

Chapter 3: Legal Aspects Affecting the Administration of Medications

Edmunds: Introduction to Clinical Pharmacology, 8th Edition

MULTIPLE CHOICE

1. Which medication is an example of a controlled substance?
 - a. Birth control pills
 - b. An antibiotic
 - c. Codeine
 - d. A laxative

ANS: C

Controlled substances include major pain killers (narcotics) and some sedatives or tranquilizers that can be prescribed by someone with a special license. Codeine is a Schedule II controlled substance.

DIF: Cognitive Level: Remember

REF: Table 3-2 OBJ: 2

TOP: Controlled Substances

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

2. Which health care professional is licensed to prescribe controlled substances?
 - a. LPN/LVN
 - b. Physical therapist
 - c. Pharmacist
 - d. Physician

ANS: D

Federal and state laws make it a crime for anyone to possess controlled substances without a prescription. Each state has a practice act that lists which health care providers may dispense and write prescriptions for controlled substances. Physicians may write prescriptions for controlled substances.

DIF: Cognitive Level: Remember

REF: p. 21 OBJ: 2

TOP: Controlled Substances

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

3. A patient brings his multivitamins to the hospital and asks the LPN/LVN if he can take them. Which is the nurse's best response?
 - a. "Yes, but I must keep them in the medication room."
 - b. "No, I have to obtain a doctor's order first."
 - c. "Yes, let me put them in your bedside stand for you."
 - d. "Not until the pharmacist adds them to your medication record."

ANS: B

Over-the-counter (OTC) medications do not require a prescription for purchase, but a physician's order is required before they may be taken in the hospital. OTC medications may interact with a patient's prescribed medications. Therefore, the physician must be aware of all the meds the patient is taking.

DIF: Cognitive Level: Apply

REF: p. 22 OBJ: 3

TOP: Over-the-Counter Medications

KEY: Nursing Process Step: Assessment

MSC: NCLEX: Physiological Integrity

4. Which drug distribution system is commonly used when ordering medication in an agency?
- Multidose system
 - Health care system
 - Welfare system
 - Ward stock system

ANS: D

Each agency has its own way of ordering and administering medications distributed to nurses. The floor or ward stock system is one of the systems.

DIF: Cognitive Level: Understand REF: p. 26| Box 3-2
OBJ: 3 TOP: Drug Distribution Systems KEY: Nursing Process Step: N/A
MSC: NCLEX: N/A

5. Which is a document that is considered to be a legal record and hospital property?
- Kardex
 - Medication card
 - Armband
 - Patient chart

ANS: D

The patient's chart is a legal record. It is the major source of information about the patient and the care received while in the hospital. The Kardex card is thrown away when the patient is discharged. It is not a legal document.

DIF: Cognitive Level: Remember REF: p. 24 OBJ: 7
TOP: Patient Charts KEY: Nursing Process Step: N/A
MSC: NCLEX: N/A

6. What should the nurse do first if a controlled substance is accidentally spilled or contaminated?
- Obtain another dose from the narcotic control system.
 - Document the occurrence in the medication record.
 - Clean up the spill and notify the supervisor.
 - Ask another nurse to cosign the inventory record describing the situation.

ANS: D

If the ordered dose is smaller than the dose provided (so that some medication must be discarded), or if the medication is accidentally dropped, contaminated, spilled, or otherwise made unusable and unreturnable, two nurses must sign the inventory report and describe the situation.

DIF: Cognitive Level: Understand REF: p. 28 OBJ: 4
TOP: Controlled Substances KEY: Nursing Process Step: Assessment
MSC: NCLEX: N/A

7. As the nurse is coming on duty to take over the day shift, the night nurse tells the nurse that she has already counted the controlled drugs for the day shift. What should the nurse do in this situation?
- Do nothing; this is standard procedure.

- b. Accept the keys and recount the drugs.
- c. Recount the drugs with another nurse.
- d. Count the drugs at the end of your shift.

ANS: C

At the end of each shift, the contents of the locked cabinet are counted together by one nurse from each shift. A nurse who is willing to take the word of another nurse from the previous shift, without verifying the count, risks being held accountable for any shortages or discrepancies, and may be found guilty of falsifying records. If you go along with her, you are falsifying records.

