

PRACTICE EXAM 4: 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. A discrepancy emerges during the team's final readiness check concerning preoperative identity verification. Which response by the perioperative nurse is most appropriate?

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

2. The current plan does not adequately control a risk associated with preoperative identity verification. Which nursing action should occur before care proceeds?

- 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. New information is reported while the patient is being prepared concerning allergy reconciliation. Which response by the perioperative nurse is most appropriate?

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

D. Clarify the allergen and documented reaction

4. The current plan does not adequately control a risk associated with allergy reconciliation. Which nursing action should occur before care proceeds?

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

5. A team member raises a concern before the next procedural step concerning medication assessment. Which response by the perioperative nurse is most appropriate?

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

6. The current plan does not adequately control a risk associated with medication assessment. Which nursing action should occur before care proceeds?

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

7. The circulating nurse detects a gap during an intraoperative reassessment concerning NPO status. Which response by the perioperative nurse is most appropriate?

- A. Verify the type and time of the last oral intake
- B. Count only solid food as oral intake before completing the current care phase

- C. Cancel before notifying anesthesia without obtaining additional clinical clarification
- D. Assume the posted schedule confirms fasting as the routine response for the entire team

8. The current plan does not adequately control a risk associated with NPO status. Which nursing action should occur before care proceeds?

- A. Assume the posted schedule confirms fasting before completing the current care phase
- B. Cancel before notifying anesthesia without obtaining additional clinical clarification
- C. Verify the type and time of the last oral intake
- D. Count only solid food as oral intake as the routine response for the entire team

9. A safety issue becomes apparent during transfer to the next care phase concerning surgical consent discrepancy. Which response by the perioperative nurse is most appropriate?

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

10. The current plan does not adequately control a risk associated with surgical consent discrepancy. Which nursing action should occur before care proceeds?

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

11. A discrepancy emerges during the team's final readiness check concerning baseline skin assessment. Which response by the perioperative nurse is most appropriate?

- A. Photograph every finding without permission

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

12. The current plan does not adequately control a risk associated with baseline skin assessment. Which nursing action should occur before care proceeds?

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

13. New information is reported while the patient is being prepared concerning pregnancy screening. Which response by the perioperative nurse is most appropriate?

- A. Follow facility policy and obtain informed testing when indicated
- B. Rely only on the patient's appearance before completing the current care phase
- C. Omit screening when general anesthesia is planned
- D. Test every patient without discussion without obtaining additional clinical clarification

14. The current plan does not adequately control a risk associated with pregnancy screening. Which nursing action should occur before care proceeds?

- A. Test every patient without discussion before completing the current care phase
- B. Omit screening when general anesthesia is planned
- C. Rely only on the patient's appearance without obtaining additional clinical clarification
- D. Follow facility policy and obtain informed testing when indicated

15. A team member raises a concern before the next procedural step concerning laboratory review. Which response by the perioperative nurse is most appropriate?

- A. Proceed because anesthesia repeats all tests before completing the current care phase
- B. Ask the patient whether the value is normal
- C. Escalate a critical potassium result before transport to the OR
- D. File the result for postoperative review without obtaining additional clinical clarification

16. The current plan does not adequately control a risk associated with laboratory review. Which nursing action should occur before care proceeds?

- A. File the result for postoperative review before completing the current care phase
- B. Escalate a critical potassium result before transport to the OR
- C. Ask the patient whether the value is normal
- D. Proceed because anesthesia repeats all tests without obtaining additional clinical clarification

17. The circulating nurse detects a gap during an intraoperative reassessment concerning language access. Which response by the perioperative nurse is most appropriate?

- 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 current plan does not adequately control a risk associated with language access. Which nursing action should occur before care proceeds?

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

19. A safety issue becomes apparent during transfer to the next care phase concerning latex sensitivity. Which response by the perioperative nurse is most appropriate?

- A. Place latex gloves outside the room before completing the current care phase
- B. Give prophylactic antibiotics for latex exposure without obtaining additional clinical clarification
- C. Create a latex-safe plan and communicate it to the team
- D. Schedule the patient last without other changes as the routine response for the entire team

20. The current plan does not adequately control a risk associated with latex sensitivity. Which nursing action should occur before care proceeds?

- A. Schedule the patient last without other changes before completing the current care phase
- B. Create a latex-safe plan and communicate it to the team
- C. Give prophylactic antibiotics for latex exposure without obtaining additional clinical clarification
- D. Place latex gloves outside the room as the routine response for the entire team

21. A discrepancy emerges during the team's final readiness check concerning obstructive sleep apnea. Which response by the perioperative nurse is most appropriate?

- A. Communicate OSA risk and plan airway and postoperative monitoring
- B. Use routine discharge criteria without modification before completing the current care phase
- C. Avoid asking about home CPAP use without obtaining additional clinical clarification
- D. Withhold the history because surgery is brief

22. The current plan does not adequately control a risk associated with obstructive sleep apnea. Which nursing action should occur before care proceeds?

- A. Withhold the history because surgery is brief
- B. Communicate OSA risk and plan airway and postoperative monitoring
- C. Avoid asking about home CPAP use before completing the current care phase
- D. Use routine discharge criteria without modification without obtaining additional clinical clarification

23. New information is reported while the patient is being prepared concerning pressure injury risk. Which response by the perioperative nurse is most appropriate?

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

24. The current plan does not adequately control a risk associated with pressure injury risk. Which nursing action should occur before care proceeds?

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

25. A team member raises a concern before the next procedural step concerning blood refusal. Which response by the perioperative nurse is most appropriate?

- A. Clarify acceptable products and document the patient's informed choices
- B. Assume all blood fractions are refused before completing the current care phase
- C. Delay discussion until hemorrhage occurs without obtaining additional clinical clarification
- D. Obtain blanket permission from the family as the routine response for the entire team

26. The current plan does not adequately control a risk associated with blood refusal. Which nursing action should occur before care proceeds?

- A. Obtain blanket permission from the family before completing the current care phase
- B. Delay discussion until hemorrhage occurs without obtaining additional clinical clarification
- C. Assume all blood fractions are refused as the routine response for the entire team
- D. Clarify acceptable products and document the patient's informed choices

27. The circulating nurse detects a gap during an intraoperative reassessment concerning site verification. Which response by the perioperative nurse is most appropriate?

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

28. The current plan does not adequately control a risk associated with site verification. Which nursing action should occur before care proceeds?

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

29. A safety issue becomes apparent during transfer to the next care phase concerning postoperative handoff assessment. Which response by the perioperative nurse is most appropriate?

- A. Omit estimated blood loss if stable before completing the current care phase
- B. Wait for PACU staff to discover changes
- C. Compare current status with baseline and report meaningful changes
- D. Report only the procedure name without obtaining additional clinical clarification

30. The current plan does not adequately control a risk associated with postoperative handoff assessment. Which nursing action should occur before care proceeds?

- A. Report only the procedure name before completing the current care phase
- B. Wait for PACU staff to discover changes
- C. Omit estimated blood loss if stable without obtaining additional clinical clarification
- D. Compare current status with baseline and report meaningful changes

31. A discrepancy emerges during the team's final readiness check concerning patient-centered outcome. Which response by the perioperative nurse is most appropriate?

- A. Write a measurable outcome tied to the identified nursing diagnosis
- B. Use a vague goal such as do well
- C. Copy the same outcome for every patient before completing the current care phase
- D. List the surgeon's technical steps without obtaining additional clinical clarification

32. The current plan does not adequately control a risk associated with patient-centered outcome. Which nursing action should occur before care proceeds?

- A. List the surgeon's technical steps before completing the current care phase
- B. Write a measurable outcome tied to the identified nursing diagnosis
- C. Copy the same outcome for every patient without obtaining additional clinical clarification
- D. Use a vague goal such as do well

33. New information is reported while the patient is being prepared concerning positioning plan. Which response by the perioperative nurse is most appropriate?

- A. Match position, supports, and reassessment to patient and procedure risks
- B. Delegate the entire plan to transport staff before completing the current care phase
- C. Position first and assess limitations afterward without obtaining additional clinical clarification
- D. Use the same padding for all procedures as the routine response for the entire team

34. The current plan does not adequately control a risk associated with positioning plan. Which nursing action should occur before care proceeds?

- A. Use the same padding for all procedures before completing the current care phase
- B. Position first and assess limitations afterward without obtaining additional clinical clarification
- C. Delegate the entire plan to transport staff as the routine response for the entire team
- D. Match position, supports, and reassessment to patient and procedure risks

35. A team member raises a concern before the next procedural step concerning thermoregulation. Which response by the perioperative nurse is most appropriate?

- A. Use room temperature as the sole intervention before completing the current care phase
- B. Plan active warming based on patient risk and anticipated exposure
- C. Avoid temperature monitoring during long cases without obtaining additional clinical clarification
- D. Begin warming only after shivering occurs as the routine response for the entire team

36. The current plan does not adequately control a risk associated with thermoregulation. Which nursing action should occur before care proceeds?

- A. Begin warming only after shivering occurs before completing the current care phase
- B. Avoid temperature monitoring during long cases without obtaining additional clinical clarification
- C. Plan active warming based on patient risk and anticipated exposure
- D. Use room temperature as the sole intervention as the routine response for the entire team

37. The circulating nurse detects a gap during an intraoperative reassessment concerning venous thromboembolism prevention. Which response by the perioperative nurse is most appropriate?

- A. Apply ordered mechanical or pharmacologic measures according to assessed risk
- B. Select prophylaxis by procedure name alone before completing the current care phase
- C. Omit assessment for ambulatory patients without obtaining additional clinical clarification
- D. Use prophylaxis only after symptoms appear as the routine response for the entire team

38. The current plan does not adequately control a risk associated with venous thromboembolism prevention. Which nursing action should occur before care proceeds?

- A. Use prophylaxis only after symptoms appear before completing the current care phase
- B. Omit assessment for ambulatory patients without obtaining additional clinical clarification
- C. Select prophylaxis by procedure name alone as the routine response for the entire team
- D. Apply ordered mechanical or pharmacologic measures according to assessed risk

39. A safety issue becomes apparent during transfer to the next care phase concerning specimen management. Which response by the perioperative nurse is most appropriate?

- 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 current plan does not adequately control a risk associated with specimen management. Which nursing action should occur before care proceeds?

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

41. A discrepancy emerges during the team's final readiness check concerning implant availability. Which response by the perioperative nurse is most appropriate?

- A. Rely on the vendor to perform verification before completing the current care phase
- B. Substitute sizes without surgeon confirmation without obtaining additional clinical clarification
- C. Confirm the correct implants and compatible equipment before the patient enters
- D. Open every available implant in advance as the routine response for the entire team

42. The current plan does not adequately control a risk associated with implant availability. Which nursing action should occur before care proceeds?

- A. Open every available implant in advance before completing the current care phase
- B. Confirm the correct implants and compatible equipment before the patient enters
- C. Substitute sizes without surgeon confirmation without obtaining additional clinical clarification
- D. Rely on the vendor to perform verification as the routine response for the entire team

43. New information is reported while the patient is being prepared concerning pain management. Which response by the perioperative nurse is most appropriate?

- A. Incorporate patient goals and a multimodal plan into expected outcomes
- B. Use one analgesic approach for every patient before completing the current care phase
- C. Delay pain planning until discharge without obtaining additional clinical clarification
- D. Promise complete absence of pain as the routine response for the entire team

44. The current plan does not adequately control a risk associated with pain management. Which nursing action should occur before care proceeds?

