

Chapter 1 What Is Critical Care?

- 1) Identify who of the following patients suffers from critical illness. A patient:
1. With chronic airflow limitation whose VS are: BP 110/72, P 110, R 16.
 2. With acute bronchospasm and whose VS are: BP 100/60, P 124, R 32.
 3. Who was involved in a motor vehicle accident whose VS are: BP 124/74, P 74, R 18.
 4. On chronic dialysis with no urine output and whose VS are: BP 98/50, P 108, R 12.

Answer: 2

- Explanation:
1. Acute bronchospasm can present a life-threatening situation, which can jeopardize a patient's survival. #1, #3, and #4 are examples of non-life-threatening situations.
Nursing Process: Assessment
Cognitive Level: Analysis
Category of Need: Physiological Integrity-Physiological Adaptation
 2. Acute bronchospasm can present a life-threatening situation, which can jeopardize a patient's survival. #1, #3, and #4 are examples of non-life-threatening situations.
Nursing Process: Assessment
Cognitive Level: Analysis
Category of Need: Physiological Integrity-Physiological Adaptation
 3. Acute bronchospasm can present a life-threatening situation, which can jeopardize a patient's survival. #1, #3, and #4 are examples of non-life-threatening situations.
Nursing Process: Assessment
Cognitive Level: Analysis
Category of Need: Physiological Integrity-Physiological Adaptation
 4. Acute bronchospasm can present a life-threatening situation, which can jeopardize a patient's survival. #1, #3, and #4 are examples of non-life-threatening situations.
Nursing Process: Assessment
Cognitive Level: Analysis
Category of Need: Physiological Integrity-Physiological Adaptation

Learning Outcome: 1-1: Define critical care

2) Of the following patients, who should be cared for in a critical care unit? A patient: (Select all that apply.)

1. With an acetaminophen overdose
2. Suffering from acute mental illness
3. With chronic renal failure
4. With acute decompensated heart failure

Answer: 1, 4

Explanation:

1. (Note: This requires multiple responses to be correct.)

Critical care units are cost-efficient units for caring for patients with specific organ system failure. Although the organ failing in #4 is obvious, patients with acetaminophen overdose often suffer liver failure as a consequence. #2 and #3 present patient concerns of a noncritical nature.

Nursing Process: Evaluation

Cognitive Level: Analysis

Category of Need: Physiological Integrity–Physiological Adaptation

2. (Note: This requires multiple responses to be correct.)

Critical care units are cost-efficient units for caring for patients with specific organ system failure. Although the organ failing in #4 is obvious, patients with acetaminophen overdose often suffer liver failure as a consequence. #2 and #3 present patient concerns of a noncritical nature.

Nursing Process: Evaluation

Cognitive Level: Analysis

Category of Need: Physiological Integrity–Physiological Adaptation

3. (Note: This requires multiple responses to be correct.)

Critical care units are cost-efficient units for caring for patients with specific organ system failure. Although the organ failing in #4 is obvious, patients with acetaminophen overdose often suffer liver failure as a consequence. #2 and #3 present patient concerns of a noncritical nature.

Nursing Process: Evaluation

Cognitive Level: Analysis

Category of Need: Physiological Integrity–Physiological Adaptation

4. (Note: This requires multiple responses to be correct.)

Critical care units are cost-efficient units for caring for patients with specific organ system failure. Although the organ failing in #4 is obvious, patients with acetaminophen overdose often suffer liver failure as a consequence. #2 and #3 present patient concerns of a noncritical nature.

Nursing Process: Evaluation

Cognitive Level: Analysis

Category of Need: Physiological Integrity–Physiological Adaptation

Learning Outcome: 1-1: Define critical care

- 3) A hospital in a small rural town would be able to provide which level of care in the critical care unit?
1. Level I
 2. Level II
 3. Level III
 4. It is unlikely that the hospital would have a critical care unit

Answer: 3

- Explanation:
1. #1 and #2 describe more advanced and inclusive critical care abilities; #4 is not likely at all because most hospitals have some critical care areas.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
 2. #1 and #2 describe more advanced and inclusive critical care abilities; #4 is not likely at all because most hospitals have some critical care areas.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
 3. #1 and #2 describe more advanced and inclusive critical care abilities; #4 is not likely at all because most hospitals have some critical care areas.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
 4. #1 and #2 describe more advanced and inclusive critical care abilities; #4 is not likely at all because most hospitals have some critical care areas.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1-2: State the three levels of care provided in critical care units

- 4) A nurse employed in an "open" ICU would most likely be working with a:
1. Multidisciplinary team with physicians who are also responsible for patients on other units.
 2. Multidisciplinary team that includes a physician employed by the hospital.
 3. Physician in charge of patient care who is a specialist in critical care.
 4. Primary care physician who must consult a critical care specialist.

