PRACTICE EXAM 10: CNOR SIMULATION (200 QUESTIONS)

This practice exam contains 200 multiple-choice questions. Allow 3 hours and 45 minutes. Select the single best answer for each question. The current CNOR examination contains 200 questions, of which 185 are scored, and requires a scaled score of at least 620 on a 200-800 scale to pass.

1. During final readiness checks, the circulating nurse identifies a concern involving preoperative identity verification. Which nursing response provides the safest initial intervention?

A. Ask a family member to identify
B. Use two approved patient identifiers
C. Use the surgeon's patient list
D. Use the room and procedure time

2. Care cannot safely advance until the concern is addressed. Which action is most appropriate for preoperative identity verification?

A. Use the surgeon's patient list
B. Use the room and procedure time
C. Ask a family member to identify
D. Use two approved patient identifiers

3. While reconciling the operative plan with current findings, the nurse detects a problem with allergy reconciliation. Which nursing response provides the safest initial intervention?

A. Clarify the allergen and documented reaction
B. Remove the allergy after negative testing
C. Ask anesthesia to address it later

D. Record only that an allergy exists

4. Care cannot safely advance until the concern is addressed. Which action is most appropriate for allergy reconciliation?

A. Ask anesthesia to address it later
B. Record only that an allergy exists
C. Clarify the allergen and documented reaction
D. Remove the allergy after negative testing

5. A new report from the care team raises a patient-safety issue related to medication assessment. Which nursing response provides the safest initial intervention?

A. Reconcile prescribed, over-the-counter, and herbal products
B. Exclude vitamins from the interview
C. Defer the medication history until discharge
D. Review only medications taken that morning

6. Care cannot safely advance until the concern is addressed. Which action is most appropriate for medication assessment?

A. Defer the medication history until discharge
B. Reconcile prescribed, over-the-counter, and herbal products
C. Review only medications taken that morning
D. Exclude vitamins from the interview

7. At an intraoperative briefing, team members ask the nurse how to manage NPO status. Which nursing response provides the safest initial intervention?

A. Count only solid food as oral intake before confirming the patient's current condition
B. Cancel before notifying anesthesia without addressing the identified perioperative risk

C. Assume the posted schedule confirms fasting as a routine response despite the available findings
D. Verify the type and time of the last oral intake

8. Care cannot safely advance until the concern is addressed. Which action is most appropriate for NPO status?

A. Cancel before notifying anesthesia before confirming the patient's current condition
B. Assume the posted schedule confirms fasting without addressing the identified perioperative risk
C. Verify the type and time of the last oral intake
D. Count only solid food as oral intake as a routine response despite the available findings

9. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning surgical consent discrepancy. Which nursing response provides the safest initial intervention?

A. Proceed if the schedule lists the procedure
B. Obtain consent from the scrub person
C. Ask the circulating nurse to alter the form
D. Stop preparation and resolve the discrepancy before sedation

10. Care cannot safely advance until the concern is addressed. Which action is most appropriate for surgical consent discrepancy?

A. Obtain consent from the scrub person
B. Stop preparation and resolve the discrepancy before sedation
C. Ask the circulating nurse to alter the form
D. Proceed if the schedule lists the procedure

11. During final readiness checks, the circulating nurse identifies a concern involving baseline skin assessment. Which nursing response provides the safest initial intervention?

A. Photograph every finding without permission

B. Treat all discoloration as pressure injury
C. Document preexisting skin findings before positioning
D. Document skin only after the procedure

12. Care cannot safely advance until the concern is addressed. Which action is most appropriate for baseline skin assessment?

A. Document preexisting skin findings before positioning
B. Treat all discoloration as pressure injury
C. Document skin only after the procedure
D. Photograph every finding without permission

13. While reconciling the operative plan with current findings, the nurse detects a problem with pregnancy screening. Which nursing response provides the safest initial intervention?

A. Rely only on the patient's appearance before confirming the patient's current condition
B. Omit screening when general anesthesia is planned
C. Follow facility policy and obtain informed testing when indicated
D. Test every patient without discussion without addressing the identified perioperative risk

14. Care cannot safely advance until the concern is addressed. Which action is most appropriate for pregnancy screening?

A. Follow facility policy and obtain informed testing when indicated
B. Omit screening when general anesthesia is planned
C. Test every patient without discussion before confirming the patient's current condition
D. Rely only on the patient's appearance without addressing the identified perioperative risk

15. A new report from the care team raises a patient-safety issue related to laboratory review. Which nursing response provides the safest initial intervention?

A. Proceed because anesthesia repeats all tests before confirming the patient's current condition
B. Ask the patient whether the value is normal
C. File the result for postoperative review without addressing the identified perioperative risk
D. Escalate a critical potassium result before transport to the OR

16. Care cannot safely advance until the concern is addressed. Which action is most appropriate for laboratory review?

A. Ask the patient whether the value is normal
B. Escalate a critical potassium result before transport to the OR
C. File the result for postoperative review before confirming the patient's current condition
D. Proceed because anesthesia repeats all tests without addressing the identified perioperative risk

17. At an intraoperative briefing, team members ask the nurse how to manage language access. Which nursing response provides the safest initial intervention?

A. Use a qualified medical interpreter
B. Ask a bilingual visitor to interpret consent
C. Rely on gestures for complex information
D. Use a minor child who speaks both languages

18. Care cannot safely advance until the concern is addressed. Which action is most appropriate for language access?

A. Rely on gestures for complex information
B. Use a qualified medical interpreter
C. Use a minor child who speaks both languages
D. Ask a bilingual visitor to interpret consent

19. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning latex sensitivity. Which nursing response provides the safest initial intervention?

A. Place latex gloves outside the room before confirming the patient's current condition
B. Give prophylactic antibiotics for latex exposure without addressing the identified perioperative risk
C. Create a latex-safe plan and communicate it to the team
D. Schedule the patient last without other changes as a routine response despite the available findings

20. Care cannot safely advance until the concern is addressed. Which action is most appropriate for latex sensitivity?

A. Give prophylactic antibiotics for latex exposure before confirming the patient's current condition
B. Schedule the patient last without other changes without addressing the identified perioperative risk
C. Place latex gloves outside the room as a routine response despite the available findings
D. Create a latex-safe plan and communicate it to the team

21. During final readiness checks, the circulating nurse identifies a concern involving obstructive sleep apnea. Which nursing response provides the safest initial intervention?

A. Use routine discharge criteria without modification before confirming the patient's current condition
B. Avoid asking about home CPAP use without addressing the identified perioperative risk
C. Withhold the history because surgery is brief
D. Communicate OSA risk and plan airway and postoperative monitoring

22. Care cannot safely advance until the concern is addressed. Which action is most appropriate for obstructive sleep apnea?

A. Communicate OSA risk and plan airway and postoperative monitoring
B. Avoid asking about home CPAP use before confirming the patient's current condition
C. Withhold the history because surgery is brief
D. Use routine discharge criteria without modification without addressing the identified perioperative risk

23. While reconciling the operative plan with current findings, the nurse detects a problem with pressure injury risk. Which nursing response provides the safest initial intervention?

A. Wait until positioning is complete before confirming the patient's current condition
B. Use body weight as the sole criterion
C. Assess mobility, nutrition, perfusion, skin, and procedure duration
D. Base risk only on the patient's age

24. Care cannot safely advance until the concern is addressed. Which action is most appropriate for pressure injury risk?

A. Use body weight as the sole criterion
B. Assess mobility, nutrition, perfusion, skin, and procedure duration
C. Base risk only on the patient's age
D. Wait until positioning is complete before confirming the patient's current condition

25. A new report from the care team raises a patient-safety issue related to blood refusal. Which nursing response provides the safest initial intervention?

A. Clarify acceptable products and document the patient's informed choices
B. Assume all blood fractions are refused before confirming the patient's current condition
C. Delay discussion until hemorrhage occurs without addressing the identified perioperative risk
D. Obtain blanket permission from the family as a routine response despite the available findings

26. Care cannot safely advance until the concern is addressed. Which action is most appropriate for blood refusal?

A. Delay discussion until hemorrhage occurs before confirming the patient's current condition
B. Clarify acceptable products and document the patient's informed choices
C. Obtain blanket permission from the family without addressing the identified perioperative risk
D. Assume all blood fractions are refused as a routine response despite the available findings

27. At an intraoperative briefing, team members ask the nurse how to manage site verification. Which nursing response provides the safest initial intervention?

A. Mark the site after induction before confirming the patient's current condition
B. Let only the circulating nurse verify the site
C. Use the operating room board as the final source
D. Reconcile the consent, schedule, assessment, and site marking

28. Care cannot safely advance until the concern is addressed. Which action is most appropriate for site verification?

A. Let only the circulating nurse verify the site
B. Use the operating room board as the final source
C. Reconcile the consent, schedule, assessment, and site marking
D. Mark the site after induction before confirming the patient's current condition

29. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning postoperative handoff assessment. Which nursing response provides the safest initial intervention?

A. Compare current status with baseline and report meaningful changes
B. Omit estimated blood loss if stable before confirming the patient's current condition
C. Wait for PACU staff to discover changes
D. Report only the procedure name without addressing the identified perioperative risk

30. Care cannot safely advance until the concern is addressed. Which action is most appropriate for postoperative handoff assessment?

A. Wait for PACU staff to discover changes
B. Compare current status with baseline and report meaningful changes
C. Report only the procedure name before confirming the patient's current condition
D. Omit estimated blood loss if stable without addressing the identified perioperative risk

31. During final readiness checks, the circulating nurse identifies a concern involving patient-centered outcome. Which nursing response provides the safest initial intervention?

A. Use a vague goal such as do well
B. Copy the same outcome for every patient before confirming the patient's current condition
C. List the surgeon's technical steps without addressing the identified perioperative risk
D. Write a measurable outcome tied to the identified nursing diagnosis

32. Care cannot safely advance until the concern is addressed. Which action is most appropriate for patient-centered outcome?

A. Copy the same outcome for every patient before confirming the patient's current condition
B. Write a measurable outcome tied to the identified nursing diagnosis
C. List the surgeon's technical steps without addressing the identified perioperative risk
D. Use a vague goal such as do well

33. While reconciling the operative plan with current findings, the nurse detects a problem with positioning plan. Which nursing response provides the safest initial intervention?

A. Delegate the entire plan to transport staff before confirming the patient's current condition
B. Position first and assess limitations afterward without addressing the identified perioperative risk
C. Match position, supports, and reassessment to patient and procedure risks
D. Use the same padding for all procedures as a routine response despite the available findings

34. Care cannot safely advance until the concern is addressed. Which action is most appropriate for positioning plan?

A. Match position, supports, and reassessment to patient and procedure risks
B. Position first and assess limitations afterward before confirming the patient's current condition
C. Use the same padding for all procedures without addressing the identified perioperative risk
D. Delegate the entire plan to transport staff as a routine response despite the available findings

35. A new report from the care team raises a patient-safety issue related to thermoregulation. Which nursing response provides the safest initial intervention?