- A. Promise complete absence of pain before completing the current care phase
- B. Delay pain planning until discharge without obtaining additional clinical clarification
- C. Incorporate patient goals and a multimodal plan into expected outcomes
- D. Use one analgesic approach for every patient as the routine response for the entire team

45. A team member raises a concern before the next procedural step concerning discharge readiness. Which response by the perioperative nurse is most appropriate?

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

46. The current plan does not adequately control a risk associated with discharge readiness. Which nursing action should occur before care proceeds?

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

47. The circulating nurse detects a gap during an intraoperative reassessment concerning surgical time-out. Which response by the perioperative nurse is most appropriate?

- A. Allow one person to recite it without response
- B. Perform it after the incision if rushed before completing the current care phase
- C. Pause immediately before incision with active participation by the team
- D. Complete it during preoperative check-in without obtaining additional clinical clarification

48. The current plan does not adequately control a risk associated with surgical time-out. Which nursing action should occur before care proceeds?

- A. Complete it during preoperative check-in before completing the current care phase
- B. Pause immediately before incision with active participation by the team
- C. Perform it after the incision if rushed without obtaining additional clinical clarification
- D. Allow one person to recite it without response

49. A safety issue becomes apparent during transfer to the next care phase concerning count discrepancy. Which response by the perioperative nurse is most appropriate?

- A. Assume the item was discarded before completing the current care phase
- B. Close because the initial count was correct without obtaining additional clinical clarification
- C. Document the mismatch after discharge as the routine response for the entire team
- D. Keep the patient in the room and follow the count-discrepancy process

50. The current plan does not adequately control a risk associated with count discrepancy. Which nursing action should occur before care proceeds?

- A. Document the mismatch after discharge before completing the current care phase
- B. Keep the patient in the room and follow the count-discrepancy process
- C. Close because the initial count was correct without obtaining additional clinical clarification
- D. Assume the item was discarded as the routine response for the entire team

51. A discrepancy emerges during the team's final readiness check concerning medication labeling. Which response by the perioperative nurse is most appropriate?

- A. Identify solutions by container shape before completing the current care phase
- B. Wait until several medications are prepared without obtaining additional clinical clarification
- C. Label every medication and solution on the sterile field when prepared
- D. Label only syringes leaving the field as the routine response for the entire team

52. The current plan does not adequately control a risk associated with medication labeling. Which nursing action should occur before care proceeds?

- A. Label every medication and solution on the sterile field when prepared
- B. Label only syringes leaving the field before completing the current care phase
- C. Wait until several medications are prepared without obtaining additional clinical clarification
- D. Identify solutions by container shape as the routine response for the entire team

53. New information is reported while the patient is being prepared concerning positioning in lithotomy. Which response by the perioperative nurse is most appropriate?

- A. Raise and lower both legs together with coordinated support
- B. Let the legs drop under gravity before completing the current care phase
- C. Hyperextend the knees for stability without obtaining additional clinical clarification
- D. Move one leg at a time quickly

54. The current plan does not adequately control a risk associated with positioning in lithotomy. Which nursing action should occur before care proceeds?

- A. Move one leg at a time quickly
- B. Hyperextend the knees for stability before completing the current care phase
- C. Let the legs drop under gravity without obtaining additional clinical clarification
- D. Raise and lower both legs together with coordinated support

55. A team member raises a concern before the next procedural step concerning electrosurgical return electrode. Which response by the perioperative nurse is most appropriate?

- A. Apply it over scar tissue before completing the current care phase
- B. Place it on clean, dry, well-perfused muscle near the operative site
- C. Cut the pad to fit a small area without obtaining additional clinical clarification
- D. Place it over a bony prominence as the routine response for the entire team

56. The current plan does not adequately control a risk associated with electrosurgical return electrode. Which nursing action should occur before care proceeds?

- A. Place it over a bony prominence before completing the current care phase
- B. Cut the pad to fit a small area without obtaining additional clinical clarification
- C. Place it on clean, dry, well-perfused muscle near the operative site
- D. Apply it over scar tissue as the routine response for the entire team

57. The circulating nurse detects a gap during an intraoperative reassessment concerning fire risk assessment. Which response by the perioperative nurse is most appropriate?

- A. Wait until prep solution is applied before completing the current care phase
- B. Assign fire prevention solely to anesthesia without obtaining additional clinical clarification
- C. Assess fire risk only for laser cases as the routine response for the entire team
- D. Identify oxidizer, ignition source, and fuel before the procedure begins

58. The current plan does not adequately control a risk associated with fire risk assessment. Which nursing action should occur before care proceeds?

- A. Identify oxidizer, ignition source, and fuel before the procedure begins
- B. Assess fire risk only for laser cases before completing the current care phase
- C. Assign fire prevention solely to anesthesia without obtaining additional clinical clarification
- D. Wait until prep solution is applied as the routine response for the entire team

59. A safety issue becomes apparent during transfer to the next care phase concerning alcohol prep drying. Which response by the perioperative nurse is most appropriate?

- A. Use warming devices to speed evaporation before completing the current care phase
- B. Allow the solution to dry completely and prevent pooling before draping
- C. Cover pooled solution with absorbent towels without obtaining additional clinical clarification
- D. Blot visible liquid and drape immediately as the routine response for the entire team

60. The current plan does not adequately control a risk associated with alcohol prep drying. Which nursing action should occur before care proceeds?

- A. Blot visible liquid and drape immediately before completing the current care phase
- B. Cover pooled solution with absorbent towels without obtaining additional clinical clarification
- C. Allow the solution to dry completely and prevent pooling before draping
- D. Use warming devices to speed evaporation as the routine response for the entire team

61. A discrepancy emerges during the team's final readiness check concerning tourniquet safety. Which response by the perioperative nurse is most appropriate?

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

62. The current plan does not adequately control a risk associated with tourniquet safety. Which nursing action should occur before care proceeds?

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

63. New information is reported while the patient is being prepared concerning laser eye protection. Which response by the perioperative nurse is most appropriate?

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

64. The current plan does not adequately control a risk associated with laser eye protection. Which nursing action should occur before care proceeds?

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

65. A team member raises a concern before the next procedural step concerning radiation exposure. Which response by the perioperative nurse is most appropriate?

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

66. The current plan does not adequately control a risk associated with radiation exposure. Which nursing action should occur before care proceeds?

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

67. The circulating nurse detects a gap during an intraoperative reassessment concerning safe patient transfer. Which response by the perioperative nurse is most appropriate?

- A. Move before locking both surfaces before completing the current care phase
- B. Use sufficient personnel and transfer devices while controlling lines and airway
- C. Ask the sedated patient to assist without obtaining additional clinical clarification
- D. Pull the patient by the arms as the routine response for the entire team

68. The current plan does not adequately control a risk associated with safe patient transfer. Which nursing action should occur before care proceeds?

- A. Pull the patient by the arms before completing the current care phase
- B. Ask the sedated patient to assist without obtaining additional clinical clarification
- C. Move before locking both surfaces as the routine response for the entire team
- D. Use sufficient personnel and transfer devices while controlling lines and airway

69. A safety issue becomes apparent during transfer to the next care phase concerning robotic surgery positioning. Which response by the perioperative nurse is most appropriate?

- 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 completing the current care phase
- D. Reposition freely after docking without obtaining additional clinical clarification

70. The current plan does not adequately control a risk associated with robotic surgery positioning. Which nursing action should occur before care proceeds?

- A. Secure the patient and verify pressure-point protection before docking
- B. Reposition freely after docking before completing the current care phase
- C. Rely on table friction alone without obtaining additional clinical clarification
- D. Use shoulder braces routinely in steep Trendelenburg

71. A discrepancy emerges during the team's final readiness check concerning local anesthetic toxicity. Which response by the perioperative nurse is most appropriate?

- A. Place the patient upright and observe before completing the current care phase
- B. Continue if the incision is nearly complete without obtaining additional clinical clarification
- C. Stop administration and initiate the emergency response for systemic toxicity
- D. Give an additional test dose as the routine response for the entire team

72. The current plan does not adequately control a risk associated with local anesthetic toxicity. Which nursing action should occur before care proceeds?

- A. Give an additional test dose before completing the current care phase
- B. Stop administration and initiate the emergency response for systemic toxicity
- C. Continue if the incision is nearly complete without obtaining additional clinical clarification
- D. Place the patient upright and observe as the routine response for the entire team

73. New information is reported while the patient is being prepared concerning malignant hyperthermia risk. Which response by the perioperative nurse is most appropriate?

- A. Rely on prophylactic antibiotics before completing the current care phase
- B. Avoid triggering agents and ensure dantrolene readiness
- C. Delay planning until temperature rises
- D. Use succinylcholine to test susceptibility

74. The current plan does not adequately control a risk associated with malignant hyperthermia risk. Which nursing action should occur before care proceeds?

- A. Avoid triggering agents and ensure dantrolene readiness
- B. Use succinylcholine to test susceptibility
- C. Delay planning until temperature rises
- D. Rely on prophylactic antibiotics before completing the current care phase

75. A team member raises a concern before the next procedural step concerning retained surgical item prevention. Which response by the perioperative nurse is most appropriate?

- A. Exclude small miscellaneous items before completing the current care phase
- 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 current plan does not adequately control a risk associated with retained surgical item prevention. Which nursing action should occur before care proceeds?

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

77. The circulating nurse detects a gap during an intraoperative reassessment concerning sterile field contamination. Which response by the perioperative nurse is most appropriate?

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

78. The current plan does not adequately control a risk associated with sterile field contamination. Which nursing action should occur before care proceeds?

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

79. A safety issue becomes apparent during transfer to the next care phase concerning surgical smoke. Which response by the perioperative nurse is most appropriate?

- A. Use a surgical mask as the sole control
- B. Evacuate smoke after the procedure before completing the current care phase
- C. Use local smoke evacuation near the point of generation
- D. Rely only on room ventilation without obtaining additional clinical clarification

80. The current plan does not adequately control a risk associated with surgical smoke. Which nursing action should occur before care proceeds?

- A. Use local smoke evacuation near the point of generation
- B. Rely only on room ventilation before completing the current care phase
- C. Evacuate smoke after the procedure without obtaining additional clinical clarification
- D. Use a surgical mask as the sole control

81. A discrepancy emerges during the team's final readiness check concerning pneumatic compression device. Which response by the perioperative nurse is most appropriate?

- A. Turn the device on after discharge before completing the current care phase
- B. Use sleeves only on the operative limb without obtaining additional clinical clarification
- C. Place sleeves over objects in the pockets as the routine response for the entire team
- D. Apply sleeves correctly before induction when ordered and verify operation

82. The current plan does not adequately control a risk associated with pneumatic compression device. Which nursing action should occur before care proceeds?

- A. Place sleeves over objects in the pockets before completing the current care phase
- B. Apply sleeves correctly before induction when ordered and verify operation
- C. Use sleeves only on the operative limb without obtaining additional clinical clarification
- D. Turn the device on after discharge as the routine response for the entire team

83. New information is reported while the patient is being prepared concerning fluid deficit monitoring. Which response by the perioperative nurse is most appropriate?

- A. Ignore fluid on drapes and floor before completing the current care phase
- B. Wait for postoperative laboratory results without obtaining additional clinical clarification
- C. Track irrigation inflow and outflow and report concerning deficits
- D. Estimate deficit only from empty bags as the routine response for the entire team

84. The current plan does not adequately control a risk associated with fluid deficit monitoring. Which nursing action should occur before care proceeds?