Answer: 1

- Explanation:
1. #2, #3, and #4 refer to "closed" ICUs.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
 2. #2, #3, and #4 refer to "closed" ICUs.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
 3. #2, #3, and #4 refer to "closed" ICUs.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
 4. #2, #3, and #4 refer to "closed" ICUs.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1-3: Compare and contrast "open" and "closed" critical care units

- 5) According to the Institute of Medicine, technology increases the likelihood of errors in critical care units when:
1. It relies heavily on human decision-making.
 2. Devices are programmed to function without double-checks.
 3. It makes the workload seem overwhelming to health care providers.
 4. There is uniform equipment throughout each facility.

Answer: 2

- Explanation:
1. #1, #3, and #4 have not been identified to increase the likelihood of errors in the critical care unit.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Safe, Effective Care Environment–Management of Care
 2. #1, #3, and #4 have not been identified to increase the likelihood of errors in the critical care unit.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Safe, Effective Care Environment–Management of Care
 3. #1, #3, and #4 have not been identified to increase the likelihood of errors in the critical care unit.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Safe, Effective Care Environment–Management of Care
 4. #1, #3, and #4 have not been identified to increase the likelihood of errors in the critical care unit.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1-4: Explain why critical care units are one of the most common sites for health care errors

6) Which of the following is a common example of installing forcing functions or system level firewalls in order to prevent errors?

1. Prior to administration of insulin, two nurses check the dose.
2. Prior to obtaining a medication, height, weight and allergies are recorded.
3. All medications are checked by two nurses prior to administration.
4. Undiluted potassium chloride is not available on critical care units.

Answer: 4

Explanation: 1. #1 and #3 are examples of avoiding reliance on vigilance; #2 is an example of utilizing constraints.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Physiological Integrity–Pharmacological and Parenteral Therapies

2. #1 and #3 are examples of avoiding reliance on vigilance; #2 is an example of utilizing constraints.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Physiological Integrity–Pharmacological and Parenteral Therapies

3. #1 and #3 are examples of avoiding reliance on vigilance; #2 is an example of utilizing constraints.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Physiological Integrity–Pharmacological and Parenteral Therapies

4. #1 and #3 are examples of avoiding reliance on vigilance; #2 is an example of utilizing constraints.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Physiological Integrity–Pharmacological and Parenteral Therapies

Learning Outcome: 1–4: Explain why critical care units are one of the most common sites for health care errors

7) The increased use of technology in critical care units has resulted in which of the following consequences for patient care?

1. Decreased risk of errors in patient care
2. Decreased therapeutic nurse–patient communication
3. Improved overall patient satisfaction with care
4. Improved patient safety across the entire spectrum

Answer: 2

Explanation: 1. #1, #3, and #4 have not been demonstrated as outcomes resulting from increased technology use.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Physiological Integrity–Physiological Adaptation

2. #1, #3, and #4 have not been demonstrated as outcomes resulting from increased technology use.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Physiological Integrity–Physiological Adaptation

3. #1, #3, and #4 have not been demonstrated as outcomes resulting from increased technology use.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Physiological Integrity–Physiological Adaptation

4. #1, #3, and #4 have not been demonstrated as outcomes resulting from increased technology use.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Physiological Integrity–Physiological Adaptation

Learning Outcome: 1–4: Explain why critical care units are one of the most common sites for health care errors

8) Completion of a preoperative checklist is an operationalized example of which of the following recommendations issued by the Institute of Medicine?

1. Utilizing constraints
2. Simplifying key processes
3. Avoiding reliance on vigilance
4. Standardizing key processes

Answer: 3

Explanation: 1. #1, #2, and #4 are additional recommendations issued by the Institute of Medicine.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Safe, Effective Care Environment–Management of Care

2. #1, #2, and #4 are additional recommendations issued by the Institute of Medicine.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Safe, Effective Care Environment–Management of Care

3. #1, #2, and #4 are additional recommendations issued by the Institute of Medicine.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Safe, Effective Care Environment–Management of Care

4. #1, #2, and #4 are additional recommendations issued by the Institute of Medicine.