A. Use room temperature as the sole intervention before confirming the patient's current condition
B. Avoid temperature monitoring during long cases without addressing the identified perioperative risk
C. Plan active warming based on patient risk and anticipated exposure
D. Begin warming only after shivering occurs as a routine response despite the available findings

36. Care cannot safely advance until the concern is addressed. Which action is most appropriate for thermoregulation?

A. Avoid temperature monitoring during long cases before confirming the patient's current condition
B. Begin warming only after shivering occurs without addressing the identified perioperative risk
C. Use room temperature as the sole intervention as a routine response despite the available findings
D. Plan active warming based on patient risk and anticipated exposure

37. At an intraoperative briefing, team members ask the nurse how to manage venous thromboembolism prevention. Which nursing response provides the safest initial intervention?

A. Apply ordered mechanical or pharmacologic measures according to assessed risk
B. Select prophylaxis by procedure name alone before confirming the patient's current condition
C. Omit assessment for ambulatory patients without addressing the identified perioperative risk
D. Use prophylaxis only after symptoms appear as a routine response despite the available findings

38. Care cannot safely advance until the concern is addressed. Which action is most appropriate for venous thromboembolism prevention?

A. Omit assessment for ambulatory patients before confirming the patient's current condition
B. Use prophylaxis only after symptoms appear without addressing the identified perioperative risk
C. Apply ordered mechanical or pharmacologic measures according to assessed risk
D. Select prophylaxis by procedure name alone as a routine response despite the available findings

39. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning specimen management. Which nursing response provides the safest initial intervention?

A. Allow unlabeled containers on the back table
B. Use room number as the identifier
C. Label specimens at the end of the shift
D. Plan identification, containment, handling, and destination before transfer

40. Care cannot safely advance until the concern is addressed. Which action is most appropriate for specimen management?

A. Use room number as the identifier
B. Plan identification, containment, handling, and destination before transfer
C. Label specimens at the end of the shift
D. Allow unlabeled containers on the back table

41. During final readiness checks, the circulating nurse identifies a concern involving implant availability. Which nursing response provides the safest initial intervention?

A. Rely on the vendor to perform verification before confirming the patient's current condition
B. Substitute sizes without surgeon confirmation without addressing the identified perioperative risk
C. Confirm the correct implants and compatible equipment before the patient enters
D. Open every available implant in advance as a routine response despite the available findings

42. Care cannot safely advance until the concern is addressed. Which action is most appropriate for implant availability?

A. Substitute sizes without surgeon confirmation before confirming the patient's current condition
B. Confirm the correct implants and compatible equipment before the patient enters
C. Open every available implant in advance without addressing the identified perioperative risk
D. Rely on the vendor to perform verification as a routine response despite the available findings

43. While reconciling the operative plan with current findings, the nurse detects a problem with pain management. Which nursing response provides the safest initial intervention?

A. Use one analgesic approach for every patient before confirming the patient's current condition
B. Delay pain planning until discharge without addressing the identified perioperative risk
C. Promise complete absence of pain as a routine response despite the available findings
D. Incorporate patient goals and a multimodal plan into expected outcomes

44. Care cannot safely advance until the concern is addressed. Which action is most appropriate for pain management?

A. Incorporate patient goals and a multimodal plan into expected outcomes
B. Delay pain planning until discharge before confirming the patient's current condition
C. Promise complete absence of pain without addressing the identified perioperative risk
D. Use one analgesic approach for every patient as a routine response despite the available findings

45. A new report from the care team raises a patient-safety issue related to discharge readiness. Which nursing response provides the safest initial intervention?

A. Discharge whenever transportation arrives before confirming the patient's current condition
B. Require every patient to be completely pain free
C. Use elapsed time as the only criterion
D. Define procedure-appropriate criteria for physiologic stability, function, and support

46. Care cannot safely advance until the concern is addressed. Which action is most appropriate for discharge readiness?

A. Define procedure-appropriate criteria for physiologic stability, function, and support
B. Require every patient to be completely pain free
C. Use elapsed time as the only criterion
D. Discharge whenever transportation arrives before confirming the patient's current condition

47. At an intraoperative briefing, team members ask the nurse how to manage surgical time-out. Which nursing response provides the safest initial intervention?

A. Allow one person to recite it without response
B. Perform it after the incision if rushed before confirming the patient's current condition
C. Pause immediately before incision with active participation by the team
D. Complete it during preoperative check-in without addressing the identified perioperative risk

48. Care cannot safely advance until the concern is addressed. Which action is most appropriate for surgical time-out?

A. Perform it after the incision if rushed before confirming the patient's current condition
B. Pause immediately before incision with active participation by the team
C. Complete it during preoperative check-in without addressing the identified perioperative risk
D. Allow one person to recite it without response

49. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning count discrepancy. Which nursing response provides the safest initial intervention?

A. Assume the item was discarded before confirming the patient's current condition
B. Close because the initial count was correct without addressing the identified perioperative risk
C. Document the mismatch after discharge as a routine response despite the available findings
D. Keep the patient in the room and follow the count-discrepancy process

50. Care cannot safely advance until the concern is addressed. Which action is most appropriate for count discrepancy?

A. Close because the initial count was correct before confirming the patient's current condition
B. Keep the patient in the room and follow the count-discrepancy process
C. Document the mismatch after discharge without addressing the identified perioperative risk
D. Assume the item was discarded as a routine response despite the available findings

51. During final readiness checks, the circulating nurse identifies a concern involving medication labeling. Which nursing response provides the safest initial intervention?

A. Identify solutions by container shape before confirming the patient's current condition
B. Wait until several medications are prepared without addressing the identified perioperative risk
C. Label every medication and solution on the sterile field when prepared
D. Label only syringes leaving the field as a routine response despite the available findings

52. Care cannot safely advance until the concern is addressed. Which action is most appropriate for medication labeling?

A. Label every medication and solution on the sterile field when prepared
B. Wait until several medications are prepared before confirming the patient's current condition
C. Label only syringes leaving the field without addressing the identified perioperative risk
D. Identify solutions by container shape as a routine response despite the available findings

53. While reconciling the operative plan with current findings, the nurse detects a problem with positioning in lithotomy. Which nursing response provides the safest initial intervention?

A. Raise and lower both legs together with coordinated support
B. Let the legs drop under gravity before confirming the patient's current condition
C. Hyperextend the knees for stability without addressing the identified perioperative risk
D. Move one leg at a time quickly

54. Care cannot safely advance until the concern is addressed. Which action is most appropriate for positioning in lithotomy?

A. Hyperextend the knees for stability before confirming the patient's current condition
B. Move one leg at a time quickly
C. Let the legs drop under gravity without addressing the identified perioperative risk
D. Raise and lower both legs together with coordinated support

55. A new report from the care team raises a patient-safety issue related to electrosurgical return electrode. Which nursing response provides the safest initial intervention?

A. Apply it over scar tissue before confirming the patient's current condition
B. Cut the pad to fit a small area without addressing the identified perioperative risk
C. Place it on clean, dry, well-perfused muscle near the operative site
D. Place it over a bony prominence as a routine response despite the available findings

56. Care cannot safely advance until the concern is addressed. Which action is most appropriate for electrosurgical return electrode?

A. Cut the pad to fit a small area before confirming the patient's current condition
B. Place it on clean, dry, well-perfused muscle near the operative site
C. Place it over a bony prominence without addressing the identified perioperative risk
D. Apply it over scar tissue as a routine response despite the available findings

57. At an intraoperative briefing, team members ask the nurse how to manage fire risk assessment. Which nursing response provides the safest initial intervention?

A. Wait until prep solution is applied before confirming the patient's current condition
B. Identify oxidizer, ignition source, and fuel before the procedure begins
C. Assign fire prevention solely to anesthesia without addressing the identified perioperative risk
D. Assess fire risk only for laser cases as a routine response despite the available findings

58. Care cannot safely advance until the concern is addressed. Which action is most appropriate for fire risk assessment?

A. Identify oxidizer, ignition source, and fuel before the procedure begins
B. Assign fire prevention solely to anesthesia before confirming the patient's current condition
C. Assess fire risk only for laser cases without addressing the identified perioperative risk
D. Wait until prep solution is applied as a routine response despite the available findings

59. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning alcohol prep drying. Which nursing response provides the safest initial intervention?

A. Use warming devices to speed evaporation before confirming the patient's current condition
B. Cover pooled solution with absorbent towels without addressing the identified perioperative risk
C. Blot visible liquid and drape immediately as a routine response despite the available findings
D. Allow the solution to dry completely and prevent pooling before draping

60. Care cannot safely advance until the concern is addressed. Which action is most appropriate for alcohol prep drying?

A. Cover pooled solution with absorbent towels before confirming the patient's current condition
B. Blot visible liquid and drape immediately without addressing the identified perioperative risk
C. Allow the solution to dry completely and prevent pooling before draping
D. Use warming devices to speed evaporation as a routine response despite the available findings

61. During final readiness checks, the circulating nurse identifies a concern involving tourniquet safety. Which nursing response provides the safest initial intervention?

A. Document pressure, inflation time, site, and skin assessment
B. Place the cuff over a bony prominence
C. Ignore cumulative inflation during interruptions before confirming the patient's current condition
D. Use the maximum pressure for every patient

62. Care cannot safely advance until the concern is addressed. Which action is most appropriate for tourniquet safety?

A. Ignore cumulative inflation during interruptions before confirming the patient's current condition
B. Document pressure, inflation time, site, and skin assessment
C. Use the maximum pressure for every patient
D. Place the cuff over a bony prominence

63. While reconciling the operative plan with current findings, the nurse detects a problem with laser eye protection. Which nursing response provides the safest initial intervention?

A. Protect only the patient
B. Remove protection when the beam is on standby
C. Use ordinary clear safety glasses
D. Use wavelength-specific protection for everyone exposed

64. Care cannot safely advance until the concern is addressed. Which action is most appropriate for laser eye protection?

A. Remove protection when the beam is on standby
B. Use ordinary clear safety glasses
C. Use wavelength-specific protection for everyone exposed
D. Protect only the patient

65. A new report from the care team raises a patient-safety issue related to radiation exposure. Which nursing response provides the safest initial intervention?

A. Apply time, distance, and shielding principles
B. Wear a dosimeter outside protective garments only
C. Remove shielding during short exposures
D. Stand closer to improve visualization

66. Care cannot safely advance until the concern is addressed. Which action is most appropriate for radiation exposure?

A. Remove shielding during short exposures
B. Stand closer to improve visualization
C. Apply time, distance, and shielding principles
D. Wear a dosimeter outside protective garments only

67. At an intraoperative briefing, team members ask the nurse how to manage safe patient transfer. Which nursing response provides the safest initial intervention?

A. Move before locking both surfaces before confirming the patient's current condition
B. Ask the sedated patient to assist without addressing the identified perioperative risk
C. Pull the patient by the arms as a routine response despite the available findings
D. Use sufficient personnel and transfer devices while controlling lines and airway

68. Care cannot safely advance until the concern is addressed. Which action is most appropriate for safe patient transfer?

