

PRACTICE EXAM 5: CNOR SIMULATION (200 QUESTIONS)

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

1. During a case-progress review, the nurse determines that preoperative identity verification requires corrective action. Which intervention best protects the patient?

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

2. The team asks the circulating nurse how to address a newly recognized concern involving preoperative identity verification. Which response is most appropriate?

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

3. When updating the individualized nursing plan, the nurse determines that allergy reconciliation requires corrective action. Which intervention best protects the patient?

- 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

4. The team asks the circulating nurse how to address a newly recognized concern involving allergy reconciliation. Which response is most appropriate?

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

5. After comparing the patient's current findings with the handoff, the nurse determines that medication assessment requires corrective action. Which intervention best protects the patient?

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

6. The team asks the circulating nurse how to address a newly recognized concern involving medication assessment. Which response is most appropriate?

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

7. While the team prepares to resume the procedure, the nurse determines that NPO status requires corrective action. Which intervention best protects the patient?

- A. Assume the posted schedule confirms fasting while the present care phase continues
- B. Verify the type and time of the last oral intake

- C. Cancel before notifying anesthesia without first confirming the relevant clinical information
- D. Count only solid food as oral intake as the default response for every perioperative patient

8. The team asks the circulating nurse how to address a newly recognized concern involving NPO status. Which response is most appropriate?

- A. Cancel before notifying anesthesia while the present care phase continues
- B. Count only solid food as oral intake without first confirming the relevant clinical information
- C. Verify the type and time of the last oral intake
- D. Assume the posted schedule confirms fasting as the default response for every perioperative patient

9. During evaluation of readiness for the next perioperative phase, the nurse determines that surgical consent discrepancy requires corrective action. Which intervention best protects the patient?

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

10. The team asks the circulating nurse how to address a newly recognized concern involving surgical consent discrepancy. Which response is most appropriate?

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

11. During a case-progress review, the nurse determines that baseline skin assessment requires corrective action. Which intervention best protects the patient?

- A. Document preexisting skin findings before positioning

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

12. The team asks the circulating nurse how to address a newly recognized concern involving baseline skin assessment. Which response is most appropriate?

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

13. When updating the individualized nursing plan, the nurse determines that pregnancy screening requires corrective action. Which intervention best protects the patient?

- A. Test every patient without discussion while the present care phase continues
- B. Omit screening when general anesthesia is planned
- C. Rely only on the patient's appearance without first confirming the relevant clinical information
- D. Follow facility policy and obtain informed testing when indicated

14. The team asks the circulating nurse how to address a newly recognized concern involving pregnancy screening. Which response is most appropriate?

- A. Omit screening when general anesthesia is planned
- B. Rely only on the patient's appearance while the present care phase continues
- C. Follow facility policy and obtain informed testing when indicated
- D. Test every patient without discussion without first confirming the relevant clinical information

15. After comparing the patient's current findings with the handoff, the nurse determines that laboratory review requires corrective action. Which intervention best protects the patient?

- A. File the result for postoperative review while the present care phase continues
- 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 first confirming the relevant clinical information

16. The team asks the circulating nurse how to address a newly recognized concern involving laboratory review. Which response is most appropriate?

- A. Escalate a critical potassium result before transport to the OR
- B. Ask the patient whether the value is normal
- C. Proceed because anesthesia repeats all tests while the present care phase continues
- D. File the result for postoperative review without first confirming the relevant clinical information

17. While the team prepares to resume the procedure, the nurse determines that language access requires corrective action. Which intervention best protects the patient?

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

18. The team asks the circulating nurse how to address a newly recognized concern involving language access. Which response is most appropriate?

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

19. During evaluation of readiness for the next perioperative phase, the nurse determines that latex sensitivity requires corrective action. Which intervention best protects the patient?

- A. Schedule the patient last without other changes while the present care phase continues
- B. Give prophylactic antibiotics for latex exposure without first confirming the relevant clinical information
- C. Place latex gloves outside the room as the default response for every perioperative patient
- D. Create a latex-safe plan and communicate it to the team

20. The team asks the circulating nurse how to address a newly recognized concern involving latex sensitivity. Which response is most appropriate?

- A. Give prophylactic antibiotics for latex exposure while the present care phase continues
- B. Place latex gloves outside the room without first confirming the relevant clinical information
- C. Create a latex-safe plan and communicate it to the team
- D. Schedule the patient last without other changes as the default response for every perioperative patient

21. During a case-progress review, the nurse determines that obstructive sleep apnea requires corrective action. Which intervention best protects the patient?

- A. Withhold the history because surgery is brief
- B. Avoid asking about home CPAP use while the present care phase continues
- C. Use routine discharge criteria without modification without first confirming the relevant clinical information
- D. Communicate OSA risk and plan airway and postoperative monitoring

22. The team asks the circulating nurse how to address a newly recognized concern involving obstructive sleep apnea. Which response is most appropriate?

- A. Avoid asking about home CPAP use while the present care phase continues
- B. Communicate OSA risk and plan airway and postoperative monitoring
- C. Use routine discharge criteria without modification without first confirming the relevant clinical information
- D. Withhold the history because surgery is brief

23. When updating the individualized nursing plan, the nurse determines that pressure injury risk requires corrective action. Which intervention best protects the patient?

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

24. The team asks the circulating nurse how to address a newly recognized concern involving pressure injury risk. Which response is most appropriate?

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

25. After comparing the patient's current findings with the handoff, the nurse determines that blood refusal requires corrective action. Which intervention best protects the patient?

- A. Obtain blanket permission from the family while the present care phase continues
- B. Delay discussion until hemorrhage occurs without first confirming the relevant clinical information
- C. Clarify acceptable products and document the patient's informed choices
- D. Assume all blood fractions are refused as the default response for every perioperative patient

26. The team asks the circulating nurse how to address a newly recognized concern involving blood refusal. Which response is most appropriate?

- A. Clarify acceptable products and document the patient's informed choices
- B. Delay discussion until hemorrhage occurs while the present care phase continues
- C. Assume all blood fractions are refused without first confirming the relevant clinical information
- D. Obtain blanket permission from the family as the default response for every perioperative patient

27. While the team prepares to resume the procedure, the nurse determines that site verification requires corrective action. Which intervention best protects the patient?

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

28. The team asks the circulating nurse how to address a newly recognized concern involving site verification. Which response is most appropriate?

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

29. During evaluation of readiness for the next perioperative phase, the nurse determines that postoperative handoff assessment requires corrective action. Which intervention best protects the patient?

- A. Compare current status with baseline and report meaningful changes
- B. Report only the procedure name while the present care phase continues
- C. Wait for PACU staff to discover changes
- D. Omit estimated blood loss if stable without first confirming the relevant clinical information

30. The team asks the circulating nurse how to address a newly recognized concern involving postoperative handoff assessment. Which response is most appropriate?

- A. Wait for PACU staff to discover changes
- B. Omit estimated blood loss if stable while the present care phase continues
- C. Compare current status with baseline and report meaningful changes
- D. Report only the procedure name without first confirming the relevant clinical information

31. During a case-progress review, the nurse determines that patient-centered outcome requires corrective action. Which intervention best protects the patient?

- A. List the surgeon's technical steps while the present care phase continues
- B. Copy the same outcome for every patient without first confirming the relevant clinical information
- C. Use a vague goal such as do well
- D. Write a measurable outcome tied to the identified nursing diagnosis

32. The team asks the circulating nurse how to address a newly recognized concern involving patient-centered outcome. Which response is most appropriate?

- A. Copy the same outcome for every patient while the present care phase continues
- B. Write a measurable outcome tied to the identified nursing diagnosis
- C. Use a vague goal such as do well
- D. List the surgeon's technical steps without first confirming the relevant clinical information

33. When updating the individualized nursing plan, the nurse determines that positioning plan requires corrective action. Which intervention best protects the patient?

- A. Use the same padding for all procedures while the present care phase continues
- B. Position first and assess limitations afterward without first confirming the relevant clinical information
- C. Match position, supports, and reassessment to patient and procedure risks
- D. Delegate the entire plan to transport staff as the default response for every perioperative patient

34. The team asks the circulating nurse how to address a newly recognized concern involving positioning plan. Which response is most appropriate?

- A. Match position, supports, and reassessment to patient and procedure risks
- B. Position first and assess limitations afterward while the present care phase continues

- C. Delegate the entire plan to transport staff without first confirming the relevant clinical information
- D. Use the same padding for all procedures as the default response for every perioperative patient

35. After comparing the patient's current findings with the handoff, the nurse determines that thermoregulation requires corrective action. Which intervention best protects the patient?

- A. Begin warming only after shivering occurs while the present care phase continues
- B. Avoid temperature monitoring during long cases without first confirming the relevant clinical information
- C. Use room temperature as the sole intervention as the default response for every perioperative patient
- D. Plan active warming based on patient risk and anticipated exposure

36. The team asks the circulating nurse how to address a newly recognized concern involving thermoregulation. Which response is most appropriate?

- A. Avoid temperature monitoring during long cases while the present care phase continues
- B. Plan active warming based on patient risk and anticipated exposure
- C. Use room temperature as the sole intervention without first confirming the relevant clinical information
- D. Begin warming only after shivering occurs as the default response for every perioperative patient

37. While the team prepares to resume the procedure, the nurse determines that venous thromboembolism prevention requires corrective action. Which intervention best protects the patient?

- A. Use prophylaxis only after symptoms appear while the present care phase continues
- B. Omit assessment for ambulatory patients without first confirming the relevant clinical information
- C. Apply ordered mechanical or pharmacologic measures according to assessed risk
- D. Select prophylaxis by procedure name alone as the default response for every perioperative patient

38. The team asks the circulating nurse how to address a newly recognized concern involving venous thromboembolism prevention. Which response is most appropriate?

- A. Omit assessment for ambulatory patients while the present care phase continues
- B. Apply ordered mechanical or pharmacologic measures according to assessed risk
- C. Select prophylaxis by procedure name alone without first confirming the relevant clinical information
- D. Use prophylaxis only after symptoms appear as the default response for every perioperative patient

39. During evaluation of readiness for the next perioperative phase, the nurse determines that specimen management requires corrective action. Which intervention best protects the patient?

- 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

40. The team asks the circulating nurse how to address a newly recognized concern involving specimen management. Which response is most appropriate?

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

41. During a case-progress review, the nurse determines that implant availability requires corrective action. Which intervention best protects the patient?

- A. Open every available implant in advance while the present care phase continues
- B. Substitute sizes without surgeon confirmation without first confirming the relevant clinical information
- C. Rely on the vendor to perform verification as the default response for every perioperative patient
- D. Confirm the correct implants and compatible equipment before the patient enters

42. The team asks the circulating nurse how to address a newly recognized concern involving implant availability. Which response is most appropriate?

- A. Confirm the correct implants and compatible equipment before the patient enters
- B. Substitute sizes without surgeon confirmation while the present care phase continues
- C. Rely on the vendor to perform verification without first confirming the relevant clinical information
- D. Open every available implant in advance as the default response for every perioperative patient

43. When updating the individualized nursing plan, the nurse determines that pain management requires corrective action. Which intervention best protects the patient?

