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Question: 699

A plaintiff claims a failure-to-warn defect in a chemotherapy drug that caused severe neutropenia, alleging the label did not adequately warn of the risk in patients with low baseline neutrophil counts. As a legal nurse consultant, which document would you prioritize to assess the warning's adequacy?

- A. The patient's complete blood count (CBC) results
- B. The drug's FDA-approved package insert detailing warnings and precautions
- C. The manufacturer's clinical trial data
- D. A recall notice for a different chemotherapy drug

Answer: B

Explanation: The FDA-approved package insert contains the official warnings and precautions for a drug, making it the primary document to assess whether the label adequately warned of neutropenia risks in patients with low neutrophil counts. CBC results are relevant to injury but not warning adequacy, clinical trial data is secondary to the approved label, and a recall for a different drug is irrelevant.

Question: 700

A 32-year-old plaintiff seeks compensatory damages after a construction site accident caused a spinal injury. Medical expenses are \$100,000, and lost wages are \$50,000. The defense argues contributory negligence, alleging the plaintiff ignored safety barriers. The LNC reviews photos showing faded barrier signs. How should the LNC report damages?

- A. Report only medical expenses (\$100,000) due to barrier-related negligence
- B. Reduce damages by 40% (\$90,000) for ignoring barriers
- C. Include medical expenses, lost wages, and future care (\$200,000)
- D. Sum medical expenses and lost wages (\$150,000), noting faded signs

Answer: D

Explanation: Compensatory damages include verified losses like medical expenses (\$100,000) and lost wages (\$50,000), totaling \$150,000. Noting the faded barrier signs counters contributory negligence, as it suggests the plaintiff was not adequately warned. Including unverified costs or reducing damages arbitrarily lacks evidence, and excluding lost wages ignores verified losses.

Question: 701

A conservator for a 71-year-old patient with multiple sclerosis (MS) oversees a \$3 million trust. The conservator invests \$1 million in a startup with no proven revenue, citing "growth potential." The patient's recent EDSS score is 6.5, indicating mobility limitations. As a legal nurse consultant, which action most strongly indicates a breach of fiduciary duty?

- A. The EDSS score shows significant MS progression
- B. The trust's value has not yet declined
- C. The patient's MS treatment includes natalizumab
- D. The investment lacks diversification or risk assessment

Answer: D

Explanation: Fiduciary duty requires prudent, diversified investments. A \$1 million investment in an unproven startup without risk assessment is reckless and likely violates this duty. MS progression, treatment, or stable trust value does not address the investment's imprudence.

Question: 702

A legal nurse consultant is preparing expert testimony in a case where a patient developed anaphylaxis after receiving penicillin despite a documented allergy. The chart shows the allergy alert was overridden in the electronic medication administration system. The plaintiff alleges negligence. During cross-examination, the defense attorney challenges the consultant's reliance on the override log as hearsay. How should the consultant respond?

- A. Request the pharmacist to testify about the override
- B. Base the testimony on the patient's clinical symptoms alone
- C. Argue that the override log is a business record exception to hearsay
- D. Withdraw reliance on the override log

Answer: C

Explanation: The override log, as part of the electronic medication system, qualifies as a business record exception to hearsay under Federal Rule of Evidence 803(6), as it is routinely generated during medication administration. The consultant should defend reliance on the log. Basing testimony on symptoms alone omits negligence details, requesting pharmacist testimony is unnecessary, and withdrawing reliance weakens the case.

Question: 703

A 40-year-old male plaintiff with a lower limb amputation from a train accident requires a life care plan. Medical records show a prosthetic leg (\$30,000 every 5 years), physical therapy (\$100/session, 3 sessions/week), and pain management (\$200/month). Calculate the future cost over a 40-year life expectancy with a 2% inflation rate.

