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PRACTICE BASED ON RESEARCH EVIDENCE**Rationale for Maximizing Nursing Leadership Skills at the Point of Care**

If the skills presented in this book are used to save lives by providing care prioritized to attend to the most unstable patients first, optimally delegated to be delivered by the right personnel, and assigned using appropriate language with the most motivational and conscientious supervisory follow-up, then clinical outcomes should be optimal and work satisfaction should flourish. Solid correlational research evidence has been lacking related to “the best use of personnel to multiply the RN’s ability to remain vigilant over patient progress and avoid failures to rescue, but common sense would advise that better delegation and supervision skills would prevent errors and omissions as well as unobserved patient decline” (Hansten, 2008b, 2019).

In an era of value-based purchasing and health care reimbursement based on clinical results with linkages for care along the continuum from site to site, an RN’s accountability has irrevocably moved beyond task orientation to leadership practices that ensure better outcomes for patients, families, and populations. The necessity of efficiency and effectiveness in health care means that RNs must delegate and supervise appropriately so that all tasks that can be safely assigned to APs are completed flawlessly. Patient safety experts have linked interpersonal communication errors and teamwork communication gaps as major sources of medical errors and The Joint Commission associated these as root causes of 70% or more of serious reportable events (Grant, 2016, p. 11). Severe events that harm patients (sentinel events) can occur through inadequate hand-offs between caregivers and along the health care continuum as patients are transferred (The Joint Commission, 2017).

Nurses are accountable for processes as well as outcomes measures so that insurers will reimburse health care organizations. If hospital-acquired conditions occur, such as pressure injuries falls with injury, and some infections, reimbursement for the care of that condition will be negatively impacted.

- Nurses have been reported to spend more than half their time on tasks other than patient care, including searching for team members and internal communications (Voalte Special Report, 2013). Shift report at the bedside, along with better initial direction and a plan for supervision during the day, all ultimately decrease time wasted when nurses must attempt to connect with team members when delegation and assignment processes do not include the five rights. At one facility in the Midwest, shift hand-offs were reduced to 10 to 15 minutes per shift per RN as a result of a planned approach to initial direction and care planning, which thus saved each RN 30 to 45 minutes per day (Hansten, 2008a, p. 34). Better

use of nursing and AP time can result in more time to care for patients, giving RNs the opportunity to teach patients self-care or to maintain functional status.

- When nurses did not appropriately implement the five rights of delegation and supervision with assistive personnel, errors occurred that potentially could have been avoided with better RN leadership behaviors. Early research about the impact of supervision on errors showed that about 14% of task errors or care omissions related to teamwork were because of lack of RN direction or communication, and approximately 12% of the issues stemmed from lack of supervision or follow-up (Standing, Anthony, & Hertz, 2001). Lack of communication among staff members has been an international issue leading to care that is not completed appropriately (Diab & Ebrahim, 2019). Errors can result in uncompensated conditions or readmissions; unhappy patients and providers; disgruntled health care purchasers; and a disloyal, anxious patient community (Hansten, 2019).
- Teamwork and job satisfaction have been found to be negatively correlated with over-delegation and a hierarchical relationship between nurses and assistive personnel (Kalisch 2015, p. 266–227), but offering feedback effectively has been shown to improve team thinking and performance (Mizne, D., 2018, <https://www.15five.com/blog/7-employee-engagement-trends-2018/>). Workplace injuries, expensive employee turnover, and patient safety have been linked with employee morale. Daily or weekly feedback has been requested by a majority of teams and this could be achieved by excellent delegation, assignment, and supervision shift routines (McNee, 2015, <https://www.mcknights.com/blogs/guest-columns/nurse-morale-and-its-impact-on-ltc/>). Best practices for deployment of personnel include a connection to patient outcomes, which can occur during initial direction and debriefing supervision checkpoints (Hansten, 2021 in LaCharity and Garneau).
- Unplanned readmissions to acute care within 30 days of discharge are linked to potential penalties and reduced reimbursement. Inadequate RN initial direction and supervision of APs can lead to missed mobilization, hydration, and nutrition of patients, thereby discharging deconditioned patients, and can be traced to ED visits and subsequent readmissions. Reimbursement bundling for specific care pathways such as total joint replacements or acute exacerbation of chronic obstructive pulmonary disease requires that team communication and RN supervision of coworkers along the full continuum must be seamless from ambulatory care to acute care, rehabilitation, and home settings (Kalisch, 2015; Hansten, 2019).
- As public quality transparency and competition for best value become the norm, ineffective delegation has been a significant source of missed care, such

