

PRACTICE EXAM 14: AMBULATORY CARE NURSING (AMB-BC) (150 QUESTIONS)

This practice examination contains 150 multiple-choice questions. It reflects the current four-domain AMB-BC content outline and uses the official testing format of 3 hours for 150 items, including 125 scored and 25 pretest items. Select the single best answer for each question.

1. A patient reports crushing chest pressure with diaphoresis during a telephone triage call. What is the priority action? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Schedule an office visit later today
- B. Activate emergency response and arrange immediate evaluation
- C. Ask the patient to rest and call back
- D. Send portal instructions about diet

2. A patient with asthma calls with worsening dyspnea and cannot speak full sentences. Which finding most strongly supports emergency escalation? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Use of a daily controller inhaler
- B. History of seasonal allergies
- C. Request for a refill
- D. Inability to speak in complete sentences

3. When reconciling medications after an outside hospitalization, what is the nurse's first task? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. Refill all prior prescriptions

- B. Discard the patient's home list
- C. Compare every current medication with discharge instructions
- D. Wait for the next prescriber visit

4. Which screening approach best identifies a patient's health-literacy needs? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Ask the patient to explain the plan in their own words
- B. Ask whether the patient graduated high school
- C. Provide more written material during routine follow-up
- D. Assume limited literacy from age during routine follow-up

5. A patient reports dizziness after starting an antihypertensive. What assessment is most useful before recommending next steps? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Favorite exercise routine during routine follow-up
- B. Family history of hypertension
- C. Last dental appointment during routine follow-up
- D. Orthostatic symptoms, blood pressure, and medication timing

6. During virtual triage, which observation requires the nurse to stop troubleshooting technology and escalate care? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. A delayed camera connection
- B. New facial droop observed on video
- C. A missing insurance card
- D. A noisy background during routine follow-up

7. Which question best assesses adherence to a newly prescribed medication? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. What gets in the way of taking this medicine as planned?
- B. You are taking it every day, correct?
- C. Why have you been noncompliant? during routine follow-up
- D. Do you know this medicine is important?

8. A patient with diabetes reports repeated morning glucose values below target. Which additional assessment is priority? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Preferred pharmacy location during routine follow-up
- B. Childhood vaccination history during routine follow-up
- C. Annual vision appointment date during routine follow-up
- D. Recent insulin use, meals, symptoms, and overnight events

9. Which patient statement indicates a need for urgent same-day assessment? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. My multivitamin is hard to swallow.
- B. I want a different appointment time.
- C. My black stools started this morning and I feel weak.
- D. My eczema itches at night. during routine follow-up

10. For a patient with chronic pain, which assessment supports a functional treatment goal? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. What number describes pain today only?
- B. How has pain affected walking, sleep, and daily activities?
- C. Which medication advertisement was seen?
- D. What is the patient's blood type?

11. A patient requests an antibiotic for a cold lasting two days. What assessment is most important? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Whether the patient prefers capsules
- B. The brand of thermometer used
- C. Presence of red flags, symptom course, and bacterial-risk features
- D. The patient's parking preference during routine follow-up

12. Which finding during a wound follow-up call requires prompt escalation? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. A clean dry dressing
- B. Mild itching from tape
- C. A scheduled dressing change
- D. Rapidly spreading redness with fever

13. A patient says, I sometimes skip doses because I cannot afford them. What should the nurse assess next? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Cost barriers, coverage, and available assistance resources
- B. Whether the patient feels guilty
- C. The patient's favorite pill color
- D. Whether the prescription bottle is empty

14. Which approach best screens for depression in ambulatory care? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Rely on casual observation alone during routine follow-up
- B. Use a validated tool and follow up on positive responses
- C. Ask only family members during routine follow-up
- D. Screen only after hospitalization during routine follow-up

15. A patient with heart failure reports a three-pound overnight weight gain. Which assessment is priority? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. Preferred meal delivery service
- B. Last influenza vaccination date
- C. Breathing, edema, medication use, and symptom change
- D. Family member work schedule

16. Which statement best evaluates a patient's readiness to change smoking behavior? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. You know smoking is harmful, right?
- B. What change, if any, are you considering right now?
- C. Why have you not quit already?
- D. Will you promise to stop today?

17. A patient reports a new rash after beginning an antibiotic. What is the priority assessment? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Breathing difficulty, swelling, mucosal symptoms, and timing
- B. The patient's usual soap brand
- C. Whether the pills are round
- D. The clinic's next holiday

18. Which assessment is essential before delegating a routine task to unlicensed assistive personnel? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. The assistant's preferred shift
- B. The patient's room decoration

- C. The nurse's vacation schedule
- D. Patient stability, task predictability, and delegated authority

19. A patient misses several follow-up visits. What is the best initial assessment? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Ask about transportation, scheduling, cost, and other barriers
- B. Document the patient as unmotivated
- C. Close the referral immediately during routine follow-up
- D. Wait until the annual visit

20. When reviewing laboratory results, which result requires immediate action? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. A stable result within expected range
- B. A result already reviewed by the prescriber
- C. A critically abnormal result identified by laboratory policy
- D. A duplicate normal value during routine follow-up

21. A patient reports crushing chest pressure with diaphoresis during a telephone triage call. What is the priority action? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. Schedule an office visit later today
- B. Activate emergency response and arrange immediate evaluation
- C. Ask the patient to rest and call back
- D. Send portal instructions about diet