A. Ask the sedated patient to assist before confirming the patient's current condition
B. Use sufficient personnel and transfer devices while controlling lines and airway
C. Pull the patient by the arms without addressing the identified perioperative risk
D. Move before locking both surfaces as a routine response despite the available findings

69. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning robotic surgery positioning. Which nursing response provides the safest initial intervention?

A. Use shoulder braces routinely in steep Trendelenburg
B. Rely on table friction alone before confirming the patient's current condition
C. Secure the patient and verify pressure-point protection before docking
D. Reposition freely after docking without addressing the identified perioperative risk

70. Care cannot safely advance until the concern is addressed. Which action is most appropriate for robotic surgery positioning?

A. Secure the patient and verify pressure-point protection before docking
B. Rely on table friction alone before confirming the patient's current condition
C. Reposition freely after docking without addressing the identified perioperative risk
D. Use shoulder braces routinely in steep Trendelenburg

71. During final readiness checks, the circulating nurse identifies a concern involving local anesthetic toxicity. Which nursing response provides the safest initial intervention?

A. Place the patient upright and observe before confirming the patient's current condition
B. Continue if the incision is nearly complete without addressing the identified perioperative risk
C. Give an additional test dose as a routine response despite the available findings
D. Stop administration and initiate the emergency response for systemic toxicity

72. Care cannot safely advance until the concern is addressed. Which action is most appropriate for local anesthetic toxicity?

A. Continue if the incision is nearly complete before confirming the patient's current condition
B. Stop administration and initiate the emergency response for systemic toxicity
C. Give an additional test dose without addressing the identified perioperative risk
D. Place the patient upright and observe as a routine response despite the available findings

73. While reconciling the operative plan with current findings, the nurse detects a problem with malignant hyperthermia risk. Which nursing response provides the safest initial intervention?

A. Avoid triggering agents and ensure dantrolene readiness
B. Rely on prophylactic antibiotics before confirming the patient's current condition
C. Delay planning until temperature rises
D. Use succinylcholine to test susceptibility

74. Care cannot safely advance until the concern is addressed. Which action is most appropriate for malignant hyperthermia risk?

A. Delay planning until temperature rises
B. Use succinylcholine to test susceptibility
C. Rely on prophylactic antibiotics before confirming the patient's current condition
D. Avoid triggering agents and ensure dantrolene readiness

75. A new report from the care team raises a patient-safety issue related to retained surgical item prevention. Which nursing response provides the safest initial intervention?

A. Exclude small miscellaneous items before confirming the patient's current condition
B. Use memory instead of a count record
C. Perform standardized counts and methodical wound exploration
D. Count only when the surgeon requests

76. Care cannot safely advance until the concern is addressed. Which action is most appropriate for retained surgical item prevention?

A. Use memory instead of a count record
B. Perform standardized counts and methodical wound exploration
C. Count only when the surgeon requests
D. Exclude small miscellaneous items before confirming the patient's current condition

77. At an intraoperative briefing, team members ask the nurse how to manage sterile field contamination. Which nursing response provides the safest initial intervention?

A. Continue if no one touched the patient
B. Wait until closure to report it
C. Correct the break immediately and replace contaminated items
D. Cover the contaminated area with a towel

78. Care cannot safely advance until the concern is addressed. Which action is most appropriate for sterile field contamination?

A. Correct the break immediately and replace contaminated items
B. Wait until closure to report it
C. Cover the contaminated area with a towel
D. Continue if no one touched the patient

79. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning surgical smoke. Which nursing response provides the safest initial intervention?

A. Use a surgical mask as the sole control
B. Evacuate smoke after the procedure before confirming the patient's current condition
C. Rely only on room ventilation without addressing the identified perioperative risk
D. Use local smoke evacuation near the point of generation

80. Care cannot safely advance until the concern is addressed. Which action is most appropriate for surgical smoke?

A. Evacuate smoke after the procedure before confirming the patient's current condition
B. Use local smoke evacuation near the point of generation
C. Rely only on room ventilation without addressing the identified perioperative risk
D. Use a surgical mask as the sole control

81. During final readiness checks, the circulating nurse identifies a concern involving pneumatic compression device. Which nursing response provides the safest initial intervention?

A. Turn the device on after discharge before confirming the patient's current condition
B. Apply sleeves correctly before induction when ordered and verify operation
C. Use sleeves only on the operative limb without addressing the identified perioperative risk
D. Place sleeves over objects in the pockets as a routine response despite the available findings

82. Care cannot safely advance until the concern is addressed. Which action is most appropriate for pneumatic compression device?

A. Apply sleeves correctly before induction when ordered and verify operation
B. Use sleeves only on the operative limb before confirming the patient's current condition
C. Place sleeves over objects in the pockets without addressing the identified perioperative risk
D. Turn the device on after discharge as a routine response despite the available findings

83. While reconciling the operative plan with current findings, the nurse detects a problem with fluid deficit monitoring. Which nursing response provides the safest initial intervention?

A. Ignore fluid on drapes and floor before confirming the patient's current condition
B. Wait for postoperative laboratory results without addressing the identified perioperative risk
C. Track irrigation inflow and outflow and report concerning deficits
D. Estimate deficit only from empty bags as a routine response despite the available findings

84. Care cannot safely advance until the concern is addressed. Which action is most appropriate for fluid deficit monitoring?

A. Wait for postoperative laboratory results before confirming the patient's current condition
B. Estimate deficit only from empty bags without addressing the identified perioperative risk
C. Ignore fluid on drapes and floor as a routine response despite the available findings
D. Track irrigation inflow and outflow and report concerning deficits

85. A new report from the care team raises a patient-safety issue related to medication handoff. Which nursing response provides the safest initial intervention?

A. Use color alone to identify the drug
B. Confirm only after administration before confirming the patient's current condition
C. Verbally confirm drug name, concentration, dose, and recipient
D. Pass an unlabeled syringe silently without addressing the identified perioperative risk

86. Care cannot safely advance until the concern is addressed. Which action is most appropriate for medication handoff?

A. Confirm only after administration before confirming the patient's current condition
B. Verbally confirm drug name, concentration, dose, and recipient
C. Pass an unlabeled syringe silently without addressing the identified perioperative risk
D. Use color alone to identify the drug

87. At an intraoperative briefing, team members ask the nurse how to manage specimen orientation. Which nursing response provides the safest initial intervention?

A. Communicate and preserve the surgeon's orientation markers
B. Orient the specimen in pathology
C. Use container position as the marker
D. Remove sutures before sending before confirming the patient's current condition

88. Care cannot safely advance until the concern is addressed. Which action is most appropriate for specimen orientation?

A. Use container position as the marker
B. Remove sutures before sending before confirming the patient's current condition
C. Orient the specimen in pathology
D. Communicate and preserve the surgeon's orientation markers

89. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning neutral zone. Which nursing response provides the safest initial intervention?

A. Place sharps under a towel before confirming the patient's current condition
B. Recap needles using two hands without addressing the identified perioperative risk
C. Use a designated hands-free area for sharps when feasible
D. Pass every sharp directly hand to hand

90. Care cannot safely advance until the concern is addressed. Which action is most appropriate for neutral zone?

A. Recap needles using two hands before confirming the patient's current condition
B. Pass every sharp directly hand to hand
C. Place sharps under a towel without addressing the identified perioperative risk
D. Use a designated hands-free area for sharps when feasible

91. During final readiness checks, the circulating nurse identifies a concern involving hypothermia prevention. Which nursing response provides the safest initial intervention?

A. Use warmed blankets without reassessment before confirming the patient's current condition
B. Monitor core temperature and use appropriate active warming
C. Treat shivering as an expected harmless event
D. Warm only intravenous antibiotics without addressing the identified perioperative risk

92. Care cannot safely advance until the concern is addressed. Which action is most appropriate for hypothermia prevention?

A. Monitor core temperature and use appropriate active warming
B. Treat shivering as an expected harmless event
C. Warm only intravenous antibiotics before confirming the patient's current condition
D. Use warmed blankets without reassessment without addressing the identified perioperative risk

93. While reconciling the operative plan with current findings, the nurse detects a problem with implant verification. Which nursing response provides the safest initial intervention?

A. Use packaging color as verification before confirming the patient's current condition
B. Record the lot number only if a problem occurs
C. Open the implant before checking the consent without addressing the identified perioperative risk
D. Confirm implant type, size, laterality, integrity, and expiration before use

94. Care cannot safely advance until the concern is addressed. Which action is most appropriate for implant verification?

A. Record the lot number only if a problem occurs
B. Confirm implant type, size, laterality, integrity, and expiration before use
C. Open the implant before checking the consent before confirming the patient's current condition
D. Use packaging color as verification without addressing the identified perioperative risk

95. A new report from the care team raises a patient-safety issue related to postoperative fall prevention. Which nursing response provides the safest initial intervention?

A. Use age alone to determine risk before confirming the patient's current condition

B. Remove assistive devices to simplify transfer without addressing the identified perioperative risk

C. Assess residual anesthesia effects and assist mobility according to risk

D. Allow independent ambulation after stable vital signs as a routine response despite the available findings

96. Care cannot safely advance until the concern is addressed. Which action is most appropriate for postoperative fall prevention?

A. Assess residual anesthesia effects and assist mobility according to risk

B. Remove assistive devices to simplify transfer before confirming the patient's current condition

C. Allow independent ambulation after stable vital signs without addressing the identified perioperative risk

D. Use age alone to determine risk as a routine response despite the available findings

97. At an intraoperative briefing, team members ask the nurse how to manage delegation. Which nursing response provides the safest initial intervention?

A. Transfer accountability entirely to the delegatee

B. Assign unfamiliar duties without guidance before confirming the patient's current condition

C. Delegate within verified competence while retaining appropriate supervision

D. Delegate based only on staffing shortage

98. Care cannot safely advance until the concern is addressed. Which action is most appropriate for delegation?

A. Assign unfamiliar duties without guidance before confirming the patient's current condition

B. Delegate based only on staffing shortage

C. Transfer accountability entirely to the delegatee

D. Delegate within verified competence while retaining appropriate supervision

99. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning vendor presence. Which nursing response provides the safest initial intervention?

A. Permit access to any patient record
B. Verify authorization, orientation, confidentiality, and role limits
C. Let the vendor direct nursing care
D. Allow the vendor to scrub independently

100. Care cannot safely advance until the concern is addressed. Which action is most appropriate for vendor presence?

A. Verify authorization, orientation, confidentiality, and role limits
B. Let the vendor direct nursing care
C. Allow the vendor to scrub independently
D. Permit access to any patient record

101. During final readiness checks, the circulating nurse identifies a concern involving staffing assignment. Which nursing response provides the safest initial intervention?

A. Match patient acuity and procedure complexity with staff competency
B. Use identical staffing for every service before confirming the patient's current condition
C. Let staff choose without leadership review without addressing the identified perioperative risk
D. Assign cases solely by seniority as a routine response despite the available findings

102. Care cannot safely advance until the concern is addressed. Which action is most appropriate for staffing assignment?

