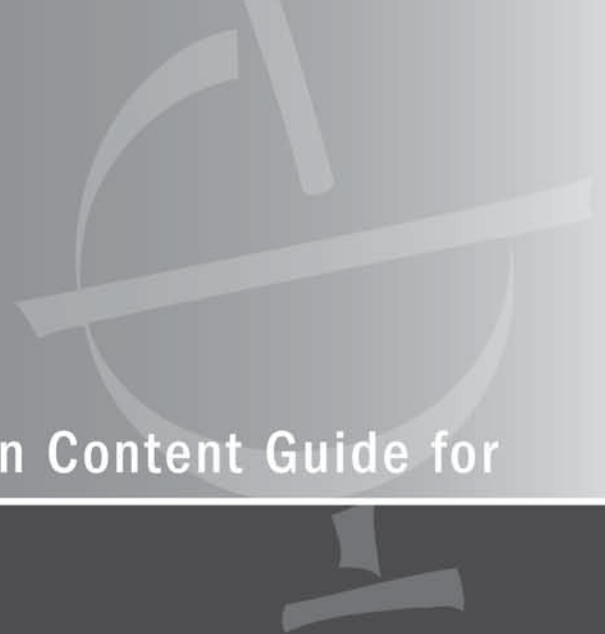


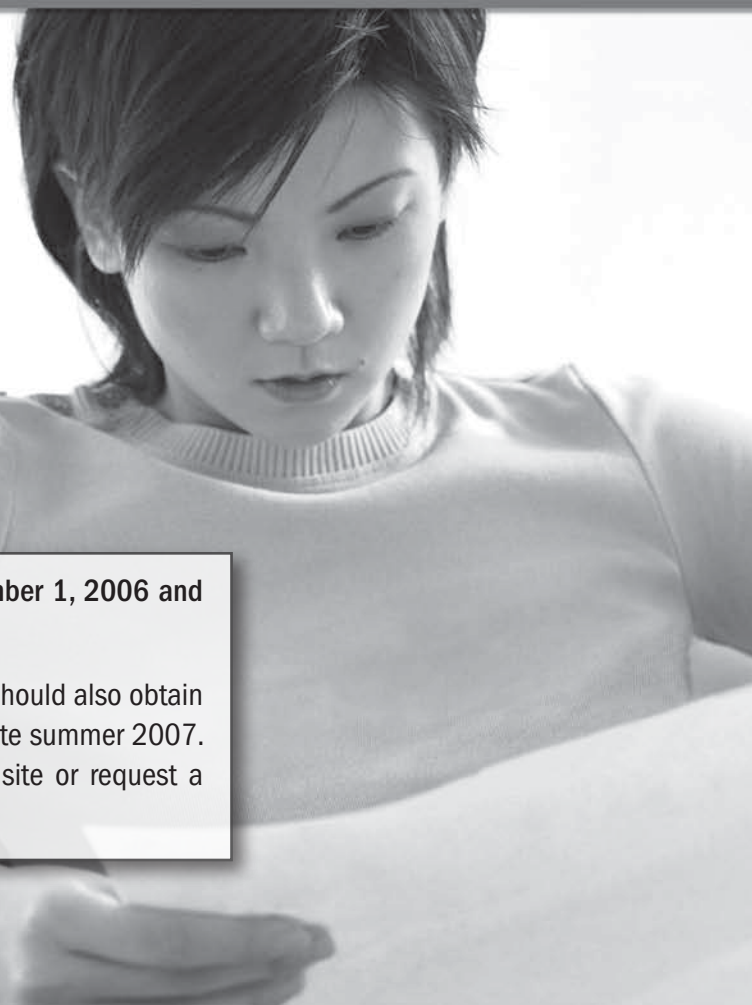
nal Psychology 6/U
can Dream 6/U
omy & Physiology 3/L
ege Writing 6/L
glish Composition 3/U
thics: Theory & Practice 3/U
foundations of Gerontology 3/U
Germany 3/L



Excelsior College® Examination Content Guide for

Adult Nursing

Organizational Behavior 3/U
Pathophysiology 3/U
Psychology of Adulthood & Aging 3/U
Religions of the World 3/U
Research Methods in Psychology 3/U
Statistics 3/L
World Conflicts Since 1900 3/U
World Population 3/U



Use this guide if you are planning to test between September 1, 2006 and September 30, 2007.

If you are planning to test on or after October 1, 2007, you should also obtain the revised version of this guide which will be available in late summer 2007. You may access the revised version online from our Web site or request a printed copy by contacting the College.

Education
Literacy Instruction in the
Secondary School 6/U

Study, learn, and succeed with the help of Excelsior College Learning Resources.

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Register by phone—Call toll free **888-72EXAMS (888-723-9267)**.

Register by mail—Use the registration form included in our current examination registration packet.

Free Content Guides for Excelsior College Examinations

Check out an exam you are considering and begin your studies with a free content guide. Each guide contains an outline of the topics covered in the exam as well as a list of references, sample questions and answer rationales, and a special section titled, “How to Study with Excelsior College Examinations Content Guides.” You can download content guides by visiting our Web site at www.excelsior.edu and then clicking on the Excelsior College Examinations link. (If you haven’t already, you will be prompted to set up a MyEC page.)

To receive a single content guide by mail, call toll free at 888-72EXAMS (888-723-9267). We strongly advise you to prepare for your examination(s) by studying from the resources recommended by the Excelsior College faculty who develop our examinations. The recommended resources are listed near the back of each content guide.

Comprehensive Guided Learning Packages

For several selected Excelsior College Examinations, you can get all the study resources you need for successful preparation in a comprehensive Guided Learning Package produced exclusively by Excelsior College, available from the Excelsior College Bookstore. Each Guided Learning Package has been carefully developed to provide thorough, integrated learning resources for you. Included are a course guide, sample exam questions, tips, textbooks, and associated materials. Visit our Web site for a current list of Guided Learning Packages.

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks, educationally priced software, and other resources to help you prepare for Excelsior College Examinations and courses, GRE Subject Tests, and other exams and coursework you may undertake as you work toward your Excelsior College degree.

You can also order complete packages of guided learning materials through the bookstore. Items within the packages can also be ordered separately.

Specialty Books, which distributes materials on behalf of the Excelsior College Bookstore, is open Monday through Friday from 7:00 am to 11:00 pm and Saturday from 8:00 am to 2:00 pm Eastern Time.

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To order by fax, call 800-466-7132 or 740-593-3045.

To order materials online, visit the bookstore at www.excelsior.edu. Log in and scroll to the bookstore link at the Resources and Services list on your MyEC homepage.

Electronic Peer Network

The Electronic Peer Network (EPN) is a Web-based environment that enables enrolled Excelsior College students (and alumni) to interact academically and socially online. As a member of the EPN, you will be able to identify students with common interests, participate in live chats and threaded discussion groups, exchange books and study materials, locate study partners, access career resources, or join an online study group.

You can now use your user name and password for all online services (including the EPN) at Excelsior College by visiting the Web site homepage and clicking on the Online Services button. Once you complete the short registration form, you will obtain a user name and password for the EPN immediately.

(continued on page 29)

Important information to help you prepare for this Excelsior College® Examination

General Description of the Examination

The Excelsior College Examination in Adult Nursing measures knowledge and understanding of the health and nursing care of young, middle-aged, and older adults. It is based on material normally taught in an upper-division sequence of courses in medical-surgical nursing or adult nursing at the baccalaureate level.

The examination tests for a knowledge and understanding of the physiological, developmental, psychological, social, cultural, and spiritual dimensions of health and illness in adults. It tests for the ability to use the nursing process in a variety of settings to deliver health care to adults with actual or potential health problems.

The major content areas on the examination and the percent of the examination devoted to each content area are listed below.