Nursing Process: Evaluation

Cognitive Level: Application

Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1–4: Explain why critical care units are one of the most common sites for health care errors

9) Which of the following actions should the nurse complete first after realizing that an incorrect dose of medication has been administered to a patient? (Select all that apply.)

1. Documentation of the error
2. Notification of the physician
3. Notification of the patient and family
4. Preparation for a root cause analysis

Answer: 1, 2, 3, 4

Explanation:

1. (Note: This requires multiple responses to be correct.) Although they are all correct, #2 should be completed first and a plan developed to ensure that the patient is not harmed.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
2. (Note: This requires multiple responses to be correct.) Although they are all correct, #2 should be completed first and a plan developed to ensure that the patient is not harmed.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
3. (Note: This requires multiple responses to be correct.) Although they are all correct, #2 should be completed first and a plan developed to ensure that the patient is not harmed.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
4. (Note: This requires multiple responses to be correct.) Although they are all correct, #2 should be completed first and a plan developed to ensure that the patient is not harmed.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1–4: Explain why critical care units are one of the most common sites for health care errors

- 10) The nurse working within the AACN Synergy Model realizes that optimal patient outcomes are realized when:
1. Highly qualified nurses care for patients in highly technical settings.
 2. Nurses agree to work overtime to cover unit staffing needs.
 3. Staff nurse competency is matched with patient needs.
 4. Patient care is delivered within a "closed unit" model.

Answer: 3

- Explanation:
1. #1, #2, and #4 are not correct. The underlying assumption of the synergy model is that optimal patient outcomes occur when the needs of the patient and family are matched with the competencies of the nurse.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
 2. #1, #2, and #4 are not correct. The underlying assumption of the synergy model is that optimal patient outcomes occur when the needs of the patient and family are matched with the competencies of the nurse.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
 3. #1, #2, and #4 are not correct. The underlying assumption of the synergy model is that optimal patient outcomes occur when the needs of the patient and family are matched with the competencies of the nurse.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care
 4. #1, #2, and #4 are not correct. The underlying assumption of the synergy model is that optimal patient outcomes occur when the needs of the patient and family are matched with the competencies of the nurse.
Nursing Process: Evaluation
Cognitive Level: Application
Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1-5: Describe the relationship between the patient and the nurse in the AACN's synergy model

11) The competent critical care nurse demonstrates an understanding of patient advocacy by taking which of the following actions? (Select all that apply.)

1. Maintaining attendance at the bedside with the patient during a physician visit
2. Assisting and supporting the patient and family as they reveal their needs
3. Alerting the physician to concerns about patient placement after hospitalization
4. Encouraging and supporting a patient's spouse in preparing for a family meeting

Answer: 1, 2, 3, 4

- Explanation:
1. (Note: This requires multiple responses to be correct.)
#1, #2, #3, and #4 all indicate ways in which the new critical care nurse could demonstrate an understanding of patient advocacy.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 2. (Note: This requires multiple responses to be correct.)
#1, #2, #3, and #4 all indicate ways in which the new critical care nurse could demonstrate an understanding of patient advocacy.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 3. (Note: This requires multiple responses to be correct.)
#1, #2, #3, and #4 all indicate ways in which the new critical care nurse could demonstrate an understanding of patient advocacy.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 4. (Note: This requires multiple responses to be correct.)
#1, #2, #3, and #4 all indicate ways in which the new critical care nurse could demonstrate an understanding of patient advocacy.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity

Learning Outcome: 1-5: Describe the relationship between the patient and the nurse in the AACN's synergy model

12) A nurse is preparing to communicate an issue about patient care to a physician using the SBAR technique. Which of the following phrases is an appropriate initial statement?

1. "I am concerned about..."
2. "The patient's immediate history is..."
3. "I think the problem is..."
4. "I would like you to ..."

Answer: 1

Explanation: 1. #2, #3, and #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
2. #2, #3, and #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
3. #2, #3, and #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
4. #2, #3, and #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1-7: Describe ways to enhance communications and collaboration among members of the health care team

13) The nurse would include which statement for "A – Assessment" in the SBAR technique for communication?

