Legal, ethical and client rights

Scope and malpractice, informed consent and refusal, confidentiality, ethical principles, mandatory reporting

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1 AT A GLANCE

The practice act sets your scope. A capable adult can refuse. Share only for a permitted purpose. Report suspected child abuse on reasonable suspicion, not proof; follow state law for adults.

Who sets your scope

- Every state has a nurse practice act: license qualifications, titles and scope of practice. The board of nursing enforces it to protect the public.
- ★ **Compact license:** the rules of the state where the client is located when you give the care.
- ★ Hospital policy can be stricter than the law, never looser. A provider's order doesn't widen your scope.
- Only the board of nursing can act on a license; a lawsuit can't take it.
- Good Samaritan laws protect good-faith emergency aid off duty, though the details vary.

Allowed isn't the same as ready

- Scope: what any nurse at your level may do. Competence: whether you, today, can do it safely.
- Is it allowed, covered by policy, am I competent, will I accept accountability? **A single no means you don't do it.**
- ★ Not prepared: don't start it, tell the charge nurse, and ask for training, help or reassignment.
- Keep giving the care you can. Leaving accepted clients without a handoff is patient abandonment.

Legal wrongs

Term	Means
Assault	Threatening unwanted contact, like "we'll have to hold you down"
★ **Battery**	Touching a client without consent, **even with no injury**
Fraud	Charting care you didn't give
Negligence	Unintentional: not giving the care a reasonable person would
Malpractice	Negligence by a licensed professional, measured against a reasonably prudent nurse

Malpractice: all four elements

Element	Numbness under a new cast, charted, never reported
Duty	A nurse-client relationship: it began when she took report
Breach	Below the standard: a reasonably prudent nurse reports it promptly
Causation	The delay led to the damage
Harm	Real damages: permanent nerve damage

Watch: She documented the finding, but documenting isn't acting.

Informed consent: who does what

Task	Whose job
Explain the procedure, risks and alternatives; answer detailed questions	Provider doing it
Witness the signature: it confirms this person signed, not that you explained the procedure	Nurse
★ **Check the client seems to understand. If not, stop and call the provider**	Nurse
Confirm a valid, signed consent is on the chart before the procedure	Nurse

Also: Nursing care needs consent too: a bath, a medication, an IV. Consent can be withdrawn at any time, even after signing.

Who can consent?

- An alert adult who can decide: the client, even if family disagrees.
- ★ Competence is legal, decided by a judge. **Capacity is this decision, right now**; it can come and go, as with delirium or intoxication.
- No capacity: an activated health care power of attorney, a guardian, or next of kin where law allows.
- Minors need a parent or guardian unless state law says otherwise; some minors consent for certain care, varying by state.
- True emergency: the client can't decide and no authorized person is available. Treatment can go ahead; document why.

Refusal, advocacy and interpreters

- ★ **A capable adult can refuse any treatment**, even life-saving. Make it informed, tell the provider, document it in the client's words, and offer again later.
- Never pressure, trick or threaten.
- Advocacy: inform, don't decide. A capable adult's choice is theirs.
- A qualified interpreter, free, accurate and timely. Never a child, except for a moment in an emergency.

Six ethical principles

Principle	The nurse...
Autonomy	Respects a capable client's refusal
Beneficence	Sits with a dying client so she isn't alone
Nonmaleficence	Double-checks a high-alert drug
Justice	Same care whatever a client can pay; ranks by need
Fidelity	Comes back in an hour, as promised
Veracity	Explains a side effect honestly

Paternalism: Overriding a choice for the client's own good. Explain the risks, document, and keep offering.

Educational use only. Not a substitute for clinical judgment, your facility's policy or the provider's orders. Where practice varies, follow facility policy and state law. No patient information.

Legal, ethical and client rights

1 AT A GLANCE, CONTINUED

Can you share it?