Content Area	Percent of the Examination
I. Core Concepts	10%
II. Nursing Management of Clients with Cardiovascular System and Hematologic System Dysfunction	10%
III. Nursing Management of Clients with Respiratory System Dysfunction	10%
IV. Nursing Management of Clients with Urinary System Dysfunction	10%
V. Nursing Management of Clients with Reproductive System Dysfunction	10%
VI. Nursing Management of Clients with Endocrine System Dysfunction	10%
VII. Nursing Management of Clients with Gastrointestinal System Dysfunction	10%
VIII. Nursing Management of Clients with Sensory System and Neurological System Dysfunction	10%
IX. Nursing Management of Clients with Musculoskeletal System Dysfunction	10%
X. Nursing Management of Clients with Immune System and Integumentary System Dysfunction	10%
Total	100%

Uses for the Examination

Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. However, the exam is not applicable toward a nursing degree at Excelsior College. See the exam listing on the back cover for baccalaureate-level exams that are part of the College program. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

Examination Length and Scoring

The examination consists of approximately 130 four-option multiple-choice questions, some of which are unscored, pretest questions. The pretest questions are embedded throughout the exam, and they are indistinguishable from the scored questions. It is to your advantage to do your best on all of the questions. You will have three (3) hours to complete the examination. Scores are based on ability level as defined in the item response theory (IRT) method of exam development and scoring, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

Examination Administration

The examination is administered by computer at Pearson Professional Centers throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. All questions regarding international administration of the examinations should be directed to the Test Administration office at Excelsior College. This office is also responsible for considering requests for exceptions such as reasonable accommodations for those with disabilities.

Computer-Delivered Testing

If you are testing at Pearson Professional Centers, your exam will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

The system used for our computer-delivered testing is designed to be as user-friendly as possible, even for those with little or no computer experience. Instructions provided on screen are similar to those you would receive in a paper examination booklet.

To learn more about the Pearson computer-delivered testing system, you can use an interactive tutorial or view screenshots that show you how each feature of the system works. The tutorial is available from the Examinations page on the Excelsior College Web site or from the Pearson registration page dedicated to Excelsior College Examinations. Go to www.excelsior.edu, click on the Excelsior College Examinations link, then click on the Computer-Delivered Exam Tutorial link in the Examination Resources and Services box.

For your benefit:

A Word of Caution About Test Preparation and Tutorial Services

There are tutorial and test preparation services and for-profit publishing companies that claim they can assist you with passing Excelsior College Examinations or in earning an Excelsior College degree. They may imply an affiliation with the College and may allege that their materials or services will provide you with a special advantage in passing Excelsior College Examinations or in completing Excelsior's degree requirements. Despite such representations, the materials and services offered by these organizations usually do not provide any special advantage and often do not accurately reflect the current content of Excelsior College Examinations. Many of these organizations will charge you hundreds, even thousands, of dollars for the same services you can receive directly from Excelsior College—services that are included in the fees you pay as an enrolled student.

Excelsior College is headquartered in Albany, New York, where our admissions counselors and academic advisors offer assistance and support to our students. Additionally, our School of Nursing has a network of Regional Performance Assessment Centers where Excelsior College representatives help nursing students and administer the College's clinical performance examinations. We do not have branch offices.

Make sure your dollars and time are spent wisely: come directly to the source for your Excelsior College degree. If you are approached by or are considering using a company or organization to help you earn your degree or take an examination, check with us first to find out if the services or materials offered are endorsed or recognized by Excelsior College. If they are not endorsed or recognized by us, you cannot be assured that their services and materials reflect the quality and accuracy of those available directly from Excelsior. Contact our Admissions Office toll free at 888-647-2388 or via email at admissions@excelsior.edu.

How to Study with Excelsior College Examinations Content Guides

A committee of teaching faculty and practicing professionals determines the content to be tested on each Excelsior College Examination. Excelsior College Assessment Unit staff oversee the technical aspects of test construction in accordance with current professional standards. To promote fairness in testing, we take special care to ensure that the language used in the exams and related materials is consistent, professional, and user friendly. Editorial staff perform systematic quantitative and qualitative reviews that address accuracy, clarity, and compliance with conventions of bias-free language usage.

How Long Will It Take Me to Study?

An Excelsior College Examination is a way to document that you have learned material comparable to the content of one or more college-level courses. To prepare, you should study and review as you would if you were taking a college course. Remember, as an independent student, you are acting as your own teacher.

To fully prepare for an Excelsior College Examination requires self-direction and discipline. Study involves careful reading and reflection and systematic review. College professors advise that in each week of a semester, you should plan on spending three hours studying for every semester hour of credit you will be earning. For example, for a three-credit course, you can expect to study for nine hours in each week of a 15-week semester:

$$9 \times 15 = 135 \text{ hours of study for a 3-credit exam}$$

Use this system to determine how much time you should plan to spend studying and reviewing for your Excelsior College Examination:

My exam is

$$\begin{aligned} & \text{_____ credits} \times 3 \text{ hours per week} \times 15 \text{ weeks} = \\ & \text{_____ total hours of study.} \end{aligned}$$

The Content Outline

At the core of each content guide is a detailed content outline that begins with a content/percent chart showing the relative importance of each major content area to your learning. These weightings may be useful to you as you allocate your study time. For example, if you are preparing for the 3-credit exam in Foundations of Gerontology, and wish to take the exam 15 weeks from today, you might create the following schedule, knowing that you should plan a total of 135 hours of study:

Content Area	Percent of Exam	Hours	Week
Important Concepts of Gerontology	10%	13.5	1
Demography of Aging	12%	16.2	2–3
Biology and Physical Health	17%	23	3–5
Psychology and Mental Health	14%	19	6–7
Sociology	14%	19	8–9
Economics, Work, and Retirement	14%	19	10–11
Political Behavior and Public Policy	14%	19	12–13
Death and Dying	5%	6.75	14
(General Review, Catching Up)	xx	??	15

We have annotated your content outline in two ways to help you plan your study. First, we have indicated the minimum hours of study you should expect to devote to each content area. Second, for those exams that do not have guided learning materials, we have indicated sections of the recommended resources that are most important to your understanding of that area of the outline. These annotations are not intended to be comprehensive. To cover all of the material in the content outline, you may need to refer to other chapters in the recommended textbooks. **Chapter numbers and titles may differ in subsequent editions.**

Most of the content outlines contain many examples to illustrate the types of information you should be studying. Although these examples are numerous, you should not assume that everything on the exam will come from these examples only. Conversely,

you should not expect that every detail you have studied will be directly tested on the exam. Any exam is only a broad sample of all the questions that could be asked about a given subject matter.

Using the Recommended Resources

It is important to structure your study using the content outline along with the Recommended Resources: regular college textbooks, primary and secondary source materials, publications prepared especially by Excelsior College staff to support your exam preparation, and in some cases audiovisual materials or journal articles. Additional or Other Resources may provide clarification for some of the topics on the content outline or provide enrichment in areas of interest, but are not essential to your preparation.

Pay close attention to whether we are recommending that you use all of the resources or offering you a choice. Many of our content guides provide a brief description of the materials that may help you to choose among alternatives. You can also look up the books on the publisher's Web site, where you may be able to view sample pages, review the table of contents, and explore supplementary materials. If you encounter topics in the content outline that are not covered in the resource you are using, try using one of the alternatives, or check the list of additional resources.

Some textbook publishers sell workbooks or study guides to accompany their texts. If the committee developing your examination has evaluated such workbooks, you will find them listed in the content guide.

If your exam has a Guided Learning Package, it will be to your advantage to use the entire package. You will have a coherent course of study to follow in preparation for your exam, and you will save money over purchasing the materials individually. An integral part of each guided learning package is the course guide, prepared by Excelsior College distance learning specialists in collaboration with the test developers. Excelsior College course guides may be purchased only from the Excelsior College Bookstore. Do not confuse these with study guides sold by other publishers.

