HESI Fundamentals Practice Test B

1.What is the rationale for using the nursing process in planning care for clients?

A. As a scientific process to identify nursing diagnoses of a clients' healthcare problems.

B. To establish nursing theory that incorporates the biopsychosocial nature of humans.

C. As a tool to organize thinking and clinical decision making about clients' healthcare needs.

D. To promote the management of client care in collaboration with other healthcare professionals. - C (The nursing process is a problem-solving approach that provides an organized, systematic, decision making process to effectively address the client's needs and problems. The nursing process includes an organized framework using knowledge, judgments, and actions by the nurse as the client's plan of care is determined, and encompasses assessment, analysis, planning, implementation, and evaluation of client care (C). (A, B, and D) do not support the basis for using the nursing process.

Correct Answer: C)

2.What activity should the nurse use in the evaluation phase of the nursing process?

A. Ask a client to evaluate the nursing care provided.

B. Document the nursing care plan in the progress notes.

C. Determine whether a client's health problems have been alleviated.

D. Examine the effectiveness of nursing interventions toward meeting client outcomes. - In the nursing process, the evaluation component examines the effectiveness of nursing interventions in achieving client outcomes (D). (A) is an evaluation of client satisfaction, not outcomes. (B) is a written record of the plan of care. Although (C) may occur when client outcomes are achieved, evaluation is best determined by attainment of measurable client outcomes.

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