

## Chapter 17: Nose, Mouth, and Throat

### Jarvis: Physical Examination and Health Assessment, 8th Edition

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#### MULTIPLE CHOICE

1. What is the primary purpose of the ciliated mucous membrane in the nose?
  - a. To warm the inhaled air
  - b. To filter out dust and bacteria
  - c. To filter coarse particles from inhaled air
  - d. To facilitate the movement of air through the nares

ANS: C

The nasal hairs, or cilia, filter the coarsest matter from inhaled air, whereas the mucous blanket filters out dust and bacteria. The rich blood supply of the nasal mucosa warms the inhaled air. The rich blood supply of the nasal mucosa warms the inhaled air, not the ciliated mucous membrane. The mucous blanket, not the cilia, filters out dust and bacteria. The cilia in the nose do not facilitate the movement of air through the nares. Instead, the nasal hairs, or cilia, filter the coarsest matter from inhaled air.

DIF: Cognitive Level: Remembering (Knowledge)

MSC: Client Needs: Physiological Integrity: Basic Care and Comfort

2. What are the projections in the nasal cavity that increase the surface area are called?
  - a. Meatus
  - b. Septum
  - c. Turbinates
  - d. Kiesselbach plexus

ANS: C

The projections in the nasal cavity that increases the surface area are called turbinates. The lateral walls of each nasal cavity contain three parallel bony projections: the superior, middle, and inferior turbinates. These increase the surface area, making more blood vessels and mucous membrane available to warm, humidify, and filter the inhaled air. A meatus is the passageway or canal underlying each turbinate that collects drainage. The septum is what divides the nasal cavity into two slitlike air passages. The Kiesselbach plexus is a rich vascular network in the anterior part of the septum.

DIF: Cognitive Level: Remembering (Knowledge)

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. The nurse is reviewing the development of the newborn infant. Regarding the sinuses, which statement is *true* in relation to a newborn infant?
  - a. Sphenoid sinuses are full size at birth.
  - b. Maxillary sinuses reach full size after puberty.
  - c. Frontal sinuses are fairly well developed at birth.
  - d. Maxillary and ethmoid sinuses are the only sinuses present at birth.

ANS: D

Only the maxillary and ethmoid sinuses are present at birth. The sphenoid sinuses are minute at birth and develop after puberty. The frontal sinuses are absent at birth, are fairly well developed at age 7 to 8 years, and reach full size after puberty. The sphenoid sinuses are minute at birth and develop after puberty. The frontal sinuses are absent at birth, are fairly well developed at age 7 to 8 years, and reach full size after puberty. Only the maxillary and ethmoid sinuses are present at birth but the maxillary sinus does not reach full size until all permanent teeth have erupted (not after puberty).

DIF: Cognitive Level: Remembering (Knowledge)  
MSC: Client Needs: Health Promotion and Maintenance

4. What is the tissue that connects the tongue to the floor of the mouth called?
- Uvula
  - Palate
  - Papillae
  - Frenulum

ANS: D

The frenulum is a midline fold of tissue that connects the tongue to the floor of the mouth. The uvula is the free projection hanging down from the middle of the soft palate. The palate is the arching roof of the mouth. Papillae are the rough, bumpy elevations on the tongue's dorsal surface. The uvula is the free projection hanging down from the middle of the soft palate. The palate is the arching roof of the mouth. Papillae are the rough, bumpy elevations on the tongue's dorsal surface. The frenulum is a midline fold of tissue that connects the tongue to the floor of the mouth

DIF: Cognitive Level: Remembering (Knowledge)  
MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. In assessing the tonsils of a 30-year-old, the nurse notices that they are involuted, granular in appearance, and appear to have deep crypts. What is the correct response to these findings?
- Refer the patient to a throat specialist.
  - No response is needed; this appearance is normal for the tonsils.
  - Continue with the assessment, looking for any other abnormal findings.
  - Obtain a throat culture on the patient for possible streptococcal (strep) infection.

