Chapter 03: Legal and Ethical Issues
Meiner: Gerontologic Nursing, 5th Edition

MULTIPLE CHOICE

1. A nurse caring for older adult patients shows an understanding of the implementation of standards of care when:
   a. dialing the telephone when the patient wants to call his daughter.
   b. requesting the patient's favorite dessert on his birthday.
   c. closing the patient's door when he is praying.
   d. reminding the patient 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, such as reminding the patient to call for assistance before getting out of bed. Standards of care may be established on national or regional levels. Dialing the phone for the patient, closing the patient's door, and requesting a special dessert are not actions that conform to standards of care.

   DIF: Applying (Application) REF: N/A OBJ: 3-1
   TOP: Nursing Process: Implementation MSC: Safe and Effective Care Environment

2. A nurse new to geriatric nursing asks the nurse manager to clarify how to handle a patient's claim that 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. The statements that the nurse is a mandatory reporter and that abuse should be reported if suspected are true, but they do not help the nurse learn to handle the complaint. The manager may want to know about claims of abuse and it may be facility policy to report up the chain of command, but the nurse is responsible for filing the formal complaint.

   DIF: Applying (Application) REF: N/A OBJ: 3-8
   TOP: Nursing Process: Implementation MSC: Safe and Effective Care Environment

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

   ANS: C

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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: Remembering (Knowledge) REF: Page 32 OBJ: 3-8
TOP: Nursing Process: Assessment MSC: Safe and Effective Care Environment

4. 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 intervention to minimize the patient's risk for injury is guided by:
   a. the patient's right to self-determination and to be free to get out of bed.
   b. an understanding that nondrug interventions must be tried before medications.
   c. the knowledge that application of a vest restraint requires a physician's order.
   d. the patient'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. The patient does have the right to self-determination, but the staff must ensure the patient's safety. Vest restraints do require an order, but environmental measures must be tried before chemical or physical restraints. The patient's cognitive abilities do not allow for unjustified physical or chemical restraints.

   DIF: Remembering (Knowledge) REF: Page 35-6 OBJ: 3-7
   TOP: Nursing Process: Implementation MSC: Safe and Effective Care Environment

5. During the state inspection of a skilled nursing facility, a surveyor notes suspicion that a particular nurse may not be providing the proper standard of care. The nurse manager informs the nurse to expect:
   a. a review of the situation by the state board of nursing.
   b. termination of employment from the facility.
   c. mandatory remediation related to the suspect care issues.
   d. unannounced reevaluation of 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. Regulations do not specify that the nurse be terminated, have remediation, or have an unannounced reevaluation.

   DIF: Understanding (Comprehension) REF: Page 37 OBJ: 3-1
   TOP: Communication and Documentation
   MSC: Safe and Effective Care Environment

6. An 87-year-old patient is unsure of the purpose of a living will. The nurse describes its purpose best when stating:
   a. "It's a legal document that Social Services can help you create."
   b. "It designates a family member to make decisions if you become incompetent."
   c. "It provides a written description of your wishes in the event you become terminally ill."
   d. "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 patient's wishes regarding the use of medical treatments in the event of a terminal illness or condition.

DIF: Understanding (Comprehension) REF: Page 39 OBJ: 3-10
TOP: Teaching-Learning MSC: Safe and Effective Care Environment

7. The nurse is caring for an unresponsive patient who has terminal cancer with a Do Not Resuscitate order in effect. 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:
   a. legal immunity granted when acting according to the patient's expressed wishes.
   b. the legal view that the duty to put into effect the patient's wishes falls to the physician.
   c. knowledge of and compliance with facility policies and procedures regarding end-of-life care.
   d. implementing interventions that preserve the patient'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 patient's wishes. Consequently, the nurse must rely on effective communication with the physician, patient, 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: Understanding (Comprehension) REF: Page 42 OBJ: 3-10
   TOP: Nursing Process: Implementation MSC: Safe and Effective Care Environment

8. The nurse is caring for a terminally ill older patient who has a living will that excludes pulmonary and cardiac resuscitation. The family expresses a concern that the patient may "change her mind." The nurse best reassures the family by stating:
   a. "The nursing staff will watch her very closely for any indication she has changed her mind."
   b. "We will discuss her wishes with her regularly."
   c. "She can change her mind about any provision in the document at any time."
   d. "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 patient. Based on the person's medical condition, subtle signs such as a gesture or a nod of the head may be easily overlooked. The patient may or may not be able to discuss her condition. Stating that the mother was very clear in her wishes does not take into account the fact that patients can change their minds any time.

