Adams, *Pharmacology for Nurses: A Pathophysiologic Approach, 5/E*
Chapter 3

Question 1
Type: MCMA

The physician has ordered several medications for the patient. What does the nurse recognize as responsibilities regarding administration of medications?

*Note: Credit will be given only if all correct choices and no incorrect choices are selected.*

**Standard Text:** Select all that apply.

1. Knowing whether or not the medication is on the hospital formulary
2. Knowing the reason the medication was prescribed for this patient
3. Knowing how the medication is to be administered
4. Knowing how the medication is supplied by the pharmacy
5. Knowing the name of the medication

**Correct Answer:** 2,3,4,5

**Rationale 1:** Whether or not a drug is on a hospital formulary list is not a primary responsibility of the nurse.

**Rationale 2:** Knowing the reason the medication was prescribed for the patient is the responsibility of the nurse regarding medication administration.

**Rationale 3:** Knowing how the medication is to be administered is the responsibility of the nurse regarding medication administration.

**Rationale 4:** Knowing how the medication is to be administered is the responsibility of the nurse regarding medication administration.

**Rationale 5:** Knowing how the medication is supplied by the pharmacy is the responsibility of the nurse regarding medication administration.

**Global Rationale:** How the medication is supplied by the pharmacy, how the medication is to be administered, the name of the medication, and the reason the medication was prescribed for the patient are the responsibilities of the nurse regarding medication administration. Whether or not a drug is on a hospital formulary list is not a primary responsibility of the nurse.

**Cognitive Level:** Applying

**Client Need:** Physiological Integrity

**Client Need Sub:** Pharmacological and Parenteral Therapies
QSEN Competencies: V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.

AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.


Learning Outcome: 3-2 Describe the roles and responsibilities of nurses regarding safe drug administration.

MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

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Question 2
Type: MCMA

The nurse is preparing medications prior to administration. To promote patient safety, the nurse uses "rights" of drug administration. What do these "rights" include?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. The right medication
2. The right time of delivery
3. The right dose
4. The right route of administration
5. The right nurse

Correct Answer: 1,2,3,4

Rationale 1: The right medication is an essential consideration of medication administration and is considered one of the five rights.

Rationale 2: The right time of delivery is an essential consideration of medication administration and is considered one of the five rights.

Rationale 3: The right dose is an essential consideration of medication administration and is considered one of the five rights.

Rationale 4: The right route of delivery is an essential consideration of medication administration and is considered one of the five rights.

Rationale 5: The right nurse is not one of the listed rights of medication delivery.
Global Rationale: The five rights of drug administration are the right patient, the right medication, the right dose, the right route of administration, and the right time of delivery. The right nurse is not one of the listed rights.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.
AACN Essential Competencies: IX.12 Create a safe environment that results in high quality patient outcomes.
Learning Outcome: 3-3 Explain how the five rights of drug administration affect patient safety.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
Page Number: 22

Question 3
Type: MCSA

The nurse suspects that the patient has not been taking his prescribed antihypertensive medication because the patient's blood pressure remains elevated. What is the best therapeutic question the nurse can ask that will assess noncompliance?

1. "Taking medication is difficult for many people. What are some of your concerns about the medication?"

2. "Your blood pressure is really high; do you realize the serious consequences of not taking your medication?"

3. "I really doubt that you are taking your medication. What would you think about talking to the doctor?"

4. "You are one of my favorite patients and I want you to be safe. Are you really taking your medication?"

Correct Answer: 1

Rationale 1: The most therapeutic question informs the patient that compliance is difficult for many people, and does not directly challenge the patient about not taking the medication.

Rationale 2: Telling the patient his blood pressure is high and there are serious consequences is using the "scare tactic," and is non-therapeutic; the patient most likely is aware of the consequences.

Rationale 3: Telling the patient that the nurse doubts he is taking the medication directly challenges him, and recommending that he see the physician is threatening.

Rationale 4: Telling the patient that he is a favorite is manipulating.

Global Rationale: The most therapeutic question informs the patient that compliance is difficult for many people, and does not directly challenge the patient about not taking the medication. Telling the patient that the nurse
doubts he is taking the medication directly challenges him, and recommending that he see the physician is threatening. Telling the patient his blood pressure is high and there are serious consequences is using the "scare tactic," and is non-therapeutic; the patient most likely is aware of the consequences. Telling the patient that he is a favorite is manipulating.

Cognitive Level: Applying  
Client Need: Physiological Integrity  
Client Need Sub: Pharmacological and Parenteral Therapies  
QSEN Competencies: I.B.1 Elicit patient values, preferences, and expressed needs as part of clinical interview, implementation of care plan, and evaluation of care.  
AACN Essential Competencies: IX.5 Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences.  
NLN Competencies: Relationship centered care: Respect the patient’s dignity, uniqueness, integrity, and self-determination, and his or her own power and self-healing process.  
Nursing/Integrated Concepts: Nursing Process: Implementation  
Learning Outcome: 3-4 Give specific examples of how nurses can increase patient compliance in taking medications.  
MNL Learning Outcome: 1.3.3 Implement the nursing process in the administration of medications.  
Page Number: 23

Question 4  
Type: MCSA

The patient is having chest pain. The physician orders sublingual nitroglycerine STAT. The nurse obtains the medication from the pharmacy and administers it to the patient 30 minutes later. Which statement best describes the nurse's action?

