

**AACN PCCN NOV 2023 Exam
Handbook version 1.1.1 - Quiz
Questions with Answers**

Advocacy/Caring Practices/Response to Diversity/ Facilitation of Learning

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1.

The PCU is short-staffed, and there is only one dialysis machine available for two patients who both need urgent treatment. One is a 25-year-old female patient with acute kidney injury due to a recent infection, while the other is the 62-year-old male patient with end-stage renal disease. You must decide which patient will receive dialysis first, knowing both have a critical need.

In making this decision, which ethical principle is being instituted?

Justice

Autonomy

Beneficence

Nonmaleficence

Correct answer: Justice

The ethical principle of justice is about fairness in the distribution of resources and care. In this scenario, you must consider how to fairly allocate the limited resource (the dialysis machine) between two patients, ensuring that both patients receive equitable consideration based on their medical needs and circumstances.

Autonomy focuses on respecting a patient's right to make their own decisions about their care. Beneficence is acting in the best interest of the patient by providing the most beneficial care. Nonmaleficence is the principle of "do no harm," ensuring that actions do not cause unnecessary harm to patients. While these principles are important, justice specifically addresses the concept of fairness, which is central in this context.

2.

A 60-year-old female patient is admitted to the Progressive Care Unit (PCU) with pulmonary disease. She and her family speak very little English. Which of the following actions is MOST appropriate for you to take to help the patient and family understand what evaluation for hypoxemia will involve?

Show the patient and her family the unit's simple, printed brochure describing the evaluation, which includes a picture of a treadmill, and write out simple instructions

Explain the procedure in English using short sentences

Request a respiratory therapist come to the unit to demonstrate the procedure

Assume the pulmonary technician will explain the evaluation procedure

Correct answer: Show the patient and her family the unit's simple, printed brochure describing the evaluation, which includes a picture of a treadmill, and write out simple instructions

This teaching incorporates individualized education into patient care, involves the family, and is based on their needs and level of understanding.

Explaining the procedure in English will not best facilitate understanding, even if you use short sentences.

While requesting a Respiratory Therapist (RT) to demonstrate the procedure could be useful, the most appropriate intervention is to start with a brochure with pictures and simple instructions.

Do not assume someone else will explain the procedure.

3.

Which of the following are evidence-based practice guidelines related to family interventions that should occur during the evaluation stage of the nursing process?

Use multiple methods to evaluate achievement of meeting family needs

Make referrals as appropriate for support services

Establish optimal methods to contact the family

Provide information according to family needs

Correct answer: Use multiple methods to evaluate achievement of meeting family needs

Methods that may be used to evaluate whether a family's needs are or have been met include satisfaction surveys, feedback, care conferences, and follow-up after discharge.

In the intervention stage of the nursing process in family interventions, the following interventions are appropriate:

- *Determine spokesperson and contact person*
 - *Establish optimal methods to contact and communicate with family*
 - *Make referrals for support services as appropriate*
 - *Provide information according to family needs*
 - *Provide a comfortable environment*
 - *Include family in direct care as appropriate*
 - *Encourage family participation and presence during team rounds*
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4.

You are caring for a patient who has just been admitted with complications of congestive heart failure. As you are preparing to administer their medications, their family arrives and starts asking detailed questions about their condition, treatment plan, and prognosis.

During this time, another nurse, who is not assigned to your patient, overhears the conversation and casually asks you for more information about the patient's history and current health status. You feel the pressure to respond quickly to both the family and your colleague while managing your other duties.

In this situation, which ethical obligation do you have a legal mandate to honor under the Health Information Portability and Accountability Act (HIPAA)?

Maintaining patient confidentiality and protecting their private health information

Transparency in sharing all patient details with family members and colleagues

Ensuring all medical staff have access to the patient's full medical history

Disclosing patient information only in emergency situations

Correct answer: Maintaining patient confidentiality and protecting their private health information

HIPAA is designed to ensure the privacy and security of patients' health information. Nurses and other healthcare providers are legally and ethically obligated to protect this information from unauthorized access or disclosure. In the scenario, you must ensure that the patient's health information is shared only with individuals who have a legitimate need to know and are authorized to receive it.

While transparency in healthcare is important, HIPAA specifically restricts the sharing of patient information to only those who are directly involved in the patient's care and who have the patient's consent. This applies to both family members and other medical staff.

While there are provisions under HIPAA for disclosing patient information in emergency situations to provide necessary care, HIPAA's main focus is broader. It requires protecting patient privacy at all times, not just in emergencies.

5.

You are caring for a patient who just suffered a Myocardial Infarction (MI). Which of the following is likely to benefit the patient the MOST?

Visits from the patient's supportive daughter

Telephone communication from the family

A detailed explanation of the area of the patient's heart affected by the infarction

The opportunity to watch television uninterrupted

Correct answer: Visits from the patient's supportive daughter

Following an MI, emotional support is crucial for the patient's recovery. A visit from a supportive family member, such as the patient's daughter, can provide comfort, reduce anxiety, and promote emotional well-being.

While telephone communication can be helpful, in-person visits from supportive family members provide more direct and tangible emotional support.

Education about the condition is important but may not be the immediate priority in the acute phase of recovery. Emotional support takes precedence to help the patient feel secure and cared for.

While distraction can be useful for relaxation, it does not provide the same level of emotional support and connection as a visit from a loved one.

6.

In ethics, paternalism occurs when the principle of beneficence overrides which of the following?

Autonomy

Advocacy

Justice

Veracity

Correct answer: Autonomy

In ethics, paternalism describes situations in which a decision is made on behalf of a person, typically with the intention of benefiting them or preventing harm, but it overrides that person's autonomy—their right to make their own decisions. The principle of beneficence, which focuses on doing good for the patient, is prioritized over the patient's autonomy in paternalistic actions. This occurs when, for example, a healthcare provider makes a decision for a patient because they believe it is in the patient's best interest, even if it goes against the patient's own wishes or choices.

Nursing advocacy protects the rights, health, and safety of patients. It seeks to empower the patient and uphold their autonomy, so it is not the principle being overridden in cases of paternalism.

Paternalism does not directly relate to justice, as it deals more with the balance between beneficence (doing good) and autonomy (respecting patient choice) rather than fairness or equality in care.

Veracity relates to the obligation to tell the truth and provide accurate information to patients. It is associated with honesty and transparency in the patient-provider relationship.

7.

A 78-year-old male patient with a history of advanced Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) is admitted to the PCU with worsening dyspnea and fatigue. His condition has been gradually deteriorating, and he is now receiving oxygen therapy. During his previous visit, he discussed his preferences regarding future medical care with his primary care physician. As his condition continues to decline, his family is concerned about his ability to make decisions regarding his treatment.

You are reviewing his medical record and come across a document that outlines his specific wishes for care if he becomes unable to make decisions. Which of the following BEST describes this type of document?

Advance directive

Durable power of attorney for healthcare

Do-Not-Resuscitate (DNR) order

Living will

Correct answer: Advance directive

Advance directive is a broad term that encompasses documents such as living wills and durable powers of attorney for healthcare. In these documents, an individual outlines their wishes for medical care if they become unable to make decisions themselves. The advance directive ensures that the patient's preferences are known and respected even when they are no longer competent to express them.

A durable power of attorney for healthcare designates another individual to make healthcare decisions on the patient's behalf if they cannot do so. This is also typically included within an advance directive.

A DNR order is a specific medical order that instructs healthcare providers not to perform Cardiopulmonary Resuscitation (CPR) if the patient's heart stops. It is often a part of an advance directive but does not encompass all aspects of end-of-life care preferences.

A living will specifically details the types of medical treatment a person wishes to receive or avoid if they become unable to communicate their decisions. However, it is just one part of an advance directive.

8.

Which of the following principles argues for a thoughtful and comprehensive approach when making decisions involving the allocation of nursing resources?

Justice

Paternalism

Resource availability

Veracity

Correct answer: Justice

The principle of justice in healthcare argues for fairness in the distribution of resources, including nursing resources. It emphasizes that decisions regarding the allocation of nursing resources should be made thoughtfully and comprehensively to ensure that all patients receive fair and equitable care.

Paternalism refers to making decisions for others, typically for their own good, but does not directly relate to the fair distribution of resources.

Resource availability refers to the actual presence of resources but does not specifically address the ethical principle of how those resources should be allocated.

Veracity is the principle of truth-telling or honesty in interactions with patients, which is important but not directly related to resource allocation.

9.

Regarding informed consent, an accurate tool for measuring a patient's capacity is based on:

- A. The patient's ability to concur with healthcare providers
- B. The patient's ability to concur with family members
- C. The patient's religious and cultural beliefs and values
- D. The patient's abilities as a decision-maker
- E. The consistency with which the patient states their preferences

D, E

A, B, D, E

C, D, E

D

Correct answer: D, E

The patient's abilities as a decision-maker and their consistency in addressing issues determine their capacity to make decisions.

Capacity is not based on the ability to concur with healthcare providers or family members. Cultural, religious, or ethical differences should not be misinterpreted as evidence of incapacity.

10.

A nurse manager notices that several nurses in the unit exhibit signs of moral residue, such as disengagement and emotional exhaustion, after participating in ethically challenging cases.

Which of the following is the MOST likely contributing factor to this situation?

Lack of ethical support and guidance

Overwhelming patient workload

Inadequate clinical skills

Poor communication among team members

Correct answer: Lack of ethical support and guidance

When nurses do not have access to resources like ethics consultations, debriefing sessions, or supportive leadership, they are more prone to experiencing unresolved moral conflicts, leading to moral residue.

Overwhelming patient workload can contribute to burnout but is less directly related to the specific feelings of moral residue that stem from unresolved ethical conflicts. Inadequate clinical skills may lead to stress but do not directly cause moral residue, which is more related to ethical dilemmas than to clinical incompetence. Poor communication among team members can exacerbate workplace stress but is not the primary cause of moral residue, which is rooted in ethical challenges.

11.

Which of the following frameworks for ethical analysis seeks to protect the relationships at risk in the situation?

Care-based

Utilitarian

Principle-based

Duty-based

Correct answer: Care-based

The care-based framework, also known as the ethics of care, focuses on the importance of relationships and the responsibilities that arise from them. It emphasizes empathy, compassion, and the nurturing of interpersonal connections, seeking to protect and maintain relationships that might be at risk in a given situation. This approach is concerned with the context of moral decisions and the well-being of all parties involved, particularly in preserving the integrity of relationships.

The utilitarian framework is concerned with the outcomes of actions, aiming to maximize overall happiness or minimize overall suffering. It evaluates actions based on their consequences rather than the relationships involved.

The principle-based framework relies on fundamental ethical principles such as autonomy, justice, beneficence, and nonmaleficence. It provides a structured approach to ethical decision-making based on adherence to these principles, without a primary focus on relationships.

The duty-based framework, also known as deontological ethics, emphasizes following moral rules or duties. It focuses on the inherent rightness or wrongness of actions themselves rather than their consequences or the relationships they impact.

12.

A 75-year-old Hispanic male patient with end-stage renal disease is admitted to the PCU. The patient refuses dialysis, stating that his family believes in holistic medicine and that his condition is in the hands of a higher power.

As his nurse, what should you analyze FIRST to support the patient's decision-making process?

The patient's cultural and religious beliefs about healthcare interventions

The patient's understanding of the consequences of refusing dialysis

The patient's family involvement in his care and decision-making

The patient's vital signs and current health status related to kidney disease

Correct answer: The patient's cultural and religious beliefs about healthcare interventions

Understanding the patient's cultural and spiritual context is key to providing culturally competent care and supporting his autonomy.

Assessing the patient's understanding of dialysis consequences is important but secondary to understanding his beliefs, which may shape how he processes medical information. Family involvement is also critical, but it may not be appropriately guided without first understanding the patient's beliefs. Focusing only on vital signs overlooks the importance of cultural and spiritual beliefs in the patient's decision-making process.

13.

