1. Licensure does not protect the nurse. Licensure grants an individual the legal right to practice as a Registered Nurse.

2. Licensure indicates that a person has met minimal standards of competency, thus protecting the public’s safety.

3. Licensure does not protect common law. Common law comprises standards and rules based on the principles established in prior judicial decisions.

4. Licensure does not protect health-care agencies. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) determines if agencies meet minimal standards of health-care delivery, thus protecting the public.

2. There is a violation of standards of care with both negligence and malpractice.

2. Negligence and malpractice both involve acts of either commission or omission.

3. The patient must have sustained injury, damage, or harm with both negligence and malpractice.

4. Only malpractice is misconduct performed in professional practice, where there is a contractual relationship between the patient and nurse, which results in harm to the patient.

3. The nurse who identifies or creates the potential or actual harm completes the Incident Report. The report identifies the people involved in the incident, describes the incident, and records the date, time, location, actions taken, and other relevant information.

2. Documentation should be as factual as possible and avoid accusations. Questions of liability are the responsibility of the courts.

3. Incident reports help to identify patterns of risk so that corrective action plans can take place.

4. The report is not part of the patient’s medical record, and reference to the report should not be made in the patient’s medical record.

4. Collegial or collaborative interventions are actions the nurse carries out in conjunction with other health-care team members.

2. Dependent interventions are those activities carried out under a practitioner’s direction and supervision.

3. Independent interventions are those activities the nurse is licensed to initiate based on knowledge and expertise.

4. An interdependent intervention requires a practitioner’s order associated with a set parameter. The parameter, whenever necessary, requires that the nurse use judgment in implementing the order.

5. The American Nurses Association has established Standards of Care and Standards of Professional Performance. These standards reflect the values of the nursing profession, provide expectations for nursing practice, facilitate the evaluation of nursing practice, and define the profession’s accountability to the public.

2. Sigma Theta Tau, the international honor society of nursing, recognizes academic achievement.

3. The National League for Nursing Accrediting Commission, the Commission on Collegiate Nursing Education, and State Education Departments monitor educational institutions granting degrees in nursing.

4. Schools of nursing (diploma, associate degree, and baccalaureate) educate individuals for entry into the practice of nursing.

6. This statement is an unjust threat. Assault is the threat to harm another person without cause.

2. This is not an example of battery. Battery is the actual willful touching of another person that may or may not cause harm.

3. This is not an example of negligence. Negligence occurs when harm or injury is caused by an act of either commission or omission.

4. This is not an example of malpractice. Malpractice is negligence by a professional person as compared with the actions of another professional person in a similar circumstance when a contract exists between the patient and nurse.

7. Nursing team members or an interdisciplinary team of health-care providers write standardized care plans.

2. Every state has its own Nurse Practice Act that describes and defines the legal boundaries of nursing practice within the state.
to administer an order that appears unreasonable.
4. Changing a medication prescription is not within the scope of nursing practice.

15. 1. **Withholding the medication and documenting the patient’s refusal and why are the appropriate interventions. Patient’s have a right to refuse care.**
2. Notifying the practitioner eventually should be done, but it is not the priority at this time.
3. Discussing the situation with a family member without the patient’s consent is a violation of confidentiality.
4. The patient has been taught about the medication and adamantly refuses the medication. Further teaching at this time may be viewed by the patient as badgering.

16. 1. **Nursing actions must comply with the law, and the law states that euthanasia is legally wrong. Euthanasia can lead to criminal charges of homicide or civil lawsuits for providing an unacceptable standard of care.**
2. A nurse’s beliefs, values, or moral convictions should not be imposed on patients.
3. Compassion and good intentions are not an acceptable basis for actions beyond the scope of nursing practice.
4. These factors do not permit a nurse to be involved with euthanasia.

17. 1. Sigma Theta Tau, the international honor society of nursing, recognizes academic achievement and leadership qualities, encourages high professional standards, fosters creative endeavors, and supports excellence in the profession of nursing.

2. **The National Council of State Boards of Nursing is responsible for the NCLEX examinations; however, the licensing authority in the jurisdiction in which the graduate takes the examination verifies the acceptable score on the examination.**
3. The American Nurses Association (ANA) is the national professional organization for nursing in the United States. It fosters high standards of nursing practice; it does not grant licensure.
4. The National League for Nursing is committed to promoting and improving nursing service and nursing education.