- A. \$2,456,000
- B. \$3,012,000
- C. \$2,123,000
- D. \$2,789,000

Answer: D

Explanation: Annual costs: physical therapy ($\$100 \times 3 \times 52 = \$15,600$), pain management ($\$200 \times 12 = \$2,400$), total $\$18,000$. Future value with 2% inflation: $\$18,000 \times [(1.02^{40} - 1) / 0.02] \approx \$2,589,000$. Prosthetic: $\$30,000$ every 5 years (8 times). Adjusted cost: $\$30,000 \times (1.02^{22.5}) \approx \$50,000$ per unit. Total: $8 \times \$50,000 \approx \$400,000 / 2 \approx \$200,000$. Total: $\$2,589,000 + \$200,000 \approx \$2,789,000$.

Question: 704

A 62-year-old patient files a personal injury lawsuit after a motor vehicle accident, claiming compensatory damages for medical expenses and lost wages. The plaintiff's medical records show a fractured femur requiring surgical fixation, with hospital bills totaling \$85,000 and rehabilitation costs of \$22,000. The plaintiff, a construction worker, was unable to work for 6 months, resulting in \$48,000 in lost wages. The defense argues that the plaintiff's failure to wear a seatbelt contributed to the injury severity. How should the LNC calculate the total compensatory damages to present to the attorney, considering the potential impact of contributory negligence?

- A. Sum medical expenses and lost wages (\$155,000), noting that contributory negligence may reduce the award
- B. Exclude lost wages due to contributory negligence and report only medical expenses (\$107,000)
- C. Report only hospital bills (\$85,000) as verifiable compensatory damages
- D. Include medical expenses, lost wages, and estimated future medical costs (\$200,000) without addressing contributory negligence

Answer: A

Explanation: Compensatory damages include economic losses such as medical expenses and lost wages. Summing the hospital bills (\$85,000), rehabilitation costs (\$22,000), and lost wages (\$48,000) yields \$155,000. Noting the potential impact of contributory negligence, which may reduce the award based on the plaintiff's fault, ensures the attorney is prepared for defense arguments. Excluding verified losses or adding unverified future costs without evidence is inaccurate.

Question: 705

You are reviewing medical records for a 51-year-old roofer claiming a work-related ankle injury. The records include an X-ray showing a bimalleolar fracture, a surgical report for open reduction internal fixation (ORIF), and physical therapy notes indicating a 20% reduction in plantarflexion. The employer disputes the claim, citing the roofer's history of osteoarthritis. Laboratory results show normal inflammatory markers. Which finding best supports the injury's work-related nature?

- A. The temporal association between the workplace incident and fracture
- B. The surgical report confirming ORIF
- C. The physical therapy notes showing reduced plantarflexion
- D. The X-ray evidence of a bimalleolar fracture

Answer: A

Explanation: The temporal association between the workplace incident and the bimalleolar fracture best

supports the injury's work-related nature, as it establishes a direct causal link under workers' compensation laws. Timing is critical to proving the injury arose from the workplace event. X-ray and surgical reports confirm the injury, reduced plantarflexion documents impairment, but the temporal link is the primary determinant. Osteoarthritis may complicate the claim but does not negate a traumatic work-related fracture.

Question: 706

A patient suffers a stroke after a neurologist fails to adjust anticoagulation therapy, despite a prothrombin time (PT) of 12 seconds and INR of 1.1, indicating subtherapeutic levels. The plaintiff argues the neurologist's negligence caused the stroke. The defendant claims the plaintiff's smoking history contributed. Which party has the burden to prove contributory negligence?

- A. Plaintiff, to negate contributory negligence
- B. Defendant, to reduce or bar recovery
- C. Defendant, to prove causation
- D. Plaintiff, to prove duty of care

Answer: B

Explanation: Contributory negligence is an affirmative defense, meaning the defendant bears the burden to prove the plaintiff's smoking history contributed to the stroke, potentially reducing or barring recovery. The plaintiff's burden is to prove the neurologist's negligence (failure to adjust therapy) caused the stroke, not to negate contributory negligence. The defendant does not prove causation for the plaintiff's claim, and the plaintiff establishes duty, not contributory negligence.

