

## Chapter 03: Legal and Ethical Aspects of Nursing

### Williams: deWit's Fundamental Concepts and Skills for Nursing, 5th Edition

#### MULTIPLE CHOICE

1. A student nurse who is not yet licensed:
  - a. may not perform nursing actions until he or she has passed the licensing examination.
  - b. is not responsible for his or her actions as a student under the state licensing law.
  - c. are held to the same standards as a licensed nurse.
  - d. must apply for a temporary student nurse permit to practice as a student.

ANS: C

**Student nurses are held to the same standards as a licensed nurse.** This means that although a student nurse may not perform a task as quickly or as smoothly as the licensed nurse would, the student is expected to perform it as effectively. In other words, she must achieve the same outcome without harm to the patient. The student is legally responsible for her own actions or inaction, and many schools require the student to carry **malpractice insurance**.

DIF: Cognitive Level: Knowledge REF: p. 32

OBJ: Theory #1

TOP: Practice Regulations for the Student Nurse

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

2. During an employment interview, the interviewer asks the nurse applicant about HIV status. The nurse applicant can legally respond:
  - a. "No," even though he or she has a positive HIV test.
  - b. "I don't know, but I would be willing to be tested."
  - c. "I don't know, and I refuse to be tested."
  - d. "You do not have a right to ask me that question."

ANS: D

In employment practice, it is illegal to discriminate against people with certain diseases or conditions. Asking a question about health status, especially HIV or AIDS infection, is illegal.

DIF: Cognitive Level: Application REF: p. 34

OBJ: Clinical Practice #1

TOP: Discrimination KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

3. An example of a violation of criminal law by a nurse is:
  - a. taking a controlled substance from agency supply for personal use.
  - b. accidentally administering a drug to the wrong patient, who then has a serious reaction.
  - c. advising a patient to sue the doctor for a supposed mistake the doctor made.
  - d. writing a letter to the newspaper outlining questionable or unsafe hospital practices.

ANS: A

Theft of a controlled substance is a federal crime and consequently a crime against society.

DIF: Cognitive Level: Application REF: p. 32

OBJ: Theory #2

TOP: Criminal Law  
MSC: NCLEX: N/A

KEY: Nursing Process Step: N/A

4. The LPN (LVN) assigns part of the care for her patients to a nursing assistant. The LPN is legally required to perform which of the following for the residents assigned to the assistant?
- Toilet the residents every 2 hours and as needed.
  - Feed breakfast to one of the residents who needs assistance.
  - Give medications to the residents at the prescribed times.
  - Transport the residents to the physical therapy department.

ANS: C

Toileting, feeding, and transporting residents or patients are tasks that can be legally assigned to a nurse's aide. Administering medications is a nursing act that can be performed only by a licensed nurse or by a student nurse under the supervision of a licensed nurse.

DIF: Cognitive Level: Application      REF: p. 33      OBJ: Theory #3  
TOP: Delegation      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

5. If a nurse is reported to a state board of nursing for repeatedly making medication errors, it is most likely that:
- the nurse will immediately have his or her license revoked.
  - the nurse will have to take the licensing examination again.
  - a course in legal aspects of nursing care will be required.
  - there will be a hearing to determine whether the charges are true.

ANS: D

The nurse may have his or her license revoked or be required to take a refresher course, but this would be based on the evidence presented at a hearing. The licensing examination is not usually required as a correction of the situation as described.

DIF: Cognitive Level: Knowledge      REF: p. 33      OBJ: Theory #3  
TOP: Professional Discipline      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

6. A nurse co-worker arrives at work 30 minutes late, smelling strongly of alcohol. The fellow nurses' legal course of action is to:
- have the nurse lie down in the nurses' lounge and sleep while others do the work.
  - state that, if this happens again, it will be reported.
  - report the condition of the nurse to the nursing supervisor.
  - offer a breath mint and instruct the nurse co-worker to work.

