

PRACTICE EXAM 6: CNOR SIMULATION (200 QUESTIONS)

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

1. A focused safety huddle identifies a concern about preoperative identity verification. Which nursing action should be implemented first?

- 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

2. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with preoperative identity verification?

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

3. The nurse reviews an unexpected finding related to allergy reconciliation. Which nursing action should be implemented first?

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

D. Clarify the allergen and documented reaction

4. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with allergy reconciliation?

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

5. A change in the care environment raises a question about medication assessment. Which nursing action should be implemented first?

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

6. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with medication assessment?

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

7. The interdisciplinary team requests nursing guidance regarding NPO status. Which nursing action should be implemented first?

- A. Cancel before notifying anesthesia before the patient leaves the current care area
- B. Count only solid food as oral intake without verifying the newly identified clinical concern

- C. Verify the type and time of the last oral intake
- D. Assume the posted schedule confirms fasting as the standard approach regardless of patient findings

8. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with NPO status?

- A. Count only solid food as oral intake before the patient leaves the current care area
- B. Verify the type and time of the last oral intake
- C. Assume the posted schedule confirms fasting without verifying the newly identified clinical concern
- D. Cancel before notifying anesthesia as the standard approach regardless of patient findings

9. The nurse's evaluation reveals that the plan for surgical consent discrepancy. Which nursing action should be implemented first?

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

10. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with surgical consent discrepancy?

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

11. A focused safety huddle identifies a concern about baseline skin assessment. Which nursing action should be implemented first?

- A. Treat all discoloration as pressure injury

- B. Document preexisting skin findings before positioning
- C. Photograph every finding without permission
- D. Document skin only after the procedure

12. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with baseline skin assessment?

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

13. The nurse reviews an unexpected finding related to pregnancy screening. Which nursing action should be implemented first?

- A. Omit screening when general anesthesia is planned
- B. Rely only on the patient's appearance before the patient leaves the current care area
- C. Test every patient without discussion without verifying the newly identified clinical concern
- D. Follow facility policy and obtain informed testing when indicated

14. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with pregnancy screening?

- A. Rely only on the patient's appearance before the patient leaves the current care area
- B. Test every patient without discussion without verifying the newly identified clinical concern
- C. Follow facility policy and obtain informed testing when indicated
- D. Omit screening when general anesthesia is planned

15. A change in the care environment raises a question about laboratory review. Which nursing action should be implemented first?

- 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 before the patient leaves the current care area
- D. File the result for postoperative review without verifying the newly identified clinical concern

16. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with laboratory review?

- A. Proceed because anesthesia repeats all tests before the patient leaves the current care area
- B. Escalate a critical potassium result before transport to the OR
- C. File the result for postoperative review without verifying the newly identified clinical concern
- D. Ask the patient whether the value is normal

17. The interdisciplinary team requests nursing guidance regarding language access. Which nursing action should be implemented first?

- 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

18. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with language access?

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

19. The nurse's evaluation reveals that the plan for latex sensitivity. Which nursing action should be implemented first?

- A. Give prophylactic antibiotics for latex exposure before the patient leaves the current care area
- B. Create a latex-safe plan and communicate it to the team
- C. Place latex gloves outside the room without verifying the newly identified clinical concern
- D. Schedule the patient last without other changes as the standard approach regardless of patient findings

20. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with latex sensitivity?

- A. Place latex gloves outside the room before the patient leaves the current care area
- B. Schedule the patient last without other changes without verifying the newly identified clinical concern
- C. Give prophylactic antibiotics for latex exposure as the standard approach regardless of patient findings
- D. Create a latex-safe plan and communicate it to the team

21. A focused safety huddle identifies a concern about obstructive sleep apnea. Which nursing action should be implemented first?

- A. Communicate OSA risk and plan airway and postoperative monitoring
- B. Avoid asking about home CPAP use before the patient leaves the current care area
- C. Use routine discharge criteria without modification without verifying the newly identified clinical concern
- D. Withhold the history because surgery is brief

22. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with obstructive sleep apnea?

- A. Use routine discharge criteria without modification before the patient leaves the current care area
- B. Withhold the history because surgery is brief
- C. Avoid asking about home CPAP use without verifying the newly identified clinical concern
- D. Communicate OSA risk and plan airway and postoperative monitoring

23. The nurse reviews an unexpected finding related to pressure injury risk. Which nursing action should be implemented first?

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

24. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with pressure injury risk?

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

25. A change in the care environment raises a question about blood refusal. Which nursing action should be implemented first?

- A. Delay discussion until hemorrhage occurs before the patient leaves the current care area
- B. Assume all blood fractions are refused without verifying the newly identified clinical concern
- C. Obtain blanket permission from the family as the standard approach regardless of patient findings
- D. Clarify acceptable products and document the patient's informed choices

26. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with blood refusal?

- A. Clarify acceptable products and document the patient's informed choices
- B. Assume all blood fractions are refused before the patient leaves the current care area
- C. Obtain blanket permission from the family without verifying the newly identified clinical concern
- D. Delay discussion until hemorrhage occurs as the standard approach regardless of patient findings

27. The interdisciplinary team requests nursing guidance regarding site verification. Which nursing action should be implemented first?

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

28. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with site verification?

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

29. The nurse's evaluation reveals that the plan for postoperative handoff assessment. Which nursing action should be implemented first?

- A. Wait for PACU staff to discover changes
- B. Omit estimated blood loss if stable before the patient leaves the current care area
- C. Report only the procedure name without verifying the newly identified clinical concern
- D. Compare current status with baseline and report meaningful changes

30. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with postoperative handoff assessment?

- A. Omit estimated blood loss if stable before the patient leaves the current care area
- B. Report only the procedure name without verifying the newly identified clinical concern
- C. Compare current status with baseline and report meaningful changes
- D. Wait for PACU staff to discover changes

31. A focused safety huddle identifies a concern about patient-centered outcome. Which nursing action should be implemented first?

- A. Write a measurable outcome tied to the identified nursing diagnosis
- B. Copy the same outcome for every patient before the patient leaves the current care area
- C. Use a vague goal such as do well
- D. List the surgeon's technical steps without verifying the newly identified clinical concern

32. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with patient-centered outcome?

- A. Use a vague goal such as do well
- B. Write a measurable outcome tied to the identified nursing diagnosis
- C. List the surgeon's technical steps before the patient leaves the current care area
- D. Copy the same outcome for every patient without verifying the newly identified clinical concern

33. The nurse reviews an unexpected finding related to positioning plan. Which nursing action should be implemented first?

- A. Position first and assess limitations afterward before the patient leaves the current care area
- B. Match position, supports, and reassessment to patient and procedure risks
- C. Delegate the entire plan to transport staff without verifying the newly identified clinical concern
- D. Use the same padding for all procedures as the standard approach regardless of patient findings

34. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with positioning plan?

- A. Match position, supports, and reassessment to patient and procedure risks
- B. Delegate the entire plan to transport staff before the patient leaves the current care area
- C. Use the same padding for all procedures without verifying the newly identified clinical concern
- D. Position first and assess limitations afterward as the standard approach regardless of patient findings

35. A change in the care environment raises a question about thermoregulation. Which nursing action should be implemented first?

- A. Avoid temperature monitoring during long cases before the patient leaves the current care area
- B. Use room temperature as the sole intervention without verifying the newly identified clinical concern
- C. Plan active warming based on patient risk and anticipated exposure
- D. Begin warming only after shivering occurs as the standard approach regardless of patient findings

36. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with thermoregulation?

- A. Use room temperature as the sole intervention before the patient leaves the current care area
- B. Begin warming only after shivering occurs without verifying the newly identified clinical concern
- C. Avoid temperature monitoring during long cases as the standard approach regardless of patient findings
- D. Plan active warming based on patient risk and anticipated exposure

37. The interdisciplinary team requests nursing guidance regarding venous thromboembolism prevention. Which nursing action should be implemented first?

- A. Apply ordered mechanical or pharmacologic measures according to assessed risk
- B. Omit assessment for ambulatory patients before the patient leaves the current care area
- C. Select prophylaxis by procedure name alone without verifying the newly identified clinical concern
- D. Use prophylaxis only after symptoms appear as the standard approach regardless of patient findings

38. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with venous thromboembolism prevention?

- A. Select prophylaxis by procedure name alone before the patient leaves the current care area
- B. Apply ordered mechanical or pharmacologic measures according to assessed risk
- C. Use prophylaxis only after symptoms appear without verifying the newly identified clinical concern
- D. Omit assessment for ambulatory patients as the standard approach regardless of patient findings

39. The nurse's evaluation reveals that the plan for specimen management. Which nursing action should be implemented first?

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

40. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with specimen management?

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

41. A focused safety huddle identifies a concern about implant availability. Which nursing action should be implemented first?

- A. Substitute sizes without surgeon confirmation before the patient leaves the current care area
- B. Rely on the vendor to perform verification without verifying the newly identified clinical concern
- C. Open every available implant in advance as the standard approach regardless of patient findings
- D. Confirm the correct implants and compatible equipment before the patient enters

42. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with implant availability?

- A. Rely on the vendor to perform verification before the patient leaves the current care area
- B. Open every available implant in advance without verifying the newly identified clinical concern
- C. Confirm the correct implants and compatible equipment before the patient enters

D. Substitute sizes without surgeon confirmation as the standard approach regardless of patient findings

43. The nurse reviews an unexpected finding related to pain management. Which nursing action should be implemented first?

- A. Delay pain planning until discharge before the patient leaves the current care area
- B. Incorporate patient goals and a multimodal plan into expected outcomes
- C. Use one analgesic approach for every patient without verifying the newly identified clinical concern
- D. Promise complete absence of pain as the standard approach regardless of patient findings

44. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with pain management?

- A. Incorporate patient goals and a multimodal plan into expected outcomes
- B. Use one analgesic approach for every patient before the patient leaves the current care area
- C. Promise complete absence of pain without verifying the newly identified clinical concern
- D. Delay pain planning until discharge as the standard approach regardless of patient findings

45. A change in the care environment raises a question about discharge readiness. Which nursing action should be implemented first?

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

46. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with discharge readiness?

- A. Discharge whenever transportation arrives before the patient leaves the current care area
- B. Define procedure-appropriate criteria for physiologic stability, function, and support

- C. Use elapsed time as the only criterion
- D. Require every patient to be completely pain free

47. The interdisciplinary team requests nursing guidance regarding surgical time-out. Which nursing action should be implemented first?

