

Legal Aspect

Review Questions

1. *A client arrives in the emergency room and is assessed by the nurse. The client is staggering, confused, and verbally abusive. The client complains of a headache from drinking alcohol and is asking for medication. The nurse explains to the client that the physician will need to perform an assessment before the administration of medication. When the client becomes verbally abusive, the nurse obtains leather restraints and threatens to place the client in the restraints. With which of the following can the client legally charge the nurse as a result of the nursing action?*
 - 1) Assault
 - 2) Battery
 - 3) Negligence
 - 4) Invasion of privacy
2. *The nurse calls the physician regarding a new medication order because the dosage prescribed is higher than the recommended dosage. The nurse is unable to locate the physician and the medication is due to be administered. Which of the following actions would the nurse take?*
 - 1) Hold the medication until the physician can be located.
 - 2) Administer the dose prescribed
 - 3) Administer the recommended dose until the physician can be located
 - 4) Contact the nursing supervisor
3. *A nursing graduate is employed as a staff nurse in a local hospital. During orientation, the new graduate asks the nurse educator about the need to obtain professional liability insurance. The most appropriate response by the nurse educator is:*
 - 1) "The hospital's liability insurance will cover your actions"
 - 2) "It is very expensive and not necessary"
 - 3) "Nurses are encouraged to have their own malpractice insurance"
 - 4) "The majority of suits are filed against the physicians and the hospitals"
4. *The registered nurse arrives at work and is told to report (float) to the intensive care unit (ICU) for the day because the ICU is understaffed and needs additional nurses to care for the clients. The nurse has never worked in the ICU. Which of the following is most appropriate nursing action?*
 - 1) Refuse to float to the ICU.
 - 2) Call the hospital layer.
 - 3) Call the nursing supervisor.
 - 4) Report to the ICU and identify tasks that can be performed safely.
5. *The nurse gives an inaccurate dose of medication to a client. Following assessment of the client, the nurse completes an incident report. The nurse notifies the nursing supervisor of the medication error and calls the physician to report the occurrence. The nurse who administered the inaccurate medication dose understands that the:*
 - 1) Error will result in suspension
 - 2) Incident report is a method of promoting quality care and risk management.
 - 3) Incident will be reported to the board of nursing
 - 4) Incident will be documented in the personnel file.
6. *A nurse who works on the night shift enters the medication room and finds a co-worker with a tourniquet wrapped around the upper arm. The co-worker is about to insert a needle, attached to a syringe containing a clear liquid, into the antecubital area. The most appropriate initial action by the nurse is which of the following?*
 - 1) Call the police
 - 2) Call security
 - 3) Lock the co-worker in the medication room until help is obtained
 - 4) Call the nursing supervisor.

7. *A hospitalized client tells the nurse that a living will is being prepared and that the lawyer will be bringing the will to the hospital today for witness signature. The client asks the nurse for assistance in obtaining a witness to the will. The most appropriate response to the client is which of the following?*

- 1) "I will sign as a witness to your signature."
- 2) "You will need to find a witness on your own."
- 3) "I will call the nursing supervisor to seek assistance regarding your request."
- 4) Whoever is available at the time will sign as a witness for you."

8. *The nurse has made an error in documenting an assessment finding on a client's records: to correct the error. The nurse corrects the error by:*

- 1) Trying to erase the error for space to write in the correct data.
- 2) Using whiteout to delete the error and writing in the correct data.
- 3) Drawing one line through the error, initialing and dating the line, and then documenting the correct information.
- 4) Documenting a late entry into the client's record.

9. *The nursing instructor provides a lecture to nursing students regarding the issue of client rights. The instructor asks a nursing student to identify a situation that represents an example of invasion of client privacy. Which of the following, if identified by the student, indicates an understanding of a violation of this client right?*

- 1) Performing a procedure without consent.
- 2) Telling the client that he or she cannot leave the hospital.
- 3) Threatening to give a client a medication.
- 4) Observing care provided to the client without the client's permission.