1. The medication should have been administered immediately.
2. The physician should have specified the time frame for the medication.
3. The medication should have been administered within a 5-minute time frame.
4. The nursing action was correct because the medication was not on the unit.

Correct Answer: 3

Rationale 1: Although the drug does not need to be administered immediately, there is a time limit in which it should be administered.

Rationale 2: For a STAT order, the time frame between writing the order and administering the drug should be 5 minutes or less. Not having a drug on the unit is not an excuse, as commonly ordered STAT medications should be kept in stock. Although the drug does not need to be administered immediately, it should be done within 5 minutes. By using the abbreviation STAT, the physician has specified the time frame for the medication.
Rationale 3: For a STAT order, the time frame between writing the order and administering the drug should be 5 minutes or less.

Rationale 4: Not having a drug on the unit is not an excuse, as commonly ordered STAT medications should be kept in stock.

Global Rationale: For a STAT order, the time frame between writing the order and administering the drug should be 5 minutes or less. Although the drug does not need to be administered immediately, there is a time limit in which it should be administered. By using the abbreviation STAT, the physician has specified the time frame for the medication. Not having a drug on the unit is not an excuse, as commonly ordered STAT medications should be kept in stock.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Learning Outcome: 3-5 Interpret drug orders that contain abbreviations.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

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Question 5
Type: MCSA

The nurse uses the nursing process prior to administering any medications. Which step will ensure the best patient safety?

1. Assess the patient's developmental level.

2. Assess the patient's medical history.

3. Assess the patient's disease process.

4. Assess the patient's learning needs.

Correct Answer: 2

Rationale 1: Assessing the patient's developmental level is important for medication education, but not for safely administering medications.
Rationale 2: An assessment of the patient's medical history, which includes allergies, is the most important assessment prior to administering medications.

Rationale 3: Assessing the patient's disease process is important in evaluating the effects of the medications, but not for safely administering medications.

Rationale 4: Assessing the patient's learning needs is important for medication education, but not for safely administering medications.

Global Rationale: An assessment of the patient's medical history, which includes allergies, is the most important assessment prior to administering medications. Assessing the patient's learning needs is important for medication education, but not for safely administering medications. Assessing the patient's developmental level is important for medication education, but not for safely administering medications. Assessing the patient's disease process is important in evaluating the effects of the medications, but not for safely administering medications.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome: 3-1 Discuss drug administration as a component of safe, effective nursing care, using the nursing process.
MNL Learning Outcome: 1.3.3 Implement the nursing process in the administration of medications.
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Question 6
Type: MCSA

The physician prescribes an oral medication for the patient. What is the primary nursing assessment of the patient prior to receiving this medication?

1. The patient's understanding of the medication
2. The patient's ability to swallow
3. The patient's allergies
4. The patient's eyesight

Correct Answer: 2

Rationale 1: The patient's understanding is important, but not a priority.
**Rationale 2:** The ability of the patient to swallow is a safety issue to prevent aspiration of the medication.

**Rationale 3:** The patient's allergies are important, but if the patient cannot swallow the medication, then the allergies are not significant.

**Rationale 4:** The patient's eyesight is not significant.

**Global Rationale:** The ability of the patient to swallow is a safety issue to prevent aspiration of the medication. The patient's understanding is important, but not a priority. The patient's eyesight is not significant. The patient's allergies are important, but if the patient cannot swallow the medication, then the allergies are not significant.

**Cognitive Level:** Applying

**Client Need:** Physiological Integrity

**Client Need Sub:** Pharmacological and Parenteral Therapies

**QSEN Competencies:** III.A.1 Demonstrate knowledge of basic scientific methods and processes.

**AACN Essential Competencies:** IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.

**NLN Competencies:** Quality and Safety: Current best practices.

**Nursing/Integrated Concepts:** Nursing Process: Assessment

**Learning Outcome:** 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.

**MNL Learning Outcome:** 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

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**Question 7**

**Type:** MCSA

The physician ordered an oral medication. The nurse incorrectly administered the medication intravenously. What does the best analysis of the nurse's action reveal?

1. An antidote cannot be given.
2. The nurse will be terminated from her job.
3. The medication cannot be retrieved.
4. A lawsuit by the patient will be impending.

**Correct Answer:** 3

**Rationale 1:** Antidotes may be given, but this must be done very quickly.

**Rationale 2:** The nurse may be terminated, but patient safety is the main concern.
**Rationale 3**: When a medication is given intravenously, its effects cannot be reversed because it is already in the bloodstream.

**Rationale 4**: A lawsuit may occur, but this is not the primary concern; patient safety is the primary concern.

**Global Rationale**: When a medication is given intravenously, its effects cannot be reversed because it is already in the bloodstream. A lawsuit may occur, but this is not the primary concern; patient safety is the primary concern. The nurse may be terminated, but patient safety is the main concern, and the effect of the medication cannot be reversed. Antidotes may be given, but this must be done very quickly.

