# **Christensen: Foundations of Nursing, 6th Edition**

# Chapter 02: Legal and Ethical Aspects of Nursing

### **Test Bank**

#### MULTIPLE CHOICE

- 1. When a nurse becomes involved in a legal action, the first step to occur is that a document is filed in an appropriate court. This document is called a(n):
- a. deposition.
- b. appeal.
- c. complaint.
- d. answer.

ANS: C

A document called a complaint is filed in an appropriate court as the first step in litigation.

DIF: Cognitive Level: Analysis REF: Page 23 OBJ: 1 TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 2. Assuming responsibility for a patient's care forms a legally binding situation described as:
- a. nurse-patient relationship.
- b. accountability.
- c. advocacy.
- d. standard of care.

ANS: A

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

DIF: Cognitive Level: Analysis REF: Page 24 OBJ: 2 TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 3. Universal guidelines that define appropriate measures for all nursing interventions that should be observed during the performance of those interventions are known as:
- a. scope of practice.
- b. advocacy.
- c. standard of care.
- d. prudent practice.

ANS: C

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Standards of care define actions that are permitted or prohibited in most nursing interventions. These standards are accepted as legal guidelines for appropriateness of performance.

DIF: Cognitive Level: Analysis REF: Page 22 OBJ: 3
TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 4. The laws that formally define and limit the scope of nursing practice in that state are the:
- a. standards of care.
- b. regulation of practice.
- c. American Nurses' Association Code.
- d. nurse practice act.

ANS: D

It is the nurse's responsibility to know the nurse practice act in his or her state.

DIF: Cognitive Level: Application REF: Page 25 OBJ: 4
TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 5. A nurse who failed to irrigate a feeding tube as ordered resulting in harm to the patient could be found guilty of:
- a. malpractice.
- b. harm to the patient.
- c. negligence.
- d. failure to follow the Nurse Practice Act.

ANS: A

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

DIF: Cognitive Level: Analysis REF: Page 26 OBJ: 5
TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 6. Patients have expectations regarding the health care services they receive. To protect these expectations, which has become law?
- a. American Hospital Association's Patient's Bill of Rights
- b. Self-Determination Act
- c. American Hospital Association's Standards of Care
- d. JCAHO rights and responsibilities of patients

ANS: A

The American Hospital Association developed the Patient's Bill of Rights.

DIF: Cognitive Level: Application REF: Page 26 OBJ: 7
TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

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

- a. Physical assessment
- b. Interview
- c. Informed consent
- d. Surgical checklist

ANS: C

The patient must consent to allow certain procedures to be performed after being fully informed of the benefits and risks.

DIF: Cognitive Level: Application REF: Page 27 OBJ: 7
TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 8. By protecting the information in a patient's record, the nurse fulfills the ethical responsibility of:
- a. privacy.
- b. disclosure.
- c. confidentiality.
- d. absolute secrecy.

ANS: C

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

DIF: Cognitive Level: Application REF: Page 26 OBJ: 7
TOP: Confidentiality KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

- 9. An older adult is admitted to the hospital with numerous bodily bruises, and the nurse suspects elder abuse. The best nursing action is to:
- a. cover the bruises with bandages.
- b. take photographs of the bruises.
- c. ask the patient if anyone has hit her.
- d. report the bruises to the charge nurse.

ANS: D

The nurse must be alert to signs of elder abuse and know procedures for reporting.

DIF: Cognitive Level: Analysis REF: Page 29 OBJ: 7

TOP: Elder abuse KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 10. The nurse concludes that the best way to avoid a lawsuit is to:
- a. carry malpractice insurance.
- b. spend time with the patient.
- c. provide compassionate, competent care.

d. answer all call lights quickly.

ANS: C

The best defense against a lawsuit is to provide compassionate and competent nursing care.

DIF: Cognitive Level: Application REF: Page 29 OBJ: 6
TOP: Avoiding a lawsuit KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

- 11. When seeking advice involving the patient's right to refuse medication, the nurse should most appropriately consult:
- a. a minister or priest.
- b. the hospital ethics committee.
- c. the nursing supervisor.
- d. a more experienced nurse.

