

PART TWO: FULL-LENGTH SIMULATION EXAMS

NUTRITION-FOCUSED PHYSICAL EXAM PREP - PRACTICE EXAM 2 (250 QUESTIONS)

Choose the single best answer for each question. This is a general practice assessment and is not an official certification examination. Use clinical judgment, follow facility policy, and work within professional scope of practice.

1. During an inpatient bedside assessment, which action best reflects screening a patient before NFPE?
 - A. review the chart and identify precautions before entering
 - B. begin the assessment without reviewing alerts
 - C. rely only on a prior nutrition note
 - D. skip the assessment when the patient is awake

2. At a nutrition follow-up visit, which approach best reflects screening a patient before NFPE?
 - A. begin the assessment without reviewing alerts
 - B. rely only on a prior nutrition note
 - C. skip the assessment when the patient is awake
 - D. review the chart and identify precautions before entering

3. For an adult with recent nutrition concerns, which practice best reflects screening a patient before NFPE?
 - A. begin the assessment without reviewing alerts
 - B. review the chart and identify precautions before entering
 - C. rely only on a prior nutrition note
 - D. skip the assessment when the patient is awake

4. During a clinically appropriate NFPE, which step best reflects screening a patient before NFPE?

- A. review the chart and identify precautions before entering
- B. begin the assessment without reviewing alerts
- C. rely only on a prior nutrition note
- D. skip the assessment when the patient is awake

5. When documenting a nutrition assessment, which response best reflects screening a patient before NFPE?

- A. begin the assessment without reviewing alerts
- B. rely only on a prior nutrition note
- C. skip the assessment when the patient is awake
- D. review the chart and identify precautions before entering

6. During an inpatient bedside assessment, which action best reflects patient identity verification?

- A. confirm identity from room number alone
- B. ask a visitor to identify the patient
- C. use approved identifiers before the bedside assessment
- D. assume the prior examiner verified identity

7. At a nutrition follow-up visit, which approach best reflects patient identity verification?

- A. confirm identity from room number alone
- B. ask a visitor to identify the patient
- C. assume the prior examiner verified identity
- D. use approved identifiers before the bedside assessment

8. For an adult with recent nutrition concerns, which practice best reflects patient identity verification?

- A. use approved identifiers before the bedside assessment
- B. confirm identity from room number alone
- C. ask a visitor to identify the patient
- D. assume the prior examiner verified identity

9. During a clinically appropriate NFPE, which step best reflects patient identity verification?

- A. confirm identity from room number alone
- B. ask a visitor to identify the patient
- C. use approved identifiers before the bedside assessment
- D. assume the prior examiner verified identity

10. When documenting a nutrition assessment, which response best reflects patient identity verification?

- A. confirm identity from room number alone
- B. use approved identifiers before the bedside assessment
- C. ask a visitor to identify the patient
- D. assume the prior examiner verified identity

11. During an inpatient bedside assessment, which action best reflects explaining touch during assessment?

- A. palpate first and explain afterward
- B. avoid speaking to reduce anxiety
- C. ask the patient to guess the next step
- D. tell the patient what area will be assessed before touching

12. At a nutrition follow-up visit, which approach best reflects explaining touch during assessment?

- A. palpate first and explain afterward
- B. avoid speaking to reduce anxiety

- C. tell the patient what area will be assessed before touching
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- A. palpate first and explain afterward
- B. tell the patient what area will be assessed before touching
- C. avoid speaking to reduce anxiety
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14. During a clinically appropriate NFPE, which step best reflects explaining touch during assessment?

- A. tell the patient what area will be assessed before touching
- B. palpate first and explain afterward
- C. avoid speaking to reduce anxiety
- D. ask the patient to guess the next step

15. When documenting a nutrition assessment, which response best reflects explaining touch during assessment?

- A. palpate first and explain afterward
- B. avoid speaking to reduce anxiety
- C. ask the patient to guess the next step
- D. tell the patient what area will be assessed before touching

16. During an inpatient bedside assessment, which action best reflects cultural modesty preferences?

- A. use the same exposure routine for every patient
- B. avoid the assessment if preferences differ
- C. ask and accommodate preferences for privacy and exposure

D. ask visitors to decide without the patient

17. At a nutrition follow-up visit, which approach best reflects cultural modesty preferences?

- A. ask and accommodate preferences for privacy and exposure
- B. use the same exposure routine for every patient
- C. avoid the assessment if preferences differ
- D. ask visitors to decide without the patient

18. For an adult with recent nutrition concerns, which practice best reflects cultural modesty preferences?

- A. use the same exposure routine for every patient
- B. ask and accommodate preferences for privacy and exposure
- C. avoid the assessment if preferences differ
- D. ask visitors to decide without the patient

19. During a clinically appropriate NFPE, which step best reflects cultural modesty preferences?

- A. use the same exposure routine for every patient
- B. avoid the assessment if preferences differ
- C. ask visitors to decide without the patient
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- A. use the same exposure routine for every patient
- B. ask and accommodate preferences for privacy and exposure
- C. avoid the assessment if preferences differ
- D. ask visitors to decide without the patient

21. During an inpatient bedside assessment, which action best reflects lighting for visual inspection?

- A. use adequate, neutral lighting to observe contours and skin
- B. assess in dim lighting to prevent bias
- C. use colored lighting to improve contrast
- D. avoid visual inspection when lighting is imperfect

22. At a nutrition follow-up visit, which approach best reflects lighting for visual inspection?

- A. assess in dim lighting to prevent bias
- B. use colored lighting to improve contrast
- C. use adequate, neutral lighting to observe contours and skin
- D. avoid visual inspection when lighting is imperfect

23. For an adult with recent nutrition concerns, which practice best reflects lighting for visual inspection?

- A. use adequate, neutral lighting to observe contours and skin
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- A. assess in dim lighting to prevent bias
- B. use adequate, neutral lighting to observe contours and skin
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- D. avoid visual inspection when lighting is imperfect

25. When documenting a nutrition assessment, which response best reflects lighting for visual inspection?

- A. assess in dim lighting to prevent bias
- B. use colored lighting to improve contrast
- C. use adequate, neutral lighting to observe contours and skin
- D. avoid visual inspection when lighting is imperfect

26. During an inpatient bedside assessment, which action best reflects baseline comparison?

- A. treat every finding as new
- B. ignore prior assessments to remain objective
- C. use memory instead of the medical record
- D. compare with prior documented findings when available

27. At a nutrition follow-up visit, which approach best reflects baseline comparison?

- A. compare with prior documented findings when available
- B. treat every finding as new
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- D. use memory instead of the medical record

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- B. ignore prior assessments to remain objective
- C. compare with prior documented findings when available
- D. use memory instead of the medical record

31. During an inpatient bedside assessment, which action best reflects body-position changes?

- A. consider whether position can alter visible fluid distribution
- B. assume position never changes findings
- C. record position only for laboratory tests
- D. avoid repositioning any patient

32. At a nutrition follow-up visit, which approach best reflects body-position changes?

- A. assume position never changes findings
- B. record position only for laboratory tests
- C. avoid repositioning any patient
- D. consider whether position can alter visible fluid distribution

33. For an adult with recent nutrition concerns, which practice best reflects body-position changes?

- A. assume position never changes findings

- B. consider whether position can alter visible fluid distribution
- C. record position only for laboratory tests
- D. avoid repositioning any patient

34. During a clinically appropriate NFPE, which step best reflects body-position changes?

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- A. assume position never changes findings
- B. record position only for laboratory tests
- C. consider whether position can alter visible fluid distribution
- D. avoid repositioning any patient

36. During an inpatient bedside assessment, which action best reflects acute pain communication?

- A. continue because pain improves accuracy
- B. document pain only after finishing
- C. pause when discomfort occurs and reassess the approach
- D. ask the patient to remain silent

37. At a nutrition follow-up visit, which approach best reflects acute pain communication?

- A. continue because pain improves accuracy
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- B. document pain only after finishing
- C. pause when discomfort occurs and reassess the approach
- D. ask the patient to remain silent

41. During an inpatient bedside assessment, which action best reflects medical devices and tubing?

- A. move lines without checking with the care team
- B. protect lines and devices while choosing an accessible site
- C. assess directly over a device insertion site
- D. remove equipment to improve visibility