ANS: B

The tonsils are the same color as the surrounding mucous membrane, although they look more granular and their surface shows deep crypts. Tonsillar tissue enlarges during childhood until puberty and then involutes. There is no need to refer the patient to a throat specialist, obtain a throat culture, or look for other abnormal findings because the findings in this question are normal. Although the tonsils look more granular and their surface shows deep crypts, they are the same color as the surrounding mucous membrane and tonsillar tissue enlarges during childhood until puberty and then involutes.

DIF: Cognitive Level: Applying (Application)  
MSC: Client Needs: Health Promotion and Maintenance

6. The nurse is obtaining a health history on a 3-month-old infant. During the interview, the mother states, "I think she is getting her first tooth because she has started drooling a lot." What is the best response by the nurse?

- a. "You're right, drooling is usually a sign of the first tooth."
- b. "It would be unusual for a 3-month-old to be getting her first tooth."
- c. "This could be the sign of a problem with the salivary glands."
- d. "She is just starting to salivate and hasn't learned to swallow the saliva."

ANS: D

In the infant, salivation starts at 3 months. The baby will drool for a few months before learning to swallow the saliva. This drooling does not herald the eruption of the first tooth, although many parents think it does. Although many parents think the start of drooling signals the eruption of the first tooth, it does not. Although teeth usually erupt between 6 and 24 months, the nurse should not just say it would be unusual for a 3-month-old to be getting her first tooth as that does not address the issue of the drooling. It is also not a sign of a problem.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Health Promotion and Maintenance

7. The nurse is assessing an 80-year-old patient. Which of these findings would be expected for this patient?
  - a. Hypertrophy of the gums
  - b. Increased production of saliva
  - c. Decreased ability to identify odors
  - d. Finer and less prominent nasal hair

ANS: C

The sense of smell may be reduced because of a decrease in the number of olfactory nerve fibers with aging. Nasal hairs grow coarser and stiffer with aging. The gums may recede with aging, not hypertrophy, and saliva production decreases. The gums may recede with aging, not hypertrophy, and saliva production decreases. Nasal hairs grow coarser and stiffer with aging. Because of a decrease in the number of olfactory nerve fibers with aging, the nurse should expect a reduced sense of smell in this patient.

DIF: Cognitive Level: Understanding (Comprehension)

MSC: Client Needs: Health Promotion and Maintenance

8. The nurse is performing an oral assessment on a 40-year-old black patient and notices the presence of a 1-cm, nontender, grayish-white lesion on the left buccal mucosa. Which one of these statements is *true* about this lesion?
  - a. It is leukoedema which is common in dark-pigmented people.
  - b. It is indicative of cancer and should be immediately tested.
  - c. It is the result of hyperpigmentation and is a normal finding.
  - d. It is torus palatinus and would normally be found only in smokers.

ANS: A

Leukoedema, which is a grayish-white benign lesion occurring on the buccal mucosa, is most often observed in blacks. The patient's 1 cm, nontender, grayish-white lesion on the left buccal mucosa is not indicative of cancer, a normal result of hyperpigmentation, or torus palatinus. Instead, it is leukoedema, which is a grayish-white benign lesion occurring on the buccal mucosa, and most often observed in blacks.

DIF: Cognitive Level: Understanding (Comprehension)

MSC: Client Needs: Health Promotion and Maintenance

9. While obtaining a health history, a patient tells the nurse that he has frequent nosebleeds and asks the best way to get them to stop. What would be the nurse's best response?
- "While sitting up, place a cold compress over your nose."
  - "Sit up with your head tilted forward and pinch your nose."
  - "Allow the bleeding to stop on its own, but don't blow your nose."
  - "Lie on your back with your head tilted back and pinch your nose."

