Achievable

NCLEX-RN DUMP SHEET

Ethics, law, and quality

Informed consent

- **Provider discloses** diagnosis, procedure, risks, benefits, alternatives. **The nurse witnesses the signature**, clarifies, assesses understanding, advocates, documents
- The nurse does **not** attest that the physician's explanation was adequate — only that the client signed voluntarily
- **Three elements, all required** — disclosure, capacity, voluntariness. Missing any one makes consent invalid
- **Written consent** is required for invasive procedures; consent may be implied (extending an arm for a draw) or expressed
- **Sedated or confused → stop the process and call the provider back.** A signature is not understanding
- **Substitute decision-maker order** — healthcare proxy/POA → court-appointed guardian → default surrogate by state law (spouse/domestic partner → adult child → parent → adult sibling → other close relative)
- **Emergency** — treat without consent if delay risks life or health. **Language barrier** — qualified medical interpreter, not family

Client rights and bioethics

- **Rights** — dignity and respect, refuse treatment, informed consent, privacy/confidentiality (HIPAA), safe care
- **Autonomy** (their choice, even if you disagree) · **Beneficence** (do good) · **Nonmaleficence** (do no harm) · **Justice** (treat fairly) · **Veracity** (be truthful)
- **Four-box method** — medical indications, patient preferences, quality of life, contextual features

Legal and documentation

- **Mandatory reporting** — abuse (child, elder, vulnerable adult) and certain communicable diseases. Mandatory reporting overrides "respect autonomy"
- **Good Samaritan laws** protect emergency aid outside work, within training, unpaid
- **Scope of practice** is set by each state's Nurse Practice Act
- **If it wasn't charted, it wasn't done.** Objective, factual, immediately after care — never in advance
- **Correcting an error** — single line through it, write "error," initial, document correctly. Never erase or white-out
- Replace judgment with quotes: "uncooperative" → "client refused medication and stated, 'I don't want it'"

Incident reporting and QI

- Report **errors and near misses** — both. Near misses reveal system weakness before harm
- Reports are **confidential and nonpunitive**, and are **not part of the medical record.** Chart the client's condition and care given; **never chart that an incident report was filed**
- **After an incident** — ensure safety and assess → notify provider and charge nurse → document objectively → complete the report → monitor and update the care plan
- **Root cause analysis** asks what allowed this, not who did it. **Swiss cheese model** — errors reach the client when weaknesses in several layers line up
- **PDSA** (plan-do-study-act) tests small changes first; **benchmarking** compares against a standard
- **QI improves a process; research generates new knowledge.** Safety always outranks cost