- A. Estimate deficit only from empty bags before completing the current care phase
- B. Wait for postoperative laboratory results without obtaining additional clinical clarification
- C. Track irrigation inflow and outflow and report concerning deficits
- D. Ignore fluid on drapes and floor as the routine response for the entire team

85. A team member raises a concern before the next procedural step concerning medication handoff. Which response by the perioperative nurse is most appropriate?

- A. Verbally confirm drug name, concentration, dose, and recipient
- B. Use color alone to identify the drug
- C. Confirm only after administration before completing the current care phase
- D. Pass an unlabeled syringe silently without obtaining additional clinical clarification

86. The current plan does not adequately control a risk associated with medication handoff. Which nursing action should occur before care proceeds?

- A. Verbally confirm drug name, concentration, dose, and recipient
- B. Pass an unlabeled syringe silently before completing the current care phase
- C. Confirm only after administration without obtaining additional clinical clarification
- D. Use color alone to identify the drug

87. The circulating nurse detects a gap during an intraoperative reassessment concerning specimen orientation. Which response by the perioperative nurse is most appropriate?

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

88. The current plan does not adequately control a risk associated with specimen orientation. Which nursing action should occur before care proceeds?

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

89. A safety issue becomes apparent during transfer to the next care phase concerning neutral zone. Which response by the perioperative nurse is most appropriate?

- A. Place sharps under a towel before completing the current care phase
- B. Recap needles using two hands without obtaining additional clinical clarification
- C. Pass every sharp directly hand to hand
- D. Use a designated hands-free area for sharps when feasible

90. The current plan does not adequately control a risk associated with neutral zone. Which nursing action should occur before care proceeds?

- A. Pass every sharp directly hand to hand
- B. Use a designated hands-free area for sharps when feasible
- C. Recap needles using two hands before completing the current care phase
- D. Place sharps under a towel without obtaining additional clinical clarification

91. A discrepancy emerges during the team's final readiness check concerning hypothermia prevention. Which response by the perioperative nurse is most appropriate?

- A. Use warmed blankets without reassessment before completing the current care phase
- B. Treat shivering as an expected harmless event
- C. Monitor core temperature and use appropriate active warming
- D. Warm only intravenous antibiotics without obtaining additional clinical clarification

92. The current plan does not adequately control a risk associated with hypothermia prevention. Which nursing action should occur before care proceeds?

- A. Monitor core temperature and use appropriate active warming
- B. Warm only intravenous antibiotics before completing the current care phase
- C. Treat shivering as an expected harmless event
- D. Use warmed blankets without reassessment without obtaining additional clinical clarification

93. New information is reported while the patient is being prepared concerning implant verification. Which response by the perioperative nurse is most appropriate?

- A. Confirm implant type, size, laterality, integrity, and expiration before use
- B. Use packaging color as verification before completing the current care phase
- C. Record the lot number only if a problem occurs
- D. Open the implant before checking the consent without obtaining additional clinical clarification

94. The current plan does not adequately control a risk associated with implant verification. Which nursing action should occur before care proceeds?

- A. Open the implant before checking the consent before completing the current care phase
- B. Record the lot number only if a problem occurs
- C. Confirm implant type, size, laterality, integrity, and expiration before use
- D. Use packaging color as verification without obtaining additional clinical clarification

95. A team member raises a concern before the next procedural step concerning postoperative fall prevention. Which response by the perioperative nurse is most appropriate?

- A. Use age alone to determine risk before completing the current care phase
- B. Assess residual anesthesia effects and assist mobility according to risk
- C. Remove assistive devices to simplify transfer without obtaining additional clinical clarification
- D. Allow independent ambulation after stable vital signs as the routine response for the entire team

96. The current plan does not adequately control a risk associated with postoperative fall prevention. Which nursing action should occur before care proceeds?

- A. Allow independent ambulation after stable vital signs before completing the current care phase
- B. Remove assistive devices to simplify transfer without obtaining additional clinical clarification
- C. Use age alone to determine risk as the routine response for the entire team
- D. Assess residual anesthesia effects and assist mobility according to risk

97. The circulating nurse detects a gap during an intraoperative reassessment concerning delegation. Which response by the perioperative nurse is most appropriate?

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

98. The current plan does not adequately control a risk associated with delegation. Which nursing action should occur before care proceeds?

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

99. A safety issue becomes apparent during transfer to the next care phase concerning vendor presence. Which response by the perioperative nurse is most appropriate?

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

100. The current plan does not adequately control a risk associated with vendor presence. Which nursing action should occur before care proceeds?

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

101. A discrepancy emerges during the team's final readiness check concerning staffing assignment. Which response by the perioperative nurse is most appropriate?

- A. Use identical staffing for every service before completing the current care phase
- B. Let staff choose without leadership review without obtaining additional clinical clarification
- C. Assign cases solely by seniority as the routine response for the entire team
- D. Match patient acuity and procedure complexity with staff competency

102. The current plan does not adequately control a risk associated with staffing assignment. Which nursing action should occur before care proceeds?

- A. Match patient acuity and procedure complexity with staff competency
- B. Assign cases solely by seniority before completing the current care phase
- C. Let staff choose without leadership review without obtaining additional clinical clarification
- D. Use identical staffing for every service as the routine response for the entire team

103. New information is reported while the patient is being prepared concerning equipment malfunction. Which response by the perioperative nurse is most appropriate?

- A. Attempt an unauthorized repair before completing the current care phase
- B. Use it until the procedure ends regardless of risk without obtaining additional clinical clarification
- C. Return it to storage for the next shift as the routine response for the entire team
- D. Remove the device from service, label it, and report it through policy

104. The current plan does not adequately control a risk associated with equipment malfunction. Which nursing action should occur before care proceeds?

- A. Return it to storage for the next shift before completing the current care phase
- B. Remove the device from service, label it, and report it through policy
- C. Use it until the procedure ends regardless of risk without obtaining additional clinical clarification
- D. Attempt an unauthorized repair as the routine response for the entire team

105. A team member raises a concern before the next procedural step concerning loaner instrumentation. Which response by the perioperative nurse is most appropriate?

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

106. The current plan does not adequately control a risk associated with loaner instrumentation. Which nursing action should occur before care proceeds?

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

107. The circulating nurse detects a gap during an intraoperative reassessment concerning preference card control. Which response by the perioperative nurse is most appropriate?

- A. Keep obsolete supplies to avoid discussion before completing the current care phase
- B. Review and update cards through a standardized change process
- C. Use memory instead of version control without obtaining additional clinical clarification
- D. Let anyone alter cards without review as the routine response for the entire team

108. The current plan does not adequately control a risk associated with preference card control. Which nursing action should occur before care proceeds?

- A. Let anyone alter cards without review before completing the current care phase
- B. Use memory instead of version control without obtaining additional clinical clarification
- C. Review and update cards through a standardized change process
- D. Keep obsolete supplies to avoid discussion as the routine response for the entire team

109. A safety issue becomes apparent during transfer to the next care phase concerning resource conservation. Which response by the perioperative nurse is most appropriate?

- A. Reuse single-use items without authorization before completing the current care phase
- 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 current plan does not adequately control a risk associated with resource conservation. Which nursing action should occur before care proceeds?

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

111. A discrepancy emerges during the team's final readiness check concerning orientation validation. Which response by the perioperative nurse is most appropriate?

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

112. The current plan does not adequately control a risk associated with orientation validation. Which nursing action should occur before care proceeds?

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

113. New information is reported while the patient is being prepared concerning controlled substance discrepancy. Which response by the perioperative nurse is most appropriate?

- A. Discard the remaining medication alone before completing the current care phase
- B. Wait until the end of the month
- C. Secure the medication and follow reconciliation and reporting procedures
- D. Alter the record to match the count

114. The current plan does not adequately control a risk associated with controlled substance discrepancy. Which nursing action should occur before care proceeds?

- A. Secure the medication and follow reconciliation and reporting procedures
- B. Alter the record to match the count
- C. Wait until the end of the month
- D. Discard the remaining medication alone before completing the current care phase

115. A team member raises a concern before the next procedural step concerning critical result communication. Which response by the perioperative nurse is most appropriate?

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

116. The current plan does not adequately control a risk associated with critical result communication. Which nursing action should occur before care proceeds?

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

117. The circulating nurse detects a gap during an intraoperative reassessment concerning handoff. Which response by the perioperative nurse is most appropriate?

- A. Skip allergies if already charted before completing the current care phase
- B. Delay report until after transport without obtaining additional clinical clarification
- C. Report only abnormal vital signs as the routine response for the entire team
- D. Use a standardized report covering patient, procedure, events, and continuing needs

118. The current plan does not adequately control a risk associated with handoff. Which nursing action should occur before care proceeds?

- A. Report only abnormal vital signs before completing the current care phase
- B. Use a standardized report covering patient, procedure, events, and continuing needs
- C. Delay report until after transport without obtaining additional clinical clarification
- D. Skip allergies if already charted as the routine response for the entire team

119. A safety issue becomes apparent during transfer to the next care phase concerning late documentation. Which response by the perioperative nurse is most appropriate?

- A. Enter a clearly labeled late entry with the actual entry time
- B. Delete the original record before completing the current care phase
- C. Ask another nurse to sign it without obtaining additional clinical clarification
- D. Backdate the note to the procedure time as the routine response for the entire team

120. The current plan does not adequately control a risk associated with late documentation. Which nursing action should occur before care proceeds?

- A. Backdate the note to the procedure time before completing the current care phase
- B. Ask another nurse to sign it without obtaining additional clinical clarification
- C. Enter a clearly labeled late entry with the actual entry time
- D. Delete the original record as the routine response for the entire team

121. A discrepancy emerges during the team's final readiness check concerning read-back. Which response by the perioperative nurse is most appropriate?

- A. Read back verbal orders and critical values for confirmation
- B. Write the order without confirmation before completing the current care phase
- C. Ask a nonclinical observer to verify without obtaining additional clinical clarification
- D. Repeat only the medication name as the routine response for the entire team

122. The current plan does not adequately control a risk associated with read-back. Which nursing action should occur before care proceeds?

- A. Repeat only the medication name before completing the current care phase
- B. Ask a nonclinical observer to verify without obtaining additional clinical clarification
- C. Read back verbal orders and critical values for confirmation
- D. Write the order without confirmation as the routine response for the entire team

123. New information is reported while the patient is being prepared concerning specimen communication. Which response by the perioperative nurse is most appropriate?

- A. Batch-label containers after the patient leaves before completing the current care phase
- B. Let the courier supply missing details without obtaining additional clinical clarification
- C. Identify specimens by room number as the routine response for the entire team
- D. Use two identifiers and confirm specimen description and source

124. The current plan does not adequately control a risk associated with specimen communication. Which nursing action should occur before care proceeds?

- A. Identify specimens by room number before completing the current care phase
- B. Use two identifiers and confirm specimen description and source
- C. Let the courier supply missing details without obtaining additional clinical clarification
- D. Batch-label containers after the patient leaves as the routine response for the entire team

125. A team member raises a concern before the next procedural step concerning team conflict. Which response by the perioperative nurse is most appropriate?

- A. Argue in front of the awake patient before completing the current care phase
- B. State the safety concern clearly and use the chain of command if unresolved
- C. Document concern without taking action without obtaining additional clinical clarification
- D. Remain silent to preserve harmony as the routine response for the entire team

126. The current plan does not adequately control a risk associated with team conflict. Which nursing action should occur before care proceeds?

- A. Remain silent to preserve harmony before completing the current care phase
- B. Document concern without taking action without obtaining additional clinical clarification
- C. State the safety concern clearly and use the chain of command if unresolved
- D. Argue in front of the awake patient as the routine response for the entire team

127. The circulating nurse detects a gap during an intraoperative reassessment concerning abbreviation safety. Which response by the perioperative nurse is most appropriate?

