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Certified Pediatric Hematology Oncology Nurse Exam



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Question: 1

Which activity below does not cross the professional nurse-patient boundary?

- A. expressing empathy and compassion for the patient and family.
- B. meeting families for outside social events.
- C. revealing personal information.
- D. accepting gifts from the family.

Answer: A

Explanation:

The caring and empathetic relationship with patients that characterizes the nursing profession may sometimes lead to a transgression of professional standards. This is particularly true in oncology nursing where nurses often feel a great deal of sympathy for patients and their parents, and there is a desire to ease their burden and relieve the pain. Nevertheless, accepting gifts, participating in outside social events with patients or families, or confiding personal information are considered violations of professional standards and may lead to serious discipline or even loss of license. This should not preclude simple acts of courtesy or sympathy, but beyond this, caution is advised. Special treatment of a particular patient outside regular nursing duties should be avoided.

Question: 2

Professional standards for the pediatric oncology nurse include all of the following EXCEPT:

- A. contribution to the professional development of peers.
- B. acting solely on what the nurse deems is best for the patient
- C. recognition of the rights of families and minors under her care.
- D. self-evaluation and awareness of methods to improve areas of weakness.

Answer: B

Explanation:

The pediatric Oncology nurse should try to extend the knowledge and skills of her specialty training to other members of the health care team. It is also incumbent to admit a lack of knowledge in a particular area and seek to correct information from other members of the staff, the medical literature, or other reliable sources. While a nurse may disagree with an approach to care or treatment, it is best discussed privately with other responsible professionals and should not be conveyed to the patient or family independently. This may add to their anxiety and compromise treatment. Professional standards recognize the legal and human rights of minor patients and families, and these should not be ignored in making clinical decisions.

Question: 3

When a child is a cancer patient in a research protocol, what is the most appropriate action for the pediatric oncology nurse?

- A. Modify the protocol instructions if the clinical situation seems to warrant it.
- B. Enter a patient into the new treatment arm in a randomized study.
- C. Be certain that the potential subject meets all the criteria for admission to the study.
- D. Place the patient in a particular arm of study that will most likely benefit the patient.

Answer: C

Explanation:

Research protocols to develop new or improved treatments for childhood cancer are very common, especially in academic medical centers and increasingly in regional or community hospitals. The pediatric oncology nurse must frequently administer the study while maintaining responsibility for the welfare of the patient and family. Discussion with the study's director about when and if to break protocol guidelines (if they are not clearly spelled out) should be undertaken in advance. It is imperative that admission criteria to the study be followed to the letter if the knowledge gained is to be trusted. Often there is a temptation by well-meaning staff to place patients in a particular arm of a study, contravening the randomization that is often a crucial part of the procedure. This must be avoided if the clinical research is to be valid. Some pharmaceutical companies offer "compassionate use" of promising research drugs; this possibility might be investigated.

Question: 4

The pediatric oncology nurse should not discuss which of the following subjects with the patient or family?

- A. The cost of medication.
- B. Alternative cost-effective treatment modalities.
- C. Hospital billing and insurance coverage.
- D. External sources of help.

Answer: C

Explanation:

Financial matters often bedevil families of cancer patients, adding to the tremendous stress they already face. Many chemotherapy drugs are quite expensive, and the new biologics may cost many thousands of dollars. The oncology nurse should be aware of this and have knowledge of possible alternatives: generics (though many cancer drugs have none), sources of potential external help, such as disease-related charitable societies, drug manufacturers with special reduced-price programs, or Medicaid. Hospital billing and insurance coverage is best left to those whose job it is to address these matters. Often, there is no charge for drugs administered under a particular research grant.

Question: 5

All of the following factors define the professional relationship between a nurse and the patient or family EXCEPT:

- A. the nurse is paid for her service.
- B. the nurse should always strive to please the patient or family.
- C. nursing care is time-limited.
- D. the place and goal of nursing care is defined.

Answer: B

Explanation:

There are numerous differences between professional nursing care and more casual, friendly, or loving care. The nurse is paid, and her duties are limited by time and location. The power balance between nurse and patient is inherently unequal since the nurse has authority, knowledge, influence, and access to privileged information. Often the pediatric oncology nurse must carry out therapeutic measures that will seem harmful or unpleasant to the patient. Remembering that the patient or family has the final right of refusal, every effort should be made to explain the treatment or procedure and its purpose or objective. Other members of the medical staff often leave this responsibility for the nurse, but it is part of professionalism to explain the need to the recipient or discuss its necessity in private with other staff members.