- A. Promise complete absence of pain while the present care phase continues
- B. Incorporate patient goals and a multimodal plan into expected outcomes
- C. Delay pain planning until discharge without first confirming the relevant clinical information
- D. Use one analgesic approach for every patient as the default response for every perioperative patient

44. The team asks the circulating nurse how to address a newly recognized concern involving pain management. Which response is most appropriate?

- A. Delay pain planning until discharge while the present care phase continues
- B. Use one analgesic approach for every patient without first confirming the relevant clinical information
- C. Incorporate patient goals and a multimodal plan into expected outcomes
- D. Promise complete absence of pain as the default response for every perioperative patient

45. After comparing the patient's current findings with the handoff, the nurse determines that discharge readiness requires corrective action. Which intervention best protects the patient?

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

46. The team asks the circulating nurse how to address a newly recognized concern involving discharge readiness. Which response is most appropriate?

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

47. While the team prepares to resume the procedure, the nurse determines that surgical time-out requires corrective action. Which intervention best protects the patient?

- A. Complete it during preoperative check-in while the present care phase continues
- B. Pause immediately before incision with active participation by the team
- C. Perform it after the incision if rushed without first confirming the relevant clinical information
- D. Allow one person to recite it without response

48. The team asks the circulating nurse how to address a newly recognized concern involving surgical time-out. Which response is most appropriate?

- A. Perform it after the incision if rushed while the present care phase continues
- B. Allow one person to recite it without response
- C. Complete it during preoperative check-in without first confirming the relevant clinical information
- D. Pause immediately before incision with active participation by the team

49. During evaluation of readiness for the next perioperative phase, the nurse determines that count discrepancy requires corrective action. Which intervention best protects the patient?

- A. Document the mismatch after discharge while the present care phase continues
- B. Close because the initial count was correct without first confirming the relevant clinical information
- C. Assume the item was discarded as the default response for every perioperative patient
- D. Keep the patient in the room and follow the count-discrepancy process

50. The team asks the circulating nurse how to address a newly recognized concern involving count discrepancy. Which response is most appropriate?

- A. Close because the initial count was correct while the present care phase continues
- B. Keep the patient in the room and follow the count-discrepancy process
- C. Assume the item was discarded without first confirming the relevant clinical information
- D. Document the mismatch after discharge as the default response for every perioperative patient

51. During a case-progress review, the nurse determines that medication labeling requires corrective action. Which intervention best protects the patient?

- A. Label only syringes leaving the field while the present care phase continues
- B. Wait until several medications are prepared without first confirming the relevant clinical information
- C. Label every medication and solution on the sterile field when prepared
- D. Identify solutions by container shape as the default response for every perioperative patient

52. The team asks the circulating nurse how to address a newly recognized concern involving medication labeling. Which response is most appropriate?

- A. Label every medication and solution on the sterile field when prepared
- B. Wait until several medications are prepared while the present care phase continues
- C. Identify solutions by container shape without first confirming the relevant clinical information
- D. Label only syringes leaving the field as the default response for every perioperative patient

53. When updating the individualized nursing plan, the nurse determines that positioning in lithotomy requires corrective action. Which intervention best protects the patient?

- A. Move one leg at a time quickly
- B. Hyperextend the knees for stability while the present care phase continues
- C. Raise and lower both legs together with coordinated support
- D. Let the legs drop under gravity without first confirming the relevant clinical information

54. The team asks the circulating nurse how to address a newly recognized concern involving positioning in lithotomy. Which response is most appropriate?

- A. Raise and lower both legs together with coordinated support
- B. Hyperextend the knees for stability while the present care phase continues
- C. Let the legs drop under gravity without first confirming the relevant clinical information
- D. Move one leg at a time quickly

55. After comparing the patient's current findings with the handoff, the nurse determines that electrosurgical return electrode requires corrective action. Which intervention best protects the patient?

- A. Place it over a bony prominence while the present care phase continues
- B. Place it on clean, dry, well-perfused muscle near the operative site
- C. Cut the pad to fit a small area without first confirming the relevant clinical information
- D. Apply it over scar tissue as the default response for every perioperative patient

56. The team asks the circulating nurse how to address a newly recognized concern involving electrosurgical return electrode. Which response is most appropriate?

- A. Cut the pad to fit a small area while the present care phase continues
- B. Apply it over scar tissue without first confirming the relevant clinical information
- C. Place it over a bony prominence as the default response for every perioperative patient
- D. Place it on clean, dry, well-perfused muscle near the operative site

57. While the team prepares to resume the procedure, the nurse determines that fire risk assessment requires corrective action. Which intervention best protects the patient?

- A. Assess fire risk only for laser cases while the present care phase continues
- B. Identify oxidizer, ignition source, and fuel before the procedure begins
- C. Assign fire prevention solely to anesthesia without first confirming the relevant clinical information
- D. Wait until prep solution is applied as the default response for every perioperative patient

58. The team asks the circulating nurse how to address a newly recognized concern involving fire risk assessment. Which response is most appropriate?

- A. Assign fire prevention solely to anesthesia while the present care phase continues
- B. Wait until prep solution is applied without first confirming the relevant clinical information
- C. Assess fire risk only for laser cases as the default response for every perioperative patient
- D. Identify oxidizer, ignition source, and fuel before the procedure begins

59. During evaluation of readiness for the next perioperative phase, the nurse determines that alcohol prep drying requires corrective action. Which intervention best protects the patient?

- A. Blot visible liquid and drape immediately while the present care phase continues
- B. Cover pooled solution with absorbent towels without first confirming the relevant clinical information
- C. Allow the solution to dry completely and prevent pooling before draping
- D. Use warming devices to speed evaporation as the default response for every perioperative patient

60. The team asks the circulating nurse how to address a newly recognized concern involving alcohol prep drying. Which response is most appropriate?

- A. Allow the solution to dry completely and prevent pooling before draping
- B. Cover pooled solution with absorbent towels while the present care phase continues
- C. Use warming devices to speed evaporation without first confirming the relevant clinical information
- D. Blot visible liquid and drape immediately as the default response for every perioperative patient

61. During a case-progress review, the nurse determines that tourniquet safety requires corrective action. Which intervention best protects the patient?

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

62. The team asks the circulating nurse how to address a newly recognized concern involving tourniquet safety. Which response is most appropriate?

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

63. When updating the individualized nursing plan, the nurse determines that laser eye protection requires corrective action. Which intervention best protects the patient?

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

64. The team asks the circulating nurse how to address a newly recognized concern involving laser eye protection. Which response is most appropriate?

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

65. After comparing the patient's current findings with the handoff, the nurse determines that radiation exposure requires corrective action. Which intervention best protects the patient?

- A. Stand closer to improve visualization
- B. Remove shielding during short exposures
- C. Wear a dosimeter outside protective garments only

D. Apply time, distance, and shielding principles

66. The team asks the circulating nurse how to address a newly recognized concern involving radiation exposure. Which response is most appropriate?

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

67. While the team prepares to resume the procedure, the nurse determines that safe patient transfer requires corrective action. Which intervention best protects the patient?

- A. Pull the patient by the arms while the present care phase continues
- B. Use sufficient personnel and transfer devices while controlling lines and airway
- C. Ask the sedated patient to assist without first confirming the relevant clinical information
- D. Move before locking both surfaces as the default response for every perioperative patient

68. The team asks the circulating nurse how to address a newly recognized concern involving safe patient transfer. Which response is most appropriate?

- A. Use sufficient personnel and transfer devices while controlling lines and airway
- B. Ask the sedated patient to assist while the present care phase continues
- C. Move before locking both surfaces without first confirming the relevant clinical information
- D. Pull the patient by the arms as the default response for every perioperative patient

69. During evaluation of readiness for the next perioperative phase, the nurse determines that robotic surgery positioning requires corrective action. Which intervention best protects the patient?

- A. Secure the patient and verify pressure-point protection before docking
- B. Reposition freely after docking while the present care phase continues

- C. Rely on table friction alone without first confirming the relevant clinical information
- D. Use shoulder braces routinely in steep Trendelenburg

70. The team asks the circulating nurse how to address a newly recognized concern involving robotic surgery positioning. Which response is most appropriate?

- A. Rely on table friction alone while the present care phase continues
- B. Use shoulder braces routinely in steep Trendelenburg
- C. Secure the patient and verify pressure-point protection before docking
- D. Reposition freely after docking without first confirming the relevant clinical information

71. During a case-progress review, the nurse determines that local anesthetic toxicity requires corrective action. Which intervention best protects the patient?

- A. Give an additional test dose while the present care phase continues
- B. Stop administration and initiate the emergency response for systemic toxicity
- C. Continue if the incision is nearly complete without first confirming the relevant clinical information
- D. Place the patient upright and observe as the default response for every perioperative patient

72. The team asks the circulating nurse how to address a newly recognized concern involving local anesthetic toxicity. Which response is most appropriate?

- A. Continue if the incision is nearly complete while the present care phase continues
- B. Place the patient upright and observe without first confirming the relevant clinical information
- C. Give an additional test dose as the default response for every perioperative patient
- D. Stop administration and initiate the emergency response for systemic toxicity

73. When updating the individualized nursing plan, the nurse determines that malignant hyperthermia risk requires corrective action. Which intervention best protects the patient?

- A. Use succinylcholine to test susceptibility

- B. Delay planning until temperature rises
- C. Avoid triggering agents and ensure dantrolene readiness
- D. Rely on prophylactic antibiotics while the present care phase continues

74. The team asks the circulating nurse how to address a newly recognized concern involving malignant hyperthermia risk. Which response is most appropriate?

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

75. After comparing the patient's current findings with the handoff, the nurse determines that retained surgical item prevention requires corrective action. Which intervention best protects the patient?

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

76. The team asks the circulating nurse how to address a newly recognized concern involving retained surgical item prevention. Which response is most appropriate?

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

77. While the team prepares to resume the procedure, the nurse determines that sterile field contamination requires corrective action. Which intervention best protects the patient?

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

78. The team asks the circulating nurse how to address a newly recognized concern involving sterile field contamination. Which response is most appropriate?

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

79. During evaluation of readiness for the next perioperative phase, the nurse determines that surgical smoke requires corrective action. Which intervention best protects the patient?

- A. Rely only on room ventilation while the present care phase continues
- B. Use local smoke evacuation near the point of generation
- C. Evacuate smoke after the procedure without first confirming the relevant clinical information
- D. Use a surgical mask as the sole control

80. The team asks the circulating nurse how to address a newly recognized concern involving surgical smoke. Which response is most appropriate?

- A. Evacuate smoke after the procedure while the present care phase continues
- B. Use a surgical mask as the sole control
- C. Rely only on room ventilation without first confirming the relevant clinical information
- D. Use local smoke evacuation near the point of generation

81. During a case-progress review, the nurse determines that pneumatic compression device requires corrective action. Which intervention best protects the patient?