ANS: B

The nurse should seek the advice of the hospital ethics committee.

DIF: Cognitive Level: Analysis REF: Page 31 OBJ: 13 TOP: Ethics KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 12. Although the nurse may disagree with a do-not-resuscitate (DNR) order, legally he or she:
- a. may question the doctor.
- b. may seek advice from the family.
- c. may discuss it with the patient.
- d. must follow the order.

ANS: D

When a DNR order is written in the chart, the nurse has a duty to follow the order.

DIF: Cognitive Level: Application REF: Page 33 OBJ: 11 TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 13. The nurse has strong moral convictions that abortions are wrong. When assigned to assist with an abortion, the nurse has the right to:
- a. ask for another assignment.
- b. leave work.
- c. transfer to another floor.
- d. protest to the supervisor.

ANS: A

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

DIF: Cognitive Level: Analysis REF: Page 33 OBJ: 14 TOP: Ethics KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

14. The new LPN/LVN is concerned regarding what should or should not be done for patients. Select the resource that will best provide this information.

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

ANS: B

Standards of care define what should or should not be done for patients.

DIF: Cognitive Level: Analysis REF: Page 24 OBJ: 3 TOP: Standards of care KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

- 15. The nurse who diligently works for the protection of patients' interests is functioning in the role of:
- a. caregiver.
- b. health care administrator.
- c. advocate.
- d. health care evaluator.

ANS: C

A nurse accepts the role of advocate when, in addition to general care, the nurse protects the patient's interests.

DIF: Cognitive Level: Application REF: Page 24 OBJ: 14

TOP: Advocate KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 16. When asked to perform a procedure that the nurse has never done before, what should the nurse do to legally protect himself or herself?
- a. Go ahead and do it.
- b. Refuse to perform it, citing lack of knowledge.
- c. Discuss it with the charge nurse, asking for direction.
- d. Ask another nurse who has performed the procedure.

ANS: C

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

DIF: Cognitive Level: Analysis REF: Page 25 OBJ: 6
TOP: Legal KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 17. The nurse is assisting a patient to clarify values by encouraging the expression of feelings and thoughts related to the situation. The nurse recognizes it is necessary to:
- a. compare her values with those of the patient.

- b. make a judgment.
- c. withhold an opinion.
- d. give advice.

ANS: C

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

DIF: Cognitive Level: Analysis REF: Page 31 OBJ: 11 TOP: Values clarification KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

- 18. When confronted with an ethical decision, the nurse must observe the first fundamental principle of:
- a. autonomy.
- b. beneficence.
- c. respect for people.
- d. nonmaleficence.

ANS: C

The first fundamental principle is respect for people.

DIF: Cognitive Level: Analysis REF: Page 32 OBJ: 14 TOP: Ethics KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 19. Since a nurse's first duty is to the patient's health, safety, and well-being, it is necessary to report:
- a. unethical behavior of other staff members.
- b. a worker who arrives late.
- c. favoritism shown by nursing administration.
- d. arguments among the staff.

ANS: A

A member of the nursing profession must report behavior that does not meet established standards.

DIF: Cognitive Level: Comprehension REF: Page 32 OBJ: 13

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

MSC: NCLEX: N/A

- 20. A nurse considering purchasing malpractice insurance should be aware that malpractice insurance provided by the hospital:
- a. only offers protection while on duty.
- b. is limited in the amount of coverage.
- c. is difficult to renew.
- d. can be terminated at any time.

ANS: A

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

DIF: Cognitive Level: Application REF: Page 29 OBJ: 5 TOP: Malpractice insurance KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

- 21. Which is a nursing care error that violates the Health Insurance Portability and Accountability Act (HIPAA)?
- a. Administering a stronger dose of drug than was ordered
- b. Refusing to give a patient's daughter information over the phone
- c. Informing the patient's medical power of attorney of a medication change
- d. Leaving a copy of the patient's history and physical in the photocopier

### ANS: D

Leaving the document in the photocopier could expose it to the public. Inappropriate drug administration is possible malpractice. Sharing information with the power of attorney is legal.