as lack of care planning, lack of turning or ambulation, delayed or missed nutrition, and lack of hygiene (Bittner et al., 2011; Kalisch, 2015, pp. 266–270). These care omissions can be contributing factors for the occurrence of unreimbursed “never events” (events that should never occur), such as pressure ulcers and pneumonia, as well as prolonged lengths of stay. Other nurse-sensitive quality indicators such as catheter-associated urinary tract infections could be correlated to omitted perineal hygiene and inattention to discontinuation of catheters. Useful models that link delegation with care omissions and ensuing care hazards such as thrombosis, pressure injuries, constipation, and infection, combined with a Swiss Cheese Safety Model showing defensive steps against health care-acquired conditions and errors through excellence in RN leadership, can be accessed in the August 2014 *Nurse Leader* at <https://doi.org/10.1016/j.mnl.2013.10.007> (Hansten, 2014a; Hansten, 2020 in Kelly Vana and Tazbi”).

- In perioperative nursing, such omissions as lack of warming, oral care, head elevation and deep breathing, can lead to postoperative pneumonia and lack of optimal healing (Ralph and Viljoen, 2018). Many of these interventions could be delegated or assigned.

Evidence does indicate that appropriate nursing judgment in prioritization, delegation, and supervision can save time and improve communication and thereby improve care, patient safety, clinical outcomes, and job satisfaction, potentially saving patient-days and absenteeism and recruitment costs. Patient satisfaction, staff satisfaction, and clinical results decline when nursing care is poor. Potential reimbursement is lost, patients and families suffer, and the health of our communities decays when RNs do not assume the leadership necessary to work effectively with all team members (Bittner et al., 2011, Kalisch, 2015, Hansten, 2019).

PRINCIPLES FOR IMPLEMENTATION OF PRIORITIZATION, DELEGATION, AND ASSIGNMENT

Return to our goalposts of the four Ps (purpose, picture, plan, and part) as a framework as you answer the questions in this workbook and further develop your own expertise and recall the following principles:

- The RN should always start with the patient’s and family’s preferred outcomes in mind. The RN is first clear about the patient’s purpose for accessing care and his or her picture for a successful outcome.
- The RN should refer to the applicable state nursing practice statute and rules as well as the organization’s job descriptions for current information about roles and responsibilities of RNs, LPNs/LVNs, and APs. (These are the roles or the parts that people play.)

- Student nurses, novices, float nurses, and other infrequent workers also require variable levels of supervision, guidance, or support (The workers’ abilities and roles become a piece of the plan.) (NCSBN, 2016b).
- The RN is accountable for nursing judgment decisions and for ongoing supervision of any care that is delegated or assigned.
- The RN cannot delegate the nursing process (in particular the assessment, planning, and evaluation phases) or clinical judgment to a non-RN. Some interventions or data-gathering activities may be delegated based on the circumstances.
- The RN must know as much as practical about the patients and their conditions, as well as the skills and competency of team members, to prioritize, delegate, and assign. Decisions must be specifically individualized to the patient, the delegates, and the situation.
- In a clinical situation, everything is fluid and shifting. No priority, assignment, or delegation is written indelibly and cannot be altered. The RN in charge of a unit, a team, or one patient is accountable to choose the best course to achieve the patient’s and family’s preferred results.

Best wishes in completing this workbook! The authors invite you to use the questions as an exercise in assembling the pieces to the puzzle that will become a picture of health-promoting practice.