- A. Perform it after the incision if rushed before the patient leaves the current care area
- B. Allow one person to recite it without response
- C. Complete it during preoperative check-in without verifying the newly identified clinical concern
- D. Pause immediately before incision with active participation by the team

48. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with surgical time-out?

- A. Pause immediately before incision with active participation by the team
- B. Allow one person to recite it without response
- C. Complete it during preoperative check-in before the patient leaves the current care area
- D. Perform it after the incision if rushed without verifying the newly identified clinical concern

49. The nurse's evaluation reveals that the plan for count discrepancy. Which nursing action should be implemented first?

- A. Close because the initial count was correct before the patient leaves the current care area
- B. Keep the patient in the room and follow the count-discrepancy process
- C. Assume the item was discarded without verifying the newly identified clinical concern
- D. Document the mismatch after discharge as the standard approach regardless of patient findings

50. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with count discrepancy?

- A. Assume the item was discarded before the patient leaves the current care area

- B. Document the mismatch after discharge without verifying the newly identified clinical concern
- C. Close because the initial count was correct as the standard approach regardless of patient findings
- D. Keep the patient in the room and follow the count-discrepancy process

51. A focused safety huddle identifies a concern about medication labeling. Which nursing action should be implemented first?

- A. Wait until several medications are prepared before the patient leaves the current care area
- B. Identify solutions by container shape without verifying the newly identified clinical concern
- C. Label every medication and solution on the sterile field when prepared
- D. Label only syringes leaving the field as the standard approach regardless of patient findings

52. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with medication labeling?

- A. Label every medication and solution on the sterile field when prepared
- B. Identify solutions by container shape before the patient leaves the current care area
- C. Label only syringes leaving the field without verifying the newly identified clinical concern
- D. Wait until several medications are prepared as the standard approach regardless of patient findings

53. The nurse reviews an unexpected finding related to positioning in lithotomy. Which nursing action should be implemented first?

- A. Raise and lower both legs together with coordinated support
- B. Hyperextend the knees for stability before the patient leaves the current care area
- C. Let the legs drop under gravity without verifying the newly identified clinical concern
- D. Move one leg at a time quickly

54. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with positioning in lithotomy?

- A. Let the legs drop under gravity before the patient leaves the current care area
- B. Move one leg at a time quickly
- C. Raise and lower both legs together with coordinated support
- D. Hyperextend the knees for stability without verifying the newly identified clinical concern

55. A change in the care environment raises a question about electrosurgical return electrode. Which nursing action should be implemented first?

- A. Cut the pad to fit a small area before the patient leaves the current care area
- B. Apply it over scar tissue without verifying the newly identified clinical concern
- C. Place it over a bony prominence as the standard approach regardless of patient findings
- D. Place it on clean, dry, well-perfused muscle near the operative site

56. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with electrosurgical return electrode?

- A. Apply it over scar tissue before the patient leaves the current care area
- B. Place it on clean, dry, well-perfused muscle near the operative site
- C. Place it over a bony prominence without verifying the newly identified clinical concern
- D. Cut the pad to fit a small area as the standard approach regardless of patient findings

57. The interdisciplinary team requests nursing guidance regarding fire risk assessment. Which nursing action should be implemented first?

- A. Assign fire prevention solely to anesthesia before the patient leaves the current care area
- B. Identify oxidizer, ignition source, and fuel before the procedure begins
- C. Wait until prep solution is applied without verifying the newly identified clinical concern
- D. Assess fire risk only for laser cases as the standard approach regardless of patient findings

58. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with fire risk assessment?

- A. Wait until prep solution is applied before the patient leaves the current care area
- B. Assess fire risk only for laser cases without verifying the newly identified clinical concern
- C. Identify oxidizer, ignition source, and fuel before the procedure begins
- D. Assign fire prevention solely to anesthesia as the standard approach regardless of patient findings

59. The nurse's evaluation reveals that the plan for alcohol prep drying. Which nursing action should be implemented first?

- A. Cover pooled solution with absorbent towels before the patient leaves the current care area
- B. Use warming devices to speed evaporation without verifying the newly identified clinical concern
- C. Blot visible liquid and drape immediately as the standard approach regardless of patient findings
- D. Allow the solution to dry completely and prevent pooling before draping

60. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with alcohol prep drying?

- A. Allow the solution to dry completely and prevent pooling before draping
- B. Use warming devices to speed evaporation before the patient leaves the current care area
- C. Blot visible liquid and drape immediately without verifying the newly identified clinical concern
- D. Cover pooled solution with absorbent towels as the standard approach regardless of patient findings

61. A focused safety huddle identifies a concern about tourniquet safety. Which nursing action should be implemented first?

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

62. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with tourniquet safety?

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

63. The nurse reviews an unexpected finding related to laser eye protection. Which nursing action should be implemented first?

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

64. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with laser eye protection?

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

65. A change in the care environment raises a question about radiation exposure. Which nursing action should be implemented first?

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

66. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with radiation exposure?

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

67. The interdisciplinary team requests nursing guidance regarding safe patient transfer. Which nursing action should be implemented first?

- A. Ask the sedated patient to assist before the patient leaves the current care area
- B. Move before locking both surfaces without verifying the newly identified clinical concern
- C. Pull the patient by the arms as the standard approach regardless of patient findings
- D. Use sufficient personnel and transfer devices while controlling lines and airway

68. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with safe patient transfer?

- A. Move before locking both surfaces before the patient leaves the current care area
- B. Use sufficient personnel and transfer devices while controlling lines and airway
- C. Pull the patient by the arms without verifying the newly identified clinical concern
- D. Ask the sedated patient to assist as the standard approach regardless of patient findings

69. The nurse's evaluation reveals that the plan for robotic surgery positioning. Which nursing action should be implemented first?

- A. Rely on table friction alone before the patient leaves the current care area
- 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 verifying the newly identified clinical concern

70. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with robotic surgery positioning?

- A. Secure the patient and verify pressure-point protection before docking
- B. Use shoulder braces routinely in steep Trendelenburg
- C. Reposition freely after docking before the patient leaves the current care area
- D. Rely on table friction alone without verifying the newly identified clinical concern

71. A focused safety huddle identifies a concern about local anesthetic toxicity. Which nursing action should be implemented first?

- A. Continue if the incision is nearly complete before the patient leaves the current care area
- B. Stop administration and initiate the emergency response for systemic toxicity
- C. Place the patient upright and observe without verifying the newly identified clinical concern
- D. Give an additional test dose as the standard approach regardless of patient findings

72. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with local anesthetic toxicity?

- A. Place the patient upright and observe before the patient leaves the current care area
- B. Give an additional test dose without verifying the newly identified clinical concern
- C. Continue if the incision is nearly complete as the standard approach regardless of patient findings
- D. Stop administration and initiate the emergency response for systemic toxicity

73. The nurse reviews an unexpected finding related to malignant hyperthermia risk. Which nursing action should be implemented first?

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

74. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with malignant hyperthermia risk?

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

75. A change in the care environment raises a question about retained surgical item prevention. Which nursing action should be implemented first?

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

76. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with retained surgical item prevention?

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

77. The interdisciplinary team requests nursing guidance regarding sterile field contamination. Which nursing action should be implemented first?

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

78. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with sterile field contamination?

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

79. The nurse's evaluation reveals that the plan for surgical smoke. Which nursing action should be implemented first?

- A. Evacuate smoke after the procedure before the patient leaves the current care area
- B. Use a surgical mask as the sole control
- C. Use local smoke evacuation near the point of generation
- D. Rely only on room ventilation without verifying the newly identified clinical concern

80. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with surgical smoke?

- A. Use a surgical mask as the sole control
- B. Use local smoke evacuation near the point of generation
- C. Rely only on room ventilation before the patient leaves the current care area
- D. Evacuate smoke after the procedure without verifying the newly identified clinical concern

81. A focused safety huddle identifies a concern about pneumatic compression device. Which nursing action should be implemented first?

- A. Use sleeves only on the operative limb before the patient leaves the current care area
- B. Turn the device on after discharge without verifying the newly identified clinical concern
- C. Apply sleeves correctly before induction when ordered and verify operation
- D. Place sleeves over objects in the pockets as the standard approach regardless of patient findings

82. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with pneumatic compression device?

- A. Turn the device on after discharge before the patient leaves the current care area
- B. Apply sleeves correctly before induction when ordered and verify operation
- C. Place sleeves over objects in the pockets without verifying the newly identified clinical concern
- D. Use sleeves only on the operative limb as the standard approach regardless of patient findings

83. The nurse reviews an unexpected finding related to fluid deficit monitoring. Which nursing action should be implemented first?

- A. Wait for postoperative laboratory results before the patient leaves the current care area
- B. Ignore fluid on drapes and floor without verifying the newly identified clinical concern
- C. Estimate deficit only from empty bags as the standard approach regardless of patient findings
- D. Track irrigation inflow and outflow and report concerning deficits

84. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with fluid deficit monitoring?

- A. Track irrigation inflow and outflow and report concerning deficits
- B. Ignore fluid on drapes and floor before the patient leaves the current care area
- C. Estimate deficit only from empty bags without verifying the newly identified clinical concern
- D. Wait for postoperative laboratory results as the standard approach regardless of patient findings

85. A change in the care environment raises a question about medication handoff. Which nursing action should be implemented first?

- A. Verbally confirm drug name, concentration, dose, and recipient
- B. Confirm only after administration before the patient leaves the current care area
- C. Use color alone to identify the drug
- D. Pass an unlabeled syringe silently without verifying the newly identified clinical concern

86. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with medication handoff?

- A. Use color alone to identify the drug
- B. Verbally confirm drug name, concentration, dose, and recipient
- C. Pass an unlabeled syringe silently before the patient leaves the current care area
- D. Confirm only after administration without verifying the newly identified clinical concern

87. The interdisciplinary team requests nursing guidance regarding specimen orientation. Which nursing action should be implemented first?

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

88. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with specimen orientation?

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

89. The nurse's evaluation reveals that the plan for neutral zone. Which nursing action should be implemented first?

- A. Recap needles using two hands before the patient leaves the current care area
- B. Place sharps under a towel without verifying the newly identified clinical concern
- C. Pass every sharp directly hand to hand
- D. Use a designated hands-free area for sharps when feasible

90. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with neutral zone?

- A. Use a designated hands-free area for sharps when feasible
- B. Place sharps under a towel before the patient leaves the current care area
- C. Pass every sharp directly hand to hand
- D. Recap needles using two hands without verifying the newly identified clinical concern

91. A focused safety huddle identifies a concern about hypothermia prevention. Which nursing action should be implemented first?