Question: 707

A 40-year-old female patient underwent a hysterectomy for uterine fibroids. The medical records indicate that the anesthesiologist administered vecuronium 0.1 mg/kg, but the patient developed prolonged neuromuscular blockade due to an undocumented pseudocholinesterase deficiency. The patient required prolonged ventilation and suffered emotional distress. In analyzing the medical records, which finding best indicates a deviation from the standard of care?

- A. Failure to screen for pseudocholinesterase deficiency
- B. The use of vecuronium for anesthesia
- C. Prolonged ventilation as a complication
- D. The patient's uterine fibroids diagnosis

Answer: A

Explanation: The standard of care requires anesthesiologists to assess patients for conditions that may affect drug metabolism, such as pseudocholinesterase deficiency, which prolongs the action of vecuronium. Failure to screen for this condition, especially when it led to prolonged neuromuscular blockade, deviates from the standard. Vecuronium is a standard anesthetic agent, and prolonged ventilation is an outcome, not the breach. The fibroids diagnosis is unrelated to the anesthesiologist's

actions.

Question: 708

A 46-year-old miner sustains a back injury, qualifying for Temporary Total Disability (TTD) benefits at \$800/week based on an AWW of \$1,200. After 5 months, the miner returns to light-duty work at \$700/week. The legal nurse consultant must calculate the Temporary Partial Disability (TPD) benefit. What is the correct amount?

- A. Pay half the TTD benefit: $\$800 \div 2 = \$400/\text{week}$.
- B. Continue TTD benefits at \$800/week.
- C. Calculate two-thirds of the wage loss: $(\$1,200 - \$700) \times 2/3 = \$333.33/\text{week}$.
- D. Pay two-thirds of the light-duty wage: $\$700 \times 2/3 = \$466.67/\text{week}$.

Answer: C

Explanation: TPD benefits are two-thirds of the difference between the pre-injury AWW (\$1,200) and light-duty wages (\$700): $(\$1,200 - \$700) \times 2/3 = \$333.33/\text{week}$. Continuing TTD, halving the TTD benefit, or using the light-duty wage alone does not follow standard TPD calculations.

Question: 709

You are reviewing medical records for a 50-year-old warehouse worker claiming a work-related knee injury. The records include an MRI showing a medial meniscus tear, an operative report for arthroscopic repair, and physical therapy notes indicating persistent pain and swelling. The employer disputes the claim, citing a prior knee injury documented in a 2018 emergency room visit. Laboratory results show elevated C-reactive protein (CRP) at 15 mg/L (normal <10 mg/L), suggesting inflammation. Which finding is most significant in confirming the injury's work-related nature?

- A. The temporal association between the reported workplace incident and symptom onset
- B. The physical therapy notes documenting persistent symptoms
- C. The MRI evidence of a medial meniscus tear
- D. The elevated CRP indicating ongoing inflammation

Answer: A

Explanation: The temporal association between the reported workplace incident and the onset of symptoms is the most significant factor in confirming the injury's work-related nature. Workers' compensation laws prioritize evidence that the injury arose out of and in the course of employment. While MRI findings confirm the injury's existence, elevated CRP indicates inflammation but not causation, and physical therapy notes document ongoing issues but do not establish the injury's origin. The prior knee injury may complicate the claim but does not negate a new work-related injury if the temporal link is strong.

Question: 710

A legal nurse consultant is assisting an attorney in preparing for a mediation session as part of an alternative dispute resolution process in a nursing home negligence case. The case involves a patient who developed a stage IV pressure ulcer, with wound measurements of 12 cm x 10 cm x 4 cm and a Wagner Grade 3 osteomyelitis diagnosis. The LNC is tasked with creating a visual exhibit to illustrate the progression of the ulcer based on weekly nursing notes. Which of the following approaches should the LNC take to ensure the exhibit is effective in the mediation?