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CHAPTER 1

Pain

Questions

- Based on the principles of pain treatment, which consideration comes **first**?
 - Treatment is based on patient goals.
 - A multidisciplinary approach is needed.
 - Patient's perception of pain must be accepted.
 - Drug side effects must be prevented and managed.
- According to Centers for Disease Control and Prevention (CDC) guidelines for opioid use for patients with chronic pain, which actions are part of the nurse's responsibility related to the current opioid crisis? **Select all that apply.**
 - Recognize that negative attitudes toward substance abusers is a barrier to patient compliance.
 - Access electronic prescription drug monitoring program whenever patients receive an opioid prescription.
 - Learn to recognize the signs and symptoms of opioid overdose and the proper use of naloxone.
 - Use a tone of voice and facial expression that convey acceptance and understanding of patients who are addicted.
 - Report health care providers who fail to safely prescribe opioids according to the guidelines.
- On the first day after surgery, a patient who is on a patient-controlled analgesia pump reports that the pain control is inadequate. Which action would the nurse take **first**?
 - Deliver the bolus dose per standing order.
 - Contact the health care provider (HCP) to increase the dose.
 - Try nonpharmacologic comfort measures.
 - Assess the pain for location, quality, and intensity.
- The team is providing emergency care to a patient who received an excessive dose of opioid pain medication. Which task is **best** to assign to the LPN/LVN?
 - Calling the health care provider (HCP) to report SBAR (situation, background, assessment, recommendation)
 - Giving naloxone and evaluating response to therapy
 - Monitoring the respiratory status for the first 30 minutes
 - Applying oxygen per nasal cannula as ordered
- What is the **best** way to schedule medication for a patient with constant pain?
 - As needed at the patient's request
 - Before painful procedures
 - IV bolus after pain assessment
 - Around-the-clock
- Which patient is at **greatest** risk for respiratory depression when receiving opioids for analgesia?
 - Older adult patient with chronic pain related to joint immobility
 - Patient with a heroin addiction and back pain
 - Young female patient with advanced multiple myeloma
 - Opioid-naïve adolescent with an arm fracture and cystic fibrosis
- The home health nurse is interviewing an older patient with a history of rheumatoid arthritis who reports "feeling pretty good, except for the pain and stiffness in my joints when I first get out of bed." Which member of the health care team would be notified to aid in the patient's pain?
 - Health care provider to review the dosage and frequency of pain medication
 - Physical therapist for evaluation of function and possible exercise therapy
 - Social worker to locate community resources for complementary therapy
 - Home health aide to help patient with a warm shower in the morning
- A patient with diabetic neuropathy reports a burning, electrical-type pain in the lower extremities that is worse at night and not responding to nonsteroidal antiinflammatory drugs. Which medication will the nurse advocate for **first**?
 - Gabapentin

