

Chapter 2: The Medical History and the Interview

Test Bank

MULTIPLE CHOICE

1. Communication between two people can occur only if:
 - a. The speaker speaks clearly.
 - b. The receiver understands the message.
 - c. Each person is willing to listen to the other.
 - d. All of the above.

ANS: D

Communication occurs only if both parties speak clearly and listen carefully.

REF: pg. 16 OBJ: 1

2. Communication between individuals is affected by all of the following factors *except*:
 - a. The time of day.
 - b. The cultural heritage.
 - c. The religious beliefs.
 - d. The level of education.

ANS: A

The time of day is not likely to affect communication in a significant way.

REF: pg. 16 OBJ: 2

3. When one is conducting an interview with a patient, which of the following points is *most* important in facilitating an effective interaction with the patient?
 - a. Recognizing the nonverbal signals that the patient is sending
 - b. Your ability to project a sense of undivided interest in the patient
 - c. Introducing yourself appropriately at the beginning of the interview
 - d. Answering all of the patient's questions completely without using jargon

ANS: B

Patients can sense when we are distracted and will not communicate well in such a situation. Glancing out the window or at the television will tell the patient that you are distracted and are not that interested in what he or she has to say.

REF: pgs. 16-17 OBJ: 3

4. Which of the following types of questions are preferred for all interactions with a patient?
 - a. Direct questions
 - b. Neutral questions
 - c. Indirect questions
 - d. Open-ended questions

ANS: B

Neutral questions encourage the patient to respond with sentences and honest answers.

REF: pg. 17 OBJ: 3

5. If a patient is unable to provide an accurate history, the respiratory therapist (RT) should:
 - a. Ask a family member or friend to supply the information.
 - b. Ask shorter and more direct questions to determine the cause of the problem.
 - c. Proceed to treat the patient's symptoms based on information already obtained.
 - d. Refuse to treat the patient because effective therapy cannot be initiated without a complete history.

ANS: A

In many situations, the patient is unable to answer questions. Family members are often the next best source for important information.

REF: pg. 18 OBJ: 4

6. Which of the following should the RT keep in mind when obtaining a pulmonary history?
 - a. Assessment usually is limited to the respiratory system.
 - b. Evaluation of the patient's entire health status is essential.
 - c. Signs and symptoms of pulmonary disease will rarely be seen outside the cardiopulmonary system.
 - d. Patients with long-standing chronic disease can give a detailed account of how their lives have changed and of the signs and symptoms that the disease has caused.

ANS: B

Pulmonary problems often cause health issues in other body systems, and health problems in other systems often cause pulmonary problems.

REF: pg. 18 OBJ: 2 | 6

7. Obtaining background information during an interview is very important because it allows the interviewer to:
 - a. Learn the impact of culture, relationships, and finances on his or her health.
 - b. Predict whether the patient is willing to cooperate in the treatment of his or her disease.
 - c. Develop a basic understanding of the patient's experience with his or her disease.
 - d. Achieve all of the above.

ANS: D

Background information is often overlooked but is important for assessing the impact of chronic illness on the patient and for identifying how the patient is coping with the illness. It also tells the interviewer whether the patient is able to cooperate with the treatment plan.

REF: pg. 18 OBJ: 2 | 6

8. Screening information is:
 - a. Obtained at health fairs to determine whether the person should see a physician.
 - b. Designed to uncover problem areas that the patient forgot to mention or omitted.
 - c. Given to the interviewer by the patient at the very beginning of the interview process.
 - d. Obtained by the triage nurse in the emergency department to determine how life-threatening the patient's symptoms are.

ANS: B

Screening information is designed to identify important facts that the patient may have overlooked in the interview.

REF: pgs. 18-19 OBJ: 2

9. The review of systems is very important because it provides the interviewer with:
 - a. Information grouped by major organs and physiologic systems.
 - b. Additional subjective information about the patient's problem.
 - c. A combination of subjective and objective data in a narrative form.
 - d. Information relevant to the patient's problem that may have been overlooked.

ANS: D

The review of systems helps identify key information that may have been overlooked in the interview.