42. At a nutrition follow-up visit, which approach best reflects medical devices and tubing?

- A. protect lines and devices while choosing an accessible site
- B. move lines without checking with the care team
- C. assess directly over a device insertion site
- D. remove equipment to improve visibility

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- A. move lines without checking with the care team
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- A. move lines without checking with the care team
- B. assess directly over a device insertion site
- C. remove equipment to improve visibility
- D. protect lines and devices while choosing an accessible site

45. When documenting a nutrition assessment, which response best reflects medical devices and tubing?

- A. move lines without checking with the care team
- B. protect lines and devices while choosing an accessible site
- C. assess directly over a device insertion site
- D. remove equipment to improve visibility

46. During an inpatient bedside assessment, which action best reflects infection-control isolation?

- A. follow the required isolation precautions for the room

- B. use standard precautions regardless of signage
- C. skip hygiene to minimize time inside
- D. defer all nutrition assessment permanently

47. At a nutrition follow-up visit, which approach best reflects infection-control isolation?

- A. use standard precautions regardless of signage
- B. skip hygiene to minimize time inside
- C. follow the required isolation precautions for the room
- D. defer all nutrition assessment permanently

48. For an adult with recent nutrition concerns, which practice best reflects infection-control isolation?

- A. use standard precautions regardless of signage
- B. follow the required isolation precautions for the room
- C. skip hygiene to minimize time inside
- D. defer all nutrition assessment permanently

49. During a clinically appropriate NFPE, which step best reflects infection-control isolation?

- A. follow the required isolation precautions for the room
- B. use standard precautions regardless of signage
- C. skip hygiene to minimize time inside
- D. defer all nutrition assessment permanently

50. When documenting a nutrition assessment, which response best reflects infection-control isolation?

- A. use standard precautions regardless of signage
- B. skip hygiene to minimize time inside
- C. defer all nutrition assessment permanently
- D. follow the required isolation precautions for the room

51. During an inpatient bedside assessment, which action best reflects facial edema observation?

- A. classify it as fat gain
- B. use it as proof of normal hydration
- C. document puffiness and interpret it with overall fluid status
- D. ignore it because the face is not a nutrition site

52. At a nutrition follow-up visit, which approach best reflects facial edema observation?

- A. document puffiness and interpret it with overall fluid status
- B. classify it as fat gain
- C. use it as proof of normal hydration
- D. ignore it because the face is not a nutrition site

53. For an adult with recent nutrition concerns, which practice best reflects facial edema observation?

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- A. classify it as fat gain
- B. document puffiness and interpret it with overall fluid status
- C. use it as proof of normal hydration
- D. ignore it because the face is not a nutrition site

56. During an inpatient bedside assessment, which action best reflects periorbital inspection?

- A. assess only the dominant side
- B. press firmly into the eye area
- C. use the finding as a medical diagnosis
- D. compare both sides and note asymmetry or tissue loss

57. At a nutrition follow-up visit, which approach best reflects periorbital inspection?

- A. compare both sides and note asymmetry or tissue loss
- B. assess only the dominant side
- C. press firmly into the eye area
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58. For an adult with recent nutrition concerns, which practice best reflects periorbital inspection?

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- B. press firmly into the eye area
- C. compare both sides and note asymmetry or tissue loss
- D. use the finding as a medical diagnosis

61. During an inpatient bedside assessment, which action best reflects buccal fat assessment?

- A. observe cheek fullness while considering age and illness
- B. diagnose malnutrition from cheek shape alone
- C. measure cheek size with a tape
- D. ignore the patient's baseline appearance

62. At a nutrition follow-up visit, which approach best reflects buccal fat assessment?

- A. diagnose malnutrition from cheek shape alone
- B. measure cheek size with a tape
- C. ignore the patient's baseline appearance
- D. observe cheek fullness while considering age and illness

63. For an adult with recent nutrition concerns, which practice best reflects buccal fat assessment?

- A. diagnose malnutrition from cheek shape alone
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- D. ignore the patient's baseline appearance

66. During an inpatient bedside assessment, which action best reflects posterior calf muscle?

- A. use the calf to assess oral lesions
- B. inspect and compare the posterior lower-leg contour
- C. assess only one leg without reason
- D. diagnose venous disease from contour alone

67. At a nutrition follow-up visit, which approach best reflects posterior calf muscle?

- A. use the calf to assess oral lesions
- B. assess only one leg without reason
- C. diagnose venous disease from contour alone
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68. For an adult with recent nutrition concerns, which practice best reflects posterior calf muscle?

- A. use the calf to assess oral lesions
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- C. assess only one leg without reason
- D. diagnose venous disease from contour alone

71. During an inpatient bedside assessment, which action best reflects thenar muscle?

- A. observe the thumb-base muscle for reduced bulk
- B. use the thumb base to assess edema grade
- C. assess the tongue for hand-muscle loss
- D. measure the thumb to diagnose disease

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- A. use the thumb base to assess edema grade
- B. assess the tongue for hand-muscle loss
- C. observe the thumb-base muscle for reduced bulk
- D. measure the thumb to diagnose disease

76. During an inpatient bedside assessment, which action best reflects hypothenar muscle?

- A. inspect the knee for palm muscle loss
- B. use the palm to evaluate ascites
- C. skip comparison with the other hand
- D. inspect the ulnar palm for loss of muscle fullness

77. At a nutrition follow-up visit, which approach best reflects hypothenar muscle?

- A. inspect the ulnar palm for loss of muscle fullness
- B. inspect the knee for palm muscle loss
- C. use the palm to evaluate ascites
- D. skip comparison with the other hand

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- A. inspect the ulnar palm for loss of muscle fullness
- B. inspect the knee for palm muscle loss
- C. use the palm to evaluate ascites
- D. skip comparison with the other hand

81. During an inpatient bedside assessment, which action best reflects biceps muscle contour?

- A. use biceps contour to measure hydration
- B. observe the upper arm for loss of muscle definition
- C. assess the ankle for arm contour
- D. diagnose sarcopenia from one view alone

82. At a nutrition follow-up visit, which approach best reflects biceps muscle contour?

- A. use biceps contour to measure hydration
- B. assess the ankle for arm contour
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- A. use biceps contour to measure hydration

- B. assess the ankle for arm contour
- C. observe the upper arm for loss of muscle definition
- D. diagnose sarcopenia from one view alone

86. During an inpatient bedside assessment, which action best reflects pectoralis muscle region?

- A. expose the entire patient unnecessarily
- B. assess pectoral tissue through a blanket only
- C. use the chest contour to grade edema
- D. observe the chest contour while maintaining privacy

87. At a nutrition follow-up visit, which approach best reflects pectoralis muscle region?

- A. observe the chest contour while maintaining privacy
- B. expose the entire patient unnecessarily
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- A. expose the entire patient unnecessarily
- B. assess pectoral tissue through a blanket only
- C. observe the chest contour while maintaining privacy
- D. use the chest contour to grade edema

91. During an inpatient bedside assessment, which action best reflects lumbar muscle region?

- A. consider reduced lower-back muscle contour as supportive information
- B. diagnose malnutrition from the lumbar area alone
- C. use the lumbar area to assess oral pain
- D. avoid documentation of posterior findings

92. At a nutrition follow-up visit, which approach best reflects lumbar muscle region?

- A. diagnose malnutrition from the lumbar area alone
- B. use the lumbar area to assess oral pain
- C. avoid documentation of posterior findings
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- B. use the lumbar area to assess oral pain
- C. avoid documentation of posterior findings
- D. consider reduced lower-back muscle contour as supportive information

96. During an inpatient bedside assessment, which action best reflects sacral edema?

- A. inspect and document dependent swelling when clinically appropriate
- B. assume swelling is always nutritional
- C. ignore the sacral area in immobile patients
- D. interpret swelling as lean tissue gain

97. At a nutrition follow-up visit, which approach best reflects sacral edema?

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- A. assume swelling is always nutritional
- B. ignore the sacral area in immobile patients
- C. inspect and document dependent swelling when clinically appropriate
- D. interpret swelling as lean tissue gain

101. During an inpatient bedside assessment, which action best reflects upper-extremity edema?

- A. record location and laterality before interpreting the finding
- B. describe all swelling as generalized edema
- C. use swelling to diagnose protein adequacy
- D. omit the affected side from the note

102. At a nutrition follow-up visit, which approach best reflects upper-extremity edema?

- A. describe all swelling as generalized edema
- B. record location and laterality before interpreting the finding
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- A. describe all swelling as generalized edema
- B. use swelling to diagnose protein adequacy
- C. omit the affected side from the note
- D. record location and laterality before interpreting the finding

106. During an inpatient bedside assessment, which action best reflects skin color changes?

- A. assign an etiology from appearance alone
- B. describe color changes objectively and communicate concerns
- C. ignore sudden color changes
- D. use color to estimate fat stores

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- A. assign an etiology from appearance alone
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108. For an adult with recent nutrition concerns, which practice best reflects skin color changes?

