Observation & Decision Making in Healthcare

1. Observation in healthcare refers to:
   a) Careful monitoring of patient condition
   b) Asking questions only
   c) Reading reports only
   d) Writing prescriptions

2. The most important tool for patient observation is:
   a) The nurse's senses (sight, hearing, touch)
   b) A smartphone
   c) Television
   d) Hospital security

3. A nurse notices a patient sweating and shivering. This may indicate:
   a) Fever
   b) Happiness
   c) Sleepiness
   d) Hunger

4. Observation of pulse helps assess:
   a) Heart rate
   b) Brain activity
   c) Digestion
   d) Muscle growth

5. The normal respiratory rate in an adult is:
   a) 12–20 breaths/min
   b) 6–10 breaths/min
   c) 22–30 breaths/min
   d) 35–40 breaths/min

💉 Vital Signs Observation

6. Which of the following is NOT a vital sign?
   a) Pulse
   b) Temperature
   c) Height
   d) Respiratory rate

7. A BP reading of 160/100 mmHg indicates:
   a) Hypertension
   b) Normal BP
   c) Hypotension
   d) No concern

8. A nurse sees a patient's lips turning blue. What should be the immediate action?
   a) Check oxygen saturation
   b) Offer water
   c) Allow rest
   d) Ignore it

9. Which tool is used to observe lung sounds?
   a) Stethoscope
   b) Thermometer
   c) Glucometer
   d) Sphygmomanometer

10. Fever is indicated when body temperature rises above:
    a) 100.4°F (38°C)
    b) 96°F
    c) 98.6°F
    d) 102°F

📋 Decision Making Basics

11. Clinical decision making involves:
    a) Assessing the situation and choosing the best care
    b) Asking the doctor for everything
    c) Using personal opinion only
    d) Guesswork

12. When a patient is unconscious, the nurse should first:
    a) Check airway, breathing, circulation (ABC)
    b) Give water
    c) Shake the patient
    d) Cover with a blanket

13. Which of the following is a rational nursing decision?
    a) Giving medicine after checking the doctor's order
    b) Giving double dose for fast relief
    c) Skipping medication
    d) Delaying dressing change

14. Decision-making in emergency situations must be:
    a) Quick and accurate
    b) Delayed
    c) Emotional
    d) Based on patient request only

15. Observation leads to decision making by:
    a) Identifying abnormal signs
    b) Reading novels
    c) Chatting with others
    d) Assuming outcomes

📜 Clinical Judgement & Prioritization

16. Which patient should be seen first?
    a) A patient with chest pain

b) A patient with mild fever
c) A stable patient
d) One who is sleeping

17. A nurse finds a patient unconscious in the ward. What is the first step?
a) Call for help and check responsiveness
b) Move to another patient
c) Give medicine
d) Open the windows

18. When a patient falls in the bathroom, the nurse should:
a) Assess for injury and report immediately
b) Leave the patient
c) Scold the patient
d) Ignore the event

19. A nursing decision must always be based on:
a) Scientific reasoning
b) Personal beliefs
c) Peer pressure
d) Emotions

20. Which is an example of a critical observation?
a) Noticing signs of shock
b) Observing clothes
c) Watching food items
d) Observing bed color

🛌 Monitoring & Reporting

21. A nurse finds a patient's wound with foul smell. What should she do?
a) Report to the doctor
b) Spray deodorant

c) Ignore it
d) Apply cream

22. Which symptom is most critical?
    a) Difficulty in breathing
    b) Minor headache
    c) Mild stomach pain
    d) Sleepiness

23. Who is responsible for documenting patient observations?
    a) The nurse
    b) Patient's family
    c) Pharmacist
    d) Security staff

24. Why is accurate observation important?
    a) To plan correct care
    b) To decorate the room
    c) To write stories
    d) For entertainment

25. A nurse notes sudden high temperature in a patient. What should she do first?
    a) Inform doctor and monitor vitals
    b) Give ice cream
    c) Put patient to sleep
    d) Ignore the rise

💡 Scenario-Based Decision Making

26. You notice a patient is unusually quiet and not eating. What is your first action?
    a) Talk and assess for emotional or health concerns
    b) Shout at the patient

c) Take food away
d) Do nothing

27. If a patient refuses medicine, you should:
    a) Explain and re-educate them
    b) Force them
    c) Skip it forever
    d) Give injection instead

28. If a patient is sweating, confused, and irritable, you suspect:
    a) Hypoglycemia
    b) Fever
    c) UTI
    d) Allergy

29. A patient reports chest tightness. What's your first action?
    a) Alert medical team immediately
    b) Offer lunch
    c) Give painkillers
    d) Wait and observe

30. Decision-making should always include:
    a) Patient's safety and best interest
    b) Nurse's mood
    c) Visitor comments
    d) TV advertisements

🧠 Thinking & Reasoning

31. What does "critical thinking" in nursing mean?
    a) Analyzing information and making sound decisions
    b) Criticizing the patient
    c) Following orders blindly
    d) Avoiding responsibility