**Cognitive Level**: Applying

**Client Need**: Physiological Integrity

**Client Need Sub**: Pharmacological and Parenteral Therapies

**QSEN Competencies**: V.A.4 Delineate general categories of errors and hazards in care.

**AACN Essential Competencies**: VIII.12 Act to prevent unsafe, illegal, or unethical care practices.

**NLN Competencies**: Quality and Safety: Current best practices.

**Nursing/Integrated Concepts**: Nursing Process: Evaluation

**Learning Outcome**: 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.

**MNL Learning Outcome**: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

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**Question 8**

**Type**: MCSA

What is the best plan as the nurse prepares to administer a topical medication?

1. Check the medication for interactions with other medications.

2. Take the patient's vital signs.

3. Educate the patient to not disturb the patch.

4. Assess the patient's skin where the medication will be applied.

**Correct Answer**: 4

**Rationale 1**: Checking for drug interactions is important, but it is not the priority.

**Rationale 2**: Vital signs are not always indicated; it depends on the medication.

**Rationale 3**: Patient education is important, but is not the priority.

**Rationale 4**: Planning to assess the patient's skin is imperative; if it is cracked, dry, or irritated, the medication may not be properly absorbed.
Global Rationale: Planning to assess the patient's skin is imperative; if it is cracked, dry, or irritated, the medication may not be properly absorbed. Patient education is important, but is not the priority. Vital signs are not always indicated; it depends on the medication. Checking for drug interactions is important, but it is not the priority.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Learning Outcome: 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
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Question 9
Type: MCSA

The physician ordered an intravenous medication for a patient with nausea. The patient asks the nurse how it will help his nausea. What is the best response by the nurse?

1. "We have more intravenous drugs for nausea than we do oral drugs."
2. "If you take an oral medication, you will just vomit it up."
3. "This will work much faster for your nausea."
4. "You can't have anything by mouth, so you will receive the medication intravenously."

Correct Answer: 3

Rationale 1: Telling the patient that the nurse has more intravenous drugs than oral drugs does not answer the patient's question.

Rationale 2: Telling the patient that he will vomit the medication is non-therapeutic.

Rationale 3: The intravenous route provides the quickest route of medication absorption.

Rationale 4: There is no evidence that the patient cannot have anything by mouth.

Global Rationale: The intravenous route provides the quickest route of medication absorption. Telling the patient that he will vomit the medication is non-therapeutic. Telling the patient that the nurse has more intravenous drugs...
than oral drugs does not answer the patient’s question. There is no evidence that the patient cannot have anything by mouth.

**Cognitive Level:** Applying  
**Client Need:** Physiological Integrity  
**Client Need Sub:** Pharmacological and Parenteral Therapies  
**QSEN Competencies:** III.A.1 Demonstrate knowledge of basic scientific methods and processes.  
**AACN Essential Competencies:** IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.  
**NLN Competencies:** Knowledge and Science: Relationships between knowledge/science and quality and safe patient care.  
**Nursing/Integrated Concepts:** Nursing Process: Implementation  
**Learning Outcome:** 3-8 Compare and contrast the advantages and disadvantages of each route of drug administration.  
**MNL Learning Outcome:** 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.  
**Page Number:** 34

**Question 10**  
**Type:** MCSA

The physician orders enteric-coated aspirin, 300 mg every day, for the patient with a nasogastric tube. What is the priority action by the nurse?

1. Crush the tablet, dissolve it in 30 mL of water, and administer through the tube.  
2. Put the tablet in the tube, "milk" it down the tube, and then flush the tube with 60 mL of water.  
3. Withhold the medication and contact the physician.  
4. Substitute plain aspirin, dissolve it in 30 mL of water, and administer through the tube.  

**Correct Answer:** 3

**Rationale 1:** Crushing the tablet destroys the enteric coating.  
**Rationale 2:** Putting the tablet in the tube will result in clogging of the tube.  
**Rationale 3:** The only option is to withhold the medication and contact the physician.  
**Rationale 4:** The nurse cannot substitute plain aspirin; this requires a physician's order.  

**Global Rationale:** The only option is to withhold the medication and contact the physician. Crushing the tablet destroys the enteric coating. Putting the tablet in the tube will result in clogging of the tube. The nurse cannot substitute plain aspirin; this requires a physician's order.

**Cognitive Level:** Analyzing
The patient is receiving a sustained-release capsule for his cardiac condition. The patient tells the nurse there is no way he can swallow such a large pill. What is the best response by the nurse?

1. "Let me contact your physician to see if a change can be made."

2. "Place the capsule on the back of your tongue, and drink a full glass of water."

3. "I will open the capsule and sprinkle the contents over some applesauce for you to eat."

4. "It may be difficult, but try to swallow the capsule as it is the best medicine for your heart condition."

Correct Answer: 1

Rationale 1: The only option is to contact the physician.

Rationale 2: Placing the capsule on the back of the patient's tongue and having him drink a full glass of water may cause the patient to aspirate the capsule and/or the water.

Rationale 3: Sustained-release medications cannot be opened and sprinkled on food.

Rationale 4: Encouraging the patient to try to swallow the capsule is coercive and may result in the patient choking on the medication.

