

PRACTICE EXAM 18: 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 confirmation of the final surgical plan, the nurse identifies a concern involving preoperative identity verification. Which nursing intervention should be implemented without delay?

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

2. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves preoperative identity verification?

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

3. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with allergy reconciliation. Which nursing intervention should be implemented without delay?

- A. Record only that an allergy exists
- B. Remove the allergy after negative testing
- C. Ask anesthesia to address it later

D. Clarify the allergen and documented reaction

4. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves allergy reconciliation?

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

5. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to medication assessment. Which nursing intervention should be implemented without delay?

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

6. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves medication assessment?

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

7. During a targeted patient-safety huddle, staff request nursing guidance concerning NPO status. Which nursing intervention should be implemented without delay?

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

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves NPO status?

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

9. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving surgical consent discrepancy. Which nursing intervention should be implemented without delay?

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

10. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves surgical consent discrepancy?

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

11. During confirmation of the final surgical plan, the nurse identifies a concern involving baseline skin assessment. Which nursing intervention should be implemented without delay?

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

12. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves baseline skin assessment?

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

13. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with pregnancy screening. Which nursing intervention should be implemented without delay?

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

14. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves pregnancy screening?

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

15. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to laboratory review. Which nursing intervention should be implemented without delay?

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

16. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves laboratory review?

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

17. During a targeted patient-safety huddle, staff request nursing guidance concerning language access. Which nursing intervention should be implemented without delay?

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

18. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves language access?

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

19. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving latex sensitivity. Which nursing intervention should be implemented without delay?

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

20. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves latex sensitivity?

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

21. During confirmation of the final surgical plan, the nurse identifies a concern involving obstructive sleep apnea. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves obstructive sleep apnea?

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

23. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with pressure injury risk. Which nursing intervention should be implemented without delay?

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

24. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves pressure injury risk?

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

25. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to blood refusal. Which nursing intervention should be implemented without delay?

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

26. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves blood refusal?

- A. Clarify acceptable products and document the patient's informed choices
- B. Delay discussion until hemorrhage occurs before confirming the patient's current condition
- 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. During a targeted patient-safety huddle, staff request nursing guidance concerning site verification. Which nursing intervention should be implemented without delay?

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

28. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving postoperative handoff assessment. Which nursing intervention should be implemented without delay?

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

30. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 confirmation of the final surgical plan, the nurse identifies a concern involving patient-centered outcome. Which nursing intervention should be implemented without delay?

- 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. Write a measurable outcome tied to the identified nursing diagnosis
- D. List the surgeon's technical steps without addressing the identified perioperative risk

32. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves patient-centered outcome?

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

33. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with positioning plan. Which nursing intervention should be implemented without delay?

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

34. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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. Delegate the entire plan to transport staff as a routine response despite the available findings
- D. Use the same padding for all procedures without addressing the identified perioperative risk

35. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to thermoregulation. Which nursing intervention should be implemented without delay?

- A. Avoid temperature monitoring during long cases without addressing the identified perioperative risk
- B. Use room temperature as the sole intervention before confirming the patient's current condition
- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves thermoregulation?

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

37. During a targeted patient-safety huddle, staff request nursing guidance concerning venous thromboembolism prevention. Which nursing intervention should be implemented without delay?

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

38. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves venous thromboembolism prevention?

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

39. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving specimen management. Which nursing intervention should be implemented without delay?

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

40. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves specimen management?

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

41. During confirmation of the final surgical plan, the nurse identifies a concern involving implant availability. Which nursing intervention should be implemented without delay?

- 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. Open every available implant in advance as a routine response despite the available findings
- D. Confirm the correct implants and compatible equipment before the patient enters

42. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves implant availability?

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

43. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with pain management. Which nursing intervention should be implemented without delay?

- 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. Incorporate patient goals and a multimodal plan into expected outcomes
- D. Promise complete absence of pain as a routine response despite the available findings

44. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 change reported during interdisciplinary coordination reveals a perioperative safety risk related to discharge readiness. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves discharge readiness?

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

47. During a targeted patient-safety huddle, staff request nursing guidance concerning surgical time-out. Which nursing intervention should be implemented without delay?

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

48. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves surgical time-out?

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

49. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving count discrepancy. Which nursing intervention should be implemented without delay?

- 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. Keep the patient in the room and follow the count-discrepancy process
- D. Document the mismatch after discharge as a routine response despite the available findings

50. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves count discrepancy?