ANS: B

With a nosebleed, the person should sit up with the head tilted forward and pinch the nose between the thumb and forefinger for 5 to 15 minutes.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

10. A 92-year-old patient has had a stroke. The right side of his face is drooping. The nurse might also suspect which of these assessment findings?
- Epistaxis
  - Rhinorrhea
  - Dysphagia
  - Xerostomia

ANS: C

Dysphagia is difficulty with swallowing and may occur with a variety of disorders, including stroke and other neurologic diseases. Rhinorrhea is a runny nose, epistaxis is a bloody nose, and xerostomia is a dry mouth. Rhinorrhea is a runny nose, epistaxis is a bloody nose, and xerostomia is a dry mouth; none of which are expected findings in a patient who had a stroke with drooping on the right side of the face. Dysphagia is difficulty with swallowing and may occur with a variety of disorders, including stroke and other neurologic diseases.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

11. While obtaining a health history from the mother of a 1-year-old child, the nurse notices that the baby has had a bottle in his mouth the entire time. The mother states, "It makes a great pacifier." What is the best response by the nurse?
- "You're right. Bottles make very good pacifiers."
  - "Using a bottle as a pacifier is better for the teeth than thumb-sucking."
  - "It's okay to use a bottle as long as it contains milk and not juice."
  - "Prolonged use of a bottle can increase the risk for tooth decay and ear infections."

ANS: D

Prolonged bottle use during the day or when going to sleep places the infant at risk for tooth decay and middle ear infections.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Health Promotion and Maintenance

12. A 72-year-old patient has a history of hypertension and chronic lung disease. Which is an important question for the nurse to include in this patient's health history?
- "Do you use a fluoride supplement?"
  - "Have you had tonsillitis in the last year?"
  - "At what age did you get your first tooth?"

d. "Have you noticed any dryness in your mouth?"

ANS: D

With a history of hypertension and chronic lung disease, this patient is likely on medications and a side effect of antihypertensive and bronchodilator medication (and many other drugs such as antidepressants, anticholinergics, antispasmodics, and antipsychotics) is dry mouth, or xerostomia. The nurse should ask the patient if they've noticed dryness in their mouth.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Pharmacologic and Parenteral Therapies

13. The nurse is using an otoscope to assess the nasal cavity. Which of these techniques is *correct*?
- Avoiding touching the nasal septum with the speculum
  - Inserting the speculum at least 3 cm into the vestibule
  - Gently displacing the nose to the side that is being examined
  - Keeping the speculum tip medial to avoid touching the floor of the nares

ANS: A

The correct technique for using an otoscope to examine the nasal cavity is to insert the apparatus into the nasal vestibule, avoiding pressure on the sensitive nasal septum. The tip of the nose should be lifted up before inserting the speculum.

DIF: Cognitive Level: Understanding (Comprehension)

MSC: Client Needs: Health Promotion and Maintenance

14. The nurse is performing an assessment on a 21-year-old patient and notices that his nasal mucosa appears pale, gray, and swollen. What would be the most appropriate question to ask the patient?
- "Have you had any symptoms of a cold?"
  - "Do you have an elevated temperature?"
  - "Are you aware of having any allergies?"
  - "Have you been having frequent nosebleeds?"

ANS: C

With chronic allergies, the mucosa looks swollen, boggy, pale, and gray. Elevated body temperature, colds, and nosebleeds do not cause these mucosal changes. Elevated body temperature, colds, and nosebleeds do not cause the nasal mucosa to appear pale, gray, and swollen. Chronic allergies do cause the mucosa to look swollen, boggy, pale, and gray.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

15. The nurse is palpating the sinus areas. If the findings are normal, then the patient should report which sensation?
- No sensation
  - Firm pressure
  - Pain during palpation
  - Pain sensation behind eyes

ANS: B

The person should feel firm pressure but no pain. Sinus areas are tender to palpation in persons with chronic allergies or an acute infection (sinusitis). A normal finding when palpating the sinus areas is for the patient to feel firm pressure, not no sensation at all, pain during palpation, or pain behind the eyes. Sinus areas that are tender to palpation may indicate chronic allergies or an acute infection (sinusitis). Feeling firm pressure but no pain is a normal finding.

DIF: Cognitive Level: Understanding (Comprehension)

MSC: Client Needs: Health Promotion and Maintenance

16. During an oral assessment of a 30-year-old black patient, the nurse notices bluish lips and a dark line along the gingival margin. What action would the nurse perform in response to this finding?
- Check the patient's Hb for anemia.
  - Assess for other signs of insufficient oxygen supply.
  - Proceed with the assessment, this appearance is a normal finding.
  - Ask if he has been exposed to an excessive amount of carbon monoxide.