2. Corticosteroids
 3. Hydromorphone
 4. Lorazepam
9. When an analgesic is titrated to manage pain, what is the **priority** goal?
1. Titrate to the smallest dose that provides relief with the fewest side effects.
 2. Titrate upward until the patient is pain free or an acceptable level is reached.
 3. Titrate downward to prevent toxicity, overdose, and adverse effects.
 4. Titrate to a dosage that is adequate to meet the patient's subjective needs.
10. According to recent guidelines from the American Pain Society in collaboration with the American Society of Anesthesiologists, which pain management strategies are **important** for postsurgical patients? **Select all that apply.**
1. Acetaminophen and/or nonsteroidal anti-inflammatory drugs (NSAIDs) for management of postoperative pain in adults and children without contraindications
 2. Surgical site-specific peripheral regional anesthesia techniques in adults and children for procedures
 3. Neuraxial (epidural) analgesia for major thoracic and abdominal procedures if the patient has risk for cardiac complications or prolonged ileus
 4. Multimodal therapy that could include opioids and nonopioid therapies, regional anesthetic techniques, and nonpharmacologic therapies
 5. IV administration of opioids, rather than oral opioids, for postoperative analgesia
 6. Pain specialists to manage the postoperative pain for all surgical patients
11. When a patient stoically abides with his parent's encouragement to "tough out the pain" rather than risk an addiction to opioids, the nurse recognizes that the sociocultural dimension of pain is the current **priority** for the patient. Which question will the nurse ask?
1. "Where is the pain located, and does it radiate to other parts of your body?"
 2. "How would you describe the pain, and how is it affecting you?"
 3. "What do you believe about pain medication and drug addiction?"
 4. "How is the pain affecting your activity level and your ability to function?"
12. Which patient is **most** likely to receive opioids for extended periods of time?
1. A patient with fibromyalgia
 2. A patient with phantom limb pain in the leg
 3. A patient with progressive pancreatic cancer
 4. A patient with trigeminal neuralgia
13. The nurse is caring for a postoperative patient who reports pain. Based on recent evidence-based guidelines, which approach would be **best**?
1. Multimodal strategies
 2. Standing orders by protocol
 3. Intravenous patient-controlled analgesia (PCA)
 4. Opioid dosage based on valid numerical scale
14. A newly graduated RN has correctly documented dose and time of medication, but there is no documentation regarding nonpharmaceutical measures. What action should the charge nurse take **first**?
1. Make a note in the nurse's file and continue to observe clinical performance.
 2. Refer the new nurse to the in-service education department.
 3. Quiz the nurse about knowledge of pain management and pharmacology.
 4. Give praise for documenting dose and time and discuss documentation deficits.
15. Which patients must be assigned to an experienced RN? **Select all that apply.**
1. Patient who was in an automobile crash and sustained multiple injuries
 2. Patient with chronic back pain related to a workplace injury
 3. Patient who has returned from surgery and has a chest tube in place
 4. Patient with abdominal cramps related to food poisoning
 5. Patient with a severe headache of unknown origin
 6. Patient with chest pain who has a history of atherosclerosis
16. Which postoperative patient is manifesting the **most** serious negative effect of inadequate pain management?
1. Demonstrates continuous use of call bell related to unsatisfied needs and discomfort
 2. Develops venous thromboembolism because of immobility caused by pain and discomfort
 3. Refuses to participate in physical therapy because of fear of pain caused by exercises
 4. Feels depressed about loss of function and hopeless about getting relief from pain
17. The nurse is considering seeking clarification for several prescriptions of pain medication. Which patient circumstance is the **priority** concern?
1. A 35-year-old opioid-naïve adult will receive a basal dose of morphine via IV patient-controlled analgesia.