ANS: C

Nurses must report the condition. It is a nurse's legal and ethical duty to protect patients from impaired or incompetent workers. Allowing the impaired nurse to sleep enables the impaired nurse to avoid the consequences of his or her actions and to continue the risky behavior. Threatening to report "the next time" continues to place patients at risk, as does masking the signs of impairment with breath mints.

DIF: Cognitive Level: Application      REF: p. 33      OBJ: Theory #3  
TOP: Professional Discipline      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

7. When a student nurse performs a nursing skill, it is expected that the student:
- performs the skill as quickly as the licensed nurse.
  - achieves the same result as the licensed nurse.
  - not be held to the same standard as the licensed nurse.
  - always be directly supervised by an instructor.

ANS: B

Students are not expected to perform skills as quickly or as smoothly as experienced nurses, but students must achieve the same result in a safe manner.

DIF: Cognitive Level: Comprehension REF: p. 33

OBJ: Theory #1

TOP: Practice Regulations for the Student Nurse

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

8. If a nurse receives unwelcome sexual advances from a nursing supervisor, the first step the nurse should take is to:
- send an anonymous letter to the nursing administration to alert them to the situation.
  - tell the nursing supervisor that she is uncomfortable with the sexual advances and ask the supervisor to refrain from this behavior.
  - report the nursing supervisor to the state board for nursing.
  - resign and seek employment in a more comfortable environment.

ANS: B

The first step in dealing with sexual harassment in the workplace is to indicate to the person that the actions or conversations are offensive and ask the person to stop. If the actions continue, then reporting the occurrence to the supervisor or the offender's supervisor is indicated.

DIF: Cognitive Level: Application

REF: p. 34

OBJ: Clinical Practice #1

TOP: Sexual Harassment

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

9. A person who has been brought to the emergency room after being struck by a car insists on leaving, although the doctor has advised him to be hospitalized overnight. The nurse caring for this patient should:
- have him sign a Leave Against Medical Advice (AMA) form.
  - tell him that he cannot leave until the doctor releases him.
  - immediately begin the process of involuntary committal.
  - contact the person's health care proxy to assist in the decision-making process.

ANS: A

A person has the right to refuse medical care, and agencies use the Leave AMA to document the medical advice given and the patient's informed choice to leave against that advice.

DIF: Cognitive Level: Application

REF: p. 39

OBJ: Clinical Practice #3

TOP: Patient Rights

KEY: Nursing Process Step: Implementation

MSC: NCLEX: N/A

10. The information in a patient's medical record may legally be:
- copied by students for use in school reports or case studies.

- b. provided to lawyers or insurers without the patient's permission.
- c. shared with other health care providers at the patient's request.
- d. withheld from the patient, because it is the property of the doctor or agency.

ANS: C

A release or consent is required to provide information from a patient's medical record to anyone not directly caring for that patient. The patient must provide consent to provide information to insurers, lawyers, or other health care agencies or providers. The patient has the right to access the information in his or her medical record (copies), but the agency or doctor retains ownership of the document.

DIF: Cognitive Level: Application      REF: p. 39      OBJ: Theory #5  
TOP: Legal Documents      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

11. If a patient indicates that he is unsure if he needs the surgery he is scheduled for later that morning, the nurse would best reply:
- a. "Your doctor explained all of that yesterday when you signed the consent."
  - b. "Your doctor is in the operating room; she can't talk to you now."
  - c. "You should have the surgery; your doctor recommended that you have it."
  - d. "I will call the doctor to speak with you before you go to the operating room."

ANS: D

A consent can be withdrawn at any time before the treatment or procedure has been started. The primary care provider should be notified by the supervising nursing staff of the unit.