ANS: C

Some blacks may have bluish lips and a dark line on the gingival margin; this appearance is a normal finding so the nurse should proceed with the assessment. Some blacks may have bluish lips and a dark line on the gingival margin, so this is a normal finding and there is no need to check the Hb for anemia, assess for other signs of insufficient oxygen supply, or ask if he has been exposed to an excessive amount of carbon monoxide. Instead, the nurse should continue with the assessment.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Health Promotion and Maintenance

17. During an assessment of a 20-year-old patient with a 3-day history of nausea and vomiting, the nurse notices dry mucosa and deep vertical fissures in the tongue. What do these findings indicate?
- Dehydration
  - A normal oral assessment
  - Irritation from gastric juices
  - Side effects from nausea medication

ANS: A

Dehydration can cause dry mouth and deep vertical fissures in the tongue (due to reduced tongue volume). These findings are not normal and are not associated with irritation from gastric juices or from nausea caused by medications.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

18. A 32-year-old woman is at the clinic for "little white bumps in my mouth." During the assessment, the nurse notes that she has a 0.5-cm white, nontender papule under her tongue and one on the mucosa of her right cheek. What would the nurse tell the patient?
- "These spots indicate an infection such as strep throat."
  - "These bumps could be indicative of a serious lesion, so I will refer you to a specialist."

- c. "This condition is called leukoplakia and can be caused by chronic irritation such as with smoking."
- d. "These bumps are Fordyce granules, which are sebaceous cysts and are not a serious condition."

ANS: D

Fordyce granules are small, isolated white or yellow papules on the mucosa of the cheek, tongue, and lips. These little sebaceous cysts are painless and are not significant. Chalky white, thick, raised patches would indicate leukoplakia. In strep throat, the examiner would see tonsils that are bright red, swollen, and may have exudates or white spots. In strep throat, the examiner would see tonsils that are bright red, swollen, and may have exudates or white spots and leukoplakia would appear as chalky white, thick, raised patches. These findings are not indicative of a serious lesion but are Fordyce granules. Fordyce granules are small, isolated white or yellow papules on the mucosa of the cheek, tongue, and lips. These little sebaceous cysts are painless and are not significant.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

19. A 10-year-old is at the clinic for "a sore throat that has lasted 6 days." Which of these findings would be consistent with an acute infection?
- a. Tonsils 3+/1-4+ with pale coloring
  - b. Tonsils 3+/1-4+ with large white spots
  - c. Tonsils 2+/1-4+ with small plugs of white debris
  - d. Tonsils 1+/1-4+ and pink; the same color as the oral mucosa

ANS: B

With an acute infection, tonsils are bright red and swollen and may have exudate or large white spots. Tonsils are enlarged to 2+, 3+, or 4+ with an acute infection.

DIF: Cognitive Level: Understanding (Comprehension)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

20. Immediately after birth, the nurse is unable to suction the nares of a crying newborn. An attempt is made to pass a catheter through both nasal cavities with no success. What should the nurse do next?
- a. Attempt to suction again with a bulb syringe.
  - b. Wait a few minutes, and try again once the infant stops crying.
  - c. Recognize that this situation requires immediate intervention.
  - d. Contact the physician to schedule an appointment for the infant at his or her next hospital visit.

ANS: C

Determining the patency of the nares in the immediate newborn period is essential because most newborns are obligate nose breathers. Nares blocked with amniotic fluid are gently suctioned with a bulb syringe. If obstruction is suspected, then a small lumen (5 to 10 Fr) catheter is passed down each naris to confirm patency. The inability to pass a catheter through the nasal cavity indicates choanal atresia, which requires immediate intervention.

DIF: Cognitive Level: Analyzing (Analysis)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

21. The nurse notices that the mother of a 2-year-old boy brings him into the clinic quite frequently for various injuries and suspects there may be some child abuse involved. What should the nurse look for during an inspection of this child's mouth?
- Swollen, red tonsils
  - Ulcerations on the hard palate
  - Bruising on the buccal mucosa or gums
  - Small yellow papules along the hard palate

ANS: C

The nurse should notice any bruising or laceration on the buccal mucosa or gums of an infant or young child. Trauma may indicate child abuse from a forced feeding of a bottle or spoon.

