CD)

1. When a patient with active tb is placed in specialized isolation specifically to prevent the transmission of the pathogen to healthcare workers and other clients, this classified as:

Answer: **B. Source Isolation**

2. A male adolescent visits the school clinic expressing distress over intense peer pressure to engage in sexual experimentation and underaged drinking. Which action should the nurse implement?

Answer: **C. Maintain an approachable**

3. When providing community education regarding safer sex practices, the nurse should explain that the correct application of a condom involves:

Answer: **D. All**

4. Situation: A 3 year old child from a large family is admitted with a temp of 101f (38.3c), a severe sore throat lasting four days, progressive dysphagia, and moderate cervical lymphadenopathy

Answer: **B. Corynebacterium Diphtheria**

5. Maintain strict medical confidentiality regarding a patient's positive HIV status is critical primarily because:

Answer: **A. It constitutes a foundational ethical**

6. Which of the following statements accurately characterizes the underlying nature, transmission, or diagnosis of tuberculosis?

Answer: **A. A definitive diagnostic profile traditionally combines a positive skin test, chest xray**

7. To achieve maximum diagnostic accuracy, How many consecutive early-morning sputum samples should the client be instructed to collect?

Answer: **C. Three sequential**

8. Which strategy provides the most reliable protection against occupational exposure to HIV for a practicing nurse?

Answer: **D. Adhering strictly to personal protective equipment protocols**

9. When educating community members on PTB, The nurse should accurately state the disease is:

Answer: **D. Contracted**

10. A client presenting at an outpatient sexual health center tests positive on a screening VDRL test, but a physical assessment reveals no observable chancres. Which confirmatory laboratory study should the nurse arrange?

Answer: **D. Fluorescent**

11. Which specific Philippine legislation establishes policies to manage control, and prevent HIV/AIDS while safeguarding the rights of infected patients and healthcare professionals?

Answer: **C. RA NO. 8054**

12. If a patient exhibits a positive reaction to a PPD skin test, which follow up diagnostic intervention is most precise for evaluating active pulmonary disease?

Answer: **B. Sputum**

13. a nurse preparing for gynecological assessment would select a medium or large graves bivalve vaginal speculum for which patient population?

Answer: **D. Adult females**

14. Which client profile represents a direct candidate for initialization on a DOTS category 1 treatment regimen?

Answer: **D. A client diagnosed for the first time via a positive sputum-smear microscopy**

15. Mr. Carlos discontinued his prescribed tb medication regimen prematurely due to financial constraints. After several unmedicated months, he presents to his local barangay health center for evaluation. Under which dots regimen should he be replaced?

Answer: **D. 2HRZES/1HRZE/5HRE**

16. Which clinical manifestation is typically associated with a human papillomavirus (HPV) infection?

Answer: **C. Indolent, soft, fleshy, and painless growths developing across the perineal region**

17. A female client receives a new diagnosis of an STI and is initiated on medical therapy. Which guidance is most critical for the nurse to emphasize?

Answer: **B. Direct her to notify all recent sexual partners so they can seek immediate evaluation and treatment**

18. A nurse is drafting a nursing care plan for a pediatric client diagnosed with diphtheria. Which intervention should be excluded from the plan?

Answer: **B. Restricting the client to absolute bed rest for a brief duration of three days.**

19. An asymptomatic individual undergoes routine laboratory screening for insurance purposes and tests positive on a venereal disease research laboratory (VDRL) test. What is the nurse's priority action?

Answer: **A. Interview the patient regarding any historical treatments received for syphilis**

20. Which behavior serves as the least effective preventive strategy for reducing transmission and acquisition of STIs?

Answer: **A. Utilizing systemic oral contraceptives**

21. Nurse Tony discusses the globally recognized, comprehensive public health framework designed to control and monitor tuberculosis cases, what is this management strategy called?

Answer: **B. DOTS**

22. The diagnostic intradermal skin test utilized to evaluate a patient's immune susceptibility or hypersensitivity response relating to diphtheria is known as the:

Answer: **C. Shick Test**

23. Which physical assessment finding is highly characteristic of an active herpes simplex virus (HSV) infection on the external genitalia?

Answer: **C. Clusters of small, superficial**

24. An institutionalized client with active TB requires immediate airborne isolation precautions, but all single occupancy private isolation rooms are full. Which nursing action is most appropriate?

Answer: **B. Cohort the client in a**

25. Which instructional point should a nurse emphasize when teaching a patient about correct condom use for safer sex?

Answer: **D. All of the specified choices are correct**

26. A school nurse is managing the care of a 12 yr old female exhibiting signs of precocious puberty along with an increased focus on her sexual identity. What developmental truth must guide the nurse's interventions?