DIF: Cognitive Level: Application      REF: p. 38      OBJ: Clinical Practice #4  
TOP: Informed Consent      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Physiological Integrity: Basic Care and Comfort

12. A 16-year-old boy is admitted to the emergency room after fracturing his arm from falling off his bike while visiting with his stepfather who is not the custodial parent. The nurse is preparing him to go to the operating room but must obtain a valid informed consent by:
- a. having the patient sign the consent for surgery.
  - b. obtaining the signature of his stepfather for the surgery.
  - c. declaring the patient to be an emancipated minor.
  - d. obtaining permission of the custodial parent for the surgery.

ANS: D

The patient is a minor and cannot legally sign his own consent unless he is an emancipated minor; the guardian for this patient is the custodial parent. A step parent is not a legal guardian for a minor unless the child has been adopted by the step parent. The hospital does not have the authority to declare the patient an emancipated minor.

DIF: Cognitive Level: Application      REF: p. 38      OBJ: Clinical Practice #3  
TOP: Consent      KEY: Nursing Process Step: Intervention  
MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

13. A patient has advance directives spelled out in a durable power of attorney, with the appointment of his daughter as his health care agent. The daughter will be responsible for:
- a. paying all the medical bills associated with the father's illness.
  - b. making all informed consent decisions for her father.

- c. making all choices about her father's health care if the father is unable.
- d. paying only for those health care decisions based on the advance directives.

ANS: C

A health care agent makes decisions for the patient only when a patient is unable, according to the wishes made known by the patient in advance directives. A health care agent is not responsible for financial decisions or payments.

DIF: Cognitive Level: Application      REF: p. 39      OBJ: Clinical Practice #5  
TOP: Advance Directives      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

14. A patient has signed a do-not-resuscitate (DNR) order. If a nurse performs cardiopulmonary resuscitation (CPR) when the patient stops breathing and then successfully revives the patient, the:
- a. nurse could be found guilty of battery.
  - b. patient would have no grounds for legal action.
  - c. patient could charge the nurse with false imprisonment.
  - d. nurse could be found guilty of assault.

ANS: A

A nurse who attempts CPR on a patient who had a doctor's order for a DNR could be found guilty of battery.

DIF: Cognitive Level: Comprehension      REF: p. 39      OBJ: Clinical Practice #3  
TOP: DNR      KEY: Nursing Process Step: N/A      MSC: NCLEX: N/A

15. A patient refuses to take his medications or to eat his breakfast. He is alert, mentally competent, and fairly comfortable. The nurse should:
- a. give the medications by injection if the patient will not take them orally.
  - b. respect the patient's right to refuse medications or food, because he is competent.
  - c. tell the patient that he must cooperate with his care.
  - d. contact the doctor to insert a feeding tube to supply both medicine and food.

ANS: B

The competent patient has the right to refuse medicine, food, treatments, and procedures. Giving (or threatening to give) medications by injection over the patient's objections is considered battery. Threatening the patient or overriding the patient's wishes is a violation of the patient's bill of rights and constitutes assault or battery.

DIF: Cognitive Level: Application      REF: p. 40      OBJ: Clinical Practice #3  
TOP: Patient's Rights      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

16. A nurse remarks to several people that "Dr. X must be getting senile because she makes so many mistakes." If that remark results in some of Dr. X's patients changing to another doctor, Dr. X would have grounds to sue the nurse for:
- a. slander.
  - b. libel.
  - c. invasion of privacy.
  - d. negligence.

ANS: A

A person who makes untrue, malicious, or harmful remarks that damage a person's reputation and cause injury (loss of business) is guilty of defamation and slander. Libel is defamation that is written.

DIF: Cognitive Level: Application

REF: p. 40

OBJ: Clinical Practice #5

TOP: Defamation/Slander

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

17. A licensed nurse is liable for charges of malpractice when she:
- does not show up for work and fails to call to notify the agency.
  - clocks in for another nurse to prevent that nurse from having pay docked.
  - falsifies data, causing the patient to suffer problems resulting in death.
  - assists in performing CPR that is unsuccessful, and the patient dies.