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

51. During confirmation of the final surgical plan, the nurse identifies a concern involving medication labeling. Which nursing intervention should be implemented without delay?

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

52. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves medication labeling?

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

53. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with positioning in lithotomy. Which nursing intervention should be implemented without delay?

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

54. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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. Raise and lower both legs together with coordinated support
- D. Let the legs drop under gravity without addressing the identified perioperative risk

55. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to electrosurgical return electrode. Which nursing intervention should be implemented without delay?

- 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 over a bony prominence as a routine response despite the available findings
- D. Place it on clean, dry, well-perfused muscle near the operative site

56. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves electrosurgical return electrode?

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

57. During a targeted patient-safety huddle, staff request nursing guidance concerning fire risk assessment. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves fire risk assessment?

- A. Identify oxidizer, ignition source, and fuel before the procedure begins
- B. Wait until prep solution is applied as a routine response despite the available findings
- C. Assess fire risk only for laser cases without addressing the identified perioperative risk

D. Assign fire prevention solely to anesthesia before confirming the patient's current condition

59. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving alcohol prep drying. Which nursing intervention should be implemented without delay?

- 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. Allow the solution to dry completely and prevent pooling before draping
- D. Blot visible liquid and drape immediately as a routine response despite the available findings

60. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves alcohol prep drying?

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

61. During confirmation of the final surgical plan, the nurse identifies a concern involving tourniquet safety. Which nursing intervention should be implemented without delay?

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

62. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves tourniquet safety?

- A. Document pressure, inflation time, site, and skin assessment
- B. Use the maximum pressure for every patient

- C. Ignore cumulative inflation during interruptions before confirming the patient's current condition
- D. Place the cuff over a bony prominence

63. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with laser eye protection. Which nursing intervention should be implemented without delay?

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

64. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves laser eye protection?

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

65. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to radiation exposure. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves radiation exposure?

- A. Wear a dosimeter outside protective garments only

- B. Stand closer to improve visualization
- C. Apply time, distance, and shielding principles
- D. Remove shielding during short exposures

67. During a targeted patient-safety huddle, staff request nursing guidance concerning safe patient transfer. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving robotic surgery positioning. Which nursing intervention should be implemented without delay?

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

70. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves robotic surgery positioning?

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

71. During confirmation of the final surgical plan, the nurse identifies a concern involving local anesthetic toxicity. Which nursing intervention should be implemented without delay?

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

72. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves local anesthetic toxicity?

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

73. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with malignant hyperthermia risk. Which nursing intervention should be implemented without delay?

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

74. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves malignant hyperthermia risk?

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

75. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to retained surgical item prevention. Which nursing intervention should be implemented without delay?

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

76. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves retained surgical item prevention?

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

77. During a targeted patient-safety huddle, staff request nursing guidance concerning sterile field contamination. Which nursing intervention should be implemented without delay?

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

78. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves sterile field contamination?

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

79. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving surgical smoke. Which nursing intervention should be implemented without delay?

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

80. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves surgical smoke?

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

81. During confirmation of the final surgical plan, the nurse identifies a concern involving pneumatic compression device. Which nursing intervention should be implemented without delay?

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

82. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves pneumatic compression device?

- A. Use sleeves only on the operative limb before confirming the patient's current condition
- B. Apply sleeves correctly before induction when ordered and verify operation
- 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 reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with fluid deficit monitoring. Which nursing intervention should be implemented without delay?

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

84. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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. Track irrigation inflow and outflow and report concerning deficits
- D. Ignore fluid on drapes and floor as a routine response despite the available findings

85. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to medication handoff. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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. During a targeted patient-safety huddle, staff request nursing guidance concerning specimen orientation. Which nursing intervention should be implemented without delay?

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

88. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving neutral zone. Which nursing intervention should be implemented without delay?

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

90. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves neutral zone?

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

91. During confirmation of the final surgical plan, the nurse identifies a concern involving hypothermia prevention. Which nursing intervention should be implemented without delay?

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

92. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves hypothermia prevention?

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

93. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with implant verification. Which nursing intervention should be implemented without delay?

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

94. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves implant verification?

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

95. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to postoperative fall prevention. Which nursing intervention should be implemented without delay?

- A. Use age alone to determine risk before confirming the patient's current condition
- B. Allow independent ambulation after stable vital signs as a routine response despite the available findings
- C. Remove assistive devices to simplify transfer without addressing the identified perioperative risk
- D. Assess residual anesthesia effects and assist mobility according to risk

96. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves postoperative fall prevention?