A. Let staff choose without leadership review before confirming the patient's current condition
B. Match patient acuity and procedure complexity with staff competency
C. Assign cases solely by seniority without addressing the identified perioperative risk
D. Use identical staffing for every service as a routine response despite the available findings

103. While reconciling the operative plan with current findings, the nurse detects a problem with equipment malfunction. Which nursing response provides the safest initial intervention?

A. Attempt an unauthorized repair before confirming the patient's current condition
B. Use it until the procedure ends regardless of risk without addressing the identified perioperative risk
C. Return it to storage for the next shift as a routine response despite the available findings
D. Remove the device from service, label it, and report it through policy

104. Care cannot safely advance until the concern is addressed. Which action is most appropriate for equipment malfunction?

A. Use it until the procedure ends regardless of risk before confirming the patient's current condition
B. Return it to storage for the next shift without addressing the identified perioperative risk
C. Remove the device from service, label it, and report it through policy
D. Attempt an unauthorized repair as a routine response despite the available findings

105. A new report from the care team raises a patient-safety issue related to loaner instrumentation. Which nursing response provides the safest initial intervention?

A. Skip inspection if the vendor confirms sterility
B. Process only visibly soiled instruments before confirming the patient's current condition
C. Require receipt, inventory, and processing with adequate lead time
D. Accept trays directly into the sterile field

106. Care cannot safely advance until the concern is addressed. Which action is most appropriate for loaner instrumentation?

A. Process only visibly soiled instruments before confirming the patient's current condition
B. Accept trays directly into the sterile field
C. Skip inspection if the vendor confirms sterility
D. Require receipt, inventory, and processing with adequate lead time

107. At an intraoperative briefing, team members ask the nurse how to manage preference card control. Which nursing response provides the safest initial intervention?

A. Review and update cards through a standardized change process
B. Keep obsolete supplies to avoid discussion before confirming the patient's current condition
C. Use memory instead of version control without addressing the identified perioperative risk
D. Let anyone alter cards without review as a routine response despite the available findings

108. Care cannot safely advance until the concern is addressed. Which action is most appropriate for preference card control?

A. Use memory instead of version control before confirming the patient's current condition
B. Review and update cards through a standardized change process
C. Let anyone alter cards without review without addressing the identified perioperative risk
D. Keep obsolete supplies to avoid discussion as a routine response despite the available findings

109. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning resource conservation. Which nursing response provides the safest initial intervention?

A. Reuse single-use items without authorization before confirming the patient's current condition
B. Open supplies as needed after confirming likely use
C. Choose products only by package size
D. Open all possible items before the patient arrives

110. Care cannot safely advance until the concern is addressed. Which action is most appropriate for resource conservation?

A. Open supplies as needed after confirming likely use
B. Choose products only by package size
C. Open all possible items before the patient arrives
D. Reuse single-use items without authorization before confirming the patient's current condition

111. During final readiness checks, the circulating nurse identifies a concern involving orientation validation. Which nursing response provides the safest initial intervention?

A. Validate every employee with the same single task
B. Allow self-attestation for high-risk skills
C. Consider orientation complete after one lecture
D. Use demonstrated competency rather than attendance alone

112. Care cannot safely advance until the concern is addressed. Which action is most appropriate for orientation validation?

A. Allow self-attestation for high-risk skills
B. Consider orientation complete after one lecture
C. Use demonstrated competency rather than attendance alone
D. Validate every employee with the same single task

113. While reconciling the operative plan with current findings, the nurse detects a problem with controlled substance discrepancy. Which nursing response provides the safest initial intervention?

A. Discard the remaining medication alone before confirming the patient's current condition
B. Secure the medication and follow reconciliation and reporting procedures
C. Wait until the end of the month
D. Alter the record to match the count

114. Care cannot safely advance until the concern is addressed. Which action is most appropriate for controlled substance discrepancy?

A. Secure the medication and follow reconciliation and reporting procedures
B. Wait until the end of the month
C. Alter the record to match the count
D. Discard the remaining medication alone before confirming the patient's current condition

115. A new report from the care team raises a patient-safety issue related to critical result communication. Which nursing response provides the safest initial intervention?

A. Assume the electronic alert was read
B. Tell a visitor to notify the surgeon
C. Use closed-loop communication and document the notification
D. Leave an unsigned note in the room

116. Care cannot safely advance until the concern is addressed. Which action is most appropriate for critical result communication?

A. Tell a visitor to notify the surgeon
B. Leave an unsigned note in the room
C. Assume the electronic alert was read
D. Use closed-loop communication and document the notification

117. At an intraoperative briefing, team members ask the nurse how to manage handoff. Which nursing response provides the safest initial intervention?

A. Skip allergies if already charted before confirming the patient's current condition
B. Delay report until after transport without addressing the identified perioperative risk
C. Use a standardized report covering patient, procedure, events, and continuing needs
D. Report only abnormal vital signs as a routine response despite the available findings

118. Care cannot safely advance until the concern is addressed. Which action is most appropriate for handoff?

A. Use a standardized report covering patient, procedure, events, and continuing needs
B. Delay report until after transport before confirming the patient's current condition
C. Report only abnormal vital signs without addressing the identified perioperative risk
D. Skip allergies if already charted as a routine response despite the available findings

119. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning late documentation. Which nursing response provides the safest initial intervention?

A. Delete the original record before confirming the patient's current condition
B. Ask another nurse to sign it without addressing the identified perioperative risk
C. Backdate the note to the procedure time as a routine response despite the available findings
D. Enter a clearly labeled late entry with the actual entry time

120. Care cannot safely advance until the concern is addressed. Which action is most appropriate for late documentation?

A. Ask another nurse to sign it before confirming the patient's current condition
B. Enter a clearly labeled late entry with the actual entry time
C. Backdate the note to the procedure time without addressing the identified perioperative risk
D. Delete the original record as a routine response despite the available findings

121. During final readiness checks, the circulating nurse identifies a concern involving read-back. Which nursing response provides the safest initial intervention?

A. Write the order without confirmation before confirming the patient's current condition
B. Ask a nonclinical observer to verify without addressing the identified perioperative risk
C. Read back verbal orders and critical values for confirmation
D. Repeat only the medication name as a routine response despite the available findings

122. Care cannot safely advance until the concern is addressed. Which action is most appropriate for read-back?

A. Ask a nonclinical observer to verify before confirming the patient's current condition
B. Repeat only the medication name without addressing the identified perioperative risk
C. Write the order without confirmation as a routine response despite the available findings
D. Read back verbal orders and critical values for confirmation

123. While reconciling the operative plan with current findings, the nurse detects a problem with specimen communication. Which nursing response provides the safest initial intervention?

A. Use two identifiers and confirm specimen description and source
B. Batch-label containers after the patient leaves before confirming the patient's current condition
C. Let the courier supply missing details without addressing the identified perioperative risk
D. Identify specimens by room number as a routine response despite the available findings

124. Care cannot safely advance until the concern is addressed. Which action is most appropriate for specimen communication?

A. Let the courier supply missing details before confirming the patient's current condition
B. Use two identifiers and confirm specimen description and source
C. Identify specimens by room number without addressing the identified perioperative risk
D. Batch-label containers after the patient leaves as a routine response despite the available findings

125. A new report from the care team raises a patient-safety issue related to team conflict. Which nursing response provides the safest initial intervention?

A. State the safety concern clearly and use the chain of command if unresolved
B. Argue in front of the awake patient before confirming the patient's current condition
C. Document concern without taking action without addressing the identified perioperative risk
D. Remain silent to preserve harmony as a routine response despite the available findings

126. Care cannot safely advance until the concern is addressed. Which action is most appropriate for team conflict?

A. Document concern without taking action before confirming the patient's current condition
B. Remain silent to preserve harmony without addressing the identified perioperative risk
C. Argue in front of the awake patient as a routine response despite the available findings
D. State the safety concern clearly and use the chain of command if unresolved

127. At an intraoperative briefing, team members ask the nurse how to manage abbreviation safety. Which nursing response provides the safest initial intervention?

A. Use trailing zeros for whole doses
B. Omit leading zeros for decimals
C. Use approved terminology and avoid prohibited abbreviations
D. Invent abbreviations to save space

128. Care cannot safely advance until the concern is addressed. Which action is most appropriate for abbreviation safety?

A. Omit leading zeros for decimals
B. Use approved terminology and avoid prohibited abbreviations
C. Invent abbreviations to save space
D. Use trailing zeros for whole doses

129. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning privacy. Which nursing response provides the safest initial intervention?

A. Discuss patient information only with involved personnel in an appropriate setting
B. Post deidentified details with recognizable photos before confirming the patient's current condition
C. Share records with curious coworkers without addressing the identified perioperative risk
D. Discuss unusual cases in public elevators as a routine response despite the available findings

130. Care cannot safely advance until the concern is addressed. Which action is most appropriate for privacy?

A. Share records with curious coworkers before confirming the patient's current condition
B. Discuss patient information only with involved personnel in an appropriate setting
C. Discuss unusual cases in public elevators without addressing the identified perioperative risk
D. Post deidentified details with recognizable photos as a routine response despite the available findings

131. During final readiness checks, the circulating nurse identifies a concern involving implant documentation. Which nursing response provides the safest initial intervention?

A. Rely solely on the vendor invoice before confirming the patient's current condition
B. Document identifiers only after a recall without addressing the identified perioperative risk
C. Record manufacturer, lot or serial number, size, and site as applicable
D. Record only the implant price as a routine response despite the available findings

132. Care cannot safely advance until the concern is addressed. Which action is most appropriate for implant documentation?

A. Document identifiers only after a recall before confirming the patient's current condition
B. Record only the implant price without addressing the identified perioperative risk
C. Rely solely on the vendor invoice as a routine response despite the available findings
D. Record manufacturer, lot or serial number, size, and site as applicable

133. While reconciling the operative plan with current findings, the nurse detects a problem with preference-sensitive decision. Which nursing response provides the safest initial intervention?

A. Avoid documenting preferences before confirming the patient's current condition
B. Confirm the patient's stated values are communicated to the care team
C. Assume silence means consent without addressing the identified perioperative risk
D. Substitute the family's preferences automatically as a routine response despite the available findings

134. Care cannot safely advance until the concern is addressed. Which action is most appropriate for preference-sensitive decision?

A. Confirm the patient's stated values are communicated to the care team
B. Assume silence means consent before confirming the patient's current condition
C. Substitute the family's preferences automatically without addressing the identified perioperative risk
D. Avoid documenting preferences as a routine response despite the available findings

135. A new report from the care team raises a patient-safety issue related to event report. Which nursing response provides the safest initial intervention?

A. Copy opinions into both records before confirming the patient's current condition
B. Omit the event from the clinical record without addressing the identified perioperative risk
C. Document objective facts in the health record and complete the safety report separately
D. Mention the incident report in the chart as a routine response despite the available findings

136. Care cannot safely advance until the concern is addressed. Which action is most appropriate for event report?

A. Omit the event from the clinical record before confirming the patient's current condition
B. Mention the incident report in the chart without addressing the identified perioperative risk
C. Copy opinions into both records as a routine response despite the available findings
D. Document objective facts in the health record and complete the safety report separately

137. At an intraoperative briefing, team members ask the nurse how to manage hand hygiene. Which nursing response provides the safest initial intervention?