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

128. The current plan does not adequately control a risk associated with abbreviation safety. Which nursing action should occur before care proceeds?

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

129. A safety issue becomes apparent during transfer to the next care phase concerning privacy. Which response by the perioperative nurse is most appropriate?

- A. Discuss patient information only with involved personnel in an appropriate setting
- B. Post deidentified details with recognizable photos before completing the current care phase
- C. Share records with curious coworkers without obtaining additional clinical clarification
- D. Discuss unusual cases in public elevators as the routine response for the entire team

130. The current plan does not adequately control a risk associated with privacy. Which nursing action should occur before care proceeds?

- A. Discuss unusual cases in public elevators before completing the current care phase
- B. Discuss patient information only with involved personnel in an appropriate setting
- C. Share records with curious coworkers without obtaining additional clinical clarification
- D. Post deidentified details with recognizable photos as the routine response for the entire team

131. A discrepancy emerges during the team's final readiness check concerning implant documentation. Which response by the perioperative nurse is most appropriate?

- A. Rely solely on the vendor invoice before completing the current care phase
- B. Document identifiers only after a recall without obtaining additional clinical clarification
- C. Record manufacturer, lot or serial number, size, and site as applicable
- D. Record only the implant price as the routine response for the entire team

132. The current plan does not adequately control a risk associated with implant documentation. Which nursing action should occur before care proceeds?

- A. Record only the implant price before completing the current care phase
- B. Document identifiers only after a recall without obtaining additional clinical clarification
- C. Rely solely on the vendor invoice as the routine response for the entire team
- D. Record manufacturer, lot or serial number, size, and site as applicable

133. New information is reported while the patient is being prepared concerning preference-sensitive decision. Which response by the perioperative nurse is most appropriate?

- A. Confirm the patient's stated values are communicated to the care team
- B. Avoid documenting preferences before completing the current care phase
- C. Assume silence means consent without obtaining additional clinical clarification
- D. Substitute the family's preferences automatically as the routine response for the entire team

134. The current plan does not adequately control a risk associated with preference-sensitive decision. Which nursing action should occur before care proceeds?

- A. Substitute the family's preferences automatically before completing the current care phase
- B. Assume silence means consent without obtaining additional clinical clarification
- C. Avoid documenting preferences as the routine response for the entire team
- D. Confirm the patient's stated values are communicated to the care team

135. A team member raises a concern before the next procedural step concerning event report. Which response by the perioperative nurse is most appropriate?

- A. Copy opinions into both records before completing the current care phase
- B. Document objective facts in the health record and complete the safety report separately
- C. Omit the event from the clinical record without obtaining additional clinical clarification
- D. Mention the incident report in the chart as the routine response for the entire team

136. The current plan does not adequately control a risk associated with event report. Which nursing action should occur before care proceeds?

- A. Mention the incident report in the chart before completing the current care phase
- B. Omit the event from the clinical record without obtaining additional clinical clarification
- C. Document objective facts in the health record and complete the safety report separately
- D. Copy opinions into both records as the routine response for the entire team

137. The circulating nurse detects a gap during an intraoperative reassessment concerning hand hygiene. Which response by the perioperative nurse is most appropriate?

- A. Clean hands only when visibly soiled before completing the current care phase
- B. Skip hygiene after intact glove use without obtaining additional clinical clarification
- C. Use gloves instead of hand hygiene as the routine response for the entire team
- D. Perform hand hygiene before and after patient contact and after glove removal

138. The current plan does not adequately control a risk associated with hand hygiene. Which nursing action should occur before care proceeds?

- A. Use gloves instead of hand hygiene before completing the current care phase
- B. Skip hygiene after intact glove use without obtaining additional clinical clarification
- C. Perform hand hygiene before and after patient contact and after glove removal
- D. Clean hands only when visibly soiled as the routine response for the entire team

139. A safety issue becomes apparent during transfer to the next care phase concerning sterile package inspection. Which response by the perioperative nurse is most appropriate?

- A. Dry a wet package and use it before completing the current care phase
- B. Check integrity, dryness, indicator, and expiration or event status before opening
- C. Ignore the external indicator without obtaining additional clinical clarification
- D. Use a package with a small tear if contents look clean

140. The current plan does not adequately control a risk associated with sterile package inspection. Which nursing action should occur before care proceeds?

- A. Check integrity, dryness, indicator, and expiration or event status before opening
- B. Use a package with a small tear if contents look clean
- C. Ignore the external indicator before completing the current care phase
- D. Dry a wet package and use it without obtaining additional clinical clarification

141. A discrepancy emerges during the team's final readiness check concerning opening sterile supplies. Which response by the perioperative nurse is most appropriate?

- A. Drop heavy items from shoulder height before completing the current care phase
- B. Touch the inner wrapper with bare hands without obtaining additional clinical clarification
- C. Open the near flap first across the contents as the routine response for the entire team
- D. Open the far flap first and avoid reaching over the field

142. The current plan does not adequately control a risk associated with opening sterile supplies. Which nursing action should occur before care proceeds?

- A. Open the far flap first and avoid reaching over the field
- B. Open the near flap first across the contents before completing the current care phase
- C. Touch the inner wrapper with bare hands without obtaining additional clinical clarification
- D. Drop heavy items from shoulder height as the routine response for the entire team

143. New information is reported while the patient is being prepared concerning sterile field monitoring. Which response by the perioperative nurse is most appropriate?

- A. Use an unobserved field if indicators changed before completing the current care phase
- B. Ask environmental staff to watch it without obtaining additional clinical clarification
- C. Keep the field under direct observation and consider unobserved fields contaminated
- D. Cover the field and leave it unattended as the routine response for the entire team

144. The current plan does not adequately control a risk associated with sterile field monitoring. Which nursing action should occur before care proceeds?

- A. Cover the field and leave it unattended before completing the current care phase
- B. Keep the field under direct observation and consider unobserved fields contaminated
- C. Ask environmental staff to watch it without obtaining additional clinical clarification
- D. Use an unobserved field if indicators changed as the routine response for the entire team

145. A team member raises a concern before the next procedural step concerning traffic control. Which response by the perioperative nurse is most appropriate?

- 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 current plan does not adequately control a risk associated with traffic control. Which nursing action should occur before care proceeds?

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

147. The circulating nurse detects a gap during an intraoperative reassessment concerning airflow. Which response by the perioperative nurse is most appropriate?

- A. Use fans near the sterile field before completing the current care phase
- B. Block supply vents with equipment without obtaining additional clinical clarification
- C. Keep operating room doors closed except for essential passage
- D. Open doors to increase positive pressure as the routine response for the entire team

148. The current plan does not adequately control a risk associated with airflow. Which nursing action should occur before care proceeds?

- A. Keep operating room doors closed except for essential passage
- B. Open doors to increase positive pressure before completing the current care phase
- C. Block supply vents with equipment without obtaining additional clinical clarification
- D. Use fans near the sterile field as the routine response for the entire team

149. A safety issue becomes apparent during transfer to the next care phase concerning surgical attire. Which response by the perioperative nurse is most appropriate?

- A. Contain head and facial hair according to facility policy
- B. Wear home-laundered attire regardless of policy before completing the current care phase
- C. Reuse visibly soiled head coverings without obtaining additional clinical clarification
- D. Allow loose hair if it avoids the field

150. The current plan does not adequately control a risk associated with surgical attire. Which nursing action should occur before care proceeds?

- A. Allow loose hair if it avoids the field
- B. Contain head and facial hair according to facility policy
- C. Reuse visibly soiled head coverings before completing the current care phase
- D. Wear home-laundered attire regardless of policy without obtaining additional clinical clarification

151. A discrepancy emerges during the team's final readiness check concerning skin antisepsis. Which response by the perioperative nurse is most appropriate?

- A. Mix products to increase strength before completing the current care phase
- B. Apply over pooled solution without removal without obtaining additional clinical clarification
- C. Apply the selected antiseptic using its instructions and allow required drying
- D. Wipe it off immediately after application as the routine response for the entire team

152. The current plan does not adequately control a risk associated with skin antisepsis. Which nursing action should occur before care proceeds?

- A. Wipe it off immediately after application before completing the current care phase
- B. Apply over pooled solution without removal without obtaining additional clinical clarification
- C. Mix products to increase strength as the routine response for the entire team
- D. Apply the selected antiseptic using its instructions and allow required drying

153. New information is reported while the patient is being prepared concerning instrument cleaning. Which response by the perioperative nurse is most appropriate?

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

154. The current plan does not adequately control a risk associated with instrument cleaning. Which nursing action should occur before care proceeds?

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

155. A team member raises a concern before the next procedural step concerning point-of-use care. Which response by the perioperative nurse is most appropriate?

- A. Allow blood to dry before transport before completing the current care phase
- B. Keep instruments moist with an approved method and remove gross soil promptly
- C. Close hinged instruments tightly without obtaining additional clinical clarification
- D. Soak instruments in saline overnight as the routine response for the entire team

156. The current plan does not adequately control a risk associated with point-of-use care. Which nursing action should occur before care proceeds?

- A. Keep instruments moist with an approved method and remove gross soil promptly
- B. Soak instruments in saline overnight before completing the current care phase
- C. Close hinged instruments tightly without obtaining additional clinical clarification
- D. Allow blood to dry before transport as the routine response for the entire team

157. The circulating nurse detects a gap during an intraoperative reassessment concerning immediate-use steam sterilization. Which response by the perioperative nurse is most appropriate?

- A. Skip cleaning because steam kills organisms before completing the current care phase
- B. Use only when justified and follow validated cleaning, packaging, and transport steps
- C. Carry the item uncovered through the hallway without obtaining additional clinical clarification
- D. Use it routinely to compensate for low inventory as the routine response for the entire team

158. The current plan does not adequately control a risk associated with immediate-use steam sterilization. Which nursing action should occur before care proceeds?

- A. Use it routinely to compensate for low inventory before completing the current care phase
- B. Carry the item uncovered through the hallway without obtaining additional clinical clarification
- C. Skip cleaning because steam kills organisms as the routine response for the entire team
- D. Use only when justified and follow validated cleaning, packaging, and transport steps

159. A safety issue becomes apparent during transfer to the next care phase concerning biological monitoring. Which response by the perioperative nurse is most appropriate?

- A. Release all loads without review before completing the current care phase
- B. Repeat only the label printing without obtaining additional clinical clarification
- C. Respond to a positive indicator according to recall and investigation policy
- D. Ignore it when chemical indicators changed as the routine response for the entire team

160. The current plan does not adequately control a risk associated with biological monitoring. Which nursing action should occur before care proceeds?

- A. Respond to a positive indicator according to recall and investigation policy
- B. Ignore it when chemical indicators changed before completing the current care phase
- C. Repeat only the label printing without obtaining additional clinical clarification
- D. Release all loads without review as the routine response for the entire team

161. A discrepancy emerges during the team's final readiness check concerning single-use devices. Which response by the perioperative nurse is most appropriate?

- A. Reuse after surface wiping before completing the current care phase
- B. Let the surgeon decide without policy review without obtaining additional clinical clarification
- C. Reprocess locally whenever the device looks intact as the routine response for the entire team
- D. Use once unless an authorized reprocessor has met applicable requirements

162. The current plan does not adequately control a risk associated with single-use devices. Which nursing action should occur before care proceeds?