- A. Remove assistive devices to simplify transfer before confirming the patient's current condition
- B. Allow independent ambulation after stable vital signs without addressing the identified perioperative risk
- C. Assess residual anesthesia effects and assist mobility according to risk
- D. Use age alone to determine risk as a routine response despite the available findings

97. During a targeted patient-safety huddle, staff request nursing guidance concerning delegation. Which nursing intervention should be implemented without delay?

- A. Transfer accountability entirely to the delegatee
- B. Delegate within verified competence while retaining appropriate supervision
- C. Delegate based only on staffing shortage

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

98. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves delegation?

- A. Delegate within verified competence while retaining appropriate supervision
- B. Assign unfamiliar duties without guidance before confirming the patient's current condition
- C. Delegate based only on staffing shortage
- D. Transfer accountability entirely to the delegatee

99. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving vendor presence. Which nursing intervention should be implemented without delay?

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

100. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves vendor presence?

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

101. During confirmation of the final surgical plan, the nurse identifies a concern involving staffing assignment. Which nursing intervention should be implemented without delay?

- A. Use identical staffing for every service before confirming the patient's current condition
- B. Let staff choose without leadership review without addressing the identified perioperative risk

- C. Match patient acuity and procedure complexity with staff competency
- D. Assign cases solely by seniority as a routine response despite the available findings

102. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves staffing assignment?

- A. Match patient acuity and procedure complexity with staff competency
- B. Let staff choose without leadership review before confirming the patient's current condition
- 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 reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with equipment malfunction. Which nursing intervention should be implemented without delay?

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

104. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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. Attempt an unauthorized repair as a routine response despite the available findings
- D. Remove the device from service, label it, and report it through policy

105. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to loaner instrumentation. Which nursing intervention should be implemented without delay?

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

106. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves loaner instrumentation?

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

107. During a targeted patient-safety huddle, staff request nursing guidance concerning preference card control. Which nursing intervention should be implemented without delay?

- A. Keep obsolete supplies to avoid discussion before confirming the patient's current condition
- B. Review and update cards through a standardized change process
- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves preference card control?

- A. Review and update cards through a standardized change process
- B. Use memory instead of version control before confirming the patient's current condition
- 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 the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving resource conservation. Which nursing intervention should be implemented without delay?

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

110. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves resource conservation?

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

111. During confirmation of the final surgical plan, the nurse identifies a concern involving orientation validation. Which nursing intervention should be implemented without delay?

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

112. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves orientation validation?

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

113. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with controlled substance discrepancy. Which nursing intervention should be implemented without delay?

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

114. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves controlled substance discrepancy?

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

115. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to critical result communication. Which nursing intervention should be implemented without delay?

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

116. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves critical result communication?

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

117. During a targeted patient-safety huddle, staff request nursing guidance concerning handoff. Which nursing intervention should be implemented without delay?

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

118. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves handoff?

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

119. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving late documentation. Which nursing intervention should be implemented without delay?

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

120. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves late documentation?

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

121. During confirmation of the final surgical plan, the nurse identifies a concern involving read-back. Which nursing intervention should be implemented without delay?

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

122. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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. Read back verbal orders and critical values for confirmation
- D. Write the order without confirmation as a routine response despite the available findings

123. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with specimen communication. Which nursing intervention should be implemented without delay?

- A. Identify specimens by room number as a routine response despite the available findings
- 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. Use two identifiers and confirm specimen description and source

124. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves specimen communication?

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

125. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to team conflict. Which nursing intervention should be implemented without delay?

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

126. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves team conflict?

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

127. During a targeted patient-safety huddle, staff request nursing guidance concerning abbreviation safety. Which nursing intervention should be implemented without delay?

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

128. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves abbreviation safety?

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

129. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving privacy. Which nursing intervention should be implemented without delay?

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

130. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves privacy?

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

131. During confirmation of the final surgical plan, the nurse identifies a concern involving implant documentation. Which nursing intervention should be implemented without delay?

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

132. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves implant documentation?

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

133. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with preference-sensitive decision. Which nursing intervention should be implemented without delay?

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

134. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves preference-sensitive decision?

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

135. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to event report. Which nursing intervention should be implemented without delay?

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

136. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves event report?