Global Rationale: The only option is to contact the physician. Sustained-release medications cannot be opened and sprinkled on food. Placing the capsule on the back of the patient's tongue and having him drink a full glass of water may cause the patient to aspirate the capsule and/or the water. Encouraging the patient to try to swallow the capsule is coercive and may result in the patient choking on the medication.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.


Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.

MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

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Question 12
Type: MCSA

While in the hospital, the pediatric patient has been receiving amoxicillin 10 mL orally bid, pc. The child will be going home on this medication. What is the best instruction by the nurse for the parents?

1. Give 2 teaspoons by mouth, 3 times a day, on an empty stomach.
2. Give 2 teaspoons by mouth, twice a day, after meals.
3. Give 2 teaspoons by mouth, 3 times a day, after meals.
4. Give 2 teaspoons by mouth, twice a day, with meals.

Correct Answer: 2

Rationale 1: Giving 2 teaspoons by mouth, 3 times a day, on an empty stomach is incorrect.

Rationale 2: Giving 2 teaspoons by mouth, twice a day, after meals is correct.

Rationale 3: Giving 2 teaspoons by mouth, 3 times a day, after meals is incorrect.

Rationale 4: Giving 2 teaspoons by mouth, twice a day, with meals is incorrect.

Global Rationale: Giving 2 teaspoons by mouth, twice a day, after meals is correct. Giving 2 teaspoons by mouth, 3 times a day, after meals is incorrect. Giving 2 teaspoons by mouth, twice a day, with meals is incorrect. Giving 2 teaspoons by mouth, 3 times a day, on an empty stomach is incorrect.

Cognitive Level: Applying

Client Need: Physiological Integrity

Client Need Sub: Pharmacological and Parenteral Therapies

QSEN Competencies: V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.

AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.

Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-5 Interpret drug orders that contain abbreviations.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
Page Number: 24

Question 13
Type: MCSA

The patient is 3 days postop, and the physician orders an oral pain medication. The patient asks the nurse if it wouldn't be better to get the medication in the intravenous (IV) line. What is the best response by the nurse?

1. "No, because you could not medicate yourself intravenously (IV) at home."

2. "No, because pills are more effective than intravenous (IV) medications."

3. "No, because pills are safer than intravenous (IV) medications."

4. "No, because we are going to take your intravenous (IV) line out."

Correct Answer: 3

Rationale 1: There is no evidence that the patient will be going home with an intravenous line, so this answer is incorrect.

Rationale 2: Oral medications are not more effective than IV medications.

Rationale 3: Oral medications are safer than intravenous (IV) medications.

Rationale 4: Telling the patient that she cannot have the medication intravenously because the intravenous line is to be removed does not answer the patient's question.

Global Rationale: Oral medications are safer than intravenous (IV) medications. Telling the patient that she cannot have the medication intravenously because the intravenous line is to be removed does not answer the patient's question. There is no evidence that the patient will be going home with an intravenous line, so this answer is incorrect. Oral medications are not more effective than IV medications.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
NLN Competencies: Knowledge and Science: Relationships between knowledge/science and quality and safe patient care.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-8 Compare and contrast the advantages and disadvantages of each route of drug administration.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
Page Number: 26

Question 14
Type: MCSA

The nurse plans to administer heparin by drawing the heparin up in an appropriate syringe, donning gloves, prepping the patient's abdominal area, inserting the needle, aspirating for blood, and injecting the medication. Which statement best describes the nurse's plan?

1. The nurse does not need to wear gloves.
2. The nurse should not aspirate for blood.
3. The nurse does not need to prep the skin.
4. The nurse performed the injection correctly.

Correct Answer: 2

Rationale 1: Gloves must always be worn for invasive techniques.

Rationale 2: When performing heparin injections, the nurse should not aspirate for blood as this may cause bruising or bleeding.

Rationale 3: The skin should be prepped with alcohol prior to administering an injection.

Rationale 4: The nurse did not perform the correct technique.

Global Rationale: When performing heparin injections, the nurse should not aspirate for blood as this may cause bruising or bleeding. Gloves must always be worn for invasive techniques. The nurse did not perform the correct technique. The skin should be prepped with alcohol prior to administering an injection.

Cognitive Level: Analyzing
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Learning Outcome: 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.
The order is for a pain medication to be given prn. Which statement, by the nurse, correctly teaches the client about this medication order?

1. “I can give you this medication anytime you need it, so I will be asking you about your pain level frequently.”
2. ”This medication will be given to you at a set time every day, probably just before your bath.”
3. “You will be given this medication at bedtime each night so that you can rest.”
4. “This medication may upset your stomach, so always take it with food or milk.”

Correct Answer: 1

Rationale 1: The abbreviation PRN is used to designate as needed.
Rationale 2: PRN does not mean every day.
Rationale 3: PRN does not mean at bedtime.
Rationale 4: PRN does not mean with food.

Global Rationale: PRN does not mean every day, at bedtime, or with food.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-5 Interpret drug orders that contain abbreviations.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
Page Number: 24
Question 16
Type: MCSA

A patient has an increased reaction to a drug following a change in her dietary habits. Which change would most likely be the cause?