27. According to recent guidelines from the Center for Disease Control and Prevention for prescribing/using opioid medication for chronic pain, which prescriptions would the nurse question because of the increased risk for opioid overdose? **Select all that apply.**
1. Extended-release/long-acting (ER/LA) transdermal fentanyl for a patient with fibromyalgia
 2. Time-scheduled ER/LA oxycodone for a patient with chronic low back pain
 3. As-needed (PRN) morphine for arthritis pain for an elderly patient with sleep apnea
 4. 90 morphine milligram equivalents/day for a patient who has a hip fracture
 5. ER/LA methadone PRN for a patient with headache pain
 6. Patient-controlled analgesia (PCA) morphine for a patient with postsurgical abdominal pain
28. Which patients can be appropriately assigned to a newly graduated RN who has recently completed orientation? **Select all that apply.**
1. Anxious patient with chronic pain who frequently uses the call button
 2. Patient on the second postoperative day who needs pain medication before dressing changes
 3. Patient with acquired immune deficiency syndrome who reports headache and abdominal and pleuritic chest pain
 4. Patient with chronic pain who is to be discharged with a new surgically implanted catheter
 5. Patient who is reporting pain at the site of a peripheral IV line
 6. Patient with a kidney stone who needs frequent as-needed pain medication
29. A patient's spouse comes to the nurse's station and says, "He needs more pain medicine. He is still having a lot of pain." Which response is **best**?
1. "The medication is prescribed to be given every 4 hours."
 2. "If medication is given too frequently, there are ill effects."
 3. "Please tell him that I will be right there to check on him."
 4. "Let's wait 40 minutes. If he still hurts, I'll call the health care provider."
30. A patient with pain disorder and depression has chronic low back pain. He states, "None of these doctors has done anything to help." Which patient statement is cause for **greatest** concern?
1. "I twisted my back last night, and now the pain is a lot worse."
 2. "I'm so sick of this pain. I think I'm going to find a way to end it."
 3. "Occasionally, I buy pain killers from a guy in my neighborhood."
 4. "I'm going to sue you and the doctor; you aren't doing anything for me."
31. A patient has severe pain and bladder distention related to urinary retention and possible obstruction; insertion of an indwelling catheter is prescribed. An experienced unlicensed assistive personnel (AP) states that she is trained to do this procedure. Which task can be delegated to this AP?
1. Assessing the bladder distention and the pain associated with urinary retention
 2. Inserting the indwelling catheter after verifying her knowledge of sterile technique
 3. Evaluating the relief of pain and bladder distention after the catheter is inserted
 4. Measuring the urine output after the catheter is inserted and obtaining a specimen
32. The nurse is caring for a young man with a history of substance abuse who had exploratory abdominal surgery 4 days ago for a knife wound. There is a prescription to discontinue the morphine via patient-controlled analgesia and to start oral pain medication. The patient begs, "Please don't stop the morphine. My pain is really a lot worse today than it was yesterday." Which response is **best**?
1. "Let me stop the pump; we can try oral pain medication to see if it gives relief."
 2. "I realize that you are scared of the pain, but we must try to wean you off the pump."
 3. "Show me where your pain is and describe how it feels compared with yesterday."
 4. "Let's take your vital signs; then I will call the health care provider."
33. The nurse is working with a health care provider who prescribes opioid doses based on a specific pain intensity rating (dosing to the numbers). Which patient circumstance is cause for **greatest** concern?
1. A 73-year-old frail female patient with a history of chronic obstructive pulmonary disease is prescribed 4 mg IV morphine for pain of 1 to 3 on a scale of 0 to 10.
 2. A 25-year-old postoperative male patient with a history of opioid addiction is prescribed one tablet of oxycodone and acetaminophen for pain of 4 to 5 on a scale of 0 to 10.
 3. A 33-year-old opioid-naïve female patient who has a severe migraine headache is prescribed 5 mg IV morphine for pain of 7 to 8 on a scale of 0 to 10.
 4. A 60-year-old male with a history of rheumatoid arthritis is prescribed one tablet of hydromorphone for pain of 5 to 6 on scale of 0 to 10.