   DIF: Applying (Application) REF: N/A OBJ: 3-7
   TOP: Nursing Process: Assessment MSC: Safe and Effective Care Environment

9. A patient residing in a long-term care facility has been experiencing restlessness and has often been found by nursing staff wandering in and out of other patients' rooms during the night. The nurse views the patient's PRN antipsychotic medication order as:

a. an appropriate intervention to help assure his safety.
b. an option to be used only when all other nondrug interventions prove ineffective.
c. inappropriate unless the physician is notified and approves its use.
d. 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. The staff must provide nondrug alternatives to help calm the patient.

DIF: Analysis (Analyze) REF: N/A OBJ: 3-7
TOP: Nursing Process: Planning MSC: Safe and Effective Care Environment

10. An alert but disoriented older patient lives with family members. The home health nurse, being aware of the role of patient advocate, recognizes the obligation to report possible patient abuse based on:
a. a family member stating, "It's hard being a caregiver."
b. assessment showing bruises in the genital area.
c. observation of mild changes in orientation.
d. patient's report of always being hungry.

ANS: B
Even when a patient exhibits disorientation, any report of mistreatment or neglect is to be considered reasonably suspicious and so should be reported. Bruises in the genital area raise suspicions of abuse. The family stating caregiving is hard does not mean they don't have enough support to cope. Mild changes in orientation may be expected in a disoriented patient. The patient who is always hungry should be followed up with a nutrition assessment, and this may or may not be a sign of abuse.

DIF: Application (Apply) REF: N/A OBJ: 3-8
TOP: Nursing Process: Assessment MSC: Safe and Effective Care Environment

11. An older adult patient has been approached to participate in a research study. The nurse best advocates for the patient's right of self-determination by:
a. evaluating the patient's cognitive ability to understand the consequence of the study.
b. determining what risks to the patient are involved.
c. discussing the importance of the study with the patient and his family.
d. encouraging the patient 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. The other options do not address autonomy and self-determination.

DIF Applying (Application)

REF: N/A OBJ: 3-7 TOP: Communication and Documentation
MSC: Safe and Effective Care Environment

12. A nurse responsible for the care of older adult patients shows the best understanding of the nursing standards of practice when basing nursing care on the:
    a. physician's medical orders.
    b. stated requests of the individual patient.
    c. care that a responsible geriatric nurse would provide.
    d. 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. Nursing care is not judged against the physician's orders, stated requests of the patient, or implementation of the nursing process.

    DIF: Remembering (Knowledge) REF: Page 30 OBJ: 3-1
    TOP: Nursing Process: Implementation MSC: Safe and Effective Care Environment

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

    ANS: D
    It is not permissible for the nurse to secure the patient's signature or to witness the patient's signature on a living will document. Generally speaking, an employee or owner of a facility in which the patient resides cannot witness this document.

    DIF: Application (Apply) REF: N/A OBJ: 3-9
    TOP: Nursing Process: Implementation MSC: Safe and Effective Care Environment

14. A graduate nurse learns about the provisions of the Health Insurance Portability and Accountability Act (HIPAA), which include which of the following?
    a. Requires employers to offer health care insurance
    b. Regulates the amount employers can charge for insurance
    c. Mandates that employers provide specific benefits
    d. Helps maintain coverage when a person changes jobs

    ANS: D
    HIPAA has several provisions, one of which is that it helps people maintain health care insurance when they are changing jobs. The other statements are common misconceptions about HIPAA.

    DIF: Remembering (Knowledge) REF: Page 31 OBJ: 3-5
    TOP: Teaching-Learning MSC: Safe Effective Care Environment

15. The nurse manager in a long-term care facility reviews resident care plans at what interval?
    a. Quarterly
    b. Every 60 days
    c. Annually
    d. When changes occur

ANS: A
The resident care plan is routinely reviewed quarterly.

DIF: Remembering (Knowledge) REF: Page 33 OBJ: 3-1
TOP: Nursing Process: Assessment MSC: Safe Effective Care Environment

16. The manager of a long-term care facility is evaluating patients' use of drugs. The resident on which of the following medications would be allowed to continue taking medications to control behavior?
    a. On anxiolytics; now able to participate in group activities
    b. Given a benzodiazepine at night; roommate now sleeps well
    c. Given sedatives; eats 100% of meals if resident is fed
    d. Taking an antipsychotic; no longer wanders at night

    ANS: A
    Drugs should not be used to control behavior. If used to manage health conditions, the patient should show improvement. The patient who is now able to participate in activities shows an increase in functional ability, so this medication is therapeutic for this patient. The other patients are given drugs to control behavior.

    DIF: Applying (Application) REF: N/A OBJ: 3-7
    TOP: Nursing Process: Assessment MSC: Safe Effective Care Environment

17. To meet current guidelines regarding incontinence in a long-term care facility, what action by the director of nursing is best?
    a. Assess residents for the ability to participate in a bladder training program.
    b. Take all residents to the toilet every 2 hours and after meals.
    c. Ensure all residents wear incontinence briefs, which are changed routinely.
    d. Ask physicians and other providers to prescribe medications for bladder control.