18. 1. **The American Nurses Association Standards of Nursing Practice are authoritative statements by which the national organization for nursing describes the responsibilities for which its practitioners are accountable. An expert nurse is capable of explaining these standards as they apply to the situation under litigation. These professional standards are one criterion that helps a judge or jury determine if a nurse committed malpractice or negligence.**
2. An expert nurse is not an expert in the law. The expert nurse’s role is not to make judgments about the laws as they apply to the practice of nursing.
3. A nurse expert can testify for either the prosecution or the defense.
4. A nurse expert can testify for either the defense or prosecution.

19. 1. The nurse does not need a physician’s order to make a referral to a member of the clergy. An interdependent intervention requires a practitioner’s order associated with a parameter.
2. **The nurse is initiating the referral to the member of the clergy and is therefore working independently. Nurses are legally permitted to diagnose and treat human responses to actual or potential health problems.**
3. This action is within the scope of nursing practice. The nurse does not need a physician’s order to make a referral to a member of the clergy.
4. The nurse can make a referral to a member of the clergy without collaborating with another professional health-care team member.

20. 1. A code of ethics is the official statement of a group’s ideals and values. It includes broad statements that provide a basis for professional actions.
2. **Informed consent is an agreement by a client to accept a course of treatment or a procedure after receiving complete information necessary to make a knowledgeable decision.**
3. Nurse Practice Acts define the scope of nursing practice; they are unrelated to informed consent.
4. The Constitution of the United States addresses broad individual rights and responsibilities. The rights related to nursing practice and patients include the rights of privacy, freedom of speech, and due process.

21. 1. Although this may occur, it is not the most serious outcome of an inappropriate preparation for a colonoscopy.
2. **Fecal material in the intestines can interfere with the visualization, collection,
and analysis of data obtained through a colonoscopy, resulting in diagnostic errors.

3. A test may have to be cancelled or performed a second time if the patient has an ineffective bowel preparation. Although this is a serious consequence, it is not life threatening.

4. Although this is a serious consequence, it is not life threatening.

22. 1. **Determining the extent of activity desirable for a patient is within the physician’s, not nurse’s, scope of practice. Following activity orders is a dependent function of the nurse.**

2. The responsibility to determine a patient’s activity level is not within the legal scope of nursing practice.

3. A physician works independently when determining a patient’s desired activity level.

4. The nurse is following the physician’s order to get the patient OOB. There are no restrictions or parameters in relation to the order. However, the nurse must use judgment before, during, and after a transfer if a patient’s condition changes.

23. 1. **When a nurse renders emergency care, the nurse has an ethical responsibility not to abandon the injured person. The nurse should not leave the scene until the injured person leaves or another qualified person assumes responsibility.**

2. Depending on the injured person’s physical and emotional status, the person may or may not be able to consent to care.

3. When a nurse helps in an emergency, the nurse is required to render care that is consistent with care that any reasonably prudent nurse would provide under similar circumstances. The nurse should not attempt interventions that are beyond the scope of nursing practice.

4. A nurse should offer assistance, not insist on assisting, at the scene of an emergency.

24. 1. When a person graduates from a school of nursing, the individual receives a diploma that indicates completion of a course of study; the diploma is not a license to practice nursing.

2. The ANA Standards of Professional Performance do not address licensure. They only indicate that a nurse should maintain current knowledge and competency.

3. The National League for Nursing promotes nursing service and nursing education, it is not involved with licensure.

4. **The Nurse Practice Act in a state stipulates the requirements for licensure within the state.**

25. 1. Although patients have a right to receive care that meets appropriate standards, the word *right* does not have the same relationship to the word *standard* as the relationship between the words *contract* and *liable*.

2. The words *standards* and *negligence* do not have the same relationship as *contract* and *liable*. Negligence involves an act (of commission or omission) that a reasonably prudent person would not do.

3. The words *standards* and *malpractice* do not have the same relationship as *contract* and *liable*. Malpractice is negligence by a professional person.

4. **Liable means a person is responsible (accountable) for fulfilling a contract that is enforceable by law. Accountable means a person is responsible (liable) for meeting standards, which are expectations established for making judgments or comparisons.**

26. 1. This is not an example of slander, which is a false spoken statement resulting in damage to a person’s character or reputation.

2. **This is an example of assault. Assault is a verbal attack or unlawful threat causing a fear of harm. No actual contact is necessary for a threat to be an assault.**

3. This is not an example of battery, which is the unlawful touching of a person’s body without consent.

4. This is not an example of libel, which is a false printed statement resulting in damage to a person’s character or reputation.

27. 1. In the United States, graduates of educational programs that prepare students to become Licensed Practical Nurses or Registered Professional Nurses must successfully complete the National Council Licensure Examination-PN (NCLEX-PN) and the National Council Licensure Examination-RN (NCLEX-RN) respectively as part of the criteria for licensure.

