

# Cooper and Gosnell: Foundations and Adult Health Nursing, 7th Edition

## Chapter 1: Evolution of Nursing

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#### MULTIPLE CHOICE

1. What is a nursing program considered when certified by a state agency?

- |    |             |
|----|-------------|
| a. | Accredited  |
| b. | Approved    |
| c. | Provisional |
| d. | Exemplified |

ANS: B

*Approved* means certified by a state agency for having met minimum standards; *accredited* means certified by the NLN for having met more complex standards. Provisional and exemplified are not terms used in regard to nursing program certification.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 10

OBJ: 5 TOP: Nursing programs KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

2. Which of the following must the nurse recognize regarding the health care delivery system?

- |    |   |
|----|---|
| a. | It includes all states.                                     |
| b. | It affects the illness of patients.                         |
| c. | Insurance companies are not involved.                       |
| d. | The major goal is to achieve optimal levels of health care. |

ANS: D

The nurse must recognize that in the health care delivery system, the major goal is to achieve optimal levels of health care. The health care system consists of a network of agencies, facilities, and providers involved with health care in a specified

geographic area. Insurance companies do have involvement in the health care system. The illness of patients is not necessarily affected by the health care system.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 12

OBJ: 7 TOP: Health care systems KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

3.What is required by the health care team to identify the needs of a patient and to design care to meet those needs?

- a. The Kardex
- b. The physicians order sheet
- c. An individualized care plan
- d. The nurses notes

ANS: C

An individualized care plan involves all health care workers and outlines care to meet the needs of the individual patient. The Kardex, physicians order sheet, and nurses notes do not identify the needs of the patient nor are they designed to assist all members of the health care team to meet those needs.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Pages 13, 16

OBJ: 8 | 9 TOP: Care plan KEY: Nursing Process Step: Planning

MSC:NCLEX: N/A

4.Patient care emphasis on wellness, rather than illness, begins as a result of:

- a. increased education concerning causes of illness.
- b. improved insurance payments.
- c. decentralized care centers.
- d. increased number of health care givers.

ANS: A

The acute awareness of preventive medicine has resulted in todays emphasis on education about issues such as smoking, heart disease, drug and alcohol abuse, weight control, and mental health and wellness promotion activities. This preventive education has resulted in an emphasis on wellness, rather than

illness. Improved insurance payments, decentralized care centers, and increased numbers of health care givers did not influence an emphasis on wellness.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 12

OBJ: 4 | 8 TOP: Wellness KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

5. What is the most effective process to ensure that the care plan is meeting the needs of the patient?

- |    |               |
|----|---------------|
| a. | Documentation |
| b. | Communication |
| c. | Evaluation    |
| d. | Planning      |

ANS: B

Communication is the primary essential component among the health care team to evaluate and modify the care plan.

Documentation, evaluation, and planning are not primary essential components to ensure the care plan is meeting the needs of the patient.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 16

OBJ: 8 TOP: Communication KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

6. How does an interdisciplinary approach to patient treatment enhance care?

- |    |   |
|----|---|
| a. | By improving efficiency of care                 |
| b. | By reducing the number of caregivers            |
| c. | By preventing the fragmentation of patient care |
| d. | By shortening hospital stay                     |

ANS: C

An interdisciplinary approach prevents fragmentation of care. An interdisciplinary approach does not improve the efficiency of care, reduce the number of caregivers, or shorten hospital stay.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 16

OBJ: 8 | 9 TOP: Interdisciplinary approach KEY: Nursing

Process Step: N/A

MSC:NCLEX: N/A

7.How may a newly licensed LPN/LVN practice?

- a. Independently in a hospital setting
- b. With an experienced LPN/LVN
- c. Under the supervision of a physician or RN
- d. As a sole practitioner in a clinic setting

ANS: C

An LPN/LVN practices under the supervision of a physician, dentist, OD, or RN.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Pages 13, 19

OBJ: 11 TOP: Vocational nursing KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

8.Whose influence on nursing practice in the 19th century was related to improvement of patient environment as a method of health promotion?

- a. Clara Barton
- b. Linda Richards
- c. Dorothea Dix
- d. Florence Nightingale

ANS: D

The influence of Florence Nightingale was highly significant in the 19th century as she fought for sanitary conditions, fresh air, and general improvement in the patient environment. Clara Barton developed the American Red Cross in 1881. Linda Richards is known as the first trained nurse in America, was responsible for the development of the first nursing and hospital records, and is credited with the development of our present-day documentation system. Dorothea Dix was the pioneer crusader for elevation of standards of care for the mentally ill and superintendent of female nurses of the Union Army.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Pages 2, 17 Table 1-2

OBJ: 2 | 4 TOP: Nursing leaders KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

9.What document identifies the roles and responsibilities of the LPN/LVN?