- A. Document objective facts in the health record and complete the safety report separately
- 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. Omit the event from the clinical record before confirming the patient's current condition

137. During a targeted patient-safety huddle, staff request nursing guidance concerning hand hygiene. Which nursing intervention should be implemented without delay?

- 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. Use gloves instead of hand hygiene as a routine response despite the available findings
- D. Skip hygiene after intact glove use without addressing the identified perioperative risk

138. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves hand hygiene?

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

139. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving sterile package inspection. Which nursing intervention should be implemented without delay?

- 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. Use a package with a small tear if contents look clean
- D. Check integrity, dryness, indicator, and expiration or event status before opening

140. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 confirmation of the final surgical plan, the nurse identifies a concern involving opening sterile supplies. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves opening sterile supplies?

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

143. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with sterile field monitoring. Which nursing intervention should be implemented without delay?

- A. Use an unobserved field if indicators changed before confirming the patient's current condition
- B. Keep the field under direct observation and consider unobserved fields contaminated
- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves sterile field monitoring?

- A. Ask environmental staff to watch it before confirming the patient's current condition

- B. Cover the field and leave it unattended without addressing the identified perioperative risk
- C. Use an unobserved field if indicators changed as a routine response despite the available findings
- D. Keep the field under direct observation and consider unobserved fields contaminated

145. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to traffic control. Which nursing intervention should be implemented without delay?

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

146. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves traffic control?

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

147. During a targeted patient-safety huddle, staff request nursing guidance concerning airflow. Which nursing intervention should be implemented without delay?

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

148. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves airflow?

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

149. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving surgical attire. Which nursing intervention should be implemented without delay?

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

150. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves surgical attire?

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

151. During confirmation of the final surgical plan, the nurse identifies a concern involving skin antisepsis. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with instrument cleaning. Which nursing intervention should be implemented without delay?

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

154. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 change reported during interdisciplinary coordination reveals a perioperative safety risk related to point-of-use care. Which nursing intervention should be implemented without delay?

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

156. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves point-of-use care?

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

157. During a targeted patient-safety huddle, staff request nursing guidance concerning immediate-use steam sterilization. Which nursing intervention should be implemented without delay?

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

158. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves immediate-use steam sterilization?

- A. Skip cleaning because steam kills organisms as a routine response despite the available findings
- 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. Use only when justified and follow validated cleaning, packaging, and transport steps

159. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving biological monitoring. Which nursing intervention should be implemented without delay?

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

160. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves biological monitoring?

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

161. During confirmation of the final surgical plan, the nurse identifies a concern involving single-use devices. Which nursing intervention should be implemented without delay?

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

162. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves single-use devices?

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

163. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with environmental cleaning. Which nursing intervention should be implemented without delay?

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

164. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves environmental cleaning?

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

165. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to sharps disposal. Which nursing intervention should be implemented without delay?

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

166. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves sharps disposal?

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

167. During a targeted patient-safety huddle, staff request nursing guidance concerning sterile storage. Which nursing intervention should be implemented without delay?

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

168. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving operating room fire. Which nursing intervention should be implemented without delay?

- A. Continue surgery while someone finds an extinguisher without addressing the identified perioperative risk
- B. Add oxygen to improve ventilation before confirming the patient's current condition
- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves operating room fire?

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

171. During confirmation of the final surgical plan, the nurse identifies a concern involving malignant hyperthermia. Which nursing intervention should be implemented without delay?

- A. Treat only with an antipyretic before confirming the patient's current condition
- B. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene
- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves malignant hyperthermia?

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

173. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with anaphylaxis. Which nursing intervention should be implemented without delay?

- A. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment
- B. Place the patient alone in recovery before confirming the patient's current condition
- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 change reported during interdisciplinary coordination reveals a perioperative safety risk related to massive hemorrhage. Which nursing intervention should be implemented without delay?

- A. Give only crystalloid regardless of loss before confirming the patient's current condition
- B. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves massive hemorrhage?

- A. Wait for the final hemoglobin result without addressing the identified perioperative risk
- B. Delay communication until closure before confirming the patient's current condition
- 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. During a targeted patient-safety huddle, staff request nursing guidance concerning local anesthetic systemic toxicity. Which nursing intervention should be implemented without delay?

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

178. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves local anesthetic systemic toxicity?

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

179. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving cardiac arrest in prone position. Which nursing intervention should be implemented without delay?