You are caring for a 45-year-old female patient who has been admitted to the progressive care unit after a myocardial infarction. Her condition has stabilized, but she is experiencing significant anxiety about her recovery and the possibility of another heart attack. During a discussion with you, the patient expresses concern about the medications she is receiving, particularly a new anticoagulant that was added to her regimen. She mentions that she read online about potential severe side effects of the medication, including the risk of bleeding, and she is hesitant to continue taking it.

You understand her concerns and reassure her by explaining the medication's importance in preventing future cardiac events. You also acknowledge the risks but emphasize the need to balance those risks with the treatment's benefits. As part of this conversation, you must apply ethical principles to guide her in making an informed decision about her care.

Which ethical principle imposes the duty to do no harm?

Nonmaleficence

Beneficence

Justice

Autonomy

Correct answer: Nonmaleficence

Nonmaleficence is the ethical principle that imposes the duty to do no harm. This principle guides healthcare professionals to avoid actions or interventions that could cause harm to patients. In this context, you must ensure that the recommended treatment does not expose the patient to unnecessary harm while balancing the risks and benefits of the medication.

Beneficence involves actions that promote the well-being of patients. While your reassurance and education about the medication align with beneficence, this principle focuses on doing good rather than specifically avoiding harm.

Justice is fairness and equality in healthcare. It ensures that patients receive equitable care regardless of their background or circumstances. Although justice is important in providing care, it does not directly concern avoiding harm in the way nonmaleficence does.

Autonomy refers to respecting the patient's right to make informed decisions about their own care. While you are supporting the patient's autonomy by providing information and allowing her to participate in decision-making, this principle does not directly address the duty to do no harm.

14.

A 20-year-old female patient with newly diagnosed diabetes mellitus is being discharged. Which nursing action is MOST likely to ensure the patient is capable of self-administering insulin injections at home?

Observing the patient as she performs an insulin injection in the hospital

Asking the patient to verbally describe the steps of insulin administration

Demonstrating the insulin injection process and providing written instructions

Providing the patient with a video tutorial on insulin administration

Correct answer: Observing the patient as she performs an insulin injection in the hospital

Observation of the patient performing the injection provides the nurse with direct evidence that the patient is capable of self-administering insulin. This hands-on practice in a controlled setting allows the nurse to assess the patient's technique, provide feedback, and address any questions or concerns. This method is particularly effective in ensuring the patient is comfortable with the procedure before discharge.

Verbal descriptions of the steps are helpful for understanding but do not confirm that the patient can physically perform the injection. There may be a gap between knowing the steps and actually executing them.

Demonstrating the process and providing written instructions are useful teaching methods but do not ensure that the patient can replicate the procedure independently.

A video tutorial is a valuable educational tool but, like written instructions, does not guarantee the patient's ability to perform the injection without errors.

15.

You are caring for a 67-year-old male patient from a non-English-speaking background who has been admitted to the PCU with chest pain. You should FIRST consider which of the following when addressing the patient's healthcare needs?

Cultural beliefs about illness

Health literacy

Age-related communication barriers

Dietary preferences

Correct answer: Cultural beliefs about illness

Understanding a patient's cultural beliefs is essential to providing culturally competent care. Cultural beliefs can influence how a patient perceives illness, treatment, and interactions with healthcare providers.

Health literacy is important but follows an understanding of cultural context, as language or cultural differences may create barriers before literacy becomes a concern.

Age-related communication barriers are less relevant in this scenario, as the patient's primary concern appears to be related to language or cultural differences rather than age.

The patient's dietary preferences are important but not as urgent in this initial assessment phase of care.

16.

A 66-year-old male patient with terminal cancer has expressed a desire to discontinue treatment. His family, however, insists on continuing all possible interventions. What ethical principles are MOST likely in conflict in this scenario?

Autonomy and beneficence

Nonmaleficence and justice

Justice and autonomy

Beneficence and nonmaleficence

Correct answer: Autonomy and beneficence

The conflict here is between the patient's autonomy (his wish to discontinue treatment) and beneficence (the family's desire to continue treatment for his well-being). You must balance respect for the patient's wishes with respect for the family's intention to act in his best interest.

Nonmaleficence and justice do not apply in this scenario because the dilemma is not about avoiding harm or fairness in resource distribution.

Justice and autonomy would be relevant if there were concerns about equal treatment, which is not the case here.

Beneficence and nonmaleficence would relate to doing good versus avoiding harm, but the central issue is the patient's right to decide.

17.

The framework of principle-based ethics is one of the most influential perspectives in biomedical ethics today. Inherent in this viewpoint is the belief that four basic principles and derivative rules are binding, but not absolute, and define the essence of ethical obligations in human society.

What are the four basic principles used in principle-based ethics?

Autonomy, beneficence, nonmaleficence, and justice

Confidentiality, autonomy, privacy, and justice

Beneficence, veracity, autonomy, and fidelity

Nonmaleficence, justice, fidelity, and confidentiality

Correct answer: Autonomy, beneficence, nonmaleficence, and justice

Principle-based ethics is a framework widely used in biomedical ethics and is built on four basic principles: autonomy, beneficence, nonmaleficence, and justice.

- *Autonomy requires respect for the decision-making capacities of autonomous persons.*
- *Beneficence involves acting in the best interests of the patient or others.*
- *Nonmaleficence means to do no harm, avoiding actions that cause unnecessary harm or injury.*
- *Justice is fairness and equality in the distribution of benefits and risks.*

These principles are binding but not absolute, meaning that in certain situations, one principle might need to be prioritized over another. The other options list important ethical concepts, but they do not represent the four core principles of the principle-based ethics framework.

18.

A 55-year-old female type 2 diabetic with severe dementia was started on insulin during her stay in the Progressive Care Unit (PCU). She will be discharged with orders for blood glucose monitoring and sliding scale insulin. The patient has a 24-hour-a-day live-in caregiver who has assisted with her oral medications in the past and who has visited the patient daily in the hospital. One daughter, who is the patient's power of attorney, lives out of state and has visited only once during the patient's five-day stay in the hospital. She is leaving today. Home care nursing has been arranged for the patient following discharge.

Who is it essential for the nurse to include in instructions related to glucose testing and insulin administration?

The in-home caregiver

The power of attorney

The patient

No instructions need to be given since the patient will be receiving home care nursing services

Correct answer: The in-home caregiver

Teaching strategies need to be planned carefully. When planning for education, the patient, the nature and severity of the patient's illness, the availability of significant others, and environmental barriers need to be assessed.

The nurse must include the in-home caregiver in instructions related to care, such as glucose testing and insulin administration, because this person will be responsible for performing these functions for the patient or, at the very least, overseeing the patient when she performs them to ensure accuracy.

The daughter with power of attorney may want to be present but will not be providing day-to-day care for the patient, so it is not essential to include her in this part of the teaching. The patient will be a part of the discharge teaching, but it is essential to include the patient's in-home caregiver, as the patient has dementia.

19.

An 85-year-old female patient was admitted to the PCU from a nursing home three days ago. She has a severely painful Stage IV pressure ulcer and has been diagnosed with sepsis. The patient is confused and frequently cries for "Fred." No family has been to visit. She has no advance directives. At 2:00 a.m., while you are changing her gown, she becomes unresponsive and stops breathing.

What is the correct action for you to take?

Initiate CPR

Run a "slow" code

Ensure the patient is comfortable and do nothing, as she had no advance directive

Call the patient's physician to obtain a Do Not Resuscitate (DNR) order

Correct answer: Initiate CPR

In the absence of an advance directive, it is generally assumed that resuscitation efforts should commence immediately if the patient experiences cardiopulmonary arrest. Before any decisions regarding resuscitation are made, it is crucial to have thorough discussions with the patient or their designated surrogate. If Cardiopulmonary Resuscitation (CPR) status is not discussed, documented, or communicated, initiating a code becomes necessary, which might result in delivering care that the patient would not have wanted.

20.

Which of the following statements is TRUE about the principle of double effect?

It helps to distinguish palliative care from assisted suicide

It asserts that a provider who assists in a patient's death cannot be legally charged

It states that the administration of medications that may inadvertently hasten death is illegal

It attests that inadequate pain management in palliative care patients is illegal

Correct answer: It helps to distinguish palliative care from assisted suicide

The principle of double effect is a moral and ethical concept used to justify actions that have both a positive effect and a potentially harmful secondary effect. It is often applied in palliative care to differentiate between providing medication to relieve pain, which may unintentionally hasten death, and actions intended to cause death, such as assisted suicide. The principle asserts that if the primary intention is to relieve pain and not to cause death, then the action can be ethically justified.

The principle is an ethical principle, not a legal one, and it does not protect providers from legal consequences if their actions are intended to cause death.

It specifically addresses the ethical justification for administering medications that may have the secondary effect of hastening death, as long as the primary intention is to relieve pain and not to cause death.

While inadequate pain management can be considered unethical or even negligent, it is not directly addressed by the principle of double effect.

21.

A 72-year-old male patient with advanced dementia and multiple comorbidities, including Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD), is admitted to the PCU with a severe respiratory infection. The patient is nonverbal and unable to make decisions for himself. His advance directive indicates a preference for comfort measures only, but the family is requesting aggressive treatment, including intubation and mechanical ventilation.

In considering the best-interest standard, which of the following actions should the healthcare team prioritize?

Prioritize the patient's advance directive and focus on providing comfort measures, avoiding aggressive interventions

Comply with the family's request for aggressive treatment, including intubation and mechanical ventilation

Seek a court order to resolve the conflict between the patient's advance directive and the family's wishes

Delay a decision until the patient's condition worsens, allowing for a more definitive outcome

Correct answer: Prioritize the patient's advance directive and focus on providing comfort measures, avoiding aggressive interventions

The best-interest standard is an ethical guideline used when making decisions for individuals who cannot do so for themselves. It focuses on what would most likely benefit the patient, taking into consideration their values, preferences, and overall well-being. In this case, the patient's advance directive clearly indicates a preference for comfort measures only, suggesting that the patient would not want aggressive treatment. Therefore, the healthcare team should honor the patient's wishes as expressed in the advance directive, focusing on comfort measures and avoiding unnecessary suffering.

While family input is important, the best-interest standard requires prioritizing the patient's known preferences.

Seeking a court order is typically a last resort and may be unnecessary if the patient's wishes are clearly documented in an advance directive.

Delaying a decision until the patient's condition worsens is inappropriate in this scenario.

22.

In which of the following situations would it be MOST appropriate for a surrogate decision-maker to apply the best-interests standard to the informed consent process?

An 18-month-old who was struck by a car

A 35-year-old who has suffered a brain aneurysm but has a living will

A patient with terminal lung cancer who is on hospice

The surrogate's own 78-year-old mother

Correct answer: An 18-month-old who was struck by a car

The best-interests standard allows surrogate decision-makers to arrive at a decision that is in the best interest of patients who have never been able to express their preferences related to medical decisions. Examples of patients who have never had capacity include infants, children, and people of all ages with disabilities that prevent this capacity.

An 18-month-old is included here, whereas the patients in the other answer choices are likely to have had the opportunity to express their preferences regarding informed consent.

23.

Which of the following are elements of the doctrine of informed consent?

Disclosure, comprehension, voluntariness, and competence

Disclosure, comprehension, and competence

Disclosure, comprehension, and voluntariness

Disclosure and competence

Correct answer: Disclosure, comprehension, voluntariness, and competence

Informed consent is a fundamental doctrine in healthcare, ensuring that patients make informed decisions about their care. It involves several key elements:

- *Disclosure: The healthcare provider must provide all relevant information about the proposed treatment or procedure, including potential risks, benefits, and alternatives.*
- *Comprehension: The patient must be able to understand the information provided. This includes being able to ask questions and receive answers in terms they can understand.*
- *Voluntariness: The patient's decision to accept or decline treatment must be made freely, without coercion or undue influence.*
- *Competence: The patient must be mentally capable of making the decision. This involves having the cognitive ability to process the information and make an informed choice.*

These elements are critical in ensuring the patient's autonomy and rights are respected throughout the healthcare process.

24.

