Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

SKU: 9780134087924-TEST-BANK

Smith Chapter 1

1. Which tasks would be appropriate for the nurse to delegate to unlicensed assistive personnel (UAP)?
Standard Text: Select all that apply.
1. Taking vital signs
2. Measuring and recording intake and output
3. Postmortem care
4. Providing telephone advice
5. Weighing the client

Correct Answer: 1,2,3,5

Rationale 1: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Telephone advice involves gathering data, analysis, and planning care, which would all be beyond the scope of practice. Vital sign measurement, recording intake and output, providing postmortem care, and weighing the client are all appropriate tasks to delegate to the UAP.

Rationale 2: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Telephone advice involves gathering data, analysis, and planning care, which would all be beyond the scope of practice. Vital sign measurement, recording intake and output, providing postmortem care, and weighing the client are all appropriate tasks to delegate to the UAP.

Rationale 3: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Telephone advice involves gathering data, analysis, and planning care, which would all be beyond the scope of practice. Vital sign measurement, recording intake and output, providing postmortem care, and weighing the client are all appropriate tasks to delegate to the UAP.

Rationale 4: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Telephone advice involves gathering data, analysis, and planning care, which would all be beyond the scope of practice. Vital sign measurement, recording intake and output, providing postmortem care, and weighing the client are all appropriate tasks to delegate to the UAP.

Rationale 5: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Telephone advice involves gathering data, analysis, and planning care, which would all be beyond the scope of practice. Vital sign measurement, recording intake and output, providing postmortem care, and weighing the client are all appropriate tasks to delegate to the UAP.

Global Rationale: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Telephone advice involves gathering data, analysis, and planning care, which would all be beyond the scope of

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

practice. Vital sign measurement, recording intake and output, providing postmortem care, and weighing the client are all appropriate tasks to delegate to the UAP.

Cognitive Level: Analyzing
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
QSEN Competencies: II.B.5. Assume role of team member or leader based on the situation
AACN Essential Competencies: II.1.Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, health care team coordination, and the oversight and accountability for care delivery in a variety of settings
NLN Competencies: Teamwork: Manage delegation effectively.
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 1.19 Describe the steps of planning for client care.
Page Number: 19

2. Which procedure should the registered nurse delegate to unlicensed assistive personnel (UAP)?
1. Making a nursing diagnosis
2. Assisting a client to bedside commode
3. Performing assessments on client
4. Giving the client pain medication

Correct Answer: 2

Rationale 1: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Formulating a nursing diagnosis is not a task that can be delegated to the UAP.
Rationale 2: Assisting a client to a bedside commode is an activity that can be delegated to the UAP.
Rationale 3: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Assessment is not a task that can be delegated to the UAP.
Rationale 4: Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Administering pain medication is not an activity that can be delegated to the UAP.

Global Rationale: Assisting a client to a bedside commode is an activity that can be delegated to the UAP. Tasks requiring advanced education such as assessment, interpretation of data, planning client care, or evaluating care are not delegated to the UAP. Formulating a nursing diagnosis, performing an assessment, and administering pain medications are activities that cannot be delegated to the UAP.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

QSEN Competencies: II.B.5.Assume role of team member or leader based on the situation
AACN Essential Competencies: II.1.Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, health care team coordination, and the oversight and accountability for care delivery in a variety of settings
NLN Competencies: Teamwork: Manage delegation effectively.
Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 1.19 Describe the steps of planning for client care.
Page Number: 19

3. Which statement indicates that unlicensed assistive personnel (UAP) understand directions provided regarding client care?

Standard Text: Select all that apply.

1. "I will bathe the client in room 402."
2. "I am done with the assigned tasks for Mr. Wells."
3. "I can give the medication for you."
4. "I will note all orders."
5. "I understand my assignment is to take and document the vital signs."

Correct Answer: 1,2,5

Rationale 1: Restating the task to the nurse indicates understanding and appropriate communication during delegation.
Rationale 2: Telling the nurse that the assigned tasks are done indicates understanding and appropriate communication during delegation.
Rationale 3: Medication administration cannot be delegated.
Rationale 4: The UAP cannot note orders on the medical record. This activity must be done by the nurse.
Rationale 5: Restating the task to the nurse indicates understanding and appropriate communication during delegation.