Answer: **A.**

27. Unmarried older adults represent an increasingly vulnerable population for contacting HIV primarily because:

Answer: **D. Healthcare professionals routinely omit comprehensive sexual health histories when assessing**

28. Within public health protocols, a patient categorized as a treatment failure or a documented relapse is allocated to which standardized therapeutic regimen?

Answer: **B. Category II**

29. What classification of pharmacological therapy serves as the primary medical management for patients diagnosed with HIV/AIDS?

Answer: **A. Antiretroviral Therapy**

30. What essential pre-procedure instruction should a nurse provide to a patient scheduled for a routine pelvic examination and papanicolaou (PAP) smear?

Answer: **D. Completely avoid vaginal douching for at least 24 hours prior to the assessment**

31. A male client states he has zero vulnerability to STIs because he and his partner are in a monogamous relationship. the nurse uses this opportunity for patient education based on which principle?

Answer: **A. Any individual who is sexually active carries some inherent baselink risk**

32. Which clinical finding explicitly demonstrates that a client with a known HIV infection has progressed to the diagnostic criteria for AIDS?

Answer: **D. Persistent mucocutaneous herpes simplex ulceration lasting longer than 2 months**

33. Which behavior by an intake nurse would most drastically compromise patient comfort during a consultation at a sexual health clinic?

Answer: **B. Maintaining a close posture with arms tightly crossed across the chest while speaking**

34. Which diagnostic method serves as the primary tool for active TB case-finding within the public health system?

Answer: **B. direct (dssm)**

35. A nurse is instructing a client on proper techniques for a self-collected sputum sample. Which instruction provided by the nurse is incorrect?

Answer: **C. Performing complete toothbrushing and using antiseptic mouthwash prior to collection**

36. When conducting a seminar on the pathophysiology of HIV and AIDS, The nurse should clarify that the clinical syndrome of AIDS is ultimately caused by:

Answer: **B. The systemic destruction and suppression of the hosts immune response by HIV**

37. Beyond the widespread use of non-barrier contraceptive methods, which variable has significantly driven the sharp rise in sexually transmitted infections (STIs) over the past twenty years?

Answer: **A. The high prevalence of individuals acting as asymptomatic carriers**

38. Healthcare providers assigned to care for patients with active diphtheria should undergo a schick test primarily to:

Answer: **C. Assess their biological susceptibility**

39. To interrupt the transmission cycle of pulmonary TB within the community, Nurse tony correctly identifies that the primary source of infection occurs though:

Answer: **B. Direct close or droplet contact with an infectious individual**

40. Which specific mode of transmission describes a scenario where an infectious pathogen is propelled from a coughing or sneezing host and travels a short distance, typically within three feet, to deposit on a susceptible individual?

Answer: **B. Droplet transmission**

41. Nurse Tony reviews the DOH treatment protocol. Under the standardized DOTS framework, which patient subpopulation meets the inclusion criteria for category 1?

Answer: **A. Newly diagnosed tb patient**

42. the department of health's primary case-finding protocol for identifying tuberculosis within the community relies fundamentally

Answer: **A. Diagnostic chest xray amd sputum examination**

43. A nurse interacting with a client at a sexually transmitted disease (STD) clinic. Which behavioral approach is least effective at establishing client comfort?

Answer: **B. Maintaining a posture with crossed arms throughout the conversation**

44. Which opportunistic infection occurs with the highest frequency as a patient's human immunodeficiency virus (HIV) disease advances?

Answer: **C. Pneumocystis**

45. What clinical information is yielded by performing a Moloney diagnostic skin test?

Answer: **A. Hypersensitivity or allergic reaction risk to diphtheria antitoxin**

46. Which option represents the least effective method for minimizing the risk of contracting a sexually transmitted infection?

Answer: **A. Relying solely on oral contraceptives**

47. Which clinical assessment finding is considered the classic pathognomonic marker for diphtheria infection?

Answer: **A. A dense, adherent**

48. A 30 year old mother recovering from diphtheria is being discharged. Which statement made by the client indicates an incorrect understanding of the disease and requires further nursing education?

Answer: **A. Diphtheria is primarily contracted through unprotected sexual contact with an infected partner**

49. Which therapeutic agent is prioritized for administration to neutralize the circulating exotoxins produced by Corynebacterium diphtheriae?

Answer: **B. Diphtheria antitoxin**

Communicable Disease

STIs & Nursing Care

I. Epidemiology & Risk factors of STIs

- The modern landscape: STI incidence has dramatically risen over the past two decades.