- A. Treat shivering as an expected harmless event
- B. Use warmed blankets without reassessment before the patient leaves the current care area
- C. Monitor core temperature and use appropriate active warming
- D. Warm only intravenous antibiotics without verifying the newly identified clinical concern

92. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with hypothermia prevention?

- A. Use warmed blankets without reassessment before the patient leaves the current care area
- B. Monitor core temperature and use appropriate active warming
- C. Warm only intravenous antibiotics without verifying the newly identified clinical concern
- D. Treat shivering as an expected harmless event

93. The nurse reviews an unexpected finding related to implant verification. Which nursing action should be implemented first?

- A. Confirm implant type, size, laterality, integrity, and expiration before use
- B. Record the lot number only if a problem occurs
- C. Use packaging color as verification before the patient leaves the current care area
- D. Open the implant before checking the consent without verifying the newly identified clinical concern

94. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with implant verification?

- A. Use packaging color as verification before the patient leaves the current care area
- B. Open the implant before checking the consent without verifying the newly identified clinical concern
- C. Confirm implant type, size, laterality, integrity, and expiration before use
- D. Record the lot number only if a problem occurs

95. A change in the care environment raises a question about postoperative fall prevention. Which nursing action should be implemented first?

- A. Remove assistive devices to simplify transfer before the patient leaves the current care area
- B. Assess residual anesthesia effects and assist mobility according to risk
- C. Use age alone to determine risk without verifying the newly identified clinical concern
- D. Allow independent ambulation after stable vital signs as the standard approach regardless of patient findings

96. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with postoperative fall prevention?

- A. Use age alone to determine risk before the patient leaves the current care area
- B. Allow independent ambulation after stable vital signs without verifying the newly identified clinical concern
- C. Remove assistive devices to simplify transfer as the standard approach regardless of patient findings
- D. Assess residual anesthesia effects and assist mobility according to risk

97. The interdisciplinary team requests nursing guidance regarding delegation. Which nursing action should be implemented first?

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

98. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with delegation?

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

99. The nurse's evaluation reveals that the plan for vendor presence. Which nursing action should be implemented first?

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

100. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with vendor presence?

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

101. A focused safety huddle identifies a concern about staffing assignment. Which nursing action should be implemented first?

- A. Let staff choose without leadership review before the patient leaves the current care area
- B. Use identical staffing for every service without verifying the newly identified clinical concern
- C. Match patient acuity and procedure complexity with staff competency
- D. Assign cases solely by seniority as the standard approach regardless of patient findings

102. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with staffing assignment?

- A. Match patient acuity and procedure complexity with staff competency
- B. Use identical staffing for every service before the patient leaves the current care area
- C. Assign cases solely by seniority without verifying the newly identified clinical concern
- D. Let staff choose without leadership review as the standard approach regardless of patient findings

103. The nurse reviews an unexpected finding related to equipment malfunction. Which nursing action should be implemented first?

- A. Use it until the procedure ends regardless of risk before the patient leaves the current care area
- B. Attempt an unauthorized repair without verifying the newly identified clinical concern
- C. Return it to storage for the next shift as the standard approach regardless of patient findings
- D. Remove the device from service, label it, and report it through policy

104. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with equipment malfunction?

- A. Attempt an unauthorized repair before the patient leaves the current care area
- B. Remove the device from service, label it, and report it through policy
- C. Return it to storage for the next shift without verifying the newly identified clinical concern
- D. Use it until the procedure ends regardless of risk as the standard approach regardless of patient findings

105. A change in the care environment raises a question about loaner instrumentation. Which nursing action should be implemented first?

- A. Process only visibly soiled instruments before the patient leaves the current care area
- 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

106. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with loaner instrumentation?

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

107. The interdisciplinary team requests nursing guidance regarding preference card control. Which nursing action should be implemented first?

- A. Review and update cards through a standardized change process
- B. Use memory instead of version control before the patient leaves the current care area
- C. Keep obsolete supplies to avoid discussion without verifying the newly identified clinical concern
- D. Let anyone alter cards without review as the standard approach regardless of patient findings

108. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with preference card control?

- A. Keep obsolete supplies to avoid discussion before the patient leaves the current care area
- B. Let anyone alter cards without review without verifying the newly identified clinical concern
- C. Use memory instead of version control as the standard approach regardless of patient findings
- D. Review and update cards through a standardized change process

109. The nurse's evaluation reveals that the plan for resource conservation. Which nursing action should be implemented first?

- A. Choose products only by package size
- B. Open supplies as needed after confirming likely use
- C. Reuse single-use items without authorization before the patient leaves the current care area

D. Open all possible items before the patient arrives

110. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with resource conservation?

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

111. A focused safety huddle identifies a concern about orientation validation. Which nursing action should be implemented first?

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

112. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with orientation validation?

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

113. The nurse reviews an unexpected finding related to controlled substance discrepancy. Which nursing action should be implemented first?

- A. Wait until the end of the month
- B. Secure the medication and follow reconciliation and reporting procedures

- C. Discard the remaining medication alone before the patient leaves the current care area
- D. Alter the record to match the count

114. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with controlled substance discrepancy?

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

115. A change in the care environment raises a question about critical result communication. Which nursing action should be implemented first?

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

116. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with critical result communication?

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

117. The interdisciplinary team requests nursing guidance regarding handoff. Which nursing action should be implemented first?

- A. Use a standardized report covering patient, procedure, events, and continuing needs

- B. Delay report until after transport before the patient leaves the current care area
- C. Skip allergies if already charted without verifying the newly identified clinical concern
- D. Report only abnormal vital signs as the standard approach regardless of patient findings

118. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with handoff?

- A. Skip allergies if already charted before the patient leaves the current care area
- B. Report only abnormal vital signs without verifying the newly identified clinical concern
- C. Use a standardized report covering patient, procedure, events, and continuing needs
- D. Delay report until after transport as the standard approach regardless of patient findings

119. The nurse's evaluation reveals that the plan for late documentation. Which nursing action should be implemented first?

- A. Ask another nurse to sign it before the patient leaves the current care area
- B. Delete the original record without verifying the newly identified clinical concern
- C. Backdate the note to the procedure time as the standard approach regardless of patient findings
- D. Enter a clearly labeled late entry with the actual entry time

120. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with late documentation?

- A. Delete the original record before the patient leaves the current care area
- B. Enter a clearly labeled late entry with the actual entry time
- C. Backdate the note to the procedure time without verifying the newly identified clinical concern
- D. Ask another nurse to sign it as the standard approach regardless of patient findings

121. A focused safety huddle identifies a concern about read-back. Which nursing action should be implemented first?

- A. Read back verbal orders and critical values for confirmation
- B. Ask a nonclinical observer to verify before the patient leaves the current care area
- C. Write the order without confirmation without verifying the newly identified clinical concern
- D. Repeat only the medication name as the standard approach regardless of patient findings

122. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with read-back?

- A. Write the order without confirmation before the patient leaves the current care area
- B. Read back verbal orders and critical values for confirmation
- C. Repeat only the medication name without verifying the newly identified clinical concern
- D. Ask a nonclinical observer to verify as the standard approach regardless of patient findings

123. The nurse reviews an unexpected finding related to specimen communication. Which nursing action should be implemented first?

- A. Let the courier supply missing details before the patient leaves the current care area
- B. Batch-label containers after the patient leaves without verifying the newly identified clinical concern
- C. Identify specimens by room number as the standard approach regardless of patient findings
- D. Use two identifiers and confirm specimen description and source

124. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with specimen communication?

- A. Batch-label containers after the patient leaves before the patient leaves the current care area
- B. Identify specimens by room number without verifying the newly identified clinical concern
- C. Use two identifiers and confirm specimen description and source
- D. Let the courier supply missing details as the standard approach regardless of patient findings

125. A change in the care environment raises a question about team conflict. Which nursing action should be implemented first?

- A. State the safety concern clearly and use the chain of command if unresolved
- B. Document concern without taking action before the patient leaves the current care area
- C. Argue in front of the awake patient without verifying the newly identified clinical concern
- D. Remain silent to preserve harmony as the standard approach regardless of patient findings

126. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with team conflict?

- A. Argue in front of the awake patient before the patient leaves the current care area
- B. Remain silent to preserve harmony without verifying the newly identified clinical concern
- C. Document concern without taking action as the standard approach regardless of patient findings
- D. State the safety concern clearly and use the chain of command if unresolved

127. The interdisciplinary team requests nursing guidance regarding abbreviation safety. Which nursing action should be implemented first?

- 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

128. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with abbreviation safety?

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

129. The nurse's evaluation reveals that the plan for privacy. Which nursing action should be implemented first?

- A. Discuss patient information only with involved personnel in an appropriate setting
- B. Share records with curious coworkers before the patient leaves the current care area
- C. Post deidentified details with recognizable photos without verifying the newly identified clinical concern
- D. Discuss unusual cases in public elevators as the standard approach regardless of patient findings

130. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with privacy?

- A. Post deidentified details with recognizable photos before the patient leaves the current care area
- B. Discuss unusual cases in public elevators without verifying the newly identified clinical concern
- C. Discuss patient information only with involved personnel in an appropriate setting
- D. Share records with curious coworkers as the standard approach regardless of patient findings

131. A focused safety huddle identifies a concern about implant documentation. Which nursing action should be implemented first?

- A. Document identifiers only after a recall before the patient leaves the current care area
- B. Rely solely on the vendor invoice without verifying the newly identified clinical concern
- C. Record only the implant price as the standard approach regardless of patient findings
- D. Record manufacturer, lot or serial number, size, and site as applicable

132. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with implant documentation?

- A. Rely solely on the vendor invoice before the patient leaves the current care area
- B. Record manufacturer, lot or serial number, size, and site as applicable
- C. Record only the implant price without verifying the newly identified clinical concern
- D. Document identifiers only after a recall as the standard approach regardless of patient findings

133. The nurse reviews an unexpected finding related to preference-sensitive decision. Which nursing action should be implemented first?

- A. Confirm the patient's stated values are communicated to the care team
- B. Assume silence means consent before the patient leaves the current care area
- C. Avoid documenting preferences without verifying the newly identified clinical concern
- D. Substitute the family's preferences automatically as the standard approach regardless of patient findings

134. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with preference-sensitive decision?

- A. Avoid documenting preferences before the patient leaves the current care area
- B. Confirm the patient's stated values are communicated to the care team
- C. Substitute the family's preferences automatically without verifying the newly identified clinical concern
- D. Assume silence means consent as the standard approach regardless of patient findings

135. A change in the care environment raises a question about event report. Which nursing action should be implemented first?