REF: pg. 19 OBJ: 2

10. A *pertinent negative* is defined as:
 - a. Any negative response made by the patient during the interview.
 - b. Refusal by the patient to answer questions about a certain topic.
 - c. Any negative response by the patient to an important question about possible symptoms.
 - d. A negative response by a patient to a therapist who asks whether the patient needs a breathing treatment.

ANS: C

If the patient appears to have pneumonia but denies having a cough, the patient's negative response to the question about coughing would be a pertinent negative.

REF: pg. 19 OBJ: 3

11. A *pertinent positive* is defined as:
 - a. Any positive response made by the patient during the interview.
 - b. A direct question asked during the interview that elicits a positive response.
 - c. An affirmative response by the patient when asked whether he or she needs a breathing treatment.
 - d. An affirmative response to an important interview question about the patient's symptoms.

ANS: D

A positive response from the patient regarding a symptom associated with the possible diagnosis would be a pertinent positive.

REF: pg. 19 OBJ: 3

12. The main purpose of the chief complaint is to:
 - a. Give a brief explanation about why the patient sought health care.
 - b. Direct the interviewer to the organ system in which the problem is located.
 - c. Present a diagnosis that is based on information obtained during the interview.
 - d. List symptoms in order from most severe to least severe according to organ system involvement.

21. Which of the following symptoms is often seen in patients with tight building syndrome?
- Headache
 - Stuffy nose
 - Cough
 - All of the above

ANS: D

Tight building syndrome can cause a variety of symptoms.

REF: Table 2-1, pg. 27

OBJ: 2

22. What pulmonary disorder is associated with visiting or living in Ohio, Maryland, and the central Mississippi Valley?
- Blastomycosis
 - Histoplasmosis
 - Coccidioidomycosis
 - Silicosis

ANS: B

Histoplasmosis occurs only in the midwestern regions of the country.

REF: Table 2-1, pg. 28

OBJ: 2

23. Who writes the initial admission note?
- The physician
 - The head nurse
 - The head RT
 - Any of the above

ANS: A

Only the physician writes the initial admission note, which describes why the patient is being admitted.

REF: pg. 28

OBJ: 2 | 6

24. Who writes the progress notes each day?
- The physician
 - The physical therapist
 - The nurse
 - Any of the above

ANS: D

Any clinician who provides treatment to the patient can write a progress note in the chart.

REF: pg. 28

OBJ: 2 | 6

25. A good interview should contain all of the following elements *except*:
- The interviewer should dress and act professionally.
 - The interviewer should project a sense of undivided interest.
 - The interviewer should use a formal speaking style.
 - The interviewer should respect the patient's beliefs and attitudes.

ANS: C

The interviewer should use an informal, relaxed, conversational style.

REF: pg. 17 OBJ: 2 | 3

26. In the physical examination, objective data gathered are referred to as:
- Measurements.
 - Symptoms.
 - Variables.
 - Signs.

ANS: D

Objective data are referred to as “signs” in the physical examination. These are data that can be perceived by the examiner, either by measurements or observations.

REF: pg. 19 OBJ: 5

27. In the physical examination, subjective data gathered are referred to as:
- Measurements.
 - Symptoms.
 - Variables.
 - Signs.

ANS: B

Subjective data in the physical examination are referred to as symptoms. These are data that can only be perceived by the patient. A good interviewer, however, is able to ask questions that prompt the patient to give complete and accurate descriptions of his or her symptoms.

REF: pg. 19 OBJ: 5

28. An RT examining a patient auscultates wheezes in the right lower lobe (RLL). This would be an example of:
- Objective data (a sign).
 - Objective data (a symptom).
 - Subjective data (a sign).
 - Subjective data (a symptom).

ANS: A

Because wheezes are perceived by the examiner, this would be an example of a sign.

REF: pg. 19 OBJ: 5

29. A patient being interviewed says that he wakes up nearly every night feeling very hot and with his body bathed in sweat. This fact, along with his hemoptysis, is a very strong indication that he may have tuberculosis. The night sweats would be an example of:
- Objective data (a sign).
 - Objective data (a symptom).
 - Subjective data (a sign).
 - Subjective data (a symptom).

