



## Chapter 1: Prescriptive Authority Test Bank

### Multiple Choice

1. An APRN works in a urology clinic under the supervision of a physician who does not restrict the types of medications the APRN is allowed to prescribe. State law does not require the APRN to practice under physician supervision. How would the APRN's prescriptive authority be described?
  - a. Full authority
  - b. Independent
  - c. Without limitation
  - d. Limited authority

ANS: B

The APRN has independent prescriptive authority because the regulating body does not require that the APRN work under physician supervision. Full prescriptive authority gives the provider the right to prescribe independently and without limitation. Limited authority places restrictions on the types of drugs that can be prescribed .DIF: Cognitive Level: Comprehension REF: p. 1TOP: Nursing Process: I MSC: NCLEX Client Needs Category: Physiologic Integrity: Pharmacologic and Parenteral Therapies

2. Which factors increase the need for APRNs to have full prescriptive authority?
  - a. More patients will have access to health care.
  - b. Enrollment in medical schools is predicted to decrease.
  - c. Physician's assistants are being utilized less often.
  - d. APRN education is more complex than education for physicians.

ANS: A

Implementation of the Affordable Care Act has increased the number of individuals with health care coverage, and thus the number who have access to health care services. The increase in the number of patients creates the need for more providers with prescriptive authority. APRNs can fill this practice gap. DIF: Cognitive Level: Comprehension REF: p. 2TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Pharmacologic and Parenteral Therapies

3. Which factors could be attributed to limited prescriptive authority for APRNs? Select all that apply.
- a. Inaccessibility of patient care
  - b. Higher health care costs
  - c. Higher quality medical treatment
  - d. Improved collaborative care
  - e. Enhanced health literacy

ANS: A , B

Limiting prescriptive authority for APRNs can create barriers to quality, affordable, and accessible patient care. It may also lead to poor collaboration among providers and higher health care costs. It would not directly impact patient's health literacy. DIF: Cognitive Level: Comprehension REF:

p. 2 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Pharmacologic and Parenteral Therapies

4. Which aspects support the APRN's provision for full prescriptive authority? Select all that apply.
- a. Clinical education includes prescription of medications and disease processes.
  - b. Federal regulations support the provision of full authority for APRNs.
  - c. National examinations provide validation of the APRN's ability to provide safe care.
  - d. Licensure ensures compliance with health care and safety standards.
  - e. Limiting provision can decrease health care affordability.

ANS: A , C , D

APRNs are educated to practice and prescribe independently without supervision. National examinations validate the ability to provide safe and competent care. Licensure ensures compliance with standards to promote public health and safety. Limited prescriptive authority creates numerous barriers to quality, affordable, and accessible patient care. DIF: Cognitive Level: Comprehension REF: pp. 1-2 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Pharmacologic and Parenteral Therapies

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Comprehension REF: pp. 1-2 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Pharmacologic and Parenteral Therapies

6. A family nurse practitioner practicing in Maine is hired at a practice across state lines in Virginia. Which aspect of practice may change for the APRN?
- a. The APRN will have less prescriptive authority in the new position.
  - b. The APRN will have more prescriptive authority in the new position.
  - c. The APRN will have equal prescriptive authority in the new position.
  - d. The APRN's authority will depend on federal regulations.

ANS: A

Virginia allows limited prescriptive authority, while Maine gives full authority to certified nurse practitioners. The federal government does not regulate prescriptive authority. DIF: Cognitive Level: Comprehension REF: p. 3 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Pharmacologic and Parenteral Therapies

**Rosenthal: Lehne's Pharmacotherapeutics for Advanced Practice Providers, 3RD Ed.  
Chapter 2: Rational Drug Selection and Prescription Writing**

**Test Bank Multiple Choice**

7. How can collaboration with a pharmacist improve positive outcomes for patients? Select all that apply.
- a. Pharmacists can suggest foods that will help with the patient's condition.
  - b. Pharmacists have additional information on drug interactions.
  - c. The pharmacist can suggest adequate medication dosing.
  - d. Pharmacists have firsthand knowledge of the facility formulary.
  - e. Pharmacy can alter prescriptions when necessary to prevent patient harm.