ANS: C

Malpractice is professional negligence or, in this case, doing (falsifying) something the reasonable and prudent nurse would not do. It is the proximate cause of the patient injury. This is a case of causation.

DIF: Cognitive Level: Application

REF: p. 40|Box 3-6

OBJ: Theory #5 TOP: Negligence and Malpractice

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

18. A postoperative patient in the intensive care unit (ICU) is so confused and agitated that staff have not been able to safely care for him. He has pulled out his central line once, and he slides to the bottom of the bed, where he attempts to climb out, pulling and disrupting the various tubes and monitors. The nurse's best course of action is to:
- place him in a protective vest device.
  - use a sheet to tie him in a chair at the nurses' station.
  - request that the doctor write an order for a protective device and/or medication.
  - call a family member to stay with the patient.

ANS: C

A protective device may not be used (except in an emergency) without a doctor's order, and it is used only when other less restrictive means do not provide safety for the patient.

DIF: Cognitive Level: Application

REF: p. 41

OBJ: Clinical Practice #3

TOP: False Imprisonment

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe, Effective Care Environment: Safety and Infection Control

19. An elderly, slightly confused patient sustains an injury from a heating pad that was wrongly applied by the nurse. The nurse should:
- pretend to be unaware of the injury to the patient.
  - report the incident to the risk management team via an incident report.
  - document in the patient's medical record that an incident report was filled out.
  - not document anything about the injury in the patient's medical record.

ANS: B

When an incident occurs that has potential for a future lawsuit, the risk management team should be aware of it as soon as possible. An incident report should be filled out, and the patient medical record should be documented to describe the injury. No mention of the incident report is usually made in the patient medical record. Honesty and a forthright explanation to the patient reduce the risk of lawsuits.

DIF: Cognitive Level: Application      REF: p. 43      OBJ: Theory #5  
TOP: Incident Reports      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

20. Nursing liability insurance is a policy purchased and put into effect by the nurse for the purpose of:
- providing protection against being sued.
  - reducing the chance of litigation.
  - paying attorney fees and any award won by the plaintiff.
  - providing the hospital with added protection.

ANS: C  
Nursing liability insurance pays attorney fees and any award won by the plaintiff.

DIF: Cognitive Level: Comprehension      REF: p. 43      OBJ: Theory #5  
TOP: Nursing Ethics      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

21. Ethics and law are different from each other in that ethics:
- bear a penalty if violated.
  - are voluntary.
  - rarely change.
  - can always direct all decisions.

ANS: B  
Ethics are voluntary and are based on values. Ethics may change as parameters of health care change. There is no penalty for violation.

DIF: Cognitive Level: Analysis      REF: p. 43      OBJ: Theory #6  
TOP: Nursing Ethics      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

22. To best protect himself or herself from being sued, the nurse should:
- continue to do procedures as taught in school.
  - purchase malpractice insurance.
  - maintain competency.
  - use evidence-based practice.

ANS: C  
Keeping up with continuing education, maintaining competency, and seeking to improve one's own practice by self-evaluation will best protect the nurse.

DIF: Cognitive Level: Comprehension      REF: p. 42|Box 3-7  
OBJ: Theory #5      TOP: Avoiding Lawsuits      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

23. The Health Insurance Portability and Accountability Act's (HIPAA) main focus is in keeping:
- patients safe from harm.
  - patient information in a secure office area.
  - medications in a locked area.
  - hospital infections under control.

ANS: B

HIPAA regulates the way patient information is conveyed and stored.

DIF: Cognitive Level: Comprehension

REF: p. 37|Box 3-4

OBJ: Clinical Practice #1

TOP: HIPAA

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

24. Which of the following could place the nurse in a serious legal situation?
- A nurse posts a poem about the qualities of a compassionate nurse on his or her social media page.
  - A nurse's mother shares a "selfie" of her daughter (a nurse) and a celebrity patient she is caring for on her social media page.
  - A nurse posts a request for prayer for strength after a difficult day at work.
  - A nurse posts a video of fellow nurse's lip syncing and dancing to a popular song, "We are Strong."