- A. Apply sleeves correctly before induction when ordered and verify operation
- B. Place sleeves over objects in the pockets while the present care phase continues
- C. Use sleeves only on the operative limb without first confirming the relevant clinical information
- D. Turn the device on after discharge as the default response for every perioperative patient

82. The team asks the circulating nurse how to address a newly recognized concern involving pneumatic compression device. Which response is most appropriate?

- A. Use sleeves only on the operative limb while the present care phase continues
- B. Apply sleeves correctly before induction when ordered and verify operation
- C. Turn the device on after discharge without first confirming the relevant clinical information
- D. Place sleeves over objects in the pockets as the default response for every perioperative patient

83. When updating the individualized nursing plan, the nurse determines that fluid deficit monitoring requires corrective action. Which intervention best protects the patient?

- A. Estimate deficit only from empty bags while the present care phase continues
- B. Wait for postoperative laboratory results without first confirming the relevant clinical information
- C. Ignore fluid on drapes and floor as the default response for every perioperative patient
- D. Track irrigation inflow and outflow and report concerning deficits

84. The team asks the circulating nurse how to address a newly recognized concern involving fluid deficit monitoring. Which response is most appropriate?

- A. Wait for postoperative laboratory results while the present care phase continues
- B. Ignore fluid on drapes and floor without first confirming the relevant clinical information
- C. Track irrigation inflow and outflow and report concerning deficits
- D. Estimate deficit only from empty bags as the default response for every perioperative patient

85. After comparing the patient's current findings with the handoff, the nurse determines that medication handoff requires corrective action. Which intervention best protects the patient?

- A. Pass an unlabeled syringe silently while the present care phase continues
- B. Confirm only after administration without first confirming the relevant clinical information
- C. Use color alone to identify the drug
- D. Verbally confirm drug name, concentration, dose, and recipient

86. The team asks the circulating nurse how to address a newly recognized concern involving medication handoff. Which response is most appropriate?

- A. Confirm only after administration while the present care phase continues
- B. Use color alone to identify the drug
- C. Verbally confirm drug name, concentration, dose, and recipient
- D. Pass an unlabeled syringe silently without first confirming the relevant clinical information

87. While the team prepares to resume the procedure, the nurse determines that specimen orientation requires corrective action. Which intervention best protects the patient?

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

88. The team asks the circulating nurse how to address a newly recognized concern involving specimen orientation. Which response is most appropriate?

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

89. During evaluation of readiness for the next perioperative phase, the nurse determines that neutral zone requires corrective action. Which intervention best protects the patient?

- A. Use a designated hands-free area for sharps when feasible
- B. Pass every sharp directly hand to hand
- C. Recap needles using two hands while the present care phase continues
- D. Place sharps under a towel without first confirming the relevant clinical information

90. The team asks the circulating nurse how to address a newly recognized concern involving neutral zone. Which response is most appropriate?

- A. Recap needles using two hands while the present care phase continues
- B. Place sharps under a towel without first confirming the relevant clinical information
- C. Pass every sharp directly hand to hand
- D. Use a designated hands-free area for sharps when feasible

91. During a case-progress review, the nurse determines that hypothermia prevention requires corrective action. Which intervention best protects the patient?

- A. Warm only intravenous antibiotics while the present care phase continues
- B. Treat shivering as an expected harmless event
- C. Monitor core temperature and use appropriate active warming
- D. Use warmed blankets without reassessment without first confirming the relevant clinical information

92. The team asks the circulating nurse how to address a newly recognized concern involving hypothermia prevention. Which response is most appropriate?

- A. Treat shivering as an expected harmless event
- B. Monitor core temperature and use appropriate active warming
- C. Use warmed blankets without reassessment while the present care phase continues
- D. Warm only intravenous antibiotics without first confirming the relevant clinical information

93. When updating the individualized nursing plan, the nurse determines that implant verification requires corrective action. Which intervention best protects the patient?

- A. Confirm implant type, size, laterality, integrity, and expiration before use
- B. Open the implant before checking the consent while the present care phase continues
- C. Record the lot number only if a problem occurs
- D. Use packaging color as verification without first confirming the relevant clinical information

94. The team asks the circulating nurse how to address a newly recognized concern involving implant verification. Which response is most appropriate?

- A. Record the lot number only if a problem occurs
- B. Use packaging color as verification while the present care phase continues
- C. Open the implant before checking the consent without first confirming the relevant clinical information
- D. Confirm implant type, size, laterality, integrity, and expiration before use

95. After comparing the patient's current findings with the handoff, the nurse determines that postoperative fall prevention requires corrective action. Which intervention best protects the patient?

- A. Allow independent ambulation after stable vital signs while the present care phase continues
- B. Remove assistive devices to simplify transfer without first confirming the relevant clinical information
- C. Assess residual anesthesia effects and assist mobility according to risk
- D. Use age alone to determine risk as the default response for every perioperative patient

96. The team asks the circulating nurse how to address a newly recognized concern involving postoperative fall prevention. Which response is most appropriate?

- A. Remove assistive devices to simplify transfer while the present care phase continues
- B. Use age alone to determine risk without first confirming the relevant clinical information
- C. Assess residual anesthesia effects and assist mobility according to risk
- D. Allow independent ambulation after stable vital signs as the default response for every perioperative patient

97. While the team prepares to resume the procedure, the nurse determines that delegation requires corrective action. Which intervention best protects the patient?

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

98. The team asks the circulating nurse how to address a newly recognized concern involving delegation. Which response is most appropriate?

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

99. During evaluation of readiness for the next perioperative phase, the nurse determines that vendor presence requires corrective action. Which intervention best protects the patient?

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

100. The team asks the circulating nurse how to address a newly recognized concern involving vendor presence. Which response is most appropriate?

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

101. During a case-progress review, the nurse determines that staffing assignment requires corrective action. Which intervention best protects the patient?

- A. Assign cases solely by seniority while the present care phase continues
- B. Let staff choose without leadership review without first confirming the relevant clinical information
- C. Use identical staffing for every service as the default response for every perioperative patient
- D. Match patient acuity and procedure complexity with staff competency

102. The team asks the circulating nurse how to address a newly recognized concern involving staffing assignment. Which response is most appropriate?

- A. Match patient acuity and procedure complexity with staff competency
- B. Let staff choose without leadership review while the present care phase continues
- C. Use identical staffing for every service without first confirming the relevant clinical information
- D. Assign cases solely by seniority as the default response for every perioperative patient

103. When updating the individualized nursing plan, the nurse determines that equipment malfunction requires corrective action. Which intervention best protects the patient?

- A. Return it to storage for the next shift while the present care phase continues
- B. Remove the device from service, label it, and report it through policy
- C. Use it until the procedure ends regardless of risk without first confirming the relevant clinical information
- D. Attempt an unauthorized repair as the default response for every perioperative patient

104. The team asks the circulating nurse how to address a newly recognized concern involving equipment malfunction. Which response is most appropriate?

- A. Use it until the procedure ends regardless of risk while the present care phase continues
- B. Attempt an unauthorized repair without first confirming the relevant clinical information
- C. Remove the device from service, label it, and report it through policy
- D. Return it to storage for the next shift as the default response for every perioperative patient

105. After comparing the patient's current findings with the handoff, the nurse determines that loaner instrumentation requires corrective action. Which intervention best protects the patient?

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

106. The team asks the circulating nurse how to address a newly recognized concern involving loaner instrumentation. Which response is most appropriate?

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

107. While the team prepares to resume the procedure, the nurse determines that preference card control requires corrective action. Which intervention best protects the patient?

- A. Review and update cards through a standardized change process
- B. Let anyone alter cards without review while the present care phase continues
- C. Use memory instead of version control without first confirming the relevant clinical information
- D. Keep obsolete supplies to avoid discussion as the default response for every perioperative patient

108. The team asks the circulating nurse how to address a newly recognized concern involving preference card control. Which response is most appropriate?

- A. Use memory instead of version control while the present care phase continues
- B. Keep obsolete supplies to avoid discussion without first confirming the relevant clinical information
- C. Let anyone alter cards without review as the default response for every perioperative patient

D. Review and update cards through a standardized change process

109. During evaluation of readiness for the next perioperative phase, the nurse determines that resource conservation requires corrective action. Which intervention best protects the patient?

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

110. The team asks the circulating nurse how to address a newly recognized concern involving resource conservation. Which response is most appropriate?

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

111. During a case-progress review, the nurse determines that orientation validation requires corrective action. Which intervention best protects the patient?

- 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

112. The team asks the circulating nurse how to address a newly recognized concern involving orientation validation. Which response is most appropriate?

- A. Allow self-attestation for high-risk skills
- B. Use demonstrated competency rather than attendance alone

- C. Validate every employee with the same single task
- D. Consider orientation complete after one lecture

113. When updating the individualized nursing plan, the nurse determines that controlled substance discrepancy requires corrective action. Which intervention best protects the patient?

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

114. The team asks the circulating nurse how to address a newly recognized concern involving controlled substance discrepancy. Which response is most appropriate?

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

115. After comparing the patient's current findings with the handoff, the nurse determines that critical result communication requires corrective action. Which intervention best protects the patient?

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

116. The team asks the circulating nurse how to address a newly recognized concern involving critical result communication. Which response is most appropriate?

- A. Use closed-loop communication and document the notification

- B. Tell a visitor to notify the surgeon
- C. Assume the electronic alert was read
- D. Leave an unsigned note in the room

117. While the team prepares to resume the procedure, the nurse determines that handoff requires corrective action. Which intervention best protects the patient?

- A. Report only abnormal vital signs while the present care phase continues
- B. Use a standardized report covering patient, procedure, events, and continuing needs
- C. Delay report until after transport without first confirming the relevant clinical information
- D. Skip allergies if already charted as the default response for every perioperative patient

118. The team asks the circulating nurse how to address a newly recognized concern involving handoff. Which response is most appropriate?

- A. Use a standardized report covering patient, procedure, events, and continuing needs
- B. Delay report until after transport while the present care phase continues
- C. Skip allergies if already charted without first confirming the relevant clinical information
- D. Report only abnormal vital signs as the default response for every perioperative patient

119. During evaluation of readiness for the next perioperative phase, the nurse determines that late documentation requires corrective action. Which intervention best protects the patient?

- A. Backdate the note to the procedure time while the present care phase continues
- B. Ask another nurse to sign it without first confirming the relevant clinical information
- C. Enter a clearly labeled late entry with the actual entry time
- D. Delete the original record as the default response for every perioperative patient

120. The team asks the circulating nurse how to address a newly recognized concern involving late documentation. Which response is most appropriate?

- A. Ask another nurse to sign it while the present care phase continues
- B. Delete the original record without first confirming the relevant clinical information
- C. Backdate the note to the procedure time as the default response for every perioperative patient
- D. Enter a clearly labeled late entry with the actual entry time

121. During a case-progress review, the nurse determines that read-back requires corrective action. Which intervention best protects the patient?