34. Which nursing action is the **best** example of the principle of nonmaleficence as an ethical consideration in pain management?
1. Patient seems excessively sedated but continues to ask for morphine, so the nurse conducts further assessment and seeks alternatives to opioid medication.
 2. Patient has no known disease disorders and no objective signs of poor health or injury, but reports severe pain, so nurse advocates for pain medicine.
 3. Patient is older, but he is mentally alert and demonstrates good judgment, so the nurse encourages the patient to verbalize personal goals for pain management.
 4. Patient repeatedly refuses pain medication but shows grimacing and reluctance to move, so the nurse explains the benefits of taking pain medication.
35. The nurse is assessing a patient who has been receiving opioid medication via patient-controlled analgesia. Which **early** sign alerts the nurse to a possible adverse opioid reaction?
1. Patient reports shortness of breath.
 2. Patient is more difficult to arouse.
 3. Patient is more anxious and nervous.
 4. Patient reports pain is worsening.
36. The charge nurse of a long-term care facility is reviewing the methods and assessment tools that are being used to assess the residents' pain. Which nurse is using the **best** method to assess pain?
1. Nurse A uses a behavioral assessment tool when the resident is engaged in activities.
 2. Nurse B asks a resident who doesn't speak English to point to the location of pain.
 3. Nurse C uses the same numerical rating scale every day for the same resident.
 4. Nurse D asks the daughter of a confused patient to describe the resident's pain.
37. For which of these patients is IV morphine the first-line choice for pain management?
1. A 33-year-old intrapartum patient needs pain relief for labor contractions.
 2. A 24-year-old patient reports severe headache related to being hit in the head.
 3. A 56-year-old patient reports breakthrough bone pain related to multiple myeloma.
 4. A 73-year-old patient reports chronic pain associated with hip replacement surgery.
38. The patient is prescribed a fentanyl patch for persistent severe pain. Which patient behavior **most** urgently requires correction?
1. Frequently likes to sit in the hot tub to reduce joint stiffness
 2. Prefers to place the patch only on the upper anterior chest wall
 3. Saves and reuses the old patches when he can't afford new ones
 4. Changes the patch every 4 days rather than the prescribed 72 hours
39. The home health nurse discovers that an older adult patient has been sharing his pain medication with his daughter. He acknowledges the dangers of sharing, but states, "My daughter can't afford to see a doctor or buy medicine, so I must give her a few of my pain pills." Which member of the health care team would the nurse consult **first**?
1. Health care provider to renew the prescription so that the patient has enough medicine
 2. Pharmacist to monitor the frequency of the prescription refills
 3. Social worker to help the family locate resources for health care
 4. Home health aide to watch for inappropriate medication usage by family
40. For a postoperative patient, the health care provider (HCP) prescribed multimodal therapy, which includes acetaminophen, nonsteroidal antiinflammatory drugs, as-needed (PRN) opioids, and nonpharmaceutical interventions. The patient continuously asks for the PRN opioid, and the nurse suspects that the patient may have a drug abuse problem. Which action by the nurse is **best**?
1. Administer acetaminophen and spend extra time with the patient.
 2. Explain that opioid medication is reserved for moderate to severe pain.
 3. Give the opioid because the patient deserves relief and drug abuse is unconfirmed.
 4. Ask the HCP to validate suspicions of drug abuse and alter the opioid prescription.
41. An inexperienced new nurse compares the medication administration record (MAR) and the health care provider's (HCP's) prescription for a patient who has a patient-controlled analgesia (PCA) pump for pain management. Both the MAR and prescription indicate that larger doses are prescribed at night compared with doses throughout the day. Who would the new nurse consult **first**?
1. Ask the patient if he typically needs extra medication in the evening.
 2. Ask the HCP to verify that the larger amount is the correct dose.
 3. Ask the pharmacist to confirm the dosage on the original prescription.
 4. Ask the charge nurse if this is a typical dosage for nighttime PCA.