Global Rationale: Restating the task to the nurse indicates understanding and appropriate communication during delegation. Telling the nurse that the assigned tasks are done indicates understanding and appropriate communication during delegation. Medication administration cannot be delegated. The UAP cannot note orders on the medical record. This activity must be done by the nurse.

Cognitive Level: Analyzing
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
QSEN Competencies: II.B.5. Assume role of team member or leader based on the situation
AACN Essential Competencies: II.1. Apply leadership concepts, skills and decision making in the provision of high quality nursing care, health care team coordination, and the oversight and accountability for care delivery in a variety of settings
NLN Competencies: Teamwork: Manage delegation effectively.

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 1.19 Describe the steps of planning for client care.
Page Number: 19

4. The nurse observing the unlicensed assistive personnel (UAP) using alcohol-based rubs for hand hygiene would recognize that further teaching is required when the UAP performs which act?
1. Rubs palm against palm when washing hands.
2. Applies a palmful of product into cupped hands.
3. Interlaces fingers palm to palm.
4. Dries hands with clean paper towel.

Correct Answer: 4

Rationale 1: When using an alcohol-based hand rub, the hands should not be dried. Rubbing of hands palm to palm and interlacing fingers are continued until the product dries, which takes about 20–30 seconds. A palmful of product is generally required to coat all surfaces.
Rationale 2: When using an alcohol-based hand rub, the hands should not be dried. Rubbing of hands palm to palm and interlacing fingers are continued until the product dries, which takes about 20–30 seconds. A palmful of product is generally required to coat all surfaces.
Rationale 3: When using an alcohol-based hand rub, the hands should not be dried. Rubbing of hands palm to palm and interlacing fingers are continued until the product dries, which takes about 20–30 seconds. A palmful of product is generally required to coat all surfaces.
Rationale 4: When using an alcohol-based hand rub, the hands should not be dried. Rubbing of hands palm to palm and interlacing fingers are continued until the product dries, which takes about 20–30 seconds. A palmful of product is generally required to coat all surfaces.
Global Rationale: When using an alcohol-based hand rub, the hands should not be dried. Rubbing of hands palm to palm and interlacing fingers are continued until the product dries, which takes about 20–30 seconds. A palmful of product is generally required to coat all surfaces.

Cognitive Level: Analyzing
Client Need: Safe and Effective Care Environment
Client Need Sub: Safety and Infection Control
QSEN Competencies: V.B.1. Demonstrate effective use of technology and standardized practices that support safety and quality
AACN Essential Competencies: II.5. Participate in quality and client safety initiatives, recognizing that these are complex system issues that involve individuals, families, groups, communities, populations, and other members of the health care team
NLN Competencies: Context and Environment: Apply health promotion/disease prevention strategies; apply health policy
Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome: 1.19 Describe the steps of planning for client care.
Page Number: 18

5. The nurse is working in a day care center where there recently has been an outbreak of viral conjunctivitis. What should the nurse instruct the staff to stop the spread of this infection?

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

1. Require all children with conjunctivitis to stay home until there is a reduction in drainage.
2. Require all children with an infection to be on otic antibiotics for at least 24 hours prior to returning to school.
3. Isolate all children with conjunctivitis in the same room away from those who are not infected.
4. Perform hand hygiene after providing personal care for all children.

Correct Answer: 4

Rationale 1: The best way to reduce the spread of infection is through thorough hand hygiene. There would be no need to keep children away from the day care center.
Rationale 2: The best way to reduce the spread of infection is through thorough hand hygiene. There would be no need to place a child with a viral illness on antibiotics.
Rationale 3: The best way to reduce the spread of infection is through thorough hand hygiene. There would be no need to isolate children with conjunctivitis.
Rationale 4: The best way to reduce the spread of infection is through thorough hand hygiene.
Global Rationale: The best way to reduce the spread of infection is through thorough hand hygiene. There would be no need to place a child with a viral illness on antibiotics, to isolate children with conjunctivitis, or to keep children away from the day care center.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Safety and Infection Control
QSEN Competencies: V.B.1. Demonstrate effective use of technology and standardized practices that support safety and quality
AACN Essential Competencies: II.5. Participate in quality and client safety initiatives, recognizing that these are complex system issues that involve individuals, families, groups, communities, populations, and other members of the health care team
NLN Competencies: Context and Environment: Apply health promotion/disease prevention strategies; apply health policy
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 1.19 Describe the steps of planning for client care.
Page Number: 18

6. For which situation should the nurse apply clean disposable gloves?

1. Providing denture care

2. Bathing a client

3. Applying antiemboli stockings

4. Assessing vital signs

Correct Answer: 1

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

Rationale 1: The purpose of gloves is to protect the hands when the nurse is likely to handle any potentially infective material. When providing denture care, the nurse is in contact with mucous membranes and body secretions, so gloves would be required.

