

D. Providing more care for one client than for another

ANS: C

Rationale: The duty not to inflict as well as prevent and remove harm is termed nonmaleficence. Discussing a DNR order with a terminally ill client and assisting a client with ADLs would not be considered contradictions to the nurse's duty of nonmaleficence. Some clients justifiably require more care than others.

PTS: 1

REF: p. 25

NAT: Client Needs: Safe, Effective Care Environment: Management of Care

TOP: Chapter 1: Professional Nursing Practice

KEY: Integrated Process: Nursing Process

BLM: Cognitive Level: Analyze

NOT: Multiple Choice

4. A nurse has begun creating a client's plan of care shortly after the client's admission. The nurse knows that it is important that the wording of the chosen nursing diagnoses falls within the taxonomy of nursing. Which organization is responsible for developing the taxonomy of a nursing diagnosis?
- A. American Nurses Association (ANA)
  - B. North American Nursing Diagnosis Association (NANDA)
  - C. National League for Nursing (NLN)
  - D. Joint Commission

ANS: B

Rationale: NANDA International is the official organization responsible for developing the taxonomy of nursing diagnoses and formulating nursing diagnoses acceptable for study. The ANA, NLN, and Joint Commission are not charged with the task of developing the taxonomy of nursing diagnoses.

PTS: 1

REF: p. 15

NAT: Client Needs: Safe, Effective Care Environment: Management of Care

TOP: Chapter 1: Professional Nursing Practice

KEY: Integrated Process: Nursing Process

BLM: Cognitive Level: Understand

NOT: Multiple Choice

5. A medical nurse has obtained a new client's health history and has completed the admission assessment. The nurse followed this by documenting the results and creating a care plan for the client. Which of the following is the **most** important rationale for documenting the client's care?
- A. It provides continuity of care.
  - B. It creates a teaching log for the family.
  - C. It verifies appropriate staffing levels.
  - D. It keeps the client fully informed.

ANS: A

Rationale: This record provides a means of communication among members of the health care team and facilitates coordinated planning and continuity of care. It serves as the legal and business record for a health care agency and for the professional staff members who are responsible for the client's care. Documentation is not primarily a teaching log; it does not verify staffing; and it is not intended to provide the client with information about treatments.

PTS: 1

REF: p. 14

NAT: Client Needs: Safe, Effective Care Environment: Management of Care

TOP: Chapter 1: Professional Nursing Practice

KEY: Integrated Process: Communication and Documentation

BLM: Cognitive Level: Understand

NOT: Multiple Choice

# Maxim Medical Surgical Nursing Test Answers

**L Cohen**



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