You are caring for a 75-year-old woman with advanced heart failure who has been scheduled for a high-risk surgery. Your patient expresses uncertainty about the procedure and mentions she feels pressured by her family to go through with it despite her own reservations. She confides in you, expressing her fear and desire to explore less invasive options.

What should you do to BEST advocate for your patient?

Notify the surgeon and request a meeting to discuss alternatives with the patient

Inform the patient's family that she is refusing the surgery

Encourage the patient to discuss her concerns with her family

Assure the patient that the surgery is in her best interest and encourage her to proceed

Correct answer: Notify the surgeon and request a meeting to discuss alternative options with the patient

Advocacy involves supporting the patient's autonomy and ensuring she has all the information needed to make an informed decision about her care. By notifying the surgeon and requesting a meeting, you facilitate a discussion about her concerns and potential alternatives, empowering her to make a choice that aligns with her values and wishes.

Informing the patient's family that she is refusing the surgery does not address the patient's need for information and support to explore her options. It also may not respect her privacy and autonomy.

Encouraging the patient to discuss her concerns with her family does not directly address her need for professional guidance and exploration of medical alternatives.

False assurance disregards the patient's expressed fears and desire for less invasive options, failing to respect her autonomy and preferences.

25.

A 10-year-old Native American female patient is admitted to the PCU for treatment of severe asthma. When the child's condition is stable, her grandmother brings her licorice tea, a common herbal remedy in the family's community. The nurse is concerned the family may not follow the appropriate medication regimen at home.

To show respect for the family's culture and maintain the patient's best interest, which of the following is the BEST action for the nurse to take?

Ask the patient's grandmother to explain the benefits of the herbal tea and educate her about the need to follow the patient's medication regimen

Explain the correct use of inhalers to the grandmother

Tell the grandmother that the benefits of the tea have not been scientifically proven

Tell the grandmother the tea may interfere with the therapeutic effect of the medication prescribed by the doctor

Correct answer: Ask the patient's grandmother to explain the benefits of the herbal tea and educate her about the need to follow the patient's medication regimen

Every family system is unique and varies by culture, religion, values, socioeconomic status, health beliefs, and communication patterns. Asking the grandmother to explain the benefits of the family's remedy while also teaching her the need for compliance with the medical treatment acknowledges differences in health beliefs while also providing the needed education to achieve an optimal outcome.

26.

An 89-year-old Asian male patient in the terminal stages of lung cancer has many family members visiting at all hours of the day and night. His family brings various foods and performs ritualistic activities.

Which of the following actions should the nurse take?

Provide comfort and privacy for the patient and family by keeping the other bed in the room unassigned

Post large signs above the bed and on the door stating that the patient is not allowed to have solid food

Limit visiting hours so other patients are not disturbed

Notify the patient's physician of the unusual activities

Correct answer: Provide comfort and privacy for the patient and family by keeping the other bed in the room unassigned

The family's access to the patient is vital, and open visitation is to be encouraged. Each family system is unique and varies by culture, religion, values, socioeconomic status, previous experience with crisis, role expectations, psychological integrity, communication patterns, ages, and health beliefs.

It is crucial to assess the family's needs and resources and support family collaboration with the healthcare team rather than limiting their activities or visiting hours unnecessarily.

27.

A 68-year-old male patient with a history of dementia is admitted to the Progressive Care Unit (PCU) after being found wandering and disoriented in his neighborhood. His vitals are stable, but he appears confused and unable to recognize family members. The patient previously had an advance directive indicating his wishes for end-of-life care but now expresses a desire for full treatment. The healthcare team is concerned about the patient's ability to make informed decisions regarding his care.

Which of the following terms is MOST likely associated with judicial involvement in determining this patient's decision-making capacity?

Competence

Capacity

Autonomy

Informed consent

Correct answer: Competence

Competence is a legal term for a person's ability to make informed decisions. In this case, the determination of the patient's competence may require judicial involvement, especially if there is a question about his decision-making ability due to dementia.

Capacity is a clinical term that describes a patient's ability to understand the nature and consequences of decisions. Healthcare providers assess it but do not necessarily involve judicial action unless competence is in question.

Autonomy is the right of a patient to make their own decisions. While autonomy is an important ethical principle, it does not directly involve judicial determination.

Informed consent is the process by which a patient voluntarily confirms their willingness to undergo a particular treatment after being informed of all the risks, benefits, and alternatives. It requires capacity but is not a legal term that involves judicial determination.

28.

Which of the following is the LEAST appropriate intervention to prevent disagreements between staff and family regarding family needs?

Relying on nurses to fulfill all family needs

Establishing methods to contact and communicate with the patient's family

Identifying a family spokesperson

Providing information according to family needs

Correct answer: Relying on nurses to fulfill all family needs

Relying on nurses to fulfill all family needs places an unrealistic burden on nurses, creates tension and frustration, and does not utilize a team approach to address family needs. It can lead to conflicts and unmet expectations. Hospital resources must be utilized, and the family must be assessed to determine which of those resources can best assist them.

Effective communication channels help ensure that the family is informed and can express their concerns and priorities, preventing misunderstandings.

Designating a spokesperson helps streamline communication and ensures that the family's views and priorities are clearly represented to the healthcare team.

Tailoring information to meet the specific needs of the family helps build trust and ensures that their concerns and priorities are addressed appropriately.

29.

You are faced with a situation in which your patient refuses a recommended treatment plan due to personal beliefs. According to the American Nurses Association (ANA) Code of Ethics, what is your PRIMARY responsibility in this scenario?

Respect the patient's autonomy and support their decision even if it conflicts with your personal beliefs

Persuade the patient to accept the treatment plan for their well-being

Report the patient's refusal to the hospital ethics committee for further action

Discharge the patient from care due to noncompliance with medical advice

Correct answer: Respect the patient's autonomy and support their decision even if it conflicts with your personal beliefs

The ANA Code of Ethics emphasizes the importance of respecting patients' rights to make their own healthcare decisions. Nurses must honor the principle of autonomy, which allows patients to make informed choices about their own care based on their values and beliefs. This ethical obligation requires nurses to support and advocate for their patients' decisions even if they personally disagree with them.

Persuading the patient to accept the treatment plan undermines their autonomy and does not align with the ethical principle of respect for the patient's right to self-determination.

Reporting the refusal to the ethics committee might be necessary in certain complex ethical dilemmas, but the primary responsibility remains to respect and support the patient's decision.

Discharging the patient for noncompliance is not an appropriate response and could be considered punitive and unethical.

30.

A 75-year-old female patient is admitted to the PCU following a stroke. During a family meeting, the patient's daughter expresses concerns about her mother's quality of life and the healthcare team's obligations to ensure her mother's well-being. You discuss the ethical principles guiding the team's care, emphasizing the commitment to preventing harm and promoting the patient's best interests.

Which ethical principle affirms this obligation?

Beneficence

Nonmaleficence

Justice

Autonomy

Correct answer: Beneficence

Beneficence is the ethical principle that affirms an obligation to prevent harm, remove harm, and promote good by actively helping others. It involves taking positive steps to improve the patient's well-being.

Nonmaleficence is the principle of doing no harm, focusing on avoiding actions that might harm the patient.

Justice is fairness in the distribution of resources and the equitable treatment of all patients.

Autonomy means respecting the patient's right to make their own decisions regarding their healthcare.

31.

A nurse manager is evaluating the performance of a team member who frequently challenges policies that they believe conflict with the American Nurses Association (ANA) Code of Ethics. The nurse manager must decide whether to support this behavior. Which factor is MOST important to consider in this evaluation?

Whether the challenges are evidence-based and align with ethical standards

The potential for conflict among staff if this behavior continues

The nurse's adherence to hospital policies and procedures

The likelihood of disciplinary action if the challenges persist

Correct answer: Whether the challenges are evidence-based and align with ethical standards

When evaluating the behavior of a nurse who challenges policies, the primary consideration should be whether the challenges are grounded in evidence and align with ethical standards as outlined in the ANA Code of Ethics. Nurses have a duty to advocate for ethical practice and patient care, even if this means questioning existing policies.

Potential conflict among staff is relevant but secondary to the ethical obligation to advocate for what is right.

Adherence to hospital policies is important, but it should not supersede ethical considerations. If policies conflict with the Code of Ethics, they may need reevaluation.

The possibility of disciplinary action is a concern, but it should not deter a nurse from advocating for ethical practice. The focus should be on whether the challenges are justified and in the best interest of patient care and ethical standards.

32.

A 62-year-old male patient is admitted to the Progressive Care Unit (PCU) following a myocardial infarction. He expresses concern about the number of healthcare providers accessing his medical information and entering his room without knocking. He asks you about his rights regarding privacy and access to his personal health information.

Which of the following is the right of an individual to be free from unjustified or unnecessary access by others?

Privacy

Confidentiality

Autonomy

Informed consent

Correct answer: Privacy

Privacy is the right of individuals to be free from unjustified or unnecessary access by others, including the right to control personal information and bodily access.

Confidentiality is the responsibility of healthcare providers to keep patient information private and secure from unauthorized access.

Autonomy is the right of patients to make decisions about their own healthcare.

Informed consent involves ensuring that patients are fully informed about and agree to the procedures and treatments they will undergo.

33.

You are caring for an 80-year-old female patient with advanced dementia who is unable to make decisions for herself. The healthcare team decides to implement a feeding tube although the patient's advance directive states she does not want artificial nutrition.

This scenario MOST reflects which ethical conflict?

Paternalism versus autonomy

Beneficence versus nonmaleficence

Justice versus autonomy

Paternalism versus justice

Correct answer: Paternalism versus autonomy

This scenario represents a conflict between paternalism and autonomy, as the healthcare team is overriding the patient's previously expressed wishes based on their perception of what is best for the patient (paternalism). Their desire to do what they think is best conflicts with the patient's right to make autonomous decisions.

Beneficence versus nonmaleficence involves balancing doing good with avoiding harm, which is not the central conflict here.

Justice versus autonomy involves considerations of fairness or equality, which are not the primary ethical concerns in this scenario.

Paternalism versus justice could involve issues where a provider's decisions conflict with broader societal or legal standards, but the core issue here is the patient's right to make decisions about her own care.

34.

The Health Information Portability and Accountability Act (HIPAA) Privacy Rules create a legal mandate to honor the ethical obligation of which of the following?

Privacy and confidentiality

Privacy

Confidentiality

Autonomy

Correct answer: Privacy and confidentiality

HIPAA Privacy Rules establish legal requirements that safeguard both privacy and confidentiality. Privacy is an individual's right to control access to their personal health information, while confidentiality is the obligation of healthcare providers to protect the patient's information from unauthorized disclosure. HIPAA specifically mandates that healthcare providers and organizations protect both aspects when handling patient information.

Autonomy is an ethical principle related to a patient's right to make their own decisions but is not specifically addressed by HIPAA Privacy Rules.

35.

A 28-year-old female patient is in the Progressive Care Unit (PCU) following a motor vehicle accident. She wants her seven-year-old son to visit but is concerned he will be frightened by all the equipment. Which of the following actions could demonstrate caring practices by the nurse?

Arrange a brief visit for the son, providing a simple explanation of the equipment and ensuring a calm environment

Explain to the patient that it is not appropriate for young children to visit the PCU

Suggest that the patient use video calls to communicate with her son instead of an in-person visit

Allow the son to visit without any special preparations or explanations

Correct answer: Arrange a brief visit for the son, providing a simple explanation of the equipment and ensuring a calm environment

This action demonstrates caring by acknowledging the patient's emotional needs and facilitating family presence in a way that minimizes fear. Preparing the son with age-appropriate explanations and ensuring a calm environment can help ease his anxiety.

Explaining to the patient that it is not appropriate for young children to visit the PCU does not address the patient's emotional needs or demonstrate caring practices. It dismisses the patient's request without considering potential solutions.

While video calls can be a useful alternative, this option does not fully address the patient's desire for an in-person visit and may not provide the same level of comfort and connection.

Allowing the son to visit without any special preparations or explanations does not demonstrate caring practices as it fails to consider the anxiety the child might experience without proper preparation.

36.