Answers

- Ans: 3** The patient must be believed, and his or her experience of pain must be acknowledged as valid. The data gathered via patient reports can then be applied to the other options in developing the treatment plan. **Focus:** Prioritization; **QSEN:** PCC; **Concept:** Pain; **Cognitive Level:** Applying.
- Ans: 1, 3, 4** The widespread use of opioids and the increase in mortality and morbidity make it essential for nurses to recognize any personal negative bias and work toward conveying acceptance and understanding. This increases the likelihood of patient engagement and success in treatment programs. Learning about the signs and symptoms of an opioid overdose and the proper use of naloxone is also a nursing responsibility. Electronic prescription drug monitoring programs show promise but are not currently available nationwide and checking the database for all opioid prescriptions may be time-consuming and unnecessary (short-term opioid prescriptions for acute pain are less problematic). The nurse would question a health care provider if an opioid prescription did not seem safe; however, the CDC recommendations are not legally binding and deviations are not reportable. **Focus:** Prioritization; **QSEN:** EBP, S; **Concept:** Pain; **Cognitive Level:** Analyzing.
- Ans: 4** Assess the pain for changes in location, quality, and intensity, as well as changes in response to medication. This assessment will guide the next steps. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain; **Cognitive Level:** Applying. **Test-Taking Tip:** During clinical rotations, you may observe nurses giving pain medication without performing an adequate pain assessment. This is an error in clinical performance. In postoperative patients, pain could signal complications, such as hemorrhage, infection, or decreased perfusion related to tissue swelling. Always assess pain first, then make a decision about giving medication, using nonpharmacologic methods, or contacting the HCP.
- Ans: 4** The LPN/LVN is well trained to administer oxygen per nasal cannula. This patient is considered unstable; therefore the RN should take responsibility for administering drugs and monitoring the response to therapy, which includes the effects on the respiratory system. The RN should also take responsibility to communicate with the HCP for ongoing treatment and therapy. **Focus:** Assignment; **QSEN:** TC; **Concept:** Clinical Judgment; **Cognitive Level:** Analyzing; **IPEC:** R/R.
- Ans: 4** If the pain is constant, the best schedule is around-the-clock to provide steady analgesia and pain control. The other options may require higher dosages to achieve control. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain; **Cognitive Level:** Applying.
- Ans: 4** At greatest risk are older adult patients, opioid-naïve patients, and those with underlying pulmonary disease. The adolescent has two of the three risk factors. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain; **Cognitive Level:** Applying.
- Ans: 4** One of the common features of rheumatoid arthritis is joint pain and stiffness when first rising. This usually resolves over the course of the day. A non-pharmaceutical measure is to take a warm shower (or apply warm packs to joints if pain is limited to one or two joints). If pain worsens, then the nurse may elect to contact other members of the health care team for additional interventions. **Focus:** Delegation; **QSEN:** TC; **Concept:** Pain; **Cognitive Level:** Applying; **IPEC:** R/R.
- Ans: 1** Gabapentin is an antiepileptic drug, but it is also used to treat diabetic neuropathy. Corticosteroids are for pain associated with inflammation. Hydromorphone is a stronger opioid, and it is not the first choice for chronic pain that can be managed with other drugs. Lorazepam is an anxiolytic that may be prescribed as an adjuvant medication. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain; **Cognitive Level:** Applying.
- Ans: 1** The goal is to control pain while minimizing side effects. For severe pain, the medication can be titrated upward until the pain is controlled. Downward titration occurs when the pain begins to subside. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain; **Cognitive Level:** Applying.
- Ans: 1, 2, 3, 4** The recommendations of the American Pain Society, in collaboration with the American Society of Anesthesiologists, for postoperative patients include: acetaminophen and/or NSAIDs if there are no contraindications; surgical site-specific peripheral regional anesthetic for procedures; neuraxial analgesia (also known as epidural analgesia) for major thoracic and abdominal procedures, if patient has risk for cardiac complications or prolonged ileus; and multimodal therapy, which includes use of different types of medications and other therapies. Oral opioids are preferred in the postoperative period. Pain specialists should be consulted if patients have inadequately controlled postoperative pain. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain; **Cognitive Level:** Understanding. **Test-Taking Tip:** Passing a test and working as a competent nurse requires keeping up to date with current practice guidelines.
- Ans: 3** Beliefs, attitudes, and familial influence are part of the sociocultural dimension of pain. Location

and radiation of pain address the sensory dimension. Describing pain and its effects addresses the affective dimension. Activity level and function address the behavioral dimension. Asking about knowledge addresses the cognitive dimension. **Focus:** Prioritization; **QSEN:** PCC; **Concept:** Pain; **Cognitive Level:** Analyzing.