Rationale 2: The purpose of gloves is to protect the hands when the nurse is likely to handle any potentially infective material. In most instances, unless the client has an open wound, gloves would not be required when bathing a client.

Rationale 3: The purpose of gloves is to protect the hands when the nurse is likely to handle any potentially infective material. In most instances, unless the client has an open wound, gloves would not be required when applying stockings.

Rationale 4: The purpose of gloves is to protect the hands when the nurse is likely to handle any potentially infective material. In most instances, unless the client has an open wound, gloves would not be required when assessing vital signs.

Global Rationale: The purpose of gloves is to protect the hands when the nurse is likely to handle any potentially infective material. When providing denture care, the nurse is in contact with mucous membranes and body secretions, so gloves would be required. In most instances, unless the client has an open wound, gloves would not be required when bathing a client, applying stockings, or assessing vital signs.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Safety and Infection Control
QSEN Competencies: V.B.1. Demonstrate effective use of technology and standardized practices that support safety and quality
AACN Essential Competencies: II.5. Participate in quality and client safety initiatives, recognizing that these are complex system issues that involve individuals, families, groups, communities, populations, and other members of the health care team
NLN Competencies: Context and Environment: Apply health promotion/disease prevention strategies; apply health policy
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 1.19 Describe the steps of planning for client care.
Page Number: 18

7. The nurse is caring for several clients during the shift. Which action demonstrates appropriate hand hygiene?

1. Putting on gloves

2. Washing hands with soap and water

3. Wiping hands off when entering room

4. Using the client's soap on hands

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

Correct Answer: 2

Rationale 1: Putting on gloves does not demonstrate appropriate hand hygiene.

Rationale 2: Washing hands with soap and water demonstrates appropriate hand hygiene.

Rationale 3: Wiping hands off when entering the room does not demonstrate appropriate hand hygiene.

Rationale 4: The use of the client's soap on the hand is not appropriate when performing hand hygiene.

Global Rationale: Washing hands with soap and water demonstrates appropriate hand hygiene. Putting on gloves and wiping hands off when entering the client's room does not demonstrate appropriate hand hygiene. The use of the client's soap on the hand is not appropriate when performing hand hygiene.

Cognitive Level: Analyzing
Client Need: Safe and Effective Care Environment
Client Need Sub: Safety and Infection Control
QSEN Competencies: V.B.1. Demonstrate effective use of technology and standardized practices that support safety and quality
AACN Essential Competencies: II.5. Participate in quality and client safety initiatives, recognizing that these are complex system issues, that involve individuals, families, groups, communities, populations, and other members of the health care team
NLN Competencies: Context and Environment: Apply health promotion/disease prevention strategies; apply health policy
Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome: 1.19 Describe the steps of planning for client care.
Page Number: 18

8. Which behavior indicates that the nurse is practicing as a professional?

Commented [D1]: Questions 8 through 17 NEW

1. Documenting that a client needs pain medication
2. Visiting with family of a client on another part of the care area
3. Telling a client to ask the next nurse for help getting out of bed
4. Directing unlicensed assistive personnel (UAP) to measure urine output

Correct Answer: 4

Rationale 1: A professional nurse would assess the client's pain level and provide medication. Documenting the need for pain medication does not demonstrate professionalism.

Rationale 2: A professional nurse would not socialize with clients or family.

Rationale 3: A professional nurse would meet the client's needs at the time they are requested.

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

Rationale 4: A professional nurse appropriately delegates tasks to UAP.

Global Rationale: A professional nurse appropriately delegates tasks to UAP. A professional nurse would address a client's pain management needs, avoid socializing with clients and families, and meet the client's needs at the time they are requested.