- a. NLN Accreditation Standards
- b. Nurse Practice Act
- c. NAPNE Code
- d. American Nurses Association Code

ANS: B

The LPN/LVN functions under the Nurse Practice Act. NLN Accreditation Standards, the NAPNE Code, and the American Nurses Association Code do not identify the roles and responsibilities of the LPN/LVN.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 13

OBJ: 11 TOP: Roles and Responsibilities KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

10.What is a cost-effective delivery of care used by many hospitals that allows the LPN/LVN to work with the RN to meet the needs of patients?

- a. Focused nursing
- b. Team nursing
- c. Case management
- d. Primary nursing

ANS: C

Case management is a cost-effective method of care. Focused nursing, team nursing, and primary nursing are not cost-effective methods of delivering care that allow the LPN/LVN to work with the RN to meet patient needs.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 14

OBJ: 7 | 9 TOP: Patient care delivery systems KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

11. What is the title of the American Hospital Association's 1972 document that outlines the patient's expectations to be treated with dignity and compassion?

- a. Code of Ethics
- b. Patient's Bill of Rights
- c. OBRA
- d. Advance directives

ANS: B

Patient expectations are outlined by the Patient's Bill of Rights. Patient expectations are not outlined in the Code of Ethics, OBRA, or advance directives.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 15

OBJ: 4 | 8 TOP: Patient's rights KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

12. The relationships among nursing, patients, health, and the environment are the basis for:

- a. care plans.
- b. nursing models.
- c. physician's orders.
- d. evaluation of patient care.

ANS: B

Nursing models are theories based on the relationship between nursing, patients, health, and environment. Care plans, physician's orders, and evaluation of patient care are not based on the relationships among nursing, patients, health, and environment.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 17

OBJ: 1 TOP: Nursing models KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

13. What system reduces the number of employees but still provides quality care for patients?

- a. Team nursing
- b. Cross-training

- c. Use of critical pathways
- d. Case management

ANS: B

Cross-training reduces the number of employees but does not alter the quality of patient care. Team nursing, use of critical pathways, and case management do not reduce the number of employees while continuing to provide quality care for patients. PTS: 1 DIF: Cognitive Level: Comprehension REF: Pages 14-15 OBJ: 8 TOP: Patient care KEY: Nursing Process Step: N/A MSC:NCLEX: N/A

14.What is the purpose of licensing laws for LPN/LVNs?

- a. To limit the number of LPN/LVNs.
- b. Prevention of malpractice
- c. Protection of the public from unqualified people
- d. To increase revenue for the state board of nursing

ANS: C

The purpose of licensing laws for LPN/LVNs is to protect the public from unqualified practitioners. Licensing laws purpose is not to limit the number of LPNs/LVNs, prevent malpractice, or increase revenue for the state board of nursing.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Pages 4-5 OBJ: 4 | 9 | 10 TOP: Licensure KEY: Nursing Process Step: N/A MSC:NCLEX: N/A

15.What premise is Maslows hierarchy of needs based on?

- a. All needs are equally important.
- b. Basic needs must be met before the next level of needs can be met.
- c. Self-actualization is a primary need.
- d. Individuals prioritize needs the same way.

ANS: B

Maslows hierarchy of needs is based on the premise that basic needs must be met first. It is not based on all needs being equally important or that individuals prioritize needs the same way. Self-actualization is not a primary need according to Maslow.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 12  
OBJ: 8 TOP: Maslows hierarchy of needs KEY: Nursing Process  
Step: N/A

MSC:NCLEX: N/A

16.What must the nurse realize when assessing physical and social environmental factors affecting health and illness?

- a. They affect one another.
- b. They cause illness.
- c. They cause patients to react similarly.
- d. They can be separated.

ANS: A

Physical and social factors affect each other, cannot be separated, and cause each patient to react in a unique manner. They do not necessarily cause illness or cause patients to react similarly, and they cannot be separated.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 12

OBJ:4 | 8TOP:Environmental factors

KEY: Nursing Process Step: Assessment MSC: NCLEX: Health Promotion and Maintenance

17.What organization, established during World War II, provided nursing education and training?