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- A. assign an etiology from appearance alone
- B. describe color changes objectively and communicate concerns
- C. ignore sudden color changes
- D. use color to estimate fat stores

111. During an inpatient bedside assessment, which action best reflects skin integrity?

- A. document only abnormal laboratory values

- B. treat all skin changes as muscle loss
- C. note wounds, tears, or dryness that may affect nutrition care
- D. ignore skin if food intake is low

112. At a nutrition follow-up visit, which approach best reflects skin integrity?

- A. document only abnormal laboratory values
- B. treat all skin changes as muscle loss
- C. ignore skin if food intake is low
- D. note wounds, tears, or dryness that may affect nutrition care

113. For an adult with recent nutrition concerns, which practice best reflects skin integrity?

- A. document only abnormal laboratory values
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- C. treat all skin changes as muscle loss
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114. During a clinically appropriate NFPE, which step best reflects skin integrity?

- A. note wounds, tears, or dryness that may affect nutrition care
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- A. document only abnormal laboratory values
- B. treat all skin changes as muscle loss
- C. ignore skin if food intake is low
- D. note wounds, tears, or dryness that may affect nutrition care

116. During an inpatient bedside assessment, which action best reflects bruising observation?

- A. document location and appearance without assuming the cause
- B. diagnose a nutrient deficiency from bruising alone
- C. ignore bruises during bedside assessment
- D. use bruises to grade edema

117. At a nutrition follow-up visit, which approach best reflects bruising observation?

- A. diagnose a nutrient deficiency from bruising alone
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- D. use bruises to grade edema

120. When documenting a nutrition assessment, which response best reflects bruising observation?

- A. diagnose a nutrient deficiency from bruising alone
- B. ignore bruises during bedside assessment
- C. use bruises to grade edema
- D. document location and appearance without assuming the cause

121. During an inpatient bedside assessment, which action best reflects temperature and perfusion concern?

- A. report concerning findings through the appropriate clinical pathway
- B. diagnose circulatory disease independently
- C. continue without communication
- D. record the concern only at discharge

122. At a nutrition follow-up visit, which approach best reflects temperature and perfusion concern?

- A. diagnose circulatory disease independently
- B. continue without communication
- C. report concerning findings through the appropriate clinical pathway
- D. record the concern only at discharge

123. For an adult with recent nutrition concerns, which practice best reflects temperature and perfusion concern?

- A. report concerning findings through the appropriate clinical pathway
- B. diagnose circulatory disease independently
- C. continue without communication
- D. record the concern only at discharge

124. During a clinically appropriate NFPE, which step best reflects temperature and perfusion concern?

- A. diagnose circulatory disease independently
- B. continue without communication
- C. record the concern only at discharge
- D. report concerning findings through the appropriate clinical pathway

125. When documenting a nutrition assessment, which response best reflects temperature and perfusion concern?

- A. diagnose circulatory disease independently
- B. continue without communication
- C. report concerning findings through the appropriate clinical pathway
- D. record the concern only at discharge

126. During an inpatient bedside assessment, which action best reflects dry cracked lips?

- A. assume the finding confirms dehydration
- B. ask whether discomfort interferes with fluid or food intake
- C. use lip changes to assess thigh muscle
- D. ignore patient-reported mouth pain

127. At a nutrition follow-up visit, which approach best reflects dry cracked lips?

- A. assume the finding confirms dehydration
- B. use lip changes to assess thigh muscle
- C. ask whether discomfort interferes with fluid or food intake
- D. ignore patient-reported mouth pain

128. For an adult with recent nutrition concerns, which practice best reflects dry cracked lips?

- A. assume the finding confirms dehydration
- B. ask whether discomfort interferes with fluid or food intake

- C. use lip changes to assess thigh muscle
- D. ignore patient-reported mouth pain

129. During a clinically appropriate NFPE, which step best reflects dry cracked lips?

- A. ask whether discomfort interferes with fluid or food intake
- B. assume the finding confirms dehydration
- C. use lip changes to assess thigh muscle
- D. ignore patient-reported mouth pain

130. When documenting a nutrition assessment, which response best reflects dry cracked lips?

- A. assume the finding confirms dehydration
- B. use lip changes to assess thigh muscle
- C. ignore patient-reported mouth pain
- D. ask whether discomfort interferes with fluid or food intake

131. During an inpatient bedside assessment, which action best reflects oral thrush concern?

- A. treat it independently as a nutrition diagnosis
- B. recommend irritant foods without assessment
- C. ignore it if weight is unchanged
- D. recognize possible oral discomfort and follow referral procedures

132. At a nutrition follow-up visit, which approach best reflects oral thrush concern?

- A. treat it independently as a nutrition diagnosis
- B. recognize possible oral discomfort and follow referral procedures
- C. recommend irritant foods without assessment
- D. ignore it if weight is unchanged

133. For an adult with recent nutrition concerns, which practice best reflects oral thrush concern?

- A. recognize possible oral discomfort and follow referral procedures
- B. treat it independently as a nutrition diagnosis
- C. recommend irritant foods without assessment
- D. ignore it if weight is unchanged

134. During a clinically appropriate NFPE, which step best reflects oral thrush concern?

- A. treat it independently as a nutrition diagnosis
- B. recommend irritant foods without assessment
- C. recognize possible oral discomfort and follow referral procedures
- D. ignore it if weight is unchanged

135. When documenting a nutrition assessment, which response best reflects oral thrush concern?

- A. treat it independently as a nutrition diagnosis
- B. recommend irritant foods without assessment
- C. ignore it if weight is unchanged
- D. recognize possible oral discomfort and follow referral procedures

136. During an inpatient bedside assessment, which action best reflects ill-fitting dentures?

- A. assume dentures are unrelated to intake
- B. ask about fit, chewing, and preferred food textures
- C. remove dentures without consent
- D. diagnose swallowing impairment from dentures

137. At a nutrition follow-up visit, which approach best reflects ill-fitting dentures?

- A. ask about fit, chewing, and preferred food textures
- B. assume dentures are unrelated to intake
- C. remove dentures without consent
- D. diagnose swallowing impairment from dentures

138. For an adult with recent nutrition concerns, which practice best reflects ill-fitting dentures?

- A. ask about fit, chewing, and preferred food textures
- B. assume dentures are unrelated to intake
- C. remove dentures without consent
- D. diagnose swallowing impairment from dentures

139. During a clinically appropriate NFPE, which step best reflects ill-fitting dentures?

- A. assume dentures are unrelated to intake
- B. remove dentures without consent
- C. ask about fit, chewing, and preferred food textures
- D. diagnose swallowing impairment from dentures

140. When documenting a nutrition assessment, which response best reflects ill-fitting dentures?

- A. assume dentures are unrelated to intake
- B. remove dentures without consent
- C. diagnose swallowing impairment from dentures
- D. ask about fit, chewing, and preferred food textures

141. During an inpatient bedside assessment, which action best reflects taste change report?

- A. dismiss taste changes as unimportant
- B. explore timing, symptoms, medications, and intake impact
- C. diagnose a deficiency from taste change alone

D. document it without asking follow-up questions

142. At a nutrition follow-up visit, which approach best reflects taste change report?

- A. dismiss taste changes as unimportant
- B. diagnose a deficiency from taste change alone
- C. explore timing, symptoms, medications, and intake impact
- D. document it without asking follow-up questions

143. For an adult with recent nutrition concerns, which practice best reflects taste change report?

- A. dismiss taste changes as unimportant
- B. diagnose a deficiency from taste change alone
- C. explore timing, symptoms, medications, and intake impact
- D. document it without asking follow-up questions

144. During a clinically appropriate NFPE, which step best reflects taste change report?

- A. dismiss taste changes as unimportant
- B. explore timing, symptoms, medications, and intake impact
- C. diagnose a deficiency from taste change alone
- D. document it without asking follow-up questions