10. *The nursing staff is sitting in the lounge taking their morning break. A nursing assistant tells the group that she thinks that the unit secretary has acquired immunodeficiency syndrome. The nursing assistant proceeds to tell the nursing staff that the secretary probably contracted the disease from her husband, who is supposedly a drug addict. Which legal tort has a nursing assistant violated?*

- 1) Slander
- 2) Libel
- 3) Assault
- 4) Negligence

11. *The nurse hears a client calling out for help. The nurse hurries down the hallway to the client's room and finds a client lying on the floor. The nurse performs a thorough assessment and assists the client back to bed. The nurse notifies the physician of the incident and completes an incident report. Which of the following would the nurse document on the incident report?*

- 1) The client was found lying on the floor.
- 2) The client claimed over the side rails.
- 3) The client fell out of bed.
- 4) The client became restless and tried to get out of bed.

12. *A client is brought to the emergency room by the emergency medical services after being hit by a car. The name of the client is not known. The client has sustained a severe head injury, multiple fractures, and is unconscious. An emergency craniotomy is required. Regarding informed consent for the surgical procedure, which of the following is the best action?*

- 1) Call the police to identify the client and locate the family.
- 2) Obtain a court order for the surgical procedure.
- 3) Ask the emergency medical services team to sign the informed consent.
- 4) Transport the victim to the operating room for surgery.

13. *The 87 year-old woman is brought to the emergency room for treatment of a fractured arm. On physical assessment the nurse notes old and new ecchymotic areas on the client's chest and legs. The nurse asks the client how the bruises were sustained. The client, although reluctant, tells the nurse in confidence that her son frequently hits her if supper is not prepared on time when he arrives home from work. Which of the following is the most appropriate nursing response?*

- 1) "Oh really, I will discuss this situation with your son."
- 2) "Do you have any friends that can help you out until you resolve these important issues with your son?"
- 3) "Let's talk about the ways you can manage your time to prevent this from happening."
- 4) "This is a legal issue, and I need to let you know that I will need to report it."

14. *The nurse is working in a long-term care facility and administering medication to assigned clients. A client refuses to take the prescribed medication, and the nurse threatened the client and tells the client that if the medication is not taken orally, then restraints will be applied and the medication will be given by injection. The statement by the nurse constitutes which legal tort?*

- 1) Invasion of privacy.
- 2) Negligence.
- 3) Assault.
- 4) Battery.

15. *While preparing medications, the nurse notes an unusually large dose of medication for a client. Which action would be most appropriate?*

- 1) Asking another nurse to give the medication
- 2) Giving the medication as ordered
- 3) Notifying the nursing supervisor
- 4) Calling the prescribing physician

16. *In which situation would the nurse understand that implied consent is given?*

- 1) The nurse prepares to insert a nasogastric tube into a client.
- 2) The client will have anesthesia by a nurse anesthetist for a surgical procedure.
- 3) A client is nearing delivery, attended by a nurse midwife.
- 4) An emergency room Emergency Department client with a laceration requiring sutures

17. *A nurse has been in the peer assistance program voluntarily after being charged with drug abuse on the nursing unit. Which statement is true about this nurse's ability to practice?*

- 1) The nurse may work in a critical care area if closely supervised.
- 2) There are no restrictions on work if the nurse agrees to random drug screening.
- 3) The nurse may only work day shift, with no overtime.
- 4) The nurse may no longer practice nursing under state law.

18. *Which situation is an example of an unintentional tort?*

- 1) Forcibly restraining a client for a procedure
- 2) Telling another nurse that the client is gay
- 3) Administering a medication that causes client harm
- 4) Documenting in the chart that the client is incompetent