A. Clean hands only when visibly soiled before confirming the patient's current condition
B. Perform hand hygiene before and after patient contact and after glove removal
C. Skip hygiene after intact glove use without addressing the identified perioperative risk
D. Use gloves instead of hand hygiene as a routine response despite the available findings

138. Care cannot safely advance until the concern is addressed. Which action is most appropriate for hand hygiene?

A. Skip hygiene after intact glove use before confirming the patient's current condition
B. Use gloves instead of hand hygiene without addressing the identified perioperative risk
C. Clean hands only when visibly soiled as a routine response despite the available findings
D. Perform hand hygiene before and after patient contact and after glove removal

139. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning sterile package inspection. Which nursing response provides the safest initial intervention?

A. Dry a wet package and use it before confirming the patient's current condition
B. Ignore the external indicator without addressing the identified perioperative risk
C. Check integrity, dryness, indicator, and expiration or event status before opening
D. Use a package with a small tear if contents look clean

140. Care cannot safely advance until the concern is addressed. Which action is most appropriate for sterile package inspection?

A. Check integrity, dryness, indicator, and expiration or event status before opening
B. Ignore the external indicator before confirming the patient's current condition
C. Use a package with a small tear if contents look clean
D. Dry a wet package and use it without addressing the identified perioperative risk

141. During final readiness checks, the circulating nurse identifies a concern involving opening sterile supplies. Which nursing response provides the safest initial intervention?

A. Drop heavy items from shoulder height before confirming the patient's current condition
B. Touch the inner wrapper with bare hands without addressing the identified perioperative risk
C. Open the far flap first and avoid reaching over the field
D. Open the near flap first across the contents as a routine response despite the available findings

142. Care cannot safely advance until the concern is addressed. Which action is most appropriate for opening sterile supplies?

A. Touch the inner wrapper with bare hands before confirming the patient's current condition
B. Open the near flap first across the contents without addressing the identified perioperative risk
C. Drop heavy items from shoulder height as a routine response despite the available findings
D. Open the far flap first and avoid reaching over the field

143. While reconciling the operative plan with current findings, the nurse detects a problem with sterile field monitoring. Which nursing response provides the safest initial intervention?

A. Keep the field under direct observation and consider unobserved fields contaminated
B. Use an unobserved field if indicators changed before confirming the patient's current condition
C. Ask environmental staff to watch it without addressing the identified perioperative risk
D. Cover the field and leave it unattended as a routine response despite the available findings

144. Care cannot safely advance until the concern is addressed. Which action is most appropriate for sterile field monitoring?

A. Ask environmental staff to watch it before confirming the patient's current condition
B. Keep the field under direct observation and consider unobserved fields contaminated
C. Cover the field and leave it unattended without addressing the identified perioperative risk
D. Use an unobserved field if indicators changed as a routine response despite the available findings

145. A new report from the care team raises a patient-safety issue related to traffic control. Which nursing response provides the safest initial intervention?

A. Increase traffic during implant cases
B. Store frequently used items outside the room
C. Limit door openings and unnecessary movement
D. Prop doors open for convenience

146. Care cannot safely advance until the concern is addressed. Which action is most appropriate for traffic control?

A. Store frequently used items outside the room
B. Prop doors open for convenience
C. Increase traffic during implant cases
D. Limit door openings and unnecessary movement

147. At an intraoperative briefing, team members ask the nurse how to manage airflow. Which nursing response provides the safest initial intervention?

A. Keep operating room doors closed except for essential passage
B. Use fans near the sterile field before confirming the patient's current condition
C. Block supply vents with equipment without addressing the identified perioperative risk
D. Open doors to increase positive pressure as a routine response despite the available findings

148. Care cannot safely advance until the concern is addressed. Which action is most appropriate for airflow?

A. Keep operating room doors closed except for essential passage
B. Block supply vents with equipment before confirming the patient's current condition
C. Open doors to increase positive pressure without addressing the identified perioperative risk
D. Use fans near the sterile field as a routine response despite the available findings

149. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning surgical attire. Which nursing response provides the safest initial intervention?

A. Wear home-laundered attire regardless of policy before confirming the patient's current condition
B. Contain head and facial hair according to facility policy
C. Reuse visibly soiled head coverings without addressing the identified perioperative risk
D. Allow loose hair if it avoids the field

150. Care cannot safely advance until the concern is addressed. Which action is most appropriate for surgical attire?

A. Reuse visibly soiled head coverings before confirming the patient's current condition
B. Allow loose hair if it avoids the field
C. Wear home-laundered attire regardless of policy without addressing the identified perioperative risk
D. Contain head and facial hair according to facility policy

151. During final readiness checks, the circulating nurse identifies a concern involving skin antisepsis. Which nursing response provides the safest initial intervention?

A. Mix products to increase strength before confirming the patient's current condition
B. Apply over pooled solution without removal without addressing the identified perioperative risk
C. Apply the selected antiseptic using its instructions and allow required drying
D. Wipe it off immediately after application as a routine response despite the available findings

152. Care cannot safely advance until the concern is addressed. Which action is most appropriate for skin antisepsis?

A. Apply over pooled solution without removal before confirming the patient's current condition
B. Apply the selected antiseptic using its instructions and allow required drying
C. Wipe it off immediately after application without addressing the identified perioperative risk
D. Mix products to increase strength as a routine response despite the available findings

153. While reconciling the operative plan with current findings, the nurse detects a problem with instrument cleaning. Which nursing response provides the safest initial intervention?

A. Skip cleaning for hinged instruments
B. Use saline to hold instruments routinely
C. Sterilize visible soil in place
D. Clean instruments before disinfection or sterilization

154. Care cannot safely advance until the concern is addressed. Which action is most appropriate for instrument cleaning?

A. Use saline to hold instruments routinely
B. Clean instruments before disinfection or sterilization
C. Sterilize visible soil in place
D. Skip cleaning for hinged instruments

155. A new report from the care team raises a patient-safety issue related to point-of-use care. Which nursing response provides the safest initial intervention?

A. Keep instruments moist with an approved method and remove gross soil promptly
B. Allow blood to dry before transport before confirming the patient's current condition
C. Close hinged instruments tightly without addressing the identified perioperative risk
D. Soak instruments in saline overnight as a routine response despite the available findings

156. Care cannot safely advance until the concern is addressed. Which action is most appropriate for point-of-use care?

A. Close hinged instruments tightly before confirming the patient's current condition
B. Soak instruments in saline overnight without addressing the identified perioperative risk
C. Keep instruments moist with an approved method and remove gross soil promptly
D. Allow blood to dry before transport as a routine response despite the available findings

157. At an intraoperative briefing, team members ask the nurse how to manage immediate-use steam sterilization. Which nursing response provides the safest initial intervention?

A. Skip cleaning because steam kills organisms before confirming the patient's current condition
B. Carry the item uncovered through the hallway without addressing the identified perioperative risk
C. Use only when justified and follow validated cleaning, packaging, and transport steps
D. Use it routinely to compensate for low inventory as a routine response despite the available findings

158. Care cannot safely advance until the concern is addressed. Which action is most appropriate for immediate-use steam sterilization?

A. Use only when justified and follow validated cleaning, packaging, and transport steps
B. Carry the item uncovered through the hallway before confirming the patient's current condition
C. Use it routinely to compensate for low inventory without addressing the identified perioperative risk
D. Skip cleaning because steam kills organisms as a routine response despite the available findings

159. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning biological monitoring. Which nursing response provides the safest initial intervention?

A. Release all loads without review before confirming the patient's current condition
B. Repeat only the label printing without addressing the identified perioperative risk
C. Ignore it when chemical indicators changed as a routine response despite the available findings
D. Respond to a positive indicator according to recall and investigation policy

160. Care cannot safely advance until the concern is addressed. Which action is most appropriate for biological monitoring?

A. Repeat only the label printing before confirming the patient's current condition
B. Respond to a positive indicator according to recall and investigation policy
C. Ignore it when chemical indicators changed without addressing the identified perioperative risk
D. Release all loads without review as a routine response despite the available findings

161. During final readiness checks, the circulating nurse identifies a concern involving single-use devices. Which nursing response provides the safest initial intervention?

A. Reuse after surface wiping before confirming the patient's current condition
B. Let the surgeon decide without policy review without addressing the identified perioperative risk
C. Use once unless an authorized reprocessor has met applicable requirements
D. Reprocess locally whenever the device looks intact as a routine response despite the available findings

162. Care cannot safely advance until the concern is addressed. Which action is most appropriate for single-use devices?

A. Let the surgeon decide without policy review before confirming the patient's current condition
B. Use once unless an authorized reprocessor has met applicable requirements
C. Reprocess locally whenever the device looks intact without addressing the identified perioperative risk

D. Reuse after surface wiping as a routine response despite the available findings

163. While reconciling the operative plan with current findings, the nurse detects a problem with environmental cleaning. Which nursing response provides the safest initial intervention?

A. Clean and disinfect high-touch surfaces between patients using approved products
B. Use any household cleaner before confirming the patient's current condition
C. Skip contact time when the schedule is delayed
D. Clean only visible blood without addressing the identified perioperative risk

164. Care cannot safely advance until the concern is addressed. Which action is most appropriate for environmental cleaning?

A. Skip contact time when the schedule is delayed
B. Clean only visible blood before confirming the patient's current condition
C. Use any household cleaner without addressing the identified perioperative risk
D. Clean and disinfect high-touch surfaces between patients using approved products

165. A new report from the care team raises a patient-safety issue related to sharps disposal. Which nursing response provides the safest initial intervention?

A. Overfill the container to reduce waste
B. Discard sharps immediately into a closable puncture-resistant container
C. Carry loose sharps to another room
D. Leave sharps on the field for final cleanup

166. Care cannot safely advance until the concern is addressed. Which action is most appropriate for sharps disposal?

A. Discard sharps immediately into a closable puncture-resistant container
B. Carry loose sharps to another room

C. Leave sharps on the field for final cleanup
D. Overfill the container to reduce waste

167. At an intraoperative briefing, team members ask the nurse how to manage sterile storage. Which nursing response provides the safest initial intervention?

A. Compress packages into overfilled bins before confirming the patient's current condition
B. Use damaged packages if indicators are correct
C. Store sterile items under sinks without addressing the identified perioperative risk
D. Protect packages from moisture, crushing, dust, and excessive handling

168. Care cannot safely advance until the concern is addressed. Which action is most appropriate for sterile storage?

A. Use damaged packages if indicators are correct
B. Store sterile items under sinks before confirming the patient's current condition
C. Protect packages from moisture, crushing, dust, and excessive handling
D. Compress packages into overfilled bins without addressing the identified perioperative risk

169. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning operating room fire. Which nursing response provides the safest initial intervention?