- A. Omit the event from the clinical record before the patient leaves the current care area
- B. Copy opinions into both records without verifying the newly identified clinical concern
- C. Mention the incident report in the chart as the standard approach regardless of patient findings
- D. Document objective facts in the health record and complete the safety report separately

136. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with event report?

- A. Copy opinions into both records before the patient leaves the current care area
- B. Mention the incident report in the chart without verifying the newly identified clinical concern
- C. Document objective facts in the health record and complete the safety report separately
- D. Omit the event from the clinical record as the standard approach regardless of patient findings

137. The interdisciplinary team requests nursing guidance regarding hand hygiene. Which nursing action should be implemented first?

- A. Skip hygiene after intact glove use before the patient leaves the current care area
- B. Clean hands only when visibly soiled without verifying the newly identified clinical concern
- C. Use gloves instead of hand hygiene as the standard approach regardless of patient findings
- D. Perform hand hygiene before and after patient contact and after glove removal

138. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with hand hygiene?

- A. Perform hand hygiene before and after patient contact and after glove removal
- B. Clean hands only when visibly soiled before the patient leaves the current care area
- C. Use gloves instead of hand hygiene without verifying the newly identified clinical concern
- D. Skip hygiene after intact glove use as the standard approach regardless of patient findings

139. The nurse's evaluation reveals that the plan for sterile package inspection. Which nursing action should be implemented first?

- A. Ignore the external indicator before the patient leaves the current care area
- B. Check integrity, dryness, indicator, and expiration or event status before opening
- C. Dry a wet package and use it without verifying the newly identified clinical concern
- D. Use a package with a small tear if contents look clean

140. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with sterile package inspection?

- A. Dry a wet package and use it before the patient leaves the current care area
- B. Use a package with a small tear if contents look clean
- C. Check integrity, dryness, indicator, and expiration or event status before opening
- D. Ignore the external indicator without verifying the newly identified clinical concern

141. A focused safety huddle identifies a concern about opening sterile supplies. Which nursing action should be implemented first?

- A. Touch the inner wrapper with bare hands before the patient leaves the current care area
- B. Drop heavy items from shoulder height without verifying the newly identified clinical concern
- C. Open the near flap first across the contents as the standard approach regardless of patient findings
- D. Open the far flap first and avoid reaching over the field

142. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with opening sterile supplies?

- A. Open the far flap first and avoid reaching over the field
- B. Drop heavy items from shoulder height before the patient leaves the current care area
- C. Open the near flap first across the contents without verifying the newly identified clinical concern
- D. Touch the inner wrapper with bare hands as the standard approach regardless of patient findings

143. The nurse reviews an unexpected finding related to sterile field monitoring. Which nursing action should be implemented first?

- A. Ask environmental staff to watch it before the patient leaves the current care area
- B. Use an unobserved field if indicators changed without verifying the newly identified clinical concern
- C. Keep the field under direct observation and consider unobserved fields contaminated
- D. Cover the field and leave it unattended as the standard approach regardless of patient findings

144. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with sterile field monitoring?

- A. Use an unobserved field if indicators changed before the patient leaves the current care area
- B. Keep the field under direct observation and consider unobserved fields contaminated
- C. Cover the field and leave it unattended without verifying the newly identified clinical concern
- D. Ask environmental staff to watch it as the standard approach regardless of patient findings

145. A change in the care environment raises a question about traffic control. Which nursing action should be implemented first?

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

146. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with traffic control?

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

147. The interdisciplinary team requests nursing guidance regarding airflow. Which nursing action should be implemented first?

- A. Block supply vents with equipment before the patient leaves the current care area
- B. Use fans near the sterile field without verifying the newly identified clinical concern
- C. Open doors to increase positive pressure as the standard approach regardless of patient findings
- D. Keep operating room doors closed except for essential passage

148. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with airflow?

- A. Use fans near the sterile field before the patient leaves the current care area
- B. Keep operating room doors closed except for essential passage
- C. Open doors to increase positive pressure without verifying the newly identified clinical concern
- D. Block supply vents with equipment as the standard approach regardless of patient findings

149. The nurse's evaluation reveals that the plan for surgical attire. Which nursing action should be implemented first?

- A. Reuse visibly soiled head coverings before the patient leaves the current care area
- B. Wear home-laundered attire regardless of policy without verifying the newly identified clinical concern
- C. Contain head and facial hair according to facility policy
- D. Allow loose hair if it avoids the field

150. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with surgical attire?

- A. Contain head and facial hair according to facility policy
- B. Wear home-laundered attire regardless of policy before the patient leaves the current care area
- C. Allow loose hair if it avoids the field
- D. Reuse visibly soiled head coverings without verifying the newly identified clinical concern

151. A focused safety huddle identifies a concern about skin antisepsis. Which nursing action should be implemented first?

- A. Apply over pooled solution without removal before the patient leaves the current care area
- B. Apply the selected antiseptic using its instructions and allow required drying
- C. Mix products to increase strength without verifying the newly identified clinical concern
- D. Wipe it off immediately after application as the standard approach regardless of patient findings

152. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with skin antisepsis?

- A. Mix products to increase strength before the patient leaves the current care area
- B. Wipe it off immediately after application without verifying the newly identified clinical concern
- C. Apply over pooled solution without removal as the standard approach regardless of patient findings
- D. Apply the selected antiseptic using its instructions and allow required drying

153. The nurse reviews an unexpected finding related to instrument cleaning. Which nursing action should be implemented first?

- 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

154. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with instrument cleaning?

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

155. A change in the care environment raises a question about point-of-use care. Which nursing action should be implemented first?

- A. Close hinged instruments tightly before the patient leaves the current care area
- B. Allow blood to dry before transport without verifying the newly identified clinical concern
- C. Soak instruments in saline overnight as the standard approach regardless of patient findings
- D. Keep instruments moist with an approved method and remove gross soil promptly

156. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with point-of-use care?

- A. Allow blood to dry before transport before the patient leaves the current care area
- B. Soak instruments in saline overnight without verifying the newly identified clinical concern
- C. Keep instruments moist with an approved method and remove gross soil promptly

D. Close hinged instruments tightly as the standard approach regardless of patient findings

157. The interdisciplinary team requests nursing guidance regarding immediate-use steam sterilization. Which nursing action should be implemented first?

- A. Carry the item uncovered through the hallway before the patient leaves the current care area
- B. Skip cleaning because steam kills organisms without verifying the newly identified clinical concern
- C. Use it routinely to compensate for low inventory as the standard approach regardless of patient findings
- D. Use only when justified and follow validated cleaning, packaging, and transport steps

158. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with immediate-use steam sterilization?

- A. Use only when justified and follow validated cleaning, packaging, and transport steps
- B. Skip cleaning because steam kills organisms before the patient leaves the current care area
- C. Use it routinely to compensate for low inventory without verifying the newly identified clinical concern
- D. Carry the item uncovered through the hallway as the standard approach regardless of patient findings

159. The nurse's evaluation reveals that the plan for biological monitoring. Which nursing action should be implemented first?

- A. Repeat only the label printing before the patient leaves the current care area
- B. Respond to a positive indicator according to recall and investigation policy
- C. Release all loads without review without verifying the newly identified clinical concern
- D. Ignore it when chemical indicators changed as the standard approach regardless of patient findings

160. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with biological monitoring?

- A. Release all loads without review before the patient leaves the current care area
- B. Ignore it when chemical indicators changed without verifying the newly identified clinical concern
- C. Respond to a positive indicator according to recall and investigation policy
- D. Repeat only the label printing as the standard approach regardless of patient findings

161. A focused safety huddle identifies a concern about single-use devices. Which nursing action should be implemented first?

- A. Let the surgeon decide without policy review before the patient leaves the current care area
- B. Reuse after surface wiping without verifying the newly identified clinical concern
- C. Use once unless an authorized reprocessor has met applicable requirements
- D. Reprocess locally whenever the device looks intact as the standard approach regardless of patient findings

162. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with single-use devices?

- A. Reuse after surface wiping before the patient leaves the current care area
- B. Use once unless an authorized reprocessor has met applicable requirements
- C. Reprocess locally whenever the device looks intact without verifying the newly identified clinical concern
- D. Let the surgeon decide without policy review as the standard approach regardless of patient findings

163. The nurse reviews an unexpected finding related to environmental cleaning. Which nursing action should be implemented first?

- A. Skip contact time when the schedule is delayed
- B. Use any household cleaner before the patient leaves the current care area
- C. Clean only visible blood without verifying the newly identified clinical concern
- D. Clean and disinfect high-touch surfaces between patients using approved products

164. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with environmental cleaning?

- A. Clean and disinfect high-touch surfaces between patients using approved products
- B. Use any household cleaner before the patient leaves the current care area
- C. Clean only visible blood without verifying the newly identified clinical concern
- D. Skip contact time when the schedule is delayed

165. A change in the care environment raises a question about sharps disposal. Which nursing action should be implemented first?

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

166. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with sharps disposal?

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

167. The interdisciplinary team requests nursing guidance regarding sterile storage. Which nursing action should be implemented first?

- A. Use damaged packages if indicators are correct
- B. Protect packages from moisture, crushing, dust, and excessive handling
- C. Compress packages into overfilled bins before the patient leaves the current care area
- D. Store sterile items under sinks without verifying the newly identified clinical concern

168. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with sterile storage?

- A. Compress packages into overfilled bins before the patient leaves the current care area
- B. Store sterile items under sinks without verifying the newly identified clinical concern
- C. Use damaged packages if indicators are correct
- D. Protect packages from moisture, crushing, dust, and excessive handling

169. The nurse's evaluation reveals that the plan for operating room fire. Which nursing action should be implemented first?

- A. Continue surgery while someone finds an extinguisher before the patient leaves the current care area
- B. Stop the procedure, remove burning material, and stop oxidizer flow as appropriate
- C. Add oxygen to improve ventilation without verifying the newly identified clinical concern
- D. Carry the burning patient into the corridor first as the standard approach regardless of patient findings

170. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with operating room fire?

- A. Add oxygen to improve ventilation before the patient leaves the current care area
- B. Carry the burning patient into the corridor first without verifying the newly identified clinical concern
- C. Continue surgery while someone finds an extinguisher as the standard approach regardless of patient findings
- D. Stop the procedure, remove burning material, and stop oxidizer flow as appropriate

171. A focused safety huddle identifies a concern about malignant hyperthermia. Which nursing action should be implemented first?

- A. Wait for extreme fever before responding before the patient leaves the current care area
- B. Treat only with an antipyretic without verifying the newly identified clinical concern
- C. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene

D. Apply warming blankets and continue anesthesia as the standard approach regardless of patient findings

172. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with malignant hyperthermia?