22. A patient with asthma calls with worsening dyspnea and cannot speak full sentences. Which finding most strongly supports emergency escalation? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Use of a daily controller inhaler
- B. History of seasonal allergies
- C. Request for a refill
- D. Inability to speak in complete sentences

23. When reconciling medications after an outside hospitalization, what is the nurse's first task? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Refill all prior prescriptions
- B. Compare every current medication with discharge instructions
- C. Discard the patient's home list
- D. Wait for the next prescriber visit

24. Which screening approach best identifies a patient's health-literacy needs? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. Ask the patient to explain the plan in their own words
- B. Ask whether the patient graduated high school
- C. Provide more written material during routine follow-up
- D. Assume limited literacy from age during routine follow-up

25. A patient reports dizziness after starting an antihypertensive. What assessment is most useful before recommending next steps? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Favorite exercise routine during routine follow-up
- B. Family history of hypertension
- C. Last dental appointment during routine follow-up
- D. Orthostatic symptoms, blood pressure, and medication timing

26. During virtual triage, which observation requires the nurse to stop troubleshooting technology and escalate care? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. A delayed camera connection
- B. A missing insurance card
- C. New facial droop observed on video
- D. A noisy background during routine follow-up

27. Which question best assesses adherence to a newly prescribed medication? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. You are taking it every day, correct?
- B. Why have you been noncompliant? during routine follow-up
- C. Do you know this medicine is important?
- D. What gets in the way of taking this medicine as planned?

28. A patient with diabetes reports repeated morning glucose values below target. Which additional assessment is priority? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Preferred pharmacy location during routine follow-up
- B. Recent insulin use, meals, symptoms, and overnight events
- C. Childhood vaccination history during routine follow-up
- D. Annual vision appointment date during routine follow-up

29. Which patient statement indicates a need for urgent same-day assessment? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. My multivitamin is hard to swallow.
- B. I want a different appointment time.
- C. My black stools started this morning and I feel weak.

D. My eczema itches at night. during routine follow-up

30. For a patient with chronic pain, which assessment supports a functional treatment goal? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. How has pain affected walking, sleep, and daily activities?
- B. What number describes pain today only?
- C. Which medication advertisement was seen?
- D. What is the patient's blood type?

31. A patient requests an antibiotic for a cold lasting two days. What assessment is most important? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Presence of red flags, symptom course, and bacterial-risk features
- B. Whether the patient prefers capsules
- C. The brand of thermometer used
- D. The patient's parking preference during routine follow-up

32. Which finding during a wound follow-up call requires prompt escalation? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. A clean dry dressing
- B. Mild itching from tape
- C. Rapidly spreading redness with fever
- D. A scheduled dressing change

33. A patient says, I sometimes skip doses because I cannot afford them. What should the nurse assess next? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. Whether the patient feels guilty

- B. The patient's favorite pill color
- C. Whether the prescription bottle is empty
- D. Cost barriers, coverage, and available assistance resources

34. Which approach best screens for depression in ambulatory care? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Rely on casual observation alone during routine follow-up
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- C. Ask only family members during routine follow-up
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35. A patient with heart failure reports a three-pound overnight weight gain. Which assessment is priority? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Preferred meal delivery service
- B. Last influenza vaccination date
- C. Breathing, edema, medication use, and symptom change
- D. Family member work schedule

36. Which statement best evaluates a patient's readiness to change smoking behavior? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. What change, if any, are you considering right now?
- B. You know smoking is harmful, right?
- C. Why have you not quit already?
- D. Will you promise to stop today?

37. A patient reports a new rash after beginning an antibiotic. What is the priority assessment? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. The patient's usual soap brand
- B. Whether the pills are round
- C. The clinic's next holiday
- D. Breathing difficulty, swelling, mucosal symptoms, and timing

38. Which assessment is essential before delegating a routine task to unlicensed assistive personnel? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. The assistant's preferred shift
- B. Patient stability, task predictability, and delegated authority
- C. The patient's room decoration
- D. The nurse's vacation schedule

39. A patient misses several follow-up visits. What is the best initial assessment? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

- A. Ask about transportation, scheduling, cost, and other barriers
- B. Document the patient as unmotivated
- C. Close the referral immediately during routine follow-up
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40. When reviewing laboratory results, which result requires immediate action? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

- A. A stable result within expected range
- B. A result already reviewed by the prescriber
- C. A duplicate normal value during routine follow-up
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41. A patient reports crushing chest pressure with diaphoresis during a telephone triage call. What is the priority action? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Schedule an office visit later today
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42. A patient with asthma calls with worsening dyspnea and cannot speak full sentences. Which finding most strongly supports emergency escalation? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

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- C. Whether the pills are round
- D. The clinic's next holiday

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- C. The nurse's vacation schedule
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59. A patient misses several follow-up visits. What is the best initial assessment? Choose the safest next nursing action. Apply the principle during a same-day outpatient contact.

- A. Document the patient as unmotivated
- B. Close the referral immediately during routine follow-up
- C. Wait until the annual visit
- D. Ask about transportation, scheduling, cost, and other barriers

60. When reviewing laboratory results, which result requires immediate action? Focus on timely outpatient triage. Choose the safest response for a care-coordination scenario.