- A. Reprocess locally whenever the device looks intact before completing the current care phase
- B. Let the surgeon decide without policy review without obtaining additional clinical clarification
- C. Use once unless an authorized reprocessor has met applicable requirements
- D. Reuse after surface wiping as the routine response for the entire team

163. New information is reported while the patient is being prepared concerning environmental cleaning. Which response by the perioperative nurse is most appropriate?

- A. Clean and disinfect high-touch surfaces between patients using approved products
- B. Use any household cleaner before completing the current care phase
- C. Skip contact time when the schedule is delayed
- D. Clean only visible blood without obtaining additional clinical clarification

164. The current plan does not adequately control a risk associated with environmental cleaning. Which nursing action should occur before care proceeds?

- A. Clean only visible blood before completing the current care phase
- B. Clean and disinfect high-touch surfaces between patients using approved products
- C. Skip contact time when the schedule is delayed
- D. Use any household cleaner without obtaining additional clinical clarification

165. A team member raises a concern before the next procedural step concerning sharps disposal. Which response by the perioperative nurse is most appropriate?

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

166. The current plan does not adequately control a risk associated with sharps disposal. Which nursing action should occur before care proceeds?

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

167. The circulating nurse detects a gap during an intraoperative reassessment concerning sterile storage. Which response by the perioperative nurse is most appropriate?

- A. Compress packages into overfilled bins before completing the current care phase
- B. Use damaged packages if indicators are correct
- C. Protect packages from moisture, crushing, dust, and excessive handling
- D. Store sterile items under sinks without obtaining additional clinical clarification

168. The current plan does not adequately control a risk associated with sterile storage. Which nursing action should occur before care proceeds?

- A. Store sterile items under sinks before completing the current care phase
- B. Protect packages from moisture, crushing, dust, and excessive handling
- C. Use damaged packages if indicators are correct
- D. Compress packages into overfilled bins without obtaining additional clinical clarification

169. A safety issue becomes apparent during transfer to the next care phase concerning operating room fire. Which response by the perioperative nurse is most appropriate?

- A. Add oxygen to improve ventilation before completing the current care phase
- B. Continue surgery while someone finds an extinguisher without obtaining additional clinical clarification
- C. Carry the burning patient into the corridor first as the routine response for the entire team
- D. Stop the procedure, remove burning material, and stop oxidizer flow as appropriate

170. The current plan does not adequately control a risk associated with operating room fire. Which nursing action should occur before care proceeds?

- A. Carry the burning patient into the corridor first before completing the current care phase
- B. Stop the procedure, remove burning material, and stop oxidizer flow as appropriate
- C. Continue surgery while someone finds an extinguisher without obtaining additional clinical clarification
- D. Add oxygen to improve ventilation as the routine response for the entire team

171. A discrepancy emerges during the team's final readiness check concerning malignant hyperthermia. Which response by the perioperative nurse is most appropriate?

- A. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene
- B. Treat only with an antipyretic before completing the current care phase
- C. Wait for extreme fever before responding without obtaining additional clinical clarification
- D. Apply warming blankets and continue anesthesia as the routine response for the entire team

172. The current plan does not adequately control a risk associated with malignant hyperthermia. Which nursing action should occur before care proceeds?

- A. Apply warming blankets and continue anesthesia before completing the current care phase
- B. Wait for extreme fever before responding without obtaining additional clinical clarification
- C. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene
- D. Treat only with an antipyretic as the routine response for the entire team

173. New information is reported while the patient is being prepared concerning anaphylaxis. Which response by the perioperative nurse is most appropriate?

- A. Place the patient alone in recovery before completing the current care phase
- B. Continue the infusion at a slower rate without obtaining additional clinical clarification
- C. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment
- D. Give an oral antihistamine and observe as the routine response for the entire team

174. The current plan does not adequately control a risk associated with anaphylaxis. Which nursing action should occur before care proceeds?

- A. Give an oral antihistamine and observe before completing the current care phase
- B. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment
- C. Continue the infusion at a slower rate without obtaining additional clinical clarification
- D. Place the patient alone in recovery as the routine response for the entire team

175. A team member raises a concern before the next procedural step concerning massive hemorrhage. Which response by the perioperative nurse is most appropriate?

- A. Give only crystalloid regardless of loss before completing the current care phase
- B. Delay communication until closure without obtaining additional clinical clarification
- C. Wait for the final hemoglobin result as the routine response for the entire team
- D. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring

176. The current plan does not adequately control a risk associated with massive hemorrhage. Which nursing action should occur before care proceeds?

- A. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring
- B. Wait for the final hemoglobin result before completing the current care phase
- C. Delay communication until closure without obtaining additional clinical clarification
- D. Give only crystalloid regardless of loss as the routine response for the entire team

177. The circulating nurse detects a gap during an intraoperative reassessment concerning local anesthetic systemic toxicity. Which response by the perioperative nurse is most appropriate?

- A. Stop injection, secure the airway, treat seizures, and prepare lipid emulsion
- B. Use propofol alone in cardiovascular collapse before completing the current care phase
- C. Send the patient home after symptoms resolve without obtaining additional clinical clarification
- D. Give more local anesthetic to confirm the diagnosis as the routine response for the entire team

178. The current plan does not adequately control a risk associated with local anesthetic systemic toxicity. Which nursing action should occur before care proceeds?

- A. Give more local anesthetic to confirm the diagnosis before completing the current care phase
- B. Stop injection, secure the airway, treat seizures, and prepare lipid emulsion
- C. Send the patient home after symptoms resolve without obtaining additional clinical clarification
- D. Use propofol alone in cardiovascular collapse as the routine response for the entire team

179. A safety issue becomes apparent during transfer to the next care phase concerning cardiac arrest in prone position. Which response by the perioperative nurse is most appropriate?

- A. Remove all airway equipment first before completing the current care phase
- B. Continue the procedure until closure without obtaining additional clinical clarification
- C. Wait to act until the patient is supine as the routine response for the entire team
- D. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning

180. The current plan does not adequately control a risk associated with cardiac arrest in prone position. Which nursing action should occur before care proceeds?

- A. Wait to act until the patient is supine before completing the current care phase
- B. Continue the procedure until closure without obtaining additional clinical clarification
- C. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning
- D. Remove all airway equipment first as the routine response for the entire team

181. A discrepancy emerges during the team's final readiness check concerning power failure. Which response by the perioperative nurse is most appropriate?

- A. Turn off battery-powered monitors before completing the current care phase
- B. Move the anesthetized patient without planning without obtaining additional clinical clarification
- C. Maintain patient support and follow the utility-failure plan using emergency systems
- D. Open all doors and end sterile technique as the routine response for the entire team

182. The current plan does not adequately control a risk associated with power failure. Which nursing action should occur before care proceeds?

- A. Open all doors and end sterile technique before completing the current care phase
- B. Move the anesthetized patient without planning without obtaining additional clinical clarification
- C. Turn off battery-powered monitors as the routine response for the entire team
- D. Maintain patient support and follow the utility-failure plan using emergency systems

183. New information is reported while the patient is being prepared concerning chemical spill. Which response by the perioperative nurse is most appropriate?

- A. Flush every chemical into a sink before completing the current care phase
- B. Restrict access and use the substance-specific spill response and protective equipment
- C. Continue work until environmental services arrives without obtaining additional clinical clarification
- D. Wipe it up with bare hands as the routine response for the entire team

184. The current plan does not adequately control a risk associated with chemical spill. Which nursing action should occur before care proceeds?

- A. Restrict access and use the substance-specific spill response and protective equipment
- B. Wipe it up with bare hands before completing the current care phase
- C. Continue work until environmental services arrives without obtaining additional clinical clarification
- D. Flush every chemical into a sink as the routine response for the entire team

185. A team member raises a concern before the next procedural step concerning venous air embolism. Which response by the perioperative nurse is most appropriate?

- A. Notify the team, stop further air entry, give oxygen, and support hemodynamics
- B. Place the patient upright immediately in every case before completing the current care phase
- C. Ignore a sudden end-tidal carbon dioxide decrease without obtaining additional clinical clarification
- D. Increase insufflation pressure as the routine response for the entire team

186. The current plan does not adequately control a risk associated with venous air embolism. Which nursing action should occur before care proceeds?

- A. Increase insufflation pressure before completing the current care phase
- B. Ignore a sudden end-tidal carbon dioxide decrease without obtaining additional clinical clarification
- C. Place the patient upright immediately in every case as the routine response for the entire team
- D. Notify the team, stop further air entry, give oxygen, and support hemodynamics

187. The circulating nurse detects a gap during an intraoperative reassessment concerning evacuation. Which response by the perioperative nurse is most appropriate?

- A. Leave records and medications behind routinely before completing the current care phase
- B. Follow the facility plan while maintaining patient identification, support, and accountability
- C. Use elevators during a fire without authorization without obtaining additional clinical clarification
- D. Evacuate staff before anesthetized patients without assessment as the routine response for the entire team

188. The current plan does not adequately control a risk associated with evacuation. Which nursing action should occur before care proceeds?

- A. Evacuate staff before anesthetized patients without assessment before completing the current care phase
- B. Use elevators during a fire without authorization without obtaining additional clinical clarification
- C. Follow the facility plan while maintaining patient identification, support, and accountability
- D. Leave records and medications behind routinely as the routine response for the entire team

189. A safety issue becomes apparent during transfer to the next care phase concerning scope of practice. Which response by the perioperative nurse is most appropriate?

- A. Let staffing need define legal scope before completing the current care phase
- B. Assume observation proves competence without obtaining additional clinical clarification
- C. Perform any task requested by a physician
- D. Practice within law, standards, policy, education, and demonstrated competence

190. The current plan does not adequately control a risk associated with scope of practice. Which nursing action should occur before care proceeds?

- A. Perform any task requested by a physician
- B. Assume observation proves competence before completing the current care phase
- C. Practice within law, standards, policy, education, and demonstrated competence

D. Let staffing need define legal scope without obtaining additional clinical clarification

191. A discrepancy emerges during the team's final readiness check concerning informed consent advocacy. Which response by the perioperative nurse is most appropriate?

- A. Ask family to pressure the patient before completing the current care phase
- B. Notify the provider when the patient has unanswered questions or appears coerced
- C. Witness a signature after sedating the patient without obtaining additional clinical clarification
- D. Explain the surgeon's risks and obtain consent independently as the routine response for the entire team

192. The current plan does not adequately control a risk associated with informed consent advocacy. Which nursing action should occur before care proceeds?

- A. Notify the provider when the patient has unanswered questions or appears coerced
- B. Explain the surgeon's risks and obtain consent independently before completing the current care phase
- C. Witness a signature after sedating the patient without obtaining additional clinical clarification
- D. Ask family to pressure the patient as the routine response for the entire team

193. New information is reported while the patient is being prepared concerning impaired colleague. Which response by the perioperative nurse is most appropriate?

- A. Protect patients and report concerns through the required process
- B. Confront the colleague publicly and take no further action
- C. Cover the assignment without documenting concern before completing the current care phase
- D. Ignore the behavior unless harm occurs without obtaining additional clinical clarification

194. The current plan does not adequately control a risk associated with impaired colleague. Which nursing action should occur before care proceeds?

- A. Ignore the behavior unless harm occurs before completing the current care phase
- B. Protect patients and report concerns through the required process
- C. Cover the assignment without documenting concern without obtaining additional clinical clarification
- D. Confront the colleague publicly and take no further action

195. A team member raises a concern before the next procedural step concerning evidence-based practice. Which response by the perioperative nurse is most appropriate?