- a. Nightingale school
- b. Cadet Nurse Corps
- c. Public health department
- d. Frontier Nursing Service

ANS: B

The Cadet Nurse Corps was established during World War II to provide nursing education and training. The Nightingale school, public health department, and Frontier Nursing Service are not organizations established during World War II to provide nursing education and training.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 5

OBJ: 1 | 4 TOP: Nursing education KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

18. What is a modern educational advancement program for the LPN/LVN to enter RN education?

- |    |              |
|----|--------------|
| a. | Repetition   |
| b. | Exclusion    |
| c. | Articulation |
| d. | Coexistence  |

ANS: C

Most states have some type of articulation program in which the LPN/LVN can achieve advanced standing in an RN program without having to enroll in the entire curriculum. Repetition, exclusion, and coexistence do not refer to educational advancement.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 10

OBJ: 1 | 9 TOP: Nursing education KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

19. Where did Florence Nightingale's original nursing education take place?

- |    |                        |
|----|------------------------|
| a. | Saint Thomas           |
| b. | Kings College Hospital |
| c. | Crimean Hospital       |
| d. | Kaiserswerth School    |

ANS: D

Florence Nightingale trained at Kaiserswerth School. Florence Nightingale's original training was not at Saint Thomas, Kings College Hospital, or Crimean Hospital.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 2

OBJ: 2 TOP: Nursing programs KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

20. What system of comprehensive patient care considers the physical, emotional, and social environment and spiritual needs of a person?

- |    |                     |
|----|---------------------|
| a. | Interdependent care |
|----|---------------------|

- 
- b. Holistic health care

---

  - c. Illness prevention care

---

  - d. Health promotion care

ANS: B

Holistic health care encompasses the physical, emotional, social, and spiritual aspects of the patient.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Pages 13

OBJ: 8 TOP: Health care KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

21. What official agency exists exclusively for LPN/LVN membership and promotes standards for the LPN/LVN?

- 
- a. NFLPN

---

  - b. ANA

---

  - c. NLN

---

  - d. NAPNES

ANS: A

The NFLPN exists solely for the LPN/LVN. The other options have membership that includes RNs and the lay public.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 9

OBJ: 5 | 6 | 9 TOP: Nursing organizations KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

22. What score does the graduate practical nurse require to be issued a license upon completion of the computerized examination?

- 
- a. 70% or better

---

  - b. This is defined and set by each state

---

  - c. Designated as pass

---

  - d. Within the 75th percentile

ANS: C

Currently graduates of an approved vocational school are eligible to take the licensing examination and be awarded a license with a score of pass that is recognized by all states.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 11  
OBJ: 3 TOP: Licensure examination KEY: Nursing Process Step:  
N/A

MSC:NCLEX: N/A

23. What document, published in 1965 by the ANA, clearly defined two levels of nursing practice?

- a. Licensing standards
- b. Position paper
- c. Smith-Hughes Act
- d. Nurse practice act

ANS: B

The ANA's position paper of 1965 defined two levels of nursing: registered nurse and technical nurse. Licensing standards, the Smith-Hughes Act, and the nurse practice act were not documents defining two levels of nursing practice published in 1965.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 11  
OBJ: 3 | 4 | 9 TOP: Position paper KEY: Nursing Process Step:  
N/A

MSC:NCLEX: N/A

24. What is the wellness/illness continuum defined as?

- a. A concept that never changes
- b. The range of a person's total health
- c. A continuum influenced only by one's physical condition
- d. An idea that focuses strictly on an individual's social well-being

ANS: B

The wellness/illness continuum is defined as the range of a person's total health. This continuum is ever-changing, and it is influenced by the individual's physical condition, mental condition, and social well-being.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 12  
OBJ: 8 TOP: Wellness/Illness continuum KEY: Nursing Process  
Step: N/A

MSC:NCLEX: N/A

## MULTIPLE RESPONSE

25. Florence Nightingale established a nursing school at Saint Thomas Hospital in London. What was it characterized by? (Select all that apply.)

- a. Allowing all applicants who applied to be enrolled
- b. Offering formal and practical educational experiences
- c. Keeping records of students progress
- d. Focusing on sanitation and hygiene
- e. Retaining a registry of all graduates

ANS: B, C, D, E

The nursing school established by Florence Nightingale rigorously screened its applicants. The curriculum, which included both formal education and practical experiences, was focused on hygiene and sanitation. The school kept records of the students progress during their school years, and also kept a registry of the graduates.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 3

OBJ: 1 | 2 TOP: School established by Florence Nightingale

KEY: Nursing Process Step: N/AMSC: NCLEX: N/A

## COMPLETION

26. Primitive medical interventions were based on the belief that illness was caused by the presence of \_\_\_\_\_

ANS:

evil spirits

Illness was thought to be caused by the inhabitation of the body by evil spirits. Medical interventions were designed to drive out the evil spirits by introducing good spirits.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 1

OBJ: 1 TOP: Primitive health care KEY: Nursing Process Step:

N/A

MSC: NCLEX: N/A

27. During early civilization \_\_\_\_\_ performed witchcraft and rituals to induce the bad spirits to leave the body of the ailing person.