- A. Repeat only the medication name while the present care phase continues
- B. Ask a nonclinical observer to verify without first confirming the relevant clinical information
- C. Read back verbal orders and critical values for confirmation
- D. Write the order without confirmation as the default response for every perioperative patient

122. The team asks the circulating nurse how to address a newly recognized concern involving read-back. Which response is most appropriate?

- A. Ask a nonclinical observer to verify while the present care phase continues
- B. Write the order without confirmation without first confirming the relevant clinical information
- C. Repeat only the medication name as the default response for every perioperative patient
- D. Read back verbal orders and critical values for confirmation

123. When updating the individualized nursing plan, the nurse determines that specimen communication requires corrective action. Which intervention best protects the patient?

- A. Use two identifiers and confirm specimen description and source
- B. Identify specimens by room number while the present care phase continues
- C. Let the courier supply missing details without first confirming the relevant clinical information
- D. Batch-label containers after the patient leaves as the default response for every perioperative patient

124. The team asks the circulating nurse how to address a newly recognized concern involving specimen communication. Which response is most appropriate?

- A. Let the courier supply missing details while the present care phase continues
- B. Use two identifiers and confirm specimen description and source
- C. Batch-label containers after the patient leaves without first confirming the relevant clinical information
- D. Identify specimens by room number as the default response for every perioperative patient

125. After comparing the patient's current findings with the handoff, the nurse determines that team conflict requires corrective action. Which intervention best protects the patient?

- A. Remain silent to preserve harmony while the present care phase continues
- B. Document concern without taking action without first confirming the relevant clinical information
- C. Argue in front of the awake patient as the default response for every perioperative patient
- D. State the safety concern clearly and use the chain of command if unresolved

126. The team asks the circulating nurse how to address a newly recognized concern involving team conflict. Which response is most appropriate?

- A. State the safety concern clearly and use the chain of command if unresolved
- B. Document concern without taking action while the present care phase continues
- C. Argue in front of the awake patient without first confirming the relevant clinical information
- D. Remain silent to preserve harmony as the default response for every perioperative patient

127. While the team prepares to resume the procedure, the nurse determines that abbreviation safety requires corrective action. Which intervention best protects the patient?

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

128. The team asks the circulating nurse how to address a newly recognized concern involving abbreviation safety. Which response is most appropriate?

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

129. During evaluation of readiness for the next perioperative phase, the nurse determines that privacy requires corrective action. Which intervention best protects the patient?

- A. Discuss unusual cases in public elevators while the present care phase continues
- B. Discuss patient information only with involved personnel in an appropriate setting
- C. Share records with curious coworkers without first confirming the relevant clinical information
- D. Post deidentified details with recognizable photos as the default response for every perioperative patient

130. The team asks the circulating nurse how to address a newly recognized concern involving privacy. Which response is most appropriate?

- A. Share records with curious coworkers while the present care phase continues
- B. Post deidentified details with recognizable photos without first confirming the relevant clinical information
- C. Discuss patient information only with involved personnel in an appropriate setting
- D. Discuss unusual cases in public elevators as the default response for every perioperative patient

131. During a case-progress review, the nurse determines that implant documentation requires corrective action. Which intervention best protects the patient?

- A. Record manufacturer, lot or serial number, size, and site as applicable
- B. Record only the implant price while the present care phase continues
- C. Document identifiers only after a recall without first confirming the relevant clinical information
- D. Rely solely on the vendor invoice as the default response for every perioperative patient

132. The team asks the circulating nurse how to address a newly recognized concern involving implant documentation. Which response is most appropriate?

- A. Document identifiers only after a recall while the present care phase continues
- B. Rely solely on the vendor invoice without first confirming the relevant clinical information
- C. Record only the implant price as the default response for every perioperative patient
- D. Record manufacturer, lot or serial number, size, and site as applicable

133. When updating the individualized nursing plan, the nurse determines that preference-sensitive decision requires corrective action. Which intervention best protects the patient?

- A. Confirm the patient's stated values are communicated to the care team
- B. Substitute the family's preferences automatically while the present care phase continues
- C. Assume silence means consent without first confirming the relevant clinical information
- D. Avoid documenting preferences as the default response for every perioperative patient

134. The team asks the circulating nurse how to address a newly recognized concern involving preference-sensitive decision. Which response is most appropriate?

- A. Assume silence means consent while the present care phase continues
- B. Avoid documenting preferences without first confirming the relevant clinical information
- C. Confirm the patient's stated values are communicated to the care team
- D. Substitute the family's preferences automatically as the default response for every perioperative patient

135. After comparing the patient's current findings with the handoff, the nurse determines that event report requires corrective action. Which intervention best protects the patient?

- A. Mention the incident report in the chart while the present care phase continues
- B. Omit the event from the clinical record without first confirming the relevant clinical information
- C. Copy opinions into both records as the default response for every perioperative patient
- D. Document objective facts in the health record and complete the safety report separately

136. The team asks the circulating nurse how to address a newly recognized concern involving event report. Which response is most appropriate?

- A. Omit the event from the clinical record while the present care phase continues
- B. Document objective facts in the health record and complete the safety report separately
- C. Copy opinions into both records without first confirming the relevant clinical information
- D. Mention the incident report in the chart as the default response for every perioperative patient

137. While the team prepares to resume the procedure, the nurse determines that hand hygiene requires corrective action. Which intervention best protects the patient?

- A. Perform hand hygiene before and after patient contact and after glove removal
- B. Use gloves instead of hand hygiene while the present care phase continues
- C. Skip hygiene after intact glove use without first confirming the relevant clinical information
- D. Clean hands only when visibly soiled as the default response for every perioperative patient

138. The team asks the circulating nurse how to address a newly recognized concern involving hand hygiene. Which response is most appropriate?

- A. Skip hygiene after intact glove use while the present care phase continues
- B. Clean hands only when visibly soiled without first confirming the relevant clinical information
- C. Perform hand hygiene before and after patient contact and after glove removal
- D. Use gloves instead of hand hygiene as the default response for every perioperative patient

139. During evaluation of readiness for the next perioperative phase, the nurse determines that sterile package inspection requires corrective action. Which intervention best protects the patient?

- A. Use a package with a small tear if contents look clean
- B. Check integrity, dryness, indicator, and expiration or event status before opening
- C. Ignore the external indicator while the present care phase continues

D. Dry a wet package and use it without first confirming the relevant clinical information

140. The team asks the circulating nurse how to address a newly recognized concern involving sterile package inspection. Which response is most appropriate?

- A. Ignore the external indicator while the present care phase continues
- B. Dry a wet package and use it without first confirming the relevant clinical information
- C. Use a package with a small tear if contents look clean
- D. Check integrity, dryness, indicator, and expiration or event status before opening

141. During a case-progress review, the nurse determines that opening sterile supplies requires corrective action. Which intervention best protects the patient?

- A. Open the near flap first across the contents while the present care phase continues
- B. Touch the inner wrapper with bare hands without first confirming the relevant clinical information
- C. Drop heavy items from shoulder height as the default response for every perioperative patient
- D. Open the far flap first and avoid reaching over the field

142. The team asks the circulating nurse how to address a newly recognized concern involving opening sterile supplies. Which response is most appropriate?

- A. Open the far flap first and avoid reaching over the field
- B. Touch the inner wrapper with bare hands while the present care phase continues
- C. Drop heavy items from shoulder height without first confirming the relevant clinical information
- D. Open the near flap first across the contents as the default response for every perioperative patient

143. When updating the individualized nursing plan, the nurse determines that sterile field monitoring requires corrective action. Which intervention best protects the patient?

- A. Cover the field and leave it unattended while the present care phase continues
- B. Keep the field under direct observation and consider unobserved fields contaminated

- C. Ask environmental staff to watch it without first confirming the relevant clinical information
- D. Use an unobserved field if indicators changed as the default response for every perioperative patient

144. The team asks the circulating nurse how to address a newly recognized concern involving sterile field monitoring. Which response is most appropriate?

- A. Ask environmental staff to watch it while the present care phase continues
- B. Use an unobserved field if indicators changed without first confirming the relevant clinical information
- C. Keep the field under direct observation and consider unobserved fields contaminated
- D. Cover the field and leave it unattended as the default response for every perioperative patient

145. After comparing the patient's current findings with the handoff, the nurse determines that traffic control requires corrective action. Which intervention best protects the patient?

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

146. The team asks the circulating nurse how to address a newly recognized concern involving traffic control. Which response is most appropriate?

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

147. While the team prepares to resume the procedure, the nurse determines that airflow requires corrective action. Which intervention best protects the patient?

- A. Open doors to increase positive pressure while the present care phase continues
- B. Block supply vents with equipment without first confirming the relevant clinical information
- C. Use fans near the sterile field as the default response for every perioperative patient
- D. Keep operating room doors closed except for essential passage

148. The team asks the circulating nurse how to address a newly recognized concern involving airflow. Which response is most appropriate?

- A. Keep operating room doors closed except for essential passage
- B. Block supply vents with equipment while the present care phase continues
- C. Use fans near the sterile field without first confirming the relevant clinical information
- D. Open doors to increase positive pressure as the default response for every perioperative patient

149. During evaluation of readiness for the next perioperative phase, the nurse determines that surgical attire requires corrective action. Which intervention best protects the patient?

- A. Contain head and facial hair according to facility policy
- B. Allow loose hair if it avoids the field
- C. Reuse visibly soiled head coverings while the present care phase continues
- D. Wear home-laundered attire regardless of policy without first confirming the relevant clinical information

150. The team asks the circulating nurse how to address a newly recognized concern involving surgical attire. Which response is most appropriate?

- A. Reuse visibly soiled head coverings while the present care phase continues
- B. Wear home-laundered attire regardless of policy without first confirming the relevant clinical information
- C. Allow loose hair if it avoids the field
- D. Contain head and facial hair according to facility policy

151. During a case-progress review, the nurse determines that skin antisepsis requires corrective action. Which intervention best protects the patient?

- A. Wipe it off immediately after application while the present care phase continues
- B. Apply over pooled solution without removal without first confirming the relevant clinical information
- C. Apply the selected antiseptic using its instructions and allow required drying
- D. Mix products to increase strength as the default response for every perioperative patient

152. The team asks the circulating nurse how to address a newly recognized concern involving skin antisepsis. Which response is most appropriate?

- A. Apply over pooled solution without removal while the present care phase continues
- B. Apply the selected antiseptic using its instructions and allow required drying
- C. Mix products to increase strength without first confirming the relevant clinical information
- D. Wipe it off immediately after application as the default response for every perioperative patient

153. When updating the individualized nursing plan, the nurse determines that instrument cleaning requires corrective action. Which intervention best protects the patient?

- 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

154. The team asks the circulating nurse how to address a newly recognized concern involving instrument cleaning. Which response is most appropriate?

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

155. After comparing the patient's current findings with the handoff, the nurse determines that point-of-use care requires corrective action. Which intervention best protects the patient?

- A. Soak instruments in saline overnight while the present care phase continues
- B. Close hinged instruments tightly without first confirming the relevant clinical information
- C. Keep instruments moist with an approved method and remove gross soil promptly
- D. Allow blood to dry before transport as the default response for every perioperative patient

156. The team asks the circulating nurse how to address a newly recognized concern involving point-of-use care. Which response is most appropriate?