ANS: B

Legal and Ethical Considerations

Social Media and HIPAA

Health care agencies and institutions have had to become more diligent in protecting personal health information (PHI) as a result. It is imperative that no PHI be disseminated, either intentionally or unintentionally, over social media. Posting of pictures, discussions (even those that do not use patient or hospital names), and images of x-rays all violate HIPAA and place the nurse in a serious legal situation. It is generally best to separate one's personal and professional life when dealing with social media. The National Council of State Boards of Nursing (2011) provides guidelines and suggestions for nurses in dealing with social media and nursing practice.

DIF: Cognitive Level: Analysis

REF: p. 37

OBJ: Clinical Practice #6

TOP: Social Media and HIPAA

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

25. When a patient asks a nurse to witness the signing of a will, the nurse should refer the request to the:
- nurse supervisor.
  - hospital legal department.
  - notary public for the hospital.
  - nurse's attorney.

ANS: C

Although witnessing a legal document for a patient is not illegal, most agencies have a policy regarding the proper course of action by referring the patient to the notary public.

DIF: Cognitive Level: Application

REF: p. 39

OBJ: Theory #1

TOP: Witnessing Wills and Other Legal Documents

KEY: Nursing Process Step: Implementation



MSC: NCLEX: Safe, Effective Care Environment: Safety and Infection Control

26. Criteria that justify becoming an emancipated minor and able to sign a medical consent include all of the following except:
- independence established through a court order.
  - service in the armed forces.
  - a 14-year-old whose parents are dead.
  - a 17-year-old pregnant female.

ANS: C

Criteria are that the minor be independent by court order, be a member of the military, be pregnant, or be married.

DIF: Cognitive Level: Application

REF: p. 38

OBJ: Clinical Practice #3

TOP: Emancipated Minor

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

27. A written statement expressing the wishes of a patient regarding future consent for or refusal of treatment in case the patient is incapable of participating in decision making is an example of:
- a privileged relationship.
  - a health care agent.
  - an advance directive.
  - witnessed will.

ANS: C

An advance directive makes the patient's wishes known regarding medical decisions and consent in the event that he or she is unable to participate in decision making.

DIF: Cognitive Level: Knowledge

REF: p. 39

OBJ: Clinical Practice #5

TOP: Legal Terms

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

28. A nurse is caring for an unmarried 16-year-old patient who has just given birth to a baby boy. The nurse will get the consent to perform a circumcision on the patient's son from the:
- patient's father.
  - patient's primary care provider.
  - patient's mother.
  - 16-year-old patient.

ANS: D

Pregnancy qualifies as the basis for the 16-year-old to be treated as an emancipated minor.

DIF: Cognitive Level: Application

REF: p. 38

OBJ: Clinical Practice #3

TOP: Patient Rights

KEY: Nursing Process Step: Implementation

MSC: NCLEX: N/A

29. A 48-year-old man refuses to take a medication ordered for the control of his blood pressure. The nurse's most effective response would be:
- "Your doctor expects you to be compliant."
  - "You have the right to refuse. This medication keeps your blood pressure under control."
  - "Fine. I will document that you are refusing this drug."

d. "Are you aware that you could have a stroke?"

ANS: B

Patients have the right to refuse medication, but it is the nurse's responsibility to explain the reason for the particular drug.

DIF: Cognitive Level: Application      REF: p. 38      OBJ: Theory #1  
TOP: Legal Standards      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: Health Promotion and Maintenance: Prevention and Early Detection of Disease

30. The Occupational Safety and Health Act includes all of the following, except:

- a. regulations for handling infectious materials.
- b. radiation and electrical equipment safeguards.
- c. staffing ratios and delegation criteria.
- d. regulations for handling toxic materials.