1. Increased intake of grapefruit juice
2. Reduced intake of alcohol
3. Increased fiber intake
4. Reduced intake of citrus fruit

Correct Answer: 1

Rationale 1: Grapefruit juice lowers the activity of enzymes in the GI system that break down medications. This in turn results in higher medication absorption into the bloodstream.

Rationale 2: A reduced intake of alcohol would not likely produce an increased reaction to a drug.

Rationale 3: A reduced intake of fiber would not likely produce an increased reaction to a drug.

Rationale 4: A reduction in citrus fruit intake would likely cause a lowered drug reaction.

Global Rationale: Grapefruit juice lowers the activity of enzymes in the GI system that break down medications. This in turn results in higher medication absorption into the bloodstream. A reduction in citrus fruit intake would likely cause a lowered drug reaction. A reduced intake of alcohol or fiber would not likely produce an increased reaction to a drug.

Cognitive Level: Understanding
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Learning Outcome: 3-1 Discuss drug administration as a component of safe, effective nursing care, using the nursing process.
MNL Learning Outcome: 1.3.3 Implement the nursing process in the administration of medications.
Page Number: 24
**Question 17**  
**Type:** MCSA

The nurse administers an oral preparation of liquid Tylenol 650 mg as ordered. Afterward, the patient indicates he had been receiving Tylenol 650 mg in pill form. Which statement is accurate in regards to the five rights?

1. The nurse failed to deliver the correct dose.
2. The nurse failed to administer the right medication.
3. The nurse did not violate the five rights.
4. The nurse failed to give the medication via the correct route.

**Correct Answer:** 3

**Rationale 1:** The correct dose was administered.

**Rationale 2:** The correct medication was administered.

**Rationale 3:** Nothing in the question depicts a violation of the five rights. Both forms of the medication are oral preparations.

**Rationale 4:** The correct route was used.

**Global Rationale:** Nothing in the question depicts a violation of the five rights. Both forms of the medication are oral preparations. The correct dose, medication, and route were used.

**Cognitive Level:** Analyzing  
**Client Need:** Safe Effective Care Environment  
**Client Need Sub:** Pharmacological and Parenteral Therapies  
**QSEN Competencies:** V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.  
**AACN Essential Competencies:** IX.12 Create a safe environment that results in high quality patient outcomes.  
**NLN Competencies:** Quality and Safety: Current best practices.  
**Nursing/Integrated Concepts:** Nursing Process: Evaluation  
**Learning Outcome:** 3-3 Explain how the five rights of drug administration affect patient safety.  
**MNL Learning Outcome:** 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

**Page Number:** 26

**Question 18**  
**Type:** MCSA
A young patient has been receiving five milliliters of liquid antibiotic three times each day. The nurse providing discharge instructions would teach the parents to use a standard measuring spoon to administer which amount for each dose?

1. 2 tablespoons
2. 1 fluid ounce
3. 15 drops
4. 1 teaspoon

**Correct Answer: 4**

**Rationale 1:** Five milliliters is not equivalent to two tablespoons.

**Rationale 2:** A fluid ounce is equal to 30–32 milliliters.

**Rationale 3:** Five milliliters is equal to about 60 drops.

**Rationale 4:** One standard teaspoon is equal to 4 or 5 milliliters, so this is the best answer.

**Global Rationale:** Liquid medications should be measured using a standardized instrument. One standard teaspoon is equal to 4 or 5 milliliters. The other measurements are not accurate and would result in large overdoses or underdoses.

**Cognitive Level:** Applying

**Client Need:** Physiological Integrity

**Client Need Sub:** Pharmacological and Parenteral Therapies

**QSEN Competencies:** III.A.1 Demonstrate knowledge of basic scientific methods and processes.

**AACN Essential Competencies:** IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.

**NLN Competencies:** Quality and Safety: Current best practices.

**Nursing/Integrated Concepts:** Nursing Process: Implementation

**Learning Outcome:** 3-6 Compare and contrast the three systems of measurement used in pharmacology.

**MNL Learning Outcome:** 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

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**Question 19**

**Type:** MCSA

Placement of a tablet between the cheek and gum would be which route?

1. Buccal
2. Oral
3. Transdermal
4. Sublingual

Correct Answer: 1

Rationale 1: Buccal is the term used to describe a medication placed between the cheek and gum.

Rationale 2: An oral medication is swallowed.

Rationale 3: A transdermal medication is applied to the skin.

Rationale 4: A sublingual medication is placed under the tongue.

Global Rationale: Buccal is the term used to describe a medication placed between the cheek and gum. An oral medication is swallowed. A transdermal medication is applied to the skin. A sublingual medication is placed under the tongue.

Cognitive Level: Remembering
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
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Question 20
Type: FIB

A client will receive a liter of fluid intravenously to treat dehydration. The client says, “I don’t understand the metric system, how much is that?” The nurse responds, “It is about ______ cups of fluid.”

Standard Text: Record your answer rounding to the nearest whole number.

Correct Answer: 4

Rationale: The household measurement most nearly equivalent to 1 liter is 4 cups or 1 quart.