- A. Close hinged instruments tightly while the present care phase continues
- B. Keep instruments moist with an approved method and remove gross soil promptly
- C. Allow blood to dry before transport without first confirming the relevant clinical information
- D. Soak instruments in saline overnight as the default response for every perioperative patient

157. While the team prepares to resume the procedure, the nurse determines that immediate-use steam sterilization requires corrective action. Which intervention best protects the patient?

- A. Use it routinely to compensate for low inventory while the present care phase continues
- B. Use only when justified and follow validated cleaning, packaging, and transport steps
- C. Carry the item uncovered through the hallway without first confirming the relevant clinical information
- D. Skip cleaning because steam kills organisms as the default response for every perioperative patient

158. The team asks the circulating nurse how to address a newly recognized concern involving immediate-use steam sterilization. Which response is most appropriate?

- A. Carry the item uncovered through the hallway while the present care phase continues
- B. Skip cleaning because steam kills organisms without first confirming the relevant clinical information
- C. Use it routinely to compensate for low inventory as the default response for every perioperative patient

D. Use only when justified and follow validated cleaning, packaging, and transport steps

159. During evaluation of readiness for the next perioperative phase, the nurse determines that biological monitoring requires corrective action. Which intervention best protects the patient?

- A. Respond to a positive indicator according to recall and investigation policy
- B. Ignore it when chemical indicators changed while the present care phase continues
- C. Repeat only the label printing without first confirming the relevant clinical information
- D. Release all loads without review as the default response for every perioperative patient

160. The team asks the circulating nurse how to address a newly recognized concern involving biological monitoring. Which response is most appropriate?

- A. Repeat only the label printing while the present care phase continues
- B. Release all loads without review without first confirming the relevant clinical information
- C. Respond to a positive indicator according to recall and investigation policy
- D. Ignore it when chemical indicators changed as the default response for every perioperative patient

161. During a case-progress review, the nurse determines that single-use devices requires corrective action. Which intervention best protects the patient?

- A. Use once unless an authorized reprocessor has met applicable requirements
- B. Reprocess locally whenever the device looks intact while the present care phase continues
- C. Let the surgeon decide without policy review without first confirming the relevant clinical information
- D. Reuse after surface wiping as the default response for every perioperative patient

162. The team asks the circulating nurse how to address a newly recognized concern involving single-use devices. Which response is most appropriate?

- A. Let the surgeon decide without policy review while the present care phase continues

- B. Reuse after surface wiping without first confirming the relevant clinical information
- C. Use once unless an authorized reprocessor has met applicable requirements
- D. Reprocess locally whenever the device looks intact as the default response for every perioperative patient

163. When updating the individualized nursing plan, the nurse determines that environmental cleaning requires corrective action. Which intervention best protects the patient?

- A. Clean only visible blood while the present care phase continues
- 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 first confirming the relevant clinical information

164. The team asks the circulating nurse how to address a newly recognized concern involving environmental cleaning. Which response is most appropriate?

- A. Skip contact time when the schedule is delayed
- B. Use any household cleaner while the present care phase continues
- C. Clean only visible blood without first confirming the relevant clinical information
- D. Clean and disinfect high-touch surfaces between patients using approved products

165. After comparing the patient's current findings with the handoff, the nurse determines that sharps disposal requires corrective action. Which intervention best protects the patient?

- 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

166. The team asks the circulating nurse how to address a newly recognized concern involving sharps disposal. Which response is most appropriate?

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

167. While the team prepares to resume the procedure, the nurse determines that sterile storage requires corrective action. Which intervention best protects the patient?

- A. Store sterile items under sinks while the present care phase continues
- B. Use damaged packages if indicators are correct
- C. Protect packages from moisture, crushing, dust, and excessive handling
- D. Compress packages into overfilled bins without first confirming the relevant clinical information

168. The team asks the circulating nurse how to address a newly recognized concern involving sterile storage. Which response is most appropriate?

- A. Protect packages from moisture, crushing, dust, and excessive handling
- B. Use damaged packages if indicators are correct
- C. Compress packages into overfilled bins while the present care phase continues
- D. Store sterile items under sinks without first confirming the relevant clinical information

169. During evaluation of readiness for the next perioperative phase, the nurse determines that operating room fire requires corrective action. Which intervention best protects the patient?

- A. Carry the burning patient into the corridor first while the present care phase continues
- B. Stop the procedure, remove burning material, and stop oxidizer flow as appropriate
- C. Continue surgery while someone finds an extinguisher without first confirming the relevant clinical information
- D. Add oxygen to improve ventilation as the default response for every perioperative patient

170. The team asks the circulating nurse how to address a newly recognized concern involving operating room fire. Which response is most appropriate?

- A. Continue surgery while someone finds an extinguisher while the present care phase continues
- B. Add oxygen to improve ventilation without first confirming the relevant clinical information
- C. Carry the burning patient into the corridor first as the default response for every perioperative patient
- D. Stop the procedure, remove burning material, and stop oxidizer flow as appropriate

171. During a case-progress review, the nurse determines that malignant hyperthermia requires corrective action. Which intervention best protects the patient?

- A. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene
- B. Apply warming blankets and continue anesthesia while the present care phase continues
- C. Wait for extreme fever before responding without first confirming the relevant clinical information
- D. Treat only with an antipyretic as the default response for every perioperative patient

172. The team asks the circulating nurse how to address a newly recognized concern involving malignant hyperthermia. Which response is most appropriate?

- A. Wait for extreme fever before responding while the present care phase continues
- B. Treat only with an antipyretic without first confirming the relevant clinical information
- C. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene
- D. Apply warming blankets and continue anesthesia as the default response for every perioperative patient

173. When updating the individualized nursing plan, the nurse determines that anaphylaxis requires corrective action. Which intervention best protects the patient?

- A. Give an oral antihistamine and observe while the present care phase continues
- B. Continue the infusion at a slower rate without first confirming the relevant clinical information
- C. Place the patient alone in recovery as the default response for every perioperative patient
- D. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment

174. The team asks the circulating nurse how to address a newly recognized concern involving anaphylaxis. Which response is most appropriate?

- A. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment
- B. Continue the infusion at a slower rate while the present care phase continues
- C. Place the patient alone in recovery without first confirming the relevant clinical information
- D. Give an oral antihistamine and observe as the default response for every perioperative patient

175. After comparing the patient's current findings with the handoff, the nurse determines that massive hemorrhage requires corrective action. Which intervention best protects the patient?

- A. Wait for the final hemoglobin result while the present care phase continues
- B. Delay communication until closure without first confirming the relevant clinical information
- C. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring
- D. Give only crystalloid regardless of loss as the default response for every perioperative patient

176. The team asks the circulating nurse how to address a newly recognized concern involving massive hemorrhage. Which response is most appropriate?

- A. Delay communication until closure while the present care phase continues
- B. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring
- C. Give only crystalloid regardless of loss without first confirming the relevant clinical information
- D. Wait for the final hemoglobin result as the default response for every perioperative patient

177. While the team prepares to resume the procedure, the nurse determines that local anesthetic systemic toxicity requires corrective action. Which intervention best protects the patient?

- A. Give more local anesthetic to confirm the diagnosis while the present care phase continues
- B. Send the patient home after symptoms resolve without first confirming the relevant clinical information
- C. Use propofol alone in cardiovascular collapse as the default response for every perioperative patient
- D. Stop injection, secure the airway, treat seizures, and prepare lipid emulsion

178. The team asks the circulating nurse how to address a newly recognized concern involving local anesthetic systemic toxicity. Which response is most appropriate?

- A. Send the patient home after symptoms resolve while the present care phase continues
- B. Use propofol alone in cardiovascular collapse without first confirming the relevant clinical information
- C. Stop injection, secure the airway, treat seizures, and prepare lipid emulsion
- D. Give more local anesthetic to confirm the diagnosis as the default response for every perioperative patient

179. During evaluation of readiness for the next perioperative phase, the nurse determines that cardiac arrest in prone position requires corrective action. Which intervention best protects the patient?

- A. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning
- B. Wait to act until the patient is supine while the present care phase continues
- C. Continue the procedure until closure without first confirming the relevant clinical information
- D. Remove all airway equipment first as the default response for every perioperative patient

180. The team asks the circulating nurse how to address a newly recognized concern involving cardiac arrest in prone position. Which response is most appropriate?

- A. Continue the procedure until closure while the present care phase continues
- B. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning
- C. Remove all airway equipment first without first confirming the relevant clinical information
- D. Wait to act until the patient is supine as the default response for every perioperative patient

181. During a case-progress review, the nurse determines that power failure requires corrective action. Which intervention best protects the patient?

- A. Open all doors and end sterile technique while the present care phase continues

- B. Maintain patient support and follow the utility-failure plan using emergency systems
- C. Move the anesthetized patient without planning without first confirming the relevant clinical information
- D. Turn off battery-powered monitors as the default response for every perioperative patient

182. The team asks the circulating nurse how to address a newly recognized concern involving power failure. Which response is most appropriate?

- A. Move the anesthetized patient without planning while the present care phase continues
- B. Turn off battery-powered monitors without first confirming the relevant clinical information
- C. Maintain patient support and follow the utility-failure plan using emergency systems
- D. Open all doors and end sterile technique as the default response for every perioperative patient

183. When updating the individualized nursing plan, the nurse determines that chemical spill requires corrective action. Which intervention best protects the patient?

- A. Wipe it up with bare hands while the present care phase continues
- B. Continue work until environmental services arrives without first confirming the relevant clinical information
- C. Flush every chemical into a sink as the default response for every perioperative patient
- D. Restrict access and use the substance-specific spill response and protective equipment

184. The team asks the circulating nurse how to address a newly recognized concern involving chemical spill. Which response is most appropriate?

- A. Restrict access and use the substance-specific spill response and protective equipment
- B. Continue work until environmental services arrives while the present care phase continues
- C. Flush every chemical into a sink without first confirming the relevant clinical information
- D. Wipe it up with bare hands as the default response for every perioperative patient

185. After comparing the patient's current findings with the handoff, the nurse determines that venous air embolism requires corrective action. Which intervention best protects the patient?

- A. Increase insufflation pressure while the present care phase continues
- B. Ignore a sudden end-tidal carbon dioxide decrease without first confirming the relevant clinical information
- C. Notify the team, stop further air entry, give oxygen, and support hemodynamics
- D. Place the patient upright immediately in every case as the default response for every perioperative patient

186. The team asks the circulating nurse how to address a newly recognized concern involving venous air embolism. Which response is most appropriate?

- A. Ignore a sudden end-tidal carbon dioxide decrease while the present care phase continues
- B. Place the patient upright immediately in every case without first confirming the relevant clinical information
- C. Increase insufflation pressure as the default response for every perioperative patient
- D. Notify the team, stop further air entry, give oxygen, and support hemodynamics

187. While the team prepares to resume the procedure, the nurse determines that evacuation requires corrective action. Which intervention best protects the patient?