145. When documenting a nutrition assessment, which response best reflects taste change report?

- A. dismiss taste changes as unimportant
- B. diagnose a deficiency from taste change alone
- C. document it without asking follow-up questions
- D. explore timing, symptoms, medications, and intake impact

146. During an inpatient bedside assessment, which action best reflects nausea during assessment?

- A. ask how nausea affects intake and meal tolerance
- B. continue palpation despite worsening nausea
- C. assume nausea has no nutrition relevance
- D. use nausea to grade fat loss

147. At a nutrition follow-up visit, which approach best reflects nausea during assessment?

- A. ask how nausea affects intake and meal tolerance
- B. continue palpation despite worsening nausea
- C. assume nausea has no nutrition relevance
- D. use nausea to grade fat loss

148. For an adult with recent nutrition concerns, which practice best reflects nausea during assessment?

- A. continue palpation despite worsening nausea
- B. ask how nausea affects intake and meal tolerance
- C. assume nausea has no nutrition relevance
- D. use nausea to grade fat loss

149. During a clinically appropriate NFPE, which step best reflects nausea during assessment?

- A. continue palpation despite worsening nausea
- B. assume nausea has no nutrition relevance
- C. use nausea to grade fat loss
- D. ask how nausea affects intake and meal tolerance

150. When documenting a nutrition assessment, which response best reflects nausea during assessment?

- A. continue palpation despite worsening nausea
- B. assume nausea has no nutrition relevance
- C. ask how nausea affects intake and meal tolerance
- D. use nausea to grade fat loss

151. During an inpatient bedside assessment, which action best reflects early satiety?

- A. assess the effect on portion size and meal frequency
- B. assume it means adequate intake
- C. ignore it when body weight is high
- D. diagnose a gastrointestinal disorder independently

152. At a nutrition follow-up visit, which approach best reflects early satiety?

- A. assume it means adequate intake
- B. assess the effect on portion size and meal frequency
- C. ignore it when body weight is high
- D. diagnose a gastrointestinal disorder independently

153. For an adult with recent nutrition concerns, which practice best reflects early satiety?

- A. assume it means adequate intake
- B. ignore it when body weight is high
- C. diagnose a gastrointestinal disorder independently
- D. assess the effect on portion size and meal frequency

154. During a clinically appropriate NFPE, which step best reflects early satiety?

- A. assume it means adequate intake
- B. ignore it when body weight is high
- C. diagnose a gastrointestinal disorder independently

D. assess the effect on portion size and meal frequency

155. When documenting a nutrition assessment, which response best reflects early satiety?

- A. assume it means adequate intake
- B. ignore it when body weight is high
- C. assess the effect on portion size and meal frequency
- D. diagnose a gastrointestinal disorder independently

156. During an inpatient bedside assessment, which action best reflects diarrhea history?

- A. ask about duration, frequency, and effect on intake
- B. ignore stool changes during nutrition assessment
- C. use diarrhea to diagnose dehydration alone
- D. recommend a treatment outside scope

157. At a nutrition follow-up visit, which approach best reflects diarrhea history?

- A. ignore stool changes during nutrition assessment
- B. ask about duration, frequency, and effect on intake
- C. use diarrhea to diagnose dehydration alone
- D. recommend a treatment outside scope

158. For an adult with recent nutrition concerns, which practice best reflects diarrhea history?

- A. ignore stool changes during nutrition assessment
- B. use diarrhea to diagnose dehydration alone
- C. ask about duration, frequency, and effect on intake
- D. recommend a treatment outside scope

159. During a clinically appropriate NFPE, which step best reflects diarrhea history?

- A. ignore stool changes during nutrition assessment
- B. use diarrhea to diagnose dehydration alone
- C. ask about duration, frequency, and effect on intake
- D. recommend a treatment outside scope

160. When documenting a nutrition assessment, which response best reflects diarrhea history?

- A. ignore stool changes during nutrition assessment
- B. ask about duration, frequency, and effect on intake
- C. use diarrhea to diagnose dehydration alone
- D. recommend a treatment outside scope

161. During an inpatient bedside assessment, which action best reflects constipation history?

- A. assume constipation proves inadequate protein intake
- B. avoid asking about bowel symptoms
- C. use constipation to assess muscle mass
- D. consider symptoms that may reduce appetite or comfort

162. At a nutrition follow-up visit, which approach best reflects constipation history?

- A. consider symptoms that may reduce appetite or comfort
- B. assume constipation proves inadequate protein intake
- C. avoid asking about bowel symptoms
- D. use constipation to assess muscle mass

163. For an adult with recent nutrition concerns, which practice best reflects constipation history?

- A. assume constipation proves inadequate protein intake
- B. avoid asking about bowel symptoms
- C. use constipation to assess muscle mass
- D. consider symptoms that may reduce appetite or comfort

164. During a clinically appropriate NFPE, which step best reflects constipation history?

- A. consider symptoms that may reduce appetite or comfort
- B. assume constipation proves inadequate protein intake
- C. avoid asking about bowel symptoms
- D. use constipation to assess muscle mass

165. When documenting a nutrition assessment, which response best reflects constipation history?

- A. assume constipation proves inadequate protein intake
- B. consider symptoms that may reduce appetite or comfort
- C. avoid asking about bowel symptoms
- D. use constipation to assess muscle mass

166. During an inpatient bedside assessment, which action best reflects vomiting history?

- A. record vomiting without estimating intake impact
- B. assume one episode establishes malnutrition
- C. clarify frequency and recent ability to retain food and fluids
- D. ignore the risk of reduced intake

167. At a nutrition follow-up visit, which approach best reflects vomiting history?

- A. record vomiting without estimating intake impact
- B. assume one episode establishes malnutrition
- C. ignore the risk of reduced intake

D. clarify frequency and recent ability to retain food and fluids

168. For an adult with recent nutrition concerns, which practice best reflects vomiting history?

- A. record vomiting without estimating intake impact
- B. assume one episode establishes malnutrition
- C. clarify frequency and recent ability to retain food and fluids
- D. ignore the risk of reduced intake

169. During a clinically appropriate NFPE, which step best reflects vomiting history?

- A. clarify frequency and recent ability to retain food and fluids
- B. record vomiting without estimating intake impact
- C. assume one episode establishes malnutrition
- D. ignore the risk of reduced intake

170. When documenting a nutrition assessment, which response best reflects vomiting history?

- A. record vomiting without estimating intake impact
- B. clarify frequency and recent ability to retain food and fluids
- C. assume one episode establishes malnutrition
- D. ignore the risk of reduced intake

171. During an inpatient bedside assessment, which action best reflects fatigue report?

- A. use fatigue alone to diagnose malnutrition
- B. ignore fatigue unless there is edema
- C. treat fatigue as a muscle measurement
- D. relate fatigue to functional capacity and overall assessment data

172. At a nutrition follow-up visit, which approach best reflects fatigue report?

- A. relate fatigue to functional capacity and overall assessment data
- B. use fatigue alone to diagnose malnutrition
- C. ignore fatigue unless there is edema
- D. treat fatigue as a muscle measurement

173. For an adult with recent nutrition concerns, which practice best reflects fatigue report?

- A. use fatigue alone to diagnose malnutrition
- B. relate fatigue to functional capacity and overall assessment data
- C. ignore fatigue unless there is edema
- D. treat fatigue as a muscle measurement

174. During a clinically appropriate NFPE, which step best reflects fatigue report?

- A. use fatigue alone to diagnose malnutrition
- B. ignore fatigue unless there is edema
- C. relate fatigue to functional capacity and overall assessment data
- D. treat fatigue as a muscle measurement

175. When documenting a nutrition assessment, which response best reflects fatigue report?

- A. use fatigue alone to diagnose malnutrition
- B. relate fatigue to functional capacity and overall assessment data
- C. ignore fatigue unless there is edema
- D. treat fatigue as a muscle measurement

176. During an inpatient bedside assessment, which action best reflects self-feeding ability?

- A. assume meal delivery equals meal consumption
- B. ignore adaptive equipment needs
- C. use self-feeding status to diagnose disease
- D. assess whether the patient can open, lift, and eat meals

177. At a nutrition follow-up visit, which approach best reflects self-feeding ability?

- A. assume meal delivery equals meal consumption
- B. ignore adaptive equipment needs
- C. assess whether the patient can open, lift, and eat meals
- D. use self-feeding status to diagnose disease