Using the Sample Questions and Rationales

For each examination, sample questions are provided to illustrate those typically found on the particular examination. The sample questions are not intended to be a practice test, but they may serve as models if you wish to create your own test questions for review purposes.

In the last pages of this guide, you will find rationales for the multiple-choice sample questions. The key (correct answer) is indicated in bold. The rationales explain why the key is the correct answer and what is wrong with the other answer choices. In addition, each question is referenced to the content outline. Especially if you chose one of the wrong answers, you should return to its section of the content outline for additional study.

Study Tips

You should be an active user of the resource material. Aim for understanding rather than memorization. The more active and involved you are when you study, the more likely you will be to retain the information and be able to understand and appropriately apply it. As a preparatory activity, you may find it fun to search on "learning style" on the Internet for a variety of information and "tests" designed to identify how you learn best.

Students and educators generally agree that the following techniques are valuable:

- ***preview or survey*** each chapter
- ***highlight or underline text*** you believe is important
- ***write questions or comments*** in the margins
- ***practice re-stating content*** in your own words
- ***try to determine how what you are reading relates*** to the chapter title, section headings, and other organizing elements of the textbook
- ***find ways to engage*** your eyes, your ears, and your muscles, as well as your brain, in your studies
- ***study with a partner or a small group*** (are you an enrolled student? try the Electronic Peer Network [EPN])
- ***prepare your review notes*** as flashcards or create audiotapes that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Review involves taking a second look at the material to evaluate how well you have learned it. If you have a study partner, you can review by explaining the content to your partner or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

On the Day of Your Exam

Do yourself some favors:

- arrive at the test site rested and prepared to concentrate for an extended period
- be sure to allow sufficient time to travel, park, and locate the test center
- practice healthy eating and stress control
- dress comfortably: the computer will not mind that you're wearing your favorite relaxation outfit
- be prepared for possible variations in temperature at the test center due to changes in the weather or energy conservation measures
- bring your IDs and ATT letter and some pencils and pens, but otherwise, don't weigh yourself down with belongings that will have to be kept in a locker during the test.

Academic Honesty

Remember, professional ethical principles and the Excelsior College academic honesty policy both assume that your work is your own, that you will not cheat, plagiarize, copy, steal, or otherwise acquire or distribute the College's intellectual property. While the temptation may be strong to jot down what you remember of questions on your exam and share your memories with your friends, or to search out Web sites or study guides where other test takers or publishers have posted what they allege to be questions (with or without proposed answers) from Excelsior College Examinations, you owe it to yourself to resist. Regardless of whether you are caught, your grade and your professional credentials will always be tainted if you know that they were awarded based on false information about What You Know.

Academic Honesty Nondisclosure Statement

Beginning April 2003, all test takers must agree to abide by the terms of the Excelsior College Academic Honesty Policy before taking an exam. The agreement will be presented on screen at the testing center prior to the start of your exam. By accepting the terms of the agreement, you will be able to proceed with your exam. If you choose not to accept the terms of this agreement, your exam will be terminated, and you will be required to leave the testing center. You will not be eligible for a refund.

Content Outline

Use of the Nursing Process Dimension in this Content Outline

The nursing process dimension indicates the stage of the nursing process to which the content of the item is predominantly related. Items are classified as relating to Assessment, Analysis, Planning, Implementation, or Evaluation.

For the purposes of this examination, the stages of the nursing process are defined as follows:

- A. **Assessment** is the process of gathering and synthesizing data about the client's health status.
- B. **Analysis** is the identification of the client problem (nursing diagnosis) and the determination of the expected outcomes (goals) of client care.
- C. **Planning** is the formulation of specific strategies to achieve the expected outcomes.
- D. **Implementation** is the carrying out of nursing care designed to move the client toward the expected outcomes.
- E. **Evaluation** is the appraisal of the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes.

Content Area Details

In the outline that follows, illustrative examples are included in each content area. The content of this examination is not limited to these examples only.

The material included in Area I serves as a foundation for the material covered in Areas II–X.

I. Core Concepts (10%)

36 hours

Smeltzer (2003)

- Ch. 6, Homeostasis, Stress, and Adaptation
- Ch. 7, Individual and Family Considerations Related to Illness
- Ch. 12, Health Care of the Older Adult
- Ch. 13, Pain Management
- Ch. 14, Fluid and Electrolytes: Balance and Distribution
- Ch. 15, Shock and Multisystem Failure
- Ch. 25, Respiratory Care Modalities
- Ch. 36, Gastrointestinal Intubation and Special Nutritional Modalities

Lewis (2004)

- Ch. 4, Patient and Family Teaching
- Ch. 5, Older Adults
- Ch. 8, Stress
- Ch. 9, Pain
- Ch. 16, Fluid, Electrolyte, and Acid-Base Imbalances
- Ch. 39, Nursing Management: Nutritional Problems
- Ch. 65, Nursing Management: Shock and Multiple Organ Dysfunction Syndrome
- Ch. 66, Nursing Management: Respiratory Failure and Acute Respiratory Distress Syndrome

- A. Theories about adulthood — E. Erikson, R.J. Havighurst, D.J. Levinson
- B. Individual differences in health behaviors — physical, developmental, psychological, social, cultural, and spiritual dimensions of health and illness

C. Stress response

1. Physiological response (for example: fight-or-flight response, neuroendocrine response)
2. Psychological response (for example: anxiety, fear, panic)
3. Patterns of coping and adaptation

D. Pain

1. Theories of pain mechanism (for example: specificity theory, gate control theory)
2. Types of pain (for example: superficial, deep, referred, phantom limb, acute, chronic)
3. Treatment modalities (for example: medications, imagery, behavior modification, modes of medication administration)

E. Fluid and electrolyte imbalance

1. Disturbances in homeostasis (for example: fluid overload and deficiencies, metabolic and respiratory acidosis and alkalosis, electrolyte disturbances)
2. Manifestations (for example: hyperpnea, tetany, confusion, EKG changes)
3. Treatment modalities (for example: fluid and electrolyte replacement therapy, medications, dietary modifications)

F. Shock

1. Types — cardiogenic, hypovolemic, distributive
2. Pathophysiology — compensatory, progressive, refractory
3. Manifestations (for example: changes in renal function, acid base balance, perfusion, cardiac output, level of consciousness, fluid dynamics)

4. Treatment modalities (for example: respiratory support, fluids, medications, hemodynamic monitoring, perfusion assistive devices)
5. Complications (for example: adult respiratory distress syndrome [ARDS], disseminated intravascular coagulation [DIC], prerenal failure)

G. Technology management in the hospital and at home

1. Respiratory support
2. Parenteral therapy (for example: central line management, total parenteral nutrition, chemotherapy, vasoactive medication)
3. Enteral feeding tubes (for example: gastrostomy, nasogastric, jejunostomy)

II. Nursing Management of Clients with Cardiovascular System and Hematologic System Dysfunction (10%)

36 hours

This area focuses on topics such as hypertension, ischemic heart disease, congestive heart failure, valvular disorders, thrombophlebitis, peripheral vascular disease, aneurysm, inflammatory and infective heart disease, dysrhythmias, anemias, blood dyscrasias.

Smeltzer

Unit 6, Cardiovascular, Circulatory, and Hematologic Function (Ch. 26-33)

Lewis

Section 6, Problems of Oxygenation: Transport (Ch. 29-30)

Section 7, Problems of Oxygenation: Perfusion (Ch. 31-37)

- A. **Assessment** (for example: identifying cardiovascular risk factors, assessing physical and behavioral manifestations and responses, interpreting laboratory and diagnostic test results, monitoring dysrhythmias, assessing response to surgery and diagnostic procedures)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for decreased cardiac output, activity intolerance, anxiety, fluid volume excess, high risk for infection, impaired tissue integrity, self-esteem disturbance, altered comfort, altered tissue perfusion, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, and risk factor modification; supervising the administration of blood products; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating patterns of pain and response to pain therapy; evaluating response to diuretics, cardiotonics, antiarrhythmics, antihypertensives, chemotherapy, thrombolytic therapy, pacemakers, internal defibrillators, cardiac catheterization and related procedures, and surgery)

III. Nursing Management of Clients with Respiratory System Dysfunction (10%)

36 hours

This area focuses on topics such as asthma; inflammatory and infective respiratory diseases, such as pneumonia and tuberculosis; pneumothorax; chronic obstructive pulmonary disease; cor pulmonale; pulmonary embolism; acute respiratory failure; sleep apnea; cancer of the larynx and lung.