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61. A patient reports crushing chest pressure with diaphoresis during a telephone triage call. What is the priority action? Consider the immediate ambulatory-care priority. Consider a follow-up encounter in a community-based ambulatory setting.

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- B. Inability to speak in complete sentences
- C. History of seasonal allergies
- D. Request for a refill

63. A patient with multiple specialists has conflicting medication instructions. What intervention best promotes safe coordination? Select the most patient-centered plan. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Tell the patient to choose one list
- B. Stop all medications until next month
- C. Create and communicate one reconciled medication plan
- D. Refer every question to billing

64. Which intervention best supports a patient with limited mobility after discharge? Consider continuity across settings. Apply the principle during a same-day outpatient contact.

- A. Arrange needed services and confirm the follow-up plan
- B. Mail a generic brochure during routine follow-up
- C. Delay contact for several weeks
- D. Ask the patient to research options alone

65. For a patient learning home blood-pressure monitoring, which plan is most appropriate? Choose the intervention most likely to reduce gaps. Choose the safest response for a care-coordination scenario.

- A. Provide a device without instruction
- B. Demonstrate technique and use teach-back with a log
- C. Ask for readings once a year
- D. Use only clinic readings during routine follow-up

66. A clinic identifies frequent no-shows among patients with language needs. Which action is most appropriate? Select the most patient-centered plan. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Ask family members to translate
- B. Stop offering appointments during routine follow-up
- C. Use English-only automated calls
- D. Offer qualified interpreter-supported reminders and scheduling

67. What is the best intervention after identifying an overdue colorectal cancer screening? Consider continuity across settings. Apply the principle during a same-day outpatient contact.

- A. Label the patient nonadherent during routine follow-up
- B. Send a reminder without review
- C. Wait for symptoms to occur
- D. Discuss options, preferences, and barriers, then arrange follow-up

68. A patient has a complex dressing change ordered at home. What should the nurse do before discharge? Choose the intervention most likely to reduce gaps. Choose the safest response for a care-coordination scenario.

- A. Assume supplies will arrive
- B. Verify supplies, caregiver ability, and referral needs
- C. Provide only verbal instructions
- D. Delay planning until the wound worsens

69. Which strategy best supports medication adherence for a patient taking many daily medicines? Select the most patient-centered plan. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Simplify the regimen when possible and use an organized schedule
- B. Add duplicate reminders without review during routine follow-up
- C. Use medical jargon in instructions during routine follow-up
- D. Ask the patient to memorize everything

70. A patient with uncontrolled diabetes needs ongoing outreach. Which plan best reflects population management? Consider continuity across settings. Apply the principle during a same-day outpatient contact.

- A. Wait for patient-initiated calls during routine follow-up
- B. Review only one chart annually
- C. Use a registry to identify, contact, and track follow-up
- D. Exclude patients with missed visits

71. A patient with multiple specialists has conflicting medication instructions. What intervention best promotes safe coordination? Choose the intervention most likely to reduce gaps. Choose the safest response for a care-coordination scenario.

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- B. Stop all medications until next month
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74. A clinic identifies frequent no-shows among patients with language needs. Which action is most appropriate? Choose the intervention most likely to reduce gaps. Choose the safest response for a care-coordination scenario.

- A. Offer qualified interpreter-supported reminders and scheduling

- B. Ask family members to translate
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- A. Tell the patient to choose one list
- B. Create and communicate one reconciled medication plan
- C. Stop all medications until next month
- D. Refer every question to billing

80. Which intervention best supports a patient with limited mobility after discharge? Choose the intervention most likely to reduce gaps. Choose the safest response for a care-coordination scenario.

- A. Mail a generic brochure during routine follow-up
- B. Delay contact for several weeks
- C. Arrange needed services and confirm the follow-up plan
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- A. Label the patient nonadherent during routine follow-up
- B. Discuss options, preferences, and barriers, then arrange follow-up
- C. Send a reminder without review
- D. Wait for symptoms to occur

84. A patient has a complex dressing change ordered at home. What should the nurse do before discharge? Select the most patient-centered plan. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Verify supplies, caregiver ability, and referral needs
- B. Assume supplies will arrive
- C. Provide only verbal instructions
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- A. Wait for patient-initiated calls during routine follow-up
- B. Review only one chart annually
- C. Use a registry to identify, contact, and track follow-up
- D. Exclude patients with missed visits

87. After a near miss involving two similar medication names, what should the nurse do first? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Report the event through the safety system
- B. Wait for an actual injury
- C. Discuss it only informally
- D. Remove the record from the chart

88. Which quality-improvement method tests a small change before broad implementation? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Root-cause analysis after harm only
- B. Plan-Do-Study-Act cycle during routine follow-up
- C. Annual performance review
- D. Random assignment of staff

89. A nurse receives a social-media message from a patient requesting clinical advice. What is the best response? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Give detailed advice publicly during routine follow-up
- B. Share the patient's chart screenshot
- C. Direct the patient to an approved secure communication channel
- D. Ignore all future messages during routine follow-up

90. Which action demonstrates advocacy for an ambulatory patient? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Make decisions without patient input
- B. Withhold alternatives to save time
- C. Prioritize clinic convenience over access
- D. Help the patient obtain needed services and understand choices

