



Chapter 17 - Test

Measuring & Recording Vital Signs, Height, and Weight

Name: _____

Date: _____

1. Which measurement is considered a vital sign? Select all that apply.
 - A) Blood pressure
 - B) Temperature
 - C) Respiration
 - D) Weight
 - E) Pulse
2. A nursing assistant takes a patient's blood pressure and finds it to be very different from when it was last recorded. What will the nursing assistant do?
 - A) Take the blood pressure again and tell the nurse about the difference.
 - B) Record the last blood pressure measurement as well as the new one.
 - C) Take the blood pressure again and record the second measurement.
 - D) Record the blood pressure measurement immediately.
3. When using a glass thermometer to take a person's temperature, the nursing assist will certainly increase the patient's risk for injury if he or she
 - A) doesn't shake the thermometer down before using it.
 - B) stores the thermometer in a disinfectant-filled container.
 - C) rinses the thermometer in cool water before inserting it.
 - D) asks the person to hold the thermometer in place with his or her teeth.
4. How far is the thermometer inserted into the rectum when taking an adult's rectal temperature?
 - A) 1/2 inch
 - B) 1 inch
 - C) 2 inches
 - D) 3 inches
5. When taking a rectal temperature, the nursing assistant places the patient in which position?
 - A) Sims'
 - B) Prone
 - C) Supine
 - D) Fowlers'

6. A newer model of glass thermometer is likely to be safer than an older model because it
 - A) does not contain mercury.
 - B) is stronger.
 - C) is build differently.
 - D) is disposable.

7. What is the advantage of taking an oral temperature?
 - A) It is the least uncomfortable method.
 - B) It is the most accurate method.
 - C) It is the quickest method.
 - D) It is the safest method.

8. When measuring body temperature, which thermometer is both the most accurate and least invasive?
 - A) Glass
 - B) Tympanic
 - C) Electronic
 - D) Temporal artery

9. What range of temperatures is considered normal for an adult when a temperature is taken orally?
 - A) 80° F to 90° F
 - B) 89.6° F to 99.6° F
 - C) 97.6° F to 99.6° F
 - D) 105° F to 115° F

10. How is the spread of infection prevented when using an electronic thermometer?
 - A) The probe is discarded after it is used.
 - B) The probe is stored in a disinfectant-filled case.
 - C) A new probe sheath is used with each measurement.
 - D) Sheath colors are different for rectal and oral probes.

11. What is meant by the term *pulse rhythm*?
 - A) The force of the pulse
 - B) A wave of blood through the arteries
 - C) The pattern of the beats and the pauses
 - D) The number of beats that can be felt in 1 minute

12. The nursing assistant measures respirations that are irregular by
- A) counting the number of respirations in 30 seconds and multiplying by two.
 - B) counting the number of respirations for 1 full minute.
 - C) using a stethoscope to listen to them for 1 minute.
 - D) having another nursing assistant measure as well.
13. What is dyspnea?
- A) Labored respirations
 - B) Decreased depth of respirations
 - C) Higher respiratory rate than normal
 - D) Lower respiratory rate than normal
14. What unit of measure is used to record blood pressure?
- A) Millimeters of mercury (mm Hg)
 - B) Degrees Fahrenheit (°F)
 - C) Celsius (°C)
 - D) Fraction
15. When a blood pressure measurement needs to be repeated to assure an accurate measurement, the nursing assistant will
- A) fully deflate the cuff and wait 30 seconds before reinflating it.
 - B) partially deflate and then reinflate the cuff quickly.
 - C) ask the nurse to take the person's blood pressure.
 - D) quickly use an automated sphygmomanometer.
16. When taking a person's blood pressure, how should the person's arm be positioned?
- A) Higher than the heart with the palm facing down
 - B) Lower than the heart with the palm facing down
 - C) Higher than the heart with the palm facing up
 - D) Level with the heart with the palm facing up
17. When taking a person's blood pressure, the nursing assistant inflates the cuff
- A) 30 mm Hg beyond where the radial pulse could no longer be felt.
 - B) 50 mm Hg beyond the last recorded systolic blood pressure.
 - C) until the radial pulse can no longer be felt.
 - D) until the gauge reads 200 mm Hg.

18. When taking a person's blood pressure, the diaphragm of the stethoscope is placed over which artery?
- A) Radial
 - B) Brachial
 - C) Femoral
 - D) Carotid
19. Which is the most common artery used to measure a person's blood pressure?
- A) Brachial
 - B) Popliteal
 - C) Carotid
 - D) Femoral
20. Which scale will be used to measure the weight of a patient who cannot stand independently but is able to get out of bed?
- A) Upright
 - B) Digital
 - C) Sling
 - D) Chair
21. The primary reason a nursing assistant regularly weighs a resident is because: Select all that apply.
- A) changes in weight help evaluate the person's nutritional status.
 - B) a change in weight can be an early sign of several diseases.
 - C) medication dosage is often determined by a person's weight.
 - D) residents are usually very concerned about their weight.
 - E) obesity is a health problem that is wide spread.
22. When preparing to weigh a resident, the nursing assistant will first ask the resident
- A) to urinate if he or she needs to.
 - B) what he or she normally weighs.
 - C) to remove all unnecessary clothing.
 - D) if he or she has eaten within the last hour.
23. In the morning, the nursing assistant has a resident sit for a minute before standing up and walking to the bathroom to help avoid the dizziness caused by
- A) acute hypotension.
 - B) chronic hypertension.
 - C) primary hypertension.
 - D) orthostatic hypotension.

24. What is the negative effect hypertension has on the human body?
- A) Blood flow is decreased due to the collapse of arteries.
 - B) It forces the heart to work much harder than is healthy.
 - C) Body tissue does not get enough oxygen to stay healthy.
 - D) The brain itself is deprived of the energy it needs to function.
25. When a nursing assistant feels a thready pulse? while measuring a resident's pulse rate, it is reported to the nurse immediately because it can mean that the resident's heart
- A) is not pushing the blood around the body properly.
 - B) is likely to experience a heart attack soon.
 - C) will soon begin to beat irregularly.
 - D) will likely stop beating soon.
26. When asked by the nurse to check a resident for a pulse deficit, the nursing assistant will
- A) first measure the resident's apical pulse and then immediately measure his or her radial pulse.
 - B) ask another nursing assistant to measure the resident's radial pulse in both arms.
 - C) measure the resident's radial pulse while the nurse measures the apical pulse.
 - D) subtract the current radial pulse from the last recorded radial pulse.
27. Which statement about the relationship between the accurate measurement of blood pressure and the size of the cuff used is true?
- A) Cuff size is not as important as is the placement of the cuff.
 - B) A cuff that is too big will result in a high blood pressure reading.
 - C) A cuff that is too small will result in a low blood pressure reading.
 - D) The cuff must fit the arm appropriately or the measurement will be incorrect.



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Faculty Use Only

Answer Key

1. A, B, C, E
2. A
3. D
4. B
5. A
6. A
7. A
8. D
9. C
10. C
11. C
12. B
13. A
14. A
15. A
16. D
17. A
18. B
19. A
20. D
21. A, B, C
22. A
23. D
24. B
25. A
26. C
27. D