

Mandatory Nursing Review (MNR) Post Test Answer Sheet 2005

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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
- 4 True False A B C D E

Section II: Privacy and 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
- 4 True False A B C D E
- 5 True False A B C D E

Section III: Advanced Directives

- 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

Section IV: Informed Consents

- 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

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6 True False A B C D E

Section V: 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

Section VI: Pain Management

1 True False A B C D E **Licensed Nurses Only**

2 True False A B C D E **Licensed Nurses Only**

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 **Licensed Nurses Only**

7 True False A B C D E **Licensed Nurses Only**

Section VII: Restraints

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

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Section VIII: Abuse

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 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 IX: POCT

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 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 |

Section X: Patient Safety

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 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 |
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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 |

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Section XI: Blood Borne Pathogens & Infection Control

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 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 |

Section XII: Emergency Preparedness, Fire & Electrical Safety, Infant Abduction

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 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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