32. Observation skill helps a nurse to:
    a) Detect complications early
    b) Cook food
    c) Watch movies
    d) Change uniforms

33. When in doubt, a nurse should:
    a) Consult senior staff or doctor
    b) Guess the action
    c) Ignore the issue
    d) Act independently without info

34. Correct decision making in healthcare is important because:
    a) It saves lives
    b) It wins awards
    c) It shortens working hours
    d) It makes people rich

35. A nurse observes a change in patient's mental status. The best decision is:
    a) Notify doctor and monitor closely
    b) Take a break
    c) Play music
    d) Turn off lights

📊 Documentation & Evaluation

36. Why is written observation record important?
    a) It supports continuity of care
    b) It fills up the file
    c) It entertains doctors
    d) It increases paperwork

37. Which of the following is part of observation charting?
    a) Temperature, pulse, respiration

b) TV time
c) Patient’s favorite color
d) Family income

38. A nurse notes increasing swelling in patient’s leg. What is next?
a) Elevate limb and inform doctor
b) Ignore it
c) Cover with clothes
d) Massage strongly

39. Which observation needs urgent reporting?
a) Sudden chest pain
b) Normal appetite
c) Daily routine
d) Resting quietly

40. Clinical records help in:
a) Future decision making
b) Marketing
c) Food ordering
d) Event planning

🤝 Ethical Decision Making

41. While making decisions, nurses should respect:
a) Patient’s dignity and rights
b) Their own comfort only
c) Gossip from coworkers
d) Hospital politics

42. A nurse sees a colleague make a medication error. What is the correct action?
a) Report it immediately
b) Hide the mistake

c) Take a photo
d) Laugh about it

43. Decision making in nursing is based on:
    a) Evidence-based practice
    b) Emotions only
    c) Tradition only
    d) Trends on social media

44. If a nurse feels emotionally disturbed, the right action is to:
    a) Seek help or take a break
    b) Continue without care
    c) Argue with patients
    d) Complain to all

45. Best way to improve observation skill:
    a) Practice and training
    b) Watching movies
    c) Talking a lot
    d) Guessing situations

🧭 Final Mixed Scenarios

46. A patient's BP drops suddenly. The nurse should:
    a) Inform the doctor and monitor vitals
    b) Leave the patient
    c) Increase water intake only
    d) Sleep

47. If the nurse smells alcohol from a patient's breath, she should:
    a) Document and report
    b) Offer more
    c) Hide the fact
    d) Ignore it

48. Decision to restrain a confused patient must be:
    a) Approved by physician
    b) Based on anger
    c) Taken without reason
    d) Always applied

49. Nurse observes signs of abuse on a patient. What is the best action?
    a) Report to authority and ensure safety
    b) Keep it secret
    c) Ask others casually
    d) Avoid asking questions

50. What strengthens a nurse's decision-making ability?
    a) Knowledge and clinical experience
    b) Guesswork
    c) Rumors
    d) Appearance

Answer Key

Topic - Observation & Decision Making in Healthcare

Observation in Healthcare

1. a) Careful monitoring of patient condition
2. a) The nurse's senses (sight, hearing, touch)
3. a) Fever
4. a) Heart rate

5. a) 12–20 breaths/min

Vital Signs Observation

6. c) Height
7. a) Hypertension
8. a) Check oxygen saturation
9. a) Stethoscope
10. a) 100.4°F (38°C)

Decision Making Basics

11. a) Assessing the situation and choosing the best care
12. a) Check airway, breathing, circulation (ABC)
13. a) Giving medicine after checking the doctor’s order
14. a) Quick and accurate
15. a) Identifying abnormal signs

Clinical Judgement & Prioritization

16. a) A patient with chest pain
17. a) Call for help and check responsiveness
18. a) Assess for injury and report immediately
19. a) Scientific reasoning
20. a) Noticing signs of shock

Monitoring & Reporting

21. a) Report to the doctor
22. a) Difficulty in breathing
23. a) The nurse
24. a) To plan correct care
25. a) Inform doctor and monitor vitals

Scenario-Based Decision Making

26. a) Talk and assess for emotional or health concerns
27. a) Explain and re-educate them
28. a) Hypoglycemia
29. a) Alert medical team immediately
30. a) Patient’s safety and best interest

Thinking & Reasoning

31. a) Analyzing information and making sound decisions
32. a) Detect complications early
33. a) Consult senior staff or doctor
34. a) It saves lives
35. a) Notify doctor and monitor closely

Documentation & Evaluation

36. a) It supports continuity of care
37. a) Temperature, pulse, respiration
38. a) Elevate limb and inform doctor
39. a) Sudden chest pain
40. a) Future decision making

Ethical Decision Making

41. a) Patient’s dignity and rights
42. a) Report it immediately
43. a) Evidence-based practice
44. a) Seek help or take a break
45. a) Practice and training
46. a) Inform the doctor and monitor vitals
47. a) Document and report
48. a) Approved by physician

49. a) Report to authority and ensure safety

50. a) Knowledge and clinical experience