Cognitive Level: Analyzing
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
QSEN Competencies: II. B. 4. Function competently within own scope of practice as a member of the health care team
AACN Essential Competencies: VIII. 2. Assume accountability for personal and professional behaviors
NLN Competencies: Context and Environment: Practice: Apply professional standards; show accountability for nursing judgment and actions; develop advocacy skills
Nursing/Integrated Concepts: Evaluation
Learning Outcome: 1.1 Discuss what is meant by the concept "professional role of the nurse."
Page Number: 3

9. What actions should the nurse take to assist a client adapt to being hospitalized? Select all that apply.
1. Ensuring for the client's comfort
2. Completing the admission assessment
3. Attempting to accommodate the client's wishes
4. Communicating with the client as an individual
5. Accepting the client's perception of the environment

Correct Answer: 1, 3, 4, 5

Rationale 1: Ensuring for the client's comfort is an action to assist a client adapt to being hospitalized.

Rationale 2: Completing the admission assessment is not an approach to assist a client adapt to being hospitalized.

Rationale 3: Attempting to accommodate the client's wishes is an action to assist a client adapt to being hospitalized.

Rationale 4: Communicating with the client as an individual is an action to assist a client adapt to being hospitalized.

Rationale 5: Accepting the client's perception of the environment is an action to assist a client adapt to being hospitalized.

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

Global Rationale: Actions to assist clients adapt to being hospitalized include ensuring for the client's comfort, accommodating the client's wishes if possible, communicating with the client as an individual, and accepting the client's perception of the environment. Completing the admission assessment is not an approach to assist a client adapt to being hospitalized.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
QSEN Competencies: II. B. 4. Function competently within own scope of practice as a member of the health care team
AACN Essential Competencies: IX. 5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences
NLN Competencies: Context and Environment: Practice: Apply professional standards; show accountability for nursing judgment and actions; develop advocacy skills
Nursing/Integrated Concepts: Implementation
Learning Outcome: 1.7 List three ways you can assist the client to assume and adapt to the client role.
Page Number: 4

10. Which document should the nurse refer to ensure safe care is being provided to a client?
1. Core measure sets
2. Nurse practice act
3. Joint Commission standards
4. National patient safety goals (NPSGs)

Correct Answer: 4

Rationale 1: Core measure sets were created as a quality improvement tool.

Rationale 2: Nurse Practice acts ensure the nurse practices in a safe and legal manner.

Rationale 3: Joint Commission standards are the basis of an objective evaluation process to help healthcare organizations measure, assess, and improve performance.

Rationale 4: NPSGs identify focus areas for client safety.

Global Rationale: NPSGs identify focus areas for client safety. Core measure sets were created as a quality improvement tool. Nurse Practice acts ensure the nurse practices in a safe and legal manner. Joint Commission standards are the basis of an objective evaluation process to help healthcare organizations measure, assess, and improve performance.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Safety and Infection Control
QSEN Competencies: V. B. 2. Demonstrate effective use of strategies to reduce risk of harm to self or others

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

AACN Essential Competencies: II. 7. Promote factors that create a culture of safety and caring
NLN Competencies: Quality and Safety: Ethical Comportment: Commit to a generative safety culture
Nursing/Integrated Concepts: Planning
Learning Outcome: 1.8 Describe Core Measures, the Joint Commission Standards, and National Patient Safety Goals and how they are developed and utilized in practice.
Page Number: 5

11. The nurse is asked to perform a task that is beyond the scope of practice. What should the nurse use as a reason when refusing to complete the task?
1. "It is not a part of the National Patient Safety Goals."
2. "The Joint Commission does not identify it as a nursing task."
3. "It is not identified as permitted within the Nurse Practice Act."
4. "The task can be delegated to unlicensed assistive personnel (UAP)."

Correct Answer: 3

Rationale 1: The National Patient Safety Goals do not define nursing scope of practice.

Rationale 2: The Joint Commission does not define nursing scope of practice.

Rationale 3: The Nurse Practice Act defines nursing scope of practice and should be used as a reason to refuse a task.

Rationale 4: Tasks that are beyond the nurse's scope of practice cannot be delegated to UAP.