91. A nurse identifies a recurring delay in critical-result follow-up. What leadership action is most appropriate? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Blame one staff member publicly during routine follow-up
- B. Ignore delays that resolved during routine follow-up
- C. Bring data to the team and improve the follow-up process
- D. Change practice without informing anyone during routine follow-up

92. Which documentation practice best supports continuity and legal standards? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Chart assumptions as facts
- B. Record timely, objective facts and actions taken
- C. Alter a late entry without notation

D. Copy forward unrelated history

93. A nurse is asked to perform a task outside organizational policy. What is the best initial action? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Clarify scope, policy, and appropriate supervision
- B. Perform it to avoid conflict
- C. Delegate it to anyone available
- D. Document it after the fact only

94. Which measure best evaluates whether a reminder process improved vaccination completion? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Number of reminder scripts printed
- B. Staff preference for reminders
- C. Length of the staff meeting
- D. Completion rate before and after the change

95. A nurse discovers a documentation error after signing a note. What is the appropriate response? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Delete the original entry secretly during routine follow-up
- B. Correct it according to policy with a transparent late entry
- C. Ask another nurse to change it
- D. Leave it unchanged regardless of risk

96. Which action best protects patient confidentiality during telephone outreach? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Leave detailed diagnoses on voicemail
- B. Use a coworker's personal phone
- C. Discuss results with any caller
- D. Verify identity before discussing protected information

97. A clinic plans a process change that affects several roles. What promotes successful implementation? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Announce it after implementation
- B. Avoid feedback to prevent delays
- C. Engage affected staff and define measurable responsibilities
- D. Assign no owner for follow-up

98. Which response reflects professional boundaries? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Maintain a therapeutic relationship and appropriate communication
- B. Accept costly personal gifts
- C. Share personal financial problems
- D. Connect through private social media

99. After a near miss involving two similar medication names, what should the nurse do first? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Report the event through the safety system
- B. Wait for an actual injury
- C. Discuss it only informally
- D. Remove the record from the chart

100. Which quality-improvement method tests a small change before broad implementation? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Root-cause analysis after harm only
- B. Annual performance review
- C. Plan-Do-Study-Act cycle during routine follow-up
- D. Random assignment of staff

101. A nurse receives a social-media message from a patient requesting clinical advice. What is the best response? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

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102. Which action demonstrates advocacy for an ambulatory patient? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Make decisions without patient input
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- D. Help the patient obtain needed services and understand choices

103. A nurse identifies a recurring delay in critical-result follow-up. What leadership action is most appropriate? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Blame one staff member publicly during routine follow-up
- B. Ignore delays that resolved during routine follow-up
- C. Bring data to the team and improve the follow-up process

D. Change practice without informing anyone during routine follow-up

104. Which documentation practice best supports continuity and legal standards? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Chart assumptions as facts
- B. Record timely, objective facts and actions taken
- C. Alter a late entry without notation
- D. Copy forward unrelated history

105. A nurse is asked to perform a task outside organizational policy. What is the best initial action? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Clarify scope, policy, and appropriate supervision
- B. Perform it to avoid conflict
- C. Delegate it to anyone available
- D. Document it after the fact only

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- B. Staff preference for reminders
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- A. Delete the original entry secretly during routine follow-up
- B. Ask another nurse to change it
- C. Leave it unchanged regardless of risk
- D. Correct it according to policy with a transparent late entry

108. Which action best protects patient confidentiality during telephone outreach? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Leave detailed diagnoses on voicemail
- B. Use a coworker's personal phone
- C. Verify identity before discussing protected information
- D. Discuss results with any caller

109. A clinic plans a process change that affects several roles. What promotes successful implementation? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Engage affected staff and define measurable responsibilities
- B. Announce it after implementation
- C. Avoid feedback to prevent delays
- D. Assign no owner for follow-up

110. Which response reflects professional boundaries? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Accept costly personal gifts
- B. Maintain a therapeutic relationship and appropriate communication
- C. Share personal financial problems
- D. Connect through private social media

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- A. Wait for an actual injury
- B. Report the event through the safety system
- C. Discuss it only informally
- D. Remove the record from the chart

112. Which quality-improvement method tests a small change before broad implementation? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Root-cause analysis after harm only
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- C. Random assignment of staff
- D. Plan-Do-Study-Act cycle during routine follow-up

113. A nurse receives a social-media message from a patient requesting clinical advice. What is the best response? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Direct the patient to an approved secure communication channel
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- C. Share the patient's chart screenshot
- D. Ignore all future messages during routine follow-up

114. Which action demonstrates advocacy for an ambulatory patient? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Make decisions without patient input
- B. Withhold alternatives to save time
- C. Help the patient obtain needed services and understand choices

D. Prioritize clinic convenience over access

115. A nurse identifies a recurring delay in critical-result follow-up. What leadership action is most appropriate? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

- A. Bring data to the team and improve the follow-up process
- B. Blame one staff member publicly during routine follow-up
- C. Ignore delays that resolved during routine follow-up
- D. Change practice without informing anyone during routine follow-up

116. Which documentation practice best supports continuity and legal standards? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Chart assumptions as facts
- B. Record timely, objective facts and actions taken
- C. Alter a late entry without notation
- D. Copy forward unrelated history

117. A nurse is asked to perform a task outside organizational policy. What is the best initial action? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Perform it to avoid conflict
- B. Delegate it to anyone available
- C. Clarify scope, policy, and appropriate supervision
- D. Document it after the fact only

118. Which measure best evaluates whether a reminder process improved vaccination completion? Choose the action that supports a reliable system. Apply the principle during a same-day outpatient contact.

