# **Chapter 03: Communicating with Children Test Bank**

#### **MULTIPLE CHOICE**

- 1. Which information should the nurse include when preparing a 5-year-old child for a cardiac catheterization?
  - a. A detailed explanation of the procedure
  - b. A description of what the child will feel and see during the procedure
  - c. An explanation about the dye that will go directly into his vein
  - d. An assurance to the child that he and the nurse can talk about the procedure when it is over

ANS: B

For a preschooler, the provision of sensory information about what to expect during the procedure will enhance the child's ability to cope with the events of the procedure and will decrease anxiety. Explaining the procedure in detail is probably more than the 5-year-old child can comprehend and it will produce anxiety. Using the word "dye" with a preschooler can be frightening for the child. The child needs information before the procedure.

DIF: Cognitive Level: Application REF: pp. 44-45

OBJ: Nursing Process Step: Planning MSC: Health Promotion and Maintenance

- 2. Who are the "experts" in planning for the care of a 9-year-old child with a profound sensory impairment who is hospitalized for surgery?
  - a. The child's parents
  - b. The child's teacher
  - c. The case manager
  - d. The primary nurse

#### ANS: A

The parents, as primary caregivers, can identify the child's needs to help develop an effective, individualized plan of care. The child's teacher is not as "expert" as the child's parents for planning her care. The case manager is not as aware as the parents are of the child's individual needs. The primary nurse would use the child's parents as resources in planning the best approach to the child's care.

DIF: Cognitive Level: Comprehension REF: p. 48

OBJ: Nursing Process Step: Planning MSC: Psychosocial Integrity

- 3. Which is an effective technique for communicating with toddlers?
  - a. Have the toddler make up a story from a picture.
  - b. Involve the toddler in dramatic play with dress-up clothing.
  - c. Repeatedly read familiar stories to the child.
  - d. Ask the toddler to draw pictures of his fears.

### ANS: C

Ritualism is a characteristic of the toddler period. By repeating familiar stories and other rituals, the toddler feels a sense of control, which facilitates communication. Most toddlers do not have the vocabulary to make up stories. Dramatic play is associated with older children. Toddlers probably are not capable of drawing or verbally articulating their fears.

DIF: Cognitive Level: Application REF: p. 44

OBJ: Nursing Process Step: Planning MSC: Health Promotion and Maintenance

- 4. What is the most important consideration for effectively communicating with a child?
  - a. The child's chronological age
  - b. The parent–child interaction
  - c. The child's receptiveness
  - d. The child's developmental level

ANS: I

The child's developmental level is the basis for selecting the terminology and structure of the message most likely to be understood by the child. The child's age may not correspond to the developmental level; therefore, it is not the most important consideration for communicating with children. Parent—child interaction is useful in planning communication with children, but it is not the primary factor in establishing effective communication. The child's receptiveness is a consideration in evaluating the effectiveness of communication.

DIF: Cognitive Level: Comprehension REF: p. 43

OBJ: Nursing Process Step: Assessment MSC: Health Promotion and Maintenance

- 5. Which behavior is most likely to encourage open communication?
  - a. Avoiding eye contact
  - b. Folding arms across the chest
  - c. Standing with head bowed
  - d. Soft stance with arms loose at the side

ANS: D

A swaying body with arms loose at the sides suggests openness. Avoiding eye contact does not facilitate communication. Folding arms across the chest and standing with head bowed are closed-body postures, which do not facilitate communication.

DIF: Cognitive Level: Comprehension REF: pp. 39-40

OBJ: Nursing Process Step: Implementation MSC: Psychosocial Integrity

- 6. Which strategy is most likely to encourage a child to express feelings about the hospital experience?
  - a. Asking close-ended questions
  - b. Asking direct questions
  - c. Sharing personal experiences
  - d. Actively listening

ANS: D

Active listening encourages conversation. Direct questions and close-ended questions can threaten and block communication. Talking about yourself shifts the focus of the conversation away from the child.

DIF: Cognitive Level: Application REF: p. 38

OBJ: Nursing Process Step: Planning MSC: Psychosocial Integrity

- 7. Which is the most appropriate question to ask to encourage conversation when interviewing an adolescent?
  - a. "Are you in school?"
  - b. "Are you doing well in school?"
  - c. "How is school going for you?"
  - d. "How do your parents feel about your grades?"

ANS: C

Open-ended questions encourage communication. Direct questions with "yes" or "no" answers do not encourage conversation. Direct questions that can be interpreted as judgmental do not enhance communication. Asking adolescents about their parents' feelings may block communication.

DIF: Cognitive Level: Application REF: p. 45

OBJ: Nursing Process Step: Implementation MSC: Psychosocial Integrity

- 8. What is the most appropriate response for the nurse to make to the parent of a 3-year-old child found in a bed with the side rails down?
  - a. "You must never leave the child in the room alone with the side rails down."
  - b. "I am very concerned about your child's safety when you leave the side rails down. The hospital has guidelines stating that side rails need to be up if the child is in the bed."
  - c. "It is hospital policy that side rails need to be up if the child is in bed."
  - d. "When parents leave side rails down, they might be considered as uncaring."