The informed consent process is based on which bioethical principle?

Autonomy

Justice

Beneficence

Nonmaleficence

Correct answer: Autonomy

The principle of autonomy underpins the informed consent process. Autonomy respects the patient's right to make informed decisions about their own healthcare, ensuring they have all necessary information to understand the risks, benefits, and alternatives before consenting to a procedure or treatment.

Justice is fairness in the distribution of resources and treatment. Beneficence involves acting in the best interest of the patient, promoting good and preventing harm. Nonmaleficence means "do no harm" and emphasizes the importance of not causing harm to the patient. While these principles are indirectly related to informed consent, the goal of the informed consent process is to empower the patient, which is based on autonomy.

37.

A 68-year-old patient with end-stage renal disease is in the Progressive Care Unit (PCU) and has decided to discontinue dialysis. The healthcare team is faced with the ethical dilemma of respecting the patient's right to make decisions about their own healthcare while also wanting to act in the patient's best interest.

Using principle-based ethical analysis, which of the following principles should guide the healthcare team's decision-making?

Autonomy and beneficence

Autonomy and nonmaleficence

Beneficence and justice

Nonmaleficence and beneficence

Correct answer: Autonomy and beneficence

Autonomy and beneficence are key principles in this scenario. Autonomy respects the patient's right to make decisions about their own care, while beneficence involves acting in the patient's best interest by providing compassionate care that aligns with the patient's wishes.

Nonmaleficence is an important principle but does not fully encompass the ethical responsibility to also promote good (beneficence).

Justice is important, but it pertains more to fairness and distribution of resources, which is not the primary ethical issue in this scenario.

38.

You are caring for a 29-year-old Latina woman who is recovering from surgery. Her family members, who are very involved in her care, frequently express their opinions about the treatment plan.

How should you BEST respond to address the family's involvement?

Incorporate the family's input while maintaining focus on the patient's needs

Discuss the treatment plan directly with the patient, excluding family input

Limit family involvement to reduce confusion during patient care

Ask the patient if she prefers to have her family less involved in decision-making

Correct answer: Incorporate the family's input while maintaining focus on the patient's needs

In many cultures, family involvement is a key aspect of decision-making. You should respect this while ensuring the patient's needs and autonomy are central to the care process.

Discussing the plan directly with the patient without family input may disregard the cultural value placed on family involvement. Limiting family involvement may cause distress or lead to misunderstandings, especially in cultures in which family plays a key role in healthcare decisions. Asking the patient about family involvement is an option, but it may be perceived as dismissive if the family traditionally plays a central role in care.

39.

A 75-year-old patient with terminal pancreatic cancer is experiencing severe, unrelenting pain despite being on high doses of opioids. The healthcare team is considering increasing the dose of morphine, knowing that while it may alleviate the patient's pain, it could also hasten the patient's death by depressing respiratory function.

According to the principle of double effect, which of the following BEST justifies the decision to increase the morphine dosage?

The primary intention is to relieve the patient's suffering, not to hasten death, even though an increase in morphine may have the unintended consequence of shortening life

The likelihood of the patient surviving for more than a few days is very low, so increasing the morphine dosage is appropriate

Since the patient is already on high doses of opioids, a slight increase is unlikely to cause a significant difference in their respiratory function

The patient's family has requested that everything possible be done to keep the patient comfortable, regardless of the potential effects on their lifespan

Correct answer: The primary intention is to relieve the patient's suffering, not to hasten death, even though an increase in morphine may have the unintended consequence of shortening life

The principle of double effect applies when an action has two effects: one intended and beneficial (pain relief) and the other unintended but potentially harmful (hastened death). For the action to be ethically justifiable:

- 1. The nature of the act must be good or neutral.*
- 2. The intention must be to achieve the good effect, not the bad effect.*
- 3. The bad effect should not be the means of achieving the good effect.*
- 4. There should be a proportionally grave reason to permit the bad effect.*

In this case, the intention is to alleviate suffering (good effect) even though it may unintentionally shorten the patient's life (bad effect).

40.

A patient's decision-making capacity is based on which of the following factors?

Physical health, mental health, and the ability to be consistent in addressing issues

Mental health and the ability to concur with family members

Physical health and the ability to concur with family members

Mental health and the ability to concur with members of the healthcare team

Correct answer: Physical health, mental health, and the ability to be consistent in addressing issues

Capacity is an element of informed consent, reflecting a patient's ability to participate in their medical decision-making process. The capacity to make decisions is based on the patient's physical and mental health and the ability to be consistent in addressing issues.

Capacity is not based on the ability to concur with healthcare providers or family members.

41.

Multiple communication barriers may impact a patient's or their family's ability to learn. Which of the following is a communication ENHANCER?

The use of teach-back

Patient stability

Environmental factors

Family anxiety

Correct answer: The use of teach-back

Teach-back is a way to help ensure the patient and/or family members understand the information provided. The method involves asking the learners to repeat back to the nurse, in their own words, what they need to do or know.

Multiple barriers, such as environmental factors, patient or family anxiety, and patient instability, make providing education in the progressive care unit challenging; it is most often done informally and on an ongoing basis.

42.

In communicating with families and patients, what is the LEAST therapeutic interaction by the nurse?

Elicit care provider preferences

Apologize for inconveniences

Use open-ended questions

Provide concise explanations without using medical shorthand

Correct answer: Elicit care provider preferences

In communicating with families and patients, the least therapeutic interaction by the nurse is to elicit care provider preferences; accommodating requests for preferred care providers should be avoided.

Communication with the patient and the family should be open and honest. Clinicians should keep promises, describe expectations (avoiding medical shorthand and complicated medical terminology), and use open-ended questions. This type of questioning fosters a more comprehensive understanding and supports patient-centered care.

Apologizing for inconveniences is also appropriate and builds rapport between patient and nurse.

43.

Which ethical principle affirms the right of an individual to make decisions and choose actions based on their personal values and beliefs?

Autonomy

Nonmaleficence

Beneficence

Justice

Correct answer: Autonomy

Autonomy relates to the principle that individuals have the right to self-determination and the freedom to make decisions about their own lives. This principle is foundational in healthcare, supporting the right of patients to make informed choices about their treatment options even if those choices differ from the recommendations of healthcare professionals. Respecting a patient's autonomy means acknowledging their right to decide what aligns best with their values and beliefs.

Nonmaleficence is a duty to do no harm.

Justice is fairness and is often associated with the distribution of services (such as healthcare), goods, or burdens among a population.

Beneficence affirms the obligation to do good to others by helping them advance and achieve their interests.

44.

You encounter a situation in which two ethical principles—beneficence and autonomy—conflict. You believe a specific treatment is in the patient's best interest (beneficence), but the patient refuses it (autonomy).

How should you BEST address this ethical dilemma?

Consider the patient's right to refuse treatment and evaluate the potential outcomes of both options

Prioritize the principle of beneficence, as it focuses on the patient's well-being

Seek guidance from an ethics committee to determine the most appropriate course of action

Consult with the healthcare team to develop a plan that encourages the patient to receive the treatment

Correct answer: Consider the patient's right to refuse treatment and evaluate the potential outcomes of both options

In this scenario, you must examine the conflict between beneficence and autonomy by considering the patient's right to refuse treatment and evaluating the potential outcomes of respecting the patient's decision versus advocating for treatment. This analysis involves balancing the principles and ensuring that the patient's rights are upheld while considering the potential impact on their well-being.

Prioritizing beneficence over autonomy would disregard the patient's right to make their own decisions about their care. In ethical decision-making, it's essential to balance these principles rather than prioritize one over the other without considering the patient's wishes.

An ethics committee might be involved if the situation remains unresolved after initial discussions or if the conflict is particularly challenging, but it does not replace your role in directly addressing the ethical dilemma.

The goal should be to provide information and support the patient in making an informed decision, not to develop a strategy to change their mind. Persuading the patient to accept treatment against their wishes can violate their autonomy and does not reflect an ethical approach to care.

45.

As you walk into your elderly patient's room, you witness the patient's son strike the patient. What is your most appropriate FIRST response?

Administer aid to the patient

Remove the son from the room

Call security

Communicate the risk of assault to other staff

Correct answer: Administer aid to the patient

As the patient's advocate, you are most concerned about the patient's needs. For this reason, administering care to the patient is your first priority. The son may or may not leave the room at your request; therefore, security may or may not need to be notified. Once the patient is safe and has been attended to, you should communicate the risk of assault to other staff (this is not the first response here).

46.

The family of a 55-year-old male patient who was admitted with severe pneumonia and is now on mechanical ventilation has been spending a lot of time at the hospital. You notice the family members are showing signs of stress and anxiety. As part of your role, you are responsible for ensuring the patient's family feels supported and informed during this challenging time.

For family members of hospitalized patients, research has consistently identified five major areas of need. Which of the following is one of these areas?

Need for emotional support

Need for privacy

Need for diversion

Need for consistent communication

Correct answer: Need for emotional support

Research has consistently identified the need for emotional support as crucial for family members of hospitalized patients. This includes access to counseling and support services (e.g., chaplains, social workers, palliative care, child-family life departments).

While privacy can be important, it is not consistently identified as one of the five major areas of need for families of hospitalized patients.

Although diversions (activities that distract from stress) can be beneficial, they are not typically highlighted as a primary need in the research on family needs.

While communication is important, the specific major area of need identified in research is the need to receive information, which is slightly different from consistent communication.

47.

Which of the following is an evidence-based practice guideline related to family interventions that should occur during the planning stage of the nursing process?

Determine what the family sees as priority needs

Identify a family spokesperson and contact person

Provide information according to family needs

Include family in direct care and decision-making as appropriate

Correct answer: Determine what the family sees as priority needs

Determining the family's priorities should be accomplished in the planning stage of the nursing process rather than in the intervention stage.

In the intervention stage of the nursing process in family interventions, the following are appropriate:

- *Determine spokesperson and contact person*
 - *Provide information according to family needs*
 - *Include family in direct care as appropriate*
 - *Establish optimal methods to contact and communicate with family*
 - *Make referrals for support services as appropriate*
 - *Provide a comfortable environment*
 - *Encourage family participation and presence during team rounds*
-

48.

Requiring a mentally competent patient to call for assistance before getting out of bed to use the bathroom is an example of which of the following?

Paternalism

Autonomy

Fidelity

Veracity

Correct answer: Paternalism

Paternalism is the practice of overriding a patient's autonomy by making decisions for their safety, often without their consent or input, based on the belief that it is in their best interest. Requiring a mentally competent patient to call for assistance before getting out of bed, even if they are capable of doing it safely on their own, exemplifies paternalism.

Autonomy supports a patient's right to make their own decisions about their care. In this context, autonomy means allowing the patient to get out of bed independently if they are mentally competent and physically able.

Fidelity is faithfulness to commitments and promises made to patients. It involves maintaining trust and keeping agreements.

The principle of veracity involves being truthful and providing accurate information to patients.

49.

In a disaster scenario, a 44-year-old male patient with severe respiratory distress arrives at the emergency department, where ventilators are in short supply. You must decide which patient to prioritize for the last available ventilator.

Which ethical principle is MOST likely guiding this decision?

Justice

Autonomy

Nonmaleficence

Beneficence

Correct answer: Justice

Justice is the guiding principle when making decisions about the allocation of scarce resources, such as ventilators. It ensures that decisions are made fairly and equitably.

Autonomy is not the primary consideration when allocating scarce resources, as the decision is based on fairness rather than individual choice.

Nonmaleficence would be considered, but it is not the primary principle in determining who receives the ventilator.

Beneficence also plays a role, but justice most directly relates to fair resource allocation.

50.

Which of the following statements, if made by a patient, does NOT reflect caring practices by the nurse on the unit?

"The nurse reassures me that she's experienced and knows what's best for me."

"The nurse always explains my medications, even when I don't ask questions."

"The nurse helps me turn and reposition but sometimes seems rushed."

"The nurse listens to me and tries to answer my questions, even when she's busy."

Correct answer: "The nurse reassures me that she's experienced and knows what's best for me."