- A. Create a 3D model of the pressure ulcer using wound measurements and tissue descriptions
- B. Generate a video simulation of the ulcer's progression based on hypothetical data
- C. Produce a statistical comparison of pressure ulcer outcomes in similar facilities
- D. Develop a timeline chart correlating Braden Scale scores, wound measurements, and interventions

Answer: D

Explanation: In mediation, visual exhibits should clearly and factually illustrate key case elements to facilitate settlement discussions. A timeline chart correlating Braden Scale scores, wound measurements, and interventions directly ties the nursing home's care to the ulcer's progression, making it relevant and persuasive. A 3D model may be visually compelling but is less practical for mediation, while a statistical comparison is too broad and less case-specific. A video simulation based on hypothetical data risks being challenged for inaccuracy and lacks evidentiary grounding.

Question: 711

In a malpractice lawsuit, a plaintiff's attorney requests a legal nurse consultant's notes from discussions with the hospital's attorney about a case strategy. The hospital claims attorney-client privilege. The plaintiff argues the privilege does not apply because the consultant is not an attorney. What is the key factor in determining privilege applicability?

- A. The consultant's role as a non-attorney
- B. The notes' relevance to the case
- C. The hospital's retention agreement
- D. The nature of the communications

Answer: D

Explanation: Attorney-client privilege extends to communications with non-attorneys (like consultants) if they are necessary to facilitate legal advice and are confidential. The key is whether the consultant's notes reflect privileged communications made to assist the attorney, not the consultant's status, retention agreement, or relevance.

Question: 712

A Legal Nurse Consultant is assessing negligence in a case where a patient developed compartment syndrome after a cast application. The hospital's policy requires neurovascular checks every 2 hours, but checks were documented every 8 hours. The patient required fasciotomy. What best supports a negligence claim?

- A. The need for fasciotomy
- B. The infrequent neurovascular checks
- C. The cast application technique
- D. The patient's pain level

Answer: B

Explanation: The infrequent neurovascular checks, violating the 2-hour policy, directly support a negligence claim by indicating a failure to monitor for complications like compartment syndrome. Fasciotomy is the outcome, and cast technique or pain level are less directly tied to the policy breach.

Question: 713

A 50-year-old steelworker develops manganese-induced parkinsonism, confirmed by an MRI showing basal ganglia hyperintensity. The legal nurse consultant is assessing compensability as an occupational hazard. Which step is most critical?

- A. Document the worker's manganese exposure through job records.
- B. Compare MRI findings to OSHA manganese exposure limits.
- C. Obtain a PET scan to confirm dopaminergic dysfunction.
- D. Repeat the MRI to verify basal ganglia changes.

Answer: A

Explanation: Compensability requires linking parkinsonism to manganese exposure. Documenting exposure through job records is critical. OSHA limits are not directly tied to parkinsonism causation, and a PET scan or repeat MRI is secondary to exposure evidence.

Question: 714

You are consulted in a case involving an 84-year-old male with suspected financial elder abuse. His bank statements show monthly transfers of \$5,000 to an unknown account, and his MMSE score is 20/30, indicating mild dementia. He states, "My nephew handles my money," but cannot explain the transfers. Which finding most strongly supports financial elder abuse?

- A. MMSE score of 20/30
- B. Inability to explain the transfers
- C. Bank transfers of \$5,000 to an unknown account
- D. Nephew managing his finances

Answer: C

Explanation: Monthly transfers of \$5,000 to an unknown account most strongly support financial elder abuse, as they suggest unauthorized or exploitative use of the elder's funds. The inability to explain the transfers and MMSE score indicate cognitive vulnerability, increasing the risk of exploitation, but the

transfers themselves are the most direct evidence. The nephew's involvement raises suspicion but is not conclusive without evidence of misconduct.