DIF: Cognitive Level: Applying (Application)

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

22. The nurse is assessing a 3-year-old for "drainage from the nose." On assessment, a purulent drainage that has a very foul odor is noted from the left naris and no drainage is observed from the right naris. The child is afebrile with no other symptoms. What should the nurse do next?
- Refer to the physician for an antibiotic order.
  - Have the mother bring the child back in 1 week.
  - Perform an otoscopic examination of the left nares.
  - Tell the mother that this drainage is normal for a child of this age.

ANS: C

Children are prone to put an object up the nose, producing unilateral purulent drainage with a foul odor. Because some risk for aspiration exists, removal should be prompt.

DIF: Cognitive Level: Analyzing (Analysis)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

23. During an assessment of a 26-year-old for "a spot on my lip I think is cancer," the clinic nurse notices a group of clear vesicles with an erythematous base around them located at the lip-skin border. The patient mentions that she just returned from Hawaii. What is the most appropriate action by the nurse?
- Tell the patient she needs to see a skin specialist.
  - Discuss the benefits of having a biopsy performed on any unusual lesion.
  - Tell the patient that these vesicles are indicative of herpes simplex I or cold sores and that they will heal in 4 to 10 days.
  - Tell the patient that these vesicles are most likely the result of a riboflavin deficiency and discuss nutrition.

ANS: C

Cold sores are groups of clear vesicles with a surrounding erythematous base. These evolve into pustules or crusts and heal in 4 to 10 days. The most likely site is the lip-skin junction. Infection often recurs in the same site. Recurrent herpes infections may be precipitated by sunlight, fever, colds, or allergy.

DIF: Cognitive Level: Analyzing (Analysis)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

24. While performing an assessment of the mouth, the nurse notices that the patient has a 1-cm ulceration that is crusted with an elevated border and located on the outer third of the lower lip. What other information would be most important for the nurse to assess?
- Nutritional status
  - When the patient first noticed the lesion
  - Whether the patient has had a recent cold
  - Whether the patient has had any recent exposure to sick animals

ANS: B

With carcinoma, the initial lesion is round and indurated, but then it becomes crusted and ulcerated with an elevated border. Most cancers occur between the outer and middle thirds of the lip. Any lesion that is still unhealed after 2 weeks should be referred. Therefore, the nurse should try to establish how long the lesion has been there and ask the patient when the patient first noticed the lesion.

DIF: Cognitive Level: Applying (Application)

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

25. A pregnant woman states that she is concerned about her gums because she has noticed they are swollen and have started to bleed. What would be an appropriate response by the nurse?
- “Your condition is probably due to a vitamin C deficiency.”
  - “I’m not sure what causes swollen and bleeding gums, but let me know if it’s not better in a few weeks.”
  - “You need to make an appointment with your dentist as soon as possible to have this checked.”
  - “Swollen and bleeding gums can be caused by a change in hormonal balance during pregnancy.”

ANS: D

Although with gingivitis (which can be caused by a vitamin C deficiency) gum margins are red and swollen and easily bleed, a changing hormonal balance during puberty or pregnancy may also cause these symptoms. Since this patient is pregnant, a change in hormonal balance is likely the cause.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Health Promotion and Maintenance

26. A 40-year-old patient who has just finished chemotherapy for breast cancer tells the nurse that she is concerned about her mouth. During the assessment the nurse finds areas of buccal mucosa that are raw and red with some bleeding, as well as other areas that have a white, cheesy coating. What do these findings indicate?
- Candidiasis
  - Leukoplakia
  - Koplik spots
  - Aphthous ulcers

ANS: A

Candidiasis is a white, cheesy, curdlike patch on the buccal mucosa and tongue. It scrapes off, leaving a raw, red surface that easily bleeds. It also occurs after the use of antibiotics or corticosteroids and in people who are immunosuppressed. Leukoplakia appears as chalky white, thick, raised patches with well-defined borders on the buccal mucosa. Koplik spots are small blue-white spots with irregular red halo scattered over mucosa opposite the molars and is an early sign of measles. Aphthous ulcers, or canker sores, first appear as a vesicle and then a small, round, “punched out” ulcer with a white base surrounded by a red halo and are quite painful and last for 1-2 weeks. The findings for this patient indicate candidiasis.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

27. The nurse is assessing a patient in the hospital who has received numerous antibiotics for a lung infection and notices that his tongue appears to be black and hairy. In response to his concern, what would the nurse say?
- “We will need to get a biopsy to determine the cause.”
  - “This is an overgrowth of hair and will go away in a few days.”
  - “Black, hairy tongue is a fungal infection caused by all the antibiotics you have received.”
  - “This is probably caused by the same bacteria you had in your lungs.”