ANS: C

The Occupational Safety and Health Act was passed in 1970 to improve the work environment in areas that affect workers' health or safety. It includes regulations for handling infectious or toxic materials, radiation safeguards, and the use of electrical equipment.

DIF: Cognitive Level: Comprehension      REF: p. 34      OBJ: N/A  
TOP: OSHA      KEY: Nursing Process Step: N/A      MSC: NCLEX: N/A

31. The most frequently cited cause of a sentinel event by the Joint Commission is a problem in:

- a. applying physical restraints.
- b. methods of patient transportation.
- c. medication errors.
- d. inadequate communication.

ANS: D

The most frequently cited cause of a sentinel event by the Joint Commission is communication. During "handoff" communication, there is a risk that critical patient care information might be lost due to lack of communication.

DIF: Cognitive Level: Knowledge      REF: p. 35      OBJ: Clinical Practice #2  
TOP: Communication      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

32. The acronym SBAR is a method to communicate with a primary care provider that clarifies a situation that may result in litigation. The acronym stands for:

- a. situation, background, alterations, results.
- b. subjective, believable, actual, recommendation.
- c. situation, background, assessment, recommendation.
- d. situation, basis, assessment, recommendation.

ANS: C

SBAR is an acronym that stands for situation, background, assessment, and recommendation. This undetailed analysis clarifies the situation in a manner that is concise yet complete.

DIF: Cognitive Level: Knowledge      REF: p. 35      OBJ: Theory #5  
TOP: SBAR Reporting      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

33. The patient who cannot legally sign his or her own surgical consent is:
- a 17-year-old who is serving in the armed forces.
  - a 16-year-old who is legally married.
  - a 17-year-old emancipated minor.
  - an 18-year-old who received a narcotic 30 minutes ago.

ANS: D

The person giving the consent must be able to take part in the decision making. A sedated person does not have this ability.

DIF: Cognitive Level: Application      REF: p. 38      OBJ: Clinical Practice #3  
TOP: Patient Rights      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

34. The nurse who may be liable for invasion of privacy would be the nurse who is:
- refusing to give patient information to a relative over the phone.
  - firmly closing the door prior to bathing the patient.
  - discussing her patients with a fellow nurse.
  - reporting the patient as a possible victim of elder abuse.

ANS: C

Discussing a patient with anyone, even another health professional, who is not involved in the patient's care can put a nurse at risk for invasion of privacy.

DIF: Cognitive Level: Application      REF: p. 38      OBJ: Clinical Practice #3  
TOP: Patient Rights      KEY: Nursing Process Step: Implementation  
MSC: NCLEX: N/A

35. A characteristic of an advance directive is that:
- advance directives do not expire.
  - only some states recognize advance directives.
  - advance directives can be nonverbal.
  - advance directives from one state are recognized by another.

ANS: A

An advance directive is a written statement expressing the wishes of the patient regarding future consent for or refusal of treatment if the patient is incapable of participating in decision making, and they do not expire. All states recognize advance directives, but each state regulates advance directives differently, and an advance directive from one state may not be recognized in another.

DIF: Cognitive Level: Comprehension      REF: p. 38      OBJ: Clinical Practice #5  
TOP: Advance Directives      KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

36. A patient who is refusing to take his medication is threatened that he will be held down and forced to take the dose. This is an example of:
- battery.
  - defamation.
  - assault.
  - invasion of privacy.

ANS: C

Assault is the threat to harm another or even to touch another without that person's permission. The person being threatened must believe that the nurse has the ability to carry out the threat.

DIF: Cognitive Level: Comprehension REF: p. 40

OBJ: Theory #3

TOP: Legal Terms KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

37. The nurse explains that a sentinel event is a situation in which a patient:
- refuses care.
  - is accidentally exposed.
  - leaves the hospital against medical advice.
  - comes to harm.

ANS: D

A sentinel event is an unexpected situation in which the patient comes to harm.