- A. Stop triggering agents, call for help, hyperventilate with oxygen, and give dantrolene
- B. Treat only with an antipyretic before the patient leaves the current care area
- C. Apply warming blankets and continue anesthesia without verifying the newly identified clinical concern
- D. Wait for extreme fever before responding as the standard approach regardless of patient findings

173. The nurse reviews an unexpected finding related to anaphylaxis. Which nursing action should be implemented first?

- A. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment
- B. Continue the infusion at a slower rate before the patient leaves the current care area
- C. Place the patient alone in recovery without verifying the newly identified clinical concern
- D. Give an oral antihistamine and observe as the standard approach regardless of patient findings

174. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with anaphylaxis?

- A. Place the patient alone in recovery before the patient leaves the current care area
- B. Stop the suspected trigger and support airway, breathing, circulation, and epinephrine treatment
- C. Give an oral antihistamine and observe without verifying the newly identified clinical concern
- D. Continue the infusion at a slower rate as the standard approach regardless of patient findings

175. A change in the care environment raises a question about massive hemorrhage. Which nursing action should be implemented first?

- A. Delay communication until closure before the patient leaves the current care area
- B. Give only crystalloid regardless of loss without verifying the newly identified clinical concern
- C. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring
- D. Wait for the final hemoglobin result as the standard approach regardless of patient findings

176. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with massive hemorrhage?

- A. Give only crystalloid regardless of loss before the patient leaves the current care area
- B. Wait for the final hemoglobin result without verifying the newly identified clinical concern
- C. Delay communication until closure as the standard approach regardless of patient findings
- D. Activate the hemorrhage protocol and coordinate rapid access to blood, warming, and monitoring

177. The interdisciplinary team requests nursing guidance regarding local anesthetic systemic toxicity. Which nursing action should be implemented first?

- A. Send the patient home after symptoms resolve before the patient leaves the current care area
- B. Use propofol alone in cardiovascular collapse without verifying the newly identified clinical concern
- C. Stop injection, secure the airway, treat seizures, and prepare lipid emulsion
- D. Give more local anesthetic to confirm the diagnosis as the standard approach regardless of patient findings

178. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with local anesthetic systemic toxicity?

- A. Stop injection, secure the airway, treat seizures, and prepare lipid emulsion
- B. Use propofol alone in cardiovascular collapse before the patient leaves the current care area
- C. Give more local anesthetic to confirm the diagnosis without verifying the newly identified clinical concern
- D. Send the patient home after symptoms resolve as the standard approach regardless of patient findings

179. The nurse's evaluation reveals that the plan for cardiac arrest in prone position. Which nursing action should be implemented first?

- A. Continue the procedure until closure before the patient leaves the current care area
- B. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning
- C. Remove all airway equipment first without verifying the newly identified clinical concern
- D. Wait to act until the patient is supine as the standard approach regardless of patient findings

180. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with cardiac arrest in prone position?

- A. Remove all airway equipment first before the patient leaves the current care area
- B. Wait to act until the patient is supine without verifying the newly identified clinical concern
- C. Continue the procedure until closure as the standard approach regardless of patient findings
- D. Call the arrest, begin feasible compressions, and coordinate rapid safe repositioning

181. A focused safety huddle identifies a concern about power failure. Which nursing action should be implemented first?

- A. Move the anesthetized patient without planning before the patient leaves the current care area
- B. Turn off battery-powered monitors without verifying the newly identified clinical concern
- C. Open all doors and end sterile technique as the standard approach regardless of patient findings
- D. Maintain patient support and follow the utility-failure plan using emergency systems

182. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with power failure?

- A. Turn off battery-powered monitors before the patient leaves the current care area
- B. Open all doors and end sterile technique without verifying the newly identified clinical concern
- C. Maintain patient support and follow the utility-failure plan using emergency systems
- D. Move the anesthetized patient without planning as the standard approach regardless of patient findings

183. The nurse reviews an unexpected finding related to chemical spill. Which nursing action should be implemented first?

- A. Restrict access and use the substance-specific spill response and protective equipment
- B. Continue work until environmental services arrives before the patient leaves the current care area
- C. Flush every chemical into a sink without verifying the newly identified clinical concern
- D. Wipe it up with bare hands as the standard approach regardless of patient findings

184. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with chemical spill?

- A. Flush every chemical into a sink before the patient leaves the current care area
- B. Restrict access and use the substance-specific spill response and protective equipment
- C. Wipe it up with bare hands without verifying the newly identified clinical concern
- D. Continue work until environmental services arrives as the standard approach regardless of patient findings

185. A change in the care environment raises a question about venous air embolism. Which nursing action should be implemented first?

- A. Notify the team, stop further air entry, give oxygen, and support hemodynamics
- B. Ignore a sudden end-tidal carbon dioxide decrease before the patient leaves the current care area
- C. Place the patient upright immediately in every case without verifying the newly identified clinical concern
- D. Increase insufflation pressure as the standard approach regardless of patient findings

186. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with venous air embolism?

- A. Place the patient upright immediately in every case before the patient leaves the current care area

- B. Increase insufflation pressure without verifying the newly identified clinical concern
- C. Notify the team, stop further air entry, give oxygen, and support hemodynamics
- D. Ignore a sudden end-tidal carbon dioxide decrease as the standard approach regardless of patient findings

187. The interdisciplinary team requests nursing guidance regarding evacuation. Which nursing action should be implemented first?

- A. Use elevators during a fire without authorization before the patient leaves the current care area
- B. Follow the facility plan while maintaining patient identification, support, and accountability
- C. Leave records and medications behind routinely without verifying the newly identified clinical concern
- D. Evacuate staff before anesthetized patients without assessment as the standard approach regardless of patient findings

188. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with evacuation?

- A. Leave records and medications behind routinely before the patient leaves the current care area
- B. Evacuate staff before anesthetized patients without assessment without verifying the newly identified clinical concern
- C. Use elevators during a fire without authorization as the standard approach regardless of patient findings
- D. Follow the facility plan while maintaining patient identification, support, and accountability

189. The nurse's evaluation reveals that the plan for scope of practice. Which nursing action should be implemented first?

- A. Assume observation proves competence before the patient leaves the current care area
- B. Let staffing need define legal scope without verifying the newly identified clinical concern
- C. Perform any task requested by a physician
- D. Practice within law, standards, policy, education, and demonstrated competence

190. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with scope of practice?

- A. Practice within law, standards, policy, education, and demonstrated competence
- B. Let staffing need define legal scope before the patient leaves the current care area
- C. Perform any task requested by a physician
- D. Assume observation proves competence without verifying the newly identified clinical concern

191. A focused safety huddle identifies a concern about informed consent advocacy. Which nursing action should be implemented first?

- A. Witness a signature after sedating the patient before the patient leaves the current care area
- B. Ask family to pressure the patient without verifying the newly identified clinical concern
- C. Notify the provider when the patient has unanswered questions or appears coerced
- D. Explain the surgeon's risks and obtain consent independently as the standard approach regardless of patient findings

192. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with informed consent advocacy?

- A. Ask family to pressure the patient before the patient leaves the current care area
- B. Notify the provider when the patient has unanswered questions or appears coerced
- C. Explain the surgeon's risks and obtain consent independently without verifying the newly identified clinical concern
- D. Witness a signature after sedating the patient as the standard approach regardless of patient findings

193. The nurse reviews an unexpected finding related to impaired colleague. Which nursing action should be implemented first?

- A. Cover the assignment without documenting concern before the patient leaves the current care area
- B. Protect patients and report concerns through the required process
- C. Confront the colleague publicly and take no further action

D. Ignore the behavior unless harm occurs without verifying the newly identified clinical concern

194. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with impaired colleague?

- A. Confront the colleague publicly and take no further action
- B. Ignore the behavior unless harm occurs before the patient leaves the current care area
- C. Protect patients and report concerns through the required process
- D. Cover the assignment without documenting concern without verifying the newly identified clinical concern

195. A change in the care environment raises a question about evidence-based practice. Which nursing action should be implemented first?

- A. Exclude patient preferences from decisions before the patient leaves the current care area
- B. Use one study without appraisal without verifying the newly identified clinical concern
- C. Follow tradition when evidence changes as the standard approach regardless of patient findings
- D. Integrate best evidence, clinical expertise, and patient values

196. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with evidence-based practice?

- A. Integrate best evidence, clinical expertise, and patient values
- B. Use one study without appraisal before the patient leaves the current care area
- C. Follow tradition when evidence changes without verifying the newly identified clinical concern
- D. Exclude patient preferences from decisions as the standard approach regardless of patient findings

197. The interdisciplinary team requests nursing guidance regarding competency maintenance. Which nursing action should be implemented first?

- A. Pursue continuing development and validate skills used in practice

- B. Count years employed as proof of competence
- C. Perform rare skills without review before the patient leaves the current care area
- D. Rely indefinitely on initial orientation without verifying the newly identified clinical concern

198. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with competency maintenance?

- A. Perform rare skills without review before the patient leaves the current care area
- B. Pursue continuing development and validate skills used in practice
- C. Rely indefinitely on initial orientation without verifying the newly identified clinical concern
- D. Count years employed as proof of competence

199. The nurse's evaluation reveals that the plan for ethical advocacy. Which nursing action should be implemented first?

- A. Transfer responsibility to the patient's family before the patient leaves the current care area
- B. Discuss the concern only after discharge without verifying the newly identified clinical concern
- C. Comply silently with every request as the standard approach regardless of patient findings
- D. Escalate a serious unresolved safety concern through the chain of command

200. Before the patient advances to another phase of perioperative care, which action best resolves the identified problem with ethical advocacy?