Global Rationale: The household measurement most nearly equivalent to 1 liter is 4 cups or 1 quart.
Which statement is accurate regarding medication administration via the intradermal route?

1. Injections should be limited to 1–2 milliliters.

2. Hairy sites should be avoided.

3. Usual administration sites include the upper and lower abdomen.

4. Medications should be injected into the epidermis skin layer.

Correct Answer: 2

Rationale 1: Intradermal injection involves administering small amounts (0.1–0.2 milliliters) of medication.

Rationale 2: Usual sites of intradermal administration include nonhairy surfaces.

Rationale 3: Usual sites of intradermal administration include the forearm, upper chest, and scapulae.

Rationale 4: Intradermal injection involves administering small amounts of medication into the dermis layer of skin.

Global Rationale: Usual sites of intradermal administration include nonhairy surfaces, including the forearm, upper chest, and scapulae. Intradermal injection involves administering small amounts (0.1–0.2 milliliters) of medication into the dermis layer of skin.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.


Learning Outcome: 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.

MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

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Question 22
Type: MCMA

Which patients should the nurse be concerned about regarding nonadherence to prescribed medication regimens?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. A 70-year-old male patient with hypertension who has a prescription for a diuretic and is complaining that his medication is keeping him up all night

2. A 30-year-old college student who has a prescription for birth control pills and tells the nurse she has had breakthrough bleeding this past cycle

3. A 45-year-old patient with diabetes who has a prescription for insulin and whose blood sugar is within the normal range

4. A 57-year-old day laborer who has a prescription for Lipitor for high cholesterol and a prescription card for a free health clinic

5. An 18-year-old male with a prescription for an acne medication that must be taken 4 times a day

Correct Answer: 1,5

Rationale 1: This patient has been taking his diuretic in the evening instead of in the morning and is most likely experiencing increased urination at night that is disrupting his sleep. Adverse side effects are common causes for nonadherence.

Rationale 2: Birth control pills often cause midcycle bleeding. This does not raise any red flags for nonadherence.

Rationale 3: The fact that this patient's blood sugar is within the normal range may be evidence that the patient is taking insulin as directed.

Rationale 4: The means to pay for medication (free clinic prescription card) decreases the patient's risk for nonadherence.
Rationale 5: One of the most common reasons for nonadherence is forgetting a dose, particularly with drugs that must be taken more than twice a day.

Global Rationale: This patient has been taking his diuretic in the evening instead of in the morning and is most likely experiencing increased urination at night that is disrupting his sleep. Adverse side effects are common causes for nonadherence. One of the most common reasons for nonadherence is forgetting a dose, particularly with drugs that must be taken more than twice a day. Birth control pills often cause midcycle bleeding. This does not raise any red flags for nonadherence. The fact that this patient's blood sugar is within the normal range may be evidence that the patient is taking insulin as directed. The means to pay for medication (free clinic prescription card) decreases the patient's risk for nonadherence.

Cognitive Level: Analyzing
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: I.B.1 Elicit patient values, preferences, and expressed needs as part of clinical interview, implementation of care plan, and evaluation of care.
AACN Essential Competencies: IX.5 Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences.
NLN Competencies: Relationship Centered Care: Respect the patient’s dignity, uniqueness, integrity, and self-determination, and his or her own power and self-healing process.
Nursing/Integrated Concepts: Nursing Process: Assessment
Learning Outcome: 3.4 Give specific examples of how nurses can increase patient compliance in taking medications.
MNL Learning Outcome: 1.3.3 Implement the nursing process in the administration of medications.

Question 23
Type: MCMA

A patient admitted to the hospital tells the nurse she is very nervous about getting all her medications while she is in the hospital because her health care provider has her on a very "strict" schedule. Which principles describe how medication dosing schedules are determined?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. The physical and biologic characteristics of a drug may determine dosing schedule.
2. Specific times may improve effectiveness and decrease risk of adverse effects.
3. Some drugs must be taken a certain time prior to an event or immediately after an event.
4. Dosing may be set for the convenience of patient and nurse.
5. Hospitals have routine dosing intervals so that all patients receive medications at the same time each day.
Correct Answer: 1,2,3,4

Rationale 1: The properties of a medication will determine how often it must be given to keep the drug at a therapeutic level in the body.

Rationale 2: Some medications are administered at certain times of day to improve effectiveness or decrease adverse effects.

Rationale 3: Some medications are taken to prevent or to cause an effect. For example, insulin should be given 30 minutes prior to eating to promote glucose usage.

Rationale 4: If the drug does not have a characteristic that relies on a certain event to take place, then the drug can be given at the convenience of patient and/or nurse.

Rationale 5: While most hospitals do have specific times of day (agency protocol) when medications are administered, this is not a principle that determines any specific dosing schedule.

