

***Canadian Maternity and Pediatric Nursing
(Canadian) 2nd edition Webster Test Bank***

SKU: 9781496386090-TEST-BANK

1. The nurse is providing home care for a 6-year-old girl with multiple medical challenges. Which activity would be considered the tertiary level of prevention?

- A. arranging for a physical therapy session
- B. teaching parents to administer albuterol
- C. reminding parent to give a full course of antibiotics
- D. giving a DTaP vaccination at the proper interval

Ans: A

Rationale: The tertiary level of prevention involves restorative, rehabilitative, or quality of life care such as arranging for a physical therapy session. Teaching parents to administer albuterol and reminding a parent to give the full course of antibiotics as prescribed are part of the secondary level of prevention, which focuses on diagnosis and treatment of illness. Giving a DTaP vaccination at the proper interval is an example of the primary level of prevention, which centers on health promotion and illness prevention.

Chapter: 2

Client Needs: Physiological Integrity: Reduction of Risk Potential

Title: Maternity and Pediatric Nursing, 2e

Page: 66 - 67, Tertiary Prevention

Cognitive Level: Apply

2. A nurse is conducting an in-service education program on documenting client care and education for a group of nurses returning to the workforce. The nurse determines that additional teaching is needed when the group identifies which information as a reason for documentation?

- A. The client's medical record serves as a communication tool for the interdisciplinary team.
- B. The record documents the education the family has received if legal matters arise.
- C. The record allows others to view a client's medical history at any time to refuse medical insurance coverage.
- D. The documentation verifies client education standards set by JCAHO.

Ans: C

Rationale: Medical records are not in place for others to view for the sole purpose of denying medical coverage. Documenting client care and education (medical records) serves four main purposes. The client's medical record serves as a

communication tool that the entire interdisciplinary team can use to keep track of what the client and family have learned. Next, it serves to testify to the education the family has received if legal matters arise. Thirdly, it verifies standards set by JCAHO and other accrediting bodies that hold health care providers accountable for client education activities. Lastly, it informs third-party payers of goods and services provided for reimbursement purposes.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Management of Care

Title: Maternity and Pediatric Nursing, 2e

Page: 71, Community-Based Nursing

Cognitive Level: Analyze

3. A pregnant client tells her nurse that she is interested in arranging a home birth. After educating the client on the advantages and disadvantages of a home birth, which statement would indicate that the client understood the information?

A. "I like having the privacy, but it might be too expensive for me to set up in my home."

B. "I want to have more control, but I am concerned if an emergency would arise."

C. "It is safer because I will have a midwife."

D. "The midwife is trained to resolve any emergency, and she can bring any pain meds."

Ans: B

Rationale: Home births have many advantages, such as having more control over the birth, being the least expensive option, creating a good relationship with a midwife, and having more flexibility in the comfort of your home. However, the limited availability of pain medication and danger to the mother and baby if an emergency arises are two of the main disadvantages.

Chapter: 2

Client Needs: Physiological Integrity: Reduction of Risk Potential

Title: Maternity and Pediatric Nursing, 2e

Page: 76, Labour and Birth Care

Cognitive Level: Understand

4. A nurse is providing care to a group of childbearing families at the local family health clinic. The families are from a different culture from the nurse's own. Which action would be the **priority** for the nurse?

A. Adapt to the practices of the family's culture.

B. Determine similarities between both cultures.

- C. Assess personal feelings about that culture.
- D. Learn as much as possible about that culture.

Ans: C

Rationale: The first step is to develop cultural awareness, engaging in self-exploration beyond one's own culture, seeing clients from different cultures, and examining personal biases and prejudices toward other cultures. Once this occurs, the nurse can learn as much about the culture to gain cultural knowledge and become familiar with similarities and differences between one's own culture and the family's culture. The nurse would adapt nursing care to address the practices of the family's culture to provide culturally competent care.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 56, Family-Centred Care

Cognitive Level: Understand

5. A nurse is reading a journal article about the changes in health care delivery and funding that have occurred over the years. Which factor would the nurse expect to find as a current trend in maternal and child health care settings?