    ANS: A
    Urinary incontinence is a common problem that can lead to several complications. The extent to which residents participate in bladder training programs is an area of focus for facility inspectors. Some residents may need routine toileting, wearing briefs, and medications, but they should all be assessed for the ability to participate in bladder training.

    DIF: Applying (Application) REF: N/A OBJ: 3-4
    TOP: Nursing Process: Assessment MSC: Physiologic Integrity: Reduction of Risk Potential

18. The director of nursing at a long-term care facility is getting ready for the annual inspection. What information guides the director?
    a. Visits cannot be unannounced.
    b. The director must be off site during the inspection.
    c. Nurses must answer questions from the inspectors.
    d. Results will be shared only through the mail.

    ANS: C
    Nurses present during inspections must answer questions posed by the inspectors. Visits can be unannounced. The director should be present during the survey. Results are shared during a conference, then a report is mailed later.

DIF: Remembering (Knowledge) REF: Page 36 OBJ: 3-4
TOP: Communication and Documentation
MSC: Safe Effective Care Environment

19. The nursing student learns about the Patient Self-Determination Act. What is a key provision of this act?
    a. It establishes new rights for patients in medical facilities.
    b. It requires facilities to educate patients on their rights.
    c. It allows families to be approached for organ donation.
    d. It spells out the procedures for creating an advance directive.

    ANS: B
    The intent of this law is to ensure that patients are given information about the extent to which their rights are protected under state law. It does not establish new rights, is not related to organ donation, and does not specify procedures for advance directives.

    DIF: Remembering (Knowledge) REF: Page 42 OBJ: 3-7
    TOP: Teaching-Learning MSC: Safe Effective Care Environment

MULTIPLE RESPONSE

1. To best address the patient's right to self-determination, which of the follow questions does the nurse ask at the time the patient is admitted to a nursing facility? *(Select all that apply.)*
    a. "Do you understand what a living will and durable power of attorney are?"
    b. "If you have already prepared an advance care directive, can you provide it now?"
    c. "Are you prepared to discuss your end-of-life choices with the nursing staff?"
    d. "Have you discussed your end-of-life choices with your family or designated surrogate?"
    e. "Would you like help with preparing a living will or a durable power of attorney?"

    ANS: A, B, D, E
    All the correct options address the patient's right to make an informed decision regarding health care issues by using various advance directives. The patient does not need to discuss end-of-life choices with the staff in order to exercise the right to self-determination.

    DIF: Application (Apply) REF: N/A OBJ: 3-7
    TOP: Integrated Process: Teaching-Learning
    MSC: Safe and Effective Care Environment

2. What provisions for nursing service are part of the Omnibus Budget Reconciliation Act (OBRA) as it pertains to long-term care facilities? *(Select all that apply.)*
    a. Resident assessments
    b. Annual screenings
    c. Minimum staffing
    d. Ensuring resident rights
    e. Registered nurse educational requirements

    ANS: A, B, C, D
    OBRA's service requirements include resident assessments and screenings, minimum staffing requirements, and ensuring resident rights. Educational requirements for nurses are not part of this mandate.

DIF: Remembering (Knowledge) REF: Page 33 OBJ: 3-4
TOP: Nursing Process: Implementation MSC: Safe Effective Care Environment

3. The director of nursing at a certified long-term care facility overhauls the nursing assistant training program to include which features? *(Select all that apply.)*
   a. 12 hours of classroom content
   b. Training in infection control measures
   c. Instruction on resident rights
   d. 6 hours of quarterly in-service education
   e. Education on safety measures

   ANS: B, C, D, E
   Requirements for a nursing assistant's education includes training in infection control and interpersonal skills, instruction on resident rights and safety procedures, and 6 hours of education through in-services quarterly. Nursing assistants must have classroom training before working with residents, but the amount of time is not specified.

   DIF: Applying (Application) REF: N/A OBJ: 3-3
   TOP: Teaching-Learning MSC: Safe Effective Care Environment

4. The adult child of a long-term care facility resident receives a phone call from the director of nursing stating that her parent has 30 days to move out of the home. Under what conditions can a facility require a resident to move? *(Select all that apply.)*
   a. Nonpayment for services received
   b. Needs exceeding what the facility can provide
   c. Stay is no longer required based on the resident's medical condition
   d. Facility is going out of business
   e. Frequent disruptive behavior during the night

   ANS: A, B, C, D
   A facility can require a resident to leave in four situations: nonpayment for services, needs that exceed what the facility can provide, the patient's medical condition no longer warrants long-term care, or the facility is going out of business. Being disruptive is not a cause for expelling a resident.

   DIF: Remembering (Knowledge) REF: Page 34 OBJ: 3-2
   TOP: Communication and Documentation
   MSC: Safe Effective Care Environment

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