ANS:

medicine men

Medicine men performed witchcraft and rituals to induce the bad spirits to leave the body of the ailing person during early civilization.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 2

OBJ: 1 TOP: Primitive health care KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

28.The National Council of State Boards of Nursing (NCSBN) performs a job analysis every \_\_\_\_\_ years to determine the scope of practice of LPN/LVNs.

ANS:

3

three

The National Council of State Boards of Nursing performs a job analysis every 3 years to measure the scope of practice for LPN/LVNs.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 18

OBJ: 6 | 9 TOP: National Council analysis KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

29.Graduates of the first school for training the practical nurse were referred to as \_\_\_\_\_ nurses.

ANS:

attendant

The first school for training the practical nurse started in Brooklyn, New York in 1892 and was conducted under the auspices of the Young Womens Christian Association (YWCA). The Ballard School, as it was known, was approximately 3 months in duration and trained its students to care for the chronically ill, invalids, children, and the elderly. The main emphasis was on home care and included cooking, nutrition, basic science, and basic procedures. Graduates of this program were referred to as attendant nurses.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 9

OBJ: 1 TOP: Attendant nurses KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

30. In 1949, the National Federation of Licensed Practical Nurses (NFLPN) was founded by \_\_\_\_\_.

ANS:

Lillian Kuster

In 1949 the National Federation of Licensed Practical Nurses (NFLPN) was founded by Lillian Kuster. This association is the official membership organization for licensed practical nurses/licensed vocational nurses (LPN/LVNs), and membership is limited to LPNs and LVNs.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 9

OBJ: 2 TOP: National Federation of Licensed Practical Nurses

KEY: Nursing Process Step: N/AMSC:NCLEX: N/A

### **OTHER**

31. What is the order of Maslow's hierarchy of needs beginning with the most basic?

- a. Safety and security
- b. Love/belongingness
- c. Physiological
- d. Self-actualization
- e. Esteem

ANS:

C, A, B, E, D

Abraham Maslow believed that an individual's behavior is formed by the individual's attempts to meet essential human needs, which he identified as physiological, safety and security, love and belongingness, and esteem and self-actualization.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 12

OBJ: 8 TOP: Maslow's Hierarchy of Needs KEY: Nursing

Process Step: N/A

MSC:NCLEX: N/A

**Chapter 2: Legal and Ethical Aspects of Nursing  
Cooper and Gosnell: Foundations and Adult Health Nursing,  
7th Edition**

**MULTIPLE CHOICE**

1. When a nurse becomes involved in a legal action, the first step to occur is that a document is filed in an appropriate court. What is this document called?

- |    |            |
|----|------------|
| a. | Deposition |
| b. | Appeal     |
| c. | Complaint  |
| d. | Summons    |

ANS: C

A document called a complaint is filed in an appropriate court as the first step in litigation. A deposition is when witnesses are required to undergo questioning by the attorneys. An appeal is a request for a review of a decision by a higher court. A summons is a court order that notifies the defendant of the legal action.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 23

OBJ: 1 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

2. The nurse caring for a patient in the acute care setting assumes responsibility for a patient's care. What is this legally binding situation?

- |    |                            |
|----|----------------------------|
| a. | Nurse-patient relationship |
| b. | Accountability             |
| c. | Advocacy                   |
| d. | Standard of care           |

ANS: A

When the nurse assumes responsibility for a patient's care, the nurse-patient relationship is formed. This is a legally binding contract for which the nurse must take responsibility.

Accountability is being responsible for one's own actions. An advocate is one who defends or pleads a cause or issue on behalf of another. Standards of care define acts whose performance is required, permitted, or prohibited.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 24

OBJ: 3 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

3.What are the universal guidelines that define appropriate measures for all nursing interventions?

- a. Scope of practice
- b. Advocacy
- c. Standard of care
- d. Prudent practice

ANS: C

Standards of care define actions that are permitted or prohibited in most nursing interventions. These standards are accepted as legal guidelines for appropriateness of performance. The laws that formally define and limit the scope of nursing practice are called nurse practice acts. An advocate is one who defends or pleads a cause or issue on behalf of another. Prudent is a term that refers to careful and/or wise practice.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 25

OBJ: 4 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

4.An LPN/LVN is asked by the RN to administer an IV chemotherapeutic agent to a patient in the acute care setting. What law should this nurse refer to before initiating this intervention?