2. **The Joint Commission of Accreditation of Healthcare Organizations (JCAHO) evaluates health-care organizations’ compliance with JCAHO standards. Accreditation indicates that the organization has the capabilities to provide quality care. In addition, federal and state regulatory agencies and insurance companies require JCAHO accreditation.**
3. The American Nurses Association (ANA) is the national professional organization for nursing in the United States. Its purposes are to promote high standards of nursing practice and to support the educational and professional advancement of nurses.

4. The National League for Nursing (NLN) fosters the development and improvement of nursing education and nursing service.

28. 1. **A living will provides specific instructions about the care the person does or does not want to receive, including withholding or withdrawing life-sustaining procedures.**

2. Euthanasia, the act of painlessly putting to death a person who is suffering, is against the law in most states.

3. When an individual cannot provide written or oral consent (express consent) during an emergency, care is provided under the concept of implied consent.

4. Under the Uniform Anatomical Gift Act and the National Organ Transplant Act in the United States, individuals 18 years or older may donate all or part of their bodies for education, research, advancement of science, therapy, or transplantation. Consent for organ donation usually is made via a signed organ donation card.

29. 1. **State Nurse Practice Acts define and regulate the practice of nursing within the state. The salary of nurses is determined through negotiations between nurses or their representatives, such as a union or a professional nursing organization, and the representatives of the agency for which they work.**

2. A state’s Nurse Practice Act determines the criteria for reciprocity for licensure.

3. A state’s Nurse Practice Act stipulates minimum requirements for nursing education.

4. A state’s Nurse Practice Act defines the criteria for licensure within the state. The actual functions may be delegated to another official body such as a State Board of Nursing or State Education Department.

30. 1. **The changing of a dry sterile dressing is an interdependent action by the nurse when the physician’s order for wound care states: Dry Sterile Dressing PRN.**

2. In this situation, the nurse is not working with other health-care professionals to implement a physician’s order.

3. This intervention is not within the scope of nursing practice without a physician’s order.

4. **A nurse is not permitted legally to prescribe wound care. The nurse needs a practitioner’s order to provide wound care.**

31. 1. A nurse is legally responsible for the safe administration of medications; therefore, the nurse should assess if a medication order is reasonable. However, this is not the first step when preparing to administer a medication to a patient.

2. Although this may be done as a time-management practice, it is not the first step when preparing to administer a medication to a patient.

3. Although this action is essential for the safe administration of a medication to a patient, it is not the first step of this procedure.

4. **The administration of medications is a dependent function of the nurse. The physician’s order should be verified for accuracy. The order must include the name of the patient, the name of the drug, the size of the dose, the route of administration, and the number of times per day to be administered.**

32. 1. **The National League for Nursing Accrediting Commission (NLNAC) is an organization that appraises and grants accreditation status to nursing programs that meet predetermined structure, process, and outcome criteria.**

2. The North American Nursing Diagnosis Association (NANDA) developed a constantly evolving taxonomy of nursing diagnoses to provide a standardized language that focuses on the patient and related nursing care.

3. The American Nurses Association (ANA) is the national professional organization for nursing in the United States. It does not accredit schools of nursing.

4. Sigma Theta Tau, the international honor society of nursing, recognizes academic achievement. It does not accredit schools of nursing.

33. 1. **This dietary order has parameters that exceed a simple dependent function of the nurse.**

2. Prescribing a dietary order for a patient is outside the scope of nursing practice.

3. Collaborative or collegial interventions are actions the nurse carries out in conjunction with other health-care team members.

4. **The physician’s order implies a progression in the diet as tolerated. The nurse uses judgment to determine the**
time of this progression, which is an interdependent action.

34. Answer: 3, 4, 1, 2

3. It is the responsibility of the practitioner to provide all the information necessary to make a knowledgeable decision. Patients have a legal right to have adequate and accurate information to make informed decisions.

4. Patients must be competent to sign a consent form. The patient must be alert, competent, and in touch with reality. Confused, sedated, unconscious, or minor patients may not give consent.

1. Patients must give their consent voluntarily and without coercion.

2. The health-care provider witnessing the signing of the consent must ensure to the genuineness of the signature.

35. 1. This is a violation of the patient’s right to confidentiality, not slander.

2. This is an example of slander. Slander is a false spoken statement resulting in damage to a person’s character or reputation.

3. This is a violation of the patient’s right to confidentiality, not slander.

4. This is not slander because it is a written, not spoken, statement and it documents true, not false, information.

5. This is an example of slander. It is a malicious, false statement that may damage the nurse’s reputation.