Smeltzer

Unit 5, Gas Exchange and Respiratory Function (Ch. 21-25)

Lewis

Section 5, Problems of Oxygenation: Ventilation (Ch. 25-28)

- A. **Assessment** (for example: identifying respiratory risk factors; assessing physical and behavioral manifestations; interpreting laboratory and diagnostic test results, such as arterial blood gases and pulmonary function tests)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for ineffective airway clearance, ineffective breathing pattern, impaired gas exchange, altered lifestyle, anxiety, activity intolerance, and prevention of complications)
- D. **Implementation** (for example: assisting with maintenance of adequate airway; assisting with activities of daily living; medication management; promoting effective coping strategies; teaching about self-care, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)

- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antibiotics, corticosteroids, bronchodilators, chest tubes, oxygen therapy, and surgery)

IV. Nursing Management of Clients with Urinary System Dysfunction (10%)

36 hours

This area focuses on topics such as cystitis; pyelonephritis; obstructive uropathies, such as benign prostatic hyperplasia; renal calculi; acute and chronic renal failure; renal trauma; urinary incontinence; glomerulonephritis; cancer of the bladder.

Smeltzer

Unit 9, Renal and Urinary Tract Function
(Ch. 43-45)

Lewis

Section 9, Problems of Urinary Function
(Ch. 43-45)

- A. **Assessment** (for example: identifying risk factors for urinary and renal dysfunction, assessing physical and behavioral manifestations, interpreting laboratory and diagnostic test results, assessing incontinence patterns)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for fluid and electrolyte imbalance, altered comfort, altered urinary elimination, body image disturbance, and prevention of complications)

- D. **Implementation** (for example: assisting with management of urinary catheters and urinary diversion; assisting with activities of daily living; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)

- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antibiotics, antihypertensives, diuretics, dialysis, and surgery)

V. Nursing Management of Clients with Reproductive System Dysfunction (10%)

36 hours

This area focuses on topics such as sexually transmitted diseases; pelvic inflammatory disease; endometriosis; premenstrual syndrome; perimenopausal problems; impotence; cancer of the ovaries, cervix, endometrium, and breast; cancer of the testes and prostate.

Smeltzer

Unit 10, Reproductive Function
(Ch. 46-49)

Lewis

- Ch. 49, Nursing Assessment:**
Reproductive System
- Ch. 50, Nursing Management:**
Breast Disorders
- Ch. 51, Nursing Management:**
Sexually Transmitted Diseases
- Ch. 52, Nursing Management:**
Female Reproductive Problems
- Ch. 53, Nursing Management:**
Male Reproductive Problems

- A. **Assessment** (for example: identifying risk factors for reproductive system dysfunction, assessing for physical and behavioral manifestations, identifying high-risk behaviors for sexually transmitted diseases, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate outcome criteria)
- C. **Planning** (for example: formulating specific strategies for self-esteem disturbance, body image disturbance, knowledge deficit, altered sexuality patterns, self-protection and protection of partners, altered comfort, and prevention of complications)
- D. **Implementation** (for example: promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; promoting optimal sexual health; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge and adherence to self-monitoring practices; validating the client's perception of the effectiveness of intervention; evaluating response to hormonal agents, antibiotics, chemotherapy, radiation therapy, and surgery)

VI. Nursing Management of Clients with Endocrine System Dysfunction (10%)

36 hours

This area focuses on topics such as diabetes mellitus, thyroid dysfunction, parathyroid dysfunction, pituitary dysfunction, adrenal dysfunction.

Smeltzer

Unit 8, Metabolic and Endocrine Function
(Ch. 39-42)

Lewis

Ch. 46, Nursing Assessment:
Endocrine System

Ch. 47, Nursing Management:
Diabetes Mellitus

Ch. 48, Nursing Management:
Endocrine Problems

- A. **Assessment** (for example: identifying risk factors for endocrine system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for activity intolerance, sleep pattern disturbance, altered nutrition, knowledge deficit, risk for infection, impaired skin integrity, altered fluid volume, altered role performance, ineffective coping, altered body image, and prevention of complications)
- D. **Implementation** (for example: promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of the intervention; evaluating response to hypoglycemic agents, hormonal agents, and surgery)

VII. Nursing Management of Clients with Gastrointestinal System Dysfunction (10%)

36 hours

This area focuses on topics such as inflammatory and infective disorders of the gastrointestinal tract; constipation; eating and absorption disorders; obesity; bowel obstruction; hiatal hernia; ulcers; cholelithiasis; pancreatitis; cirrhosis; inflammatory bowel disease; hepatitis; abdominal trauma; cancer of the mouth, esophagus, stomach, pancreas, liver, colon, and rectum.

Smeltzer

Unit 7, Digestive and Gastrointestinal Function (Ch. 34-38)

Lewis

Section 8, Problems of Ingestion, Digestion, Absorption, and Elimination (Ch. 38-42)

- A. **Assessment** (for example: identifying risk factors for gastrointestinal system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for preparation for diagnostic testing, altered comfort, fluid volume deficit, altered nutrition, altered bowel elimination, impaired skin integrity, knowledge deficit, self-esteem disturbance, and prevention of complications)

- D. **Implementation** (for example: assisting with activities of daily living; helping clients manage ostomy care; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; providing nutritional support; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to anticholinergic agents, histamine receptor inhibitors, antacids, antiemetics, antidiarrheals, cathartics, enteral and parenteral nutrition, diagnostic or therapeutic endoscopic procedures, surgery)

VIII. Nursing Management of Clients with Sensory System and Neurological System Dysfunction (10%)

36 hours

This area focuses on topics such as glaucoma, cataracts, retinal detachment, corneal disorders, inner ear dysfunction, Meniere's disease, otosclerosis, headaches, cerebrovascular accident, intracranial aneurysms, degenerative neurological diseases, brain and spinal cord trauma, seizure disorders, Guillain-Barré syndrome, inflammatory neurological disease, Lyme disease, Parkinson's disease, multiple sclerosis, Alzheimer's disease, myasthenia gravis, brain tumors.

Smeltzer

Unit 13, Sensorineural Function
(Ch. 58-59)

Unit 14, Neurologic Function (Ch. 60-65)

Lewis

Ch. 20, Nursing Assessment:
Visual and Auditory Systems

Ch. 21, Nursing Management:
Visual and Auditory Problems

Ch. 54, Nursing Assessment:
Nervous System

Ch. 55, Nursing Management:
Acute Intracranial Problems

Ch. 56, Nursing Management: Stroke

Ch. 57, Nursing Management:
Chronic Neurologic Problems

Ch. 58, Nursing Management:
Alzheimer's Disease and Dementia

Ch. 59, Nursing Management: Peripheral
Nerve and Spinal Cord Problems

- A. **Assessment** (for example: identifying risk factors for sensory system and neurological system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for impaired physical mobility, visual and auditory impairment, self-esteem disturbance, risk for injury, impaired skin integrity, impaired swallowing, altered elimination, sensory/perceptual alteration, impaired verbal communication, altered thought processes, self-care deficit, and prevention of complications)

- D. **Implementation** (for example: assisting with activities of daily living and rehabilitation; promoting effective coping strategies for client and family; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; helping client achieve optimal level of functioning; providing a safe environment; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating antispasmodics, anticholinergics, analgesics, anticholinesterase inhibitors, miotic agents, osmotic diuretics, corticosteroids, anticonvulsants, and surgery)

IX. Nursing Management of Clients with Musculoskeletal System Dysfunction (10%)

36 hours

This area covers topics such as fractures, rheumatoid arthritis, osteoarthritis, osteomyelitis, osteoporosis, cervical and lumbar disc disease, carpal tunnel syndrome, amputations, osteogenic sarcoma, metastatic lesions.