178. For an adult with recent nutrition concerns, which practice best reflects self-feeding ability?

- A. assess whether the patient can open, lift, and eat meals
- B. assume meal delivery equals meal consumption
- C. ignore adaptive equipment needs
- D. use self-feeding status to diagnose disease

179. During a clinically appropriate NFPE, which step best reflects self-feeding ability?

- A. assume meal delivery equals meal consumption
- B. ignore adaptive equipment needs
- C. use self-feeding status to diagnose disease
- D. assess whether the patient can open, lift, and eat meals

180. When documenting a nutrition assessment, which response best reflects self-feeding ability?

- A. assume meal delivery equals meal consumption
- B. ignore adaptive equipment needs
- C. assess whether the patient can open, lift, and eat meals

D. use self-feeding status to diagnose disease

181. During an inpatient bedside assessment, which action best reflects meal setup needs?

- A. document setup needs as a laboratory finding
- B. identify supports that can help the patient access food
- C. assume a family member will always assist
- D. withhold meals until independence improves

182. At a nutrition follow-up visit, which approach best reflects meal setup needs?

- A. identify supports that can help the patient access food
- B. document setup needs as a laboratory finding
- C. assume a family member will always assist
- D. withhold meals until independence improves

183. For an adult with recent nutrition concerns, which practice best reflects meal setup needs?

- A. identify supports that can help the patient access food
- B. document setup needs as a laboratory finding
- C. assume a family member will always assist
- D. withhold meals until independence improves

184. During a clinically appropriate NFPE, which step best reflects meal setup needs?

- A. document setup needs as a laboratory finding
- B. assume a family member will always assist
- C. identify supports that can help the patient access food
- D. withhold meals until independence improves

185. When documenting a nutrition assessment, which response best reflects meal setup needs?

- A. document setup needs as a laboratory finding
- B. assume a family member will always assist
- C. withhold meals until independence improves
- D. identify supports that can help the patient access food

186. During an inpatient bedside assessment, which action best reflects vision-related meal barriers?

- A. treat vision as irrelevant to intake
- B. ask whether vision affects food selection or eating
- C. diagnose malnutrition from vision loss
- D. ignore the patient's stated difficulties

187. At a nutrition follow-up visit, which approach best reflects vision-related meal barriers?

- A. treat vision as irrelevant to intake
- B. diagnose malnutrition from vision loss
- C. ask whether vision affects food selection or eating
- D. ignore the patient's stated difficulties

188. For an adult with recent nutrition concerns, which practice best reflects vision-related meal barriers?

- A. ask whether vision affects food selection or eating
- B. treat vision as irrelevant to intake
- C. diagnose malnutrition from vision loss
- D. ignore the patient's stated difficulties

189. During a clinically appropriate NFPE, which step best reflects vision-related meal barriers?

- A. treat vision as irrelevant to intake
- B. ask whether vision affects food selection or eating
- C. diagnose malnutrition from vision loss
- D. ignore the patient's stated difficulties

190. When documenting a nutrition assessment, which response best reflects vision-related meal barriers?

- A. treat vision as irrelevant to intake
- B. diagnose malnutrition from vision loss
- C. ignore the patient's stated difficulties
- D. ask whether vision affects food selection or eating

191. During an inpatient bedside assessment, which action best reflects cognitive barriers?

- A. assume all reports are unreliable
- B. skip consent because cognition varies
- C. make unsupported diagnoses from confusion
- D. use simple questions and corroborate intake information appropriately

192. At a nutrition follow-up visit, which approach best reflects cognitive barriers?

- A. use simple questions and corroborate intake information appropriately
- B. assume all reports are unreliable
- C. skip consent because cognition varies
- D. make unsupported diagnoses from confusion

193. For an adult with recent nutrition concerns, which practice best reflects cognitive barriers?

- A. assume all reports are unreliable
- B. use simple questions and corroborate intake information appropriately
- C. skip consent because cognition varies
- D. make unsupported diagnoses from confusion

194. During a clinically appropriate NFPE, which step best reflects cognitive barriers?

- A. assume all reports are unreliable
- B. skip consent because cognition varies
- C. use simple questions and corroborate intake information appropriately
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195. When documenting a nutrition assessment, which response best reflects cognitive barriers?

- A. assume all reports are unreliable
- B. use simple questions and corroborate intake information appropriately
- C. skip consent because cognition varies
- D. make unsupported diagnoses from confusion

196. During an inpatient bedside assessment, which action best reflects communication barriers?

- A. speak louder without checking understanding
- B. avoid assessing patients with communication needs
- C. adapt communication and use approved supports when needed
- D. ask a visitor to answer every question

197. At a nutrition follow-up visit, which approach best reflects communication barriers?

- A. speak louder without checking understanding
- B. avoid assessing patients with communication needs
- C. ask a visitor to answer every question

D. adapt communication and use approved supports when needed

198. For an adult with recent nutrition concerns, which practice best reflects communication barriers?

- A. adapt communication and use approved supports when needed
- B. speak louder without checking understanding
- C. avoid assessing patients with communication needs
- D. ask a visitor to answer every question

199. During a clinically appropriate NFPE, which step best reflects communication barriers?

- A. speak louder without checking understanding
- B. avoid assessing patients with communication needs
- C. ask a visitor to answer every question
- D. adapt communication and use approved supports when needed

200. When documenting a nutrition assessment, which response best reflects communication barriers?

- A. adapt communication and use approved supports when needed
- B. speak louder without checking understanding
- C. avoid assessing patients with communication needs
- D. ask a visitor to answer every question

201. During an inpatient bedside assessment, which action best reflects caregiver report?

- A. treat it as the only valid history
- B. ignore it in all circumstances
- C. use it as supplemental information and seek the patient's perspective
- D. allow it to replace consent

202. At a nutrition follow-up visit, which approach best reflects caregiver report?

- A. treat it as the only valid history
- B. use it as supplemental information and seek the patient's perspective
- C. ignore it in all circumstances
- D. allow it to replace consent

203. For an adult with recent nutrition concerns, which practice best reflects caregiver report?

- A. treat it as the only valid history
- B. ignore it in all circumstances
- C. allow it to replace consent
- D. use it as supplemental information and seek the patient's perspective

204. During a clinically appropriate NFPE, which step best reflects caregiver report?

- A. use it as supplemental information and seek the patient's perspective
- B. treat it as the only valid history
- C. ignore it in all circumstances
- D. allow it to replace consent

205. When documenting a nutrition assessment, which response best reflects caregiver report?

- A. treat it as the only valid history
- B. ignore it in all circumstances
- C. use it as supplemental information and seek the patient's perspective
- D. allow it to replace consent

206. During an inpatient bedside assessment, which action best reflects recent hospitalization?

- A. assume hospital stay proves malnutrition
- B. ignore the reason for admission
- C. use length of stay as the only assessment data
- D. consider how acute illness and hospitalization may affect intake and function

207. At a nutrition follow-up visit, which approach best reflects recent hospitalization?

- A. assume hospital stay proves malnutrition
- B. consider how acute illness and hospitalization may affect intake and function
- C. ignore the reason for admission
- D. use length of stay as the only assessment data

208. For an adult with recent nutrition concerns, which practice best reflects recent hospitalization?

- A. consider how acute illness and hospitalization may affect intake and function
- B. assume hospital stay proves malnutrition
- C. ignore the reason for admission
- D. use length of stay as the only assessment data

209. During a clinically appropriate NFPE, which step best reflects recent hospitalization?

- A. assume hospital stay proves malnutrition
- B. ignore the reason for admission
- C. consider how acute illness and hospitalization may affect intake and function
- D. use length of stay as the only assessment data

210. When documenting a nutrition assessment, which response best reflects recent hospitalization?

- A. assume hospital stay proves malnutrition
- B. consider how acute illness and hospitalization may affect intake and function
- C. ignore the reason for admission

D. use length of stay as the only assessment data

211. During an inpatient bedside assessment, which action best reflects medication review?

- A. stop medications based on nutrition findings
- B. identify medications that may affect appetite, taste, or gastrointestinal tolerance
- C. ignore medication effects on intake
- D. use medications to estimate muscle mass

212. At a nutrition follow-up visit, which approach best reflects medication review?

- A. stop medications based on nutrition findings
- B. ignore medication effects on intake
- C. use medications to estimate muscle mass
- D. identify medications that may affect appetite, taste, or gastrointestinal tolerance