DIF: Cognitive Level: Apply

REF: p. 28

OBJ: 4

TOP: Narcotics Control

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity

8. What is the missing component of the following medication order: *Atropine 1 mg IV*?
- a. Frequency
 - b. Indication
 - c. Route
 - d. Dilution

ANS: A

Regardless of whether the prescription is for a hospitalized patient or not, the order must contain the same information: patient's full name, date, name of drug, route of administration, dose, frequency, duration, and signature of prescriber.

DIF: Cognitive Level: Apply

REF: p. 29

OBJ: 5

TOP: Drug Orders

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

9. The order reads, *Theochron 200 mg PO qid*. The nurse understands that this is which type of medication order?
- a. Priority
 - b. Standing
 - c. Flexible
 - d. Indefinite

ANS: B

Medication orders may be classed into one of four types. A standing order indicates that the drug is to be administered until discontinued or for a certain number of doses.

DIF: Cognitive Level: Apply

REF: p. 30 | Table 3-3

OBJ: 6

TOP: Drug Orders

KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

10. Meperidine, 75 mg IV push, is ordered by the physician to be given *stat*. The nurse understands that this is which type of order?
- a. Standing
 - b. Immediate
 - c. Flexible
 - d. Indefinite

ANS: B

A *stat* order is a type of medication order that is a one-time order to be given immediately.

DIF: Cognitive Level: Apply REF: p. 30 | Table 3-3
OBJ: 7 TOP: Types of Medication Orders
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Physiological Integrity

11. A nurse has administered the wrong medication to a patient. Which is the highest-priority nursing action at this time?
- Document the occurrence in the patient record.
 - Notify the immediate supervisor of the error.
 - Complete an incident report and submit it to the nurse manager.
 - Evaluate the patient's condition and notify the physician.

ANS: D

When it is discovered that an error has been made, the nurse should immediately check the patient. The physician should be notified promptly, and any orders the physician gives must be followed. The nurse manager or charge nurse also needs to be notified at once.

DIF: Cognitive Level: Understand REF: p. 31 OBJ: 8
TOP: Medication Errors KEY: Nursing Process Step: Implementation
MSC: NCLEX: Physiological Integrity

12. Which is the correct interpretation of the following order: *Rx Epifrin 0.25% 2 gtt OU bid*?
- Two drops in both eyes twice daily
 - Two drops in the left eye four times daily
 - Two drops in the right eye twice daily
 - Two drops in both eyes four times daily

ANS: A

Drop(s) is written as gt (gtt) and is a common abbreviation used in pharmacology. *OU* (oculus uterque) means "each eye," and *bid* means "twice daily."

DIF: Cognitive Level: Analyze REF: pp. 30-31 | Table 3-4
OBJ: 6 TOP: Common Abbreviations KEY: Nursing Process Step: N/A
MSC: NCLEX: N/A

13. A nurse is taking care of an older adult patient with hypertension. He was prescribed an antihypertensive medication; however, he has decided to use a cheaper herbal product that he can buy over the counter and which he thinks will lower his blood pressure. The patient tells this information to the nurse in an interview. Which is the best response to this patient?
- "That sounds good, but you need to check your blood pressure often."
 - "There are several kinds of over-the-counter medications to choose from that can work."
 - "You will not need a prescription for over-the-counter medication, and it is cheaper."
 - "Herbal products are not regulated for effectiveness in treating hypertension."

ANS: D

At present, herbal products are not regulated, standardized, or tested for safety and effectiveness.

DIF: Cognitive Level: Apply REF: p. 22 OBJ: 6
TOP: Over-the-Counter Medications KEY: Nursing Process Step: Assessment
MSC: NCLEX: Physiological Integrity

14. A patient is discharged from the hospital. To whom should all the medications the patient was taking that are classified as controlled substances be given?
- The patient at discharge
 - The patient's family at discharge
 - The hospital pharmacy after the patient's discharge
 - Another hospital patient after the patient's discharge

ANS: C

All controlled substances ordered for a patient but not used while the patient is in the hospital go back to the pharmacy when the patient is discharged.