ANS: C

A black, hairy tongue is not really hair but the elongation of filiform papillae and painless overgrowth of mycelial threads of fungus infection on the tongue. It occurs after the use of antibiotics, which inhibit normal bacteria and allow a proliferation of fungus. It is not caused by the same bacteria as his lung infection but occurred after the use of antibiotics, which inhibit normal bacteria and allow a proliferation of fungus. There is no need to get a biopsy.

DIF: Cognitive Level: Analyzing (Analysis)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

28. The nurse is assessing a patient with a history of intravenous drug abuse. In assessing his mouth, the nurse notices a dark red confluent macule on the hard palate. This could be an early sign of what disease or disorder?
- Measles
  - Leukemia
  - A carcinoma
  - Acquired immunodeficiency syndrome (AIDS)

ANS: D

This dark red confluent macule on the hard palate is an oral Kaposi’s sarcoma. An oral Kaposi’s sarcoma is a bruiselike, dark red or violet, confluent macule that usually occurs on the hard palate but may also appear on the soft palate or gingival margin. Oral lesions such as a Kaposi’s sarcoma are among the earliest lesions to develop with AIDS.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

29. A mother brings her 4-month-old infant to the clinic with concerns regarding a small pad in the middle of the upper lip that has been there since 1 month of age. The infant has no health problems. On physical examination, the nurse notices a 0.5-cm, fleshy, elevated area in the middle of the upper lip. No evidence of inflammation or drainage is observed. What would the nurse tell this mother?
- “This area of irritation is caused from teething and is nothing to worry about.”
  - “This finding is abnormal and should be evaluated by another health care provider.”
  - “This area of irritation is the result of chronic drooling and should resolve within the next month or two.”
  - “This elevated area is a sucking tubercle caused from the friction of breastfeeding or bottle-feeding and is normal.”

ANS: D

A normal finding in infants is the sucking tubercle, a small pad in the middle of the upper lip from the friction of breastfeeding or bottle-feeding. This condition is not caused by irritation, teething, or excessive drooling, and evaluation by another health care provider is not warranted.

DIF: Cognitive Level: Analyzing (Analysis)

MSC: Client Needs: Health Promotion and Maintenance

30. A mother is concerned because her 18-month-old toddler has 12 teeth. She is wondering if this is normal for a child of this age. Which is the best response by the nurse?
- “How many teeth did you have at this age?”
  - “This is a normal number of teeth for an 18 month old.”
  - “Normally, by age  $2\frac{1}{2}$  years, 16 deciduous teeth are expected.”
  - “All 20 deciduous teeth are expected to erupt by age 4 years.”

ANS: B

The guidelines for the number of teeth for children younger than 2 years old are as follows: the child’s age in months minus the number 6 should be equal to the expected number of deciduous teeth. Normally all 20 teeth are in by  $2\frac{1}{2}$  years old. In this instance, the child is 18 months old, minus 6, equals 12 deciduous teeth expected.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Health Promotion and Maintenance

31. When examining the mouth of an older patient, the nurse recognizes which finding is due to the aging process?
- Teeth appearing shorter
  - Tongue that looks smoother in appearance
  - Buccal mucosa that is beefy red in appearance
  - Small, painless lump on the dorsum of the tongue

ANS: B

In the aging adult, the tongue looks smoother because of papillary atrophy. The teeth are slightly yellowed and appear longer because of the recession of gingival margins.