213. For an adult with recent nutrition concerns, which practice best reflects medication review?

- A. identify medications that may affect appetite, taste, or gastrointestinal tolerance
- B. stop medications based on nutrition findings
- C. ignore medication effects on intake
- D. use medications to estimate muscle mass

214. During a clinically appropriate NFPE, which step best reflects medication review?

- A. stop medications based on nutrition findings
- B. ignore medication effects on intake
- C. identify medications that may affect appetite, taste, or gastrointestinal tolerance
- D. use medications to estimate muscle mass

215. When documenting a nutrition assessment, which response best reflects medication review?

- A. stop medications based on nutrition findings
- B. ignore medication effects on intake
- C. use medications to estimate muscle mass
- D. identify medications that may affect appetite, taste, or gastrointestinal tolerance

216. During an inpatient bedside assessment, which action best reflects fluid restriction?

- A. encourage unrestricted fluid without review
- B. ignore the order during nutrition counseling
- C. consider prescribed restrictions when discussing intake needs
- D. diagnose dehydration from the restriction alone

217. At a nutrition follow-up visit, which approach best reflects fluid restriction?

- A. encourage unrestricted fluid without review
- B. consider prescribed restrictions when discussing intake needs
- C. ignore the order during nutrition counseling
- D. diagnose dehydration from the restriction alone

218. For an adult with recent nutrition concerns, which practice best reflects fluid restriction?

- A. consider prescribed restrictions when discussing intake needs
- B. encourage unrestricted fluid without review
- C. ignore the order during nutrition counseling
- D. diagnose dehydration from the restriction alone

219. During a clinically appropriate NFPE, which step best reflects fluid restriction?

- A. encourage unrestricted fluid without review
- B. ignore the order during nutrition counseling
- C. diagnose dehydration from the restriction alone
- D. consider prescribed restrictions when discussing intake needs

220. When documenting a nutrition assessment, which response best reflects fluid restriction?

- A. encourage unrestricted fluid without review
- B. ignore the order during nutrition counseling
- C. consider prescribed restrictions when discussing intake needs
- D. diagnose dehydration from the restriction alone

221. During an inpatient bedside assessment, which action best reflects diet texture order?

- A. verify ordered texture before discussing meal options
- B. recommend any texture based on preference alone
- C. ignore swallowing-related orders
- D. change the order independently

222. At a nutrition follow-up visit, which approach best reflects diet texture order?

- A. recommend any texture based on preference alone
- B. verify ordered texture before discussing meal options
- C. ignore swallowing-related orders
- D. change the order independently

223. For an adult with recent nutrition concerns, which practice best reflects diet texture order?

- A. verify ordered texture before discussing meal options
- B. recommend any texture based on preference alone
- C. ignore swallowing-related orders

D. change the order independently

224. During a clinically appropriate NFPE, which step best reflects diet texture order?

- A. recommend any texture based on preference alone
- B. verify ordered texture before discussing meal options
- C. ignore swallowing-related orders
- D. change the order independently

225. When documenting a nutrition assessment, which response best reflects diet texture order?

- A. recommend any texture based on preference alone
- B. ignore swallowing-related orders
- C. verify ordered texture before discussing meal options
- D. change the order independently

226. During an inpatient bedside assessment, which action best reflects nutrition monitoring plan?

- A. document findings without a follow-up plan
- B. reassess only if the patient requests it
- C. use different sites at each reassessment
- D. select measurable findings and a timeframe for reassessment

227. At a nutrition follow-up visit, which approach best reflects nutrition monitoring plan?

- A. document findings without a follow-up plan
- B. select measurable findings and a timeframe for reassessment
- C. reassess only if the patient requests it
- D. use different sites at each reassessment

228. For an adult with recent nutrition concerns, which practice best reflects nutrition monitoring plan?

- A. document findings without a follow-up plan
- B. reassess only if the patient requests it
- C. use different sites at each reassessment
- D. select measurable findings and a timeframe for reassessment

229. During a clinically appropriate NFPE, which step best reflects nutrition monitoring plan?

- A. select measurable findings and a timeframe for reassessment
- B. document findings without a follow-up plan
- C. reassess only if the patient requests it
- D. use different sites at each reassessment

230. When documenting a nutrition assessment, which response best reflects nutrition monitoring plan?

- A. document findings without a follow-up plan
- B. reassess only if the patient requests it
- C. select measurable findings and a timeframe for reassessment
- D. use different sites at each reassessment

231. During an inpatient bedside assessment, which action best reflects interdisciplinary handoff?

- A. communicate relevant intake barriers and physical findings clearly
- B. assume other disciplines will discover them
- C. share vague impressions without details
- D. omit urgent concerns from the handoff

232. At a nutrition follow-up visit, which approach best reflects interdisciplinary handoff?

- A. assume other disciplines will discover them
- B. share vague impressions without details
- C. omit urgent concerns from the handoff
- D. communicate relevant intake barriers and physical findings clearly

233. For an adult with recent nutrition concerns, which practice best reflects interdisciplinary handoff?

- A. assume other disciplines will discover them
- B. communicate relevant intake barriers and physical findings clearly
- C. share vague impressions without details
- D. omit urgent concerns from the handoff

234. During a clinically appropriate NFPE, which step best reflects interdisciplinary handoff?

- A. assume other disciplines will discover them
- B. share vague impressions without details
- C. communicate relevant intake barriers and physical findings clearly
- D. omit urgent concerns from the handoff

235. When documenting a nutrition assessment, which response best reflects interdisciplinary handoff?

- A. communicate relevant intake barriers and physical findings clearly
- B. assume other disciplines will discover them
- C. share vague impressions without details
- D. omit urgent concerns from the handoff

236. During an inpatient bedside assessment, which action best reflects patient education after NFPE?

- A. promise a diagnosis from the assessment
- B. explain next steps in plain language within scope
- C. avoid questions about understanding

D. give instructions unrelated to findings

237. At a nutrition follow-up visit, which approach best reflects patient education after NFPE?

A. promise a diagnosis from the assessment

B. avoid questions about understanding

C. give instructions unrelated to findings

D. explain next steps in plain language within scope

238. For an adult with recent nutrition concerns, which practice best reflects patient education after NFPE?

A. promise a diagnosis from the assessment

B. avoid questions about understanding

C. explain next steps in plain language within scope

D. give instructions unrelated to findings

239. During a clinically appropriate NFPE, which step best reflects patient education after NFPE?

A. promise a diagnosis from the assessment

B. explain next steps in plain language within scope

C. avoid questions about understanding

D. give instructions unrelated to findings

240. When documenting a nutrition assessment, which response best reflects patient education after NFPE?

A. promise a diagnosis from the assessment

B. avoid questions about understanding

C. give instructions unrelated to findings

D. explain next steps in plain language within scope

241. During an inpatient bedside assessment, which action best reflects quality of documentation?

- A. separate observed data from interpretation and recommendations
- B. write conclusions with no supporting details
- C. document only deficits and not strengths
- D. use subjective labels instead of observations

242. At a nutrition follow-up visit, which approach best reflects quality of documentation?

- A. write conclusions with no supporting details
- B. document only deficits and not strengths
- C. separate observed data from interpretation and recommendations
- D. use subjective labels instead of observations

243. For an adult with recent nutrition concerns, which practice best reflects quality of documentation?

- A. write conclusions with no supporting details
- B. document only deficits and not strengths
- C. separate observed data from interpretation and recommendations
- D. use subjective labels instead of observations

244. During a clinically appropriate NFPE, which step best reflects quality of documentation?

- A. write conclusions with no supporting details
- B. separate observed data from interpretation and recommendations
- C. document only deficits and not strengths
- D. use subjective labels instead of observations

245. When documenting a nutrition assessment, which response best reflects quality of documentation?

- A. write conclusions with no supporting details
- B. document only deficits and not strengths
- C. use subjective labels instead of observations
- D. separate observed data from interpretation and recommendations

246. During an inpatient bedside assessment, which action best reflects reassessment after intervention?

- A. compare the same relevant sites and functional measures over time
- B. assume intervention success without reassessment
- C. change the assessment method each time
- D. exclude patient-reported intake from follow-up

247. At a nutrition follow-up visit, which approach best reflects reassessment after intervention?

- A. assume intervention success without reassessment
- B. compare the same relevant sites and functional measures over time
- C. change the assessment method each time
- D. exclude patient-reported intake from follow-up