- A. Discuss the concern only after discharge before the patient leaves the current care area
- B. Comply silently with every request without verifying the newly identified clinical concern
- C. Escalate a serious unresolved safety concern through the chain of command
- D. Transfer responsibility to the patient's family as the standard approach regardless of patient findings

Practice Exam 6: Answer Key and Explanations

- 1. B** — The nurse's priority is appropriate because Two identifiers link the intended patient to the planned care and must not rely on location. Resolving the issue involving preoperative identity verification before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate
- 2. C** — This response is the strongest choice because Two identifiers link the intended patient to the planned care and must not rely on location. Resolving the issue involving preoperative identity verification before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should
- 3. D** — The nurse's priority is appropriate because The specific substance and reaction guide avoidance, substitutions, and emergency planning. Resolving the issue involving allergy reconciliation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate
- 4. A** — This response is the strongest choice because The specific substance and reaction guide avoidance, substitutions, and emergency planning. Resolving the issue involving allergy reconciliation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,
- 5. A** — The nurse's priority is appropriate because A complete medication history identifies interactions, bleeding risks, and agents affecting anesthesia. Resolving the issue involving medication assessment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,
- 6. D** — This response is the strongest choice because A complete medication history identifies interactions, bleeding risks, and agents affecting anesthesia. Resolving the issue involving medication assessment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant
- 7. C** — The nurse's priority is appropriate because Fasting assessment requires both content and timing because aspiration risk varies by intake. Resolving the issue involving NPO status before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

8. B — This response is the strongest choice because Fasting assessment requires both content and timing because aspiration risk varies by intake. Resolving the issue involving NPO status before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

9. A — The nurse's priority is appropriate because Consent must be complete, consistent, and voluntarily confirmed before sedation impairs decision-making. Resolving the issue involving surgical consent discrepancy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

10. D — This response is the strongest choice because Consent must be complete, consistent, and voluntarily confirmed before sedation impairs decision-making. Resolving the issue involving surgical consent discrepancy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

11. B — The nurse's priority is appropriate because Baseline documentation distinguishes preexisting findings and supports an appropriate protection plan. Resolving the issue involving baseline skin assessment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

12. C — This response is the strongest choice because Baseline documentation distinguishes preexisting findings and supports an appropriate protection plan. Resolving the issue involving baseline skin assessment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

13. D — The nurse's priority is appropriate because Pregnancy assessment should be clinically indicated, policy based, and respectful of informed patient participation. Resolving the issue involving pregnancy screening before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

14. C — This response is the strongest choice because Pregnancy assessment should be clinically indicated, policy based, and respectful of informed patient participation. Resolving the issue involving pregnancy screening before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

15. A — The nurse's priority is appropriate because Critical results can alter cardiac risk and must be communicated before proceeding. Resolving the issue involving laboratory review before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on

assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

16. B — This response is the strongest choice because Critical results can alter cardiac risk and must be communicated before proceeding. Resolving the issue involving laboratory review before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

17. A — The nurse's priority is appropriate because Qualified interpretation supports accurate assessment, informed consent, privacy, and patient participation. Resolving the issue involving language access before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

18. C — This response is the strongest choice because Qualified interpretation supports accurate assessment, informed consent, privacy, and patient participation. Resolving the issue involving language access before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

19. B — The nurse's priority is appropriate because Avoidance and team communication reduce exposure and the risk of a severe hypersensitivity reaction. Resolving the issue involving latex sensitivity before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

20. D — This response is the strongest choice because Avoidance and team communication reduce exposure and the risk of a severe hypersensitivity reaction. Resolving the issue involving latex sensitivity before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

21. A — The nurse's priority is appropriate because OSA increases airway and respiratory risk, making equipment history and monitoring plans important. Resolving the issue involving obstructive sleep apnea before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

22. D — This response is the strongest choice because OSA increases airway and respiratory risk, making equipment history and monitoring plans important. Resolving the issue involving obstructive sleep apnea before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

23. C — The nurse's priority is appropriate because Pressure injury risk is multifactorial and must inform surfaces, padding, and reassessment. Resolving the issue involving pressure injury risk before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

24. B — This response is the strongest choice because Pressure injury risk is multifactorial and must inform surfaces, padding, and reassessment. Resolving the issue involving pressure injury risk before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

25. D — The nurse's priority is appropriate because Individual preferences vary, so specific informed choices must be known before an emergency. Resolving the issue involving blood refusal before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

26. A — This response is the strongest choice because Individual preferences vary, so specific informed choices must be known before an emergency. Resolving the issue involving blood refusal before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

27. C — The nurse's priority is appropriate because Independent source agreement prevents wrong-patient, wrong-procedure, and wrong-site events. Resolving the issue involving site verification before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

28. B — This response is the strongest choice because Independent source agreement prevents wrong-patient, wrong-procedure, and wrong-site events. Resolving the issue involving site verification before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

29. D — The nurse's priority is appropriate because A useful transfer report connects baseline, intraoperative events, current findings, and continuing risks. Resolving the issue involving postoperative handoff assessment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

30. C — This response is the strongest choice because A useful transfer report connects baseline, intraoperative events, current findings, and continuing risks. Resolving the issue involving postoperative handoff assessment before further care limits exposure to avoidable harm and supports an individualized

plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

31. A — The nurse's priority is appropriate because Measurable individualized outcomes guide interventions and allow evaluation of perioperative nursing care. Resolving the issue involving patient-centered outcome before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

32. B — This response is the strongest choice because Measurable individualized outcomes guide interventions and allow evaluation of perioperative nursing care. Resolving the issue involving patient-centered outcome before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

33. B — The nurse's priority is appropriate because Position planning integrates anatomy, comorbidities, duration, equipment, and surgical access. Resolving the issue involving positioning plan before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

34. A — This response is the strongest choice because Position planning integrates anatomy, comorbidities, duration, equipment, and surgical access. Resolving the issue involving positioning plan before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

35. C — The nurse's priority is appropriate because Prevention and monitoring reduce unintended hypothermia and its associated complications. Resolving the issue involving thermoregulation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

36. D — This response is the strongest choice because Prevention and monitoring reduce unintended hypothermia and its associated complications. Resolving the issue involving thermoregulation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

37. A — The nurse's priority is appropriate because VTE prevention is selected from individual risk, contraindications, procedure, and expected mobility. Resolving the issue involving venous thromboembolism prevention before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

38. B — This response is the strongest choice because VTE prevention is selected from individual risk, contraindications, procedure, and expected mobility. Resolving the issue involving venous thromboembolism prevention before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

39. C — The nurse's priority is appropriate because Advance planning prevents loss, misidentification, contamination, and degradation of specimens. Resolving the issue involving specimen management before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

40. D — This response is the strongest choice because Advance planning prevents loss, misidentification, contamination, and degradation of specimens. Resolving the issue involving specimen management before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

41. D — The nurse's priority is appropriate because Readiness verification prevents avoidable delays and unsafe improvisation after anesthesia begins. Resolving the issue involving implant availability before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

42. C — This response is the strongest choice because Readiness verification prevents avoidable delays and unsafe improvisation after anesthesia begins. Resolving the issue involving implant availability before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

43. B — The nurse's priority is appropriate because Patient-centered, multimodal planning balances comfort, function, adverse effects, and individual preferences. Resolving the issue involving pain management before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

44. A — This response is the strongest choice because Patient-centered, multimodal planning balances comfort, function, adverse effects, and individual preferences. Resolving the issue involving pain management before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

45. C — The nurse's priority is appropriate because Readiness criteria should reflect recovery status, risks, instructions, and safe support after discharge. Resolving the issue involving discharge readiness before further care limits exposure to avoidable harm and supports an individualized plan. The

alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

46. B — This response is the strongest choice because Readiness criteria should reflect recovery status, risks, instructions, and safe support after discharge. Resolving the issue involving discharge readiness before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

47. D — The nurse's priority is appropriate because The time-out is a final active confirmation of patient, procedure, site, and critical concerns. Resolving the issue involving surgical time-out before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

48. A — This response is the strongest choice because The time-out is a final active confirmation of patient, procedure, site, and critical concerns. Resolving the issue involving surgical time-out before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

49. B — The nurse's priority is appropriate because A discrepancy requires recount, search, notification, and imaging or further action under policy. Resolving the issue involving count discrepancy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

50. D — This response is the strongest choice because A discrepancy requires recount, search, notification, and imaging or further action under policy. Resolving the issue involving count discrepancy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

51. C — The nurse's priority is appropriate because Immediate labeling prevents substitutions and remains necessary even when one product is present. Resolving the issue involving medication labeling before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

52. A — This response is the strongest choice because Immediate labeling prevents substitutions and remains necessary even when one product is present. Resolving the issue involving medication labeling before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

53. A — The nurse's priority is appropriate because Simultaneous controlled movement reduces torsion, back strain, nerve injury, and hemodynamic change. Resolving the issue involving positioning in lithotomy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

54. C — This response is the strongest choice because Simultaneous controlled movement reduces torsion, back strain, nerve injury, and hemodynamic change. Resolving the issue involving positioning in lithotomy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

55. D — The nurse's priority is appropriate because Broad contact over suitable tissue provides a safe current-return pathway and reduces burns. Resolving the issue involving electrosurgical return electrode before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

56. B — This response is the strongest choice because Broad contact over suitable tissue provides a safe current-return pathway and reduces burns. Resolving the issue involving electrosurgical return electrode before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

57. B — The nurse's priority is appropriate because Fire prevention depends on recognizing the three elements and coordinating controls among disciplines. Resolving the issue involving fire risk assessment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

58. C — This response is the strongest choice because Fire prevention depends on recognizing the three elements and coordinating controls among disciplines. Resolving the issue involving fire risk assessment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

59. D — The nurse's priority is appropriate because Complete drying and removal of pooled solution reduce vapor ignition and chemical injury. Resolving the issue involving alcohol prep drying before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

60. A — This response is the strongest choice because Complete drying and removal of pooled solution reduce vapor ignition and chemical injury. Resolving the issue involving alcohol prep drying before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives

depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

61. C — The nurse's priority is appropriate because Tourniquet management requires individualized settings, time surveillance, protection, and documentation. Resolving the issue involving tourniquet safety before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

62. D — This response is the strongest choice because Tourniquet management requires individualized settings, time surveillance, protection, and documentation. Resolving the issue involving tourniquet safety before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

63. B — The nurse's priority is appropriate because Laser eyewear must match wavelength and optical density and be worn throughout the hazard period. Resolving the issue involving laser eye protection before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the

64. A — This response is the strongest choice because Laser eyewear must match wavelength and optical density and be worn throughout the hazard period. Resolving the issue involving laser eye protection before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate

65. A — The nurse's priority is appropriate because Reducing time, increasing distance, and using appropriate shielding limit occupational and patient exposure. Resolving the issue involving radiation exposure before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

66. C — This response is the strongest choice because Reducing time, increasing distance, and using appropriate shielding limit occupational and patient exposure. Resolving the issue involving radiation exposure before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

67. D — The nurse's priority is appropriate because A coordinated transfer prevents falls, shear, line disruption, and airway compromise. Resolving the issue involving safe patient transfer before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

68. B — This response is the strongest choice because A coordinated transfer prevents falls, shear, line disruption, and airway compromise. Resolving the issue involving safe patient transfer before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

69. C — The nurse's priority is appropriate because Docking restricts access, so secure positioning and protection must be confirmed beforehand. Resolving the issue involving robotic surgery positioning before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

70. A — This response is the strongest choice because Docking restricts access, so secure positioning and protection must be confirmed beforehand. Resolving the issue involving robotic surgery positioning before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

71. B — The nurse's priority is appropriate because Early recognition and immediate response are essential because neurologic and cardiovascular deterioration can progress rapidly. Resolving the issue involving local anesthetic toxicity before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the

72. D — This response is the strongest choice because Early recognition and immediate response are essential because neurologic and cardiovascular deterioration can progress rapidly. Resolving the issue involving local anesthetic toxicity before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate

73. A — The nurse's priority is appropriate because A known or suspected risk requires a nontriggering anesthetic plan and immediate treatment capability. Resolving the issue involving malignant hyperthermia risk before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

74. B — This response is the strongest choice because A known or suspected risk requires a nontriggering anesthetic plan and immediate treatment capability. Resolving the issue involving malignant hyperthermia risk before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the

75. D — The nurse's priority is appropriate because Standardized accounting and exploration provide complementary defenses against retained items. Resolving the issue involving retained surgical item prevention before further care limits exposure to avoidable harm and supports an individualized plan.