While this statement might initially seem positive, it reflects a paternalistic approach in which the nurse assumes they know what's best without fully engaging the patient in their care. This could lead to dismissing the patient's concerns or autonomy, which is contrary to caring practices.

The other statements, while not perfect, still indicate caring behaviors, such as explaining medications, assisting with comfort despite being rushed, and listening to questions even when busy.

51.

A 15-year-old alert female patient is admitted to the Progressive Care Unit (PCU) for treatment of acute osteomyelitis. You are not sure how to pronounce her name.

Which of the following is the BEST course of action for you to take?

Ask the patient how she would like you to pronounce her name

Ask the patient's mother how to pronounce the patient's name

Address the patient by a term of endearment, such as *sweetheart*

Take a chance at pronouncing the name and wait to be corrected

Correct answer: Ask the patient how she would like you to pronounce her name

The best course of action is to directly ask the patient how she prefers her name to be pronounced. This approach demonstrates respect for the patient, promotes effective communication, and ensures that the patient feels valued and understood. It also helps build a trusting relationship between the healthcare provider and the patient.

Asking the mother when the patient is capable of answering belittles the patient, as does using terms of endearment. Mispronouncing a name in the hope of being correct shows disrespect for the patient.

52.

A 40-year-old female nurse with 16 years of experience in a Progressive Care Unit (PCU) is caring for an 82-year-old male patient with multiple comorbidities, including end-stage renal disease, heart failure, and advanced dementia. The patient's family has requested aggressive treatment despite the nurse's belief that it may prolong suffering without significantly improving the patient's quality of life. The nurse feels conflicted because the treatments seem to contradict the best interest of the patient. This situation is causing her significant emotional distress.

Which of the following best describes the suffering this nurse is experiencing when she feels compelled to act in ways that she thinks are unethical?

Moral distress

Burnout

Compassion fatigue

Ethical dilemma

Correct answer: Moral distress

Moral distress occurs when a nurse or healthcare provider knows the ethically appropriate action to take but feels powerless to take that action due to external constraints, such as policies, laws, or family wishes. This results in feelings of frustration, guilt, and powerlessness, which may occur when a nurse feels compelled to continue aggressive treatment against their ethical beliefs.

Burnout is the emotional, mental, and physical exhaustion caused by prolonged stress and is typically associated with feelings of detachment, a decreased sense of accomplishment, and emotional exhaustion rather than the ethical conflict described in this scenario.

Compassion fatigue is characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often due to the cumulative stress of caregiving, but it does not specifically involve ethical conflict.

An ethical dilemma is a situation in which a person must choose between two equally undesirable options. It does not necessarily involve the emotional suffering related to being forced to act against one's ethical beliefs, as described in moral distress.

53.

In issues regarding informed consent and medical decision-making, which of the following is NOT an appropriate action for a surrogate decision-maker?

Make decisions based on their own values, using their best judgment

Provide informed consent

Apply the best-interests standard to the decision-making process

Analyze the burdens and benefits of patient treatment options

Correct answer: Make decisions based on their own values, using their best judgment

The surrogate should not base decisions about the patient on their values but on those of the patient they represent. The surrogate decision-maker is asked to consider the preferences, values, and goals previously expressed by the patient and to consider how the patient (if they could) would respond to the information given.

The other answer choices are appropriate actions for a surrogate decision-maker because they fulfill the responsibility described above.

54.

A nurse accidentally gave the wrong medication to a patient. Documenting the error in an incident report demonstrates which ethical principle?

The nurse's veracity

The nurse's fidelity

The nurse's advocacy

The nurse's autonomy

Correct action: The nurse's veracity

Veracity is the principle of truthfulness and honesty. By documenting the medication error in an incident report, the nurse is being honest about the mistake, demonstrating a commitment to truthfulness and transparency.

Fidelity is loyalty and the duty to keep promises. While important, this concept is more about maintaining trust and commitment to the patient's best interests and does not directly relate to the act of documenting an error.

Advocacy involves supporting and promoting the interests of the patient. While reporting the error can be indirectly advocating for the patient's safety, the primary act of documenting the error is more directly related to veracity.

Autonomy is the ability to make independent decisions. While the nurse's decision to document the error is an autonomous action, the ethical principle of autonomy focuses on the patient's independence, not the nurse's, and is not directly related to the documentation of medication errors.

55.

The Affordable Care Act (ACA) requires hospitals to report quality indicators (e.g., the rate of hospital-acquired infections) and then ties these indicators to financial reimbursement. In this way, the ACA offers a legal manifestation of which ethical principle?

Justice

Beneficence

Nonmaleficence

Autonomy

Correct answer: Justice

Justice is fairness and equality in healthcare. By requiring hospitals to report quality indicators and linking these to financial reimbursement, the ACA aims to ensure that all patients receive a fair standard of care and that hospitals are held accountable for providing equitable healthcare services.

Beneficence means acting to promote the patient's well-being. Nonmaleficence means "do no harm." While improving hospital quality indicators can promote patient welfare and reduce harm (e.g., hospital-acquired infections), the primary focus of the ACA's policy is ensuring fairness and accountability.

Autonomy refers to respecting the patients' rights to make their own healthcare decisions. The ACA's reporting requirements and financial incentives do not directly relate to patient decision-making but to institutional accountability and quality improvement.

56.

When providing education and information in the progressive care unit, why is repetition of information necessary?

Stress and the progressive care environment can alter comprehension

Patients in the progressive care unit are often heavily medicated

In the progressive care unit, there is limited time for the patient or family to ask questions

Hospitalists often provide conflicting information about what they have been told by their general practitioners

Correct answer: Stress and the progressive care environment can alter comprehension

Patients and their families are often stressed, and an overload of information only adds to their stress levels. Teaching strategies should be planned carefully and thoroughly, and repetition of information is necessary, as elevated anxiety and stress overshadow the patient's ability to understand what is being taught.

Some, but not all, patients in PCU are heavily medicated. Time is not limited as to when patients and their families can ask questions. Information should not be conflicting between healthcare providers.

57.

You are caring for a patient scheduled for coronary angiography who states, "I want to be asleep during my procedure. I can't stand any kind of pain."

Of the following, what is the BEST response you can make to this patient?

"I'll inform the doctor of your concern, but typically patients are given local anesthesia and sedation."

"Don't worry, the procedure will be over quickly, and you won't feel a thing."

"It's normal to feel anxious. I'll ask the doctor to cancel the procedure until you're more comfortable."

"You need to be awake during the procedure so you can tell the doctor if you feel any pain."

Correct answer: "I'll inform the doctor of your concern, but typically patients are given local anesthesia and sedation."

This response acknowledges the patient's concern, provides accurate information about the use of local anesthesia and sedation during coronary angiography, and reassures the patient that their concerns will be communicated to the doctor.

Telling your patient not to worry dismisses their concern and does not provide accurate information about the procedure.

Normalizing the patient's anxiety is validating but suggesting canceling a potentially urgent procedure without exploring other ways to address the patient's concerns is impractical.

Telling the patient they need to be awake provides some information but does not show empathy or address the patient's concern about pain management during the procedure.

58.

What principle is violated by decisions to withhold cardiopulmonary resuscitation without involving patients or their surrogates?

Patient autonomy

Privacy and confidentiality

Nonmaleficence

Justice

Correct answer: Patient autonomy

Decisions to withhold cardiopulmonary resuscitation without involving patients or their surrogates violate the principle of patient autonomy. Critically ill patients often experience sudden changes in their cardiopulmonary status, and it is presumed unless stated otherwise that CPR will be initiated immediately upon cardiac arrest. If documentation does not exist related to CPR status, appropriate discussions with the patient or surrogate must be held before the decision to forgo cardiopulmonary resuscitation is made to uphold patient autonomy.

The other answer choices do not apply to this example. Privacy and confidentiality are derived from the virtue of fidelity, the obligation to uphold promises, obligations, and commitments. Confidentiality is the protection of information, and privacy is a patient's right to be free from unnecessary access by others. Nonmaleficence is the obligation of the healthcare professional not to harm the patient. Justice implies that patients have a right to fair and impartial treatment.

59.

Following educational interventions, what is the NEXT essential step?

Determine whether the education outcomes have been achieved

Prioritize information

Organize information gathered in the assessment into a format that is meaningful to the learner

Assess learners for readiness to learn

Correct answer: Determine whether the education outcomes have been achieved

After educational interventions, it is crucial to assess whether the intended learning outcomes have been met. This evaluation ensures that the patient or learner has understood and can apply the information provided. It is an essential step in the education process to determine the effectiveness of the intervention and identify any areas where further instruction may be needed. Achieving the desired outcomes is the ultimate goal of any educational intervention.

While prioritizing information is important during the planning and delivery of educational interventions, it is not the most crucial step following the intervention.

Organizing information in a meaningful way is an important step in the educational process, particularly during the planning phase. However, this step is not the primary focus after the intervention has been delivered.

Assessing readiness to learn is an important consideration before beginning an educational intervention. It ensures that the learner is prepared to engage with the material. However, after the intervention, the primary focus should shift to evaluating whether the learning objectives have been achieved.

60.

A 55-year-old female patient with a history of heart failure and diabetes mellitus is admitted to the Progressive Care Unit (PCU) for management of her diabetes, which has become uncontrolled. During the shift handover, the outgoing nurse reports that she promised the patient she would administer her evening medications on time to avoid any delays in treatment. However, the nurse was unable to fulfill this promise due to an emergency situation in another room. The patient expresses her dissatisfaction with the delay, citing concerns about her trust in the nursing care.

Which of the following is the obligation to be faithful to promises and commitments made to the patient?

Fidelity

Beneficence

Nonmaleficence

Autonomy

Correct answer: Fidelity

Fidelity is the obligation to be faithful to promises and commitments made to patients. In this scenario, the nurse's commitment to administer the patient's medications on time exemplifies fidelity, as it involves maintaining trust and meeting the patient's expectations.

Beneficence involves actions that promote the well-being of patients, such as providing effective treatments and ensuring patient safety. While important, it does not specifically address the aspect of fulfilling promises.

Nonmaleficence is the principle of doing no harm to patients. It focuses on avoiding actions that could cause injury or suffering rather than on the fulfillment of commitments.

Autonomy refers to respecting patients' rights to make their own decisions regarding their care. Although related to patient rights, it does not encompass the concept of keeping promises made by healthcare providers.

61.

You are caring for a 75-year-old male patient with advanced heart failure who has been admitted for exacerbation of his condition. His prognosis is poor, and he has expressed a desire to forgo aggressive treatments and opt for comfort measures only. However, his daughter insists on pursuing all possible life-sustaining treatments, believing that her father should fight the illness as long as possible.

What foundational elements should you consider in addressing this ethical problem?

Professional codes and standards, institutional policies, and ethical principles

Institutional policies, insurance regulations, and government directives

Patient preferences, professional standards, and community mores

Ethical principles, community standards, and institutional policies

Correct answer: Professional codes and standards, institutional policies, and ethical principles

Professional codes and standards, such as those from the American Nurses Association (ANA), provide a framework for ethical nursing practice. Institutional policies ensure that healthcare providers follow the guidelines and protocols specific to their healthcare facility. Ethical principles (e.g., beneficence, nonmaleficence, autonomy, justice) offer a foundation for making ethical decisions. Together, these elements help you navigate this ethical dilemma by balancing patient rights, professional responsibilities, and institutional guidelines.

Insurance regulations often focus on coverage and reimbursement issues rather than ethical decision-making. Government directives may set broad healthcare guidelines but do not provide the specific ethical framework needed for this situation.

While patient preferences are critical to ethical decision-making, community mores can vary widely and may not always align with professional ethical standards. Professional standards are important, but without the inclusion of institutional policies and broader ethical principles, this combination lacks the structured framework needed to comprehensively address the ethical dilemma.

Community standards can be subjective and variable, making them less reliable as a foundation for ethical decision-making than professional codes and standards.

62.

