

Chapter 36: Assessment of the Hematologic System

Ignatavicius: Medical-Surgical Nursing, 10th Edition

MULTIPLE CHOICE

1. 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 turgor on both forearms
 - Multiple petechiae and large bruises
 - Dry, flaky skin on arms and legs
 - Decreased body hair distribution

ANS: B

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

2. A nurse is assessing a dark-skinned client for pallor. What nursing assessment is **best** to assess for pallor in this client?
- Assess the conjunctiva of the eye.
 - Have the patient open the hand widely.
 - Look at the roof of the patient's mouth.
 - 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.

DIF: Applying TOP: Integrated Process: Nursing Process: Assessment

KEY: Hematologic system, Nursing assessment, Anemia

MSC: Client Needs Category: Physiological Integrity: Reduction of Risk Potential

3. A hospitalized client has a platelet count of $58,000/\text{mm}^3$ ($58 \times 10^9/\text{L}$). What action by the nurse is **most appropriate**?
- Encourage high-protein foods.
 - Institute neutropenic precautions.
 - Limit visitors to healthy adults.
 - Place the client on safety precautions.

ANS: D

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