1. "I think the problem is..."
2. The patient's vital signs are..."
3. "The patient's treatments are..."
4. "I would like you to..."

Answer: 1

Explanation: 1. #1 is correct. #2, #3, #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
2. #1 is correct. #2, #3, #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
3. #1 is correct. #2, #3, #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
4. #1 is correct. #2, #3, #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1-7: Describe ways to enhance communications and collaboration among members of the health care team

14) To complete an SBAR communication about a patient issue, the nurse should use which of the following statements?

1. "The patient's immediate history is..."
2. "The patient's physical findings are..."
3. "I am requesting that you..."
4. "I have assessed the patient personally."

Answer: 3

Explanation: 1. #3 is correct. #1, #2, #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
2. #3 is correct. #1, #2, #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
3. #3 is correct. #1, #2, #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care
4. #3 is correct. #1, #2, #4 are statements pertinent to other portions of the SBAR.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1-7: Describe ways to enhance communications and collaboration among members of the health care team

15) Nurses must be able to collaborate with other members of the health care team in order to effect optimal outcomes in patient care. The nurse understands that characteristics of emotional maturity within the profession include: (Select all that apply.)

1. Being a lifelong learner.
2. Actively identifying best practices.
3. Maintaining current skills.
4. Overlooking one's own shortcomings.

Answer: 1, 2, 3

- Explanation:
1. (Note: This requires multiple responses to be correct.)
#4 does not describe an attribute of emotional maturity in nursing.
Nursing Process: Assessment
Cognitive Level: Comprehension
Category of Need: Psychosocial Integrity
 2. (Note: This requires multiple responses to be correct.)
#4 does not describe an attribute of emotional maturity in nursing.
Nursing Process: Assessment
Cognitive Level: Comprehension
Category of Need: Psychosocial Integrity
 3. (Note: This requires multiple responses to be correct.)
#4 does not describe an attribute of emotional maturity in nursing.
Nursing Process: Assessment
Cognitive Level: Comprehension
Category of Need: Psychosocial Integrity
 4. (Note: This requires multiple responses to be correct.)
#4 does not describe an attribute of emotional maturity in nursing.
Nursing Process: Assessment
Cognitive Level: Comprehension
Category of Need: Psychosocial Integrity

Learning Outcome: 1-7: Describe ways to enhance communications and collaboration among members of the health care team

16) A nurse might utilize a variety of informal power bases in the health care setting. These include: (Select all that apply.)

1. Information.
2. Expertise.
3. Goodwill.
4. Observation.

Answer: 1, 2, 3

- Explanation:
1. (Note: This requires multiple responses to be correct.)
Observation, although important, is not considered to be a form of power.
Nursing Process: Assessment
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 2. (Note: This requires multiple responses to be correct.)
Observation, although important, is not considered to be a form of power.
Nursing Process: Assessment
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 3. (Note: This requires multiple responses to be correct.)
Observation, although important, is not considered to be a form of power.
Nursing Process: Assessment
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 4. (Note: This requires multiple responses to be correct.)
Observation, although important, is not considered to be a form of power.
Nursing Process: Assessment
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity

Learning Outcome: 1-7: Describe ways to enhance communications and collaboration among members of the health care team

17) When a nurse encourages a patient who has experienced a motor vehicle crash to cough and deep -breathe even the patient does not initially want to, the nurse is placing a priority on which of the following ethical principles?

1. Beneficence
2. Nonmaleficence
3. Respect for persons
4. Justice

Answer: 2

Explanation: 1. According to ethicists, nonmaleficence should take precedence over beneficence because it is more important to avoid doing harm to patients than to attempt to benefit them.

Nursing Process: Evaluation

Cognitive Level: Analysis

Category of Need: Physiological Integrity–Physiological Adaptation

2. According to ethicists, nonmaleficence should take precedence over beneficence because it is more important to avoid doing harm to patients than to attempt to benefit them.

Nursing Process: Evaluation

Cognitive Level: Analysis

Category of Need: Physiological Integrity–Physiological Adaptation

3. According to ethicists, nonmaleficence should take precedence over beneficence because it is more important to avoid doing harm to patients than to attempt to benefit them.

Nursing Process: Evaluation

Cognitive Level: Analysis

Category of Need: Physiological Integrity–Physiological Adaptation

4. According to ethicists, nonmaleficence should take precedence over beneficence because it is more important to avoid doing harm to patients than to attempt to benefit them.