A 72-year-old female patient on a ventilator has been communicating with the healthcare team using a communication board. Despite these efforts, her family reports that she seems increasingly depressed and unengaged. Which action is MOST likely to improve the patient's engagement and emotional well-being?

Involving the patient in setting daily goals and care decisions

Increasing the frequency of sedation to reduce anxiety

Encouraging the family to limit visiting hours to decrease overstimulation

Continuing with current communication methods without changes

Correct answer: Involving the patient in setting daily goals and care decisions

Involving the patient in setting daily goals and participating in care decisions is most likely to improve her engagement and emotional well-being. Empowering a patient through active involvement can enhance their sense of control and purpose, which can positively impact their mood and outlook.

Increasing the frequency of sedation may further reduce the patient's engagement and worsen depression.

Encouraging the family to limit visiting hours could further isolate the patient, exacerbating feelings of depression.

Continuing with current communication methods without making changes is unlikely to address the patient's emotional needs and may allow the problem to persist.

63.

A comatose patient on the Progressive Care Unit (PCU) has a durable power of attorney for healthcare, which indicates that both her adult son and daughter are assigned to make decisions in her place. These two adult children support opposing courses of treatment for their mother, making it unclear which course of action should be taken.

Which type of ethical problem is this an example of?

Locus of authority

Allocation of resources

Moral distress

Ethical dilemma

Correct answer: Locus of authority

In locus-of-authority situations, two or more individuals have a claim to the role of decision-maker but do not agree on the course of action.

In a problem with allocation of resources, a decision is required about how to distribute a finite supply of goods or resources among a group of people.

In moral distress, the moral agent knows the right action to take but is unable to take that action.

In an ethical dilemma, the moral agent identifies two opposing but equally justifiable courses of action.

64.

A physician has ordered cardiac catheterization for a patient in the Progressive Care Unit (PCU). After the procedure has been explained to them, the patient, who is alert, oriented, and competent to make decisions, refuses to give informed consent.

What is your role as the patient's nurse?

Respect and support the patient's decision

Try to get the patient to change their mind by providing more information

Have the consent signed by the patient's spouse, who has power of attorney

Threaten to call the physician

Correct answer: Respect and support the patient's decision

It is crucial for you, as the patient's nurse, to respect and support the patient's autonomy and decision-making capabilities. The patient has the right to refuse any medical treatment, including cardiac catheterization, as long as they are alert, oriented, and competent to make decisions. Providing additional information or coercing the patient in any way would be inappropriate and unethical.

65.

A patient who has been receiving Intravenous (IV) antibiotics is transitioning to oral medications. To facilitate patient learning, what is the BEST action for the nurse to take?

Explain the purpose of the new medication to the patient and family

Describe the potential side effects of the medication

Ensure the patient remembers the name of the new medication

Ensure the patient knows when to expect the next dose of medication

Correct answer: Explain the purpose of the new medication to the patient and family

The BEST action for the nurse to take is to give the patient and family basic information about what the purpose of the medicine is.

Nursing staff will continue to be responsible for dose administration, and at this point, it is not essential for the patient to remember the name of the drug. Too much information is likely to overwhelm the patient.

Informing the patient of potential side effects may be beneficial but will not facilitate patient learning.

66.

The nurse manager on the PCU asks you to work an extra shift to cover a staff member who called out sick. You had planned to go to dinner with your mother after work this evening. What type of ethical problem do you face in this scenario?

Ethical dilemma

Moral distress

Allocation of resources

Locus of authority

Correct answer: Ethical dilemma

An ethical dilemma is a situation in which one can identify two opposing but equally justifiable courses of action.

On the one hand, you feel obligated to work the extra shift to ensure the patients on the unit are taken care of, but on the other hand, you have a duty to yourself and your mother to honor your prior commitment. You cannot choose both options; they are mutually exclusive but equally justifiable.

Moral distress is defined as knowing the correct action to take but being unable to take that action.

Allocation of resources is the fair distribution of limited resources, such as staff, equipment, or funds. This scenario does not involve deciding how to allocate resources; rather, it is about an individual's decision-making in a specific situation.

Locus of authority refers to uncertainty about who is responsible for making a decision or where authority lies in making an ethical choice. In this scenario, there is no confusion about who has the authority; the nurse is asked to work an extra shift, and they must decide based on their circumstances.

67.

You are caring for a 70-year-old male patient with a history of congestive heart failure and recent myocardial infarction. The patient is anxious about his condition and asks you directly whether his recent test results indicate a worsening of his heart condition. You have reviewed his results and know that while there are some concerning signs, the complete analysis and interpretation by the cardiologist are pending.

In the context of this scenario, what should you do to follow the rule of veracity?

Provide the patient with complete and honest information about his condition, even if it may cause distress

Reassure the patient without giving detailed information until the cardiologist completes the analysis

Withhold information to avoid causing the patient unnecessary anxiety until the final diagnosis is confirmed

Discuss the results with the patient's family first to determine the best way to communicate the information

Correct answer: Provide the patient with complete and honest information about his condition, even if it may cause distress.

The rule of veracity is the ethical obligation to tell the truth and not deceive others. In nursing, this means providing patients with accurate and honest information about their health status. This respects the patient's autonomy and right to make informed decisions about their care.

While reassurance is important, it should not come at the expense of withholding significant information. The rule of veracity emphasizes honesty and transparency, and patients have the right to know about their health status.

While involving family in care decisions can be beneficial, it should not replace direct communication with the patient. The patient should be the primary recipient of information about their health.

68.

An 82-year-old female patient with advanced Alzheimer's disease has developed severe pneumonia. Her advance directive specifies no aggressive treatment, but her daughter requests that all possible measures be taken to save her life. After evaluating the situation, the healthcare team decides to follow the advance directive.

Which ethical principle has MOST likely been prioritized in this decision?

Autonomy

Beneficence

Justice

Nonmaleficence

Correct answer: Autonomy

Autonomy is prioritized because the decision is made to honor the patient's advance directive, reflecting her previously expressed wishes regarding her care.

Beneficence, while important, focuses on the patient's well-being, which might suggest aggressive treatment, but the principle of autonomy overrules this in the context of an advance directive.

Justice involves fairness, but the primary issue here is respecting the patient's wishes.

Nonmaleficence would support avoiding unnecessary or unwanted treatments, but the decision primarily reflects a commitment to the patient's right to make decisions.

69.

According to the principle of beneficence, what are nurses expected to do?

Incorporate their understanding of the patient's wishes into the care they deliver

Fulfill the commitments of the nurse/patient relationship

Relay information in an open, honest, and sensitive manner

Apply the outcome of the past to the current situation

Correct answer: Incorporate their understanding of the patient's wishes into the care they deliver

Beneficence, the duty to do good, requires the healthcare team to understand the patient's interpretation of what is good. Nurses, because of their close relationship and significant time spent with patients, are often in the best position to incorporate the patient's wishes into the care they receive. This principle emphasizes the importance of aligning medical interventions with the patient's values and desires.

Fulfilling the commitments of a relationship is following the principle of fidelity, which focuses on being loyal and keeping promises to patients.

Relaying information openly and honestly is veracity, the principle of truth-telling in healthcare.

Applying the outcome of the past to the current situation is not directly related to beneficence and can lead to moral residue, which involves lingering feelings of discomfort or guilt from ethical decisions.

70.

To evaluate functional capacity as evidence of the patient's ability to reason about their own choices, which comment or question would be BEST for the nurse to make/ask?

"Please tell me about some of the difficult healthcare choices you've made in the past."

"Do you know what day it is?"

"What is the name of your doctor?"

"Why are you in the hospital?"

Correct answer: "Please tell me about some of the difficult healthcare choices you've made in the past."

This question directly assesses the patient's ability to reason and reflect on their own decision-making processes regarding healthcare. It requires the patient to recall past experiences, analyze those situations, and articulate their thought processes, providing insight into their functional capacity and understanding of their healthcare decisions.

"Do you know what day it is?" assesses orientation rather than the ability to reason about choices. While important, it does not evaluate the patient's decision-making capacity.

"What is the name of your doctor?" tests memory but not reasoning ability or understanding of healthcare decisions. It's a simple recall question that doesn't provide insight into the patient's functional capacity to make choices.

"Why are you in the hospital?" assesses the patient's understanding of their current situation, which is useful but does not delve into their capacity to reason about past or future healthcare decisions in a meaningful way.

71.

A 68-year-old male patient with diabetes is learning to self-administer insulin injections. Which action by the nurse is MOST likely to facilitate the patient's learning and ensure accurate self-administration?

Demonstrating the injection technique and then having the patient practice it

Providing written instructions for how to administer insulin

Showing a video of the injection process

Telling the patient to follow the instructions on the insulin packaging

Correct answer: Demonstrating the injection technique and then having the patient practice it

Hands-on practice with direct demonstration is most likely to facilitate effective learning for self-administering insulin. This method allows the patient to observe, practice, and receive immediate feedback, ensuring proper technique and confidence.

Providing written instructions alone might not be sufficient for all patients, as some might need visual and practical demonstrations to grasp the technique fully.

Showing a video can be helpful, but it does not allow for real-time practice and immediate correction, which are critical for learning a new skill like injection administration.

Telling the patient to follow the instructions on the insulin packaging is inadequate, as it assumes the patient can understand and execute the technique correctly without personalized instruction or practice.

72.

Which of the following statements about acutely ill patients and their families is FALSE?

Patients and families experience a great deal of stress in the acute care environment; reinforcement of information is unnecessary and only increases their stress

Family members need to have constant access to their loved one

Family members need reassurance that the best possible care is being provided to the patient

Developing a trusting relationship with the family is in everyone's best interest to facilitate optimal functioning

Correct answer: Patients and families experience a great deal of stress in the acute care environment; reinforcement of information is unnecessary and only increases their stress.

Patients and families are often unable to retain all the information they are given in the acute care setting due to stress. Reinforcement of teaching is often necessary and should be anticipated; this helps to decrease stress.

Although unlimited access of family members to their loved ones remains a controversial policy, families report a sense of relief and gratitude at being able to stay close to the patient. Overwhelming evidence shows unrestricted access to the patient's support network greatly benefits the patient, but many hospitals continue to restrict visitation.

73.

Which of the following statements is TRUE about the working environment of a nurse?

The nurse has an obligation to contribute to an ethical working environment

The attributes of a nurse's work environment are most often static

The nursing work environment is an entity unto itself

No link exists between nurses' reported moral distress and their perceptions of the work environment

Correct answer: The nurse has an obligation to contribute to an ethical working environment

According to Provision 6 of the Code of Ethics for Nurses, nurses must contribute to an ethical working environment. In an ideal work environment, new nurses contribute by learning from their preceptors, seeking appropriate assistance when needed, and recognizing ethical dilemmas. Seasoned nurses can serve as role models for effective communication and collaboration with the expectation that members of the interprofessional healthcare team will respond appropriately.

The characteristics of a work environment are not static; they change over time.

The workplace is not an entity unto itself; it is made up of the behaviors and attitudes of the individuals who work there.

A national survey of nurses confirmed the link between moral distress and their perception of the work environment.

74.

A 77-year-old male patient with advanced dementia is unable to communicate his wishes, and there is no advance directive. His family is divided on whether to pursue aggressive treatment. What should you do to address this ethical dilemma?

Facilitate a family meeting with the healthcare team

Administer palliative care regardless of family input

Request an ethics consultation

Provide only comfort measures

Correct answer: Facilitate a family meeting with the healthcare team

Facilitating a family meeting with the healthcare team helps ensure that all parties are informed and can contribute to decision-making, which is crucial when there is no advance directive and the patient cannot communicate.

Administering palliative care without family input disregards their involvement, which is inappropriate without a clear directive. An ethics consultation is valuable but not the first step; communication among the family and team is prioritized. Providing only comfort measures is a decision that should come after thorough discussion, not before.

Behavioral / Psychosocial

Behavioral / Psychosocial

75.

A 40-year-old male patient has been diagnosed with both anxiety and depression. His vitals are as follows: BP 115/78 mmHg, HR 89 bpm, RR 20 breaths/min, SpO₂ 97%. The patient reports feeling overwhelmed and unable to complete daily tasks.