DIF: Cognitive Level: Remembering (Knowledge)

MSC: Client Needs: Health Promotion and Maintenance

32. When examining the nares of a 45-year-old patient who is experiencing rhinorrhea, itching of the nose and eyes, and sneezing, the nurse notices the following: pale turbinates, swelling of the turbinates, and clear rhinorrhea. Which of these conditions is most likely the cause?
- Nasal polyps
  - Acute rhinitis
  - Acute sinusitis
  - Allergic rhinitis

ANS: D

Rhinorrhea, itching of the nose and eyes, and sneezing are manifestations of allergic rhinitis. On physical examination, serous edema is noted, and the turbinates usually appear pale with a smooth, glistening surface. Nasal polyps appear as smooth, pale gray nodules which are overgrowths of mucosa most commonly caused by chronic allergic rhinitis and often cause absence of sense of smell and a sensation of a “valve that moves” in the nose when breathing. Acute rhinitis initially presents with clear, watery discharge (rhinorrhea) which later become purulent, with sneezing nasal itching, stimulation of cough reflex, and inflamed mucosa with dark red and swollen turbinates which cause nasal obstruction. With sinusitis, there is usually mucopurulent drainage, nasal obstruction, facial pain or pressure, and may have fever, chills, and malaise. This patient’s symptoms of rhinorrhea, itching of the nose and eyes, and sneezing are manifestations of allergic rhinitis. On physical examination, serous edema is noted, and the turbinates usually appear pale with a smooth, glistening surface.

DIF: Cognitive Level: Analyzing (Analysis)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

33. When assessing the tongue of an adult, what finding would be considered abnormal?
- Smooth glossy dorsal surface
  - Thin white coating over the tongue
  - Raised papillae on the dorsal surface
  - Visible venous patterns on the ventral surface

ANS: A

The dorsal surface of the tongue is normally roughened from papillae. A thin white coating may be present. The ventral surface may show veins. Smooth, glossy areas are abnormal and may indicate atrophic glossitis.

DIF: Cognitive Level: Understanding (Comprehension)

MSC: Client Needs: Health Promotion and Maintenance

34. The nurse is performing an assessment. Which of these findings would cause the greatest concern?
- A painful vesicle inside the cheek for 2 days
  - The presence of moist, nontender Stensen’s ducts
  - Stippled gingival margins that snugly adhere to the teeth
  - An ulceration on the side of the tongue with rolled edges

ANS: D

Ulceration on the side or base of the tongue or under the tongue raises the suspicion of cancer and must be investigated. The risk for early metastasis is present because of rich lymphatic drainage. The vesicle may be an aphthous ulcer, which is painful but not dangerous. The other responses are normal findings. The presence of moist, nontender Stensen's ducts and stippled gingival margins that snugly adhere to the teeth are normal findings. Although a painful vesicle inside the cheek for 2 days is not that uncommon or concerning, but an ulceration on the side, base, or under the tongue raises the suspicion of cancer and must be investigated. The risk for early metastasis is present because of rich lymphatic drainage. The vesicle may be an aphthous ulcer, which is painful but not dangerous.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

35. A patient has been diagnosed with strep throat. The nurse is aware that without treatment, which complication may occur?
- Rubella
  - Leukoplakia
  - Scarlet fever
  - Rheumatic fever

ANS: D

Untreated strep throat may lead to rheumatic fever. When performing a health history, the patient should be asked whether his or her sore throat has been documented as streptococcal.

DIF: Cognitive Level: Understanding (Comprehension)

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

36. During a checkup, a 22-year-old woman tells the nurse that she uses an over-the-counter nasal spray because of her allergies. She also states that it does not work as well as it used to when she first started using it. Which is the best response by the nurse?
- "You should never use over-the-counter nasal sprays because of the risk for addiction."
  - "You should try switching to another brand of medication to prevent this problem."
  - "Continuing to use this spray is important to keep your allergies under control."
  - "Frequent use of these nasal medications irritates the lining of the nose and may cause rebound swelling."