DIF: Cognitive Level: Apply REF: p. 21 OBJ: 5
TOP: Controlled Substances KEY: Nursing Process Step: Implementation
MSC: NCLEX: Physiological Integrity

15. Important information is recorded in a patient's hospital chart while the patient remains in the hospital. When a patient is discharged, which is true regarding the ownership of the patient's chart?
- The patient owns the chart, but the hospital keeps the record.
 - The chart is a record that no one really owns. It is kept by the hospital.
 - The chart is a legal document that is owned by the state courts.
 - The chart is a legal document that is owned by the hospital.

ANS: D

The chart belongs to the hospital. It is not the property of the patient, the nurse, or the physician.

DIF: Cognitive Level: Remember REF: p. 24 OBJ: 3
TOP: Patient Charts KEY: Nursing Process Step: N/A
MSC: NCLEX: N/A

16. What is the title of legislation passed in 2001 for health care workers?
- Federal Food, Drug, and Cosmetic Act
 - Durham-Humphrey Amendment
 - Kefauver-Harris Amendment
 - Needlestick Safety and Prevention Act

ANS: D

In 2001, the Needlestick Safety and Prevention Act was legislated to require hospitals to have programs to prevent needlestick injuries, document them when they occur, and purchase safe equipment, regardless of cost.

DIF: Cognitive Level: Remember REF: p. 31 | Table 3-1
OBJ: 1 TOP: Drug Legislation KEY: Nursing Process Step: N/A
MSC: NCLEX: N/A

17. Which is an example of a Schedule I controlled substance?
- Morphine

- b. Lomotil (diphenoxylate with atropine sulfate)
- c. Heroin
- d. Pentobarbital

ANS: C

Heroin has no currently accepted medical use in the United States and there is a lack of accepted safety guidelines for its use under medical supervision. Morphine and pentobarbital are both Schedule II controlled substances; Lomotil (diphenoxylate with atropine sulfate) is a Schedule V drug.

DIF: Cognitive Level: Remember REF: pp. 19-20 | Table 3-2
OBJ: 2 TOP: Controlled Substances
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Physiological Integrity

18. Enactment of which major federal drug regulations required that new drug products be proven both safe *and* effective before they could be approved for sale in the United States?
- a. Federal Food, Drug, and Cosmetic Act (FD&C Act), 1938
 - b. Comprehensive Drug Abuse Prevention and Control Act (Controlled Substances Act), 1970
 - c. Durham-Humphrey Amendment to the FD&C Act, 1951
 - d. Kefauver-Harris Amendment to the FD&C Act, 1962

ANS: D

Prior to 1962, manufacturers of new drug products were only required to prove that their products were safe for marketing.

DIF: Cognitive Level: Remember REF: Table 3-1 OBJ: 1
TOP: Drug Legislation KEY: Nursing Process Step: N/A
MSC: NCLEX: Safe, Effective Care Environment

19. Which is an example of a single dose order?
- a. *Diflucan (fluconazole) 150 mg PO at 10:00 today only*
 - b. *Diflucan (fluconazole) 150 mg PO daily*
 - c. *Tylenol (acetaminophen) 325 mg PO every 6 hours PRN*
 - d. *Tylenol (acetaminophen) 650 mg PO stat*

ANS: A

A *single dose* order is a type of medication order that is to be given one time only.

DIF: Cognitive Level: Apply REF: p. 30 | Table 3-3
OBJ: 7 TOP: Types of Medication Orders
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Physiological Integrity

20. The nurse is administering a controlled substance that is ordered in a smaller dose than what is available. What should the nurse do with the remaining amount of medication?
- a. Save the remaining medication until the patient is scheduled to take the medication again.
 - b. Flush the remaining medication in the toilet in the patient's bathroom.
 - c. Ask another nurse to witness the waste, sign the inventory report, and document the situation.

d. Administer the dose that is available and not the smaller dose ordered.

ANS: C

If the ordered dose is smaller than the dose provided (so that some medication must be discarded), or if the medication is accidentally dropped, contaminated, spilled, or otherwise made unusable and unreturnable, two nurses must sign the inventory report and describe the situation.

DIF: Cognitive Level: Understand

REF: p. 28

OBJ: 4

TOP: Controlled Substances

KEY: Nursing Process Step: Assessment

MSC: NCLEX: N/A

MULTIPLE RESPONSE

21. Which should the nurse do to identify medication errors in a patient's order? (*Select all that apply.*)
- Clarify anything that is unreadable.
 - Check the order in a medication Kardex.
 - Clarify vague orders with the prescribing physician.
 - Ask the patient about the medication.
 - Identify the medication with an old medication record.