A. Add oxygen to improve ventilation before confirming the patient's current condition
B. Continue surgery while someone finds an extinguisher without addressing the identified perioperative risk
C. Stop the procedure, remove burning material, and stop oxidizer flow as appropriate
D. Carry the burning patient into the corridor first as a routine response despite the available findings

170. Care cannot safely advance until the concern is addressed. Which action is most appropriate for operating room fire?

A. Continue surgery while someone finds an extinguisher before confirming the patient's current condition
B. Carry the burning patient into the corridor first without addressing the identified perioperative risk
C. Add oxygen to improve ventilation as a routine response despite the available findings
D. Stop the procedure, remove burning material, and stop oxidizer flow as appropriate

171. During final readiness checks, the circulating nurse identifies a concern involving malignant hyperthermia. Which nursing response provides the safest initial intervention?

A. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene
B. Treat only with an antipyretic before confirming the patient's current condition
C. Wait for extreme fever before responding without addressing the identified perioperative risk
D. Apply warming blankets and continue anesthesia as a routine response despite the available findings

172. Care cannot safely advance until the concern is addressed. Which action is most appropriate for malignant hyperthermia?

A. Wait for extreme fever before responding before confirming the patient's current condition
B. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene
C. Apply warming blankets and continue anesthesia without addressing the identified perioperative risk
D. Treat only with an antipyretic as a routine response despite the available findings

173. While reconciling the operative plan with current findings, the nurse detects a problem with anaphylaxis. Which nursing response provides the safest initial intervention?

A. Place the patient alone in recovery before confirming the patient's current condition
B. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment
C. Continue the infusion at a slower rate without addressing the identified perioperative risk
D. Give an oral antihistamine and observe as a routine response despite the available findings

174. Care cannot safely advance until the concern is addressed. Which action is most appropriate for anaphylaxis?

A. Continue the infusion at a slower rate before confirming the patient's current condition
B. Give an oral antihistamine and observe without addressing the identified perioperative risk
C. Place the patient alone in recovery as a routine response despite the available findings
D. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment

175. A new report from the care team raises a patient-safety issue related to massive hemorrhage. Which nursing response provides the safest initial intervention?

A. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring
B. Give only crystalloid regardless of loss before confirming the patient's current condition
C. Delay communication until closure without addressing the identified perioperative risk
D. Wait for the final hemoglobin result as a routine response despite the available findings

176. Care cannot safely advance until the concern is addressed. Which action is most appropriate for massive hemorrhage?

A. Delay communication until closure before confirming the patient's current condition
B. Wait for the final hemoglobin result without addressing the identified perioperative risk
C. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring
D. Give only crystalloid regardless of loss as a routine response despite the available findings

177. At an intraoperative briefing, team members ask the nurse how to manage local anesthetic systemic toxicity. Which nursing response provides the safest initial intervention?

A. Use propofol alone in cardiovascular collapse before confirming the patient's current condition
B. Stop injection, secure the airway, treat seizures, and prepare lipid emulsion
C. Send the patient home after symptoms resolve without addressing the identified perioperative risk
D. Give more local anesthetic to confirm the diagnosis as a routine response despite the available findings

178. Care cannot safely advance until the concern is addressed. Which action is most appropriate for local anesthetic systemic toxicity?

A. Send the patient home after symptoms resolve before confirming the patient's current condition
B. Give more local anesthetic to confirm the diagnosis without addressing the identified perioperative risk
C. Stop injection, secure the airway, treat seizures, and prepare lipid emulsion
D. Use propofol alone in cardiovascular collapse as a routine response despite the available findings

179. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning cardiac arrest in prone position. Which nursing response provides the safest initial intervention?

A. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning
B. Remove all airway equipment first before confirming the patient's current condition
C. Continue the procedure until closure without addressing the identified perioperative risk
D. Wait to act until the patient is supine as a routine response despite the available findings

180. Care cannot safely advance until the concern is addressed. Which action is most appropriate for cardiac arrest in prone position?

A. Continue the procedure until closure before confirming the patient's current condition
B. Wait to act until the patient is supine without addressing the identified perioperative risk
C. Remove all airway equipment first as a routine response despite the available findings
D. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning

181. During final readiness checks, the circulating nurse identifies a concern involving power failure. Which nursing response provides the safest initial intervention?

A. Maintain patient support and follow the utility-failure plan using emergency systems
B. Turn off battery-powered monitors before confirming the patient's current condition
C. Move the anesthetized patient without planning without addressing the identified perioperative risk
D. Open all doors and end sterile technique as a routine response despite the available findings

182. Care cannot safely advance until the concern is addressed. Which action is most appropriate for power failure?

A. Move the anesthetized patient without planning before confirming the patient's current condition
B. Maintain patient support and follow the utility-failure plan using emergency systems
C. Open all doors and end sterile technique without addressing the identified perioperative risk
D. Turn off battery-powered monitors as a routine response despite the available findings

183. While reconciling the operative plan with current findings, the nurse detects a problem with chemical spill. Which nursing response provides the safest initial intervention?

A. Flush every chemical into a sink before confirming the patient's current condition
B. Continue work until environmental services arrives without addressing the identified perioperative risk
C. Wipe it up with bare hands as a routine response despite the available findings
D. Restrict access and use the substance-specific spill response and protective equipment

184. Care cannot safely advance until the concern is addressed. Which action is most appropriate for chemical spill?

A. Continue work until environmental services arrives before confirming the patient's current condition
B. Wipe it up with bare hands without addressing the identified perioperative risk
C. Restrict access and use the substance-specific spill response and protective equipment
D. Flush every chemical into a sink as a routine response despite the available findings

185. A new report from the care team raises a patient-safety issue related to venous air embolism. Which nursing response provides the safest initial intervention?

A. Place the patient upright immediately in every case before confirming the patient's current condition
B. Notify the team, stop further air entry, give oxygen, and support hemodynamics

C. Ignore a sudden end-tidal carbon dioxide decrease without addressing the identified perioperative risk
D. Increase insufflation pressure as a routine response despite the available findings

186. Care cannot safely advance until the concern is addressed. Which action is most appropriate for venous air embolism?

A. Ignore a sudden end-tidal carbon dioxide decrease before confirming the patient's current condition
B. Increase insufflation pressure without addressing the identified perioperative risk
C. Place the patient upright immediately in every case as a routine response despite the available findings
D. Notify the team, stop further air entry, give oxygen, and support hemodynamics

187. At an intraoperative briefing, team members ask the nurse how to manage evacuation. Which nursing response provides the safest initial intervention?

A. Follow the facility plan while maintaining patient identification, support, and accountability
B. Leave records and medications behind routinely before confirming the patient's current condition
C. Use elevators during a fire without authorization without addressing the identified perioperative risk
D. Evacuate staff before anesthetized patients without assessment as a routine response despite the available findings

188. Care cannot safely advance until the concern is addressed. Which action is most appropriate for evacuation?

A. Use elevators during a fire without authorization before confirming the patient's current condition
B. Evacuate staff before anesthetized patients without assessment without addressing the identified perioperative risk
C. Follow the facility plan while maintaining patient identification, support, and accountability
D. Leave records and medications behind routinely as a routine response despite the available findings

189. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning scope of practice. Which nursing response provides the safest initial intervention?

A. Let staffing need define legal scope before confirming the patient's current condition
B. Assume observation proves competence without addressing the identified perioperative risk
C. Perform any task requested by a physician
D. Practice within law, standards, policy, education, and demonstrated competence

190. Care cannot safely advance until the concern is addressed. Which action is most appropriate for scope of practice?

A. Assume observation proves competence before confirming the patient's current condition
B. Perform any task requested by a physician
C. Practice within law, standards, policy, education, and demonstrated competence
D. Let staffing need define legal scope without addressing the identified perioperative risk

191. During final readiness checks, the circulating nurse identifies a concern involving informed consent advocacy. Which nursing response provides the safest initial intervention?

A. Ask family to pressure the patient before confirming the patient's current condition
B. Notify the provider when the patient has unanswered questions or appears coerced
C. Witness a signature after sedating the patient without addressing the identified perioperative risk
D. Explain the surgeon's risks and obtain consent independently as a routine response despite the available findings

192. Care cannot safely advance until the concern is addressed. Which action is most appropriate for informed consent advocacy?

A. Notify the provider when the patient has unanswered questions or appears coerced
B. Witness a signature after sedating the patient before confirming the patient's current condition
C. Explain the surgeon's risks and obtain consent independently without addressing the identified perioperative risk
D. Ask family to pressure the patient as a routine response despite the available findings

193. While reconciling the operative plan with current findings, the nurse detects a problem with impaired colleague. Which nursing response provides the safest initial intervention?

A. Confront the colleague publicly and take no further action
B. Cover the assignment without documenting concern before confirming the patient's current condition
C. Ignore the behavior unless harm occurs without addressing the identified perioperative risk
D. Protect patients and report concerns through the required process

194. Care cannot safely advance until the concern is addressed. Which action is most appropriate for impaired colleague?

A. Protect patients and report concerns through the required process
B. Cover the assignment without documenting concern before confirming the patient's current condition
C. Ignore the behavior unless harm occurs without addressing the identified perioperative risk
D. Confront the colleague publicly and take no further action

195. A new report from the care team raises a patient-safety issue related to evidence-based practice. Which nursing response provides the safest initial intervention?

A. Use one study without appraisal before confirming the patient's current condition
B. Exclude patient preferences from decisions without addressing the identified perioperative risk
C. Integrate best evidence, clinical expertise, and patient values
D. Follow tradition when evidence changes as a routine response despite the available findings

196. Care cannot safely advance until the concern is addressed. Which action is most appropriate for evidence-based practice?

A. Exclude patient preferences from decisions before confirming the patient's current condition
B. Integrate best evidence, clinical expertise, and patient values
C. Follow tradition when evidence changes without addressing the identified perioperative risk
D. Use one study without appraisal as a routine response despite the available findings

197. At an intraoperative briefing, team members ask the nurse how to manage competency maintenance. Which nursing response provides the safest initial intervention?

A. Perform rare skills without review before confirming the patient's current condition
B. Pursue continuing development and validate skills used in practice
C. Count years employed as proof of competence
D. Rely indefinitely on initial orientation without addressing the identified perioperative risk

198. Care cannot safely advance until the concern is addressed. Which action is most appropriate for competency maintenance?

A. Count years employed as proof of competence
B. Rely indefinitely on initial orientation before confirming the patient's current condition
C. Pursue continuing development and validate skills used in practice
D. Perform rare skills without review without addressing the identified perioperative risk

199. Before responsibility is handed off, the nurse recognizes an unresolved risk concerning ethical advocacy. Which nursing response provides the safest initial intervention?