Key contributing factors:

- **Asymptomatic Carriers:** many individuals carry and spread infections without exhibiting noticeable symptoms.
- **Behavioral Shifts:** earlier onset
- **Substance Use:** increased use of alcohol and recreational drugs, including needle-sharing and trading sex for drugs.
- **Contraceptive choices:** reliance on nonbarrier methods (like oral contraceptives/OCPs)
- **The "Monogamy" misconception:** every sexually active individual carries potential risk; assuming a relationship is fully monogamous without testing can leave patients vulnerable.
- **Underreported Data:** inadequate public health tracking and reporting mask the true scope of the issue.

II. Communication, Patient Comfort, & Professional Ethics

- Therapeutic Communication in the STI
- Avoid Non-verbal Barriers

Ethical & Legal Mandates (Focus:HIV/AIDS)

- **Confidentiality:** Maintaining strict privacy is a foundational ethical requirement for healthcare professionals.
- **Philippine Health Legislation (R.A. 8504):** The Philippine AIDS Prevention and Control Act of 1998.

III. Clinical Manifestations, Assessment, & Diagnostics of Specific STIs

A. Human Papillomavirus (HPV)

- **Clinical Presentation:** Painless, soft, fleshy, cauliflower-like growths
- **Clinical Implications:** High risk among adolescent and young adults. Certain high-risk strains strongly predispose female patients to **cervical cancer**

- **Management Nuance: surgery is palliative, not a cure.**

B. Herpes Simplex Virus (HSV)

- **Clinical Presentation:** small, shallow, red vesicles (fluid-filled blisters) that fuse together to form large, painful, burning ulcers.

C. Syphilis

- **Clinical Presentation (Primary Stage):** chancre-reddish, round painless ulcer with a depressed center and raised, indurated (hardened) edges.
- **Clinical Presentation (Secondary Stage):** manifests as raised, round, wartlike plaques (condyloma lata) with a moist surface covered by a gray exudate, often accompanied by flu-like symptoms or a bilateral trunk rash.

Diagnostics & Assessment Sequence: (Syphilis)

- Screening tests like VDRL (venereal disease research laboratory) and RPR (rapid plasma reagin) have a high false-positive rates.
- **First Nursing Action for a positive VDRL:** Inquire about **past treatment for syphilis.** Why? Antibodies remain in the bloodstream indefinitely even after successful treatment.
- **Confirmatory Testing: FTA-ABS (**Fluorescent Treponemal Antibody Absorption) test.

IV. Human Immunodeficiency Virus (HIV) & Advanced Progressions (AIDS)

- **Pathophysiology:** HIV is retrovirus that targets and destroys CD4+ T-lymphocytes, gradually crippling the body's immune defense mechanisms.
- **Progressing to AIDS:** AIDS is diagnosed when the immune system becomes severely suppressed
- **Diagnostic Indicators:** *A plummeting CD4 count (typically under 200 cells/uL) or the presence of an **AIDS-defining condition,*** such as severe **Herpes Simplex ulcer persisting**
- **Most Common Opportunistic Infection: Pneumocystis jirovecii Pneumonia (PCP)**-historically referenced as Pneumocystis carinii- frequently take advantage of the patient's compromised immune state.
- **Medical Management: *Antiretroviral Drugs.*** When used in a combination cocktail of 3 to 4 medications, it is referred to as **HAART** (Highly Active Antiretroviral Therapy).

V. **Nursing Interventions, Screenings, & Risk Reduction Education**

A. Patient Education on Risk Reduction Strategies

Barrier vs. Non-barrier Methods:

- **Oral Contraceptives - Zero protection** against STIs
- **Condoms (Male/Female) paired with spermicide**

Partner Notification: All sexual partners must be informed and treated concurrently.

B. Procedural Step: Proper Male Condom Education

1. **Careful Unwrapping:** Prevent Tearing
   - Open the package gently. Avoid using sharps objects, fingernails, or teeth, which can inadvertently puncture or tear the latex material.
2. **Tip Preparation & Air Clearance:** Crucial for Safety
   - Location of the tip. If it features a built-in receptacle pouch, squeeze the air completely out of it.
3. **Application:** Roll Downwards.

- Place the condom against the tip of the erect penis, ensuring the rolled ring faces outward. Smoothly roll the sides all the way down to the base of the penile shaft.

4. **Lubrication Selection:** Material Compatibility
    - Ensure proper lubrication. Instruct the client to use **water-based lubricants**.

C. Clinical Screenings: Gynecological Assessment Guidelines

Equipment Selection

- **Graves Speculum (Medium/Large): *sexually active adult women***
- **Pederson Speculum (Small/Medium):** Indicated for non sexually active women, adolescents, and menopausal/post-hysterectomy

Pre-Pelvic Exam/Pap Smear Instructions:

- **Avoid douching for at least 24 hours prior**
- Note: While heavily bleeding during a menstrual period can obscure Pap smear, standard exams are scheduled regardless of sexual intercourse timing the day prior.