19. *The client responds when the nurse calls the client by name. After giving the client a medication, the nurse realizes that it is the wrong client. The physician is notified, and the nurse documents no adverse reactions to the medication. What should the nurse understand about the possibility of being sued for malpractice?*
- 1) There is no validity to a lawsuit for malpractice, because the client did not sustain harm or injury from the action.
 - 2) If the nurse notifies the physician, the nurse is no longer liable for the action.
 - 3) The nurse can be sued, because the action was below the standard of practice.
 - 4) There would be no lawsuit, because the client identified himself by answering when the nurse called his name.
20. *When giving a report to the oncoming shift, which action by the nurse could be considered an invasion of the client's privacy?*
- 1) Asking the client if a nursing student can participate in their care
 - 2) Allowing a photographer to take a sleeping client's photograph
 - 3) Telling the oncoming nurse that the client has active herpes
 - 4) Telling a visitor the client's room number
21. *A nurse is interviewing for a position at a major hospital. Which information regarding liability insurance should the nurse keep in mind when asking questions about hospital versus private liability insurance?*
- 1) Private liability insurance is not recommended, because the hospital has an umbrella policy covering all nurses.
 - 2) Hospitals must carry complete liability insurance for all nurses employed.
 - 3) Private liability insurance covers the nurse in all situations, inside and outside the hospital.
 - 4) Nurses can be countersued by the hospital if they are found negligent and the hospital has to pay.
22. *A client climbs over the side rails and falls after the nurse has instructed the client to remain in bed. What information should the nurse leave out of an incident report?*
- 1) Names of witnesses
 - 2) That the nurse was called to another unit to assist with a procedure
 - 3) That the client received a sedative one hour prior to the incident
 - 4) That the client disregarded the nurse's instructions on not getting out of bed
23. *A nurse has been convicted of theft after the head nurse discovered the narcotics count inaccurate on a number of occasions. The hospital must report the nurse's conviction to which data base:*
- 1) Healthcare Integrity and Protection Data Bank
 - 2) Nursing Reference Data Bank
 - 3) Health Professionals Data Collection Bank
 - 4) Incompetent Registered Nurses Data bank
24. *A majority of disciplinary actions by the state boards of nursing pertain to:*
- 1) Malpractice claims
 - 2) Impaired nurses
 - 3) Negligence
 - 4) Practicing without a license
25. *A consulting surgeon explained the risks and benefits of an experimental surgery. The client signs the consent form with a witness that attests to the signature. The client dies during the surgery. The family despondent after the death wants to litigate the hospital, physician and nursing staff. The nurse knows:*
- 1) The family has a case and should contact a lawyer.
 - 2) Nurse's notes should have documented the procedure of the informed consent and if the form was signed voluntarily.
 - 3) The family does not have a case since the consent form was signed and witnessed.
 - 4) The family does have a case since the client died.

26. *The day shift nurse receives report for a critically ill client who has pneumonia and is on a ventilator. The departing nurse shares the vital signs with the day nurse and reports that the temperature and blood pressure are within normal limits. When the day shift nurse performs an assessment, the client's temperature is 104.8° F. After checking the previous shift's vital signs, the nurse notes that the last time the temperature was taken was at midnight. It was now 8 am and the patient begins to seize. The nurse on duty knows:*

- 1) Causation occurred
- 2) There was no foreseeability
- 3) Duty had not occurred since the client's first night shift nurse went home with the flu.
- 4) The night shift nurse should be fired for negligence.

27. *Which law is the first nationwide legislation to protect privacy for health information?*

- 1) Code of Ethics
- 2) Health Insurance Portability Act
- 3) Good Samaritan Act
- 4) American with Disabilities Act

28. *A client refuses to follow the physician's orders and leaves the hospital against medical advice (AMA). What risk is the client assuming?*

- 1) Acting irresponsibly.
- 2) Violating the physicians orders
- 3) Contributing to negligence
- 4) Assuming the risk for his health state

29. *The physician has declared a client to be "brain dead." The nurse understands this means that the client has:*

- 1) No reflexes and no breathing.
- 2) Slow reflexes and shallow breathing.
- 3) No cortical functioning with some reflex breathing,
- 4) Deep tendon reflexes only and no independent breathing.

30. *A nurse witnesses a client climbing over the side rails and falling out of bed to the floor. Restraints had been ordered but were not in place the client but were not in place. When the nurse completes the incident report, what information should the nurse note?*

- 1) The fact that the nursing staff was not at fault because the client initiated the accident
- 2) The facts of the incident witnessed by the nurse as it occurred
- 3) The name of the nurse who was responsible for monitoring the restraints
- 4) The reason why the ordered restraints were not on the client

31. *Which action by a nurse would be considered an act of euthanasia?*

- 1) Implementing a "do not resuscitate" order in the home health setting
- 2) Abiding by the decision of a living will signed by the client's family
- 3) Encouraging a client to consult an attorney to document and assign a power of attorney
- 4) Knowing that a dying client is overmedicating and not acting on this information

32. *A nurse is caring for a client who is disoriented to time, place, and person and is attempting to get out of bed and pull out an IV line that's supplying hydration and antibiotics. The client has a vest restraint and bilateral soft wrist restraints. Which of the following actions by the nurse would be appropriate? Select all that apply.*