Smeltzer

Unit 15, Musculoskeletal Function
(Ch. 66-69)

Lewis

Ch. 60, Nursing Assessment:
Musculoskeletal System

Ch. 61, Nursing Management:
Musculoskeletal Trauma and
Orthopedic Surgery

Ch. 62, Nursing Management:
Musculoskeletal Problems

Ch. 63, Nursing Management: Arthritis
and Connective Tissue Diseases

- A. **Assessment** (for example: identifying risk factors for musculoskeletal system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)

- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for impaired physical mobility, risk for injury, risk for falls, knowledge deficit, altered lifestyle, body image disturbance, altered comfort, self-care deficit, sleep pattern disturbance, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living and rehabilitation; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; helping with exercises, transfer techniques, cast care, prostheses, traction, supportive devices, and assistive devices for mobilization; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; evaluating adherence to exercise regimen; validating the client's perception of the effectiveness of intervention; evaluating response to nonsteroidal anti-inflammatory agents, corticosteroids, muscle relaxants, analgesics, and surgery, such as total joint replacement, laminectomy, fusion, arthroscopy)

X. Nursing Management of Clients with Immune System and Integumentary System Dysfunction (10%)

36 hours

This area covers topics such as allergies; immunological deficiencies, such as acquired immunodeficiency syndrome (AIDS); systemic lupus erythematosus; tissue transplantation and rejection; inflammatory and infective dermatological disorders; burns; wounds and ulcers; skin cancers.

Smeltzer

Unit 11, Immunologic Function
(Ch. 50-54)

Unit 12, Integumentary
Function (Ch. 55-57)

Lewis

Ch. 13, Genetics and Altered
Immune Responses

Ch. 14, Human Immunodeficiency
Virus Infection

Ch. 22, Nursing Assessment:
Integumentary System

Ch. 23, Nursing Management:
Integumentary Problems

Ch. 24, Nursing Management: Burns

- A. **Assessment** (for example: identifying risk factors for immune system and integumentary system dysfunction, assessing for physical and behavioral manifestations, assessing wound characteristics, assessing stages of wound healing, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)

- C. **Planning** (for example: formulating specific strategies for anxiety, ineffective breathing pattern, altered elimination, risk for infection, impaired tissue integrity, fluid volume deficit, knowledge deficit, anticipatory grieving, social isolation, impaired social interactions, body image disturbance, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living; medication management; assisting with environmental control and avoidance of allergens; assisting with prevention of infection; assisting with therapeutic baths, soaks, and topical medications; promoting effective coping strategies; promoting optimal sexual health; teaching about self-care, self-monitoring techniques, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antihistamines, immunotherapy, antibiotics, immunosuppressants, skin care regimens, grafting, and reconstructive surgery)

Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answer rationales can be found on pages 21–25 of this guide.

- Which finding indicates adequate fluid volume in a client with hypovolemic shock?
 - urinary output of at least 0.5 ml/kg/hr
 - urine pH greater than 7.5
 - urine specific gravity of 1.090
 - negative urine glucose
- Which factor is likely to contribute to the development of diarrhea in a client on continuous tube feeding via jejunostomy?
 - rapid rate of feeding
 - excess water in feeding
 - improper tube placement
 - low-fiber formula
- The nurse should suspect hypocalcemia when the client exhibits which signs?
 - tingling of the fingers, muscle spasms, and tetany
 - night blindness, tachycardia, and weakness
 - pale mucous membranes, shortness of breath, and lethargy
 - bleeding tendencies, thirst, and hypotension
- Which abnormal heart sound in a client recovering from a myocardial infarction should lead the nurse to suspect the onset of heart failure?
 - split S1
 - gallop rhythm
 - ejection click
 - pericardial friction rub
- Which finding in a client's lower extremities should lead the nurse to suspect venous insufficiency?
 - pallor
 - tenderness to touch
 - swollen joints
 - leathery skin texture
- The nurse assesses that a client with lung cancer is exhibiting prolonged bleeding at a venipuncture site. The nurse should suspect that the client is developing which complication?
 - anemia
 - acute respiratory failure
 - metastasis to the lymph nodes
 - disseminated intravascular coagulation
- The nurse teaches a client with venous insufficiency how to prevent the recurrence of venous stasis ulcers. Which client comment at the next clinic visit indicates an understanding of the nurse's teaching?
 - "Support hose with the same pressure gradient on the entire leg are the best kind for me."
 - "When I sit down, I try to alternate pressure by crossing and uncrossing my legs."
 - "I take walks often and go swimming at least three times a week."
 - "My support hose keep creeping down, so I hold them up with round garters."

8. Which data indicate a possible pneumothorax in a client who has had a thoracentesis?
 - 1) diminished breath sounds and dyspnea
 - 2) blood-tinged sputum and dullness on percussion
 - 3) flail chest and crackles on auscultation
 - 4) paradoxical chest movement and inspiratory stridor
9. A client receiving preoperative instructions about a total laryngectomy asks the nurse to explain esophageal speech. Which information should the nurse include?
 - 1) The client can start to learn esophageal speech immediately after the surgery.
 - 2) The client starts learning esophageal speech by practicing controlled belching.
 - 3) Esophageal speech is clearly understandable from the beginning.
 - 4) Esophageal speech is easy to learn and most clients are proficient by discharge.
10. The nurse teaches a client's family how to administer oxygen to the client prior to nasotracheal suctioning. The nurse can conclude that the teaching was effective if a family member states which reason for giving oxygen first?
 - 1) It will decrease the discomfort of suctioning.
 - 2) It will make it easier to cough and get secretions out during the procedure.
 - 3) It will replace what is suctioned out when the tube is in the lungs.
 - 4) It will provide an extra supply so there is enough in the bloodstream during suctioning.
11. Which data should the nurse expect when taking a health history from a client diagnosed as having acute pyelonephritis?
 - 1) recent urethral catheterization
 - 2) long-standing hypertension
 - 3) chronic urinary tract infections
 - 4) recent influenza
12. Which measure should the nurse implement when a client is experiencing respiratory difficulty during peritoneal dialysis?
 - 1) Slow the flow rate and elevate the head of the client's bed.
 - 2) Maintain the client in a supine position and encourage coughing and deep breathing.
 - 3) Drain the fluid immediately and assess the client's vital signs.
 - 4) Provide oxygen as needed and encourage the client to perform relaxation exercises.
13. The nurse teaches a client with acute renal failure about follow-up care. Which client statement indicates that the nurse's teaching was successful?
 - 1) "I need to take antibiotics to avoid infections."
 - 2) "I need to decrease my protein intake to protect my kidneys."
 - 3) "I will have periodic laboratory tests to monitor my progress."
 - 4) "I will drink at least one gallon of fluid per day."
14. A female client who has a vaginal yeast infection complains of itching and burning of the vulva and perineum. What should the nurse suggest to the client to promote comfort?
 - 1) Apply antibiotic cream.
 - 2) Empty the bladder frequently.
 - 3) Wear cotton underwear.
 - 4) Douche every morning.
15. When assessing the nutritional status of a client with premenstrual syndrome, the nurse should ask the client about her intake of which of the following?
 - 1) supplemental fat-soluble and water-soluble vitamins
 - 2) natural diuretics, such as grapefruit
 - 3) foods high in protein and low in fat
 - 4) coffee, tea, and chocolate

16. The nurse is teaching a client who has had a vaginal hysterectomy. Which is a common complication that the client should know how to manage?
 - 1) difficulty in voiding
 - 2) loss of appetite
 - 3) gastrointestinal upset
 - 4) excessive fatigue

17. Which instruction should the nurse include in a discharge plan to prevent lymph edema in a client who has had a mastectomy?
 - 1) Sleep on the affected side or on your back for eight weeks.
 - 2) Measure arm circumference weekly at four inches above and four inches below the elbow.
 - 3) Use your hand, arm, and shoulder on the operative side to perform activities of daily living.
 - 4) Follow a diet low in sodium and take a diuretic every day.