248. For an adult with recent nutrition concerns, which practice best reflects reassessment after intervention?

- A. compare the same relevant sites and functional measures over time
- B. assume intervention success without reassessment
- C. change the assessment method each time
- D. exclude patient-reported intake from follow-up

249. During a clinically appropriate NFPE, which step best reflects reassessment after intervention?

- A. assume intervention success without reassessment
- B. change the assessment method each time
- C. exclude patient-reported intake from follow-up
- D. compare the same relevant sites and functional measures over time

250. When documenting a nutrition assessment, which response best reflects reassessment after intervention?

- A. assume intervention success without reassessment
- B. change the assessment method each time
- C. compare the same relevant sites and functional measures over time
- D. exclude patient-reported intake from follow-up

Practice Exam 2: Answer Key and Explanations

1. A — Review the chart and identify precautions before entering is best for screening a patient before NFPE. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

2. D — Review the chart and identify precautions before entering is best for screening a patient before NFPE. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

3. B — Review the chart and identify precautions before entering is best for screening a patient before NFPE. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

4. A — Review the chart and identify precautions before entering is best for screening a patient before NFPE. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate

method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

5. D — Review the chart and identify precautions before entering is best for screening a patient before NFPE. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

6. C — Use approved identifiers before the bedside assessment is best for patient identity verification. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

7. D — Use approved identifiers before the bedside assessment is best for patient identity verification. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

8. A — Use approved identifiers before the bedside assessment is best for patient identity verification. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

9. C — Use approved identifiers before the bedside assessment is best for patient identity verification. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

10. B — Use approved identifiers before the bedside assessment is best for patient identity verification. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

11. D — Tell the patient what area will be assessed before touching is best for explaining touch during assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

12. C — Tell the patient what area will be assessed before touching is best for explaining touch during assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

13. B — Tell the patient what area will be assessed before touching is best for explaining touch during assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

14. A — Tell the patient what area will be assessed before touching is best for explaining touch during assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

15. D — Tell the patient what area will be assessed before touching is best for explaining touch during assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

16. C — Ask and accommodate preferences for privacy and exposure is best for cultural modesty preferences. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

17. A — Ask and accommodate preferences for privacy and exposure is best for cultural modesty preferences. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

18. B — Ask and accommodate preferences for privacy and exposure is best for cultural modesty preferences. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

19. D — Ask and accommodate preferences for privacy and exposure is best for cultural modesty preferences. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an

inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

20. B — Ask and accommodate preferences for privacy and exposure is best for cultural modesty preferences. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

21. A — Use adequate, neutral lighting to observe contours and skin is best for lighting for visual inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

22. C — Use adequate, neutral lighting to observe contours and skin is best for lighting for visual inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

23. A — Use adequate, neutral lighting to observe contours and skin is best for lighting for visual inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

24. B — Use adequate, neutral lighting to observe contours and skin is best for lighting for visual inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

25. C — Use adequate, neutral lighting to observe contours and skin is best for lighting for visual inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

26. D — Compare with prior documented findings when available is best for baseline comparison. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

27. A — Compare with prior documented findings when available is best for baseline comparison. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

28. D — Compare with prior documented findings when available is best for baseline comparison. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

29. B — Compare with prior documented findings when available is best for baseline comparison. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

30. C — Compare with prior documented findings when available is best for baseline comparison. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

31. A — Consider whether position can alter visible fluid distribution is best for body-position changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

32. D — Consider whether position can alter visible fluid distribution is best for body-position changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

33. B — Consider whether position can alter visible fluid distribution is best for body-position changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

34. A — Consider whether position can alter visible fluid distribution is best for body-position changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate

method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

35. C — Consider whether position can alter visible fluid distribution is best for body-position changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

36. C — Pause when discomfort occurs and reassess the approach is best for acute pain communication. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

37. B — Pause when discomfort occurs and reassess the approach is best for acute pain communication. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

38. D — Pause when discomfort occurs and reassess the approach is best for acute pain communication. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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40. C — Pause when discomfort occurs and reassess the approach is best for acute pain communication. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

41. B — Protect lines and devices while choosing an accessible site is best for medical devices and tubing. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

42. A — Protect lines and devices while choosing an accessible site is best for medical devices and tubing. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

43. C — Protect lines and devices while choosing an accessible site is best for medical devices and tubing. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

44. D — Protect lines and devices while choosing an accessible site is best for medical devices and tubing. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

45. B — Protect lines and devices while choosing an accessible site is best for medical devices and tubing. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

46. A — Follow the required isolation precautions for the room is best for infection-control isolation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

47. C — Follow the required isolation precautions for the room is best for infection-control isolation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

48. B — Follow the required isolation precautions for the room is best for infection-control isolation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

49. A — Follow the required isolation precautions for the room is best for infection-control isolation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate

method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

50. D — Follow the required isolation precautions for the room is best for infection-control isolation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

51. C — Document puffiness and interpret it with overall fluid status is best for facial edema observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

52. A — Document puffiness and interpret it with overall fluid status is best for facial edema observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

53. D — Document puffiness and interpret it with overall fluid status is best for facial edema observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

54. B — Document puffiness and interpret it with overall fluid status is best for facial edema observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

55. B — Document puffiness and interpret it with overall fluid status is best for facial edema observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

56. D — Compare both sides and note asymmetry or tissue loss is best for periorbital inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

57. A — Compare both sides and note asymmetry or tissue loss is best for periorbital inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

58. C — Compare both sides and note asymmetry or tissue loss is best for periorbital inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

59. B — Compare both sides and note asymmetry or tissue loss is best for periorbital inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

60. C — Compare both sides and note asymmetry or tissue loss is best for periorbital inspection. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

61. A — Observe cheek fullness while considering age and illness is best for buccal fat assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

62. D — Observe cheek fullness while considering age and illness is best for buccal fat assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

63. C — Observe cheek fullness while considering age and illness is best for buccal fat assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

64. D — Observe cheek fullness while considering age and illness is best for buccal fat assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate

method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

65. A — Observe cheek fullness while considering age and illness is best for buccal fat assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

66. B — Inspect and compare the posterior lower-leg contour is best for posterior calf muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

67. D — Inspect and compare the posterior lower-leg contour is best for posterior calf muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

68. C — Inspect and compare the posterior lower-leg contour is best for posterior calf muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

69. B — Inspect and compare the posterior lower-leg contour is best for posterior calf muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

70. A — Inspect and compare the posterior lower-leg contour is best for posterior calf muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

71. A — Observe the thumb-base muscle for reduced bulk is best for thenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

72. B — Observe the thumb-base muscle for reduced bulk is best for thenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

73. C — Observe the thumb-base muscle for reduced bulk is best for thenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation

does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

74. D — Observe the thumb-base muscle for reduced bulk is best for thenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

75. C — Observe the thumb-base muscle for reduced bulk is best for thenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

76. D — Inspect the ulnar palm for loss of muscle fullness is best for hypothenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

77. A — Inspect the ulnar palm for loss of muscle fullness is best for hypothenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

78. B — Inspect the ulnar palm for loss of muscle fullness is best for hypothenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

79. D — Inspect the ulnar palm for loss of muscle fullness is best for hypothenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

80. A — Inspect the ulnar palm for loss of muscle fullness is best for hypothenar muscle. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

81. B — Observe the upper arm for loss of muscle definition is best for biceps muscle contour. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

82. C — Observe the upper arm for loss of muscle definition is best for biceps muscle contour. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation

does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

83. A — Observe the upper arm for loss of muscle definition is best for biceps muscle contour. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

84. B — Observe the upper arm for loss of muscle definition is best for biceps muscle contour. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

85. C — Observe the upper arm for loss of muscle definition is best for biceps muscle contour. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

86. D — Observe the chest contour while maintaining privacy is best for pectoralis muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

87. A — Observe the chest contour while maintaining privacy is best for pectoralis muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

88. D — Observe the chest contour while maintaining privacy is best for pectoralis muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

89. B — Observe the chest contour while maintaining privacy is best for pectoralis muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

90. C — Observe the chest contour while maintaining privacy is best for pectoralis muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate

method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

91. A — Consider reduced lower-back muscle contour as supportive information is best for lumbar muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