- A. increase in ambulatory care
- B. decrease in family poverty level
- C. increase in hospitalization of children
- D. decrease in managed care

Ans: A

Rationale: The health care system has moved from reactive treatment strategies in hospitals to a proactive approach in the community, resulting in an increased emphasis on health promotion and illness prevention in the community through the use of community-based settings such as ambulatory care. Poverty levels have not decreased, and the hospitalization of children has not increased. Case management also is a primary focus of care.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 56, CORE CONCEPTS OF MATERNAL AND CHILD HEALTH NURSING

Cognitive Level: Analyze

6. The nurse would recommend the use of which supplement as a primary prevention strategy to prevent neural tube defects in the future offspring of pregnant women?

- A. calcium
- B. folic acid
- C. vitamin C
- D. iron

Ans: B

Rationale: Prevention of neural tube defects in the offspring of pregnant women via the use of folic acid is an example of a primary prevention strategy. Calcium, vitamin C, and iron have no effect on the prevention of neural tube defects.

Chapter: 2

Client Needs: Physiological Integrity: Reduction of Risk Potential

Title: Maternity and Pediatric Nursing, 2e

Page: 66, Preventative Care

Cognitive Level: Apply

7. Which action would the nurse include in a primary prevention program in the community to help reduce the incidence of HIV infection?

- A. Provide treatment for clients who test positive for HIV.
- B. Monitor viral load counts periodically.
- C. Educate clients in how to practice safe sex.
- D. Offer testing for clients who practice unsafe sex.

Ans: C

Rationale: Primary prevention involves preventing disease before it occurs. Therefore, educating clients about safe sex practices would be an example of a primary prevention strategy. Providing treatment for clients who test positive for HIV, monitoring viral loads periodically, and offering testing for clients practicing unprotected sex are examples of secondary preventive strategies, which focus on early detection and treatment of adverse health conditions.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 67, Tertiary Prevention

Cognitive Level: Apply

8. The nurse is preparing the discharge plan for a woman whose newborn requires ventilatory support at home. Which action by the nurse would be **most** appropriate to do when assuming the role of discharge planner?

- A. Confer with the client's parents.
- B. Teach new self-care skills to the client.
- C. Determine if there is a need for back-up power.
- D. Discuss coverage with the insurance company.

Ans: C

Rationale: The nurse should establish if there is a need for back-up power during discharge planning. Conferring with a woman's parents and dealing with insurance companies are case management activities. Teaching self-care skills are activities associated with the nurse as an educator.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Management of Care

Title: Maternity and Pediatric Nursing, 2e

Page: 65, Discharge Planner and Case Manager

Cognitive Level: Apply

9. A nurse is reading a journal article comparing community-based nursing with nursing in the acute care setting. Which factor would the nurse **most** likely find as being associated with community-based nursing?

- A. increased time available for education
- B. improved access to resources
- C. decision making in isolation
- D. greater environmental structure

Ans: C

Rationale: Community-based nurses often have to make decisions in isolation in the community setting. This is in contrast to the acute care setting where other health care professionals are readily available. Nursing care and procedures in the community also are becoming more complex and time-consuming, leaving limited time for education. Nurses working in the community have fewer resources available, and the environment is less structured and controlled when compared with the acute care setting.

Chapter: 2
Client Needs: Health Promotion and Maintenance
Title: Maternity and Pediatric Nursing, 2e
Page: 71, Community-Based Nursing
Cognitive Level: Apply

10. A nurse working in the community is involved in providing primary prevention. Which intervention would be **most** appropriate to implement?

- A. teaching parents of toddlers about ways to prevent poisoning
- B. working with women who are victims of domestic violence
- C. working with clients at an HIV clinic to provide nutritional and CAM therapies
- D. teaching hypertensive clients to monitor blood pressure

Ans: A

Rationale: Primary prevention involves preventing a disease or condition before it occurs, such as teaching parents of toddlers about poisoning prevention. Working with women who are victims of domestic violence, clients at an HIV clinic, or hypertensive clients are all examples of tertiary prevention, which is designed to reduce or limit the progression of a disease or condition.