Question: 6

Self-care strategies for the professional oncology nurse involve all of the following except:

- A. Acknowledging feelings.
- B. Learning to say no without regret
- C. Avoiding overwork and taking time off.
- D. Avoiding discussing grief or emotional struggles while at work.

Answer: D

Explanation:

Professional burn out is quite common in hematology— oncology nursing. Nurses are confronted with tragic situations and importuning family members constantly. It is important to acknowledge one's feelings without allowing them to interfere with professional responsibilities or "doing the right thing." Saying no is especially difficult for a nurse who is used to caring for the sick and to ingratiating patients, but saying no is often necessary and should be carried out without regret. Excessive work (e.g., frequent double shifts) may enhance the paycheck but at considerable psychological and physical cost. Due to the lengthy time spent at the bedside, nurses are subject to the frustrations of trying to please the patient while maintaining professional dignity, standards, and judgment.

Question: 7

Common fears experienced by infants hospitalized for cancer or blood disorders include all of the following EXCEPT:

- A. separation from parents.
- B. loud noises.
- C. bright lights.
- D. slow movements.

Answer: D

Explanation:

Infants have many fears, including separation from parents, strangers, loud noises, sudden movements, animals, and heights. Any of these can be exacerbated by hospitalization and disease. Hospitalized infants need caring, nutrition, and support from caregivers. Thus, parents are encouraged to spend as much time as possible with their child, maintaining feeding and tactile stimulation as close to normal as possible. Examinations should not be prolonged, especially if they cause discomfort for the patient. Having a parent hold the child during examinations, if possible, is comforting to the infant. Assessment of the developmental level, using charts and guidebooks, is an essential nursing task for sick infants.

Question: 8

Hospitalized preschoolers require all of the following EXCEPT:

- A. assessment of normal behavior.
- B. encouragement to play.
- C. separation from other children.
- D. brief, simple explanations of treatment.

Answer: C

Explanation:

Preschoolers in the 4—6-year-old age-group have a sense of their identity and less fear of strangers than younger children. They have a more complete understanding of body parts and functions as well as the concepts of appropriate behavior and social interaction. Obtaining the pattern of normal routines and behavior from the parents is quite helpful in distinguishing hospital- or disease-acquired regressive behaviors. Preschoolers should be encouraged to play, by themselves and with other children, barring dangerous exposures; however, viewing other children in pain is discouraged since it generates fear and anxiety. It is usually possible to explain medical procedures and treatments in an age-appropriate way to preschoolers that may reassure the anxious child.

Question: 9

Teenagers with cancer or other serious diseases often fear all of the following EXCEPT:

- A. loss of body image.
- B. rebellious behavior.
- C. rejection by peers.
- D. loss of independence.

Answer: B

Explanation:

Teenagers with serious diseases often fear the loss of peer acceptance more than the disease itself. They tend to exaggerate other's poor opinion of them and often become embarrassed by minor flaws. Privacy is especially important. Risky or rebellious behavior may follow a serious diagnosis often in an effort to deny their disease and be more inviting to their peer group. They are caught in the classic conflict of the desire for independence and the loss of control of their own bodies. A poor self-image is often a problem. The nurse should encourage frank discussions of their care. Self-care as much as possible is encouraged. However, the nurse should explain that dependence on others during an illness is a sign of strength and maturity.

Question: 10

Nursing interventions for the hospitalized toddler age-group (1-3 years of age) include:

- A. limiting mobility to prevent injury.
- B. assisting with toilet training.
- C. assessing the patient without assistance of a parent.
- D. enforcing standardized sleep patterns to ensure rest.

Answer: B

Explanation:

Nursing interventions in toddlers should start with an assessment of the child's normal behavior and routine as well as an evaluation of developmental stages. A conference with the parents or other guardian is always advisable. Such items as fears, sleep patterns, security items and stage of toilet training are important in the evaluation of the patient and offer clues as to management of an ill child in an unfamiliar, even scary environment, such as the hospital or outpatient clinic. Mobility should be encouraged and the child's particular sleep patterns from home should be followed if possible. Evaluation of the influence that the disease and its treatment play in modifying behavior and attitude is especially important. This is of particular concern if there is disease of the nervous system (e.g., stroke, intracerebral infection or bleeding) or treatment-induced abnormalities (e.g., drugs that influence the brain, intrathecal therapy, radiation effects). Pain is, of course, a major issue and must be addressed individually.

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