The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

76. C — This response is the strongest choice because Standardized accounting and exploration provide complementary defenses against retained items. Resolving the issue involving retained surgical item prevention before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

77. A — The nurse's priority is appropriate because Known contamination requires immediate corrective action because sterility cannot be restored by covering or waiting. Resolving the issue involving sterile field contamination before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the

78. D — This response is the strongest choice because Known contamination requires immediate corrective action because sterility cannot be restored by covering or waiting. Resolving the issue involving sterile field contamination before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate

79. C — The nurse's priority is appropriate because Source capture limits exposure to particulates, chemicals, and potentially bioactive material. Resolving the issue involving surgical smoke before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

80. B — This response is the strongest choice because Source capture limits exposure to particulates, chemicals, and potentially bioactive material. Resolving the issue involving surgical smoke before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

81. C — The nurse's priority is appropriate because Correct fit and timely activation support venous return and reduce preventable thromboembolic risk. Resolving the issue involving pneumatic compression device before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

82. B — This response is the strongest choice because Correct fit and timely activation support venous return and reduce preventable thromboembolic risk. Resolving the issue involving pneumatic compression device before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

83. D — The nurse's priority is appropriate because Continuous accounting helps detect intravasation and fluid-related complications during endoscopic procedures. Resolving the issue involving fluid deficit monitoring before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

84. A — This response is the strongest choice because Continuous accounting helps detect intravasation and fluid-related complications during endoscopic procedures. Resolving the issue involving fluid deficit monitoring before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

85. A — The nurse's priority is appropriate because Closed-loop communication and labeling reduce wrong-drug and wrong-dose errors during transfers. Resolving the issue involving medication handoff before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

86. B — This response is the strongest choice because Closed-loop communication and labeling reduce wrong-drug and wrong-dose errors during transfers. Resolving the issue involving medication handoff before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

87. C — The nurse's priority is appropriate because Preserved orientation supports accurate margin identification and pathologic interpretation. Resolving the issue involving specimen orientation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

88. D — This response is the strongest choice because Preserved orientation supports accurate margin identification and pathologic interpretation. Resolving the issue involving specimen orientation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

89. D — The nurse's priority is appropriate because A neutral zone reduces simultaneous handling and therefore lowers percutaneous injury risk. Resolving the issue involving neutral zone before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

90. A — This response is the strongest choice because A neutral zone reduces simultaneous handling and therefore lowers percutaneous injury risk. Resolving the issue involving neutral zone before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on

assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

91. C — The nurse's priority is appropriate because Temperature surveillance and active warming reduce complications associated with unintended perioperative hypothermia. Resolving the issue involving hypothermia prevention before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

92. B — This response is the strongest choice because Temperature surveillance and active warming reduce complications associated with unintended perioperative hypothermia. Resolving the issue involving hypothermia prevention before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

93. A — The nurse's priority is appropriate because Deliberate verification prevents wrong implant selection and supports traceability. Resolving the issue involving implant verification before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

94. C — This response is the strongest choice because Deliberate verification prevents wrong implant selection and supports traceability. Resolving the issue involving implant verification before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

95. B — The nurse's priority is appropriate because Residual sedation, weakness, pain, and orthostasis require individualized assistance and reassessment. Resolving the issue involving postoperative fall prevention before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

96. D — This response is the strongest choice because Residual sedation, weakness, pain, and orthostasis require individualized assistance and reassessment. Resolving the issue involving postoperative fall prevention before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

97. C — The nurse's priority is appropriate because Safe delegation matches task, circumstance, competence, communication, and supervision requirements. Resolving the issue involving delegation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

98. D — This response is the strongest choice because Safe delegation matches task, circumstance, competence, communication, and supervision requirements. Resolving the issue involving delegation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

99. B — The nurse's priority is appropriate because Vendor access must be controlled and must not replace licensed clinical judgment or responsibilities. Resolving the issue involving vendor presence before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

100. A — This response is the strongest choice because Vendor access must be controlled and must not replace licensed clinical judgment or responsibilities. Resolving the issue involving vendor presence before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

101. C — The nurse's priority is appropriate because Competency-based assignments support patient safety and appropriate use of personnel. Resolving the issue involving staffing assignment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

102. A — This response is the strongest choice because Competency-based assignments support patient safety and appropriate use of personnel. Resolving the issue involving staffing assignment before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

103. D — The nurse's priority is appropriate because Removing defective equipment prevents reuse and initiates evaluation, repair, and event follow-up. Resolving the issue involving equipment malfunction before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

104. B — This response is the strongest choice because Removing defective equipment prevents reuse and initiates evaluation, repair, and event follow-up. Resolving the issue involving equipment malfunction before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

105. C — The nurse's priority is appropriate because Loaners require the same validated cleaning, inspection, sterilization, and traceability as owned instruments. Resolving the issue involving loaner instrumentation before further care limits exposure to avoidable harm and supports an individualized

plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

106. B — This response is the strongest choice because Loaners require the same validated cleaning, inspection, sterilization, and traceability as owned instruments. Resolving the issue involving loaner instrumentation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

107. A — The nurse's priority is appropriate because Controlled updates improve accuracy, reduce waste, and prevent reliance on outdated information. Resolving the issue involving preference card control before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

108. D — This response is the strongest choice because Controlled updates improve accuracy, reduce waste, and prevent reliance on outdated information. Resolving the issue involving preference card control before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

109. B — The nurse's priority is appropriate because Judicious opening reduces waste while maintaining readiness and compliance with intended use. Resolving the issue involving resource conservation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

110. C — This response is the strongest choice because Judicious opening reduces waste while maintaining readiness and compliance with intended use. Resolving the issue involving resource conservation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

111. A — The nurse's priority is appropriate because Competency validation requires observable performance against defined criteria, with remediation when needed. Resolving the issue involving orientation validation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

112. D — This response is the strongest choice because Competency validation requires observable performance against defined criteria, with remediation when needed. Resolving the issue involving orientation validation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

113. B — The nurse's priority is appropriate because Prompt reconciliation protects patients, staff, records, and medication security. Resolving the issue involving controlled substance discrepancy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

114. D — This response is the strongest choice because Prompt reconciliation protects patients, staff, records, and medication security. Resolving the issue involving controlled substance discrepancy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

115. C — The nurse's priority is appropriate because Closed-loop communication confirms that urgent information reached the responsible clinician and was understood. Resolving the issue involving critical result communication before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

116. A — This response is the strongest choice because Closed-loop communication confirms that urgent information reached the responsible clinician and was understood. Resolving the issue involving critical result communication before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

117. A — The nurse's priority is appropriate because Structured handoff reduces omissions during a high-risk transition of care. Resolving the issue involving handoff before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

118. C — This response is the strongest choice because Structured handoff reduces omissions during a high-risk transition of care. Resolving the issue involving handoff before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

119. D — The nurse's priority is appropriate because A transparent late entry preserves record integrity without implying contemporaneous documentation. Resolving the issue involving late documentation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

120. B — This response is the strongest choice because A transparent late entry preserves record integrity without implying contemporaneous documentation. Resolving the issue involving late documentation before further care limits exposure to avoidable harm and supports an individualized

plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

121. A — The nurse's priority is appropriate because Read-back detects hearing, transcription, and interpretation errors before action occurs. Resolving the issue involving read-back before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

122. B — This response is the strongest choice because Read-back detects hearing, transcription, and interpretation errors before action occurs. Resolving the issue involving read-back before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

123. D — The nurse's priority is appropriate because Point-of-transfer confirmation reduces specimen identification and site errors. Resolving the issue involving specimen communication before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's response,

124. C — This response is the strongest choice because Point-of-transfer confirmation reduces specimen identification and site errors. Resolving the issue involving specimen communication before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

125. A — The nurse's priority is appropriate because Assertive escalation protects the patient when an immediate concern is not adequately addressed. Resolving the issue involving team conflict before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

126. D — This response is the strongest choice because Assertive escalation protects the patient when an immediate concern is not adequately addressed. Resolving the issue involving team conflict before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

127. B — The nurse's priority is appropriate because Standard terminology reduces ambiguity and medication-related misinterpretation. Resolving the issue involving abbreviation safety before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's response, and

128. C — This response is the strongest choice because Standard terminology reduces ambiguity and medication-related misinterpretation. Resolving the issue involving abbreviation safety before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's response,

129. A — The nurse's priority is appropriate because Minimum-necessary communication and appropriate location protect confidentiality. Resolving the issue involving privacy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's response, and escalate

130. C — This response is the strongest choice because Minimum-necessary communication and appropriate location protect confidentiality. Resolving the issue involving privacy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's response, and

131. D — The nurse's priority is appropriate because Complete implant data supports continuity, traceability, and recall response. Resolving the issue involving implant documentation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

132. B — This response is the strongest choice because Complete implant data supports continuity, traceability, and recall response. Resolving the issue involving implant documentation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

133. A — The nurse's priority is appropriate because Patient values are relevant clinical information and must follow the patient across transitions. Resolving the issue involving preference-sensitive decision before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

134. B — This response is the strongest choice because Patient values are relevant clinical information and must follow the patient across transitions. Resolving the issue involving preference-sensitive decision before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

135. D — The nurse's priority is appropriate because The chart describes care and patient response; the safety system supports organizational analysis. Resolving the issue involving event report before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on

assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

136. C — This response is the strongest choice because The chart describes care and patient response; the safety system supports organizational analysis. Resolving the issue involving event report before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