92. D — Consider reduced lower-back muscle contour as supportive information is best for lumbar muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

93. C — Consider reduced lower-back muscle contour as supportive information is best for lumbar muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

94. B — Consider reduced lower-back muscle contour as supportive information is best for lumbar muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

95. D — Consider reduced lower-back muscle contour as supportive information is best for lumbar muscle region. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

96. A — Inspect and document dependent swelling when clinically appropriate is best for sacral edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

97. C — Inspect and document dependent swelling when clinically appropriate is best for sacral edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

98. B — Inspect and document dependent swelling when clinically appropriate is best for sacral edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

99. D — Inspect and document dependent swelling when clinically appropriate is best for sacral edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

100. C — Inspect and document dependent swelling when clinically appropriate is best for sacral edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

101. A — Record location and laterality before interpreting the finding is best for upper-extremity edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

102. B — Record location and laterality before interpreting the finding is best for upper-extremity edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

103. C — Record location and laterality before interpreting the finding is best for upper-extremity edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

104. A — Record location and laterality before interpreting the finding is best for upper-extremity edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

105. D — Record location and laterality before interpreting the finding is best for upper-extremity edema. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate

method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

106. B — Describe color changes objectively and communicate concerns is best for skin color changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

107. D — Describe color changes objectively and communicate concerns is best for skin color changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

108. A — Describe color changes objectively and communicate concerns is best for skin color changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

109. C — Describe color changes objectively and communicate concerns is best for skin color changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

110. B — Describe color changes objectively and communicate concerns is best for skin color changes. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

111. C — Note wounds, tears, or dryness that may affect nutrition care is best for skin integrity. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

112. D — Note wounds, tears, or dryness that may affect nutrition care is best for skin integrity. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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114. A — Note wounds, tears, or dryness that may affect nutrition care is best for skin integrity. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

115. D — Note wounds, tears, or dryness that may affect nutrition care is best for skin integrity. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

116. A — Document location and appearance without assuming the cause is best for bruising observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

117. B — Document location and appearance without assuming the cause is best for bruising observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

118. C — Document location and appearance without assuming the cause is best for bruising observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

119. B — Document location and appearance without assuming the cause is best for bruising observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

120. D — Document location and appearance without assuming the cause is best for bruising observation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an

inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

121. A — Report concerning findings through the appropriate clinical pathway is best for temperature and perfusion concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

122. C — Report concerning findings through the appropriate clinical pathway is best for temperature and perfusion concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

123. A — Report concerning findings through the appropriate clinical pathway is best for temperature and perfusion concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

124. D — Report concerning findings through the appropriate clinical pathway is best for temperature and perfusion concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

125. C — Report concerning findings through the appropriate clinical pathway is best for temperature and perfusion concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

126. B — Ask whether discomfort interferes with fluid or food intake is best for dry cracked lips. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

127. C — Ask whether discomfort interferes with fluid or food intake is best for dry cracked lips. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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131. D — Recognize possible oral discomfort and follow referral procedures is best for oral thrush concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

132. B — Recognize possible oral discomfort and follow referral procedures is best for oral thrush concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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134. C — Recognize possible oral discomfort and follow referral procedures is best for oral thrush concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

135. D — Recognize possible oral discomfort and follow referral procedures is best for oral thrush concern. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an

inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

136. B — Ask about fit, chewing, and preferred food textures is best for ill-fitting dentures. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

137. A — Ask about fit, chewing, and preferred food textures is best for ill-fitting dentures. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

138. A — Ask about fit, chewing, and preferred food textures is best for ill-fitting dentures. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

139. C — Ask about fit, chewing, and preferred food textures is best for ill-fitting dentures. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

140. D — Ask about fit, chewing, and preferred food textures is best for ill-fitting dentures. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

141. B — Explore timing, symptoms, medications, and intake impact is best for taste change report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

142. C — Explore timing, symptoms, medications, and intake impact is best for taste change report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

143. C — Explore timing, symptoms, medications, and intake impact is best for taste change report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

144. B — Explore timing, symptoms, medications, and intake impact is best for taste change report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

145. D — Explore timing, symptoms, medications, and intake impact is best for taste change report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

146. A — Ask how nausea affects intake and meal tolerance is best for nausea during assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

147. A — Ask how nausea affects intake and meal tolerance is best for nausea during assessment. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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151. A — Assess the effect on portion size and meal frequency is best for early satiety. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation

does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

152. B — Assess the effect on portion size and meal frequency is best for early satiety. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

153. D — Assess the effect on portion size and meal frequency is best for early satiety. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

154. D — Assess the effect on portion size and meal frequency is best for early satiety. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

155. C — Assess the effect on portion size and meal frequency is best for early satiety. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

156. A — Ask about duration, frequency, and effect on intake is best for diarrhea history. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

157. B — Ask about duration, frequency, and effect on intake is best for diarrhea history. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

161. D — Consider symptoms that may reduce appetite or comfort is best for constipation history. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

162. A — Consider symptoms that may reduce appetite or comfort is best for constipation history. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

163. D — Consider symptoms that may reduce appetite or comfort is best for constipation history. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

164. A — Consider symptoms that may reduce appetite or comfort is best for constipation history. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

165. B — Consider symptoms that may reduce appetite or comfort is best for constipation history. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

166. C — Clarify frequency and recent ability to retain food and fluids is best for vomiting history. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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171. D — Relate fatigue to functional capacity and overall assessment data is best for fatigue report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

172. A — Relate fatigue to functional capacity and overall assessment data is best for fatigue report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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175. B — Relate fatigue to functional capacity and overall assessment data is best for fatigue report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate

method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

176. D — Assess whether the patient can open, lift, and eat meals is best for self-feeding ability. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

177. C — Assess whether the patient can open, lift, and eat meals is best for self-feeding ability. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

178. A — Assess whether the patient can open, lift, and eat meals is best for self-feeding ability. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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181. B — Identify supports that can help the patient access food is best for meal setup needs. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

182. A — Identify supports that can help the patient access food is best for meal setup needs. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

183. A — Identify supports that can help the patient access food is best for meal setup needs. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation

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184. C — Identify supports that can help the patient access food is best for meal setup needs. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

185. D — Identify supports that can help the patient access food is best for meal setup needs. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

186. B — Ask whether vision affects food selection or eating is best for vision-related meal barriers. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

187. C — Ask whether vision affects food selection or eating is best for vision-related meal barriers. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

188. A — Ask whether vision affects food selection or eating is best for vision-related meal barriers. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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190. D — Ask whether vision affects food selection or eating is best for vision-related meal barriers. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

191. D — Use simple questions and corroborate intake information appropriately is best for cognitive barriers. It should be interpreted with history, intake, function, weight change, and the medical

condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

192. A — Use simple questions and corroborate intake information appropriately is best for cognitive barriers. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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195. B — Use simple questions and corroborate intake information appropriately is best for cognitive barriers. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

196. C — Adapt communication and use approved supports when needed is best for communication barriers. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

197. D — Adapt communication and use approved supports when needed is best for communication barriers. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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201. C — Use it as supplemental information and seek the patient's perspective is best for caregiver report. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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206. D — Consider how acute illness and hospitalization may affect intake and function is best for recent hospitalization. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use

an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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211. B — Identify medications that may affect appetite, taste, or gastrointestinal tolerance is best for medication review. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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216. C — Consider prescribed restrictions when discussing intake needs is best for fluid restriction. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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221. A — Verify ordered texture before discussing meal options is best for diet texture order. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation

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226. D — Select measurable findings and a timeframe for reassessment is best for nutrition monitoring plan. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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231. A — Communicate relevant intake barriers and physical findings clearly is best for interdisciplinary handoff. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

232. D — Communicate relevant intake barriers and physical findings clearly is best for interdisciplinary handoff. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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236. B — Explain next steps in plain language within scope is best for patient education after NFPE. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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241. A — Separate observed data from interpretation and recommendations is best for quality of documentation. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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246. A — Compare the same relevant sites and functional measures over time is best for reassessment after intervention. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.

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250. C — Compare the same relevant sites and functional measures over time is best for reassessment after intervention. It should be interpreted with history, intake, function, weight change, and the medical condition. One observation does not independently establish a diagnosis. The other options use an inappropriate method, overstate the finding, or omit safe follow-up. This supports documentation and care-team communication.