Chapter: 2
Client Needs: Health Promotion and Maintenance
Title: Maternity and Pediatric Nursing, 2e
Page: 65-66, Primary Prevention
Cognitive Level: Apply

11. A nurse is preparing an in-service program for a group of newly hired nurses about trends in care for pregnant women. When describing events of the past decade, the nurse would state that the average length of stay in the hospital for vaginal births is:

- A. 24 to 48 hours or less.
- B. 72 to 96 hours or less.
- C. 48 to 72 hours or less.
- D. 96 to 120 hours or less.

Ans: A

Rationale: Hospital stays for vaginal births have averaged 24 to 48 hours or less during the past decade and 72 to 96 hours or less for cesarean births.

Chapter: 2

Client Needs: Physiological Integrity: Reduction of Risk Potential

Title: Maternity and Pediatric Nursing, 2e

Page: 78, Postpartum and Newborn Care

Cognitive Level: Understand

12. A nurse is teaching a local women's group about women's health care and changes that have occurred. When describing women's health care today, which statement would the nurse **most** likely include?

- A. Women spend 50 cents of every dollar spent on health care.
- B. Women make almost 90% of all health care decisions.
- C. Women are still the minority in the United States.
- D. Men use more health services than women.

Ans: B

Rationale: Women make almost 90% of all health care decisions (those related to caregiver, mother, client); they represent the majority of the population; they spend 66 cents of every health care dollar; and they use more health services than men, with 7 of every 10 most frequently performed surgeries being specific to women.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 79, Women's Health Care

Cognitive Level: Remember

13. A nurse is educating a client about a care plan. Which question would be appropriate to assess whether the client is learning?

- A. "Did you graduate from high school, and how many years of schooling did you have?"
- B. "Do you have someone in your family who would understand this information?"
- C. "Many people have trouble remembering information; is this a problem for you?"
- D. "Would you prefer that the primary care provider give you more detailed medical information?"

Ans: C

Rationale: It is appropriate to ask the client if the client will have trouble remembering the information. Many clients have this problem. It removes any judgment or stereotypes regarding education level, ability to understand, or learning skills. Avoid giving information that uses a lot of medical language or jargon, and use a simple, conversational style.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Management of Care

Title: Maternity and Pediatric Nursing, 2e

Page: 68, Culturally Competent Nursing Care

Cognitive Level: Apply

14. A teenage male from a rural area has been airlifted to the nearest urban center hospital for investigation of abdominal pains. Which actions by the nurse **best** exemplify the principles of family-centered care? Select all that apply.

- A. The health care team gives the client and family regular updates.
- B. The client is encouraged to become more independent by making his own health care decisions.
- C. The family is assisted with travel plans to be able to stay with the client.
- D. The client and family are able to communicate with caregivers their potential fears.
- E. Family is encouraged to visit the client during visiting hours.

Ans: A, C, D

Rationale: Family-centered care refers to the collaborative partnership among the individual, family, and caregivers, and thus the family should receive regular updates and also the assistance with travel plans to visit their child. It is an approach in which clients and their families are considered integral components of the health care decision making—not just the client. It is based on collaboration among everyone in the client's life and the health care professional. Family members visits, support, and need to communicate with one another goes well beyond the health care provider's brief time with them, such as during their child's illness.

Chapter: 2

Client Needs: Psychosocial Integrity

Title: Maternity and Pediatric Nursing, 2e

Page: 56, INTRODUCTION

Cognitive Level: Apply

15. A nurse is working at a community prenatal drop-in clinic. Which actions **best** reflect the principles of family nursing within this clinic? Select all that apply.

- A. The clients and their families are assessed for adherence to federal health guidelines.
- B. Health promotion education activities are planned for the clients and their families.
- C. The clients and their families are included in all decision-making collaborations.
- D. The nurse would seek other health care provider input to plan care.
- E. The client is viewed as the ultimate decision maker.