What is the BEST initial nursing intervention?

Encourage deep breathing and grounding exercises

Administer a Selective Serotonin Reuptake Inhibitor (SSRI)

Refer the patient to a psychiatrist

Begin cognitive behavioral therapy

Correct answer: Encourage deep breathing and grounding exercises

In a clinical setting, immediate relief techniques such as deep breathing and grounding exercises can help manage acute anxiety symptoms while awaiting further evaluation and treatment.

Administering an SSRI requires physician authorization and wouldn't provide immediate relief.

Referral to a psychiatrist is appropriate but not an immediate intervention for the current anxiety symptoms. Cognitive Behavioral Therapy (CBT) may be effective in the long term but is not an immediate nursing intervention during an acute anxiety episode.

76.

A 55-year-old patient with a history of schizophrenia is admitted to the progressive care unit due to acute agitation and hallucinations. The healthcare team decides to administer haloperidol to manage the patient's symptoms. During the medication review, you educate the patient about haloperidol and its potential effects.

Which of the following statements about haloperidol is FALSE?

It is associated with the development of tolerance

It sedates without significant respiratory depression

Extrapyramidal reactions to haloperidol are possible

QTc interval monitoring is required when using haloperidol

Correct answer: It is associated with the development of tolerance

Haloperidol, an antipsychotic medication, does not typically lead to the development of tolerance. Patients generally do not require increasing doses to maintain its effectiveness for controlling symptoms of agitation, psychosis, or schizophrenia.

Haloperidol is known for its sedative effects, which can help manage agitation and psychosis in patients. Unlike some other sedatives, haloperidol does not significantly depress respiratory function, making it safer when respiratory depression is a concern.

Extrapyramidal side effects are a well-known risk with haloperidol. These can include dystonia (muscle contractions causing twisting and repetitive movements), akathisia (a sense of inner restlessness and inability to stay still), and Parkinsonism (symptoms similar to Parkinson's disease, such as tremors, slow movement, and rigidity). These side effects occur due to the blockage of dopamine receptors in the brain.

Haloperidol has been associated with prolongation of the QTc interval on Electrocardiogram (ECG), which can increase the risk of a potentially life-threatening arrhythmia called torsades de pointes. Therefore, it is essential to monitor the QTc interval in patients receiving haloperidol, especially at higher doses or when other risk factors for QT prolongation are present.

77.

A 19-year-old male patient is admitted to the PCU after a motor vehicle accident. He becomes verbally aggressive and threatens staff when asked to follow treatment protocols. His heart rate is 105 beats per minute, blood pressure is 145/85 mmHg, and respiratory rate is 22 breaths per minute.

What is the MOST appropriate nursing action at this moment?

Remain calm and ask the patient what is bothering him

Call and request an order for immediate sedation

Confront the patient about his aggressive tone

Physically restrain the patient for staff safety

Correct answer: Remain calm and ask the patient what is bothering him

In this situation, the best course of action is to remain calm and seek to understand the cause of the patient's aggression. Asking open-ended questions helps deescalate tension and may provide insight into the patient's frustration, fear, or discomfort.

Sedation or restraints should be reserved for situations when a patient is actively threatening or harming themselves or others. Confrontation may escalate the situation and could increase the patient's aggression.

78.

A 49-year-old male patient with a history of aggressive behavior becomes increasingly agitated in the progressive care unit.

Which intervention is MOST appropriate to prevent escalation?

Deescalation techniques

Physical restraint

Medication administration

Verbal reprimand

Correct answer: Deescalation techniques

Deescalation techniques are the most appropriate first-line approach to managing aggression in the healthcare setting. They include verbal and nonverbal communication strategies to calm the patient and prevent further escalation. This method is aligned with a patient-centered approach, ensuring the patient's dignity and avoiding the need for more restrictive measures.

Physical restraint is typically used as a last resort when there is imminent danger to the patient or staff. Restraint can exacerbate agitation and is less ideal than verbal interventions. Medication administration may be necessary if nonpharmacologic interventions alone fail to calm the agitated patient. A verbal reprimand may provoke further aggression and is not an appropriate method of addressing escalating behaviors.

79.

You are caring for a patient who just returned from surgery. The patient is very frightened and states there are bugs on the ceiling. What is your most appropriate FIRST response to this patient?

Minimize the patient's fear by saying, for example, "Hello, I'm your nurse. You are in the hospital. I will stay here with you."

Minimize the patient's fear by turning off the lights so they cannot see the "bugs"

Administer a sedative-hypnotic medication

Turn on the television to distract the patient's attention from the "bugs"

Correct answer: Minimize the patient's fear by saying, for example, "Hello, I'm your nurse. You are in the hospital. I will stay here with you."

Repeating orientation cues will help to minimize fear and confusion and should be the nurse's first action.

A well-lit rather than a darkened room will help to minimize the patient's confusion; darkness may only escalate the patient's fear. Medication for managing delirious behavior is reserved for cases in which behavioral interventions have failed. Background noise often increases anxiety, as the patient may have difficulty processing the noise and content.

80.

A 31-year-old male patient is admitted to the progressive care unit after treatment for heroin overdose. His current medications include methadone for opioid use disorder, and he is requesting an early dose due to withdrawal symptoms. Vital signs include a blood pressure of 145/95 mmHg, heart rate of 110 bpm, and respiratory rate of 18 breaths per minute.

What is the MOST appropriate next step?

Assess withdrawal symptoms using the Clinical Opiate Withdrawal Scale (COWS)

Administer the early dose of methadone

Contact the provider for a new methadone prescription

Reassure the patient that the next dose is due soon

Correct answer: Assess withdrawal symptoms using the Clinical Opiate Withdrawal Scale (COWS)

The Clinical Opiate Withdrawal Scale (COWS) is a standardized tool used to evaluate the severity of opioid withdrawal symptoms. It is the most appropriate next step to ensure an objective assessment before adjusting the patient's methadone dose.

Administering an early dose of methadone without proper assessment can lead to inappropriate dosing or even overdose. Contacting the provider for a new methadone prescription is premature without first assessing the patient's current symptoms. Reassuring the patient without addressing their symptoms or conducting an assessment may increase anxiety or distrust in the care team.

81.

A 23-year-old female patient with a history of heroin use is brought to the emergency department after being found unconscious. Her respiratory rate is eight breaths per minute, heart rate is 52 bpm, and oxygen saturation is 87% on room air.

What is the FIRST priority in managing this patient?

Administer naloxone

Initiate oxygen therapy

Intubate and ventilate

Obtain a complete drug history

Correct answer: Administer naloxone

Priority management for a patient with suspected opioid overdose and respiratory depression is to administer naloxone, an opioid antagonist that can reverse the respiratory depressive effects. This time-sensitive intervention should be done before other measures, as naloxone can quickly improve the patient's breathing.

While oxygen therapy is important in cases of hypoxia, naloxone directly addresses the cause of respiratory depression, making it the priority. Intubation may be necessary if naloxone fails or the patient does not respond, but initial treatment focuses on reversing the overdose. Obtaining a drug history is part of a comprehensive assessment but is not the priority in acute overdose management.

82.

You are caring for a 65-year-old female with a history of hypertension and diabetes mellitus. She was admitted to the PCU after ingesting an unknown quantity of her prescribed amlodipine in a suicide attempt. She is lethargic with a blood pressure of 80/50 mmHg, heart rate of 40 bpm, and respiratory distress. Her ECG shows sinus bradycardia. Immediate interventions are initiated, including IV fluids and vasopressors.

Which of the following medications is the MOST appropriate antidote to administer in this situation?

Calcium gluconate

Sodium bicarbonate

Activated charcoal

Glucagon

Correct answer: Calcium gluconate

In cases of calcium channel blocker overdose, calcium gluconate (or calcium chloride) is the recommended antidote. It works by increasing extracellular calcium levels, which helps overcome the blockade of calcium channels caused by the overdose, improving cardiac contractility and conduction.

While glucagon can be used in beta-blocker overdose, it is not the primary treatment for calcium channel blocker toxicity. Sodium bicarbonate is used for tricyclic antidepressant overdose, and activated charcoal is used for gastrointestinal decontamination in various poisonings but does not act as an antidote.

83.

A patient tells the nurse, "I don't know if I want to get better. My life is meaningless."

Which of the following is TRUE about this and similar statements?

A psychiatric referral is warranted for further assessment of the patient

The nurse should avoid asking whether the person is feeling suicidal

Verbalizing thoughts of self-harm can be a cover for wanting to talk about fear or loneliness

Asking a person whether they are suicidal promotes thoughts of self-harm

Correct answer: A psychiatric referral is warranted for further assessment of the patient

When a patient expresses feelings of hopelessness or statements such as "My life is meaningless," it is essential to take these expressions seriously, as they may indicate underlying depression or suicidal ideation. A psychiatric referral is warranted to ensure that the patient receives a thorough mental health assessment and appropriate interventions. This approach prioritizes patient safety and addresses any potential risks.

Asking directly about suicidal thoughts does not increase the risk of self-harm and is, in fact, an essential part of assessing the patient's mental state.

While patients might express these feelings for various reasons, any mention of self-harm or hopelessness must be taken seriously and warrants further evaluation rather than dismissal as a cover for other emotions.

Research shows that asking about suicidal thoughts does not increase the likelihood of self-harm. Instead, it opens a dialogue that can lead to essential support and intervention.

Cardiovascular

Cardiovascular

84.

Which of the following statements about the postsurgical care of the cardiac transplantation patient is TRUE?

If dysrhythmias such as Supraventricular Tachycardia (SVT) occur, calcium channel blockers or beta-blockers are used

Patients usually have a lower resting heart rate than normal

In cases of chronic rejection with diffuse coronary artery disease, patients may experience severe angina

With the loss of vagal tone, and if the sinus rate increases, there is a greater potential for junctional rhythms to develop

Correct answer: If dysrhythmias such as Supraventricular Tachycardia (SVT) occur, calcium channel blockers or beta blockers are used

For dysrhythmias such as SVT in post-cardiac transplantation patients, calcium channel blockers or beta-blockers are used to decrease the heart rate.

Following cardiac transplantation, the patient usually has a higher resting heart rate than normal due to the loss of vagal influence.

Cardiac denervation creates a concern in cardiac transplantation patients as pain impulses are not transmitted to the brain. This occurs in cases of chronic rejection, in which even diffuse coronary artery disease does not cause the patient to experience angina. Following cardiac transplantation, patients require more stabilization before position changes or exercise to avoid orthostasis.

Due to the loss of vagal tone, and if the sinus rate decreases, the risk of developing junctional rhythms increases.

85.

A 52-year-old female patient with a history of mitral regurgitation undergoes a mitral clip procedure. Postoperatively, she develops increasing shortness of breath and bilateral lung crackles.

Which of the following findings is LEAST likely to be related to the mitral clip procedure?

Acute myocardial infarction

Left ventricular failure

Pulmonary edema

Severe mitral regurgitation recurrence

Correct answer: Acute myocardial infarction

While acute myocardial infarction is possible in any patient, it is least likely to be directly related to the mitral clip procedure itself. The mitral clip primarily affects mitral valve function, not the coronary arteries.

Left ventricular failure is a possible complication after mitral valve repair, particularly if the left ventricle has been overloaded. Pulmonary edema can occur if mitral valve function is still compromised, leading to backflow into the lungs. Severe mitral regurgitation recurrence could cause worsening symptoms post-procedure, such as shortness of breath.

86.

A 58-year-old patient with a history of asthma and hypertension is admitted to the Progressive Care Unit (PCU) for hypertensive crisis. The patient is prescribed IV labetalol for blood pressure management.

Which of the following statements is TRUE about labetalol administration and its effects?

Labetalol can cause bronchospasm and should be used cautiously in patients with asthma

Labetalol selectively blocks beta-1 receptors, leading to decreased heart rate and cardiac output

Labetalol is administered as a continuous infusion only, not in bolus doses

Labetalol primarily causes peripheral vasoconstriction, increasing systemic vascular resistance

Correct answer: Labetalol can cause bronchospasm and should be used cautiously in patients with asthma

Labetalol can cause bronchospasm due to its nonselective beta-blocking effects. This is especially important in patients with asthma or other reactive airway diseases, as blocking beta-2 receptors in the lungs can lead to bronchoconstriction.