- a. Standards of care
- b. Regulation of practice
- c. American Nurses Association Code
- d. Nurse practice act

ANS: D

It is the nurses responsibility to know the nurse practice act in his or her state. Standards of care, regulation of practice, and the American Nurses code are not laws that the nurse should refer to before initiating this treatment.

PTS: 1 DIF: Cognitive Level: Application REF: Page 25

OBJ: 5 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

5.A nurse fails to irrigate a feeding tube as ordered, resulting in harm to the patient. This nurse could be found guilty of:

- a. malpractice.
- b. harm to the patient.
- c. negligence.
- d. failure to follow the nurse practice act.

ANS: A

The nurse can be held liable for malpractice for acts of omission. Failure to meet a legal duty, thus causing harm to another, is malpractice. The nurse practice act has general guidelines that can support the charge of malpractice.

PTS: 1 DIF: Cognitive Level: Application REF: Pages 22-23

OBJ: 2 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

6. Patients have expectations regarding the health care services they receive. To protect these expectations, which of the following has become law?

- a. American Hospital Associations Patients Bill of Rights
- b. Self-determination act
- c. American Hospital Associations Standards of Care
- d. The Joint Commissions rights and responsibilities of patients

ANS: A

Patients have expectations regarding the health care services they receive. In 1972, the American Hospital Association (AHA) developed the Patients Bill of Rights. The Self-determination act, American Hospital Associations Standards of Care, and The Joint Commissions rights and responsibilities do not address patients expectations regarding health care.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 26

OBJ: 3 | 4 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

7. The nurse is preparing the patient for a thoracentesis. What must be completed before the procedure may be performed?

- a. Physical assessment

- 
- |    |                    |
|----|--------------------|
| b. | Interview          |
| c. | Informed consent   |
| d. | Surgical checklist |
- 

ANS: C

The doctrine of informed consent refers to full disclosure of the facts the patient needs to make an intelligent (informed) decision before any invasive treatment or procedure is performed. A physical assessment, interview, and surgical checklist are not required before this procedure.

PTS: 1 DIF: Cognitive Level: Application REF: Pages 26-27

OBJ: 8 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

8. When a nurse protects the information in a patient's record what ethical responsibility is the nurse fulfilling?

- 
- |    |                  |
|----|------------------|
| a. | Privacy          |
| b. | Disclosure       |
| c. | Confidentiality  |
| d. | Absolute secrecy |
- 

ANS: C

The nurse has an ethical and legal duty to protect information about a patient and preserve confidentiality. Some disclosures are legal and anticipated, and may not be subject to the rules of confidentiality. None of the information in a chart is considered secret.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 28

OBJ: 9 TOP: Confidentiality KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

9. An older adult is admitted to the hospital with numerous bodily bruises, and the nurse suspects elder abuse. What is the best nursing action?

- 
- |    |  |
|----|--|
| a. | Cover the bruises with bandages.       |
| b. | Take photographs of the bruises.       |
| c. | Ask the patient if anyone has hit her. |
-

- 
- d. Report the bruises to the charge nurse.

ANS: D

The law stipulates that the health care professional is required to report certain information to the appropriate authorities. The report should be given to a supervisor or directly to the police, according to agency policy. When acting in good faith to report mandated information (e.g., certain communicable diseases or gunshot wounds), the health care professional is protected from liability.

PTS: 1 DIF: Cognitive Level: Application REF: Page 29

OBJ: 9 TOP: Elder abuse KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

10. What is the best way for a nurse to avoid a lawsuit?

- 
- a. Carry malpractice insurance
- 
- b. Spend time with the patient
- 
- c. Provide compassionate, competent care
- 
- d. Answer all call lights quickly

ANS: C

The best defense against a lawsuit is to provide compassionate and competent nursing care. Carrying malpractice insurance is prudent, but it will not avoid a lawsuit. Spending time with patients and answering call lights quickly will not necessarily help avoid a lawsuit.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Pages 29-30

OBJ: 8 TOP: Avoiding a lawsuit KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

11. The nurse is caring for a patient with a do-not-resuscitate (DNR) order. Although the nurse may disagree with this order, what is his or her legal obligation?

