

Meiner: Gerontologic Nursing, 4th Edition

Chapter 3: Legal and Ethical Issues

Test Bank

MULTIPLE CHOICE

1. A nurse caring for older adult clients shows an understanding of the implementation of standards of care when:
 - a. dialing the telephone when the client wants to call his daughter.
 - b. requesting the client's favorite dessert on his birthday.
 - c. closing the client's door when he is praying.
 - d. reminding the client to call for assistance before getting out of bed.

ANS: d

A standard of care is a guideline for nursing practice and establishes an expectation for the nurse to provide safe and appropriate care.

DIF: Analyze (Analysis)

OBJ: Nursing Process: Implementation

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 29

2. A nurse new to geriatric nursing asks the nurse manager to clarify how to handle a client's claim she has been physically abused. The nurse manager responds most appropriately when stating:
 - a. "I'll show you where you can find this State's reporting requirements."
 - b. "As a nurse you are considered a 'mandated reporter' of elder abuse."
 - c. "As long as you are reasonably sure abuse has occurred, report it."
 - d. "You need to report any such claims directly to me."

ANS: a

To be responsive to the legal obligation to report reasonably suspicious acts of abuse and because there is great variation among the states, nurses should determine the specific reporting requirements of their jurisdictions, including where reports and complaints are received and in what form they must be made.

DIF: Apply (Application)

OBJ: Nursing Process: Implementation

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 31

3. During a client's orientation to a skilled nursing facility, a member asks the nurse to explain what an ombudsman does. The nurse's most appropriate response is:
 - a. "If your mother has a financial concern, the ombudsman is notified."

- b. An ombudsman is a volunteer advocate.”
- c. “Your mother’s care will be managed by an ombudsman.”
- d. “If you have concerns about your mother’s care, an ombudsman will look into the problem.”

ANS: d

The ombudsman’s role is to receive and resolve health and human services complaints affecting residents in nursing facilities.

DIF: Apply (Application)

OBJ: Integrated Process: Teaching/Learning

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 30

4. The nurse recognizes that a nursing aide likely to abuse an older client is one who has:
ineffective verbal communication skills.
- a. little experience working with the older population.
 - b. poor stress management skills.
 - c. been a victim of abuse.

ANS: c

It has been shown that the primary abusers of nursing facility residents are nurse aides and orderlies who have never received training in stress management.

DIF: Analyze (Analysis)

OBJ: Nursing Process: Evaluation

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 31

5. An older adult resident of a long-term care nursing facility frequently attempts to get out of bed and is at risk of sustaining an injury. The nurse’s planned interventions to minimize the client’s risk for injury is guided by:
- a. the client’s right to a self-determination.
 - b. an understanding that nondrug interventions must be ineffective before administering a PRN sedative.
 - c. the knowledge that application of a vest restraint requires a physician’s order.
 - d. the client’s cognitive ability to understand and follow directions.

ANS: b

The drug use guidelines are based on the principles that certain problems can be handled with nondrug interventions and that such forms of treatment must be ruled out before drug therapy is initiated.

DIF: Analysis (Analyze)

OBJ: Nursing Process: Implementation

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 34

6. During a state inspection of a skilled nursing facility, a surveyor notes suspicion that a particular nurse may not be providing proper standard of care. The nurse manager informs the nurse to expect:
- a review of the situation by the state board of nursing.
 - termination of employment from the facility.
 - mandatory remediation related to the suspect care issues.
 - unannounced reevaluation of the nurse's performance within the next 3 months.

ANS: a

In such cases, the surveyor may forward the record showing the relevant findings to the appropriate state agency or board for review of the nurse's practice, requesting a determination of whether the nurse may have violated the state's nurse practice act.

DIF: Application (Apply)

OBJ: Integrated Process: Teaching/Learning

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 36

7. An 87-year-old client is unsure of the purpose of a living will. The nurse describes its purpose best when stating:
- "It's a legal document that Social Services can help you create."
 - "It designates a family member to make decisions if you become incompetent."
 - "It provides a written description of your wishes in the event you become terminally ill."
 - "It assures you won't be subjected to treatments you don't want."

ANS: c

Living wills are intended to provide written expressions of a client's wishes regarding the use of medical treatments in the event of a terminal illness or condition.

DIF: Application (Apply)

OBJ: Integrated Process: Teaching/Learning

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 38

8. The nurse is caring for an unresponsive 67-year-old client who has terminal cancer with a Do Not Resuscitate order in affect. A family member tells the nurse, "I'll sue you and every other nurse here if you don't do everything possible to keep her alive." The nurse understands that protection from legal prosecution in this situation is provided by:
- legal immunity granted when acting according to the client's expressed wishes.
 - the legal view that the duty to put into effect the client's wishes falls to the physician.
 - knowledge of and compliance with facility policies and procedures regarding end-of-life care.
 - implementing interventions that preserve the client's right to self determination.