Global Rationale: The properties of a medication will determine how often it must be given to keep the drug at a therapeutic level in the body. Some medications are administered at certain times of day to improve effectiveness or decrease adverse effects. Some medications are taken to prevent or to cause an effect. For example, insulin should be given 30 minutes prior to eating to promote glucose usage. If the drug does not have a characteristic that relies on a certain event to take place, then the drug can be given at the convenience of patient and/or nurse. While most hospitals do have specific times of day (agency protocol) when medications are administered, this is not a principle that determines any specific dosing schedule.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: V.B.1 Demonstrate effective use of technology and standardized practices that support safety and quality.
AACN Essential Competencies: IX.12 Create a safe environment that results in high quality patient outcomes.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-3 Explain how the five rights of drug administration affect patient safety.
MN Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
Page Number: 24

Question 24
Type: MCMA

A patient at a community health center has been prescribed oral medications and tells the nurse that medications were administered intravenously when the patient was in the hospital. The nurse discusses the benefits and disadvantages of oral medications, including which facts?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.
Standard Text: Select all that apply.

1. The oral route is considered the second safest route, after the intradermal route.
2. Tablets that are scored may be crushed for easier swallowing.
3. Enteric-coated drugs are designed to dissolve in the stomach, not the small intestine.
4. A major disadvantage of oral medications is that the patient must be conscious and able to swallow.
5. Enteric-coated drugs should be crushed to help facilitate dissolving by the stomach acid.

Correct Answer: 2,4

Rationale 1: The oral route is considered the safest because the skin barrier is not compromised; if an overdose occurs, drugs remaining in the stomach can be evacuated with stomach contents.

Rationale 2: The purpose of scoring a tablet is the greater ease of cutting the tablet in half or quarters. These same tablets may be crushed, if needed.

Rationale 3: Some drugs irritate the stomach lining and are coated to prevent being dissolved in the stomach. These drugs go on to the small intestine and are dissolved in the alkaline environment.

Rationale 4: The fact that the patient must be conscious and able to swallow is a major disadvantage of oral medications.

Rationale 5: Enteric-coated drugs are designed specifically to bypass the stomach's acidic environment and continue to the alkaline environment of the small intestine.

Global Rationale: The purpose of scoring a tablet is the greater ease of cutting the tablet in half or quarters. These same tablets may be crushed, if needed. The fact that the patient must be conscious and able to swallow is a major disadvantage of oral medications. The oral route is considered the safest because the skin barrier is not compromised; if an overdose occurs, drugs remaining in the stomach can be evacuated with stomach contents. Enteric-coated drugs are designed specifically to bypass the stomach's acidic environment and continue to the alkaline environment of the small intestine.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-8 Compare and contrast the advantages and disadvantages of each route of drug administration.
Question 25  
Type: MCMA

The nurse has finished teaching a patient's husband how to administer drugs and enteral feeding through a gastrostomy tube. The nurse knows the husband understands the use of the tube when he makes which statements?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. "My wife has a gastrostomy tube instead of a nasogastric tube because she will have the tube for a long time."
2. "I will need to use liquid medications. If any of the medications are in pill form, I will use the pill crusher to crush them and mix them with water before putting them in the tube."
3. "This medication says it is enteric coated. I'm not supposed to crush this kind of medication. I will need to ask the doctor to substitute another medication that is liquid or can be crushed."
4. "There's a big difference in how the drugs work in the body when they're taken orally and when they're administered through the tube. That's why my wife has to have this tube."
5. "I have to be very careful to flush the tube after I put medication in it. If I don't, the tube could get clogged."

Correct Answer: 1,2,3,5

Rationale 1: Nasogastric tubes are used for short-term care while gastrostomy tubes are placed in patients who will need long-term care.

Rationale 2: Most health care providers order drugs in liquid form for NG and G tube patients. If a medication does not come in liquid form, the solid form will need to be crushed and mixed with water prior to administration unless there is a contraindication for crushing the medication.

Rationale 3: Enteric-coated medications should not be crushed. To do so would expose the drug to the acid in the stomach when it is intended to bypass the stomach acid and be dissolved in the alkaline environment of the small intestine.

Rationale 4: Drugs administered via gastrostomy tube are affected by the same physiological processes as those given orally.

Rationale 5: While solid drugs may be crushed and dissolved in water prior to being administered, they tend to clog the tubes if the tubes are not routinely flushed.
Global Rationale: Nasogastric tubes are used for short-term care while gastrostomy tubes are placed in patients who will need long-term care. Most health care providers order drugs in liquid form for NG and G tube patients. If a medication does not come in liquid form, the solid form will need to be crushed and mixed with water prior to administration unless there is a contraindication for crushing the medication. Enteric-coated medications should not be crushed. To do so would expose the drug to the acid in the stomach when it is intended to bypass the stomach acid and be dissolved in the alkaline environment of the small intestine. While solid drugs may be crushed and dissolved in water prior to being administered, they tend to clog the tubes if the tubes are not routinely flushed. Drugs administered via gastrostomy tube are affected by the same physiological processes as those given orally.

Cognitive Level: Analyzing
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Learning Outcome: 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.
MNL Learning Outcome: 1.3.3 Implement the nursing process in the administration of medications.
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Question 26
Type: MCMA

The nurse is caring for a patient who has been involved in a motor vehicle crash. The health care provider has written orders for a transdermal patch for pain. The nurse knows that.

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. the transdermal patch should not be applied to areas of abrasion.
2. transdermal medications undergo the first-pass effect in the liver.
3. transdermal medications completely bypass digestive enzymes.
4. the actual dose received by the patient from this pain patch may vary.
5. transdermal patches are not considered an effective means of delivering medications because the rate of delivery and actual dose can vary.

