1. When assessing a patient with a head injury, the nurse recognizes that an early indication of increased intracranial pressure is:

A. vomiting  
B. headache  
C. change in orientation  
D. sluggish pupillary response to light

2. A patient is brought to the emergency department by ambulance after she was found unconscious on the bathroom floor by her husband. In admitting the patient, it is most important for the nurse to first assess the patient’s

A. health history  
B. airway patency  
C. neurologic status  
D. status of bodily functions

3. An unconscious patient has a nursing diagnosis of ineffective tissue perfusion (cerebral) related to cerebral tissue swelling. An appropriate nursing intervention for this problem is to

A. elevate the head of the bed 30 degrees.  
B. provide a position of comfort with the knees and hips flexed.  
C. cluster nursing interventions to provide uninterrupted periods of rest  
D. teach the patient to cough and deep breathe to prevent the necessity for suctioning
4. In planning long-term care for the patient following brain trauma, the nurse includes teaching and support for the family primarily because

A. patients will always have some residual deficits of the brain damage.
B. most patients experience seizure disorders in the weeks or even years following head injury.
C. families become dysfunctional and unable to cope with the role reversals required during convalescence.
D. patients with brain injuries with unconsciousness often have changes in personality with loss of concentration and memory processing

5. Because the risk of increased ICP restricts the implementation of some usual nursing interventions that are used to prevent postoperative complications, the nurse should be especially careful to monitor the patient with a craniotomy for

A. meningitis
B. CSF leakage
C. adventitious lung sounds
D. signs and symptoms of wound infection

6. When aspirin does not relieve a temperature of 102.4 F (39.1C) in a patient with meningitis, the physician orders a hypothermia blanket to be applied. During the use of the hypothermia blanket, the nurse should

A. administer sedatives to prevent muscle spasms and shivering
B. wrap the patient’s extremities in towels to prevent tissue damage.
C. moisten the patient’s skin with tepid water to increase the heat loss through evaporation
D. reduce the patient’s temperature to normal as quickly as possible to prevent increased intracranial pressure and seizures.
7. The physician recommends a carotid endarterectomy for a patient with carotid atherosclerosis and a history of transient ischemic attacks. The patient asks the nurse whether this procedure involves brain surgery. In responding to the patient, the nurse includes the information that

A. an endarterectomy involves brain surgery because plaques in arteries at the base of the brain are removed.
B. this surgery involves resection of a diseased portion of the artery in the brain and replacing it with a synthetic graft
C. a carotid endarterectomy involves removal of plaques in an artery in the neck and does not involve surgery in the brain
D. in this surgery a burr hole is drilled in the skull to connect an artery outside the skull to one inside the brain, bypassing a blockage.

8. A 20-year-old woman is seen at the health clinic with a severe migraine headache. The headaches began 3 months ago, and she has had four headaches since that time. During assessment, the patient tells the nurse she is afraid to make social plans because she never knows when she will be incapacitated with the pain. The most appropriate nursing intervention in response to the patient’s comments is to

A. refer the patient for counseling to assist her with conflict resolution and stress reduction.
B. suggest that the patient keep a diary of headache episodes to identify precipitating factors
C. encourage the patient to learn the holistic techniques of meditation and biofeedback to minimize the pain.
D. reassure the patient that the headaches are not serious and the pain can be controlled with a variety of drugs.
9. A patient has newly diagnosed multiple sclerosis and asks many questions about the disease. When teaching the patient about multiple sclerosis, the nurse explains that

A. multiple sclerosis is an untreatable viral disease that destroys the basal ganglia in the brain.
B. nerve impulses travel too fast over nerves that have lost their myelin coat, overloading the brain.
C. an autoimmune process causes gradual destruction of the myelin sheath of nerves in the brain and spinal cord.
D. in multiple sclerosis, antibodies are produced against acetylcholine receptors, resulting in blocked muscle contraction.

10. The nurse identifies the nursing diagnosis of impaired physical mobility related to bradykinesia for a patient with Parkinson’s disease. To assist the patient to ambulate safely, the nurse should

A. allow the patient to ambulate only with assistance.
B. teach the patient to rock from side to side to initiate leg movement.
C. have the patient take small steps in a straight line directly in front of the feet.
D. teach the patient to slide the feet forward with each step, always keeping the feet in contact with the floor.