18. Which is an appropriate short-term goal for a client with Cushing's syndrome?

The client will

 - 1) gain weight.
 - 2) restrict activity.
 - 3) allow others to assist with hygiene.
 - 4) avoid people with colds or the flu.

19. The nurse has begun discharge planning with an active adolescent client who has been newly diagnosed with diabetes requiring insulin therapy. Which concept should the nurse include in the teaching plan?
 - 1) The client should eat more food during periods of increased exercise.
 - 2) It is not necessary to monitor glucose levels before and after strenuous exercise.
 - 3) The client should choose the thigh site for insulin injections prior to exercise.
 - 4) The client should use a higher than usual dose of insulin before aerobic exercise.

20. Which finding indicates the effective maintenance of fluid balance in a client with diabetes insipidus?
 - 1) urinary output of 3–4 L/day
 - 2) urine specific gravity of 1.010
 - 3) pulse rate of 100–110
 - 4) blood pressure of 90/64

21. Which findings should the nurse expect when assessing a client with hyperthyroidism?
 - 1) lethargy and constipation
 - 2) dry scaly skin and cold extremities
 - 3) weight loss and increased appetite
 - 4) periorbital pallor and frequent blinking

22. What is the primary purpose of administering histamine antagonists to a client with gastritis?
 - 1) to neutralize gastric acids
 - 2) to inhibit acid production by the gastric mucosa
 - 3) to relieve pain caused by gastric inflammation
 - 4) to decrease inflammation of the gastric mucosa

23. Which strategy for dietary management should the nurse include in a home care plan for a client who has had a gastric resection?
 - 1) Maintain a fat-free diet for bowel regularity.
 - 2) Promote liberal intake of fluids with and between meals.
 - 3) Increase carbohydrate intake with meals.
 - 4) Serve six small high-protein meals per day.

24. The nurse has taught the family of a client with pancreatitis about home care related to total parenteral nutrition (TPN). Which activity by a family member indicates an understanding of how to prevent the most common complication of this therapy?
 - 1) washing the hands carefully
 - 2) testing for protein in the urine
 - 3) recording daily weights
 - 4) troubleshooting mechanical problems in the pump

25. A client is being discharged following a corneal transplant. The nurse should instruct the client and caregivers to report which early manifestation of graft rejection?
- 1) blind spot in the visual field
 - 2) decrease in vision
 - 3) diplopia
 - 4) excess tearing in the eye
26. The nurse teaches a client with multiple sclerosis strategies to enhance bladder control. Which statement by the client indicates that the nurse's teaching was effective?
- 1) "I'll reduce my fluid intake."
 - 2) "I'll take my antihistamine medication as scheduled."
 - 3) "I'll catheterize myself several times a day."
 - 4) "I'll eat a diet high in protein."
27. Which action should the nurse take to prevent hip dislocation in a client who has had a total hip replacement?
- 1) Turn the client to the affected side.
 - 2) Keep the client's hip in abduction.
 - 3) Maintain hip flexion of the affected leg to less than 30°.
 - 4) Use a two-person lift when getting the client out of bed.
28. The assessment of pallor, pulselessness, and paresthesia in the affected extremity of a client in skeletal traction should alert the nurse to which possible complication?
- 1) fat embolus
 - 2) neurovascular damage
 - 3) osteomyelitis
 - 4) deep venous thrombosis
29. Which finding should the nurse expect in the health history of a female client diagnosed with osteoporosis?
- 1) recent weight gain
 - 2) prolonged immobility
 - 3) taking an estrogen replacement
 - 4) increased calcium in the diet
30. The nurse is reviewing the results of laboratory tests for a client who has AIDS. Which finding should alert the nurse that the client is at risk for a serious opportunistic infection?
- 1) negative polymerase chain reaction
 - 2) decreased amount of human immunodeficiency virus
 - 3) 2:1 ratio of T-helper cells to T-suppressor cells
 - 4) CD4+ lymphocyte count of 350–450 cells/ μ l
31. If a client who has had a renal transplant develops fever, elevated BUN level, hypertension, and graft tenderness, the nurse should suspect which complication?
- 1) infection
 - 2) renal failure
 - 3) kidney rejection
 - 4) fluid overload
32. The nurse is teaching a client how to prevent the spread of pediculosis capitis to other family members. Which strategy would be the most effective?
- 1) Wash the bedclothes daily.
 - 2) Use antibacterial soap and shampoo.
 - 3) Use topical corticosteroids to control pruritus.
 - 4) Do not share hats and scarves.
33. When providing emergent treatment for an open skin wound, the nurse should use which substance to clean the wound?
- 1) warm tap water
 - 2) sterile isotonic solution
 - 3) half-strength hydrogen peroxide
 - 4) alcohol swabs

Learning Resources for this Exam

We recommend that you obtain one of the two textbooks listed below to use in preparing for the examination. Each of these textbooks provides very good coverage of the topics on the content outline. For information on ordering from the Excelsior College Bookstore, see the inside front cover of this guide. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Recommended Resources

Lewis, S. et al. (2004). *Medical-surgical nursing: Assessment and management of clinical problems* (6th ed.). St. Louis: Mosby.

This text covers general nursing concepts related to the adult client and nursing assessment and management of medical surgical problems. The nursing process is a major organizing theme. The text provides a brief review of anatomy and physiology before describing assessment and common diagnostic studies for each body system. The nursing role in management of diseases and disorders of body systems includes information related to health promotion and maintenance, acute intervention, and ambulatory and home care. Study aids include learning objectives and multiple choice review questions and answers, case studies with critical thinking challenges, and content related to nursing research issues.

OR

Smeltzer, S., & Bare, B. (2003). *Brunner & Suddarth's Textbook of medical-surgical nursing* (10th ed.). Philadelphia: Lippincott.

This comprehensive text is organized into sections. Charts and tables are used extensively to highlight key information. Each chapter focuses on the nursing process and concludes with critical thinking exercises and an extended list of references and bibliography. The appendix details diagnostic studies and their meaning. The text includes a Windows self-study disk.

Order the resources you need today!

The Excelsior College Bookstore is available by phone, fax, email, Web site, and mail.

See page ii for ordering information.

Rationales for Sample Questions

1.(IF4)

- *1) Urinary output of at least .05 ml/kg/hr indicates adequate fluid volume.**
- 2) Urine pH is not related to fluid volume.
- 3) Elevated urine specific gravity indicates fluid volume depletion.
- 4) Normal negative urine glucose is not related to fluid volume.

2.(IG3)

- *1) Rapid rate of feeding can cause diarrhea due to distention and increased osmolarity.**
- 2) Excess water in feeding will decrease osmolarity, decrease diarrhea, and increase urinary output.
- 3) Improper tube placement could lead to respiratory complications or vomiting.
- 4) Low-fiber formula is more likely to lead to constipation.

3.(IE2)

- *1) Tingling of the fingers, muscle spasms, and tetany are indicative of decreased calcium. Calcium is needed for nerve transmission and muscle contraction.**
- 2) Night blindness, tachycardia, and weakness are not related to calcium deficit.
- 3) Pale mucous membranes, shortness of breath, and lethargy are not related to calcium deficit.
- 4) Bleeding tendencies, thirst, and hypotension are not related to calcium deficit.