ANS: A, B, C

The nurse is responsible for checking that the medication order is correct. This may mean that you need to check the order you have in a medication Kardex and get clarification from the prescriber for any orders that are unclear.

DIF: Cognitive Level: Apply

REF: p. 25

OBJ: 4

TOP: Medication Errors

KEY: Nursing Process Step: Assessment

MSC: NCLEX: Physiological Integrity

22. Which levels of regulation must the nurse adhere to when administering medications? (*Select all that apply.*)
- City
 - County
 - Federal
 - State
 - Institutional

ANS: C, D, E

Nurses who give medications have three levels of rules to follow: federal (describes and controls), state (regulates who dispenses), and individual hospital or agency (has other guidelines or policies).

DIF: Cognitive Level: Remember

REF: p. 21

OBJ: 4

TOP: Rules for Giving Drugs

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity

23. A health care provider has written the following order: *Mylanta 30 mL PO 30 minutes ac.* How should the nurse giving this medication interpret this order? (*Select all that apply.*)
- Administer by mouth 30 minutes before meals.

- b. Administer by mouth 30 minutes after meals.
- c. Administer by mouth with no regard to meals.
- d. Administer medication, eat in 30 minutes.
- e. Take 30 minutes to eat, then take medication.

ANS: A, D

A common abbreviation used for the direction of medication and meals is *ac* (ante cibum), which means “before meals.” The abbreviation PO means “by mouth.”

DIF: Cognitive Level: Apply

REF: Table 3-4 OBJ: 7

TOP: Medication Orders

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity

24. The narcotic control system is used by nurses working in any hospital or agency. Which of the following are special conditions that all nurses must follow? (*Select all that apply.*)
- a. Narcotics are watched by everyone on the unit.
 - b. Medication is stored in a special locked cabinet.
 - c. Narcotics may be borrowed from one patient to use for another patient.
 - d. The nurse signs for the medication.
 - e. An inventory must be kept on drugs.

ANS: B, D, E

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

DIF: Cognitive Level: Apply

REF: p. 28 OBJ: 5

TOP: Narcotic Control System

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity

25. At change of shift, two nurses (one from each shift) discover a discrepancy in the narcotics inventory for morphine 5 mg/mL vials. The count is short by one vial. Which of the following steps should be taken to reconcile the count? (*Select all that apply.*)
- a. Only nurses on the off-going shift that actually used the automated dispensing system or the narcotics cabinet should be asked about medication they have given.
 - b. Steps must be retraced to identify whether someone forgot to record any medication removed.
 - c. Check patient charts (MAR) to see if medication was given that was not signed for on the inventory report.
 - d. Notify security for large errors.
 - e. Notify the nursing supervisor (charge nurse) and the pharmacy department of any undocumented (unreconciled) discrepancy.

ANS: B, C, D, E

All nurses having access to the key must be asked about medication they have given. Steps must be retraced to see if someone forgot to record any medication. Patient charts might also be checked to see if medication was given that was not signed for on the inventory report. If errors in the report cannot be found, both the pharmacy and the nursing service office must be notified. If the error is large, the hospital administrator and security police are usually contacted.

DIF: Cognitive Level: Apply

REF: p. 28

OBJ: 5

TOP: Controlled Substances KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe, Effective Care Environment

26. When a nurse realizes that a medication error has occurred, the nurse should take which of the following steps? (*Select all that apply.*)
- a. Immediately check the patient and determine if the error poses a risk to the patient's condition. If so, notify the physician immediately.
 - b. Try to find someone to blame for the error.
 - c. Notify the nursing supervisor.
 - d. Analyze how and why the error occurred, and how it might be avoided in the future.
 - e. Record in the patient's chart exactly what happened and fill out any other required (incident/medication error) reports.

ANS: A, C, D, E

Research must be done to determine whether the mistake was a "system error," a unique mistake, or a deliberate wrongdoing. The goal is to avoid similar future occurrences.

DIF: Cognitive Level: Understand REF: p. 28 | p. 31 OBJ: 8
TOP: Medication Errors KEY: Nursing Process Step: Implementation
MSC: NCLEX: Physiological Integrity