Ans: B, C, D

Rationale: When implementing family-centered care, nurses seek other caregiver input. These suggestions and advice are incorporated into the client's plan of care as the nurse counsels and teaches the family appropriate health care interventions. Health promotion activities are offered to the client and family. The nurses partner with various experts to provide high-quality and cost-effective care. One expert partnership that nurses can make is with the client's family. The client and family are the health care decision makers.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Safety and Infection Control

Title: Maternity and Pediatric Nursing, 2e

Page: 75, Prenatal Care

Cognitive Level: Apply

16. The nurse notes that an older adult client receives only one visitor and asks the client if family members could be called. The client states, "I consider her to be all of my family." What would the nurse consider in responding to the client?

- A. The nurse could encourage the client to reconnect with other family members.
- B. The client defines who is and who is not part of the family without undue influence.
- C. The nurse realizes individuals exist without a family and do not often adopt substitutes.
- D. Family is more important to those individuals with a large number of family members.

Ans: B

Rationale: It is important for nurses to remain neutral to all they hear and see in order to enhance trust and maintain open communication lines with all family members. Nurses need to remember that clients are experts of their own health and can define their own family.

Chapter: 2

Client Needs: Psychosocial Integrity

Title: Maternity and Pediatric Nursing, 2e

Page: 67, Barriers to Cultural Competence

Cognitive Level: Analyze

17. The nurse is preparing for a public health campaign with a focus on current trends with family-centered care. What information would the nurse include in the presentation? Select all that apply.

- A. Family-centered care requires sensitivity to the client's and family's beliefs.
- B. The family should be assessed according to the relative importance of each member.
- C. Family-centered care promotes greater family decision-making abilities.
- D. The client's family is considered in health care to be an expert partnership.
- E. Family members should be addressed individually before being addressed collectively.

Ans: A, C, D

Rationale: Family-centered care above all requires sensitivity to the client's and family's beliefs. This involves listening to the family's needs and a shift of the nurse's authoritarian role to the family to empower them to make their own decisions within the context of a supportive environment. One expert partnership that nurses can make is with the client's family. The philosophy of family-centered care recognizes the family as the constant.

Chapter: 2

Client Needs: Psychosocial Integrity

Title: Maternity and Pediatric Nursing, 2e

Page: 63, LITERACY ISSUES

Cognitive Level: Analyze

18. A nurse on a pediatric unit is asked by the mother of a young postoperative child, "What does atraumatic care mean?" Which responses by the nurse would be appropriate? Select all that apply.

- A. "Care on this unit attends to the distress experienced by children and their families."

- B. "Care that is provided minimizes the hospitalization stress."
- C. "Your child's care will prevent anxiety-provoking behaviors from occurring."
- D. "Attention will be paid to decreasing or preventing separation anxiety."
- E. "An early discharge will be planned so care can be given in the home."

Ans: A, B, D

Rationale: Atraumatic care refers to the delivery of care that minimizes or eliminates the psychological and physical distress experienced by children and their families in the health care system. The key principles of atraumatic care include preventing or minimizing physical stressors, preventing or minimizing separation of the child from the family, and promoting a sense of control for family. Nurses must be alert for any situation that has the potential for causing distress and should be able to identify potential stressors. Nurses should minimize separation anxiety of the child from the family and should decrease the child's exposure to stressful situations in order to prevent or minimize pain and injury.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Management of Care

Client Needs: Psychosocial Integrity

Title: Maternity and Pediatric Nursing, 2e

Page: 58, Atraumatic Pediatric Care

Cognitive Level: Analyze

19. The nurse would include which principles of adult learner-centered care when preparing to teach an older client about medication compliance? Select all that apply.

- A. Client teaching may include the strategy of role playing.
- B. Client teaching strategies should focus on a lecture style.
- C. Adults learn best when they realize there is gap in their knowledge base.
- D. The best time for adults to learn is when it meets an immediate need for them.
- E. Client teaching should focus on the content not the process.

Ans: A, C, D

Rationale: Teaching adults needs to focus more on the process than on the content. Adults are self-directed and value independence and want to learn on their own terms. Teaching strategies that include such concepts as role playing, demonstration, and self-evaluation are most helpful. Adults learn best when they

perceive there is a gap in their knowledge base and want information to fill the gap. Adults learn best at a time when learning meets an immediate need. Adults value past experiences and beliefs.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 61, Steps of Client and Family Education

Cognitive Level: Apply

20. A nurse educator is preparing a lecture for a group of students about the possible client indicators of poor health literacy. Which student statements would indicate that teaching was successful? Select all that apply.