4.(IIA)

- 1) A split S1 is a rare finding and does not indicate congestive heart failure (CHF).
- *2) Gallop rhythm (presence of an S3) is indicative of fluid volume overload and CHF.**
- 3) An ejection click is indicative of valvular disease.
- 4) A pericardial friction rub is indicative of pericarditis.

5.(IIA)

- 1) Pallor is a symptom of an arterial obstruction, not of venous insufficiency.
- 2) Tenderness to touch is not a symptom of venous insufficiency.
- 3) Swollen joints are a symptom of inflammatory joint problems, not of venous insufficiency.
- *4) Leathery skin texture is typical of the chronic skin changes in venous insufficiency.**

6.(IIB)

- 1) Although prolonged bleeding may result in anemia, it is not a sign of anemia.
- 2) Bleeding is not a sign of acute respiratory failure.
- 3) Although lung cancer may metastasize to the lymph nodes, prolonged bleeding is not a sign of metastasis.
- *4) Disseminated intravascular coagulation with resultant clotting abnormalities is frequently secondary to malignancy.**

*correct answer

7.(IIE)

- 1) Support hose with the same pressure gradient will not promote venous return.
- 2) Crossing the legs even for short periods of time decreases venous return and should be avoided.
- *3) Exercise such as walking and swimming improves the effect of the skeletal muscle pump on venous return.**
- 4) Round garters may seriously decrease venous return and should not be used.

8.(IIIA)

- *1) Diminished breath sounds and dyspnea result from air in the pleural cavity and indicate a possible pneumothorax.**
- 2) Air in the pleural cavity does not cause blood-tinged sputum; dullness on percussion is due to fluid in the chest cavity.
- 3) Flail chest occurs in an open chest; crackles result from delayed reopening of the small airways.
- 4) Paradoxical chest movement occurs with an open chest and inspiratory stridor is caused by airway obstruction.

9.(IIID)

- 1) The surgical site must be significantly healed before the speech therapist can help the client learn esophageal speech.
- *2) Practicing controlled belching is the first step toward learning esophageal speech. Air is swallowed and trapped in the esophagus. When the trapped air is released in a controlled belch, the pharyngoesophageal segment vibrates and produces sound.**
- 3) Due to the difficulty of controlling the sound produced, esophageal speech is usually difficult to understand.
- 4) Only about 10% of clients will develop fluent esophageal speech.

10.(IIIE)

- 1) Administering oxygen is not related to the comfort of suctioning.
- 2) Administering oxygen has no effect on the effort required to cough.
- 3) Administering oxygen before suctioning will not replace oxygen that is in the lungs.
- *4) Administering oxygen before suctioning increases the amount of oxygen in the bloodstream. The client will be better able to tolerate the decrease in oxygen flow that occurs during suctioning.**

11.(IVA)

- 1) Pyelonephritis is not related to bladder catheterization.
- 2) Pyelonephritis is not related to hypertension.
- *3) Pyelonephritis is an infection of the kidney that most commonly is secondary to repeated bladder infections.**
- 4) Pyelonephritis is most commonly bacterial, not viral.

12.(IVD)

- *1) Slowing the infusion rate of the dialysate and raising the head of the bed allow the fluid to distend the lower abdomen. Taking pressure off the diaphragm provides more time for the client to become accustomed to the increased abdominal pressure.**
- 2) Placing the client in a supine position would increase upward pressure and increase the respiratory difficulty.
- 3) Draining the fluid is an emergency measure taken only if the client was experiencing severe respiratory difficulty.
- 4) Providing oxygen and encouraging relaxation will not decrease pressure on the diaphragm, which is causing the respiratory difficulty.

*correct answer

13.(IVE)

- 1) Prophylactic antibiotic therapy is not appropriate.
- 2) Severe reduction in protein intake is not necessary and may cause catabolism of body proteins, especially if enough calories are provided.
- *3) Periodic laboratory tests are done to monitor recovery of renal function and to ensure appropriate further treatment.**
- 4) Drinking one gallon of water daily would severely tax the impaired kidneys' ability to maintain water balance and would place the client at high risk for hypervolemia.

14.(VD)

- 1) Antibiotic therapy is a risk factor for the development of yeast infections.
- 2) Emptying the bladder will not affect a vaginal yeast infection.
- *3) Cotton underwear decreases the risk of developing specific vaginal infections by keeping the perineum cool and dry.**
- 4) Frequent douching is a risk factor for the development of vaginal infections.

15.(VA)

- 1) Intake of supplemental vitamins may actually decrease premenstrual syndrome.
- 2) Intake of natural diuretics may alleviate the premenstrual symptom of water retention.
- 3) High-protein, low-fat diets have not been linked to symptoms of premenstrual syndrome.
- *4) Coffee, tea, and chocolate contain caffeine, which has been implicated in premenstrual syndrome.**

16.(VD)

- *1) Difficulty in voiding is a common complication of a vaginal hysterectomy.**
- 2) Loss of appetite is not a common or expected complication.
- 3) GI upset is not a common or expected complication.
- 4) Excessive fatigue is not a common or expected complication.

17.(VC)

- 1) Sleeping on the affected side promotes pooling of lymphatic fluid and should be avoided.
- 2) Measuring arm circumference will monitor the development or progression of lymphedema but will not prevent its development.
- *3) Passive and active range of motion promotes lymphatic drainage and will help to prevent the development of lymphedema.**
- 4) Use of diuretics will not alter lymphatic drainage.

18.(VIB)

- 1) The client is likely to have gained weight due to water retention and fat deposition. Weight loss or stabilization is a more appropriate goal.
- 2) Activity restriction is not recommended as it can lead to further muscle wasting.
- 3) The client should be encouraged to provide her or his own self-care needs. Moderate activity decreases the complications of immobility and helps improve self-esteem.
- *4) The client should avoid people with colds or the flu. High levels of circulating corticosteroids cause an immunosuppressive effect, placing the client at high risk for infection.**

19.(VIC)

- *1) Exercise improves insulin utilization and glucose uptake by muscles; therefore, without additional glucose sources, the client may develop hypoglycemia. Eating extra food during periods of increased activity will provide the required glucose.**
- 2) It is very important for the client to monitor glucose levels before and after strenuous exercise, to maintain glucose levels in the optimal range.
- 3) The client should avoid using the thigh for insulin injections prior to exercise because the increased muscle activity will increase the absorption rate of insulin.
- 4) Increasing the insulin dose before exercise will cause more rapid depletion of the body's glucose levels and may lead to hypoglycemia.

*correct answer

20.(VIE)

- 1) Urinary output of 3 - 4 L/day is excessive and may be indicative of fluid volume deficit.
- *2) Urine specific gravity of 1.010 is normal and provides evidence that the kidneys are concentrating urine appropriately.**
- 3) A pulse rate of 100 - 110 is a compensatory mechanism and may be the result of hypokalemia related to diabetes insipidus.
- 4) A blood pressure of 90/64 is low and may be the result of hypokalemia related to diabetes insipidus.

21.(VIA)

- 1) Lethargy and constipation are signs of hypothyroidism.
- 2) Dry, scaly skin and cold extremities are signs of hypothyroidism.
- *3) Weight loss and increased appetite are signs of hyperthyroidism.**
- 4) Periorbital pallor and frequent blinking are not associated with hyperthyroidism.

22.(VIIB)

- 1) Histamine antagonists do not neutralize gastric acid; they inhibit the secretion of gastric acid.
- *2) The major action of histamine antagonists is inhibiting acid production by the gastric mucosa.**
- 3) Histamine antagonists do not treat gastric inflammation.
- 4) See 3).

23.(VIID)

- 1) A fat-free diet will further limit absorption of fat-soluble vitamins and is not advised.
- 2) Fluids taken with meals can increase gastric distention and the "dumping" of hypertonic fluid into the intestine, initiating the symptoms of dumping syndrome.
- 3) Increased carbohydrate intake with meals can lead to postprandial hypoglycemia and is contraindicated.