DIF: Cognitive Level: Analysis REF: Page 27 OBJ: 15 TOP: Health Insurance Portability and Accountability Act (HIPAA)

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

- 22. A nurse could be cited for malpractice in the event of:
- a. refusing to give 60 mg of morphine as ordered.
- b. giving prochlorperazine (Compazine) to a patient allergic to phenothiazines.
- c. dragging an injured motorist off the highway and causing further injury.
- d. informing a visitor about a patient's condition.

#### ANS: B

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

DIF: Cognitive Level: Analysis REF: Page 26 OBJ: 5

TOP: Malpractice KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

- 23. A lumbar puncture was performed on a patient without a signed informed consent form. This may be a situation in which a patient could sue for:
- a. punitive damages.
- b. civil battery.
- c. assault.
- d. nothing; no violation has occurred.

ANS: B

Civil assault charges can be brought against someone performing an invasive procedure without the patient's informed consent legally documented.

DIF: Cognitive Level: Analysis REF: Page 27 OBJ: 7
TOP: Informed consent KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

- 24. A physician instructs the nurse to bladder train a patient. The nurse clamps the patient's indwelling urinary catheter but forgets to unclamp it. The patient develops a urinary tract infection. The nurse's actions are an example of:
- a. malpractice.
- b. battery.
- c. assault.
- d. neglect of duty.

#### ANS: A

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

DIF: Cognitive Level: Analysis REF: Page 26 OBJ: 4

TOP: Malpractice KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

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

## ANS: D

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

DIF: Cognitive Level: Analysis REF: Page 25 OBJ: 4
TOP: Nurse Practice Acts KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

- 26. How can the medical record be used in litigation? (Select all that apply.)
- a. Public record
- b. Proof of adherence to standards
- c. Evidence of omission of care
- d. Documentation of time lapses
- e. Evidence by only the plaintiff

# ANS: A, B, C, D

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

DIF: Cognitive Level: Analysis REF: Page 27 OBJ: 7

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

MSC: NCLEX: N/A

- 27. During a lunch break, an emergency department (ED) nurse truthfully tells another nurse about the condition of a patient who came to the ED last night. What is the ED nurse guilty of? (Select all that apply.)
- a. HIPAA violation
- b. Slander
- c. Libel
- d. Invasion of privacy
- e. Defamation

# ANS: A, D

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

DIF: Cognitive Level: Analysis REF: Pages 26-27 OBJ: 7 TOP: Disclosure of information KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

- 28. A nurse failed to monitor a patient's respiratory status after medicating the patient with a narcotic analgesic. The patient's respiratory status worsened, requiring intubation. The patient's family claimed the nurse committed malpractice. For the nurse to be held liable \_\_\_\_\_\_ must be present? (Select all that apply.)
- a. A nurse-patient relationship.
- b. The nurse failed to perform in a reasonable manner.
- c. There was harm to the patient.
- d. The nurse was prudent in her performance.
- e. The nurse did not cause the patient harm.
- f. Duty does not exist.

### ANS: A, B, C

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

DIF: Cognitive Level: Analysis REF: Page 26 OBJ: 5

TOP: Malpractice KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

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Test Bank 2-10

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ANS:					
values					
attitude underg adopts	s are personal beliefs about the worth e. Values vary among people and cult go change in response to changing circ a value system that will govern what	tures; th cumstar t we fee!	ney develop or nees and nece I is right or w	ver time a ssity. Eacl	nd h of us
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DIF: TOP:	Cognitive Level: Comprehension Values KEY: Nursing Process Step		Page 31 MSC: NCL	020.	11

30. Acts whose performance is required, permitted, or prohibited are defined by

ANS:

standards, care

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

DIF: Cognitive Level: Analysis REF: Page 24 OBJ: 3 TOP: Standards of care KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A