- A. Use one study without appraisal before completing the current care phase
- B. Exclude patient preferences from decisions without obtaining additional clinical clarification
- C. Follow tradition when evidence changes as the routine response for the entire team
- D. Integrate best evidence, clinical expertise, and patient values

196. The current plan does not adequately control a risk associated with evidence-based practice. Which nursing action should occur before care proceeds?

- A. Follow tradition when evidence changes before completing the current care phase
- B. Exclude patient preferences from decisions without obtaining additional clinical clarification
- C. Integrate best evidence, clinical expertise, and patient values
- D. Use one study without appraisal as the routine response for the entire team

197. The circulating nurse detects a gap during an intraoperative reassessment concerning competency maintenance. Which response by the perioperative nurse is most appropriate?

- A. Perform rare skills without review before completing the current care phase
- B. Pursue continuing development and validate skills used in practice
- C. Count years employed as proof of competence
- D. Rely indefinitely on initial orientation without obtaining additional clinical clarification

198. The current plan does not adequately control a risk associated with competency maintenance. Which nursing action should occur before care proceeds?

- A. Pursue continuing development and validate skills used in practice
- B. Rely indefinitely on initial orientation before completing the current care phase
- C. Count years employed as proof of competence
- D. Perform rare skills without review without obtaining additional clinical clarification

199. A safety issue becomes apparent during transfer to the next care phase concerning ethical advocacy. Which response by the perioperative nurse is most appropriate?

- A. Discuss the concern only after discharge before completing the current care phase
- B. Transfer responsibility to the patient's family without obtaining additional clinical clarification
- C. Comply silently with every request as the routine response for the entire team
- D. Escalate a serious unresolved safety concern through the chain of command

200. The current plan does not adequately control a risk associated with ethical advocacy. Which nursing action should occur before care proceeds?

- A. Comply silently with every request before completing the current care phase
- B. Transfer responsibility to the patient's family without obtaining additional clinical clarification
- C. Escalate a serious unresolved safety concern through the chain of command
- D. Discuss the concern only after discharge as the routine response for the entire team

Practice Exam 4: Answer Key and Explanations

1. B — Selecting this response is appropriate because Two identifiers link the intended patient to the planned care and must not rely on location. It directly manages the concern related to preoperative identity verification and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication,

2. A — This intervention is appropriate because Two identifiers link the intended patient to the planned care and must not rely on location. It directly manages the concern related to preoperative identity verification and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective

3. D — Selecting this response is appropriate because The specific substance and reaction guide avoidance, substitutions, and emergency planning. It directly manages the concern related to allergy reconciliation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

4. C — This intervention is appropriate because The specific substance and reaction guide avoidance, substitutions, and emergency planning. It directly manages the concern related to allergy reconciliation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

5. D — Selecting this response is appropriate because A complete medication history identifies interactions, bleeding risks, and agents affecting anesthesia. It directly manages the concern related to medication assessment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

6. B — This intervention is appropriate because A complete medication history identifies interactions, bleeding risks, and agents affecting anesthesia. It directly manages the concern related to medication assessment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

7. A — Selecting this response is appropriate because Fasting assessment requires both content and timing because aspiration risk varies by intake. It directly manages the concern related to NPO status and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

8. C — This intervention is appropriate because Fasting assessment requires both content and timing because aspiration risk varies by intake. It directly manages the concern related to NPO status and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

9. C — Selecting this response is appropriate because Consent must be complete, consistent, and voluntarily confirmed before sedation impairs decision-making. It directly manages the concern related to surgical consent discrepancy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

10. A — This intervention is appropriate because Consent must be complete, consistent, and voluntarily confirmed before sedation impairs decision-making. It directly manages the concern related to surgical consent discrepancy and prevents the team from advancing with an unresolved hazard. The remaining

options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

11. D — Selecting this response is appropriate because Baseline documentation distinguishes preexisting findings and supports an appropriate protection plan. It directly manages the concern related to baseline skin assessment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

12. B — This intervention is appropriate because Baseline documentation distinguishes preexisting findings and supports an appropriate protection plan. It directly manages the concern related to baseline skin assessment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

13. A — Selecting this response is appropriate because Pregnancy assessment should be clinically indicated, policy based, and respectful of informed patient participation. It directly manages the concern related to pregnancy screening and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

14. D — This intervention is appropriate because Pregnancy assessment should be clinically indicated, policy based, and respectful of informed patient participation. It directly manages the concern related to pregnancy screening and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

15. C — Selecting this response is appropriate because Critical results can alter cardiac risk and must be communicated before proceeding. It directly manages the concern related to laboratory review and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

16. B — This intervention is appropriate because Critical results can alter cardiac risk and must be communicated before proceeding. It directly manages the concern related to laboratory review and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

17. D — Selecting this response is appropriate because Qualified interpretation supports accurate assessment, informed consent, privacy, and patient participation. It directly manages the concern related to language access and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

18. A — This intervention is appropriate because Qualified interpretation supports accurate assessment, informed consent, privacy, and patient participation. It directly manages the concern related to language access and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

19. C — Selecting this response is appropriate because Avoidance and team communication reduce exposure and the risk of a severe hypersensitivity reaction. It directly manages the concern related to latex sensitivity and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

20. B — This intervention is appropriate because Avoidance and team communication reduce exposure and the risk of a severe hypersensitivity reaction. It directly manages the concern related to latex sensitivity and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

21. A — Selecting this response is appropriate because OSA increases airway and respiratory risk, making equipment history and monitoring plans important. It directly manages the concern related to obstructive sleep apnea and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

22. B — This intervention is appropriate because OSA increases airway and respiratory risk, making equipment history and monitoring plans important. It directly manages the concern related to obstructive sleep apnea and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

23. C — Selecting this response is appropriate because Pressure injury risk is multifactorial and must inform surfaces, padding, and reassessment. It directly manages the concern related to pressure injury risk and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

24. D — This intervention is appropriate because Pressure injury risk is multifactorial and must inform surfaces, padding, and reassessment. It directly manages the concern related to pressure injury risk and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

25. A — Selecting this response is appropriate because Individual preferences vary, so specific informed choices must be known before an emergency. It directly manages the concern related to blood refusal and prevents the team from advancing with an unresolved hazard. The remaining options rely on

incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

26. D — This intervention is appropriate because Individual preferences vary, so specific informed choices must be known before an emergency. It directly manages the concern related to blood refusal and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

27. B — Selecting this response is appropriate because Independent source agreement prevents wrong-patient, wrong-procedure, and wrong-site events. It directly manages the concern related to site verification and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

28. C — This intervention is appropriate because Independent source agreement prevents wrong-patient, wrong-procedure, and wrong-site events. It directly manages the concern related to site verification and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

29. C — Selecting this response is appropriate because A useful transfer report connects baseline, intraoperative events, current findings, and continuing risks. It directly manages the concern related to postoperative handoff assessment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

30. D — This intervention is appropriate because A useful transfer report connects baseline, intraoperative events, current findings, and continuing risks. It directly manages the concern related to postoperative handoff assessment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

31. A — Selecting this response is appropriate because Measurable individualized outcomes guide interventions and allow evaluation of perioperative nursing care. It directly manages the concern related to patient-centered outcome and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

32. B — This intervention is appropriate because Measurable individualized outcomes guide interventions and allow evaluation of perioperative nursing care. It directly manages the concern related to patient-centered outcome and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

33. A — Selecting this response is appropriate because Position planning integrates anatomy, comorbidities, duration, equipment, and surgical access. It directly manages the concern related to positioning plan and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

34. D — This intervention is appropriate because Position planning integrates anatomy, comorbidities, duration, equipment, and surgical access. It directly manages the concern related to positioning plan and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

35. B — Selecting this response is appropriate because Prevention and monitoring reduce unintended hypothermia and its associated complications. It directly manages the concern related to thermoregulation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

36. C — This intervention is appropriate because Prevention and monitoring reduce unintended hypothermia and its associated complications. It directly manages the concern related to thermoregulation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

37. A — Selecting this response is appropriate because VTE prevention is selected from individual risk, contraindications, procedure, and expected mobility. It directly manages the concern related to venous thromboembolism prevention and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

38. D — This intervention is appropriate because VTE prevention is selected from individual risk, contraindications, procedure, and expected mobility. It directly manages the concern related to venous thromboembolism prevention and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

39. B — Selecting this response is appropriate because Advance planning prevents loss, misidentification, contamination, and degradation of specimens. It directly manages the concern related to specimen management and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

40. D — This intervention is appropriate because Advance planning prevents loss, misidentification, contamination, and degradation of specimens. It directly manages the concern related to specimen management and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

41. C — Selecting this response is appropriate because Readiness verification prevents avoidable delays and unsafe improvisation after anesthesia begins. It directly manages the concern related to implant availability and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

42. B — This intervention is appropriate because Readiness verification prevents avoidable delays and unsafe improvisation after anesthesia begins. It directly manages the concern related to implant availability and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

43. A — Selecting this response is appropriate because Patient-centered, multimodal planning balances comfort, function, adverse effects, and individual preferences. It directly manages the concern related to pain management and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

44. C — This intervention is appropriate because Patient-centered, multimodal planning balances comfort, function, adverse effects, and individual preferences. It directly manages the concern related to pain management and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

45. A — Selecting this response is appropriate because Readiness criteria should reflect recovery status, risks, instructions, and safe support after discharge. It directly manages the concern related to discharge readiness and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

46. D — This intervention is appropriate because Readiness criteria should reflect recovery status, risks, instructions, and safe support after discharge. It directly manages the concern related to discharge readiness and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

47. C — Selecting this response is appropriate because The time-out is a final active confirmation of patient, procedure, site, and critical concerns. It directly manages the concern related to surgical time-out and prevents the team from advancing with an unresolved hazard. The remaining options rely on

incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

48. B — This intervention is appropriate because The time-out is a final active confirmation of patient, procedure, site, and critical concerns. It directly manages the concern related to surgical time-out and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

49. D — Selecting this response is appropriate because A discrepancy requires recount, search, notification, and imaging or further action under policy. It directly manages the concern related to count discrepancy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

50. B — This intervention is appropriate because A discrepancy requires recount, search, notification, and imaging or further action under policy. It directly manages the concern related to count discrepancy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

51. C — Selecting this response is appropriate because Immediate labeling prevents substitutions and remains necessary even when one product is present. It directly manages the concern related to medication labeling and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

52. A — This intervention is appropriate because Immediate labeling prevents substitutions and remains necessary even when one product is present. It directly manages the concern related to medication labeling and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

53. A — Selecting this response is appropriate because Simultaneous controlled movement reduces torsion, back strain, nerve injury, and hemodynamic change. It directly manages the concern related to positioning in lithotomy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

54. D — This intervention is appropriate because Simultaneous controlled movement reduces torsion, back strain, nerve injury, and hemodynamic change. It directly manages the concern related to positioning in lithotomy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

55. B — Selecting this response is appropriate because Broad contact over suitable tissue provides a safe current-return pathway and reduces burns. It directly manages the concern related to electrosurgical return electrode and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

56. C — This intervention is appropriate because Broad contact over suitable tissue provides a safe current-return pathway and reduces burns. It directly manages the concern related to electrosurgical return electrode and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

57. D — Selecting this response is appropriate because Fire prevention depends on recognizing the three elements and coordinating controls among disciplines. It directly manages the concern related to fire risk assessment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

58. A — This intervention is appropriate because Fire prevention depends on recognizing the three elements and coordinating controls among disciplines. It directly manages the concern related to fire risk assessment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