- *4) Serving six small high-protein meals daily decreases the volume of food that enters the intestine and decreases the risk of dumping syndrome, especially if meals are eaten without drinking fluids.**

24.(VIIE)

- *1) Handwashing is the single most effective means of preventing infection, which is the most common complication of central lines and total parenteral nutrition (TPN).**
- 2) Testing the urine for protein evaluates kidney function but does not prevent complications of TPN.
- 3) Recording daily weights helps to evaluate the effectiveness of TPN but does not prevent complications.
- 4) Troubleshooting mechanical problems in the pump does not prevent infection.

25.(VIID)

- 1) A blind spot is not related to graft rejection.
- *2) Decrease in vision is often the first sign of graft rejection.**
- 3) Diplopia is not related to graft rejection.
- 4) Excessive tearing is not related to graft rejection.

26.(VIIE)

- 1) Reducing fluid intake will not alter bladder control, but may increase constipation and risk of urinary tract infections due to stagnant urine in the bladder.
- 2) Antihistamines will not alter bladder control.
- *3) Self-catheterization several times daily will ensure complete emptying of the bladder to prevent urinary retention and bladder atony in multiple sclerosis.**
- 4) A high-protein diet will have no effect on bladder control.

*correct answer

27.(IXD)

- 1) The client should not lie on the affected side without the surgeon's approval, generally several weeks after surgery.
- *2) The affected hip must remain in an abducted position to prevent prosthesis dislocation.**
- 3) Hip flexion should not be less than 45–60 degrees.
- 4) One person is needed to help the client protect the affected side when getting out of bed.

28.(IXA)

- 1) Fat emboli result in damage and symptoms to other organs, not to the affected extremity.
- *2) Pallor, pulselessness, and paresthesia are signs of neurovascular damage.**
- 3) Fever and increased white blood cells are signs of osteomyelitis.
- 4) Pain, swelling, and localized warmth are signs of deep vein thrombosis.

29.(IXA)

- 1) Recent weight gain is not associated with osteoporosis.
- *2) Prolonged immobility is a risk factor for osteoporosis.**
- 3) Estrogen replacement decreases the risk of osteoporosis.
- 4) High calcium intake decreases the risk of osteoporosis.

30.(XB)

- 1) A positive polymerase chain reaction indicates HIV activity.
- 2) Decreased amount of HIV indicates a decreased risk of opportunistic infection.
- 3) A 2:1 ratio of T-helper to T-suppressor cells is the normal healthy ratio and does not indicate risk for opportunistic infection.
- *4) A CD4+ count below 500 places the body at risk for opportunistic infection.**

31.(XB)

- 1) Hypertension and graft tenderness are not signs of infection.
- 2) Fever and graft tenderness are not signs of renal failure.
- *3) Fever, elevated BUN, hypertension, and graft tenderness are indicators of renal graft rejection.**
- 4) Fever and graft tenderness are not signs of fluid overload.

32.(XB)

- 1) Washing bedclothes daily will not affect the spread of pediculosis capitis to other family members.
- 2) Using antibiotic soap and shampoo will not affect pediculosis; a special shampoo containing pyrethrin or benzene hexachloride is needed.
- 3) Topical steroids may help the pruritus briefly but will not kill the pediculi or prevent their spread.
- *4) The sharing of headgear (hats and scarves) is the prime means of spreading pediculosis. Headwear should never be shared with others.**

33.(XD)

- 1) Warm tap water is not sterile and may introduce chemicals such as chlorine or bacteria. It is also hypotonic and may cause further damage to the wound.
- *2) A sterile isotonic solution will promote washing away of debris or bacteria and will not further damage the tissue.**
- 3) Half-strength hydrogen peroxide is too strong an oxidizing agent to use on an open wound.
- 4) Alcohol swabs are drying and may also further damage the tissue.

*correct answer

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Notes

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Study, Learn, and Succeed with the Help of Excelsior College Learning Resources.

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Online Practice Exams

When you register for your test, why not purchase the corresponding practice exam as well? An Excelsior College Practice Exam allows you to sample the types of questions you may encounter on the credit-bearing test you will take at Pearson Professional Centers. You take your practice exams using any personal computer with a supported Web browser (check browser compatibility at <http://www.webct.com/tuneup>). Each practice exam has two forms (100 questions each, with a 2-hour time limit) that you may take within a 120-day window. After each practice exam, you will be able to check online how you performed on individual questions and why your answer was right or wrong. Feedback is not intended to predict your performance on the actual Excelsior College Examination, but rather to help you improve your knowledge of the relevant subject and identify areas of weakness that you should address before sitting for the exam.

Practice exams are now offered for all seven of the Nursing Concepts exams, and as of fall 2006, for seven additional exams: Anatomy & Physiology, Ethics: Theory & Practice, Life Span Developmental Psychology, Microbiology, Abnormal Psychology, Foundations of Gerontology, and Organizational Behavior. Visit www.excelsior.edu for updates and the most current practice exam offerings.

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The Excelsior College Virtual Library (ECVL) is an online library designed for distance learners. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University and located at www.library.excelsior.edu, the ECVL provides access to a broad array of resources such as journal articles, books, Web sites, databases, and reference services. These resources can help you prepare for Excelsior College courses and examinations, and you can use them to enhance your research activities as well.

Learn Online with Subject Matter Experts

Excelsior College online tutoring services provide enrolled and prospective students access to subject matter experts. These services are available on a fee-for-service basis and currently assist students with writing and statistics. For further information about these services, email learn@excelsior.edu or call the Office of Online Education and Learning Services toll free at 888-647-2388 (press 1-4-4 at the greeting).

You Can Prepare Online for Your Nursing Concepts Exams with special eight-week Online Conferences available directly from Excelsior College.

Designed especially for nursing students, these eight-week study sessions titled Nursing Concepts: Online Conferences provide many benefits to students planning to take the Nursing Concepts exams.

Note: Both enrolled and prospective students are eligible to participate in the Nursing Concepts 1 and Nursing Concepts 2 conferences. Only enrolled students may register for the remainder of the Nursing Concepts: Online Conferences series.

Find out more about this unique program and other guided learning opportunities available directly from Excelsior College. Call the LEARN Office toll free at 888-647-2388 (press 1-3-1-6 at the automated greeting). Or visit the nursing page on the Excelsior College Web site at www.excelsior.edu for a list of dates and fees.

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American Dream†	6*	Nursing Concepts 2	4
Anatomy & Physiology†	6	Nursing Concepts 3 ^①	4
Bioethics	3*	Nursing Concepts 4 ^①	4
College Writing	3	Nursing Concepts 5 ^①	4
Cultural Diversity	3*	Nursing Concepts 6 ^①	4
English Composition†	6	Nursing Concepts:	
Ethics: Theory & Practice†	3*	Foundations of Professional Practice ^①	4
Foundations of Gerontology	3*	Fundamentals of Nursing**	8
Juvenile Delinquency.....	3*	Maternal & Child Nursing (associate)**	6
Life Span Developmental Psychology†.....	3	Maternity Nursing**	3
Microbiology†	3	Nursing: Baccalaureate Level	
Organizational Behavior.....	3*	Community Health Nursing	4*
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Psychology of Adulthood & Aging.....	3*	Research in Nursing	3*
Religions of the World	3*	Adult Nursing**	8*
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Social Psychology	3*	Psychiatric/Mental Health Nursing**	8*
Statistics	3		
World Conflicts Since 1900	3*		
World Population	3*		
Business			
Ethics: Theory & Practice†	3*		
Human Resource Management.....	3*		
Labor Relations	3*		
Organizational Behavior.....	3*		
Education			
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* Indicates upper-level college credit.

** These examinations do not apply toward the Excelsior College nursing degrees.

† Guided Learning Packages are available for these exams.

① You must be enrolled in Excelsior College prior to registering to take these Associate Degree Nursing examinations. If you need these exams for another nursing program, please contact that institution for the testing code you need to register for these exams.

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