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

180. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning
- D. Remove all airway equipment first as a routine response despite the available findings

181. During confirmation of the final surgical plan, the nurse identifies a concern involving power failure. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves power failure?

- A. Turn off battery-powered monitors as a routine response despite the available findings
- 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. Move the anesthetized patient without planning before confirming the patient's current condition

183. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with chemical spill. Which nursing intervention should be implemented without delay?

- A. Wipe it up with bare hands as a routine response despite the available findings
- B. Continue work until environmental services arrives 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 before confirming the patient's current condition

184. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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. Flush every chemical into a sink as a routine response despite the available findings
- D. Restrict access and use the substance-specific spill response and protective equipment

185. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to venous air embolism. Which nursing intervention should be implemented without delay?

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

186. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves venous air embolism?

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

187. During a targeted patient-safety huddle, staff request nursing guidance concerning evacuation. Which nursing intervention should be implemented without delay?

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

188. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves evacuation?

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

189. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving scope of practice. Which nursing intervention should be implemented without delay?

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

190. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves 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 confirmation of the final surgical plan, the nurse identifies a concern involving informed consent advocacy. Which nursing intervention should be implemented without delay?

- 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. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves informed consent advocacy?

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

193. While reviewing newly documented perioperative findings, the circulating nurse recognizes a problem with impaired colleague. Which nursing intervention should be implemented without delay?

- 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. Protect patients and report concerns through the required process
- D. Ignore the behavior unless harm occurs without addressing the identified perioperative risk

194. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves impaired colleague?

- 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

195. A change reported during interdisciplinary coordination reveals a perioperative safety risk related to evidence-based practice. Which nursing intervention should be implemented without delay?

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

196. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves evidence-based practice?

- A. Integrate best evidence, clinical expertise, and patient values
- B. Exclude patient preferences from decisions before confirming the patient's current condition
- 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. During a targeted patient-safety huddle, staff request nursing guidance concerning competency maintenance. Which nursing intervention should be implemented without delay?

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

198. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves competency maintenance?

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

199. Before the patient is moved to the subsequent care setting, the nurse detects an unresolved issue involving ethical advocacy. Which nursing intervention should be implemented without delay?

- A. Escalate a serious unresolved safety concern through the chain of command
- 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. Discuss the concern only after discharge before confirming the patient's current condition

200. The planned care sequence remains paused until the problem is resolved. Which nursing response best resolves ethical advocacy?

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

Practice Exam 18: Answer Key and Explanations

1. C — 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. A — 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. D — 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. B — 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. B — 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. C — 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. A — 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. A — 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. C — 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. D — 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. B — 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. D — 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. B — 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. A — 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. C — 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. D — 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. A — 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. B — 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. C — 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. C — 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. B — 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. A — 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. B — 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. A — 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. D — 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. C — 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. A — 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. D — 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. B — 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. D — 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. B — 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. C — 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. D — 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. C — 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. B — 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. A — 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. C — 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. C — 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. A — 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. B — 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. D — 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. B — 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. C — 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. D — 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. A — 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. C — 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. D — 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. D — 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. A — 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. C — 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. B — 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. A — 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. B — 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.

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73. C — 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.

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75. D — 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.

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77. B — 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.

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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. C — 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. D — 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. A — 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.

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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

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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. B — 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.

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91. C — 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. B — 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. D — 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.

96. C — The best response resolves 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.

97. B — 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.

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

101. C — 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.

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103. B — 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.

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105. D — 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. B — 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. D — 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. A — 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.

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113. D — 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. C — 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. B — 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.

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117. B — 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.

120. C — The best response resolves 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.

121. B — 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.

122. C — The best response resolves 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.

123. D — 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. C — 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. A — 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. D — 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. C — 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. D — 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. A — 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. C — 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. B — 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.

138. C — The best response resolves 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.

139. D — 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.

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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.

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143. B — 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. D — 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. D — 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.

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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. C — 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. D — 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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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.

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153. C — 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.

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155. D — 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. A — 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. A — 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. B — 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. C — 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. D — 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.

162. A — The best response resolves 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.

163. C — 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.

164. B — The best response resolves 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.

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

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167. B — 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.

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171. B — 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.

172. D — The best response resolves 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.

173. A — 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. B — 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. A — 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.

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179. D — 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. C — 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.

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183. C — 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.

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185. D — 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. C — 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.

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189. A — 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.

192. D — The best response resolves 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.

193. C — 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. B — 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.

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197. C — 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.

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199. A — 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. D — 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.