D. Occupational Health: Protecting the Healthcare Provider

- **Vulnerable Demographics & Nursing Advocacy**
- **Infection Control: *Standard/Universal Precautions***
- **Clinical Takeaway:** Do not rely on trying to know the status of every patient. Treat all blood and moist body fluids from **every single patient** as potentially infectious and deploy Personal Protective Equipment (PPE) exactly as recommended at all times.

Communicable Respiratory Diseases
(TB & DIPHTHERIA)

I. PTB: Pathophysiology & Transmission

- **Causative Agent:** Caused by mycobacterium tuberculosis

Mode of Transmission:

- **Airborne Transmission**
- **Direct Contact**

Note: It is **not** transmitted via contaminated foods/drinks, sexual intercourse, or common myths like over-exertion, smoking or perspiration drying on one's back.

- **Disease Nature & Latency:** TB is highly opportunistic. Reactivation can occur even after being dormant for years if the patient's immunity drops.

II. TB Case-Finding, Diagnostics, & Specimen Collection

A. Primary Diagnostic Tool & Follow Up

- **Direct Sputum Smear Microscopy:** The **primary tool** for case-finding in public health. *Crucial Rule:* No TB diagnosis should ever be made based on a chest X-ray alone.
- **Follow-Up of Positive PPD (Purified Protein Derivative/Mantoux Test): Sputum examination for acid-fast bacilli (AFB smear)**

B. Procedural Step: Accurate Sputum Collection Protocol

1. **Early Morning Collection**
2. **Rinse Mouth with Water Only**
3. **Avoid Brushing or Mouthwash**

4. **Deep Cough Expectoration**

III. National TB Control Strategy & Clinical Isolation

A. The DOTS Strategy (Directly Observed Treatment Short-Course)

- An internationally recommended strategy of the DOH composed of 5 core elements:
- Sustained political commitment
- Access to quality-assured sputum microscopy
- Standardized short-course chemotherapy under direct observe observation
- Uninterrupted supply of quality anti-TB drugs.
- Standardized recording and reporting system.

B. DOTS Treatment Categories

- **Category I (New Active Cases)** -New sputum-positive patients. Target Group: Clients diagnosed for the first time via a positive sputum exam.
- **Category II (Retreatment Cases)** - relapses, treatment failures and patients returning after a default
- Regiment Protocol: Intensive Phase (2 HRZES/1 HRZES) followed by a 5 month continuation phase (5 HRE)
- **Category III (Milder New Cases)** - new sputum- negative pulmonary cases with minimal parenchymal lesions in chest X-ray
- **Category IV (Chronic Cases) -** patients remaining smear-positive after a supervised retreatment regimen.

C. Infection Control & Source Isolation

- **Source Isolation:** placing a contagious patient in isolation specifically to protect the public and healthcare workers.
- **Airborne Precautions vs. Droplet Precautions**
- **Airborne Precautions:** Used for PTB. Requires privates, negative-pressure rooms.
- **Droplet Precautions:** For pathogens propelled a short distance (within 3 feet) via coughing/sneezing.
- **Cohort Placement:** if a private room is unavailable for a PTB patient, they may share a room only with another patient who has an active infection of the **same pathogen** and no other co-infections.

IV. Diphtheria: Pathophysiology, Signs, & Clinical Management

A. Clinical Profile

- **Causative Agent:** Corynebacterium diphtheriae
- **Transmission:** contact with a patient, a health carrier, or items soiled with discharges. Raw milk can also act as a vehicle. It is **not** transmitted via sexual contact.
- **Pathognomonic Sign:** the presence of a patchy, **gray pseudomembrane** on the surfaces of the throat/mucous membranes, which can swell and compromise the airway.

B. Diagnostic & Sensitivity Testing

- **Shick Test:** An intradermal injection of a small amount of diphtheria toxin, **susceptibility**

- **Moloney Test: Hypersensitivity. sensitivity to the diphtheria toxoid.**

C. Nursing Interventions & Medical Care

- **Absolute Bed Rest:** mandatory for at least **2weeks**
- **Dietary Support:** Provide small, frequent feedings of soft foods accompanied by fruit juices rich in **Vitamin C** to maintain blood alkalinity and build resistance.
- **Local Comfort:** apply an **ice collar** to the neck to help reduce localized swelling.
- **Neutralizing Therapy:** Administer **Diphtheria Antitoxin** alongside prescribed antibiotic to neutralize circulation toxins.
- **Immunity Note:** ***disappears completely before the 6th month of life.*** However, successfully recovering from a natural **diphtheria** infection usually grants long-term active immunity.