- A. Evacuate staff before anesthetized patients without assessment while the present care phase continues
- B. Follow the facility plan while maintaining patient identification, support, and accountability
- C. Use elevators during a fire without authorization without first confirming the relevant clinical information
- D. Leave records and medications behind routinely as the default response for every perioperative patient

188. The team asks the circulating nurse how to address a newly recognized concern involving evacuation. Which response is most appropriate?

- A. Follow the facility plan while maintaining patient identification, support, and accountability
- B. Use elevators during a fire without authorization while the present care phase continues

- C. Leave records and medications behind routinely without first confirming the relevant clinical information
- D. Evacuate staff before anesthetized patients without assessment as the default response for every perioperative patient

189. During evaluation of readiness for the next perioperative phase, the nurse determines that scope of practice requires corrective action. Which intervention best protects the patient?

- A. Perform any task requested by a physician
- B. Assume observation proves competence while the present care phase continues
- C. Let staffing need define legal scope without first confirming the relevant clinical information
- D. Practice within law, standards, policy, education, and demonstrated competence

190. The team asks the circulating nurse how to address a newly recognized concern involving scope of practice. Which response is most appropriate?

- A. Assume observation proves competence while the present care phase continues
- B. Let staffing need define legal scope without first confirming the relevant clinical information
- C. Practice within law, standards, policy, education, and demonstrated competence
- D. Perform any task requested by a physician

191. During a case-progress review, the nurse determines that informed consent advocacy requires corrective action. Which intervention best protects the patient?

- A. Notify the provider when the patient has unanswered questions or appears coerced
- B. Explain the surgeon's risks and obtain consent independently while the present care phase continues
- C. Witness a signature after sedating the patient without first confirming the relevant clinical information
- D. Ask family to pressure the patient as the default response for every perioperative patient

192. The team asks the circulating nurse how to address a newly recognized concern involving informed consent advocacy. Which response is most appropriate?

- A. Witness a signature after sedating the patient while the present care phase continues
- B. Notify the provider when the patient has unanswered questions or appears coerced
- C. Ask family to pressure the patient without first confirming the relevant clinical information
- D. Explain the surgeon's risks and obtain consent independently as the default response for every perioperative patient

193. When updating the individualized nursing plan, the nurse determines that impaired colleague requires corrective action. Which intervention best protects the patient?

- A. Ignore the behavior unless harm occurs while the present care phase continues
- B. Cover the assignment without documenting concern without first confirming the relevant clinical information
- C. Protect patients and report concerns through the required process
- D. Confront the colleague publicly and take no further action

194. The team asks the circulating nurse how to address a newly recognized concern involving impaired colleague. Which response is most appropriate?

- A. Protect patients and report concerns through the required process
- B. Cover the assignment without documenting concern while the present care phase continues
- C. Confront the colleague publicly and take no further action
- D. Ignore the behavior unless harm occurs without first confirming the relevant clinical information

195. After comparing the patient's current findings with the handoff, the nurse determines that evidence-based practice requires corrective action. Which intervention best protects the patient?

- A. Follow tradition when evidence changes while the present care phase continues
- B. Exclude patient preferences from decisions without first confirming the relevant clinical information
- C. Use one study without appraisal as the default response for every perioperative patient
- D. Integrate best evidence, clinical expertise, and patient values

196. The team asks the circulating nurse how to address a newly recognized concern involving evidence-based practice. Which response is most appropriate?

- A. Exclude patient preferences from decisions while the present care phase continues
- B. Integrate best evidence, clinical expertise, and patient values
- C. Use one study without appraisal without first confirming the relevant clinical information
- D. Follow tradition when evidence changes as the default response for every perioperative patient

197. While the team prepares to resume the procedure, the nurse determines that competency maintenance requires corrective action. Which intervention best protects the patient?

- A. Pursue continuing development and validate skills used in practice
- B. Rely indefinitely on initial orientation while the present care phase continues
- C. Count years employed as proof of competence
- D. Perform rare skills without review without first confirming the relevant clinical information

198. The team asks the circulating nurse how to address a newly recognized concern involving competency maintenance. Which response is most appropriate?

- A. Count years employed as proof of competence
- B. Perform rare skills without review while the present care phase continues
- C. Pursue continuing development and validate skills used in practice
- D. Rely indefinitely on initial orientation without first confirming the relevant clinical information

199. During evaluation of readiness for the next perioperative phase, the nurse determines that ethical advocacy requires corrective action. Which intervention best protects the patient?

- A. Comply silently with every request while the present care phase continues
- B. Transfer responsibility to the patient's family without first confirming the relevant clinical information
- C. Discuss the concern only after discharge as the default response for every perioperative patient
- D. Escalate a serious unresolved safety concern through the chain of command

200. The team asks the circulating nurse how to address a newly recognized concern involving ethical advocacy. Which response is most appropriate?

- A. Transfer responsibility to the patient's family while the present care phase continues
- B. Escalate a serious unresolved safety concern through the chain of command
- C. Discuss the concern only after discharge without first confirming the relevant clinical information
- D. Comply silently with every request as the default response for every perioperative patient

Practice Exam 5: Answer Key and Explanations

1. D — This is the safest response because Two identifiers link the intended patient to the planned care and must not rely on location. Addressing preoperative identity verification at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely

2. B — The nurse should choose this action because Two identifiers link the intended patient to the planned care and must not rely on location. Addressing preoperative identity verification at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation,

3. C — This is the safest response because The specific substance and reaction guide avoidance, substitutions, and emergency planning. Addressing allergy reconciliation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

4. A — The nurse should choose this action because The specific substance and reaction guide avoidance, substitutions, and emergency planning. Addressing allergy reconciliation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

5. A — This is the safest response because A complete medication history identifies interactions, bleeding risks, and agents affecting anesthesia. Addressing medication assessment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept

uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

6. D — The nurse should choose this action because A complete medication history identifies interactions, bleeding risks, and agents affecting anesthesia. Addressing medication assessment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

7. B — This is the safest response because Fasting assessment requires both content and timing because aspiration risk varies by intake. Addressing NPO status at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

8. C — The nurse should choose this action because Fasting assessment requires both content and timing because aspiration risk varies by intake. Addressing NPO status at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

9. B — This is the safest response because Consent must be complete, consistent, and voluntarily confirmed before sedation impairs decision-making. Addressing surgical consent discrepancy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

10. D — The nurse should choose this action because Consent must be complete, consistent, and voluntarily confirmed before sedation impairs decision-making. Addressing surgical consent discrepancy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

11. A — This is the safest response because Baseline documentation distinguishes preexisting findings and supports an appropriate protection plan. Addressing baseline skin assessment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

12. C — The nurse should choose this action because Baseline documentation distinguishes preexisting findings and supports an appropriate protection plan. Addressing baseline skin assessment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

13. D — This is the safest response because Pregnancy assessment should be clinically indicated, policy based, and respectful of informed patient participation. Addressing pregnancy screening at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

14. C — The nurse should choose this action because Pregnancy assessment should be clinically indicated, policy based, and respectful of informed patient participation. Addressing pregnancy screening at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

15. B — This is the safest response because Critical results can alter cardiac risk and must be communicated before proceeding. Addressing laboratory review at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

16. A — The nurse should choose this action because Critical results can alter cardiac risk and must be communicated before proceeding. Addressing laboratory review at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

17. B — This is the safest response because Qualified interpretation supports accurate assessment, informed consent, privacy, and patient participation. Addressing language access at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

18. A — The nurse should choose this action because Qualified interpretation supports accurate assessment, informed consent, privacy, and patient participation. Addressing language access at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

19. D — This is the safest response because Avoidance and team communication reduce exposure and the risk of a severe hypersensitivity reaction. Addressing latex sensitivity at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

20. C — The nurse should choose this action because Avoidance and team communication reduce exposure and the risk of a severe hypersensitivity reaction. Addressing latex sensitivity at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices

accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

21. D — This is the safest response because OSA increases airway and respiratory risk, making equipment history and monitoring plans important. Addressing obstructive sleep apnea at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

22. B — The nurse should choose this action because OSA increases airway and respiratory risk, making equipment history and monitoring plans important. Addressing obstructive sleep apnea at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

23. C — This is the safest response because Pressure injury risk is multifactorial and must inform surfaces, padding, and reassessment. Addressing pressure injury risk at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

24. A — The nurse should choose this action because Pressure injury risk is multifactorial and must inform surfaces, padding, and reassessment. Addressing pressure injury risk at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

25. C — This is the safest response because Individual preferences vary, so specific informed choices must be known before an emergency. Addressing blood refusal at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

26. A — The nurse should choose this action because Individual preferences vary, so specific informed choices must be known before an emergency. Addressing blood refusal at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

27. D — This is the safest response because Independent source agreement prevents wrong-patient, wrong-procedure, and wrong-site events. Addressing site verification at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

28. B — The nurse should choose this action because Independent source agreement prevents wrong-patient, wrong-procedure, and wrong-site events. Addressing site verification at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

29. A — This is the safest response because A useful transfer report connects baseline, intraoperative events, current findings, and continuing risks. Addressing postoperative handoff assessment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

30. C — The nurse should choose this action because A useful transfer report connects baseline, intraoperative events, current findings, and continuing risks. Addressing postoperative handoff assessment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

31. D — This is the safest response because Measurable individualized outcomes guide interventions and allow evaluation of perioperative nursing care. Addressing patient-centered outcome at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

32. B — The nurse should choose this action because Measurable individualized outcomes guide interventions and allow evaluation of perioperative nursing care. Addressing patient-centered outcome at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

33. C — This is the safest response because Position planning integrates anatomy, comorbidities, duration, equipment, and surgical access. Addressing positioning plan at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

34. A — The nurse should choose this action because Position planning integrates anatomy, comorbidities, duration, equipment, and surgical access. Addressing positioning plan at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

35. D — This is the safest response because Prevention and monitoring reduce unintended hypothermia and its associated complications. Addressing thermoregulation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone

necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

36. B — The nurse should choose this action because Prevention and monitoring reduce unintended hypothermia and its associated complications. Addressing thermoregulation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

37. C — This is the safest response because VTE prevention is selected from individual risk, contraindications, procedure, and expected mobility. Addressing venous thromboembolism prevention at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

38. B — The nurse should choose this action because VTE prevention is selected from individual risk, contraindications, procedure, and expected mobility. Addressing venous thromboembolism prevention at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

39. D — This is the safest response because Advance planning prevents loss, misidentification, contamination, and degradation of specimens. Addressing specimen management at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

40. A — The nurse should choose this action because Advance planning prevents loss, misidentification, contamination, and degradation of specimens. Addressing specimen management at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

41. D — This is the safest response because Readiness verification prevents avoidable delays and unsafe improvisation after anesthesia begins. Addressing implant availability at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

42. A — The nurse should choose this action because Readiness verification prevents avoidable delays and unsafe improvisation after anesthesia begins. Addressing implant availability at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