- A. "Clients will have difficulty filling out registration forms."
- B. "They frequently have missed appointments."
- C. "There is a pattern of lack of follow up with treatment."
- D. "Clients will complain of not be able to hear."
- E. "There is a pattern of history of medication errors."
- F. "Clients will ask many questions about their health situation."

Ans: A, B, C, E

Rationale: Red flags that might indicate poor literacy skills include: difficulty filling out registration forms; frequently missed appointments; noncompliance and lack of follow-up with treatment regimens; history of medication errors; and avoiding asking questions for fear of looking "stupid." Complaints of not hearing may be due to something else like true hearing loss.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Management of Care

Title: Maternity and Pediatric Nursing, 2e

Page: 62, LITERACY ISSUES

Cognitive Level: Analyze

21. A nurse is preparing to teach insulin administration to a newly diagnosed diabetic adolescent and the adolescent's family. Which strategies would the nurse use to assist the client's learning? Select all that apply.

- A. Go slow and repeat information often.
- B. Use plain nonmedical language to explain procedures.

- C. Deliver the material in an educational lecture format.
- D. Teach the prioritized information.
- E. Use the accurate medical terms in the presentation.

Ans: A, B, D

Rationale: Techniques that can help improve learning include: slow down and repeat information often; repeat important information at least four or five times; speak in conversational style using plain, nonmedical language; group information and teach it in small amounts using logical steps; and prioritize information first. Teach using an interactive, "hands-on" approach.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 63, PLANNING EDUCATION

Cognitive Level: Apply

22. A public health nurse is preparing to visit the home of teenage parents with a new infant. Which action would be the **priority**?

- A. Determine the family's willingness for home visits.
- B. Prepare a schedule of follow-up visits.
- C. Review previous home visits to validate interventions.
- D. Review the family record to assess if the visit is necessary.

Ans: C

Rationale: It is essential to review previous interventions to eliminate unsuccessful ones. Checking with previous home visit narratives will validate interventions. It would be necessary to communicate with previous nurses to ask questions and clarify. The other actions would not be the priority.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Management of Care

Title: Maternity and Pediatric Nursing, 2e

Page: 71, Community-Based Nursing

Cognitive Level: Analyze

23. A prenatal nurse is preparing a presentation for expectant parents on the use of birthing centers. What information would the nurse likely include? Select all that apply.

- A. Birthing centers use a noninterventional approach to obstetric care.
- B. Birthing centers allow for freedom to eat and move around during labor.
- C. The screening process for a birthing center birth is the same as a hospital birth.
- D. This setting allows for the ability to give birth in a variety of positions.
- E. Mothers with previous a cesarean birth will benefit from a birthing center environment.

Ans: A, B, D

Rationale: The advantages of birthing centers include: a nonintervention approach to obstetric care; freedom to eat and move around during labor; ability to give birth in any position; and the right to have any number of family and friends attend the birth. Disadvantages are that some centers have rigid screening criteria, which may eliminate healthy mothers from using birth centers.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 76, Labour and Birth Care

Cognitive Level: Apply

24. A nurse is preparing to visit the home of a two-day postpartum client and her infant. Which assessments would the nurse expect to prioritize during the home visit? Select all that apply.

- A. a postpartum assessment
- B. assessment of the family members' well-being
- C. newborn nutritional assessment
- D. routine newborn exam
- E. socioeconomic family assessment
- F. community day care assessment

Ans: A, B, C, D

Rationale: Postpartum care in the home environment usually includes monitoring the physical and emotional well-being of the family members; identifying potential or developing complications for the mother and newborn; newborn feeding; and instruction on pelvic floor exercises, nutrition, and self-hygiene care.

Chapter: 2

Client Needs: Health Promotion and Maintenance
Title: Maternity and Pediatric Nursing, 2e
Page: 78, Postpartum and Newborn Care
Cognitive Level: Apply

25. A nurse working in the neonatal intensive care unit assists a family during the discharge of the premature newborn. What would the nurse prioritize in assessing the family's preparedness to care for the newborn? Select all that apply.

