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MULTIPLE CHOICE

1. Which of the following scenarios may be a sign of possible drug diversion on a unit?
   a. A patient is dissatisfied with the drug administration schedule.
   b. A patient receiving oral antibiotics has an excess amount of pills.
   c. A patient is unaware that the nurse mixed a drug in applesauce.
   d. A patient receiving opioids reports increased pain.

   ANS: D
   Drug diversion is defined as the illegal transfer of regulated drugs (like narcotics) from the patient for whom it was prescribed, to another person, such as a nurse, for their own (or others) use. Drug diversion should also be suspected if patients continually report pain despite appropriate drug treatment, and if inaccurate narcotic counts are noted.

   DIF: Cognitive Level: Remembering REF: pp. 13-14

2. Which of the following is an example of psychological dependence (addiction) to a drug?
   a. Symptoms of drug withdrawal
   b. Pain, confusion, and seizures
   c. An intense mental desire for certain drugs
   d. Shaking and an increased heart rate after taking a drug

   ANS: C
   Psychological dependence, or *addiction*, is a mental desire associated with taking certain substances, such as cocaine or alcohol. Symptoms of mental dependence such as anxiety, anger, or depression can occur with psychological dependence.

   DIF: Cognitive Level: Remembering REF: p. 12

3. You have obtained a liquid narcotic for a patient in pain from the unit's locked cabinet. However, the dose was accidentally spilled before to giving it to the patient. What is the best action to take at this point?
   a. Ask another nurse to cosign the inventory record describing the situation.
   b. Immediately obtain another dose from the narcotic control system.
   c. Document the occurrence in the drug record.
   d. Clean up the spill and notify the supervisor.

   ANS: A
   Accounting for controlled substances is a legal requirement. If the drug is accidentally dropped, contaminated, or spilled two nurses must sign the inventory report and describe the situation.

   DIF: Cognitive Level: Knowing REF: p. 14

4. As you arrive to work, a nurse from the previous shift tells you that she has completed the narcotic count for your shift. What action should be taken?
   a. There is no need for any additional action as this is the standard procedure.

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b. Accept the keys to the narcotic cabinet and recount the drugs yourself.
c. Recount the narcotics again with a nurse from the previous shift.
d. Recount the drugs yourself at the end of your shift.

ANS: C
At the end of each shift, the contents of the locked cabinet are counted together by one nurse from each shift in order to verify the narcotics count. If not done properly, the nurse risks being held accountable for any shortages or discrepancies, and may be found guilty of falsifying the narcotic count records.

DIF: Cognitive Level: Applying REF: p. 14

5. A one-time order for a controlled substance drug has been written for a patient you are caring for. However, the drug ordered is available only in a larger dose than is needed. What should you do with the remaining drug?
a. Give the full dose that is available.
b. Flush the remaining drug in the toilet of the patient's bathroom.
c. Save the remaining drug in case the patient needs it again.
d. Have another nurse witness the wasting of the leftover drug, and document according to policy.

ANS: D
If the ordered dose is smaller than the dose provided (so that some drug must be discarded), two nurses witness the wasting of the drug and sign the controlled substance inventory report according to institution policy.

DIF: Cognitive Level: Knowing REF: p. 14

6. An elderly patient in an assisted living home requests an over-the-counter cough preparation for a mild couch she is experiencing. What is your best response?
a. "I do not have any of this drug for you at this time, but can give you a dose from another patient's supply."
b. "I will bring it to you right away, but I must keep it with your other prescription drugs."
c. "I will need to contact your healthcare provider for an order before I can give this drug to you."
d. "You may have this, but your family will need to bring it in for you."

ANS: C
Over-the-counter (OTC) drugs do not require a prescription for purchase, but a healthcare provider's order is required before it can be given by the LPN/LVN in an institutional setting. OTC drugs may interact with a patient's prescribed drugs, especially in the elderly.

DIF: Cognitive Level: Applying REF: p. 15

7. Which of the following orders is an example of a single drug order?
a. Atenolol 50 mg orally daily
b. Morphine sulfate 4 mg IV stat
c. Cefazolin 1 g IV 8 a.m. before surgery
d. Tramadol 50 mg orally as needed for pain

ANS: C

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A single drug order is a drug that is scheduled to be given at a specified time for one dose only.

DIF: Cognitive Level: Knowing REF: p. 16

8. Diphenhydramine 50 mg IV push is ordered by the healthcare provider to be given "*stat*." When should this drug be given?
   a. Immediately
   b. As need upon the patient's request
   c. Within one hour of receiving the order
   d. When you have completed giving the oral drugs first

   ANS: A
   A *stat* order is a type of drug order that is to be given immediately.

   DIF: Cognitive Level: Knowing REF: p. 16

9. You are giving drugs to the patients assigned to you when you realize that you gave a drug to the wrong patient. What action should you take?
   a. Evaluate the patient's condition and notify the healthcare provider.
   b. Submit a report only if the patient has an adverse reaction.
   c. Inform the patient and complete an incident report.
   d. Document the occurrence in the patient record.