Nursing Process: Evaluation

Cognitive Level: Analysis

Category of Need: Physiological Integrity–Physiological Adaptation

Learning Outcome: 1-8: Explain why some health care providers believe that critically ill patients cannot give informed consent

- 18) When a nurse forcibly inserts a nasogastric tube against the patient's wishes, the nurse can be held liable for:
1. Assault.
 2. Battery.
 3. Civil penalties.
 4. Malpractice.

Answer: 2

- Explanation:
1. When the nurse treats or touches a patient without consent, it is battery.
Nursing Process: Implementation
Cognitive Level: Application
Category of Need: Physiological Integrity–Physiological Adaptation
 2. When the nurse treats or touches a patient without consent, it is battery.
Nursing Process: Implementation
Cognitive Level: Application
Category of Need: Physiological Integrity–Physiological Adaptation
 3. When the nurse treats or touches a patient without consent, it is battery.
Nursing Process: Implementation
Cognitive Level: Application
Category of Need: Physiological Integrity–Physiological Adaptation
 4. When the nurse treats or touches a patient without consent, it is battery.
Nursing Process: Implementation
Cognitive Level: Application
Category of Need: Physiological Integrity–Physiological Adaptation

Learning Outcome: 1-8: Explain why some health care providers believe that critically ill patients cannot give informed consent

19) The nurse is aware that decision-making capacity is likely to be impaired for patients who: (Select all that apply.)

1. Are depressed.
2. Are being medicated for severe pain.
3. Do not understand their medical condition.
4. Have been diagnosed with septic shock.

Answer: 1, 2, 3, 4

- Explanation:
1. (Note: This requires multiple responses to be correct.)
In each case, the patient is unable to meet at least one of the three components of informed consent.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Physiological Integrity-Physiological Adaptation
 2. (Note: This requires multiple responses to be correct.)
In each case, the patient is unable to meet at least one of the three components of informed consent.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Physiological Integrity-Physiological Adaptation
 3. (Note: This requires multiple responses to be correct.)
In each case, the patient is unable to meet at least one of the three components of informed consent.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Physiological Integrity-Physiological Adaptation
 4. (Note: This requires multiple responses to be correct.)
In each case, the patient is unable to meet at least one of the three components of informed consent.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Physiological Integrity-Physiological Adaptation

Learning Outcome: 1-8: Explain why some health care providers believe that critically ill patients cannot give informed consent

20) The nurse is aware that restraining a patient is most likely to result in the patient:

1. Pulling out an endotracheal tube.
2. Pulling out an intravenous line.
3. Disconnecting ventilator tubing.
4. Developing a nosocomial infection.

Answer: 4

- Explanation:
1. #1, #2, and #3 are actions that nurses believe unrestrained patients may accomplish and which may result in harm to the patients.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Physiological Integrity–Physiological Adaptation
 2. #1, #2, and #3 are actions that nurses believe unrestrained patients may accomplish and which may result in harm to the patients.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Physiological Integrity–Physiological Adaptation
 3. #1, #2, and #3 are actions that nurses believe unrestrained patients may accomplish and which may result in harm to the patients.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Physiological Integrity–Physiological Adaptation
 4. #1, #2, and #3 are actions that nurses believe unrestrained patients may accomplish and which may result in harm to the patients.
Nursing Process: Evaluation
Cognitive Level: Analysis
Category of Need: Physiological Integrity–Physiological Adaptation

Learning Outcome: 1-8: Explain why some health care providers believe that critically ill patients cannot give informed consent

- 21) For a nurse to be found guilty of negligence, which of the following must be demonstrated? That the patient:
1. Was assaulted.
 2. Was not consulted before being touched.
 3. Suffered a wrongful death.
 4. Incurred damages.

Answer: 4

Explanation: 1. In order to prove negligence, a duty must be owed; a duty must have been breached; the breach of duty caused injury to the patient; and there were damages.

Nursing Process: Evaluation

Cognitive Level: Comprehension

Category of Need: Safe, Effective Care Environment–Management of Care

2. In order to prove negligence, a duty must be owed; a duty must have been breached; the breach of duty caused injury to the patient; and there were damages.