- A. The family's knowledge of newborn care
- B. The mother's and the family's concerns
- C. The family's available support system
- D. The availability of day care by the family's home
- E. The family's health insurance benefit program

Ans: A, B, C

Rationale: The nurse should assess the family's knowledge of positioning and handling of their infant, nutrition, hygiene, elimination, growth and development, immunizations needed, and recognition of illnesses. The nurse should identify knowledge deficiencies so that they can be addressed in the nurse's teaching plan. Targeting the mother's areas of concern will help the nurse focus on needed education. The nurse should also assess physical and emotional support for the new mother by asking questions about the availability of support.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Management of Care
Title: Maternity and Pediatric Nursing, 2e
Page: 73, EVIDENCE-BASED PRACTICE 2.1
Cognitive Level: Apply

26. After teaching a group of nursing students about family-centered care, which statement made by the students would **best** indicate that the teaching was successful?

- A. "Family-centered care recognizes the health of the client."
- B. "Family-centered care is a component of health care."
- C. "Family-centered care recognizes the concept of family as the constant."
- D. "Family-centered care is one part of a system."

Ans: C

Rationale: Family-centered care recognizes the concept of the family as the constant. The health and functioning ability of the family influences and impacts the health of the client and other members of the family. It recognizes the client and the family as the source of control and a full partner in their care.

Chapter: 2

Client Needs: Psychosocial Integrity

Title: Maternity and Pediatric Nursing, 2e

Page: 56, Family-Centred Care

Cognitive Level: Apply

27. An oncology nurse is preparing a plan of care for a young father newly diagnosed with lung cancer. What action would be the nurse's **priority**?

- A. Complete the application for emergency financial assistance.
- B. Suggest that community members be sought to assist with child care.
- C. Recommend that the father join a community cancer support group.
- D. Teach the family how to navigate the health care system.

Ans: D

Rationale: Family-centered care refers to the collaborative partnership among the individual, family, and caregivers to determine the plan of care, gather information, offer support, and formulate plans for health care. It is generally understood to be an approach in which clients and their families are considered integral components of the health care decision making and delivery processes. The other options do not include the family in the process.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 62, LITERACY ISSUES

Cognitive Level: Analyze

28. A nurse is providing preoperative instructions to a client undergoing an emergency cesarean birth. Which actions follow appropriate communication guidelines? Select all that apply.

- A. During the instructions, the nurse uses open-ended questions.
- B. The conversation is redirected while maintaining its focus.
- C. The client's feelings are addressed.

- D. The nurse does not acknowledge the emotions in the situation.
- E. The family's words are used to describe the necessary information.
- F. Only the correct medical terms are used when explaining the cesarean birth.

Ans: A, B, C, E

Rationale: Good verbal communication skills are necessary. General guidelines for appropriate verbal communication include the following: Use open-ended questions that do not restrict the clients' answers; redirect the conversation to maintain focus; use reflection to clarify the parents' feelings; paraphrase the child's or parent's feelings to demonstrate empathy; acknowledge emotion; and demonstrate active listening by using the child's or family's own words.

Chapter: 2

Client Needs: Psychosocial Integrity

Title: Maternity and Pediatric Nursing, 2e

Page: 76, Labour and Birth Care

Cognitive Level: Analyze

29. The public health nurse is preparing a presentation for an adolescent group with the focus being on primary prevention topics. Which topics would the nurse include? Select all that apply.

- A. Nutrition guidelines
- B. Hygiene practices
- C. Sun protection routine
- D. Smoking cessation programs
- E. Sexually transmitted infections

Ans: A, B, C

Rationale: The concept of primary prevention involves preventing the disease or condition before it occurs through health promotion activities, environmental protection, and specific protection against disease or injury. Its focus is on health promotion to reduce the person's vulnerability to any illness by strengthening the person's capacity to withstand physical, emotional, and environmental stressors. Secondary prevention is the early detection and treatment of adverse health conditions from smoking or STIs.

Chapter: 2

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 66, Discharge Planner and Case Manager
Cognitive Level: Apply