- 
- a. To question the doctor
- 
- b. To seek advice from the family
- 
- c. To discuss it with the patient
- 
- d. To follow the order

ANS: D

When a DNR order is written in the chart, the nurse has a duty to follow the order. Questioning the doctor, seeking advice from the family, and discussing it with the patient are not legal obligations of the nurse.

PTS: 1 DIF: Cognitive Level: Application REF: Page 35

OBJ: 10 | 14 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

12. The nurse has strong moral convictions that abortions are wrong. When assigned to assist with an abortion, what is the most appropriate action for the nurse to take?

- a. Ask for another assignment
- b. Leave work
- c. Transfer to another floor
- d. Protest to the supervisor

ANS: A

The nurse should not abandon the patient, but ask for another assignment.

PTS: 1 DIF: Cognitive Level: Application REF: Page 35

OBJ: 9 | 16 TOP: Ethics KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

13. The new LPN/LVN is concerned regarding what should or should not be done for patients. What resource will best provide this information?

- a. Nurse practice act
- b. Standards of care
- c. Scope of nursing practice
- d. Professional organizations

ANS: B

Standards of care define what should or should not be done for patients. The nurse practice act, scope of nursing practice, and professional organizations do not provide the best information as to what should or should not be done for patients.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 25

OBJ: 5 TOP: Standards of care KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

14. What role is the nurse who diligently works for the protection of patients' interests playing?

- a. Caregiver
- b. Health care administrator
- c. Advocate
- d. Health care evaluator

ANS: C

A nurse accepts the role of advocate when, in addition to general care, the nurse protects the patient's interests. Caregiver, health care administrator, and health care evaluator are not terms for the nurse who diligently works for the protection of patients.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 24

OBJ: 9 | 12 TOP: Advocate KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

15. When asked to perform a procedure that the nurse has never done before, what should the nurse do to legally protect himself or herself?

- a. Go ahead and do it
- b. Refuse to perform it, citing lack of knowledge
- c. Discuss it with the charge nurse, asking for direction
- d. Ask another nurse who has performed the procedure

ANS: C

The nurse cannot use ignorance as an excuse for nonperformance. The nurse should ask for direction from the charge nurse, explaining she has never performed the procedure independently.

PTS: 1 DIF: Cognitive Level: Application REF: Page 25

OBJ: 8 TOP: Legal KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

16. The nurse is assisting a patient to clarify values by encouraging the expression of feelings and thoughts related to the situation. What is the most appropriate action for the nurse?

- a. Compare values with those of the patient

- 
- b. Make a judgment

---

  - c. Withhold an opinion

---

  - d. Give advice

ANS: C

The nurse can assist the patient in values clarification without giving an opinion.

PTS: 1 DIF: Cognitive Level: Application REF: Pages 33-34

OBJ: 3 | 8 TOP: Values clarification KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

17.What fundamental principle must the nurse first observe when confronted with an ethical decision?

- 
- a. Autonomy

---

  - b. Beneficence

---

  - c. Respect for people

---

  - d. Nonmaleficence

ANS: C

The first fundamental principle is respect for people. Autonomy, beneficence, and nonmaleficence are not the first fundamental principles to observe when confronted with an ethical decision.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 34

OBJ: 13 | 15 TOP: Ethics KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

18.A nurse working on an acute care medical surgical unit is aware that his or her first duty is to the patients health, safety, and well-being. Given this knowledge, which of the following is most necessary for the nurse to report?

- 
- a. Unethical behavior of other staff members

---

  - b. A worker who arrives late

---

  - c. Favoritism shown by nursing administration

---

  - d. Arguments among the staff

ANS: A

A member of the nursing profession must report behavior that does not meet established standards. Unethical behavior involves failing to perform the duties of a competent caring nurse.

PTS: 1 DIF: Cognitive Level: Application REF: Page 35

OBJ: 13 TOP: Unethical behavior KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

19.A nurse is considering purchasing malpractice insurance. What should the nurse be aware of regarding malpractice insurance provided by the hospital?

- a. Only offers protection while on duty
- b. Is limited in the amount of coverage
- c. Is difficult to renew
- d. Can be terminated at any time

ANS: A

Most institutional insurance only provides liability coverage if the nurse is on duty at that facility.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 30

OBJ: 2 TOP: Malpractice insurance KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

20.Which is a nursing care error that violates the Health Insurance Portability and Accountability Act (HIPAA)?

