



**HARTFORD INSTITUTE FOR GERIATRIC NURSING**  
**NEW YORK UNIVERSITY COLLEGE OF NURSING**

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**TOPIC: ADVANCE DIRECTIVES**  
**TEST YOUR KNOWLEDGE !**

**Please note: There are currently no contact hours associated to these post-tests.**  
This post-test is to be used for review.

When you feel that you have fully completed reviewing the materials on ConsultGeriRN.org regarding this topic, please do the following:

1. Print out the Post-Test.
2. Complete the Post-Test in pencil or pen.
3. Please be sure that your NAME, ADDRESS, TELEPHONE #, and RN LICENSE # are on your TEST.
4. Mail your post-test to:

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New York University College of Nursing  
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New York, NY 10003  
[yjb200@nyu.edu](mailto:yjb200@nyu.edu)/ Fax 212.995.4561

***Results & Resubmission***

If you score 80% or better on the test, a certificate of completion will be mailed to you. If you score less than 80%, a copy of your test will be returned to you via mail or email so that you can see the subject areas in need of improvement.

We suggest that you review your returned test and re-study those sections on ConsultGeriRN.org pertaining to those content areas where you need improvement. When you reach a score of 80%, you will receive a certificate of completion.

Advance Directives: Learning Objectives

1. Describe the guiding principles of advanced directives in older adults.
2. Define the commonly used terms regarding end of life decision making.
3. Discuss the importance of developing and utilizing advanced directives.
4. Describe nursing assessment parameters that ensure older adults receive advanced directive information.
5. Implement nursing strategies for effective communication of advanced directives with older patients and their families.
6. Describe expected outcomes from implementation of an advanced directive protocol.

Advanced Directives: Post-Test Questions

1. Who should be approached to discuss advanced directives?
  - a. All patients who can participate in a conversation
  - b. Family members of older adults
  - c. Health care providers of older adults
  - d. Patient care managers
2. Another term for “durable power of attorney for health care” is:
  - a. Guardian
  - b. Health care proxy
  - c. Health care provider
  - d. Nursing care manager
3. What percentage of Americans of all ages have completed an advanced directive?
  - a. Fewer than 20 %
  - b. 20 - 30%
  - c. 30 - 40%
  - d. Greater than 40%
4. Older adults are presumed to have decision-making capacity until deemed otherwise.
  - a. True
  - b. False

5. Which of the following statements about the use of advanced directives is true?
- Advanced directives describe resuscitation information only.
  - Advanced directives provide financial information based on patients' wishes if they should become unable to make decisions.
  - Advanced directives provide medical information based on patients' wishes if they should become unable to make decisions.
  - Advanced directives are the same as a person's Last Will and Testament.
6. Which of the following patients should NOT be asked if they have advanced directives?
- Eighty-year old female with mild Alzheimer's dementia.
  - Eighty-four year old male with severe Alzheimer's dementia.
  - Ninety-five year old female with hypertension.
  - Seventy-eight year old male with colon cancer.
7. Patients who have been determined to lack capacity to make other decisions may still be able to appoint a health care proxy.
- True
  - False
8. Mr. N., an eighty year old male, is admitted with COPD exacerbation. He is on IV Solumedrol and stabilizing. He has no advanced directives. The staff is concerned that his condition will worsen over time. Mr. N. states that he has been happily married for 53 years and wants everything possible done to prolong his life. As his nurse, you:
- Ask his health care provider to discuss "do not resuscitate" status with him.
  - Bring him to a respiratory unit to show him patients dependent on ventilators.
  - Call the ethics committee.
  - Encourage Mr. N. to put his wishes in writing and assign a health care proxy.
9. A method that may be used to measure outcomes of implementation of an advanced directives protocol is:
- Assuming that all older patients have health care proxies.
  - Reviewing medical records to ascertain how many older patients were asked if they have advanced directives.
  - Counting how many older patients have "do not resuscitate" status.
  - Telling older patients to assign a health care proxy.

10. Mr. G., a 92 year old man without advanced directives, is hospitalized for treatment of pneumonia and urospeis. A neighbor has assisted Mr. G. with all needs for the past 10 years. The neighbor requests that the patient receive only comfort measures. The patient's estranged son insists that his father be treated aggressively. Which of the following is the most appropriate initial step in this situation?
- Abide by the son's request for aggressive treatment
  - Abide by the neighbor's request for non-heroic measures
  - Assess Mr. G.'s decision-making capacity
  - Contact the adult protective services
11. It is important for nurses to assess which of the following on admission to the hospital?
- Baseline decision-making capacity.
  - If an advance directive has been completed and readily available on the chart.
  - If the patient and family have met with clergy for advance directive decisions.
  - If the patient has made end-of-life decisions.
12. Verbal advance directives are allowed in most states.
- True
  - False
13. When a patient lacks decision-making capacity and there is a difference of opinion on care decisions among family members, the nurse should:
- Act as an intermediary to get the family to agree.
  - Ask who spends the most time with the patient.
  - Encourage all to take a deep breath and come back with a decision later.
  - Know the institutional policy for resolving family conflict.
14. When an advanced directive is followed in good faith the potential for litigation is decreased.
- True
  - False

Name: \_\_\_\_\_

15. When there appears to be a disagreement in decision-making for a patient between family and/or staff members, the nurse might consider:
- a. Asking the doctor to make the decision.
  - b. Assuming the patient can make the decision.
  - c. Calling the ethics committee.
  - d. Waiting until the next day to see if the patient can make the decision.

**Please Print:**

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