Global Rationale: The Nurse Practice Act defines nursing scope of practice and should be used as a reason to refuse a task. The National Patient Safety Goals do not define nursing scope of practice. The Joint Commission does not define nursing scope of practice. Tasks that are beyond the nurse's scope of practice cannot be delegated to UAP.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Safety and Infection Control
QSEN Competencies: V. B. 2. Demonstrate effective use of strategies to reduce risk of harm to self or others
AACN Essential Competencies: II. 7. Promote factors that create a culture of safety and caring
NLN Competencies: Quality and Safety: Ethical Comportment: Commit to a generative safety culture
Nursing/Integrated Concepts: Implementation
Learning Outcome: 1.10 Discuss major sections of the Nurse Practice Act.
Page Number: 5

12. For which reasons should a registered nurse contact the Board of Registered Nursing (BRN)? Select all that apply?
1. Renewing nursing license

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

2. Determining nursing standards
3. Identifying the date for a disciplinary hearing
4. Checking the dates for continuing education programs
5. Ascertaining when a nurse applicant became licensed

Correct Answer: 1, 2, 3, 5

Rationale 1: A function of the BRN is to renew nursing licensure.

Rationale 2: A function of the BRN is to determine nursing standards.

Rationale 3: A function of the BRN is to investigate disciplinary actions.

Rationale 4: The BRN is not responsible for continuing education programs.

Rationale 5: A function of the BRN is to register nursing licenses.

Global Rationale: Functions of the BRN include renewing nursing licensure, determining nursing standards, investigating disciplinary actions, and registering nursing licenses. The BRN is not responsible for continuing education programs.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
QSEN Competencies: IV. C. 1. Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
AACN Essential Competencies: V. 5. Describe state and national statues, rules and regulations that authorize and define professional nursing practice
NLN Competencies: Personal and Professional Development: Knowledge: Codes of ethics and regulatory and professional standards
Nursing/Integrated Concepts: Implementation
Learning Outcome: 1.12 State four functions of the Board of Registered Nursing.
Page Number: 6

13. The nurse manager is contacting the Board of Registered Nursing (BRN) to report a staff member. Which action did the manager most likely observe the staff member perform?
1. Changing a client's abdominal wound dressing
2. Instructed a client on self-administration of insulin
3. Assisting a client with ambulation to the bathroom
4. Informing a client to stop taking a prescribed medication

Correct Answer: 4

Rationale 1: Changing an abdominal wound dressing is within the nurse's scope of practice.

Rationale 2: Medication teaching is within the nurse's scope of practice.

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

Rationale 3: Providing direct client care is within the nurse's scope of practice.

Rationale 4: Practicing medicine without a license is an action that is identified as misconduct.

Global Rationale: Practicing medicine without a license is an action that is identified as misconduct. Changing a dressing, providing medication teaching, and providing direct client care are all within the nurse's scope of practice.

Cognitive Level: Analyzing
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
QSEN Competencies: V. B. 8. Use national patient safety resources for own professional development and to focus attention on safety in care settings
AACN Essential Competencies: V. 5. Describe state and national statues, rules and regulations that authorize and define professional nursing practice
NLN Competencies: Personal and Professional Development: Knowledge: Codes of ethics and regulatory and professional standards
Nursing/Integrated Concepts: Assessment
Learning Outcome: 1.13 Discuss four grounds for licensure revocation for professional misconduct.
Page Number: 7

14. What action should the nurse take to ensure the safe administration of prescribed medications to a client? Select all that apply.
1. Validating the healthcare provider's order
2. Checking two forms of client identification
3. Leaving a client's medications at the bedside
4. Returning a mislabeled medication to the Pharmacy
5. Deciding to report a medication error later in the shift

Correct Answer: 1, 2, 4

Rationale 1: Nurses must not administer any drug without a specific healthcare provider's order.

Rationale 2: Nurses must check two forms of client identification before administering medications.

Rationale 3: Nurses must never leave prepared medicines unattended.

Rationale 4: Nurses must send labeled bottles or packages that are unintelligible back to the pharmacist for relabeling.

Rationale 5: Nurses must always report errors immediately.