- a. Administering a stronger dose of drug than was ordered
- b. Refusing to give a patients daughter information over the phone
- c. Informing the patients medical power of attorney of a medication change
- d. Leaving a copy of the patients history and physical in the photocopier

ANS: D

Leaving the document in the photocopier could expose it to the public. Inappropriate drug administration is possible malpractice. Sharing information with the power of attorney is legal. Refusing to give a patients daughter information over the phone is appropriate practice.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Pages 26, 28  
OBJ: 7 TOP: Health Insurance Portability and Accountability Act (HIPAA)

KEY:Nursing Process Step: N/AMSC:NCLEX: N/A

21.Which of the following could cause a nurse to be cited for malpractice?

- a. Refusing to give 60 mg of morphine as ordered
- b. Giving prochlorperazine (Compazine) to a patient allergic to phenothiazines
- c. Dragging an injured motorist off the highway and causing further injury
- d. Informing a visitor about a patient's condition

ANS: B

Standards of care dictate that a nurse must be aware of all the properties of drugs administered. Prochlorperazine (Compazine) is a phenothiazine. Providing confidential information or refusing to give an excessively large narcotic dose is not considered malpractice. Good Samaritan laws generally protect a person giving aid to an injured motorist.

PTS: 1 DIF: Cognitive Level: Application REF: Pages 22-23

OBJ: 2 TOP: Malpractice KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

22.A lumbar puncture was performed on a patient without a signed informed consent form. This patient might sue for:

- a. punitive damages.
- b. civil battery.
- c. assault.
- d. nothing; no violation has occurred.

ANS: B

Civil battery charges can be brought against someone performing an invasive procedure without the patient's informed consent legally documented. This patient could not sue for punitive damages or an assault.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 28

OBJ: 6 | 8 TOP: Informed consent KEY: Nursing Process Step:

N/A

MSC:NCLEX: N/A

23. A physician instructs the nurse to bladder train a patient. The nurse clamps the patient's indwelling urinary catheter but forgets to unclamp it. The patient develops a urinary tract infection. What do the nurse's actions exemplify?

- a. Malpractice
- b. Battery
- c. Assault
- d. Neglect of duty

ANS: A

A nurse is liable for acts of commission (doing an act) and omission (not doing an act) performed in the course of their professional duty. A charge of malpractice is likely when a duty exists, there is a breach of that duty, and harm has occurred to the patient.

PTS: 1 DIF: Cognitive Level: Application REF: Pages 22-23

OBJ: 2 TOP: Malpractice KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

24. What is true about nurse practice acts?

- a. They informally define the scope of nursing practice.
- b. They provide for unlimited scope of nursing practice.
- c. Only some states have adopted a nurse practice act.
- d. The nurse must know the nurse practice act within his or her state.

ANS: D

The laws formally defining and limiting the scope of nursing practice are called nurse practice acts. All state, provincial, and territorial legislatures in the United States and Canada have adopted nurse practice acts, although the specifics they contain often vary. It is the nurse's responsibility to know the nurse practice act that is in effect for her geographic region.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 25

OBJ: 1 TOP: Nurse practice acts KEY: Nursing Process Step: N/A

A

MSC:NCLEX: N/A

## MULTIPLE RESPONSE

25. How can the medical record be used in litigation? (Select all that apply.)

- |    |                                 |
|----|---------------------------------|
| a. | Public record                   |
| b. | Proof of adherence to standards |
| c. | Evidence of omission of care    |
| d. | Documentation of time lapses    |
| e. | Evidence by only the plaintiff  |

ANS: A, B, C, D

The information when used in court becomes a public record. The information can be used as proof of adherence to standards, omission of care, and documentation of time lapses. Both plaintiff and defendant can use the document.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 28

OBJ: 4 TOP: Legal properties of medical record KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

26. During a lunch break, an emergency department (ED) nurse truthfully tells another nurse about the condition of a patient who came to the ED last night. What is the ED nurse guilty of?

(Select all that apply.)

- |    |                     |
|----|---------------------|
| a. | HIPAA violation     |
| b. | Slander             |
| c. | Libel               |
| d. | Invasion of privacy |
| e. | Defamation          |

ANS: A, D

The disclosure is an invasion of privacy and a violation of HIPAA. Because the information is true and verbal, it cannot be considered slander or libel.

PTS: 1 DIF: Cognitive Level: Application REF: Pages 26, 28

OBJ: 7 TOP: Disclosure of information KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

27. A nurse failed to monitor a patient's respiratory status after medicating the patient with a narcotic analgesic. The patient's respiratory status worsened, requiring intubation. The patient's family claimed the nurse committed malpractice. What must be present for the nurse to be held liable? (Select all that apply.)

