Chapter 36: Assessment of the Hematologic System Ignatavicius: Medical-Surgical Nursing, 10th Edition

MULTIPLE CHOICE

- The nurse is assessing an older client for any potential hematologic health problem. Which assessment finding is the most significant and would be reported to the primary health care provider?
 - Poor skin turger on both forearms
 - Multiple petechiae and large bruises
 - Dry, flaky skin on arms and legs
 - Decreased body hair distribution

The presence of multiple petechiae and large bruises indicate a possible problem with blood clotting. Older adults typically have poor skin turgor and dry, flaky skin due to decreased body fluid as a result of aging. They also lose body hair or have thinning hair as a normal change of aging.

DIF: Analyzing TOP: Integrated Process: Nursing Process: Assessment KEY: Hematologic system, Nursing assessment, Older adult MSC: Client Needs Category: Health Promotion and Maintenance

- A nurse is assessing a dark-skinned client for pallor. What nursing assessment is best to assess for pallor in this client?
 - Assess the conjunctive of the eye.
 - b. Have the patient open the hand widely.
 - Look at the roof of the patient's mouth.
 - d. Palpate for areas of mild swelling.

ANS: A

To assess pallor in dark-skinned people, assess the conjunctiva of the eye or the mucous membranes. Looking at the roof of the mouth can reveal jaundice. Opening the hand widely is not related to pallor, nor is palpating for mild swelling.

TOP: Integrated Process: Nursing Process: Assessment DIF: Applying KEY: Hematologic system, Nursing assessment, Anemia MSC: Client Needs Category: Physiological Integrity: Reduction of Risk Potential

- A hospitalized client has a platelet count of 58,000/mm³ (58 × 10⁹/L). What action by the nurse is most appropriate?
 - Encourage high-protein foods.
 - Institute neutropenic precautions.
 - Limit visitors to healthy adults.
 - d. Place the client on safety precautions.

ANS: D

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Table of Contents Iggy Med Surg Test Bank Questions

- 1. Understanding the eBook Iggy Med Surg Test Bank Questions
 - The Rise of Digital Reading Iggy Med Surg Test Bank Questions
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Iggy Med Surg Test Bank Questions
 - Exploring Different Genres
 - o Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Iggy Med Surg Test Bank Questions
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Iggy Med Surg Test Bank Questions
 - Personalized Recommendations
 - Iggy Med Surg Test Bank Questions User Reviews and Ratings
 - Iggy Med Surg Test Bank Questions and Bestseller Lists
- 5. Accessing Iggy Med Surg Test Bank Questions Free and Paid eBooks
 - Iggy Med Surg Test Bank Questions Public Domain eBooks
 - Iggy Med Surg Test Bank Questions eBook Subscription Services
 - Iggy Med Surg Test Bank Questions Budget-Friendly Options
- 6. Navigating Iggy Med Surg Test Bank Questions eBook Formats
 - o ePub, PDF, MOBI, and More
 - Iggy Med Surg Test Bank Questions Compatibility with Devices
 - Iggy Med Surg Test Bank Questions Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Iggy Med Surg Test Bank Questions
 - Highlighting and Note-Taking Iggy Med Surg Test Bank Questions
 - Interactive Elements Iggy Med Surg Test Bank Questions
- 8. Staying Engaged with Iggy Med Surg Test Bank Questions

- o Joining Online Reading Communities
- Participating in Virtual Book Clubs
- Following Authors and Publishers Iggy Med Surg Test Bank Questions
- 9. Balancing eBooks and Physical Books Iggy Med Surg Test Bank Questions
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Iggy Med Surg Test Bank Questions
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Iggy Med Surg Test Bank Questions
 - Setting Reading Goals Iggy Med Surg Test Bank Questions
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Iggy Med Surg Test Bank Questions
 - Fact-Checking eBook Content of Iggy Med Surg Test Bank Questions
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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