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- B. Staff preference for reminders
- C. Length of the staff meeting
- D. Completion rate before and after the change

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- B. Ask another nurse to change it
- C. Correct it according to policy with a transparent late entry
- D. Leave it unchanged regardless of risk

120. Which action best protects patient confidentiality during telephone outreach? Apply ambulatory nursing professional standards. Consider a follow-up encounter in a community-based ambulatory setting.

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- B. Engage affected staff and define measurable responsibilities
- C. Avoid feedback to prevent delays
- D. Assign no owner for follow-up

122. Which response reflects professional boundaries? Consider safety, accountability, and policy. Choose the safest response for a care-coordination scenario.

- A. Maintain a therapeutic relationship and appropriate communication
- B. Accept costly personal gifts
- C. Share personal financial problems
- D. Connect through private social media

123. Which method best confirms that a patient can use a new inhaler correctly? Choose the approach that verifies learning. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Ask whether instructions were read
- B. Provide a longer handout
- C. Ask for a return demonstration
- D. Repeat the same lecture

124. A patient has limited English proficiency. Which education approach is best? Use inclusive patient-centered communication. Apply the principle during a same-day outpatient contact.

- A. Use a minor child to interpret
- B. Speak louder in English during routine follow-up
- C. Rely only on translated internet text
- D. Use a qualified medical interpreter and plain language

125. Which teaching strategy best supports a patient with low health literacy? Focus on understanding and safe self-management. Choose the safest response for a care-coordination scenario.

- A. Use detailed medical terminology
- B. Use plain language, small steps, and teach-back
- C. Give all instructions at once
- D. Ask the patient to sign without discussion

126. A patient becomes silent while receiving a new diagnosis. What communication response is most therapeutic? Choose the approach that verifies learning. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Immediately change the topic during routine follow-up
- B. Provide reassurance that feelings are unnecessary
- C. Allow silence and invite the patient to share concerns
- D. Continue teaching without pause during routine follow-up

127. Which educational goal is written in measurable terms? Use inclusive patient-centered communication. Apply the principle during a same-day outpatient contact.

- A. Patient will demonstrate glucose-meter use before leaving
- B. Patient will understand diabetes better
- C. Nurse will explain glucose testing
- D. Patient will receive a brochure

128. A patient uses a screen reader. What adaptation best improves portal education? Focus on understanding and safe self-management. Choose the safest response for a care-coordination scenario.

- A. Provide accessible text with clear headings and labels
- B. Send an image-only instruction sheet
- C. Use unlabeled color coding during routine follow-up
- D. Require handwritten responses during routine follow-up

129. Which approach best supports shared decision-making about a treatment? Choose the approach that verifies learning. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Select the option without discussion
- B. Explain options, benefits, risks, and patient preferences
- C. Present only the preferred option
- D. Avoid discussing uncertainty during routine follow-up

130. A caregiver is learning wound care. What is the best way to assess readiness? Use inclusive patient-centered communication. Apply the principle during a same-day outpatient contact.

- A. Assume willingness means competence during routine follow-up
- B. Give instructions only to the patient
- C. Wait for a complication during routine follow-up
- D. Ask the caregiver to perform the steps while observed

131. A patient repeatedly misses virtual education sessions. What is the best next step? Focus on understanding and safe self-management. Choose the safest response for a care-coordination scenario.

- A. Document refusal and stop outreach
- B. Ask about technology access, timing, and preferred format
- C. Require video visits only during routine follow-up
- D. Repeat the same invitation during routine follow-up

132. Which communication behavior helps de-escalate an upset patient? Choose the approach that verifies learning. Consider a follow-up encounter in a community-based ambulatory setting.

- A. Argue about who is right
- B. Speak rapidly over the patient
- C. Acknowledge concerns, listen, and set respectful limits
- D. End the conversation without options

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- C. Avoid discussing uncertainty during routine follow-up
- D. Explain options, benefits, risks, and patient preferences

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- C. Give instructions only to the patient
- D. Wait for a complication during routine follow-up

Practice Exam 14: Answer Key and Explanations

1. B — Activate emergency response and arrange immediate evaluation is correct. Possible acute coronary syndrome requires emergency evaluation; routine scheduling, self-care advice, or delayed reassessment can dangerously postpone treatment. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

2. D — Inability to speak in complete sentences is correct. Severe respiratory distress can impair speech and requires urgent escalation; the other findings are relevant history but do not independently establish immediate instability. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

3. C — Compare every current medication with discharge instructions is correct. A structured comparison identifies omissions, duplications, and changes before prescriptions are continued; refilling or delaying review can perpetuate harmful discrepancies. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

4. A — Ask the patient to explain the plan in their own words is correct. Teach-back assesses understanding without stigma; education level, age, and handouts alone do not show whether

instructions were understood. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

5. D — Orthostatic symptoms, blood pressure, and medication timing is correct. Symptoms, measurements, and timing help identify medication-related hypotension and guide safe follow-up; unrelated history does not address the immediate concern. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

6. B — New facial droop observed on video is correct. A new focal neurologic deficit may signal stroke and requires urgent action; technical or administrative problems should not delay emergency guidance. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