43. B — This is the safest response because Patient-centered, multimodal planning balances comfort, function, adverse effects, and individual preferences. Addressing pain management at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

44. C — The nurse should choose this action because Patient-centered, multimodal planning balances comfort, function, adverse effects, and individual preferences. Addressing pain management at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

45. C — This is the safest response because Readiness criteria should reflect recovery status, risks, instructions, and safe support after discharge. Addressing discharge readiness at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

46. A — The nurse should choose this action because Readiness criteria should reflect recovery status, risks, instructions, and safe support after discharge. Addressing discharge readiness at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

47. B — This is the safest response because The time-out is a final active confirmation of patient, procedure, site, and critical concerns. Addressing surgical time-out at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

48. D — The nurse should choose this action because The time-out is a final active confirmation of patient, procedure, site, and critical concerns. Addressing surgical time-out at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

49. D — This is the safest response because A discrepancy requires recount, search, notification, and imaging or further action under policy. Addressing count discrepancy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

50. B — The nurse should choose this action because A discrepancy requires recount, search, notification, and imaging or further action under policy. Addressing count discrepancy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices

accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

51. C — This is the safest response because Immediate labeling prevents substitutions and remains necessary even when one product is present. Addressing medication labeling at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

52. A — The nurse should choose this action because Immediate labeling prevents substitutions and remains necessary even when one product is present. Addressing medication labeling at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

53. C — This is the safest response because Simultaneous controlled movement reduces torsion, back strain, nerve injury, and hemodynamic change. Addressing positioning in lithotomy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

54. A — The nurse should choose this action because Simultaneous controlled movement reduces torsion, back strain, nerve injury, and hemodynamic change. Addressing positioning in lithotomy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

55. B — This is the safest response because Broad contact over suitable tissue provides a safe current-return pathway and reduces burns. Addressing electrosurgical return electrode at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

56. D — The nurse should choose this action because Broad contact over suitable tissue provides a safe current-return pathway and reduces burns. Addressing electrosurgical return electrode at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

57. B — This is the safest response because Fire prevention depends on recognizing the three elements and coordinating controls among disciplines. Addressing fire risk assessment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

58. D — The nurse should choose this action because Fire prevention depends on recognizing the three elements and coordinating controls among disciplines. Addressing fire risk assessment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

59. C — This is the safest response because Complete drying and removal of pooled solution reduce vapor ignition and chemical injury. Addressing alcohol prep drying at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

60. A — The nurse should choose this action because Complete drying and removal of pooled solution reduce vapor ignition and chemical injury. Addressing alcohol prep drying at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

61. A — This is the safest response because Tourniquet management requires individualized settings, time surveillance, protection, and documentation. Addressing tourniquet safety at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

62. B — The nurse should choose this action because Tourniquet management requires individualized settings, time surveillance, protection, and documentation. Addressing tourniquet safety at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

63. C — This is the safest response because Laser eyewear must match wavelength and optical density and be worn throughout the hazard period. Addressing laser eye protection at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment,

64. D — The nurse should choose this action because Laser eyewear must match wavelength and optical density and be worn throughout the hazard period. Addressing laser eye protection at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely

65. D — This is the safest response because Reducing time, increasing distance, and using appropriate shielding limit occupational and patient exposure. Addressing radiation exposure at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept

uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

66. C — The nurse should choose this action because Reducing time, increasing distance, and using appropriate shielding limit occupational and patient exposure. Addressing radiation exposure at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

67. B — This is the safest response because A coordinated transfer prevents falls, shear, line disruption, and airway compromise. Addressing safe patient transfer at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

68. A — The nurse should choose this action because A coordinated transfer prevents falls, shear, line disruption, and airway compromise. Addressing safe patient transfer at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

69. A — This is the safest response because Docking restricts access, so secure positioning and protection must be confirmed beforehand. Addressing robotic surgery positioning at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

70. C — The nurse should choose this action because Docking restricts access, so secure positioning and protection must be confirmed beforehand. Addressing robotic surgery positioning at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

71. B — This is the safest response because Early recognition and immediate response are essential because neurologic and cardiovascular deterioration can progress rapidly. Addressing local anesthetic toxicity at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment,

72. D — The nurse should choose this action because Early recognition and immediate response are essential because neurologic and cardiovascular deterioration can progress rapidly. Addressing local anesthetic toxicity at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely

73. C — This is the safest response because A known or suspected risk requires a nontriggering anesthetic plan and immediate treatment capability. Addressing malignant hyperthermia risk at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

74. B — The nurse should choose this action because A known or suspected risk requires a nontriggering anesthetic plan and immediate treatment capability. Addressing malignant hyperthermia risk at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment,

75. D — This is the safest response because Standardized accounting and exploration provide complementary defenses against retained items. Addressing retained surgical item prevention at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

76. A — The nurse should choose this action because Standardized accounting and exploration provide complementary defenses against retained items. Addressing retained surgical item prevention at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

77. A — This is the safest response because Known contamination requires immediate corrective action because sterility cannot be restored by covering or waiting. Addressing sterile field contamination at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment,

78. C — The nurse should choose this action because Known contamination requires immediate corrective action because sterility cannot be restored by covering or waiting. Addressing sterile field contamination at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely

79. B — This is the safest response because Source capture limits exposure to particulates, chemicals, and potentially bioactive material. Addressing surgical smoke at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

80. D — The nurse should choose this action because Source capture limits exposure to particulates, chemicals, and potentially bioactive material. Addressing surgical smoke at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept

uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

81. A — This is the safest response because Correct fit and timely activation support venous return and reduce preventable thromboembolic risk. Addressing pneumatic compression device at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

82. B — The nurse should choose this action because Correct fit and timely activation support venous return and reduce preventable thromboembolic risk. Addressing pneumatic compression device at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

83. D — This is the safest response because Continuous accounting helps detect intravasation and fluid-related complications during endoscopic procedures. Addressing fluid deficit monitoring at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

84. C — The nurse should choose this action because Continuous accounting helps detect intravasation and fluid-related complications during endoscopic procedures. Addressing fluid deficit monitoring at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

85. D — This is the safest response because Closed-loop communication and labeling reduce wrong-drug and wrong-dose errors during transfers. Addressing medication handoff at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

86. C — The nurse should choose this action because Closed-loop communication and labeling reduce wrong-drug and wrong-dose errors during transfers. Addressing medication handoff at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

87. B — This is the safest response because Preserved orientation supports accurate margin identification and pathologic interpretation. Addressing specimen orientation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

88. A — The nurse should choose this action because Preserved orientation supports accurate margin identification and pathologic interpretation. Addressing specimen orientation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

89. A — This is the safest response because A neutral zone reduces simultaneous handling and therefore lowers percutaneous injury risk. Addressing neutral zone at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

90. D — The nurse should choose this action because A neutral zone reduces simultaneous handling and therefore lowers percutaneous injury risk. Addressing neutral zone at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

91. C — This is the safest response because Temperature surveillance and active warming reduce complications associated with unintended perioperative hypothermia. Addressing hypothermia prevention at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

92. B — The nurse should choose this action because Temperature surveillance and active warming reduce complications associated with unintended perioperative hypothermia. Addressing hypothermia prevention at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

93. A — This is the safest response because Deliberate verification prevents wrong implant selection and supports traceability. Addressing implant verification at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

94. D — The nurse should choose this action because Deliberate verification prevents wrong implant selection and supports traceability. Addressing implant verification at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

95. C — This is the safest response because Residual sedation, weakness, pain, and orthostasis require individualized assistance and reassessment. Addressing postoperative fall prevention at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices

accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

96. C — The nurse should choose this action because Residual sedation, weakness, pain, and orthostasis require individualized assistance and reassessment. Addressing postoperative fall prevention at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

97. B — This is the safest response because Safe delegation matches task, circumstance, competence, communication, and supervision requirements. Addressing delegation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

98. B — The nurse should choose this action because Safe delegation matches task, circumstance, competence, communication, and supervision requirements. Addressing delegation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

99. D — This is the safest response because Vendor access must be controlled and must not replace licensed clinical judgment or responsibilities. Addressing vendor presence at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

100. A — The nurse should choose this action because Vendor access must be controlled and must not replace licensed clinical judgment or responsibilities. Addressing vendor presence at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

101. D — This is the safest response because Competency-based assignments support patient safety and appropriate use of personnel. Addressing staffing assignment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

102. A — The nurse should choose this action because Competency-based assignments support patient safety and appropriate use of personnel. Addressing staffing assignment at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

103. B — This is the safest response because Removing defective equipment prevents reuse and initiates evaluation, repair, and event follow-up. Addressing equipment malfunction at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

104. C — The nurse should choose this action because Removing defective equipment prevents reuse and initiates evaluation, repair, and event follow-up. Addressing equipment malfunction at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

105. B — This is the safest response because Loaners require the same validated cleaning, inspection, sterilization, and traceability as owned instruments. Addressing loaner instrumentation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

106. C — The nurse should choose this action because Loaners require the same validated cleaning, inspection, sterilization, and traceability as owned instruments. Addressing loaner instrumentation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

107. A — This is the safest response because Controlled updates improve accuracy, reduce waste, and prevent reliance on outdated information. Addressing preference card control at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

108. D — The nurse should choose this action because Controlled updates improve accuracy, reduce waste, and prevent reliance on outdated information. Addressing preference card control at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

109. C — This is the safest response because Judicious opening reduces waste while maintaining readiness and compliance with intended use. Addressing resource conservation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

110. A — The nurse should choose this action because Judicious opening reduces waste while maintaining readiness and compliance with intended use. Addressing resource conservation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices

accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

111. D — This is the safest response because Competency validation requires observable performance against defined criteria, with remediation when needed. Addressing orientation validation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

112. B — The nurse should choose this action because Competency validation requires observable performance against defined criteria, with remediation when needed. Addressing orientation validation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

113. B — This is the safest response because Prompt reconciliation protects patients, staff, records, and medication security. Addressing controlled substance discrepancy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

114. C — The nurse should choose this action because Prompt reconciliation protects patients, staff, records, and medication security. Addressing controlled substance discrepancy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

115. D — This is the safest response because Closed-loop communication confirms that urgent information reached the responsible clinician and was understood. Addressing critical result communication at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

116. A — The nurse should choose this action because Closed-loop communication confirms that urgent information reached the responsible clinician and was understood. Addressing critical result communication at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

117. B — This is the safest response because Structured handoff reduces omissions during a high-risk transition of care. Addressing handoff at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

118. A — The nurse should choose this action because Structured handoff reduces omissions during a high-risk transition of care. Addressing handoff at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

119. C — This is the safest response because A transparent late entry preserves record integrity without implying contemporaneous documentation. Addressing late documentation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

120. D — The nurse should choose this action because A transparent late entry preserves record integrity without implying contemporaneous documentation. Addressing late documentation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

121. C — This is the safest response because Read-back detects hearing, transcription, and interpretation errors before action occurs. Addressing read-back at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

122. D — The nurse should choose this action because Read-back detects hearing, transcription, and interpretation errors before action occurs. Addressing read-back at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