ANS: D

The misuse of over-the-counter nasal medications irritates the mucosa and causes the blood vessels to become swollen, rebound swelling, which is a common problem.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Pharmacologic and Parenteral Therapies

37. During an oral examination of a 4-year-old American-Indian child, the nurse notices that her uvula is partially split. Which of these statements is accurate?
- A bifid uvula may occur in some American-Indian groups.
  - This condition is a cleft palate and is common in American Indians.
  - A bifid uvula is torus palatinus, which frequently occurs in American Indians.
  - This condition is due to an injury and should be reported to the authorities.

ANS: A

Bifid uvula, a condition in which the uvula is split either completely or partially, occurs in some American-Indian groups. This finding is not a cleft palate, a torus palatinus (benign bony ridge running in the middle of the hard palate), or due to injury.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Health Promotion and Maintenance

38. A patient comes into the clinic complaining of facial pain, fever, and malaise. On examination, the nurse notes swollen turbinates and purulent discharge from the nose. The patient also complains of a dull, throbbing pain in his cheeks and teeth on the right side and pain when the nurse palpates the areas. What do these findings indicate?
- Nasal polyps
  - Frontal sinusitis
  - Posterior epistaxis
  - Maxillary sinusitis

ANS: D

Signs of maxillary sinusitis include facial pain after upper respiratory infection, red swollen nasal mucosa, swollen turbinates, and purulent discharge. The person also has fever, chills, and malaise. With maxillary sinusitis, dull throbbing pain occurs in the cheeks and teeth on the same side, and pain with palpation is present. With frontal sinusitis, pain is above the supraorbital ridge. Nasal polyps appear as smooth, pale gray nodules which are overgrowths of mucosa most commonly caused by chronic allergic rhinitis and often cause absence of sense of smell and a sensation of a “valve that moves” in the nose when breathing. Epistaxis is a nosebleed and the most common site of bleeding is the Kiesselbach plexus in the anterior septum. With frontal sinusitis, pain is above the supraorbital ridge. This patient’s signs and symptoms are indicative of maxillary sinusitis. Signs of maxillary sinusitis include facial pain after upper respiratory infection, red swollen nasal mucosa, swollen turbinates, and purulent discharge. The person also has fever, chills, and malaise. With maxillary sinusitis, dull throbbing pain occurs in the cheeks and teeth on the same side, and pain with palpation is present.

DIF: Cognitive Level: Analyzing (Analysis)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

39. A woman who is in the second trimester of pregnancy mentions that she has had “more nosebleeds than ever” since she became pregnant. What is the likely reason for this?
- Inappropriate use of nasal sprays
  - A problem with the patient’s coagulation system
  - Increased susceptibility to colds and nasal irritation
  - Increased vascularity in the upper respiratory tract as a result of the pregnancy

ANS: D

Nasal stuffiness and epistaxis may occur during pregnancy as a result of increased vascularity in the upper respiratory tract. Inappropriate use of nasal sprays often causes rebound congestion or swelling, but not usually nosebleeds. Nasal stuffiness and epistaxis may occur during pregnancy as a result of increased vascularity in the upper respiratory tract so this patient's nose bleeds are more likely to be due to the increased vascularity in the upper respiratory tract than to a problem with the coagulation system or an increased susceptibility to colds and nasal irritation.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Health Promotion and Maintenance

## **MULTIPLE RESPONSE**

1. During an assessment, a patient mentions that "I just can't smell like I used to. I can barely smell the roses in my garden. Why is that?" For which possible causes of changes in the sense of smell will the nurse assess? (*Select all that apply.*)
  - a. Aging
  - b. Chronic allergies
  - c. Cigarette smoking
  - d. Chronic alcohol use
  - e. Herpes simplex virus I
  - f. Frequent episodes of strep throat

ANS: A, B, C

The sense of smell diminishes with cigarette smoking, chronic allergies, and aging. Chronic alcohol use, a history of strep throat, and herpes simplex virus I are not associated with changes in the sense of smell. Chronic alcohol use, herpes simplex virus I, and frequent episodes of strep throat do not common causes of a diminished sense of smell. The sense of smell diminishes with cigarette smoking, chronic allergies, and aging. Chronic alcohol use, a history of strep throat, and herpes simplex virus I are not associated with changes in the sense of smell.

DIF: Cognitive Level: Applying (Application)

MSC: Client Needs: Physiological Integrity: Physiological Adaptation