Nursing Process: Evaluation

Cognitive Level: Comprehension

Category of Need: Safe, Effective Care Environment–Management of Care

3. In order to prove negligence, a duty must be owed; a duty must have been breached; the breach of duty caused injury to the patient; and there were damages.

Nursing Process: Evaluation

Cognitive Level: Comprehension

Category of Need: Safe, Effective Care Environment–Management of Care

4. In order to prove negligence, a duty must be owed; a duty must have been breached; the breach of duty caused injury to the patient; and there were damages.

Nursing Process: Evaluation

Cognitive Level: Comprehension

Category of Need: Safe, Effective Care Environment–Management of Care

Learning Outcome: 1-8: Explain why some health care providers believe that critically ill patients cannot give informed consent

22) Moral distress among critical care nurses is associated with: (Select all that apply.)

1. Providing aggressive care to patients who cannot benefit.
2. Having no voice in clinical decision making.
3. Realizing that nurses maintain power in bedside decision making.
4. Knowing the right thing to do but not being able to do it.

Answer: 1, 2, 4

- Explanation:
1. (Note: This requires multiple responses to be correct.)
#3 lacks accuracy according to nurses' reports in studies.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Physiological Integrity–Basic Care and Comfort
 2. (Note: This requires multiple responses to be correct.)
#3 lacks accuracy according to nurses' reports in studies.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Physiological Integrity–Basic Care and Comfort
 3. (Note: This requires multiple responses to be correct.)
#3 lacks accuracy according to nurses' reports in studies.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Physiological Integrity–Basic Care and Comfort
 4. (Note: This requires multiple responses to be correct.)
#3 lacks accuracy according to nurses' reports in studies.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Physiological Integrity–Basic Care and Comfort

Learning Outcome: 1-9: Analyze why moral distress might be a significant concern for critical care nurses

23) When a nurse employs conscientious refusal to participate, the nurse should be aware that: (Select all that apply.)

1. Consequences may involve employer sanction.
2. It may lead to dismissal from a nursing position.
3. Nursing administrators are largely supportive.
4. State boards of nursing protect the nurse in this situation.

Answer: 1, 2

- Explanation:
1. (Note: This requires multiple responses to be correct.)
Although some nursing administrators are supportive, this is not a widely held view (#3). #4 is not universally true. Therefore, the nurse must be aware of the state nurse practice act.
Nursing Process: Implementation
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 2. (Note: This requires multiple responses to be correct.)
Although some nursing administrators are supportive, this is not a widely held view (#3). #4 is not universally true. Therefore, the nurse must be aware of the state nurse practice act.
Nursing Process: Implementation
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 3. (Note: This requires multiple responses to be correct.)
Although some nursing administrators are supportive, this is not a widely held view (#3). #4 is not universally true. Therefore, the nurse must be aware of the state nurse practice act.
Nursing Process: Implementation
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity
 4. (Note: This requires multiple responses to be correct.)
Although some nursing administrators are supportive, this is not a widely held view (#3). #4 is not universally true. Therefore, the nurse must be aware of the state nurse practice act.
Nursing Process: Implementation
Cognitive Level: Analysis
Category of Need: Psychosocial Integrity

Learning Outcome: 1-10: Prioritize measures that a nurse might utilize to prevent compassion fatigue

24) Which of the following symptoms seen in a nurse would suggest compassion fatigue? (Select all that apply.)

1. Difficulty separating work from personal life
2. Excessive high tolerance for frustration
3. Having a completely laissez-faire attitude
4. Decreased functioning in nonprofessional situations

Answer: 1, 4

- Explanation:
1. (Note: This requires multiple responses to be correct.)
#2 and #3 are opposing behaviors and are not indicative of compassion fatigue.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Psychosocial Integrity
 2. (Note: This requires multiple responses to be correct.)
#2 and #3 are opposing behaviors and are not indicative of compassion fatigue.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Psychosocial Integrity
 3. (Note: This requires multiple responses to be correct.)
#2 and #3 are opposing behaviors and are not indicative of compassion fatigue.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Psychosocial Integrity
 4. (Note: This requires multiple responses to be correct.)
#2 and #3 are opposing behaviors and are not indicative of compassion fatigue.
Nursing Process: Evaluation
Cognitive Level: Comprehension
Category of Need: Psychosocial Integrity

Learning Outcome: 1-10: Prioritize measures that a nurse might utilize to prevent compassion fatigue