137. D — The nurse's priority is appropriate because Gloves do not replace hand hygiene because contamination can occur during use and removal. Resolving the issue involving hand hygiene before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

138. A — This response is the strongest choice because Gloves do not replace hand hygiene because contamination can occur during use and removal. Resolving the issue involving hand hygiene before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

139. B — The nurse's priority is appropriate because Package inspection helps determine whether the sterile barrier and processing conditions remain acceptable. Resolving the issue involving sterile package inspection before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

140. C — This response is the strongest choice because Package inspection helps determine whether the sterile barrier and processing conditions remain acceptable. Resolving the issue involving sterile package inspection before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

141. D — The nurse's priority is appropriate because Proper opening protects the field from the nonsterile wrapper and the opener's body. Resolving the issue involving opening sterile supplies before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

142. A — This response is the strongest choice because Proper opening protects the field from the nonsterile wrapper and the opener's body. Resolving the issue involving opening sterile supplies before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

143. C — The nurse's priority is appropriate because Continuous observation is required because contamination events must be recognized when they occur. Resolving the issue involving sterile field monitoring before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

144. B — This response is the strongest choice because Continuous observation is required because contamination events must be recognized when they occur. Resolving the issue involving sterile field monitoring before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

145. C — The nurse's priority is appropriate because Reduced traffic limits turbulence and unnecessary microbial dispersal in the procedure room. Resolving the issue involving traffic control before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

146. A — This response is the strongest choice because Reduced traffic limits turbulence and unnecessary microbial dispersal in the procedure room. Resolving the issue involving traffic control before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

147. D — The nurse's priority is appropriate because Door control helps preserve designed airflow relationships and environmental performance. Resolving the issue involving airflow before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

148. B — This response is the strongest choice because Door control helps preserve designed airflow relationships and environmental performance. Resolving the issue involving airflow before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

149. C — The nurse's priority is appropriate because Appropriate containment and clean attire reduce shedding and environmental contamination. Resolving the issue involving surgical attire before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

150. A — This response is the strongest choice because Appropriate containment and clean attire reduce shedding and environmental contamination. Resolving the issue involving surgical attire before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on

assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

151. B — The nurse's priority is appropriate because Effective and safe antisepsis depends on correct agent selection, application, contact, and drying. Resolving the issue involving skin antisepsis before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

152. D — This response is the strongest choice because Effective and safe antisepsis depends on correct agent selection, application, contact, and drying. Resolving the issue involving skin antisepsis before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

153. A — The nurse's priority is appropriate because Residual soil can shield microorganisms and interfere with effective processing. Resolving the issue involving instrument cleaning before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

154. B — This response is the strongest choice because Residual soil can shield microorganisms and interfere with effective processing. Resolving the issue involving instrument cleaning before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

155. D — The nurse's priority is appropriate because Point-of-use care prevents drying and supports effective, safe decontamination. Resolving the issue involving point-of-use care before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

156. C — This response is the strongest choice because Point-of-use care prevents drying and supports effective, safe decontamination. Resolving the issue involving point-of-use care before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

157. D — The nurse's priority is appropriate because Immediate-use processing is not a shortcut and requires a complete validated process. Resolving the issue involving immediate-use steam sterilization before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

158. A — This response is the strongest choice because Immediate-use processing is not a shortcut and requires a complete validated process. Resolving the issue involving immediate-use steam sterilization before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

159. B — The nurse's priority is appropriate because A positive biological indicator triggers containment, evaluation, notification, and documented follow-up. Resolving the issue involving biological monitoring before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

160. C — This response is the strongest choice because A positive biological indicator triggers containment, evaluation, notification, and documented follow-up. Resolving the issue involving biological monitoring before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

161. C — The nurse's priority is appropriate because Single-use labeling and reprocessing requirements protect performance, sterility, and traceability. Resolving the issue involving single-use devices before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the

162. B — This response is the strongest choice because Single-use labeling and reprocessing requirements protect performance, sterility, and traceability. Resolving the issue involving single-use devices before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

163. D — The nurse's priority is appropriate because Effective turnover cleaning requires appropriate surfaces, product dilution, application, and wet contact time. Resolving the issue involving environmental cleaning before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

164. A — This response is the strongest choice because Effective turnover cleaning requires appropriate surfaces, product dilution, application, and wet contact time. Resolving the issue involving environmental cleaning before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

165. A — The nurse's priority is appropriate because Immediate disposal reduces handling and percutaneous exposure risk. Resolving the issue involving sharps disposal before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on

assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's response,

166. C — This response is the strongest choice because Immediate disposal reduces handling and percutaneous exposure risk. Resolving the issue involving sharps disposal before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate the patient's

167. B — The nurse's priority is appropriate because Event-related sterility depends on maintaining package integrity during storage and handling. Resolving the issue involving sterile storage before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

168. D — This response is the strongest choice because Event-related sterility depends on maintaining package integrity during storage and handling. Resolving the issue involving sterile storage before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

169. B — The nurse's priority is appropriate because Immediate coordinated action removes fuel and oxidizer and limits patient injury. Resolving the issue involving operating room fire before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

170. D — This response is the strongest choice because Immediate coordinated action removes fuel and oxidizer and limits patient injury. Resolving the issue involving operating room fire before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

171. C — The nurse's priority is appropriate because Early treatment targets the hypermetabolic crisis before severe acidosis, hyperkalemia, and organ injury develop. Resolving the issue involving malignant hyperthermia before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

172. A — This response is the strongest choice because Early treatment targets the hypermetabolic crisis before severe acidosis, hyperkalemia, and organ injury develop. Resolving the issue involving malignant hyperthermia before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

173. A — The nurse's priority is appropriate because Anaphylaxis can rapidly compromise airway and circulation and requires immediate coordinated treatment. Resolving the issue involving anaphylaxis before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

174. B — This response is the strongest choice because Anaphylaxis can rapidly compromise airway and circulation and requires immediate coordinated treatment. Resolving the issue involving anaphylaxis before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

175. C — The nurse's priority is appropriate because Protocolized response supports timely resuscitation, hemostasis, temperature control, and correction of coagulopathy. Resolving the issue involving massive hemorrhage before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

176. D — This response is the strongest choice because Protocolized response supports timely resuscitation, hemostasis, temperature control, and correction of coagulopathy. Resolving the issue involving massive hemorrhage before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

177. C — The nurse's priority is appropriate because LAST requires rapid supportive care and lipid rescue according to the emergency protocol. Resolving the issue involving local anesthetic systemic toxicity before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

178. A — This response is the strongest choice because LAST requires rapid supportive care and lipid rescue according to the emergency protocol. Resolving the issue involving local anesthetic systemic toxicity before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the

179. B — The nurse's priority is appropriate because Immediate resuscitation begins while the team prepares coordinated repositioning without creating additional injury. Resolving the issue involving cardiac arrest in prone position before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the

180. D — This response is the strongest choice because Immediate resuscitation begins while the team prepares coordinated repositioning without creating additional injury. Resolving the issue involving cardiac arrest in prone position before further care limits exposure to avoidable harm and supports an

individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate

181. D — The nurse's priority is appropriate because A rehearsed utility response prioritizes airway, ventilation, monitoring, illumination, and safe procedural decisions. Resolving the issue involving power failure before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

182. C — This response is the strongest choice because A rehearsed utility response prioritizes airway, ventilation, monitoring, illumination, and safe procedural decisions. Resolving the issue involving power failure before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

183. A — The nurse's priority is appropriate because Hazard-specific procedures limit exposure and ensure appropriate containment, cleanup, and reporting. Resolving the issue involving chemical spill before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

184. B — This response is the strongest choice because Hazard-specific procedures limit exposure and ensure appropriate containment, cleanup, and reporting. Resolving the issue involving chemical spill before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

185. A — The nurse's priority is appropriate because Rapid recognition and coordinated action limit additional air entrainment and cardiopulmonary compromise. Resolving the issue involving venous air embolism before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

186. C — This response is the strongest choice because Rapid recognition and coordinated action limit additional air entrainment and cardiopulmonary compromise. Resolving the issue involving venous air embolism before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

187. B — The nurse's priority is appropriate because Orderly evacuation balances immediate hazard, clinical dependency, safe routes, communication, and tracking. Resolving the issue involving evacuation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

188. D — This response is the strongest choice because Orderly evacuation balances immediate hazard, clinical dependency, safe routes, communication, and tracking. Resolving the issue involving evacuation before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

189. D — The nurse's priority is appropriate because Professional accountability requires the nurse to know and remain within applicable scope and competence. Resolving the issue involving scope of practice before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

190. A — This response is the strongest choice because Professional accountability requires the nurse to know and remain within applicable scope and competence. Resolving the issue involving scope of practice before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the

191. C — The nurse's priority is appropriate because The nurse protects voluntariness and comprehension while the responsible provider conducts the informed-consent discussion. Resolving the issue involving informed consent advocacy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision,

192. B — This response is the strongest choice because The nurse protects voluntariness and comprehension while the responsible provider conducts the informed-consent discussion. Resolving the issue involving informed consent advocacy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the

193. B — The nurse's priority is appropriate because Patient protection and structured reporting are required when impairment may affect safe practice. Resolving the issue involving impaired colleague before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

194. C — This response is the strongest choice because Patient protection and structured reporting are required when impairment may affect safe practice. Resolving the issue involving impaired colleague before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

195. D — The nurse's priority is appropriate because Evidence-based practice combines research appraisal with expertise, context, and patient preferences. Resolving the issue involving evidence-based practice before further care limits exposure to avoidable harm and supports an individualized plan. The

alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings, evaluate

196. A — This response is the strongest choice because Evidence-based practice combines research appraisal with expertise, context, and patient preferences. Resolving the issue involving evidence-based practice before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant findings,

197. A — The nurse's priority is appropriate because Ongoing learning and validation support safe performance as standards, technology, and roles evolve. Resolving the issue involving competency maintenance before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

198. B — This response is the strongest choice because Ongoing learning and validation support safe performance as standards, technology, and roles evolve. Resolving the issue involving competency maintenance before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record

199. D — The nurse's priority is appropriate because Advocacy requires timely action when proposed care creates a substantial unresolved patient risk. Resolving the issue involving ethical advocacy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record relevant

200. C — This response is the strongest choice because Advocacy requires timely action when proposed care creates a substantial unresolved patient risk. Resolving the issue involving ethical advocacy before further care limits exposure to avoidable harm and supports an individualized plan. The alternatives depend on assumptions, defer an indicated response, or remove an essential safeguard. The nurse should communicate the decision, record