- a. A nurse-patient relationship exists.
- b. The nurse failed to perform in a reasonable manner.
- c. There was harm to the patient.
- d. The nurse was prudent in her performance.
- e. The nurse did not cause the patient harm.
- f. Duty does not exist.

ANS: A, B, C

For the court to uphold the charge of malpractice, and to find the nurse liable, the following elements must be present: duty exists, there is a breach of duty, and harm must have occurred.

PTS: 1 DIF: Cognitive Level: Application REF: Page 24

OBJ: 2 TOP: Malpractice KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

### **COMPLETION**

28. Personal beliefs about the worth of an object, idea, custom, or attitude that influence a person's behavior in a given situation are referred to as \_\_\_\_\_.

ANS:

values

Values are personal beliefs about the worth of an object, an idea, a custom, or an attitude. Values vary among people and cultures; they develop over time and undergo change in response to changing circumstances and necessity. Each of us adopts a value system that will govern what we feel is right or wrong (or good and bad) and will influence our behavior in a given situation.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 33

OBJ: 11 | 12 TOP: Values KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

29. Acts whose performance is required, permitted, or prohibited are defined by \_\_\_\_\_ of \_\_\_\_\_.

ANS:

standards, care

Standards of care define acts whose performance is required, permitted, or prohibited.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 25

OBJ: 4 TOP: Standards of care KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

### **Chapter 3: Documentation**

#### **Cooper and Gosnell: Foundations and Adult Health Nursing, 7th Edition**

#### **MULTIPLE CHOICE**

1. What does documentation of type of care, time of care, and signature of the person prove?

- a. The person who signed the documentation did all the work noted.
- b. No litigation can be brought against the person who signed.
- c. Interventions were implemented to meet the patients needs.
- d. The patients response to the intervention was positive.

ANS: C

Documenting type of care, time of care, and signature of the person results in recording the interventions that are implemented to meet the patients needs. Many charting entries include doctors visits, presence of family, or interventions by other departments. Patient response to some interventions is not always positive.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 38

OBJ: 1 TOP: Documentation

KEY: Nursing Process Step: Implementation MSC: NCLEX: N/A

2. Why is documentation especially significant in managed care?

- a. The hospital needs to show that employees care for patients.
- b. Institutions are reimbursed only for patient care that is documented.
- c. Patients might bring lawsuits if care was not given.
- d. Documents may become part of a lawsuit.

ANS: B

Cost reimbursement rates by government plans (Medicare, Medicaid) are based on the prospective payment system of diagnosis-related groups (DRGs); a system that classifies patients by age, diagnosis, surgical procedure, and other information with hundreds of different categories to predict the use of hospital resources, including length of stay, resulting in a fixed payment amount.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 40

OBJ: 1 TOP: Documentation KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

3.The nurse charts only additional treatments done, changes in patient condition, and new concerns. What is this system of documentation?

a.	SOAP
b.	Block
c.	CBE
d.	Focus

ANS: C

Charting additional treatments done, changes in a patients condition, and new concerns during the shift is charting by exception (CBE).

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 46

OBJ: 1 | 5 | 7 TOP: Documentation KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

4.What form explains the lapse when events are not consistent with facility or national standards of expected care?

a.	Subjective data
b.	Focus chart
c.	Incident report
d.	Nursing assessment

ANS: C

An incident report is completed when patient care was not consistent with facility or national standards. The form explains the event, time, extent of injury, and who was notified.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 47

OBJ: 1 | 7 TOP: Documentation KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

5.The staff from all disciplines is developing integrated care plans for a projected length of stay for patients of a specific case type. This is known as a:

- a. nursing order.
- b. Kardex.
- c. nursing care plan.
- d. critical pathway.

ANS: D

Critical pathways allow staff from all disciplines to develop integrated care plans for a projected length of stay for patients of a specific case type.

PTS: 1 DIF: Cognitive Level: Knowledge REF: Page 51

OBJ:8TOPdocumentation

KEY: Nursing Process Step: Implementation MSC: NCLEX: N/A

6.What makes home health care documentation unique?

- a. Some charting is retained at the hospital.
- b. The physicians office needs separate charting.
- c. Different health care providers need access.
- d. The physician is the pivotal person in the charting.

ANS: C

Home health care documentation has unique problems because of the need for different health care workers to access the medical record.

PTS: 1 DIF: Cognitive Level: Comprehension REF: Page 53

OBJ: 9 TOP: Documentation KEY: Nursing Process Step: N/A

MSC:NCLEX: N/A

7.What regulates standards for long-term care documentation?

- a. OBRA