ANS: c

In this case, immunity applies only to the physician and not to the nurse because the physician is given the legal duty to put into effect the client's wishes. Consequently, the nurse must rely on effective communication with the physician, client, and family, and on the quality of the facility's policies and procedures, to be sure that his or her actions are consistent with the legally required steps.

DIF: Apply (Application)

OBJ: Nursing Process: Implementation

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 37

9. The nurse is caring for a terminally ill older client who has a living will that excludes pulmonary and cardiac resuscitation. The family expresses a concern that the client may "change her mind." The nurse best reassures the family by stating:
- "The nursing staff will watch her very closely for any indication she has changed her mind."
 - "We will discuss her wishes with her regularly."
 - "She can change her mind about any provision in the document at anytime."
 - "Your mother was very clear about her wishes when she signed the document."

ANS: a

AMD provisions appropriately provide that people can change their minds at any time and by any means. Nurses need to be alert to any indications from a client. Based on the person's medical condition, subtle signs such as a gesture or a nod of the head may be easily overlooked.

DIF: Application (Apply)

OBJ: Nursing Process: Assessment

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 42

10. A 69-year-old client diagnosed with Tourette's syndrome has been experiencing restlessness and has often been found by nursing staff wandering in and out of other clients' rooms during the night. The nurse views the client's PRN antipsychotic medication order as:
- an appropriate intervention to help assure his safety.
 - an option once all other nondrug interventions prove ineffective.
 - inappropriate unless the physician is notified and approves its use.
 - not an option because it should not be used to manage behaviors of this type.

ANS: d

Reasons for the use of antipsychotic drugs do not include behaviors such as restlessness, insomnia, yelling or screaming, inability to manage the resident, or wandering.

DIF: Analysis (Analyze)

OBJ: Nursing Process: Planning

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 34

11. An alert but disoriented 84-year-old client lives with family members. The home health nurse, being aware of the role of client advocate, recognizes the obligation to report possible client abuse based on:
- family member stating, "It's hard being a caregiver."
 - assessment showing increased client disorientation.
 - observation of several areas of tissue bruising on arms.
 - client's report of always being hungry.

ANS: b

Even when a client exhibits disorientation, any report of mistreatment or neglect is to be considered reasonably suspicious and so should be reported.

DIF: Application (Apply)

OBJ: Nursing Process: Assessment

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 30

12. An older adult client has been approached to participate in a research study. The nurse best advocates for the client's right of self-determination by:
- evaluating the client's cognitive ability to understand the consequence of the study.
 - determining what risks to the client are involved.
 - discussing the importance of the study with the client and his family.
 - encouraging the client to discuss the decision with trusted family or friends.

ANS: a

The right to self-determination has its basis in the doctrine of informed consent. Informed consent is the process by which competent individuals are provided with information that enables them to make a reasonable decision about any treatment or intervention that is to be performed on them.

DIF Analysis (Analyze)

OBJ: Nursing Process: Assessment

MSC: Safe and Effective Care Environment

TOP: NA

REF: p. 36

13. A nurse responsible for the care of older adult clients shows the best understanding of the nursing standards of practice when basing nursing care upon the:
- physician's medical orders.
 - stated requests of the individual client.
 - care that a responsible geriatric nurse would provide.
 - implementation of the nursing process.

ANS: c

Nursing standards of practice are measured according to the expected level of professional practice of those in similar roles and clinical fields.

DIF: Apply (Application)

OBJ: Nursing Process: Implementation
 MSC: Safe and Effective Care Environment
 TOP: NA
 REF: p. 28

14. The nurse caring for an older client who resides in an assistant living facility is asked to obtain and witness the client's signature on a living will document. The nurse responds most appropriately when stating:
- "I will certainly do that since such a document is so valuable to the client's plan of care."
 - "I'll ask the client's family if they agree that the client should sign the document."
 - "First I need to discuss the purpose of this document with the client."
 - "I'm sorry but I cannot ethically do that."

ANS: d

It is not permissible for the nurse to secure the client's signature or to witness the client's signature on a Living Will document.

DIF: Application (Apply)
 OBJ: Nursing Process: Implementation
 MSC: Safe and Effective Care Environment
 TOP: NA
 REF: p. 38

MULTIPLE RESPONSE

1. In order to best address the client's right to self-determination, at the time of admission to a nursing facility, the nurse asks which of the follow questions? Select all that apply.
- "Do you understand what a living will and durable power of attorney are?"
 - "If you have already prepared an advance care directive, can you provide it now?"
 - "Are you prepared to discuss your end-of-life choices with the nursing staff during this hospitalization?"
 - "Have you discussed your end-of-life choices with your family or designated surrogate?"
 - "Would you like help with preparing a living will and/or a durable power of attorney?"

ANS: a, b, d, e

All the correct options address the client's right to making informed decision regarding health care issues by using various advance directives.

DIF: Application (Apply)
 OBJ: Integrated Process: Teaching/Learning
 MSC: Safe and Effective Care Environment
 TOP: NA
 REF: p. 36-37