59. B — Selecting this response is appropriate because Complete drying and removal of pooled solution reduce vapor ignition and chemical injury. It directly manages the concern related to alcohol prep drying and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

60. C — This intervention is appropriate because Complete drying and removal of pooled solution reduce vapor ignition and chemical injury. It directly manages the concern related to alcohol prep drying and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

61. D — Selecting this response is appropriate because Tourniquet management requires individualized settings, time surveillance, protection, and documentation. It directly manages the concern related to tourniquet safety and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

62. C — This intervention is appropriate because Tourniquet management requires individualized settings, time surveillance, protection, and documentation. It directly manages the concern related to tourniquet safety and prevents the team from advancing with an unresolved hazard. The remaining

options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

63. B — Selecting this response is appropriate because Laser eyewear must match wavelength and optical density and be worn throughout the hazard period. It directly manages the concern related to laser eye protection and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective

64. A — This intervention is appropriate because Laser eyewear must match wavelength and optical density and be worn throughout the hazard period. It directly manages the concern related to laser eye protection and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation,

65. D — Selecting this response is appropriate because Reducing time, increasing distance, and using appropriate shielding limit occupational and patient exposure. It directly manages the concern related to radiation exposure and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

66. C — This intervention is appropriate because Reducing time, increasing distance, and using appropriate shielding limit occupational and patient exposure. It directly manages the concern related to radiation exposure and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

67. B — Selecting this response is appropriate because A coordinated transfer prevents falls, shear, line disruption, and airway compromise. It directly manages the concern related to safe patient transfer and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

68. D — This intervention is appropriate because A coordinated transfer prevents falls, shear, line disruption, and airway compromise. It directly manages the concern related to safe patient transfer and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

69. A — Selecting this response is appropriate because Docking restricts access, so secure positioning and protection must be confirmed beforehand. It directly manages the concern related to robotic surgery positioning and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

70. A — This intervention is appropriate because Docking restricts access, so secure positioning and protection must be confirmed beforehand. It directly manages the concern related to robotic surgery positioning and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

71. C — Selecting this response is appropriate because Early recognition and immediate response are essential because neurologic and cardiovascular deterioration can progress rapidly. It directly manages the concern related to local anesthetic toxicity and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective

72. B — This intervention is appropriate because Early recognition and immediate response are essential because neurologic and cardiovascular deterioration can progress rapidly. It directly manages the concern related to local anesthetic toxicity and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation,

73. B — Selecting this response is appropriate because A known or suspected risk requires a nontriggering anesthetic plan and immediate treatment capability. It directly manages the concern related to malignant hyperthermia risk and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation,

74. A — This intervention is appropriate because A known or suspected risk requires a nontriggering anesthetic plan and immediate treatment capability. It directly manages the concern related to malignant hyperthermia risk and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

75. D — Selecting this response is appropriate because Standardized accounting and exploration provide complementary defenses against retained items. It directly manages the concern related to retained surgical item prevention and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

76. C — This intervention is appropriate because Standardized accounting and exploration provide complementary defenses against retained items. It directly manages the concern related to retained surgical item prevention and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

77. D — Selecting this response is appropriate because Known contamination requires immediate corrective action because sterility cannot be restored by covering or waiting. It directly manages the

concern related to sterile field contamination and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective

78. B — This intervention is appropriate because Known contamination requires immediate corrective action because sterility cannot be restored by covering or waiting. It directly manages the concern related to sterile field contamination and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation,

79. C — Selecting this response is appropriate because Source capture limits exposure to particulates, chemicals, and potentially bioactive material. It directly manages the concern related to surgical smoke and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

80. A — This intervention is appropriate because Source capture limits exposure to particulates, chemicals, and potentially bioactive material. It directly manages the concern related to surgical smoke and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

81. D — Selecting this response is appropriate because Correct fit and timely activation support venous return and reduce preventable thromboembolic risk. It directly manages the concern related to pneumatic compression device and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

82. B — This intervention is appropriate because Correct fit and timely activation support venous return and reduce preventable thromboembolic risk. It directly manages the concern related to pneumatic compression device and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

83. C — Selecting this response is appropriate because Continuous accounting helps detect intravasation and fluid-related complications during endoscopic procedures. It directly manages the concern related to fluid deficit monitoring and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

84. C — This intervention is appropriate because Continuous accounting helps detect intravasation and fluid-related complications during endoscopic procedures. It directly manages the concern related to fluid deficit monitoring and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an

established safeguard. Continued communication, objective documentation, reassessment, and escalation when

85. A — Selecting this response is appropriate because Closed-loop communication and labeling reduce wrong-drug and wrong-dose errors during transfers. It directly manages the concern related to medication handoff and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

86. A — This intervention is appropriate because Closed-loop communication and labeling reduce wrong-drug and wrong-dose errors during transfers. It directly manages the concern related to medication handoff and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

87. B — Selecting this response is appropriate because Preserved orientation supports accurate margin identification and pathologic interpretation. It directly manages the concern related to specimen orientation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

88. D — This intervention is appropriate because Preserved orientation supports accurate margin identification and pathologic interpretation. It directly manages the concern related to specimen orientation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

89. D — Selecting this response is appropriate because A neutral zone reduces simultaneous handling and therefore lowers percutaneous injury risk. It directly manages the concern related to neutral zone and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

90. B — This intervention is appropriate because A neutral zone reduces simultaneous handling and therefore lowers percutaneous injury risk. It directly manages the concern related to neutral zone and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

91. C — Selecting this response is appropriate because Temperature surveillance and active warming reduce complications associated with unintended perioperative hypothermia. It directly manages the concern related to hypothermia prevention and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or

weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

92. A — This intervention is appropriate because Temperature surveillance and active warming reduce complications associated with unintended perioperative hypothermia. It directly manages the concern related to hypothermia prevention and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

93. A — Selecting this response is appropriate because Deliberate verification prevents wrong implant selection and supports traceability. It directly manages the concern related to implant verification and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

94. C — This intervention is appropriate because Deliberate verification prevents wrong implant selection and supports traceability. It directly manages the concern related to implant verification and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

95. B — Selecting this response is appropriate because Residual sedation, weakness, pain, and orthostasis require individualized assistance and reassessment. It directly manages the concern related to postoperative fall prevention and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

96. D — This intervention is appropriate because Residual sedation, weakness, pain, and orthostasis require individualized assistance and reassessment. It directly manages the concern related to postoperative fall prevention and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

97. A — Selecting this response is appropriate because Safe delegation matches task, circumstance, competence, communication, and supervision requirements. It directly manages the concern related to delegation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

98. C — This intervention is appropriate because Safe delegation matches task, circumstance, competence, communication, and supervision requirements. It directly manages the concern related to delegation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard.

Continued communication, objective documentation, reassessment, and escalation when risk persists support

99. B — Selecting this response is appropriate because Vendor access must be controlled and must not replace licensed clinical judgment or responsibilities. It directly manages the concern related to vendor presence and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

100. C — This intervention is appropriate because Vendor access must be controlled and must not replace licensed clinical judgment or responsibilities. It directly manages the concern related to vendor presence and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

101. D — Selecting this response is appropriate because Competency-based assignments support patient safety and appropriate use of personnel. It directly manages the concern related to staffing assignment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

102. A — This intervention is appropriate because Competency-based assignments support patient safety and appropriate use of personnel. It directly manages the concern related to staffing assignment and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

103. D — Selecting this response is appropriate because Removing defective equipment prevents reuse and initiates evaluation, repair, and event follow-up. It directly manages the concern related to equipment malfunction and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

104. B — This intervention is appropriate because Removing defective equipment prevents reuse and initiates evaluation, repair, and event follow-up. It directly manages the concern related to equipment malfunction and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

105. D — Selecting this response is appropriate because Loaners require the same validated cleaning, inspection, sterilization, and traceability as owned instruments. It directly manages the concern related to loaner instrumentation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

106. A — This intervention is appropriate because Loaners require the same validated cleaning, inspection, sterilization, and traceability as owned instruments. It directly manages the concern related to loaner instrumentation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

107. B — Selecting this response is appropriate because Controlled updates improve accuracy, reduce waste, and prevent reliance on outdated information. It directly manages the concern related to preference card control and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

108. C — This intervention is appropriate because Controlled updates improve accuracy, reduce waste, and prevent reliance on outdated information. It directly manages the concern related to preference card control and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

109. D — Selecting this response is appropriate because Judicious opening reduces waste while maintaining readiness and compliance with intended use. It directly manages the concern related to resource conservation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

110. A — This intervention is appropriate because Judicious opening reduces waste while maintaining readiness and compliance with intended use. It directly manages the concern related to resource conservation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

111. B — Selecting this response is appropriate because Competency validation requires observable performance against defined criteria, with remediation when needed. It directly manages the concern related to orientation validation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

112. D — This intervention is appropriate because Competency validation requires observable performance against defined criteria, with remediation when needed. It directly manages the concern related to orientation validation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

113. C — Selecting this response is appropriate because Prompt reconciliation protects patients, staff, records, and medication security. It directly manages the concern related to controlled substance

discrepancy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

114. A — This intervention is appropriate because Prompt reconciliation protects patients, staff, records, and medication security. It directly manages the concern related to controlled substance discrepancy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

115. C — Selecting this response is appropriate because Closed-loop communication confirms that urgent information reached the responsible clinician and was understood. It directly manages the concern related to critical result communication and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

116. B — This intervention is appropriate because Closed-loop communication confirms that urgent information reached the responsible clinician and was understood. It directly manages the concern related to critical result communication and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

117. D — Selecting this response is appropriate because Structured handoff reduces omissions during a high-risk transition of care. It directly manages the concern related to handoff and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

118. B — This intervention is appropriate because Structured handoff reduces omissions during a high-risk transition of care. It directly manages the concern related to handoff and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

119. A — Selecting this response is appropriate because A transparent late entry preserves record integrity without implying contemporaneous documentation. It directly manages the concern related to late documentation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

120. C — This intervention is appropriate because A transparent late entry preserves record integrity without implying contemporaneous documentation. It directly manages the concern related to late documentation and prevents the team from advancing with an unresolved hazard. The remaining options

rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

121. A — Selecting this response is appropriate because Read-back detects hearing, transcription, and interpretation errors before action occurs. It directly manages the concern related to read-back and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

122. C — This intervention is appropriate because Read-back detects hearing, transcription, and interpretation errors before action occurs. It directly manages the concern related to read-back and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

123. D — Selecting this response is appropriate because Point-of-transfer confirmation reduces specimen identification and site errors. It directly manages the concern related to specimen communication and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

124. B — This intervention is appropriate because Point-of-transfer confirmation reduces specimen identification and site errors. It directly manages the concern related to specimen communication and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support a

125. B — Selecting this response is appropriate because Assertive escalation protects the patient when an immediate concern is not adequately addressed. It directly manages the concern related to team conflict and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

126. C — This intervention is appropriate because Assertive escalation protects the patient when an immediate concern is not adequately addressed. It directly manages the concern related to team conflict and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

127. D — Selecting this response is appropriate because Standard terminology reduces ambiguity and medication-related misinterpretation. It directly manages the concern related to abbreviation safety and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support a

128. A — This intervention is appropriate because Standard terminology reduces ambiguity and medication-related misinterpretation. It directly manages the concern related to abbreviation safety and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support a coordinated

129. A — Selecting this response is appropriate because Minimum-necessary communication and appropriate location protect confidentiality. It directly manages the concern related to privacy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support a coordinated

130. B — This intervention is appropriate because Minimum-necessary communication and appropriate location protect confidentiality. It directly manages the concern related to privacy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support a coordinated perioperative