ANS: D

Because the night sweats are perceived only by the patient and then described to the examiner, they would be an example of subjective data (a symptom).

REF: pg. 19 OBJ: 5

30. A “constitutional” symptom would include all of the following *except*:
- Chills and fever.
 - Anorexia and/or weight loss.
 - Fatigue.
 - Wheezing.

ANS: D

Constitutional symptoms generally involve the whole body and are not specific to individual systems. Wheezing is definitely specific to the respiratory system.

REF: pg. 21 OBJ: 6

31. All of the following questions would be effective in eliciting additional information about a patient’s location and level of pain *except* for question _____.
- Earlier, you briefly mentioned some pain around your lower ribs. Could you tell me more about it?
 - Earlier, you briefly mentioned some pain around your lower ribs. Could you point to exactly where it is?
 - Earlier, you briefly mentioned some pain around your lower ribs. What do you think is causing it?
 - Earlier, you briefly mentioned some pain around your lower ribs. Could you rate this pain for me on a scale of 1 to 10, with 1 meaning no pain and 10 meaning the worst pain possible?

ANS: C

A good interviewer is looking for a precise description of a symptom. It is unlikely that the patient has any idea what is causing the pain.

REF: pg. 21 OBJ: 2

32. A history of a patient’s tobacco use is important for all of the following reasons *except*:
- There is a strong relationship between smoking and chronic obstructive pulmonary disease (COPD).
 - There is a strong relationship between smoking and the use of illicit drugs such as marijuana, cocaine, and heroin.
 - There is a strong relationship between smoking and cardiovascular disease.
 - There is a strong relationship between smoking and lung cancer.

ANS: B

There is no published evidence that shows that smoking increases the likelihood that a person will use illicit drugs. There is ample evidence of the relationship between smoking and COPD, cardiovascular disease, and lung cancer.

REF: pg. 22 OBJ: 2 | 3 | 6

33. *Monday fever* is:
- The term describing workers who habitually do not want to return to work after the weekend.
 - The tendency of workers to have poor levels of concentration in the workplace

- after the weekend.
- c. An example of a hypersensitivity reaction to a toxic inhaled substance that is worst after the initial exposure but becomes progressively less pronounced as the exposure continues.
 - d. None of the above.

ANS: C

First exposure to a toxic inhaled substance may cause an immediate reaction (as on Monday following a weekend), which gradually becomes less severe with continued exposure (i.e., exposure throughout the rest of the week).

REF: pg. 27 OBJ: 6

34. In which section of the patient record should the following entry appear? “Day 4 of hospitalization. Patient febrile (39° C). Rales in both lung bases; sputum moderate, thick, green, tinged with blood. Plan: Continue ordered antibiotic therapy. Bronchoscopy tomorrow in AM.”
- a. Admission note
 - b. Physician orders
 - c. Progress notes
 - d. Discharge plan

ANS: C

The physician should see the hospitalized patient at least once daily to identify the patient’s general condition, progress, and response to treatment. These findings are summarized in the progress notes.

REF: pg. 28 OBJ: 6 | 7

35. The RT has been called STAT to the bedside of a patient who is in extreme respiratory distress in the intensive care unit (ICU). Shortly after arriving, the patient’s cardiac monitor shows a pattern of ventricular fibrillation, and shortly thereafter the patient ceases breathing. The nurse states that the patient has a do not resuscitate (DNR) order. The RT should take which of the following actions?
- a. Do nothing, because a DNR order means that no resuscitative measures should be attempted.
 - b. Call a full code and institute full resuscitative measures because the therapist knows that the physician who wrote the DNR order is not working in the unit this week.
 - c. Call a code so that cardiac medications can be given to correct the ventricular fibrillation; the DNR order means that the patient cannot be intubated.
 - d. Place a non–rebreather mask on the patient for “comfort measures.”

ANS: A

A DNR order signed by a physician means that no resuscitative measures should be undertaken.

REF: pg. 28 OBJ: 8