Question: 715

In a personal injury case, a 28-year-old female plaintiff sustained a below-knee amputation due to a crush injury from industrial machinery. The vocational rehabilitation expert submits a report estimating the plaintiff's loss of earning capacity. The report assumes the plaintiff, previously a warehouse supervisor earning \$65,000 annually, can transition to a sedentary administrative role earning \$40,000 annually after 12 months of retraining. The legal nurse consultant is asked to review the report for accuracy. Which of the following factors is most critical to challenge the vocational rehabilitation expert's assumptions?

- A. The earning capacity should account for potential prosthetic complications affecting work attendance.
- B. The retraining period should be extended to 24 months due to the complexity of administrative roles.
- C. The sedentary role's salary should be adjusted to match the plaintiff's pre-injury earnings.
- D. The report should include a higher post-injury salary based on transferable supervisory skills.

Answer: A

Explanation: Prosthetic complications, such as skin breakdown, infections, or fit issues, are common in below-knee amputations and can significantly impact work attendance and employability. These complications could delay or prevent the plaintiff's ability to sustain employment in a sedentary role, making it critical to account for them in the vocational rehabilitation report. A 12-month retraining period is reasonable for administrative roles, and extending it to 24 months requires justification. Adjusting the post-injury salary to match pre-injury earnings or assuming higher earnings based on transferable skills ignores labor market realities and the plaintiff's physical limitations.

Question: 716

A 65-year-old patient with a history of hypertension and diabetes mellitus type 2 was admitted to a hospital for elective cholecystectomy. Post-operatively, the patient developed a wound infection, and an incident report was filed. The report noted that the surgical site was not prepped with chlorhexidine as per protocol due to a supply shortage, and the nurse documented that the surgeon was informed but proceeded with the surgery. As a Legal Nurse Consultant reviewing this incident report for a potential malpractice case, which element of the incident report is most critical for establishing a breach of standard of care?

- A. The surgeon's decision to proceed despite the lack of chlorhexidine
- B. The patient's pre-existing conditions of hypertension and diabetes
- C. The nurse's documentation of informing the surgeon
- D. The hospital's supply shortage of chlorhexidine

Answer: A

Explanation: The surgeon's decision to proceed with the surgery despite the absence of chlorhexidine, a

standard antiseptic for surgical site preparation, directly relates to a potential breach of the standard of care. This action deviates from established protocols aimed at minimizing infection risk, a key factor in evaluating negligence in a malpractice case. The patient's pre-existing conditions are relevant to damages but not the breach. The nurse's documentation supports the timeline and communication but is secondary to the surgeon's decision. The supply shortage may indicate systemic issues but does not directly establish the surgeon's breach.

Question: 717

A 47-year-old plaintiff sues a surgeon for negligence after a bowel perforation during a colectomy, alleging pain and suffering. Records show peritonitis and pain rated 8/10 for 2 months. The defense argues assumption of risk, citing a consent form listing perforation as a risk. The LNC finds the form lacks specifics about peritonitis. How should the LNC address assumption of risk?

- A. Argue that the form's lack of specificity does not constitute informed consent
- B. Acknowledge the consent form as evidence of assumption of risk
- C. Omit the assumption of risk defense and summarize peritonitis treatment
- D. Suggest that peritonitis severity negates the assumption of risk defense

Answer: A

Explanation: Assumption of risk requires informed consent to a specific risk. The consent form's general reference to perforation without mentioning peritonitis undermines the defense's claim of informed consent. Arguing this in the summary supports the plaintiff's case. Acknowledging the form, omitting the issue, or focusing on severity does not counter the defense effectively.

Question: 718

A 50-year-old patient, Ms. Carter, develops sepsis after using a catheter with a coating certified to reduce bacterial adhesion by 99%. Microbiological tests show a bacterial load of 10^5 CFU/mL, indicating a defective coating. In a strict liability claim, what is the legal nurse consultant's main focus?

- A. Whether the hospital sterilized the catheter properly.
- B. Whether the patient had a compromised immune system.
- C. Whether the defective coating caused the sepsis.
- D. Whether the manufacturer tested the coating in clinical settings.