- 1) Assess and document the behavior that requires continued use of restraints.
 - 2) Tie the restraints in quick-release knots.
 - 3) Tie the restraints to the side rails of the bed.
 - 4) Ask the client if he needs to go to the bathroom, and provide range-of-motion exercises every 2 hours.
 - 5) Position the vest restraints so that the straps are crossed in the back.
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33. *While providing care to a 26-year-old married client, a nurse notes multiple blue, purple, and yellow ecchymotic areas on her arms and trunk. When the nurse asks how she got these bruises, the client responds, "I tripped" How should the nurse respond? Select all that apply.*

- 1) Document the client's statement and complete a body map indicating the size, color, shape, location, and type of injuries.
- 2) Contact the local authorities to report suspicions of abuse.
- 3) Assist the client in developing a safety plan for times of increased violence.
- 4) Call the client's husband to arrange a meeting to discuss the situation.
- 5) Tell the client that she needs to leave the abusive situation as soon as possible.
- 6) Provide the client with telephone numbers of local shelters and safe houses.

34. *A nurse is caring for a client whose cultural back-ground is different from her own. Which of the following actions are appropriate for the nurse to take? Select all that apply.*

- 1) Consider that nonverbal cues, such as eye contact, may have a different meaning in different cultures.
- 2) Respect the client's cultural beliefs.
- 3) Ask the client if he has cultural or religious requirements that should be considered in his care.
- 4) Explain the nurse's beliefs so that the client will understand the differences.
- 5) Understand that all cultures experience pain in the same way.

35. *The best definition of a tort is:*

- 1) The application of force to the person of another by a reasonable individual
- 2) An illegality committed by one person against the property or person of another
- 3) Doing something that a reasonable person under ordinary circumstances would not do
- 4) An illegality committed against the public and punishable by the law through the courts

36. *A 2-year-old child is admitted to the hospital with a diagnosis of pneumonia and is given antibiotics, fluids, and oxygen. The child's temperature continues to rise until it reaches 103° F (39.4° C). The nurse calls the physician at the mother's request, but the physician sees no cause for alarm or change in treatment, even though the child has a history of convulsions during previous periods of high fever, although concerned, the nurse takes no further action. Later the child has a convulsion that results in neurologic impairment of the left arm and leg. Legally:*

- 1) The physician's decision takes precedence over the nurse's concern
- 2) The nurse's failure to further question the physician placed the child at risk
- 3) The physician is totally responsible for the client's health history and treatment regimen
- 4) High temperatures are common in children, and this situation presented little cause for undue concern

37. *A client with coronary artery disease has a sudden episode of cyanosis and a change in respirations. The nurse starts oxygen administration immediately. In this situation:*

- 1) Oxygen had not been ordered and therefore should not be administered
- 2) The nurse's observations were sufficient to begin administration of oxygen
- 3) The symptoms were too vague for the nurse to diagnose a need for oxygen
- 4) The physician should have been called for an order before oxygen was begun

38. A 15-year-old is taken to the emergency room of the local hospital after stepping on a nail. The puncture wound is cleansed and a sterile dressing applied. The nurse asks if the adolescent has been immunized against tetanus. The reply is affirmative. Penicillin is administered, and the adolescent is sent home with instructions to return if there is any change in the wound area. A few days later, the adolescent is admitted to the hospital with a diagnosis of tetanus. Legally:

- 1) Hospital protocol should govern treatment in emergency care
- 2) The nurse's judgment was adequate in view of the client's symptoms
- 3) Assessment by the nurse was incomplete and the treatment was inadequate
- 4) The possibility of tetanus could not have been foreseen, because the adolescent had been immunized

39. A fully alert and competent 89-year-old client is in end-stage liver disease. The client says, "I'm ready to die," and refuses to take food or fluids. The family urges the client to allow the nurse to insert a feeding tube. What is the nurse's moral responsibility?

- 1) The nurse should obtain an order for a feeding tube.
- 2) The nurse should encourage the client to reconsider the decision.
- 3) The nurse should honor the client's decision.
- 4) The nurse must consider that the hospital can be sued if she honors the client's request.

40. Which act would the nurse consider passive euthanasia?

- 1) Removing a "no code" client from a ventilator
- 2) Refusing to assist a client wishing to commit suicide
- 3) Administering a lethal dose of medication to a client with terminal cancer
- 4) Providing pills to a client wishing to commit suicide

41. A mentally competent client with end-stage liver disease continues to consume alcohol after being informed of the consequences of this action. What action best illustrates the nurse's role as a client advocate?