7. A — What gets in the way of taking this medicine as planned? is correct. A nonjudgmental barrier-focused question invites accurate disclosure; leading or blaming questions can reduce trust and conceal practical obstacles. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

8. D — Recent insulin use, meals, symptoms, and overnight events is correct. Reviewing doses, intake, symptoms, and timing helps identify hypoglycemia risks; the other information is important but not immediately explanatory. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

9. C — My black stools started this morning and I feel weak. is correct. Black stools with weakness may indicate gastrointestinal bleeding and warrants urgent evaluation; the other concerns can usually be managed through routine follow-up. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

10. B — How has pain affected walking, sleep, and daily activities? is correct. Functional impact guides individualized goals and response to treatment; a single intensity rating alone does not fully describe ambulatory-care needs. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

11. C — Presence of red flags, symptom course, and bacterial-risk features is correct. Assessing severity and course distinguishes routine viral symptoms from conditions needing evaluation; preference questions cannot establish clinical need. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

12. D — Rapidly spreading redness with fever is correct. Spreading redness plus fever suggests possible infection requiring timely assessment; routine wound-care details or mild adhesive irritation are less urgent. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

13. A — Cost barriers, coverage, and available assistance resources is correct. Financial barriers are actionable when explored with coverage and resource questions; shame-focused or irrelevant questions

do not help create a safe plan. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

14. B — Use a validated tool and follow up on positive responses is correct. Validated screening with follow-up supports consistent recognition and response; observation or delayed selective screening can miss clinically important symptoms. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

15. C — Breathing, edema, medication use, and symptom change is correct. Rapid weight gain can reflect fluid retention, so cardiopulmonary symptoms and treatment adherence must be assessed promptly; unrelated details do not guide triage. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

16. B — What change, if any, are you considering right now? is correct. An open question identifies readiness without coercion and supports motivational interviewing; judgmental questions may create resistance rather than engagement. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

17. A — Breathing difficulty, swelling, mucosal symptoms, and timing is correct. Airway symptoms, mucosal involvement, and onset help identify serious drug reactions; unrelated details cannot establish the level of urgency. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

18. D — Patient stability, task predictability, and delegated authority is correct. Delegation depends on patient condition, predictable outcomes, and permitted roles; convenience factors do not determine safe delegation. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy. This supports safe coordinated patient care.

19. A — Ask about transportation, scheduling, cost, and other barriers is correct. Missed visits often reflect modifiable barriers; exploring them respectfully supports access and continuity instead of assigning blame or delaying care. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

20. C — A critically abnormal result identified by laboratory policy is correct. Critical-value policies require timely notification and documented follow-through; stable, reviewed, or duplicate results do not carry the same urgency. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

21. B — Activate emergency response and arrange immediate evaluation is correct. Possible acute coronary syndrome requires emergency evaluation; routine scheduling, self-care advice, or delayed reassessment can dangerously postpone treatment. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

22. D — Inability to speak in complete sentences is correct. Severe respiratory distress can impair speech and requires urgent escalation; the other findings are relevant history but do not independently

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23. B — Compare every current medication with discharge instructions is correct. A structured comparison identifies omissions, duplications, and changes before prescriptions are continued; refilling or delaying review can perpetuate harmful discrepancies. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

24. A — Ask the patient to explain the plan in their own words is correct. Teach-back assesses understanding without stigma; education level, age, and handouts alone do not show whether instructions were understood. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

25. D — Orthostatic symptoms, blood pressure, and medication timing is correct. Symptoms, measurements, and timing help identify medication-related hypotension and guide safe follow-up; unrelated history does not address the immediate concern. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

26. C — New facial droop observed on video is correct. A new focal neurologic deficit may signal stroke and requires urgent action; technical or administrative problems should not delay emergency guidance. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

27. D — What gets in the way of taking this medicine as planned? is correct. A nonjudgmental barrier-focused question invites accurate disclosure; leading or blaming questions can reduce trust and conceal practical obstacles. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

28. B — Recent insulin use, meals, symptoms, and overnight events is correct. Reviewing doses, intake, symptoms, and timing helps identify hypoglycemia risks; the other information is important but not immediately explanatory. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

29. C — My black stools started this morning and I feel weak. is correct. Black stools with weakness may indicate gastrointestinal bleeding and warrants urgent evaluation; the other concerns can usually be managed through routine follow-up. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

30. A — How has pain affected walking, sleep, and daily activities? is correct. Functional impact guides individualized goals and response to treatment; a single intensity rating alone does not fully describe ambulatory-care needs. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

31. A — Presence of red flags, symptom course, and bacterial-risk features is correct. Assessing severity and course distinguishes routine viral symptoms from conditions needing evaluation; preference

questions cannot establish clinical need. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

32. C — Rapidly spreading redness with fever is correct. Spreading redness plus fever suggests possible infection requiring timely assessment; routine wound-care details or mild adhesive irritation are less urgent. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

33. D — Cost barriers, coverage, and available assistance resources is correct. Financial barriers are actionable when explored with coverage and resource questions; shame-focused or irrelevant questions do not help create a safe plan. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

34. B — Use a validated tool and follow up on positive responses is correct. Validated screening with follow-up supports consistent recognition and response; observation or delayed selective screening can miss clinically important symptoms. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

35. C — Breathing, edema, medication use, and symptom change is correct. Rapid weight gain can reflect fluid retention, so cardiopulmonary symptoms and treatment adherence must be assessed promptly; unrelated details do not guide triage. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

36. A — What change, if any, are you considering right now? is correct. An open question identifies readiness without coercion and supports motivational interviewing; judgmental questions may create resistance rather than engagement. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

37. D — Breathing difficulty, swelling, mucosal symptoms, and timing is correct. Airway symptoms, mucosal involvement, and onset help identify serious drug reactions; unrelated details cannot establish the level of urgency. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

38. B — Patient stability, task predictability, and delegated authority is correct. Delegation depends on patient condition, predictable outcomes, and permitted roles; convenience factors do not determine safe delegation. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy. This supports safe coordinated patient care.