DIF: Cognitive Level: Comprehension REF: p. 35

OBJ: Theory #5

TOP: Legal Terms KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

## MULTIPLE RESPONSE

1. Professional accountability includes: (*Select all that apply.*)
- understanding theory.
  - adhering to the dress code of the facility.
  - asking for assistance when unsure of a procedure or primary care provider order.
  - participating in continuing education classes.
  - meeting the health care needs of the patient.
  - reporting patient health status changes to all family members.

ANS: A, C, D, E

Professional accountability is a nurse's responsibility to meet the health care needs of the patient in a safe and caring application of nursing skills and understanding of human needs.

DIF: Cognitive Level: Analysis

REF: p. 33

OBJ: Theory #3

TOP: Professional Accountability

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

2. A nurse arrives at the scene of a motor vehicle accident. A person in the vehicle mumbles incoherently when asked his name. Which actions are not covered by the Good Samaritan Law? (*Select all that apply.*)
- Using two magazines and a bandana to splint a broken arm
  - Applying a tourniquet to a lacerated leg while awaiting emergency personnel
  - Pulling the individual from the surface of the highway
  - Initiating an emergency tracheotomy when the individual goes into respiratory arrest
  - Compressing a bleeding wound with a soiled shirt

ANS: D

The Good Samaritan Law covers care given in an emergency, but only within the scope of one's practice, and care that does not cause harm resulting from negligence.

DIF: Cognitive Level: Comprehension    REF: p. 35    OBJ: Theory #5  
TOP: Legal Scope of Practice    KEY: Nursing Process Step: N/A  
MSC: NCLEX: Safe, Effective Care Environment

3. The Ethics Committee of a facility has the responsibility to: (*Select all that apply.*)
- develop policies.
  - address issues in their facility.
  - modify the established codes of ethics as suits the situation.
  - create a master plan for decision making to be followed in ethical dilemmas.
  - help to find a better understanding of ethical dilemmas from different standpoints.

ANS: A, B, E

An Ethics Committee of an institution has representatives from various fields to formulate, address, and help clarify ethical problems that present themselves in their facility.

DIF: Cognitive Level: Comprehension    REF: p. 45    OBJ: Theory #6  
TOP: Ethics    KEY: Nursing Process Step: N/A    MSC: NCLEX: N/A

4. The commonalities of The Codes of Ethics of the National Association for Practical Education and Service (NAPNES) and The National Federation of Licensed Practical Nurses (NFLPN) include: (*Select all that apply.*)
- commitment to continuing education.
  - respect for human dignity.
  - maintenance of competence.
  - requirement for membership in a national organization.
  - preserving the confidentiality of the nurse-patient relationship.

ANS: A, B, C, E

Both Codes of Ethics support maintenance of competency, preservation of confidentiality of the nurse patient relationship, commitment to continuing education, and respect for human dignity.

DIF: Cognitive Level: Application    REF: p. 43    OBJ: Theory #6  
TOP: Ethics    KEY: Nursing Process Step: N/A    MSC: NCLEX: N/A

## COMPLETION

1. In 2003, the Patients' Bill of Rights was revised to become the \_\_\_\_\_: Understanding Expectations, Rights, and Responsibilities.

ANS:

Patient Care Partnership

The Patient Care Partnership addresses patient rights and the responsibility of health care facilities.

DIF: Cognitive Level: Knowledge    REF: p. 33    OBJ: Clinical Practice #3  
TOP: Patient Rights    KEY: Nursing Process Step: N/A  
MSC: NCLEX: N/A

2. CAPTA, passed in 1973, is a law regarding the safety of minors. It is the \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_.

ANS:

Child Abuse Prevention; Treatment Act

This is a law that requires mandated reporting and defines who is a mandated reporter.

DIF: Cognitive Level: Knowledge

REF: p. 34

OBJ: Theory #1

TOP: Professional Accountability

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A