ANS: B , C , D

Providers should collaborate with pharmacists because they will likely have additional information on formulary, drug interactions, and suggestions for adequate medication dosing. Dietitians can make foods recommendations to treat the patient's condition. The pharmacist can contact the prescriber about questionable prescriptions, but cannot alter the prescription without notification of and approval by the provider. DIF: Cognitive Level: Comprehension REF: p. 9 TOP: Nursing Process: Diagnosis MSC: NCLEX Client Needs Category: Physiologic Integrity: Reduction of Risk Potential

8. A patient presents with delirium tremens requiring Ativan administration. The provider of care is not in the facility. Which action by the nurse is most appropriate?
- a. Obtain a telephone order.
  - b. Contact the on-call hospitalist.
  - c. Obtain an order from the charge nurse.
  - d. Wait for a written Ativan order.

ANS: A

In an emergency situation, such as delirium tremens with seizure activity, it is acceptable to provide a telephone order. Contacting the on-call hospitalist or waiting for a written order would take more time than available for a patient with high seizure risk. Writing an order is outside the scope of practice for the charge nurse. DIF: Cognitive Level: Application REF: p. 7 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Reduction of Risk Potential

9. A patient with chronic pain calls the provider's office to request a refill on their oxycontin. Which action is most appropriate?
- Fax an order to the pharmacy.
  - Schedule an appointment with the patient.
  - Verify the patient's adherence to drug regimen.
  - Determine the patient's current medication dosage.

ANS: B

Schedule II medications are not eligible for refills, and prescriptions must be handwritten. It is important to verify the patient's adherence to the drug regimen and determine the current dosage of medication; however, this can be accomplished by scheduling an appointment and evaluating the patient in person. DIF: Cognitive Level: Application REF: p. 8 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Reduction of Risk Potential

10. A patient prescribed amoxicillin for streptococcal pharyngitis reports new onset of a flat, itchy red rash on the chest and neck. Which action is most important?
- Provide a different prescription.
  - Discontinue the medication.
  - Prescribe an antihistamine cream.
  - Assess for respiratory compromise.

ANS: B

The priority action is to discontinue the medication to prevent worsening of the patient's symptoms. A different prescription would be provided, topical antihistamine may be administered, and the patient would be assessed for respiratory involvement, but these actions would not be

performed first. DIF: Cognitive Level: Application REF: p. 6 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Reduction of Risk Potential

11. A patient taking three medications for hypertension is diagnosed with COPD. Which action should be taken prior to prescribing medications to treat COPD?
- a. Obtain baseline laboratory values.
  - b. Obtain a complete medication history.
  - c. Assess liver enzyme levels.
  - d. Determine if patient has insurance coverage.

ANS: B

Prior to adding medications to the treatment regimen, it is essential to assess for any potential drug- drug interactions through a complete medical history. Baseline laboratory values are not necessary for COPD treatment. Liver enzyme levels may give insight into the possibility of altered metabolism but would not be the first action. The presence of insurance coverage would affect the patient's access to treatment but may not affect the type of medication prescribed. DIF: Cognitive Level: Application REF: p. 6 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs Category: Physiologic Integrity: Reduction of Risk Potential

12. A patient with diabetes reports losing their job and an inability to purchase required medications. Which action is most appropriate?

- a. Provide a 7-day sample pack.
- b. Decrease the daily dose by half.
- c. Contact a different pharmacy.
- d. Prescribe a different medication.

ANS: C

Providing a 7-day sample will address the patient's immediate need, but will not help with the patient's long-term need for medication. Decreasing the daily dose will diminish the effectiveness of the medication. Selecting a different pharmacy could decrease the cost of the medication, as costs vary based on the location and the pharmacy dispensing the medication.

Prescribing a different medication would be the last option. DIF: Cognitive Level:

Application REF: p. 5 TOP: Nursing Process: Implementation MSC: NCLEX Client Needs

Category: Physiologic Integrity: Reduction of Risk Potential

13. A patient recently prescribed hydrocodone calls to report they are unable to fill the prescription. Which factors could contribute to the inability to fill the prescription?

Select all that apply.

- a. DEA number missing from prescription
- b. Prescription sent via electronic messenger
- c. Dose higher than typically prescribed
- d. Prescriber license number not included
- e. Patient name and date of birth were handwritten

ANS: A , B , D

In order to fill a hydrocodone prescription, the prescriber name, license number, DEA number, and contact information must be included. Schedule II medications, such as narcotics, must be prescribed using written prescriptions. Though the pharmacist may question the high dosing, that would not prevent filling the prescription. The patient's name and date of birth must be included on the prescription, but there are no regulations that the name cannot be handwritten. DIF:

Cognitive Level: Comprehension REF: pp. 6-8 TOP: Nursing Process: Diagnosis MSC: NCLEX  
Client Needs Category: Physiologic Integrity: Reduction of Risk Potential