Answer: C

Explanation: Strict liability requires a defect and causation. The 10^5 CFU/mL bacterial load indicates a defective coating, failing the 99% reduction certification. Proving this caused the sepsis is critical. Hospital sterilization, patient immunity, or testing protocols may raise defenses but are secondary to defect and causation.

Question: 719

A Legal Nurse Consultant is reviewing a case where a clinic violated federal law by billing Medicare for unnecessary lab tests (CBC, CMP ordered without clinical indication). The patient's chart shows normal vitals (BP: 120/80, HR: 70 bpm). What is the most relevant statute?

- A. False Claims Act
- B. Stark Law
- C. Anti-Kickback Statute
- D. HIPAA Security Rule

Answer: A

Explanation: The False Claims Act prohibits billing for medically unnecessary services, such as unindicated lab tests, to government programs like Medicare. Stark Law and Anti-Kickback Statute address referrals and financial incentives, while HIPAA governs privacy, none of which apply to unnecessary billing.

Question: 720

A Legal Nurse Consultant is reviewing a case of nonfeasance where a patient suffered a cardiac arrest after a nurse failed to respond to a monitor alarm showing ventricular tachycardia (HR 180 bpm). The hospital's policy requires immediate response to critical alarms. How should this omission be classified?

- A. Nonfeasance
- B. Misfeasance
- C. Negligence
- D. Malfeasance

Answer: A

Explanation: The nurse's failure to respond to a critical monitor alarm, a required action under hospital policy, constitutes nonfeasance, as it is the omission of a duty leading to harm. Malfeasance involves unlawful acts, misfeasance is improper performance, and negligence is broader but less specific here.

Question: 721

In a case of alleged elder neglect, you review medical records showing a 70-year-old patient with a BMI of 16 kg/m² (normal: 18.5-24.9 kg/m²), serum albumin of 2.5 g/dL, and no nutritional consult for 7 days. As a Legal Nurse Consultant, which finding is most indicative of neglect?

- A. The low BMI of 16 kg/m²
- B. The patient's age of 70 years
- C. The low serum albumin level
- D. The absence of a nutritional consult

Answer: D

Explanation: The failure to order a nutritional consult for a malnourished patient is a direct indicator of neglect, as it reflects a lack of intervention for a critical condition. Low BMI and albumin are signs of malnutrition, but the absence of action is the key evidence of neglect. Age is not specific to neglect.

Question: 722

In a product liability case, a legal nurse consultant is engaged as a consulting expert to evaluate the medical records of a patient who suffered anaphylaxis after using a new epinephrine auto-injector. The LNC identifies inconsistencies in the emergency department's documentation, including a reported heart rate of 180 bpm and a blood pressure of 80/50 mmHg, but no mention of epinephrine administration timing. The attorney requests the LNC's assistance in preparing a report to challenge the defendant's claim that the auto-injector functioned correctly. Which of the following is the most critical component of the LNC's report as a consulting expert?

- A. A narrative summary of the patient's prior allergic reactions to establish a pattern of severity
- B. A detailed analysis of the medical record discrepancies, correlated with clinical guidelines for anaphylaxis management
- C. A statistical comparison of anaphylaxis outcomes across multiple hospitals to contextualize the case
- D. Recommendations for alternative auto-injector designs based on engineering standards

Answer: B

Explanation: As a consulting expert, the LNC's primary role is to analyze medical records and provide a factual, evidence-based report to support the attorney's strategy. A detailed analysis of discrepancies in the emergency department's documentation, such as the missing timing of epinephrine administration, directly addresses the case's core issue: whether the auto-injector functioned correctly. Correlating these findings with clinical guidelines for anaphylaxis management strengthens the report by grounding it in established standards of care. A narrative of prior allergic reactions may be relevant but is less critical than addressing the specific incident. Statistical comparisons are beyond the LNC's scope in this context, and recommending design changes requires engineering expertise, not nursing knowledge.