Labetalol is a nonselective beta-blocker and also has alpha-1 blocking activity. It decreases heart rate and cardiac output and causes vasodilation by blocking both beta and alpha receptors.

It can be administered both as an intermittent IV bolus and as a continuous infusion, depending on the clinical situation and the physician's order.

Labetalol primarily causes peripheral vasodilation due to its alpha-1 blocking effects, which lowers systemic vascular resistance. It does not cause peripheral vasoconstriction.

87.

A 39-year-old female patient, six months post-cardiac transplantation, presents with fever, shortness of breath, and fatigue. The healthcare team is concerned about acute rejection.

Which diagnostic test is MOST likely to confirm the diagnosis of acute cardiac allograft rejection?

Endomyocardial biopsy

Echocardiogram

Cardiac catheterization

Chest x-ray

Correct answer: Endomyocardial biopsy

Endomyocardial biopsy is the gold standard for diagnosing acute cardiac allograft rejection. It involves taking a small sample of the heart muscle tissue to look for signs of rejection under a microscope. This test is crucial for confirming the diagnosis and guiding treatment.

An echocardiogram can show signs of heart dysfunction, such as reduced ejection fraction or ventricular dysfunction, but it cannot definitively diagnose rejection without biopsy confirmation.

Cardiac catheterization may be used to assess coronary arteries or measure pressures within the heart but is not the primary tool for diagnosing rejection.

A chest x-ray can show heart size and fluid accumulation in the lungs but does not provide specific information to diagnose cardiac allograft rejection.

88.

You are caring for a 76-year-old male patient with a history of chronic heart failure, admitted with shortness of breath and swelling in his legs. His vital signs are blood pressure 132/86 mmHg, heart rate 85 beats per minute, respiratory rate 20 breaths per minute, and SpO₂ 94% on room air. He has a history of chronic heart failure.

Which of the following is the MOST common cause of heart failure exacerbation?

Noncompliance with medications

Myocardial infarction

Atrial fibrillation

Hypertension

Correct answer: Noncompliance with medications

Noncompliance with prescribed heart failure medications, particularly diuretics, is the most common cause of heart failure exacerbations. Patients may skip their medications for various reasons, leading to fluid overload and decompensation of heart failure.

Myocardial infarction can exacerbate heart failure but is less common than noncompliance. Atrial fibrillation can also lead to exacerbations but usually in combination with other factors. Hypertension is a common contributing factor in chronic heart failure, but poorly controlled blood pressure is not the most frequent cause of exacerbation in stable heart failure patients.

89.

A 67-year-old female patient with restrictive cardiomyopathy presents with symptoms of heart failure. Her echocardiogram shows normal left ventricular size with severe diastolic dysfunction.

Which finding on her physical exam is MOST likely indicative of restrictive cardiomyopathy?

Jugular venous distension

S3 heart sound

Bounding peripheral pulses

Displaced apical impulse

Correct answer: Jugular venous distension

Jugular venous distension (distended neck veins) is a common finding in patients with restrictive cardiomyopathy due to elevated right atrial pressures resulting from impaired ventricular filling. This condition leads to increased central venous pressure, which is visible as distension of the jugular veins.

An S3 heart sound is more commonly associated with systolic heart failure and dilated cardiomyopathy than with restrictive cardiomyopathy. Bounding peripheral pulses are typically associated with conditions like aortic regurgitation. A displaced apical impulse is often seen in patients with dilated cardiomyopathy due to ventricular enlargement, which is not characteristic of restrictive cardiomyopathy.

90.

A 58-year-old male patient presents with a blood pressure of 220/120 mmHg, severe headache, and visual disturbances. What is the MOST likely underlying condition causing these symptoms?

Hypertensive encephalopathy

Acute myocardial infarction

Acute kidney injury

Pulmonary embolism

Correct answer: Hypertensive encephalopathy

Hypertensive encephalopathy is the most likely underlying condition, given the patient's presentation. These symptoms indicate increased intracranial pressure and potential cerebral edema, which are hallmarks of hypertensive encephalopathy.

Acute myocardial infarction can cause severe symptoms but is typically associated with chest pain and other signs of cardiac ischemia. Acute kidney injury may occur due to high blood pressure but does not present with neurological symptoms. Pulmonary embolism typically presents with respiratory symptoms like shortness of breath and chest pain rather than neurological symptoms.

91.

This medication is commonly given to manage an acute hypertensive episode. It is a beta-receptor agonist (beta-blocker) particularly indicated in patients with suspected myocardial infarction or angina. To administer, a 5-mg bolus is given over five minutes and repeated three times. An IV drip may then be started.

What is the medication?

Labetalol

Nicardipine

Enalapril

Nitroprusside

Correct answer: Labetalol

Labetalol is commonly used to manage acute hypertensive episodes. It is a beta-blocker that has both alpha- and beta-adrenergic blocking activity. The dosing regimen described fits with the typical administration protocol for labetalol in acute settings. Following the boluses, an IV drip may be started.

Nicardipine is a calcium channel blocker, not a beta-blocker. It is also used to manage hypertensive crises but is not specifically indicated for use in patients with suspected myocardial infarction or angina in the same way as labetalol.

Enalapril is an Angiotensin-Converting Enzyme (ACE) inhibitor, not a beta-blocker. It is used to manage hypertension and heart failure but not typically in the acute management of hypertensive crises.

Nitroprusside is a vasodilator, not a beta-blocker. It is used for immediate blood pressure reduction in hypertensive crises but works through direct vasodilation rather than beta-receptor blockade.

92.

Which of the following statements about hypertension is FALSE?

Consistent therapy in Stage 1 hypertension is rarely necessary

Hypertension in Stage I is characterized by 130–139 mmHg systolic or 80–89 mmHg diastolic pressure in adults

Current guidelines define a normal blood pressure as < 120 mmHg systolic and < 80 mmHg diastolic pressure in adults

Stage 2 hypertension is defined as ≥ 140 mmHg systolic or ≥ 90 mmHg diastolic pressure in an adult

Correct answer: Consistent therapy in Stage 1 hypertension is rarely necessary

Consistent therapy in Stage 1 hypertension is often necessary and recommended. Current guidelines by the American College of Cardiology (ACC) and the American Heart Association (AHA) define Stage 1 hypertension as 130–139 mmHg systolic or 80–89 mmHg diastolic pressure. They recommend treatment with lifestyle modifications and, in some cases, antihypertensive medication if they have a history of cardiovascular disease, diabetes, or a high ten-year Atherosclerotic Cardiovascular Disease (ASCVD) risk score.

A blood pressure below 120/80 mmHg is considered normal according to the ACC/AHA guidelines. The latest guidelines for diagnosing and classifying hypertension define Stage 2 hypertension as > 140 mmHg systolic or > 90 mmHg diastolic pressure in an adult.

93.

Goals in patient management of acute Heart Failure (HF) revolve around four general principles. Which of the following is one of these principles?

Improve ventricular function

Increase preload and decrease afterload

Micromanage hemodynamic parameters

Manage fluid volume deficits

Correct answer: Improve ventricular function

One of the primary goals in managing acute heart failure is to improve ventricular function, which can help alleviate symptoms, enhance cardiac output, and improve overall patient outcomes.

While managing preload and afterload is important in heart failure, the goal is typically to decrease preload to reduce congestion and to decrease afterload to reduce the workload on the heart rather than increasing preload.

Monitoring hemodynamic parameters is important, but the goal is not micromanagement. It is to maintain overall stability and address the underlying issues.

In acute heart failure, the primary concern is often managing fluid overload rather than deficits. Managing fluid volume typically involves diuretics and fluid restrictions to prevent congestion and edema.

94.

A 68-year-old male patient with a recent insertion of a temporary pacemaker is being assessed for stimulation threshold testing. His vital signs are stable. During testing, it is determined that the stimulus threshold is 1 mA. You set the pacemaker output to 2 mA. Shortly after, the patient's intrinsic heart rate increases from 70 to 80 beats per minute, and the pacemaker is no longer capturing.

What is the MOST appropriate action to take to ensure safe and effective pacing?

Lower the pacing rate to allow the pacemaker to override the intrinsic rhythm

Increase the pacemaker output to 3 mA to achieve capture

Check the lead position and adjust if necessary to ensure consistent capture

Stop the pacemaker and monitor the patient's intrinsic rhythm

Correct answer: Lower the pacing rate to allow the pacemaker to override the intrinsic rhythm

Lowering the pacing rate is the most appropriate action when the patient's intrinsic rhythm is faster than the set pacing rate, causing the pacemaker to no longer capture. Lowering the pacing rate makes the pacemaker more likely to override the intrinsic rhythm, allowing for proper pacing and assessment of the stimulation threshold. This intervention helps confirm the adequacy of the pacing settings and ensures that the pacemaker captures when the patient's intrinsic rate falls below the pacing rate.

Increasing the pacemaker output to 3 mA is unnecessary in this scenario because the loss of capture is due to the patient's intrinsic heart rate being higher than the pacemaker's rate, not due to inadequate output. The pacing threshold was already determined to be 1.0 mA, and the output was appropriately set at 2.0 mA, which provides a safe margin above the threshold.

Checking the lead position and adjusting if necessary could be appropriate in other situations when lead displacement might cause loss of capture. However, in this case, the issue is with the intrinsic rhythm overriding the pacemaker, not with lead displacement.

Stopping the pacemaker and monitoring the patient's intrinsic rhythm would not address the need to ensure the pacemaker captures when the intrinsic rate falls. The

pacemaker should remain active with proper settings to provide pacing support when needed, especially for patients requiring pacing.

95.

When reviewing discharge instructions with a patient who is going home with new orders for dabigatran, what information do you include in the teaching?

Monitoring parameters will include hemoglobin, hematocrit, aPTT, Ecarin Clotting Time (ECT), and signs of active bleeding

If the patient has difficulty swallowing the capsule, it can be opened and the contents taken with a small bite of soft food, such as applesauce

The medication is usually taken once daily

It is indicated for the treatment of venous thrombosis or pulmonary embolism following full-dose parenteral anticoagulant therapy

Correct answer: Monitoring parameters will include hemoglobin, hematocrit, aPTT, Ecarin Clotting Time (ECT), and signs of active bleeding

Dabigatran prevents stroke and blood clots in patients who have nonvalvular atrial fibrillation. This medicine is an anticoagulant (blood thinner). In clinical trials, it was superior to warfarin for reducing the risk of systemic embolism and stroke with comparatively lower minor bleed risk.

Dabigatran also has the potential for use as VTE prophylaxis after total hip or knee replacement surgery, as well as for the treatment of pulmonary embolism and DVT. Warfarin (not dabigatran) is used to treat venous thrombosis or pulmonary embolism following full-dose parenteral anticoagulant therapy.

The usual dose of dabigatran is 150 mg PO twice daily. It is important to note that dabigatran capsules cannot be opened for oral or feeding tube administration.

96.

A 69-year-old female patient is being monitored in the PCU post-cardiac surgery for aortic valve replacement. She is now 48 hours post-op, has a blood pressure of 160/90 mmHg, and reports headache and dizziness.

Which medication is MOST likely to be initiated to manage her hypertension?

Labetalol

Furosemide

Nitroglycerin

Atropine

Correct answer: Labetalol

Labetalol, a beta-blocker, is commonly used in post-op cardiac surgery patients to manage hypertension. It helps control blood pressure and reduces myocardial oxygen demand, which is essential after valve replacement.

Furosemide is a diuretic that may be used for fluid management, but it is not the first-line treatment for hypertension in this scenario.

Nitroglycerin is typically used to treat angina or acute coronary syndromes and is not the first choice for postoperative hypertension.

Atropine is used to treat bradycardia, not hypertension, making it an inappropriate choice for this patient.
