

Mandatory Nursing Review (MNR)

2004

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Employee Name _____ **Title** _____ **Unit/Department** _____

*Instructions: Please fill-in the bubble under the answer you are selecting. A pen or pencil may be used. ONLY licensed nurses are required to complete the **BOLD** answers. After completing all sections, return your answer sheet and booklet to your Unit Manager or Nursing Education.*

Section I: Mission, Values, Patient Confidentiality

- 1 True False A B C D E
- 2 True False A B C D E
- 3 True False A B C D E

Section II: Age-Specific Competency

- 1 True False A B C D E
- 2 True False A B C D E
- 3 True False A B C D E
- 4 True False A B C D E
- 5 True False A B C D E
- 6 True False A B C D E
- 7 True False A B C D E
- 8 True False A B C D E Licensed Only

Section III: Pain Management

- 1 True False A B C D E
- 2 True False A B C D E Licensed Only
- 3 True False A B C D E Licensed Only
- 4 True False A B C D E
- 5 True False A B C D E
- 6 True False A B C D E Licensed Only
- 7 True False A B C D E Licensed Only

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Section IV: Restraints

1	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	
2	<input checked="" type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	Licensed Only
3	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	
4	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	
5	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	
6	<input checked="" type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	Licensed Only
7	<input checked="" type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	Licensed Only
8	<input checked="" type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	Licensed Only
9	<input checked="" type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	Licensed Only
10	<input checked="" type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	Licensed Only

Section V: Abuse

1	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

Section VI: Point of Care Testing

1	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

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|----|---------------------------------------|-----------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 6 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 7 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 8 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 9 | <input checked="" type="radio"/> True | <input type="radio"/> False | <input checked="" type="radio"/> A | <input checked="" type="radio"/> B | <input checked="" type="radio"/> C | <input checked="" type="radio"/> D | <input checked="" type="radio"/> E |
| 10 | <input checked="" type="radio"/> True | <input type="radio"/> False | <input checked="" type="radio"/> A | <input checked="" type="radio"/> B | <input checked="" type="radio"/> C | <input checked="" type="radio"/> D | <input checked="" type="radio"/> E |

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Section VII: Safety

- | | | | | | | | |
|----|---------------------------------------|-----------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 1 | <input checked="" type="radio"/> True | <input type="radio"/> False | <input checked="" type="radio"/> A | <input checked="" type="radio"/> B | <input checked="" type="radio"/> C | <input checked="" type="radio"/> D | <input checked="" type="radio"/> E |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 6 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 7 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 8 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
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