   ANS: A
   When it is discovered that an error has been made, you should immediately evaluate the patient for any adverse reactions and notify the healthcare provider as soon as possible. An incident report should be completed and the supervisor notified.

   DIF: Cognitive Level: Applying REF: p. 19

MULTIPLE RESPONSE

1. Which of the following drugs is considered a high-alert drug? (*Select all that apply.*)
   a. Percocet
   b. Insulin
   c. Heparin
   d. Herceptin
   e. Potassium
   f. Indomethacin

   ANS: B, C, E
   Categories of common high-alert drugs can be remembered using the acronym "PINCH." *P* is for potassium, *I* is for insulin, *N* is for narcotics (opioids), *C* is for cancer chemotherapy drugs, and *H* is for heparin or any drug type that interferes with blood clotting.

   DIF: Cognitive Level: Remembering REF: p. 19

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2. Which of the following actions should you take before you give a drug mixed into food or the mixing of drugs with food or drink must be documented in the patients care plan, and on the drug administration chart to address the legal aspects of this practice a drink? (*Select all that apply.*)
   a. Check a drug handbook.
   b. Inform the patient or family.
   c. Inform the healthcare provider.
   d. Thoroughly crush pills with an enteric coating.
   e. Document the mixing of drugs in food or drink in the chart.
   f. Give the prescribed drug mixed in food during a regular patient meal.

   ANS: A, B, C, E
   Covert drug administration is discouraged. Therefore, nurses are under obligation to inform the healthcare provider, who ordered the drug, and the patient or family. Some drugs may not be mixed with certain foods or drinks, or may not be crushed, so checking the drug handbook is a necessary step to ensure patient safety. The mixing of drugs with food or drink must be documented in the patients care plan, and on the drug administration chart to address the legal aspects of this practice.

   DIF: Cognitive Level: Applying REF: p. 12

3. Which steps should you take to identify possible drug errors in a patient's drug orders? (*Select all that apply.*)
   a. Call the pharmacy.
   b. Clarify anything that is unreadable
   c. Ask the patient about the drug.
   d. Reconcile the drug list with an old drug record.
   e. Clarify vague orders with the healthcare provider.
   f. Check the original written order with the healthcare provider.

   ANS: A, B, E, F
   Checking with a reliable source, such as the pharmacist, clarifying vague orders or anything that is difficult to read (if handwritten) and checking the original written order are all ways to avoid drug errors.

   DIF: Cognitive Level: Applying REF: p. 17

4. Which levels of regulation must you adhere to when giving drugs to a patient? (*Select all that apply.*)
   a. City Regulations
   b. State Regulations
   c. County Regulations
   d. Federal Regulations
   e. Institutional Regulations
   f. Health Insurance Regulations

   ANS: B, D, E
   Nurses who are responsible for giving drugs to patients in their care have three levels of regulations to follow: federal (describes and controls), state (regulates who dispenses), and individual hospital or agency (additional guidelines or policies).

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DIF: Cognitive Level: Remembering REF: pp. 14-16

5. A narcotic control system is used in any hospital or agency. Which of the following are special regulations applied for control of narcotics that you must follow? (*Select all that apply.*)
   a. Narcotics are stored in a special locked cabinet.
   b. Narcotic control is the responsibility of everyone on the unit.
   c. Narcotics may be borrowed from patient to patient for emergency use.
   d. You may return unused narcotics to the patient's family upon discharge.
   e. You are responsible for signing out every narcotic drug used for a patient.
   f. An inventory of the narcotics on a unit must be kept and verified by two nurses.

   ANS: A, E, F
   Narcotics are stored in special, limited-access, locked cabinets. A nurse records all controlled substance drug during the shift. The inventory report form is completed before the drug is removed from the cabinet.

   DIF: Cognitive Level: Applying REF: pp. 12-13

6. A discrepancy in the narcotics inventory for morphine 5 mg/mL vials is discovered when the narcotics count is performed. The count is short by one vial. Which of the following steps should you take to reconcile the count? (*Select all that apply.*)
   a. No action needs to be taken for small discrepancies.
   b. Notify the nursing supervisor and the pharmacy of the discrepancy.
   c. Identify if any nurse forgot to record any of the narcotics removed.
   d. Ask only the nurses who used narcotics about the drugs they have given.
   e. Check drug records to reconcile if narcotics given and not signed for.
   f. Notify the security department of the institution if drug diversion is suspected.

   ANS: B, C, E, F
   All nurses must be asked about narcotics that may have been given. Steps must be retraced to see if someone forgot to record any drug. Patient charts might also be checked to see if drug was given that was not signed for on the inventory report. If errors in the report cannot be found, both the pharmacy and the nursing service office must be notified. If drug diversion is suspected, the hospital administrator and security police are usually contacted.

   DIF: Cognitive Level: Applying REF: pp. 12-14

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