Question: 723

A Legal Nurse Consultant is analyzing proximate cause in a case where a patient developed renal failure after receiving vancomycin. Lab results show a peak level of 45 mcg/mL (therapeutic 10-20 mcg/mL) and creatinine of 3.2 mg/dL. The physician ordered 1 g every 12 hours, but the nurse administered 2 g every 12 hours for 3 days. What best establishes proximate cause?

- A. The physician's dosing order
- B. The patient's creatinine level
- C. The nurse's administration error
- D. The vancomycin peak level

Answer: C

Explanation: The nurse's administration of 2 g instead of 1 g directly led to toxic vancomycin levels, causing renal failure, thus establishing proximate cause. The physician's order was correct, and lab results confirm the injury but do not establish the causal link.

Question: 724

In a deposition, a nurse testifies about a patient's statement, "I felt dizzy before I fell," to prove the fall's cause. The defense objects, citing hearsay. Under FRE 803, which exception might admit this statement?

- A. Excited utterance
- B. Present sense impression
- C. Statement for medical diagnosis
- D. Recorded recollection

Answer: C

Explanation: Statements made for medical diagnosis or treatment (FRE 803(4)) are admissible if they describe symptoms or their cause, as they are reliable due to the patient's treatment motive. The patient's dizziness statement, relevant to medical care, qualifies, unlike excited utterance or present sense impression.

Question: 725

A legal nurse consultant is analyzing an FCE for a 36-year-old paramedic with a traumatic leg amputation. The FCE shows a 30-pound lifting capacity and 3-hour standing limit. The attorney asks whether the FCE supports a return to paramedic duties. Which of the following is the most accurate assessment?

- A. The FCE indicates the paramedic can return with a modified schedule.
- B. The FCE precludes paramedic duties but supports alternative roles.
- C. The FCE suggests total disability due to standing limitations.
- D. The FCE supports paramedic duties with prosthetic enhancements.

Answer: B

Explanation: Paramedic duties require heavy lifting (often over 100 pounds) and prolonged standing, which exceed the FCE's 30-pound lifting and 3-hour standing limits. These restrictions preclude paramedic work but support alternative roles, such as dispatch or training. Total disability is not indicated, as the paramedic can perform other work. Prosthetic enhancements cannot overcome the documented limitations.

Question: 726

In a root cause analysis of a patient who suffered a hypoglycemic event (blood glucose 40 mg/dL, normal: 70–110 mg/dL) after receiving insulin, the RCA team finds that the nurse administered the dose

without checking the patient's glucose level, despite a policy requiring pre-administration checks. As a Legal Nurse Consultant, which process improvement methodology would you recommend?

- A. Plan-Do-Study-Act (PDSA)
- B. Lean Six Sigma
- C. SWOT analysis
- D. Value stream mapping

Answer: A

Explanation: Plan-Do-Study-Act (PDSA) is a cyclical methodology for testing and implementing process improvements, such as enforcing pre-administration glucose checks, to prevent hypoglycemia. It allows iterative refinement of interventions. Lean Six Sigma focuses on waste reduction, SWOT analyzes strategic factors, and value stream mapping optimizes workflows, none as suited for policy compliance testing.

Question: 727

A hospital faces a CMS investigation for non-compliance with Medicare Conditions of Participation after a patient developed a hospital-acquired infection (MRSA, wound culture positive). The patient's chart indicates a missed dose of prophylactic antibiotics (cefazolin 2 g IV) before surgery. As a Legal Nurse Consultant, what is the primary regulatory standard the hospital must meet to avoid penalties?

- A. Maintain a robust infection control program
- B. Ensure 100% compliance with antibiotic administration
- C. Implement mandatory staff vaccinations
- D. Conduct monthly patient satisfaction surveys

Answer: A

Explanation: Medicare Conditions of Participation require hospitals to maintain an effective infection control program to prevent hospital-acquired infections, including protocols for antibiotic prophylaxis. While antibiotic administration is critical, 100% compliance is unrealistic, and the broader infection control program is the regulatory focus. Vaccinations and surveys are not directly tied to this standard.



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