A. Discuss the concern only after discharge before confirming the patient's current condition
B. Transfer responsibility to the patient's family without addressing the identified perioperative risk
C. Comply silently with every request as a routine response despite the available findings
D. Escalate a serious unresolved safety concern through the chain of command

200. Care cannot safely advance until the concern is addressed. Which action is most appropriate for ethical advocacy?

A. Escalate a serious unresolved safety concern through the chain of command
B. Transfer responsibility to the patient's family before confirming the patient's current condition
C. Comply silently with every request without addressing the identified perioperative risk
D. Discuss the concern only after discharge as a routine response despite the available findings

Practice Exam 10: Answer Key and Explanations

1. B — The priority action addresses preoperative identity verification because Two identifiers link the intended patient to the planned care and must not rely on location. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

2. D — The best response resolves preoperative identity verification because Two identifiers link the intended patient to the planned care and must not rely on location. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

3. A — The priority action addresses allergy reconciliation because The specific substance and reaction guide avoidance, substitutions, and emergency planning. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

4. C — The best response resolves allergy reconciliation because The specific substance and reaction guide avoidance, substitutions, and emergency planning. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

5. A — The priority action addresses medication assessment because A complete medication history identifies interactions, bleeding risks, and agents affecting anesthesia. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

6. B — The best response resolves medication assessment because A complete medication history identifies interactions, bleeding risks, and agents affecting anesthesia. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

7. D — The priority action addresses NPO status because Fasting assessment requires both content and timing because aspiration risk varies by intake. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

8. C — The best response resolves NPO status because Fasting assessment requires both content and timing because aspiration risk varies by intake. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

9. D — The priority action addresses surgical consent discrepancy because Consent must be complete, consistent, and voluntarily confirmed before sedation impairs decision-making. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

10. B — The best response resolves surgical consent discrepancy because Consent must be complete, consistent, and voluntarily confirmed before sedation impairs decision-making. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

11. C — The priority action addresses baseline skin assessment because Baseline documentation distinguishes preexisting findings and supports an appropriate protection plan. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

12. A — The best response resolves baseline skin assessment because Baseline documentation distinguishes preexisting findings and supports an appropriate protection plan. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

13. C — The priority action addresses pregnancy screening because Pregnancy assessment should be clinically indicated, policy based, and respectful of informed patient participation. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

14. A — The best response resolves pregnancy screening because Pregnancy assessment should be clinically indicated, policy based, and respectful of informed patient participation. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

15. D — The priority action addresses laboratory review because Critical results can alter cardiac risk and must be communicated before proceeding. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse

should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

16. B — The best response resolves laboratory review because Critical results can alter cardiac risk and must be communicated before proceeding. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

17. A — The priority action addresses language access because Qualified interpretation supports accurate assessment, informed consent, privacy, and patient participation. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

18. B — The best response resolves language access because Qualified interpretation supports accurate assessment, informed consent, privacy, and patient participation. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

19. C — The priority action addresses latex sensitivity because Avoidance and team communication reduce exposure and the risk of a severe hypersensitivity reaction. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

20. D — The best response resolves latex sensitivity because Avoidance and team communication reduce exposure and the risk of a severe hypersensitivity reaction. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

21. D — The priority action addresses obstructive sleep apnea because OSA increases airway and respiratory risk, making equipment history and monitoring plans important. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

22. A — The best response resolves obstructive sleep apnea because OSA increases airway and respiratory risk, making equipment history and monitoring plans important. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

23. C — The priority action addresses pressure injury risk because Pressure injury risk is multifactorial and must inform surfaces, padding, and reassessment. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

24. B — The best response resolves pressure injury risk because Pressure injury risk is multifactorial and must inform surfaces, padding, and reassessment. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

25. A — The priority action addresses blood refusal because Individual preferences vary, so specific informed choices must be known before an emergency. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

26. B — The best response resolves blood refusal because Individual preferences vary, so specific informed choices must be known before an emergency. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

27. D — The priority action addresses site verification because Independent source agreement prevents wrong-patient, wrong-procedure, and wrong-site events. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

28. C — The best response resolves site verification because Independent source agreement prevents wrong-patient, wrong-procedure, and wrong-site events. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

29. A — The priority action addresses postoperative handoff assessment because A useful transfer report connects baseline, intraoperative events, current findings, and continuing risks. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

30. B — The best response resolves postoperative handoff assessment because A useful transfer report connects baseline, intraoperative events, current findings, and continuing risks. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard.

The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

31. D — The priority action addresses patient-centered outcome because Measurable individualized outcomes guide interventions and allow evaluation of perioperative nursing care. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

32. B — The best response resolves patient-centered outcome because Measurable individualized outcomes guide interventions and allow evaluation of perioperative nursing care. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

33. C — The priority action addresses positioning plan because Position planning integrates anatomy, comorbidities, duration, equipment, and surgical access. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

34. A — The best response resolves positioning plan because Position planning integrates anatomy, comorbidities, duration, equipment, and surgical access. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

35. C — The priority action addresses thermoregulation because Prevention and monitoring reduce unintended hypothermia and its associated complications. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

36. D — The best response resolves thermoregulation because Prevention and monitoring reduce unintended hypothermia and its associated complications. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

37. A — The priority action addresses venous thromboembolism prevention because VTE prevention is selected from individual risk, contraindications, procedure, and expected mobility. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

38. C — The best response resolves venous thromboembolism prevention because VTE prevention is selected from individual risk, contraindications, procedure, and expected mobility. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

39. D — The priority action addresses specimen management because Advance planning prevents loss, misidentification, contamination, and degradation of specimens. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

40. B — The best response resolves specimen management because Advance planning prevents loss, misidentification, contamination, and degradation of specimens. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

41. C — The priority action addresses implant availability because Readiness verification prevents avoidable delays and unsafe improvisation after anesthesia begins. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

42. B — The best response resolves implant availability because Readiness verification prevents avoidable delays and unsafe improvisation after anesthesia begins. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

43. D — The priority action addresses pain management because Patient-centered, multimodal planning balances comfort, function, adverse effects, and individual preferences. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

44. A — The best response resolves pain management because Patient-centered, multimodal planning balances comfort, function, adverse effects, and individual preferences. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

45. D — The priority action addresses discharge readiness because Readiness criteria should reflect recovery status, risks, instructions, and safe support after discharge. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential

safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

46. A — The best response resolves discharge readiness because Readiness criteria should reflect recovery status, risks, instructions, and safe support after discharge. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

47. C — The priority action addresses surgical time-out because The time-out is a final active confirmation of patient, procedure, site, and critical concerns. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

48. B — The best response resolves surgical time-out because The time-out is a final active confirmation of patient, procedure, site, and critical concerns. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

49. D — The priority action addresses count discrepancy because A discrepancy requires recount, search, notification, and imaging or further action under policy. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

50. B — The best response resolves count discrepancy because A discrepancy requires recount, search, notification, and imaging or further action under policy. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

51. C — The priority action addresses medication labeling because Immediate labeling prevents substitutions and remains necessary even when one product is present. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

52. A — The best response resolves medication labeling because Immediate labeling prevents substitutions and remains necessary even when one product is present. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

53. A — The priority action addresses positioning in lithotomy because Simultaneous controlled movement reduces torsion, back strain, nerve injury, and hemodynamic change. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

54. D — The best response resolves positioning in lithotomy because Simultaneous controlled movement reduces torsion, back strain, nerve injury, and hemodynamic change. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

55. C — The priority action addresses electrosurgical return electrode because Broad contact over suitable tissue provides a safe current-return pathway and reduces burns. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

56. B — The best response resolves electrosurgical return electrode because Broad contact over suitable tissue provides a safe current-return pathway and reduces burns. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

57. B — The priority action addresses fire risk assessment because Fire prevention depends on recognizing the three elements and coordinating controls among disciplines. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

58. A — The best response resolves fire risk assessment because Fire prevention depends on recognizing the three elements and coordinating controls among disciplines. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

59. D — The priority action addresses alcohol prep drying because Complete drying and removal of pooled solution reduce vapor ignition and chemical injury. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

60. C — The best response resolves alcohol prep drying because Complete drying and removal of pooled solution reduce vapor ignition and chemical injury. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should

document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

61. A — The priority action addresses tourniquet safety because Tourniquet management requires individualized settings, time surveillance, protection, and documentation. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

62. B — The best response resolves tourniquet safety because Tourniquet management requires individualized settings, time surveillance, protection, and documentation. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

63. D — The priority action addresses laser eye protection because Laser eyewear must match wavelength and optical density and be worn throughout the hazard period. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

64. C — The best response resolves laser eye protection because Laser eyewear must match wavelength and optical density and be worn throughout the hazard period. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

65. A — The priority action addresses radiation exposure because Reducing time, increasing distance, and using appropriate shielding limit occupational and patient exposure. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

66. C — The best response resolves radiation exposure because Reducing time, increasing distance, and using appropriate shielding limit occupational and patient exposure. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

67. D — The priority action addresses safe patient transfer because A coordinated transfer prevents falls, shear, line disruption, and airway compromise. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

68. B — The best response resolves safe patient transfer because A coordinated transfer prevents falls, shear, line disruption, and airway compromise. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

69. C — The priority action addresses robotic surgery positioning because Docking restricts access, so secure positioning and protection must be confirmed beforehand. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

70. A — The best response resolves robotic surgery positioning because Docking restricts access, so secure positioning and protection must be confirmed beforehand. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

71. D — The priority action addresses local anesthetic toxicity because Early recognition and immediate response are essential because neurologic and cardiovascular deterioration can progress rapidly. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

72. B — The best response resolves local anesthetic toxicity because Early recognition and immediate response are essential because neurologic and cardiovascular deterioration can progress rapidly. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

73. A — The priority action addresses malignant hyperthermia risk because A known or suspected risk requires a nontriggering anesthetic plan and immediate treatment capability. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

74. D — The best response resolves malignant hyperthermia risk because A known or suspected risk requires a nontriggering anesthetic plan and immediate treatment capability. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

75. C — The priority action addresses retained surgical item prevention because Standardized accounting and exploration provide complementary defenses against retained items. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or

remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

76. B — The best response resolves retained surgical item prevention because Standardized accounting and exploration provide complementary defenses against retained items. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

77. C — The priority action addresses sterile field contamination because Known contamination requires immediate corrective action because sterility cannot be restored by covering or waiting. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

78. A — The best response resolves sterile field contamination because Known contamination requires immediate corrective action because sterility cannot be restored by covering or waiting. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

79. D — The priority action addresses surgical smoke because Source capture limits exposure to particulates, chemicals, and potentially bioactive material. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

80. B — The best response resolves surgical smoke because Source capture limits exposure to particulates, chemicals, and potentially bioactive material. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

81. B — The priority action addresses pneumatic compression device because Correct fit and timely activation support venous return and reduce preventable thromboembolic risk. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

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83. C — The priority action addresses fluid deficit monitoring because Continuous accounting helps detect intravasation and fluid-related complications during endoscopic procedures. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

84. D — The best response resolves fluid deficit monitoring because Continuous accounting helps detect intravasation and fluid-related complications during endoscopic procedures. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