ANS: B

To express concern and then choose words that convey a policy is appropriate. Framing the communication in the negative does not facilitate effective communication. Stating a policy to parents conveys the attitude that the hospital has authority over parents in matters concerning their children and may be perceived negatively. No statement should convey blame and judgment to the parent.

DIF: Cognitive Level: Application REF: p. 41

OBJ: Nursing Process Step: Implementation MSC: Psychosocial Integrity

- 9. Which is an appropriate preoperative teaching plan for a school-age child?
  - a. Begin preoperative teaching the morning of surgery.
  - b. Schedule a tour of the hospital a few weeks before surgery.
  - c. Show the child books and pictures 4 days before surgery.
  - d. Limit teaching to 5 minutes and use simple terminology.

ANS: C

Preparatory material can be introduced to the school-age child several days (1 to 5) in advance of the event. Books, pictures, charts, and videos are appropriate. Preoperative teaching a few hours before surgery is more appropriate for the preschool child. Preparation too far in advance of the procedure can be forgotten or cause undue anxiety for an extended period of time. A very short, simple explanation of the surgery is appropriate for a younger child such as a toddler.

DIF: Cognitive Level: Comprehension REF: p. 45

OBJ: Nursing Process Step: Planning MSC: Health Promotion and Maintenance

- 10. A primary nurse bought a hospitalized child a new toy to replace a broken one. What is the best interpretation of the nurse's behavior?
  - a. The nurse is displaying signs of overinvolvement.
  - b. The nurse is a kind and generous person.
  - c. The nurse feels a special closeness to the child.
  - d. The nurse wants to make the child happy.

ANS: A

Buying gifts for individual children is a warning sign of overinvolvement. Nurses are kind and generous people, but buying gifts for individual children is unprofessional. Nurses may feel closer to some clients and families. This does not make giving gifts to children or families acceptable from a professional standpoint and becoming overly involved with a child can inhibit a healthy relationship. It is also not the nurse's responsibility to replace lost or broken items.

DIF: Cognitive Level: Analysis REF: p. 42

OBJ: Nursing Process Step: Assessment MSC: Psychosocial Integrity

- 11. When meeting a toddler for the first time, the nurse initiates contact by:
  - a. calling the toddler by name and picking the toddler up.
  - b. asking the toddler for her first name.
  - c. kneeling in front of the toddler and speaking softly to the child.
  - d. telling the toddler that you are her nurse.

ANS: C

More positive interactions occur when the toddler perceives the meeting in a nonthreatening way. Placing yourself at the toddler's level and speaking softly can be less threatening for the child. Picking a toddler up at an initial meeting is a threatening action and will more likely result in a negative response from the child. Toddlers are unlikely to respond to direct questions at a first meeting. Telling the toddler you are the nurse is not likely to facilitate or encourage cooperation. The toddler perceives you as a stranger and will find the action threatening.

DIF: Cognitive Level: Application REF: p. 44

OBJ: Nursing Process Step: Implementation MSC: Psychosocial Integrity

## **MULTIPLE RESPONSE**

- 1. A nurse is admitting a school-age child with a visual impairment to the hospital. To effectively communicate the nurse should plan which interventions? Select all that apply.
  - a. Orient the child to his or her surroundings.
  - b. Enter quietly and touch the child before speaking.
  - c. Put the nurse call bell close to the parent.
  - d. Allow the child to handle equipment.
  - e. Explain sounds the child may hear frequently.

ANS: A, D, E

For a child with a visual impairment, to improve communication the nurse should orient the child to the surroundings, allow the child to handle equipment as the procedure is explained, and explain sounds the child may frequently hear. The nurse should identify herself when entering the room, and tell the child when departing so touching the child before speaking is not accurate. The call bell should be kept in the same place and within the child's reach, not with the parent as the parent may leave for a break or be sleeping when the child needs something.

DIF: Cognitive Level: Application REF: p. 48

OBJ: Nursing Process Step: Implementation MSC: Safe and Effective Care Environment

- 2. A preschool age child is being admitted for some diagnostic tests and possible surgery. The nurse planning care should use which statements when explaining procedures to the child? Select all that apply.
  - a. "Fluids will be given through tubing connected to a small tiny tube inserted into your arm."
  - b. "After surgery, we will be doing dressing changes."
  - c. "You will get a shot before surgery."
  - d. "The doctor will give you medicine that will help you go into a deep sleep."
  - e. "We will take you to surgery on a bed on wheels."

ANS: A, D, E

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A preschool child needs simple concrete explanations that cannot be misinterpreted. An IV should be explained as fluids going into a tube connected to a small tube in your hand, anesthesia can be explained as a medicine that will help you go into a deep sleep (put to sleep should be avoided), and a stretcher can be described as riding on a bed with wheels. Dressing changes are ambiguous and getting a shot can be misinterpreted by a preschool child.

DIF: Cognitive Level: Application REF: p. 46

OBJ: Nursing Process Step: Implementation MSC: Psychosocial Integrity