12. **Ans: 3** Cancer pain generally worsens with disease progression, and the use of opioids is more generous. Fibromyalgia is more likely to be treated with non-opioid and adjuvant medications. Trigeminal neuralgia is treated with antiseizure medications such as carbamazepine. Phantom limb pain usually subsides after ambulation begins. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain; **Cognitive Level:** Applying.
13. **Ans: 1** Multimodal therapies for postoperative patients include opioids and nonopioid therapies, regional anesthetic techniques, and nonpharmacologic therapies. This approach is thought to be the most important strategy for pain management for most postoperative patients. Standing orders are less optimal because there is no consideration of individual needs or characteristics. PCA is one important element, but not all patients can manage PCA devices. Assessment tools are an important part of overall management, but basing opioid dose on a numerical scale does not consider individual patient circumstances. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Pain; **Cognitive Level:** Understanding.
14. **Ans: 4** When supervising a new RN, good performance should be reinforced first and then areas of improvement can be addressed. Asking the nurse about knowledge of pain management is also an option; however, it would be a more indirect and time-consuming approach. Making a note and watching does not help the nurse to correct the immediate problem. In-service training might be considered if the problem persists. **Focus:** Supervision; **QSEN:** TC, QI; **Concept:** Leadership; **Cognitive Level:** Applying.
15. **Ans: 1, 3, 5, 6** Patients with acute conditions that require close monitoring for complications should be assigned to an experienced RN. Abdominal cramps secondary to food poisoning is an acute condition; however, cramping, vomiting, and diarrhea are usually self-limiting. The patient with chronic back pain would be considered physically stable. Although all patients will benefit from care provided by an experienced RN, the patient with abdominal cramps and the patient with back pain could be assigned to a new RN, an LPN/LVN, or a float nurse. **Focus:** Assignment; **QSEN:** TC; **Concept:** Clinical Judgment; **Cognitive Level:** Analyzing; **IPEC:** T/T. **Test Taking Tip:** To determine acuity of patients, use nursing concepts, such as gas exchange and perfusion. Patients 1, 3, 5, and 6 could have potential problems related to

perfusion. The patient with the chest tube could also have a potential problem related to gas exchange.

16. **Ans: 2** Inadequate pain management for postsurgical patients can affect quality of life, function, recovery, and postsurgical complication; thus all the manifestations are examples of negative results. Nevertheless, venous thromboembolism is the most serious because it can lead to pulmonary embolism, which is an immediate life-threatening concern. The nurse also needs to implement interventions to resolve unsatisfied needs, fear of pain, and hopelessness related to pain and function. **Focus:** Prioritization; **QSEN:** PCC, S; **Concept:** Pain; **Cognitive Level:** Analyzing. **Test-Taking Tip:** Physiologic needs are the first concern. In this case, venous thromboembolism is the most serious physiologic outcome secondary to inadequate pain management.
17. **Ans: 1** The nurse would consider questioning all of the medication prescriptions, but the opioid-naïve adult has the greatest immediate risk because use of a basal dose has been associated with an increased incidence of respiratory depression in opioid-naïve patients. Older adults are frequently prescribed NSAIDs; however, they are used with caution, and the patient's history should be reviewed for potential problems, such as a history of gastrointestinal bleeding, cardiac disease, or renal dysfunction. Many medications such as anticoagulants, oral hypoglycemics, diuretics, and antihypertensives can also cause adverse drug-drug interactions with NSAIDs. IM injections cause pain, absorption is unreliable, and there are no advantages over other routes of administration. If a patient is able to tolerate oral foods and fluids, oral medications are preferred because the efficacy of the oral route is equal to the IV route. **Focus:** Prioritization; **QSEN:** EBP, S; **Concept:** Pain; **Cognitive Level:** Analyzing. **Test-Taking Tip:** It is worthwhile to study the purposes, pharmacologic actions, and side effects of commonly used medications. Morphine is considered the prototype of the opioid medications. For opioid-naïve patients, the priority concern is respiratory depression. For patients who need opioids for long-term pain management, the primary side effect is constipation.
18. **Ans: 3** The patient with an acute myocardial infarction has the greatest need for IV access and is likely to receive morphine, which will relieve pain and increase venous capacitance. The other patients may also need IV access for delivery of pain medication, other drugs, or IV fluids, but the need is less urgent. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Clinical Judgment; **Cognitive Level:** Analyzing.
19. **Ans: 2** The AP has correctly reported findings, but the nurse is ultimately responsible to assess first and then determine the correct action. Based on assessment findings, the other options may also be appropriate. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Clinical Judgment; **Cognitive Level:** Applying.