85. C — The priority action addresses medication handoff because Closed-loop communication and labeling reduce wrong-drug and wrong-dose errors during transfers. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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87. A — The priority action addresses specimen orientation because Preserved orientation supports accurate margin identification and pathologic interpretation. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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89. C — The priority action addresses neutral zone because A neutral zone reduces simultaneous handling and therefore lowers percutaneous injury risk. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

90. D — The best response resolves neutral zone because A neutral zone reduces simultaneous handling and therefore lowers percutaneous injury risk. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse

should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

91. B — The priority action addresses hypothermia prevention because Temperature surveillance and active warming reduce complications associated with unintended perioperative hypothermia. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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93. D — The priority action addresses implant verification because Deliberate verification prevents wrong implant selection and supports traceability. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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95. C — The priority action addresses postoperative fall prevention because Residual sedation, weakness, pain, and orthostasis require individualized assistance and reassessment. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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97. C — The priority action addresses delegation because Safe delegation matches task, circumstance, competence, communication, and supervision requirements. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

98. D — The best response resolves delegation because Safe delegation matches task, circumstance, competence, communication, and supervision requirements. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

99. B — The priority action addresses vendor presence because Vendor access must be controlled and must not replace licensed clinical judgment or responsibilities. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

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101. A — The priority action addresses staffing assignment because Competency-based assignments support patient safety and appropriate use of personnel. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

102. B — The best response resolves staffing assignment because Competency-based assignments support patient safety and appropriate use of personnel. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

103. D — The priority action addresses equipment malfunction because Removing defective equipment prevents reuse and initiates evaluation, repair, and event follow-up. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

104. C — The best response resolves equipment malfunction because Removing defective equipment prevents reuse and initiates evaluation, repair, and event follow-up. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

105. C — The priority action addresses loaner instrumentation because Loaners require the same validated cleaning, inspection, sterilization, and traceability as owned instruments. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or

remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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107. A — The priority action addresses preference card control because Controlled updates improve accuracy, reduce waste, and prevent reliance on outdated information. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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109. B — The priority action addresses resource conservation because Judicious opening reduces waste while maintaining readiness and compliance with intended use. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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111. D — The priority action addresses orientation validation because Competency validation requires observable performance against defined criteria, with remediation when needed. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

112. C — The best response resolves orientation validation because Competency validation requires observable performance against defined criteria, with remediation when needed. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

113. B — The priority action addresses controlled substance discrepancy because Prompt reconciliation protects patients, staff, records, and medication security. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

114. A — The best response resolves controlled substance discrepancy because Prompt reconciliation protects patients, staff, records, and medication security. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

115. C — The priority action addresses critical result communication because Closed-loop communication confirms that urgent information reached the responsible clinician and was understood. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

116. D — The best response resolves critical result communication because Closed-loop communication confirms that urgent information reached the responsible clinician and was understood. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

117. C — The priority action addresses handoff because Structured handoff reduces omissions during a high-risk transition of care. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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119. D — The priority action addresses late documentation because A transparent late entry preserves record integrity without implying contemporaneous documentation. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

121. C — The priority action addresses read-back because Read-back detects hearing, transcription, and interpretation errors before action occurs. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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123. A — The priority action addresses specimen communication because Point-of-transfer confirmation reduces specimen identification and site errors. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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125. A — The priority action addresses team conflict because Assertive escalation protects the patient when an immediate concern is not adequately addressed. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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127. C — The priority action addresses abbreviation safety because Standard terminology reduces ambiguity and medication-related misinterpretation. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

128. B — The best response resolves abbreviation safety because Standard terminology reduces ambiguity and medication-related misinterpretation. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

129. A — The priority action addresses privacy because Minimum-necessary communication and appropriate location protect confidentiality. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

130. B — The best response resolves privacy because Minimum-necessary communication and appropriate location protect confidentiality. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

131. C — The priority action addresses implant documentation because Complete implant data supports continuity, traceability, and recall response. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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133. B — The priority action addresses preference-sensitive decision because Patient values are relevant clinical information and must follow the patient across transitions. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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135. C — The priority action addresses event report because The chart describes care and patient response; the safety system supports organizational analysis. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential

safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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137. B — The priority action addresses hand hygiene because Gloves do not replace hand hygiene because contamination can occur during use and removal. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

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139. C — The priority action addresses sterile package inspection because Package inspection helps determine whether the sterile barrier and processing conditions remain acceptable. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

140. A — The best response resolves sterile package inspection because Package inspection helps determine whether the sterile barrier and processing conditions remain acceptable. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

141. C — The priority action addresses opening sterile supplies because Proper opening protects the field from the nonsterile wrapper and the opener's body. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

142. D — The best response resolves opening sterile supplies because Proper opening protects the field from the nonsterile wrapper and the opener's body. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

143. A — The priority action addresses sterile field monitoring because Continuous observation is required because contamination events must be recognized when they occur. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

144. B — The best response resolves sterile field monitoring because Continuous observation is required because contamination events must be recognized when they occur. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

145. C — The priority action addresses traffic control because Reduced traffic limits turbulence and unnecessary microbial dispersal in the procedure room. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

146. D — The best response resolves traffic control because Reduced traffic limits turbulence and unnecessary microbial dispersal in the procedure room. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

147. A — The priority action addresses airflow because Door control helps preserve designed airflow relationships and environmental performance. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

148. A — The best response resolves airflow because Door control helps preserve designed airflow relationships and environmental performance. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

149. B — The priority action addresses surgical attire because Appropriate containment and clean attire reduce shedding and environmental contamination. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

151. C — The priority action addresses skin antisepsis because Effective and safe antisepsis depends on correct agent selection, application, contact, and drying. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

152. B — The best response resolves skin antisepsis because Effective and safe antisepsis depends on correct agent selection, application, contact, and drying. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

153. D — The priority action addresses instrument cleaning because Residual soil can shield microorganisms and interfere with effective processing. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

154. B — The best response resolves instrument cleaning because Residual soil can shield microorganisms and interfere with effective processing. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

155. A — The priority action addresses point-of-use care because Point-of-use care prevents drying and supports effective, safe decontamination. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

156. C — The best response resolves point-of-use care because Point-of-use care prevents drying and supports effective, safe decontamination. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

157. C — The priority action addresses immediate-use steam sterilization because Immediate-use processing is not a shortcut and requires a complete validated process. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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159. D — The priority action addresses biological monitoring because A positive biological indicator triggers containment, evaluation, notification, and documented follow-up. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

160. B — The best response resolves biological monitoring because A positive biological indicator triggers containment, evaluation, notification, and documented follow-up. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

161. C — The priority action addresses single-use devices because Single-use labeling and reprocessing requirements protect performance, sterility, and traceability. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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163. A — The priority action addresses environmental cleaning because Effective turnover cleaning requires appropriate surfaces, product dilution, application, and wet contact time. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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165. B — The priority action addresses sharps disposal because Immediate disposal reduces handling and percutaneous exposure risk. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should

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167. D — The priority action addresses sterile storage because Event-related sterility depends on maintaining package integrity during storage and handling. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

168. C — The best response resolves sterile storage because Event-related sterility depends on maintaining package integrity during storage and handling. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

169. C — The priority action addresses operating room fire because Immediate coordinated action removes fuel and oxidizer and limits patient injury. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

170. D — The best response resolves operating room fire because Immediate coordinated action removes fuel and oxidizer and limits patient injury. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

171. A — The priority action addresses malignant hyperthermia because Early treatment targets the hypermetabolic crisis before severe acidosis, hyperkalemia, and organ injury develop. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

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173. B — The priority action addresses anaphylaxis because Anaphylaxis can rapidly compromise airway and circulation and requires immediate coordinated treatment. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

174. D — The best response resolves anaphylaxis because Anaphylaxis can rapidly compromise airway and circulation and requires immediate coordinated treatment. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

175. A — The priority action addresses massive hemorrhage because Protocolized response supports timely resuscitation, hemostasis, temperature control, and correction of coagulopathy. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

176. C — The best response resolves massive hemorrhage because Protocolized response supports timely resuscitation, hemostasis, temperature control, and correction of coagulopathy. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

177. B — The priority action addresses local anesthetic systemic toxicity because LAST requires rapid supportive care and lipid rescue according to the emergency protocol. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

178. C — The best response resolves local anesthetic systemic toxicity because LAST requires rapid supportive care and lipid rescue according to the emergency protocol. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

179. A — The priority action addresses cardiac arrest in prone position because Immediate resuscitation begins while the team prepares coordinated repositioning without creating additional injury. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

180. D — The best response resolves cardiac arrest in prone position because Immediate resuscitation begins while the team prepares coordinated repositioning without creating additional injury. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a

safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

181. A — The priority action addresses power failure because A rehearsed utility response prioritizes airway, ventilation, monitoring, illumination, and safe procedural decisions. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

182. B — The best response resolves power failure because A rehearsed utility response prioritizes airway, ventilation, monitoring, illumination, and safe procedural decisions. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

183. D — The priority action addresses chemical spill because Hazard-specific procedures limit exposure and ensure appropriate containment, cleanup, and reporting. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

184. C — The best response resolves chemical spill because Hazard-specific procedures limit exposure and ensure appropriate containment, cleanup, and reporting. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

185. B — The priority action addresses venous air embolism because Rapid recognition and coordinated action limit additional air entrainment and cardiopulmonary compromise. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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187. A — The priority action addresses evacuation because Orderly evacuation balances immediate hazard, clinical dependency, safe routes, communication, and tracking. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

188. C — The best response resolves evacuation because Orderly evacuation balances immediate hazard, clinical dependency, safe routes, communication, and tracking. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

189. D — The priority action addresses scope of practice because Professional accountability requires the nurse to know and remain within applicable scope and competence. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

190. C — The best response resolves scope of practice because Professional accountability requires the nurse to know and remain within applicable scope and competence. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

191. B — The priority action addresses informed consent advocacy because The nurse protects voluntariness and comprehension while the responsible provider conducts the informed-consent discussion. It reduces avoidable harm before care continues. The alternatives delay action, rely on assumptions, or remove a safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established channels.

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193. D — The priority action addresses impaired colleague because Patient protection and structured reporting are required when impairment may affect safe practice. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

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195. C — The priority action addresses evidence-based practice because Evidence-based practice combines research appraisal with expertise, context, and patient preferences. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an

essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

196. B — The best response resolves evidence-based practice because Evidence-based practice combines research appraisal with expertise, context, and patient preferences. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

197. B — The priority action addresses competency maintenance because Ongoing learning and validation support safe performance as standards, technology, and roles evolve. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

198. C — The best response resolves competency maintenance because Ongoing learning and validation support safe performance as standards, technology, and roles evolve. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

199. D — The priority action addresses ethical advocacy because Advocacy requires timely action when proposed care creates a substantial unresolved patient risk. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.

200. A — The best response resolves ethical advocacy because Advocacy requires timely action when proposed care creates a substantial unresolved patient risk. It responds before care continues and reduces avoidable harm. The alternatives delay action, rely on assumptions, or remove an essential safeguard. The nurse should document findings, communicate the decision, reassess the patient, and escalate unresolved concerns through established perioperative channels.