39. A — Ask about transportation, scheduling, cost, and other barriers is correct. Missed visits often reflect modifiable barriers; exploring them respectfully supports access and continuity instead of assigning blame or delaying care. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

40. D — A critically abnormal result identified by laboratory policy is correct. Critical-value policies require timely notification and documented follow-through; stable, reviewed, or duplicate results do not

carry the same urgency. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

41. C — Activate emergency response and arrange immediate evaluation is correct. Possible acute coronary syndrome requires emergency evaluation; routine scheduling, self-care advice, or delayed reassessment can dangerously postpone treatment. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

42. B — Inability to speak in complete sentences is correct. Severe respiratory distress can impair speech and requires urgent escalation; the other findings are relevant history but do not independently establish immediate instability. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

43. B — Compare every current medication with discharge instructions is correct. A structured comparison identifies omissions, duplications, and changes before prescriptions are continued; refilling or delaying review can perpetuate harmful discrepancies. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

44. A — Ask the patient to explain the plan in their own words is correct. Teach-back assesses understanding without stigma; education level, age, and handouts alone do not show whether instructions were understood. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

45. C — Orthostatic symptoms, blood pressure, and medication timing is correct. Symptoms, measurements, and timing help identify medication-related hypotension and guide safe follow-up; unrelated history does not address the immediate concern. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

46. D — New facial droop observed on video is correct. A new focal neurologic deficit may signal stroke and requires urgent action; technical or administrative problems should not delay emergency guidance. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

47. C — What gets in the way of taking this medicine as planned? is correct. A nonjudgmental barrier-focused question invites accurate disclosure; leading or blaming questions can reduce trust and conceal practical obstacles. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

48. A — Recent insulin use, meals, symptoms, and overnight events is correct. Reviewing doses, intake, symptoms, and timing helps identify hypoglycemia risks; the other information is important but not immediately explanatory. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

49. D — My black stools started this morning and I feel weak. is correct. Black stools with weakness may indicate gastrointestinal bleeding and warrants urgent evaluation; the other concerns can usually be

managed through routine follow-up. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

50. B — How has pain affected walking, sleep, and daily activities? is correct. Functional impact guides individualized goals and response to treatment; a single intensity rating alone does not fully describe ambulatory-care needs. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

51. D — Presence of red flags, symptom course, and bacterial-risk features is correct. Assessing severity and course distinguishes routine viral symptoms from conditions needing evaluation; preference questions cannot establish clinical need. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

52. B — Rapidly spreading redness with fever is correct. Spreading redness plus fever suggests possible infection requiring timely assessment; routine wound-care details or mild adhesive irritation are less urgent. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

53. A — Cost barriers, coverage, and available assistance resources is correct. Financial barriers are actionable when explored with coverage and resource questions; shame-focused or irrelevant questions do not help create a safe plan. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

54. C — Use a validated tool and follow up on positive responses is correct. Validated screening with follow-up supports consistent recognition and response; observation or delayed selective screening can miss clinically important symptoms. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

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62. B — Inability to speak in complete sentences is correct. Severe respiratory distress can impair speech and requires urgent escalation; the other findings are relevant history but do not independently establish immediate instability. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

63. C — Create and communicate one reconciled medication plan is correct. A shared reconciled plan reduces confusion and duplication across settings; asking the patient to decide or broadly stopping therapy can introduce avoidable harm. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

64. A — Arrange needed services and confirm the follow-up plan is correct. Coordinating services and verifying next steps addresses transition risks; passive information or delayed contact may leave needs unmet. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

65. B — Demonstrate technique and use teach-back with a log is correct. Demonstration and teach-back improve accurate home data and engagement; unsupported devices or infrequent monitoring do not build reliable self-management. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

66. D — Offer qualified interpreter-supported reminders and scheduling is correct. Qualified language access and accessible reminders reduce barriers; relying on family or eliminating services compromises equitable, confidential care. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy. This supports safe coordinated patient care.

67. D — Discuss options, preferences, and barriers, then arrange follow-up is correct. Shared planning addresses individual barriers and facilitates completion; stigma, generic reminders alone, or waiting for

symptoms undermine prevention. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

68. B — Verify supplies, caregiver ability, and referral needs is correct. Successful home care requires supplies, capability assessment, and coordination; assumptions or delayed planning increase complications and readmissions. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy. This supports safe coordinated patient care.