131. C — Selecting this response is appropriate because Complete implant data supports continuity, traceability, and recall response. It directly manages the concern related to implant documentation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

132. D — This intervention is appropriate because Complete implant data supports continuity, traceability, and recall response. It directly manages the concern related to implant documentation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

133. A — Selecting this response is appropriate because Patient values are relevant clinical information and must follow the patient across transitions. It directly manages the concern related to preference-sensitive decision and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

134. D — This intervention is appropriate because Patient values are relevant clinical information and must follow the patient across transitions. It directly manages the concern related to preference-sensitive decision and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

135. B — Selecting this response is appropriate because The chart describes care and patient response; the safety system supports organizational analysis. It directly manages the concern related to event report and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

136. C — This intervention is appropriate because The chart describes care and patient response; the safety system supports organizational analysis. It directly manages the concern related to event report and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

137. D — Selecting this response is appropriate because Gloves do not replace hand hygiene because contamination can occur during use and removal. It directly manages the concern related to hand hygiene and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

138. C — This intervention is appropriate because Gloves do not replace hand hygiene because contamination can occur during use and removal. It directly manages the concern related to hand hygiene and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

139. B — Selecting this response is appropriate because Package inspection helps determine whether the sterile barrier and processing conditions remain acceptable. It directly manages the concern related to sterile package inspection and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

140. A — This intervention is appropriate because Package inspection helps determine whether the sterile barrier and processing conditions remain acceptable. It directly manages the concern related to sterile package inspection and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

141. D — Selecting this response is appropriate because Proper opening protects the field from the nonsterile wrapper and the opener's body. It directly manages the concern related to opening sterile supplies and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

142. A — This intervention is appropriate because Proper opening protects the field from the nonsterile wrapper and the opener's body. It directly manages the concern related to opening sterile supplies and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete

information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

143. C — Selecting this response is appropriate because Continuous observation is required because contamination events must be recognized when they occur. It directly manages the concern related to sterile field monitoring and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

144. B — This intervention is appropriate because Continuous observation is required because contamination events must be recognized when they occur. It directly manages the concern related to sterile field monitoring and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

145. D — Selecting this response is appropriate because Reduced traffic limits turbulence and unnecessary microbial dispersal in the procedure room. It directly manages the concern related to traffic control and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

146. B — This intervention is appropriate because Reduced traffic limits turbulence and unnecessary microbial dispersal in the procedure room. It directly manages the concern related to traffic control and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

147. C — Selecting this response is appropriate because Door control helps preserve designed airflow relationships and environmental performance. It directly manages the concern related to airflow and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

148. A — This intervention is appropriate because Door control helps preserve designed airflow relationships and environmental performance. It directly manages the concern related to airflow and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

149. A — Selecting this response is appropriate because Appropriate containment and clean attire reduce shedding and environmental contamination. It directly manages the concern related to surgical attire and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

150. B — This intervention is appropriate because Appropriate containment and clean attire reduce shedding and environmental contamination. It directly manages the concern related to surgical attire and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

151. C — Selecting this response is appropriate because Effective and safe antisepsis depends on correct agent selection, application, contact, and drying. It directly manages the concern related to skin antisepsis and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

152. D — This intervention is appropriate because Effective and safe antisepsis depends on correct agent selection, application, contact, and drying. It directly manages the concern related to skin antisepsis and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

153. C — Selecting this response is appropriate because Residual soil can shield microorganisms and interfere with effective processing. It directly manages the concern related to instrument cleaning and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

154. D — This intervention is appropriate because Residual soil can shield microorganisms and interfere with effective processing. It directly manages the concern related to instrument cleaning and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

155. B — Selecting this response is appropriate because Point-of-use care prevents drying and supports effective, safe decontamination. It directly manages the concern related to point-of-use care and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

156. A — This intervention is appropriate because Point-of-use care prevents drying and supports effective, safe decontamination. It directly manages the concern related to point-of-use care and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

157. B — Selecting this response is appropriate because Immediate-use processing is not a shortcut and requires a complete validated process. It directly manages the concern related to immediate-use steam sterilization and prevents the team from advancing with an unresolved hazard. The remaining options

rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

158. D — This intervention is appropriate because Immediate-use processing is not a shortcut and requires a complete validated process. It directly manages the concern related to immediate-use steam sterilization and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

159. C — Selecting this response is appropriate because A positive biological indicator triggers containment, evaluation, notification, and documented follow-up. It directly manages the concern related to biological monitoring and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

160. A — This intervention is appropriate because A positive biological indicator triggers containment, evaluation, notification, and documented follow-up. It directly manages the concern related to biological monitoring and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

161. D — Selecting this response is appropriate because Single-use labeling and reprocessing requirements protect performance, sterility, and traceability. It directly manages the concern related to single-use devices and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

162. C — This intervention is appropriate because Single-use labeling and reprocessing requirements protect performance, sterility, and traceability. It directly manages the concern related to single-use devices and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists

163. A — Selecting this response is appropriate because Effective turnover cleaning requires appropriate surfaces, product dilution, application, and wet contact time. It directly manages the concern related to environmental cleaning and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

164. B — This intervention is appropriate because Effective turnover cleaning requires appropriate surfaces, product dilution, application, and wet contact time. It directly manages the concern related to environmental cleaning and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

165. A — Selecting this response is appropriate because Immediate disposal reduces handling and percutaneous exposure risk. It directly manages the concern related to sharps disposal and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support

166. D — This intervention is appropriate because Immediate disposal reduces handling and percutaneous exposure risk. It directly manages the concern related to sharps disposal and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk persists support a

167. C — Selecting this response is appropriate because Event-related sterility depends on maintaining package integrity during storage and handling. It directly manages the concern related to sterile storage and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

168. B — This intervention is appropriate because Event-related sterility depends on maintaining package integrity during storage and handling. It directly manages the concern related to sterile storage and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

169. D — Selecting this response is appropriate because Immediate coordinated action removes fuel and oxidizer and limits patient injury. It directly manages the concern related to operating room fire and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

170. B — This intervention is appropriate because Immediate coordinated action removes fuel and oxidizer and limits patient injury. It directly manages the concern related to operating room fire and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

171. A — Selecting this response is appropriate because Early treatment targets the hypermetabolic crisis before severe acidosis, hyperkalemia, and organ injury develop. It directly manages the concern related to malignant hyperthermia and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

172. C — This intervention is appropriate because Early treatment targets the hypermetabolic crisis before severe acidosis, hyperkalemia, and organ injury develop. It directly manages the concern related to malignant hyperthermia and prevents the team from advancing with an unresolved hazard. The

remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

173. C — Selecting this response is appropriate because Anaphylaxis can rapidly compromise airway and circulation and requires immediate coordinated treatment. It directly manages the concern related to anaphylaxis and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

174. B — This intervention is appropriate because Anaphylaxis can rapidly compromise airway and circulation and requires immediate coordinated treatment. It directly manages the concern related to anaphylaxis and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

175. D — Selecting this response is appropriate because Protocolized response supports timely resuscitation, hemostasis, temperature control, and correction of coagulopathy. It directly manages the concern related to massive hemorrhage and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

176. A — This intervention is appropriate because Protocolized response supports timely resuscitation, hemostasis, temperature control, and correction of coagulopathy. It directly manages the concern related to massive hemorrhage and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

177. A — Selecting this response is appropriate because LAST requires rapid supportive care and lipid rescue according to the emergency protocol. It directly manages the concern related to local anesthetic systemic toxicity and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation,

178. B — This intervention is appropriate because LAST requires rapid supportive care and lipid rescue according to the emergency protocol. It directly manages the concern related to local anesthetic systemic toxicity and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

179. D — Selecting this response is appropriate because Immediate resuscitation begins while the team prepares coordinated repositioning without creating additional injury. It directly manages the concern related to cardiac arrest in prone position and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective

180. C — This intervention is appropriate because Immediate resuscitation begins while the team prepares coordinated repositioning without creating additional injury. It directly manages the concern related to cardiac arrest in prone position and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation,

181. C — Selecting this response is appropriate because A rehearsed utility response prioritizes airway, ventilation, monitoring, illumination, and safe procedural decisions. It directly manages the concern related to power failure and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

182. D — This intervention is appropriate because A rehearsed utility response prioritizes airway, ventilation, monitoring, illumination, and safe procedural decisions. It directly manages the concern related to power failure and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

183. B — Selecting this response is appropriate because Hazard-specific procedures limit exposure and ensure appropriate containment, cleanup, and reporting. It directly manages the concern related to chemical spill and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

184. A — This intervention is appropriate because Hazard-specific procedures limit exposure and ensure appropriate containment, cleanup, and reporting. It directly manages the concern related to chemical spill and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

185. A — Selecting this response is appropriate because Rapid recognition and coordinated action limit additional air entrainment and cardiopulmonary compromise. It directly manages the concern related to venous air embolism and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

186. D — This intervention is appropriate because Rapid recognition and coordinated action limit additional air entrainment and cardiopulmonary compromise. It directly manages the concern related to venous air embolism and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

187. B — Selecting this response is appropriate because Orderly evacuation balances immediate hazard, clinical dependency, safe routes, communication, and tracking. It directly manages the concern related to evacuation and prevents the team from advancing with an unresolved hazard. The remaining options

rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

188. C — This intervention is appropriate because Orderly evacuation balances immediate hazard, clinical dependency, safe routes, communication, and tracking. It directly manages the concern related to evacuation and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

189. D — Selecting this response is appropriate because Professional accountability requires the nurse to know and remain within applicable scope and competence. It directly manages the concern related to scope of practice and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation,

190. C — This intervention is appropriate because Professional accountability requires the nurse to know and remain within applicable scope and competence. It directly manages the concern related to scope of practice and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

191. B — Selecting this response is appropriate because The nurse protects voluntariness and comprehension while the responsible provider conducts the informed-consent discussion. It directly manages the concern related to informed consent advocacy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation,

192. A — This intervention is appropriate because The nurse protects voluntariness and comprehension while the responsible provider conducts the informed-consent discussion. It directly manages the concern related to informed consent advocacy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment,

193. A — Selecting this response is appropriate because Patient protection and structured reporting are required when impairment may affect safe practice. It directly manages the concern related to impaired colleague and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

194. B — This intervention is appropriate because Patient protection and structured reporting are required when impairment may affect safe practice. It directly manages the concern related to impaired colleague and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

195. D — Selecting this response is appropriate because Evidence-based practice combines research appraisal with expertise, context, and patient preferences. It directly manages the concern related to evidence-based practice and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when

196. C — This intervention is appropriate because Evidence-based practice combines research appraisal with expertise, context, and patient preferences. It directly manages the concern related to evidence-based practice and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation when risk

197. B — Selecting this response is appropriate because Ongoing learning and validation support safe performance as standards, technology, and roles evolve. It directly manages the concern related to competency maintenance and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

198. A — This intervention is appropriate because Ongoing learning and validation support safe performance as standards, technology, and roles evolve. It directly manages the concern related to competency maintenance and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation

199. D — Selecting this response is appropriate because Advocacy requires timely action when proposed care creates a substantial unresolved patient risk. It directly manages the concern related to ethical advocacy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and

200. C — This intervention is appropriate because Advocacy requires timely action when proposed care creates a substantial unresolved patient risk. It directly manages the concern related to ethical advocacy and prevents the team from advancing with an unresolved hazard. The remaining options rely on incomplete information, delay a necessary intervention, or weaken an established safeguard. Continued communication, objective documentation, reassessment, and escalation