

Mandatory Nursing Review (MNR) Post Test Answer Sheet 2006

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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

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |

Section II: HIPPA

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |

Section III: Advanced Directives

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
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| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |

Section IV: Informed Consents

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |

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Section V: Age Specific Competency

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |

Section VI: Pain Management

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
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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 | <input type="radio"/> F |

Section VII: Restraints

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
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| 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 | <input type="radio"/> F |

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
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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 | <input type="radio"/> F |
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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
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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 | <input type="radio"/> F |
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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
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| 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 | <input type="radio"/> F |

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
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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 | <input type="radio"/> F |

Section XII: 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 | <input type="radio"/> F |
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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 | <input type="radio"/> F |

Section XIII: 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 | <input type="radio"/> F |
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| 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 | <input type="radio"/> F |

Section XIV: Teamwork

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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 | <input type="radio"/> F |
| 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 | <input type="radio"/> F |
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