123. A — This is the safest response because Point-of-transfer confirmation reduces specimen identification and site errors. Addressing specimen communication at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across the

124. B — The nurse should choose this action because Point-of-transfer confirmation reduces specimen identification and site errors. Addressing specimen communication at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

125. D — This is the safest response because Assertive escalation protects the patient when an immediate concern is not adequately addressed. Addressing team conflict at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept

uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

126. A — The nurse should choose this action because Assertive escalation protects the patient when an immediate concern is not adequately addressed. Addressing team conflict at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

127. C — This is the safest response because Standard terminology reduces ambiguity and medication-related misinterpretation. Addressing abbreviation safety at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across the remaining

128. B — The nurse should choose this action because Standard terminology reduces ambiguity and medication-related misinterpretation. Addressing abbreviation safety at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across the

129. B — This is the safest response because Minimum-necessary communication and appropriate location protect confidentiality. Addressing privacy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across the remaining perioperative

130. C — The nurse should choose this action because Minimum-necessary communication and appropriate location protect confidentiality. Addressing privacy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across the remaining

131. A — This is the safest response because Complete implant data supports continuity, traceability, and recall response. Addressing implant documentation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

132. D — The nurse should choose this action because Complete implant data supports continuity, traceability, and recall response. Addressing implant documentation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

133. A — This is the safest response because Patient values are relevant clinical information and must follow the patient across transitions. Addressing preference-sensitive decision at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

134. C — The nurse should choose this action because Patient values are relevant clinical information and must follow the patient across transitions. Addressing preference-sensitive decision at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

135. D — This is the safest response because The chart describes care and patient response; the safety system supports organizational analysis. Addressing event report at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

136. B — The nurse should choose this action because The chart describes care and patient response; the safety system supports organizational analysis. Addressing event report at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

137. A — This is the safest response because Gloves do not replace hand hygiene because contamination can occur during use and removal. Addressing hand hygiene at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

138. C — The nurse should choose this action because Gloves do not replace hand hygiene because contamination can occur during use and removal. Addressing hand hygiene at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

139. B — This is the safest response because Package inspection helps determine whether the sterile barrier and processing conditions remain acceptable. Addressing sterile package inspection at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

140. D — The nurse should choose this action because Package inspection helps determine whether the sterile barrier and processing conditions remain acceptable. Addressing sterile package inspection at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other

choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

141. D — This is the safest response because Proper opening protects the field from the nonsterile wrapper and the opener's body. Addressing opening sterile supplies at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

142. A — The nurse should choose this action because Proper opening protects the field from the nonsterile wrapper and the opener's body. Addressing opening sterile supplies at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

143. B — This is the safest response because Continuous observation is required because contamination events must be recognized when they occur. Addressing sterile field monitoring at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

144. C — The nurse should choose this action because Continuous observation is required because contamination events must be recognized when they occur. Addressing sterile field monitoring at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

145. C — This is the safest response because Reduced traffic limits turbulence and unnecessary microbial dispersal in the procedure room. Addressing traffic control at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

146. B — The nurse should choose this action because Reduced traffic limits turbulence and unnecessary microbial dispersal in the procedure room. Addressing traffic control at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

147. D — This is the safest response because Door control helps preserve designed airflow relationships and environmental performance. Addressing airflow at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

148. A — The nurse should choose this action because Door control helps preserve designed airflow relationships and environmental performance. Addressing airflow at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

149. A — This is the safest response because Appropriate containment and clean attire reduce shedding and environmental contamination. Addressing surgical attire at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

150. D — The nurse should choose this action because Appropriate containment and clean attire reduce shedding and environmental contamination. Addressing surgical attire at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

151. C — This is the safest response because Effective and safe antisepsis depends on correct agent selection, application, contact, and drying. Addressing skin antisepsis at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

152. B — The nurse should choose this action because Effective and safe antisepsis depends on correct agent selection, application, contact, and drying. Addressing skin antisepsis at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

153. D — This is the safest response because Residual soil can shield microorganisms and interfere with effective processing. Addressing instrument cleaning at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

154. A — The nurse should choose this action because Residual soil can shield microorganisms and interfere with effective processing. Addressing instrument cleaning at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

155. C — This is the safest response because Point-of-use care prevents drying and supports effective, safe decontamination. Addressing point-of-use care at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary

action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

156. B — The nurse should choose this action because Point-of-use care prevents drying and supports effective, safe decontamination. Addressing point-of-use care at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

157. B — This is the safest response because Immediate-use processing is not a shortcut and requires a complete validated process. Addressing immediate-use steam sterilization at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

158. D — The nurse should choose this action because Immediate-use processing is not a shortcut and requires a complete validated process. Addressing immediate-use steam sterilization at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

159. A — This is the safest response because A positive biological indicator triggers containment, evaluation, notification, and documented follow-up. Addressing biological monitoring at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

160. C — The nurse should choose this action because A positive biological indicator triggers containment, evaluation, notification, and documented follow-up. Addressing biological monitoring at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

161. A — This is the safest response because Single-use labeling and reprocessing requirements protect performance, sterility, and traceability. Addressing single-use devices at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety

162. C — The nurse should choose this action because Single-use labeling and reprocessing requirements protect performance, sterility, and traceability. Addressing single-use devices at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

163. B — This is the safest response because Effective turnover cleaning requires appropriate surfaces, product dilution, application, and wet contact time. Addressing environmental cleaning at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

164. D — The nurse should choose this action because Effective turnover cleaning requires appropriate surfaces, product dilution, application, and wet contact time. Addressing environmental cleaning at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

165. D — This is the safest response because Immediate disposal reduces handling and percutaneous exposure risk. Addressing sharps disposal at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across the

166. B — The nurse should choose this action because Immediate disposal reduces handling and percutaneous exposure risk. Addressing sharps disposal at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain safety across

167. C — This is the safest response because Event-related sterility depends on maintaining package integrity during storage and handling. Addressing sterile storage at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

168. A — The nurse should choose this action because Event-related sterility depends on maintaining package integrity during storage and handling. Addressing sterile storage at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

169. B — This is the safest response because Immediate coordinated action removes fuel and oxidizer and limits patient injury. Addressing operating room fire at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

170. D — The nurse should choose this action because Immediate coordinated action removes fuel and oxidizer and limits patient injury. Addressing operating room fire at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty,

postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

171. A — This is the safest response because Early treatment targets the hypermetabolic crisis before severe acidosis, hyperkalemia, and organ injury develop. Addressing malignant hyperthermia at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

172. C — The nurse should choose this action because Early treatment targets the hypermetabolic crisis before severe acidosis, hyperkalemia, and organ injury develop. Addressing malignant hyperthermia at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

173. D — This is the safest response because Anaphylaxis can rapidly compromise airway and circulation and requires immediate coordinated treatment. Addressing anaphylaxis at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

174. A — The nurse should choose this action because Anaphylaxis can rapidly compromise airway and circulation and requires immediate coordinated treatment. Addressing anaphylaxis at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

175. C — This is the safest response because Protocolized response supports timely resuscitation, hemostasis, temperature control, and correction of coagulopathy. Addressing massive hemorrhage at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

176. B — The nurse should choose this action because Protocolized response supports timely resuscitation, hemostasis, temperature control, and correction of coagulopathy. Addressing massive hemorrhage at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

177. D — This is the safest response because LAST requires rapid supportive care and lipid rescue according to the emergency protocol. Addressing local anesthetic systemic toxicity at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

178. C — The nurse should choose this action because LAST requires rapid supportive care and lipid rescue according to the emergency protocol. Addressing local anesthetic systemic toxicity at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment,

179. A — This is the safest response because Immediate resuscitation begins while the team prepares coordinated repositioning without creating additional injury. Addressing cardiac arrest in prone position at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment,

180. B — The nurse should choose this action because Immediate resuscitation begins while the team prepares coordinated repositioning without creating additional injury. Addressing cardiac arrest in prone position at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely

181. B — This is the safest response because A rehearsed utility response prioritizes airway, ventilation, monitoring, illumination, and safe procedural decisions. Addressing power failure at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

182. C — The nurse should choose this action because A rehearsed utility response prioritizes airway, ventilation, monitoring, illumination, and safe procedural decisions. Addressing power failure at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

183. D — This is the safest response because Hazard-specific procedures limit exposure and ensure appropriate containment, cleanup, and reporting. Addressing chemical spill at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

184. A — The nurse should choose this action because Hazard-specific procedures limit exposure and ensure appropriate containment, cleanup, and reporting. Addressing chemical spill at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

185. C — This is the safest response because Rapid recognition and coordinated action limit additional air entrainment and cardiopulmonary compromise. Addressing venous air embolism at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept

uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

186. D — The nurse should choose this action because Rapid recognition and coordinated action limit additional air entrainment and cardiopulmonary compromise. Addressing venous air embolism at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

187. B — This is the safest response because Orderly evacuation balances immediate hazard, clinical dependency, safe routes, communication, and tracking. Addressing evacuation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

188. A — The nurse should choose this action because Orderly evacuation balances immediate hazard, clinical dependency, safe routes, communication, and tracking. Addressing evacuation at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

189. D — This is the safest response because Professional accountability requires the nurse to know and remain within applicable scope and competence. Addressing scope of practice at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

190. C — The nurse should choose this action because Professional accountability requires the nurse to know and remain within applicable scope and competence. Addressing scope of practice at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment,

191. A — This is the safest response because The nurse protects voluntariness and comprehension while the responsible provider conducts the informed-consent discussion. Addressing informed consent advocacy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and

192. B — The nurse should choose this action because The nurse protects voluntariness and comprehension while the responsible provider conducts the informed-consent discussion. Addressing informed consent advocacy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment,

193. C — This is the safest response because Patient protection and structured reporting are required when impairment may affect safe practice. Addressing impaired colleague at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

194. A — The nurse should choose this action because Patient protection and structured reporting are required when impairment may affect safe practice. Addressing impaired colleague at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

195. D — This is the safest response because Evidence-based practice combines research appraisal with expertise, context, and patient preferences. Addressing evidence-based practice at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help sustain

196. B — The nurse should choose this action because Evidence-based practice combines research appraisal with expertise, context, and patient preferences. Addressing evidence-based practice at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation help

197. A — This is the safest response because Ongoing learning and validation support safe performance as standards, technology, and roles evolve. Addressing competency maintenance at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

198. C — The nurse should choose this action because Ongoing learning and validation support safe performance as standards, technology, and roles evolve. Addressing competency maintenance at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate

199. D — This is the safest response because Advocacy requires timely action when proposed care creates a substantial unresolved patient risk. Addressing ethical advocacy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate escalation

200. B — The nurse should choose this action because Advocacy requires timely action when proposed care creates a substantial unresolved patient risk. Addressing ethical advocacy at this point reduces preventable risk and keeps the care plan aligned with current patient needs. The other choices accept

uncertainty, postpone necessary action, or bypass a protective process. Clear communication, accurate documentation, timely reassessment, and appropriate