Global Rationale: Nurses must not administer any drug without a specific healthcare provider's

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

order; check two forms of client identification before administering medications; and send labeled bottles or packages that are unintelligible back to the pharmacist for relabeling. Nurses must never leave prepared medicines unattended and always report errors immediately.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Safety and Infection Control
QSEN Competencies: V. B. 8. Use national patient safety resources for own professional development and to focus attention on safety in care settings
AACN Essential Competencies: V. 5. Describe state and national statues, rules and regulations that authorize and define professional nursing practice
NLN Competencies: Personal and Professional Development: Knowledge: Codes of ethics and regulatory and professional standards
Nursing/Integrated Concepts: Implementation
Learning Outcome: 1.14 Explain the legal issues of drug administration.
Page Number: 7

15. A client asks for a copy of the medical record to take home upon discharge. What action should the nurse take regarding this request?
1. Prepare the requested documentation
2. Tell the client that the record belongs to the hospital
3. Explain to the client that the record cannot be provided
4. Ask the health care provider if the medical record can be provided

Correct Answer: 1

Rationale 1: Under the Health Insurance Portability and Accountability Act (HIPAA) a client can request copies of the medical record.

Rationale 2: The record may be the hospital's property however the client can have a copy of the record according to HIPAA.

Rationale 3: The record can be provided.

Rationale 4: The nurse does not need to ask the healthcare provider for permission to provide a copy of the record to the client.

Global Rationale: Under the Health Insurance Portability and Accountability Act (HIPAA) a client can request copies of the medical record. The record may be the hospital's property however the client can have a copy of the record according to HIPAA. The record can be provided. The nurse does not need to ask the healthcare provider for permission to provide a copy of the record to the client.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

QSEN Competencies: VI. C. 3. Protect confidentiality of protected health information in electronic health records
AACN Essential Competencies: VIII. 10. Protect patient privacy and confidentiality of patient records and other privileged communications
NLN Competencies: Context and Environment; Knowledge: principles of informed consent, confidentiality, patient self-determination
Nursing/Integrated Concepts: Implementation
Learning Outcome: 1.15 Discuss the role of HIPAA in health care.
Page Number: 8

16. What should the nurse include when reviewing the Patient Care Partnership brochure with a newly admitted client?
1. Visiting hours
2. Times for meals
3. Help with billing claims
4. How to avoid paying for medications

Correct Answer: 3

Rationale 1: Visiting hours is not a part of the Patient Care Partnership brochure.

Rationale 2: Times for meals are not a part of the Patient Care Partnership brochure.

Rationale 3: Help with billing claims is a part of the Patient Care Partnership brochure.

Rationale 4: How to avoid paying for medications is not a part of the Patient Care Partnership brochure.

Global Rationale: Help with billing claims is a part of the Patient Care Partnership brochure. Visiting hours, times for meals and avoiding paying for medications are not a part of the Patient Care Partnership brochure.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
QSEN Competencies: IV. C. 2. Value own and others' contributions to outcomes of care in local care settings
AACN Essential Competencies: IX. 4. Communicate effectively with all members of the healthcare team, including the patient and the patient’s support network
NLN Competencies: Context and Environment; Knowledge: principles of informed consent, confidentiality, patient self-determination
Nursing/Integrated Concepts: Implementation
Learning Outcome: 1.16 Describe what is meant by clients’ rights and the Patient Care Partnership brochure
Page Number: 9

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank

17. A client refuses to complete an advance directive because he is not “ready to die.” What should the nurse respond to this statement?
1. “It’s best to be safe than sorry.”
2. “You are right – it is more appropriate for someone who has a terminal illness.”
3. “That’s fine. I’ll just document that you refuse to decide your medical treatment.”
4. “It is a document that allows you to make legal decisions about how you wish to receive future medical treatment.”

Correct Answer: 4

Rationale 1: Saying that it is better to be safe than sorry does not explain the purpose of an advance directive.

Rationale 2: Advance directives are appropriate for all clients and not just those with a terminal illness.

Rationale 3: The client did not refuse to decide medical treatment.

Rationale 4: An advance medical directive is a document that allows clients to make legal decisions about how they wish to receive future medical treatment.

Global Rationale: An advance medical directive is a document that allows clients to make legal decisions about how they wish to receive future medical treatment. Saying that it is better to be safe than sorry does not explain the purpose of an advance directive. Advance directives are appropriate for all clients and not just those with a terminal illness. The client did not refuse to decide medical treatment.

Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
QSEN Competencies: I. A. 1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values
AACN Essential Competencies: IX. 5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences
NLN Competencies: Context and Environment; Knowledge: principles of informed consent, confidentiality, patient self-determination
Nursing/Integrated Concepts: Implementation
Learning Outcome: 1.17 Explain what is meant by advance directives
Page Number: 10

Clinical Nursing Skills Basic to Advanced Skills 9th edition Smith Test Bank