

Answer Key

CHAPTER 1 Aspects of Medical-Surgical Nursing

A.

1. D (p. 5)
2. B (p. 5)
3. F (p. 5)
4. A (p. 4)
5. E (p. 6)
6. C (p. 8)

B.

1. 1, 2, 3, 4, 5 (p. 1)
2. 2 (p. 1)

C.

1. 2, 3, 4, 6 (p. 4)
2. 2 (p. 1)
3. A (p. 4)
4. B (p. 4)
5. F (p. 4)
6. E (p. 4)
7. C (p. 4)
8. D (p. 4)
9. 1, 2, 4, 6 (p. 5)
10. 1 (p. 5)
11. A (p. 6)
12. A (p. 6)
13. B (p. 6)
14. A (p. 6)
15. B (p. 6)
16. B (p. 6)
17. 1, 4, 5, 6 (p. 6)
18. 1, 3, 5 (p. 6)
19. 3 (p. 6)

D.

1. 3 (p. 4)
Autonomy is the principle that states that the patient can make his or her own decisions about health care. This right extends to all health care workers, including physicians, and regardless of the health care worker's feelings about the effectiveness or necessity of

the treatment, it is ultimately the patient's right to refuse treatment.

2. 2 (p. 2)
It is the nurse's responsibility to collect holistic assessment data from multiple sources, communicate the data to appropriate health care providers, and evaluate patient responses to interventions. (1) Diagnosis is not the responsibility of the LPN/LVN. (3) (4) Accountability and safety are important functions of the nurse that relate to all aspects of nursing care, not just assessment.
3. 3 (pp. 1-2)
The state nurse practice act provides rules and regulations for every state identifying the roles a nurse can assume. (1) The Academy of Medical-Surgical Nurses professional organization represents the interests of nurses. (2) Health care institutions may provide further role delineation within the state nurse practice act. (4) The Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs is published by NAPNES and defines LPN/LVN competencies.
4. 1, 3, 4, 5 (p. 4)
These are just some of the areas that nurses must become knowledgeable in to provide to assess, plan, care for, and evaluate patients. (2) and (6) are items that may be useful in the nurse's role but are not necessary in patient assessment.
5. 2, 3 (p. 4)

There are multiple correct answers to most ethical dilemmas, and the options must be discovered through a process to ultimately determine how to proceed. (1) (4) Although these may be moral conflicts and strong opinions on the dilemma, they are not relevant to identifying a solution. (5) Although time is of the essence, it should not be a consideration.

6. 1, 2, 4 (p. 5)
Nurses are at risk for committing a tort such as restraining or medicating a patient against his or her wishes, sharing personal patient information, or giving false information. (3) (5) (6) All examples represent situations where the patient's preferences and privacy were respected.
7. 2 (p. 5)
In this example, the nurse owed a duty to the patient and did not carry out that duty. The patient was injured by the nurse's negligence. (1) (3) (4) The remaining words all describe similar situations, but negligence is specific to medical and legal professionals.
8. 1, 3, 5, 6 (p. 7)
SBAR stands for situation, background, assessment, recommendation. (2) (4) These items are not part of the SBAR communication method.
9. 1 (p. 7)
At stage 1, the individual feels her goals have been blocked. Persons at this stage

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FAAN, Nancy K. Maebius, PhD, RN**

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