ER BASICS · ONE-PAGER

Legal and Ethical Terms

Torts, consent, advance directives, HIPAA, mandatory reporting, restraints, scope, assignments and ethical principles for the NCLEX-RN

20 sources + more detail
erbasics.com/sheets/legal-ethics.html
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HOW IT WORKS Four elements of malpractice

Duty	+	Breach	+	Causation	+	Damages
a nurse–client relationship existed		standard of care not met; harm foreseeable		the breach caused the injury		harm

Malpractice: the client must prove all four; missing any one defeats the claim

1 Torts the NCLEX tests

TERM	MEANING	EXAMPLE
Negligence	Failing to use reasonable care	Spill left unmarked
Malpractice	Professional negligence; must prove duty, breach, causation, harm	Rails down after a sedative; client falls, breaks hip
Assault	Threat causing fear of contact	"Take it or you get a shot"
Battery	Contact without consent	Care given over a refusal
False imprisonment	Confining without authority	Restraint without an order; blocking an AMA exit
Defamation	False, harmful statement: slander spoken, libel written	Untrue rumor that a colleague diverts drugs
Invasion of privacy	Accessing or sharing without need	Reading a neighbor's chart

Good Samaritan laws (every state, details vary): good-faith emergency aid outside work, unpaid, within your training. Gross negligence is not protected; once you start, stay until EMS or someone as qualified takes over.

2 Informed consent

- The provider doing the procedure explains it: nature, risks, benefits, alternatives including none
- The nurse confirms understanding and witnesses the signature (right person, signing freely)
- Confused, sedated, says "I don't understand" or changes their mind: stop and call the provider
- Qualified interpreter; family or a child only in an emergency (an adult if the client asks)
- Minors: parent or guardian. Emancipated (married, military, court order): consents for self. Every state lets minors consent to STI care
- Emergency, client unable and no surrogate: treat, then inform
- A competent adult may refuse any care: document, notify the provider

3 Advance directives and code status

DOCUMENT	WHAT IT DOES
Living will	Treatments wanted or refused if incapacitated
Durable power of attorney for health care	Names an agent who decides only when the client cannot
DNR (DNAR) order	Provider order: no CPR; all other care continues
POLST (MOLST, POST)	Signed medical order for serious illness that EMS can follow

Patient Self-Determination Act: on admission ask, give written information, document whether one exists; care never depends on having one. Family cannot override a competent client's documented wishes.

4 Privacy, reporting, incident reports

- HIPAA: open only the records your role needs; tell family only what the client allows
- Common violations: snooping, hallway talk, photos on a personal phone, posts with no name (room, diagnosis or nickname still identify)
- Clients may have copies of their records (answer within 30 days)
- Report on suspicion, no consent needed: child abuse (every state), elder or dependent-adult abuse (most states), listed communicable diseases
- Incident report: prompt, objective, by the person who found it; a quality tool, never filed in or mentioned in the chart

5 Restraints (CMS rules)

- Last resort; least restrictive; remove at the earliest safe time
- Provider order for each episode, never PRN; in an emergency, order within minutes
- Violent or self-destructive: renew every 4 h adults, 2 h ages 9–17, 1 h under 9, up to 24 h; face-to-face within 1 h
- Monitor per policy (often every 15 min); release, ROM, skin, fluids, toileting about every 2 h
- Quick-release tie to the bed frame, not the side rail

⚠ **SAFETY** Restraint for convenience, punishment or without an order is false imprisonment. First try alternatives: treat pain, toilet, reorient, sitter, hide lines.

6 Scope, delegation, assignments

- Stay within your state Nurse Practice Act and your own competence
- Delegation: five rights; the RN keeps assessment, teaching, evaluation, judgment and unstable clients (see Prioritization and Delegation)
- Floating: go, name the skills you lack, ask for suitable clients
- Unsafe assignment: object in writing up the chain of command. Refusing first is not abandonment; leaving without handoff is
- Impaired colleague: protect clients, report to the supervisor per policy
- Unsafe or illegal practice: person, manager, then board or regulators; document facts (whistleblowing)

7 Ethics

PRINCIPLE	MEANING	EXAMPLE
Autonomy	Self-determination	Honor a competent refusal
Beneficence	Do good	Analgesia on time
Nonmaleficence	Do no harm	Question an unsafe order
Justice	Fairness by need	ICU bed to the sickest
Fidelity	Keep promises	Return when you said
Veracity	Tell the truth	Never deny a diagnosis

ANA Code (2025): 10 provisions; first commitment is to the client. Ethics committee: unresolved value conflicts. Organ donation: refer every death or imminent death to the OPO; only it or a trained requester asks; a registered donor's choice stands.

💡 **EXAM TIP** NCLEX favorites: the client's wishes beat the family's; stop and call the provider when consent is in doubt; report abuse on suspicion; alternatives before restraints.

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