- 1) Asking the spouse to take all the alcohol out of the house
- 2) Accepting the client's choice and not intervening
- 3) Reminding the client that the action may be an end-of-life decision
- 4) Refusing to care for the client because of the client's noncompliance

42. A client is admitted to a psychiatric-mental health unit on an emergency involuntary status. What is the minimum length of time the client will remain hospitalized?

- 1) 60 days
- 2) 48 hours
- 3) 12 hours
- 4) 3 to 5 days

43. The distribution of nurses to areas of "most need" in the time of a nursing shortage is an example of:

- 1) Utilitarianism theory
- 2) Deontological theory
- 3) Justice
- 4) Beneficence

44. Control of pain, preservation of dignity and self-worth, love and belonging are crucial needs of the dying client.

- 1) True
- 2) False

45. Cultural competence is the process of

- 1) Learning about vast cultures
- 2) Acquiring specific knowledge, skills, and attitudes
- 3) Influencing treatment and care of clients
- 4) Motivation and commitment to caring

46. *Nurses agree to be advocates for their patients. Practice of advocacy calls for the nurse to:*

- 1) Seek out the nursing supervisor in conflicting situations
- 2) Work to understand the law as it applies to the client's clinical condition.
- 3) Assess the client's point of view and prepare to articulate this point of view.
- 4) Document all clinical changes in the medical record in a timely manner.

47. *When helping a person through grief work, the nurse knows*

- 1) Coping mechanisms that were effective in the past are often disregarded in response to the pain of a loss
- 2) A person's perception of a loss has little to do with the grieving process
- 3) The sequencing of stages of grief may occur in order, they may be skipped, or they may reoccur.
- 4) Most clients want to be left alone

48. *The nurse is obligated to follow a physician's order unless:*

- 1) The order is a verbal order
- 2) The order is illegible
- 3) The order has not been transcribed
- 4) The order is an error, violates hospital policy, or would be detrimental to the client.

49. *The code of ethics for nurses is composed and published by*

- 1) The national league for Nursing
- 2) American Nursing Association
- 3) The American Medical Association
- 4) National Institute of Health

50. *A retired nurse stops to help in an emergency at the scene of an accident, if the injured party files suit and the nurse would probably be covered by*

- 1) Her homeowner's insurance
- 2) Her automobile insurance
- 3) National Care Act
- 4) The Good Samaritan Law

51. *What are the stages of dying according to Elizabeth Kubler-Ross?*

- 1) Numbing; yearning and searching; disorganization and despair; and reorganization.
- 2) Accepting the reality of loss, working through the pain of grief, adjusting to the environment without the deceased, and emotionally relocating the deceased and moving on with life.
- 3) Anticipatory grief, perceived loss, actual loss, and renewal.
- 4) Denial, anger, bargaining, depression, and acceptance.

52. *A client's family member says to the nurse, "The doctor said he will provide palliative care. What does that mean?" The nurse's best response is:*

- 1) "Palliative care is given to those who have less than 6 months to live."
- 2) "Palliative care aims to relieve or reduce the symptoms of a disease."
- 3) "The goal of palliative care is to affect a cure of a serious illness or disease."
- 4) "Palliative care means the client and family take a more passive role and the doctor focuses on the physiological needs of the client. The location of death will most likely occur in the hospital setting."

53. *As an advocate for the client, the nurse must make sure that "safe, effective care" is given in conformity with the*

- 1) Nurse Practice Act (NPA).
- 2) American Nursing Association (ANA)
- 3) National Council for Licensure Examinations
- 4) State Board of Licensure

54. *Obtaining informed consent is the responsibility of*

- 1) The physician
- 2) The RN manager
- 3) The nurse
- 4) The CNA

Correct Answers to Legal Aspect in Nursing

Question #	Answer	Question #	Answer
1	1	28	4
2	4	29	3
3	3	30	2
4	4	31	4
5	2	32	1,2,4
6	4	33	1,3,6
7	3	34	1,2,3
8	3	35	2
9	4	36	2
10	1	37	2
11	1	38	3
12	4	39	3
13	4	40	1
14	3	41	2
15	4	42	4
16	1	43	3
17	3	44	1
18	3	45	2
19	1	46	3
20	2	47	3
21	4	48	4
22	4	49	2
23	1	50	4
24	2	51	4
25	2	52	2
26	1	53	1
27	2	54	1