Correct Answer: 1,3,4

Rationale 1: Applying transdermal patches to skin that has abrasions may unintentionally increase the dose of the medication.
Rationale 2: Transdermal medications avoid the first-pass effect.

Rationale 3: Transdermal medications never come into contact with digestive enzymes but go straight into the bloodstream.

Rationale 4: While transdermal patches do contain a specific amount of medication, the rate of delivery may vary for each patient.

Rationale 5: It is true that the rate of delivery and actual dose received can vary, but this route is an effective means of delivering many medications such as birth control medications and nitroglycerin for angina.

Global Rationale: Applying transdermal patches to skin that has abrasions may unintentionally increase the dose of the medication. Transdermal medications never come into contact with digestive enzymes but go straight into the bloodstream. While transdermal patches do contain a specific amount of medication, the rate of delivery may vary for each patient. Transdermal medications avoid the first-pass effect. It is true that the rate of delivery and actual dose received can vary, but this route is an effective means of delivering many medications such as birth control medications and nitroglycerin for angina.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-8 Compare and contrast the advantages and disadvantages of each route of drug administration.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
Page Number: 29

Question 27
Type: MCMA

Twenty minutes after receiving a dose of antibiotic, the patient develops a red, itchy rash. What nursing actions are indicated?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Standard Text: Select all that apply.

1. The nurse should plan to watch for a rash after the next dose is administered.
2. The nurse should contact the prescriber and relay this assessment information.

3. The nurse should contact the pharmacy.

4. The nurse should place an allergy bracelet on the patient.

5. The nurse should document the presence of the rash in the medical record.

Correct Answer: 2, 3, 4, 5

Rationale 1: Giving another dose of the antibiotic is not indicated and could have a serious outcome.

Rationale 2: The nurse should discuss this finding with the prescriber as an allergy likely exists.

Rationale 3: Because there is a strong possibility of an allergy, the nurse should contact the pharmacy.

Rationale 4: The nurse should place an allergy bracelet on the patient. If it is determined that the rash is from some other etiology, the bracelet can be removed.

Rationale 5: The nurse should always document the presence of an unexpected finding.

Global Rationale: The nurse should discuss this finding with the prescriber as an allergy likely exists. Because there is a strong possibility of an allergy, the nurse should contact the pharmacy. The nurse should place an allergy bracelet on the patient. If it is determined that the rash is from some other etiology, the bracelet can be removed. The nurse should always document the presence of an unexpected finding. Giving another dose of the antibiotic is not indicated and could have a serious outcome.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-2 Describe the roles and responsibilities of nurses regarding safe drug administration.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.
Page Number: 21

Question 28
Type: Hot Spot

The nurse is to administer an intramuscular injection. The end of the needle should be inserted to which level?
1. A  
2. B  
3. C  
4. D  

**Answer:** 4  

**Rationale:** Intramuscular injections must go into the muscle itself. In this diagram, the muscle is the lowest layer or layer D.

**Cognitive Level:** Applying  
**Client Need:** Physiological Integrity  
**Client Need Sub:** Pharmacological and Parenteral Therapies  
**QSEN Competencies:** III.A.1 Demonstrate knowledge of basic scientific methods and processes.  
**AACN Essential Competencies:** IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.  
**NLN Competencies:** Quality and Safety: Best Practices.  
**Nursing/Integrated Concepts:** Nursing Process: Implementation  
**Learning Outcome:** 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.  
**MNL Learning Outcome:** 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

**Page Number:** 33

**Question 29**  
**Type:** FIB

The nurse is preparing to administer a subcutaneous injection. The needle should be inserted at an angle of _____ degrees.

**Standard Text:** Record your answer rounding to the nearest whole number.

**Correct Answer:** 45
Rationale: The correct angle for injection of a subcutaneous medication is 45 degrees.

Global Rationale: The correct angle for injection of a subcutaneous medication is 45 degrees.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3-7 Explain the proper methods of administering enteral, topical, and parenteral drugs.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.

Question 30
Type: FIB

At the end of the shift, the patient reports drinking 4 cups of water during the day. The nurse would include this ______ mL of fluid with the patient’s oral intake amount.

Standard Text: Record your answer rounding to the nearest whole number.

Correct Answer: 960

Rationale: Each cup the patient drank should be counted as 240 mL, making 4 cups equivalent to 960 mL.

Global Rationale: Each cup the patient drank should be counted as 240 mL, making 4 cups equivalent to 960 mL.

Cognitive Level: Applying
Client Need: Physiological Integrity
Client Need Sub: Pharmacological and Parenteral Therapies
QSEN Competencies: III.A.1 Demonstrate knowledge of basic scientific methods and processes.
AACN Essential Competencies: IX.3 Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health-illness continuum, across lifespan, and in all healthcare settings.
NLN Competencies: Quality and Safety: Best Practices.
Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3.6 Compare and contrast the three systems of measurement used in pharmacology.
MNL Learning Outcome: 1.3.2 Apply the correct principles and procedures for safe administration of medications to clients.