69. A — Simplify the regimen when possible and use an organized schedule is correct. Simplification and practical organization reduce cognitive burden; duplication, jargon, and unrealistic memorization can worsen errors. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

70. C — Use a registry to identify, contact, and track follow-up is correct. Registries enable proactive identification and tracking of gaps; passive or exclusionary approaches miss patients who may benefit most. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

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87. A — Report the event through the safety system is correct. Near misses reveal system vulnerabilities and should be reported for learning; waiting, informal discussion alone, or altering records prevents meaningful safety improvement. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

88. B — Plan-Do-Study-Act cycle is correct. PDSA cycles test and refine changes on a small scale; the other methods serve different purposes and do not provide iterative implementation learning. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

89. C — Direct the patient to an approved secure communication channel is correct. Secure approved channels protect privacy and support documentation; public advice or chart sharing breaches confidentiality, while total avoidance may obstruct access. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

90. D — Help the patient obtain needed services and understand choices is correct. Advocacy supports informed choices and access to appropriate resources; paternalism and convenience-centered decisions undermine patient-centered care. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

91. C — Bring data to the team and improve the follow-up process is correct. Data-driven team improvement addresses the process rather than blame; ignoring patterns or undocumented unilateral changes does not build reliable systems. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

92. B — Record timely, objective facts and actions taken is correct. Objective, timely documentation communicates care and preserves record integrity; assumptions, hidden alterations, and irrelevant copying create clinical and legal risk. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

93. A — Clarify scope, policy, and appropriate supervision is correct. Scope and policy clarification protects patients and staff; performing or delegating unsupported tasks can violate standards and create

preventable harm. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

94. D — Completion rate before and after the change is correct. Outcome data show whether the process improved completion; process artifacts and opinions alone do not demonstrate patient-level effectiveness. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

95. B — Correct it according to policy with a transparent late entry is correct. Transparent correction preserves the legal record and communicates accurate care; secret deletion, shifting responsibility, or ignoring significant errors damages integrity. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

96. D — Verify identity before discussing protected information is correct. Identity verification prevents unauthorized disclosure; detailed voicemail, personal-device use, and disclosure to unknown callers compromise privacy. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy. This supports safe coordinated patient care.

97. C — Engage affected staff and define measurable responsibilities is correct. Engagement, clear ownership, and measures improve adoption; surprise changes and absent accountability make implementation unreliable. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy. This supports safe coordinated patient care.

98. A — Maintain a therapeutic relationship and appropriate communication is correct. Professional boundaries protect the therapeutic relationship and patient trust; expensive gifts, personal disclosures, and private social connections can blur roles. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

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123. C — Ask for a return demonstration is correct. Return demonstration directly assesses psychomotor skill and permits correction; reading, longer materials, or repeated lecture does not prove correct technique. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

124. D — Use a qualified medical interpreter and plain language is correct. Qualified interpreters support accurate, confidential communication; children, louder speech, and unverified text may introduce errors and compromise privacy. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

125. B — Use plain language, small steps, and teach-back is correct. Plain language and teach-back make essential actions understandable; jargon, information overload, and signatures alone do not establish comprehension. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

126. C — Allow silence and invite the patient to share concerns is correct. Purposeful silence and invitation respect emotional processing; changing topics, dismissing feelings, or continuing without checking in can reduce trust. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

127. A — Patient will demonstrate glucose-meter use before leaving is correct. A demonstration is observable and measurable; vague understanding, nursing activity, and receipt of materials do not define learner performance. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

128. A — Provide accessible text with clear headings and labels is correct. Accessible structured text supports assistive technology; image-only materials, unlabeled color cues, and handwriting requirements

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129. B — Explain options, benefits, risks, and patient preferences is correct. Shared decisions require balanced options and values clarification; unilateral selection or withholding alternatives prevents informed, preference-sensitive care. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy. This supports safe coordinated patient care.

130. D — Ask the caregiver to perform the steps while observed is correct. Observed performance identifies skill gaps before home care begins; assumptions, indirect instruction, and waiting for complications are unsafe. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

131. B — Ask about technology access, timing, and preferred format is correct. Exploring access and format barriers permits tailored education; labeling refusal, insisting on one modality, or repeating unchanged outreach may perpetuate inequity. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

132. C — Acknowledge concerns, listen, and set respectful limits is correct. Acknowledgment and calm limits preserve safety and rapport; argument, interruption, or abrupt termination can intensify conflict and block problem solving. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

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145. A — Use plain language, small steps, and teach-back is correct. Plain language and teach-back make essential actions understandable; jargon, information overload, and signatures alone do not establish comprehension. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

146. B — Allow silence and invite the patient to share concerns is correct. Purposeful silence and invitation respect emotional processing; changing topics, dismissing feelings, or continuing without

checking in can reduce trust. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

147. C — Patient will demonstrate glucose-meter use before leaving is correct. A demonstration is observable and measurable; vague understanding, nursing activity, and receipt of materials do not define learner performance. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

148. D — Provide accessible text with clear headings and labels is correct. Accessible structured text supports assistive technology; image-only materials, unlabeled color cues, and handwriting requirements create unnecessary barriers. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.

149. B — Explain options, benefits, risks, and patient preferences is correct. Shared decisions require balanced options and values clarification; unilateral selection or withholding alternatives prevents informed, preference-sensitive care. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy. This supports safe coordinated patient care.

150. A — Ask the caregiver to perform the steps while observed is correct. Observed performance identifies skill gaps before home care begins; assumptions, indirect instruction, and waiting for complications are unsafe. It addresses the priority. The other options do not respond as directly to the stated risk or need. Document follow-up according to policy.