

Psychiatric Mental Health Nursing 6th Edition Mary Townsend Test Bank

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1. A nurse is assessing a newly admitted psychiatric client. Which nursing actions, conducted during the assessment phase, are a means of data gathering? Select all that apply.
 - A) Observing the client's interaction with his or her family
 - B) Consulting with other team members regarding the client's condition
 - C) Reviewing the client's medical records
 - D) Explaining the purpose of group attendance and participation
2. A nurse is assessing a newly admitted psychiatric client. Which statement about a psychiatric assessment is accurate?
 - A) Medical history is of lesser significance and can be eliminated from the assessment interview.
 - B) Psychiatric assessment provides a thorough and holistic overview of the client, including biological, psychological, and social aspects.
 - C) Comprehensive assessments can be performed only by physicians.
 - D) Psychosocial aspects of the evaluation are obtained through subjective reports rather than objective observations.
3. A nurse is developing a care plan for a newly admitted psychiatric client. Which statement about nursing diagnoses is correct?
 - A) Nursing diagnoses are listed on Axis IV of the *DSM-IV-TR* multiaxial system.
 - B) Nursing diagnoses are not as important as medical diagnoses.
 - C) Nursing diagnoses reflect clients' responses to actual or potential problems.
 - D) Nursing diagnoses are recognized and addressed by other health-related professions.
4. A nurse is developing a care plan for a newly admitted psychiatric client with paranoid schizophrenia. Which is an appropriate nursing diagnosis for this client?
 - A) Schizophrenia related to biochemical alterations
 - B) Self-care deficit (hygiene) related to altered reality orientation
 - C) Depressed mood related to multiple life stressors
 - D) Developmental disability related to early onset schizophrenia

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