Who's asking	Share?
A nurse taking over her care	Yes: treatment
Her husband, whom she asked to be involved	What's relevant to his part
★ **A caller who says he's her brother**	**No**: can't be verified; follow policy
The health department, reportable disease	Yes, what the law requires
A curious coworker on another unit	No permitted reason

Rules: Share the minimum necessary, except treatment disclosures to providers; other exceptions exist. Staff access stays role-based. Records request: the provider acts within 30 calendar days of receipt.

Mandatory reporting

- ★ Child abuse: nurses are mandated reporters in every state. **Report on reasonable suspicion**; no proof needed, and you don't investigate.
- In many states, policy doesn't replace your own duty to report.
- Adult Protective Services: abuse, neglect, self-neglect, financial exploitation.
- Document objectively, the client's words in quotes; don't confront the suspect.

Privacy and social media

- Open only a chart your role gives you a permitted reason to open; a few seconds is still a breach.
- ★ **Never post anything that could identify a client**: a room number and an event can. No client photos on your own phone.
- Private groups aren't private, and deleting doesn't undo a disclosure. Report any breach promptly.

After an error: chart or incident report?

Detail	Goes in
What happened, the client's condition, the provider notified and when, the care given	Chart
★ **The words "incident report filed"**	**Never the chart**
What else was going on, like an interruption or a look-alike vial	Incident report

First: Check the client and give any care needed, then tell the provider, follow policy, and complete an incident report. Near misses get reported too.

2 PRIORITY AND SAFETY CALLS

★ About to sign, the client asks what exactly they're going to do: **hold the signing and ask the surgeon to talk with her**.

A capable adult refuses a transfusion the family wants: respect the refusal, make sure it's informed, tell the provider, document.

★ A colleague often off the unit, making errors, giving others' clients their opioids: **report your observations** to the charge nurse or manager. Impaired on duty now: keep them away from clients.

★ A capable client declines more chemotherapy and her family pushes back: **support her decision**; request an ethics consult if the conflict continues.

★ Bruises that don't fit the story: report the suspicion, following state law and policy.

3 EXAM ANCHORS

1. Scope distractors: the provider said it was fine, learn as you go, refuse everything and leave.
2. Consent traps: the nurse explaining the surgery, a child interpreting, overriding a capable adult.
3. Confidentiality traps: she's family, I didn't use the name, I deleted it, it was a private group.
4. Ethics traps: beneficence mistaken for paternalism, deciding for the client, staying silent.
5. Reporting traps: waiting for proof, confronting the abuser, charting incident report filed, keeping a colleague's secret.

4 SELF-QUIZ

1. Touching without consent, even with no injury, is _____.
2. Malpractice needs duty, breach, causation and _____.
3. Witnessing the signature confirms this person _____ the form.
4. Knowing the right action but being blocked from it is moral _____.
5. Report suspected child abuse on reasonable _____.

ANSWER KEY 1. battery · 2. harm · 3. signed · 4. distress · 5. suspicion

5 SOURCES

1. Open RN, NMPC 2e, 5.6 Other Legal Issues. wtcs.pressbooks.pub/nursingmpc/chapter/5-6-other-legal-…
2. HHS, Minimum Necessary Requirement. hhs.gov/hipaa/for-professionals/privacy/gui…
3. NCSBN, A Nurse's Guide to the Use of Social Media. ncsbn.org/public-files/NCSBN_SocialMedia.pdf
4. Open RN, NMPC 2e, 6.2 Basic Ethical Concepts. wtcs.pressbooks.pub/nursingmpc/chapter/6-2-basic-ethica…
5. Child Welfare Information Gateway, Mandatory Reporting. artifacts.childwelfare.gov/public/documents/mandatory-reportin…

Built from RN PocketPal course lessons: Scope of practice and legal responsibilities (c01-l01); Client rights, advocacy and informed consent (c01-l05); Confidentiality, privacy and social media (c01-l07); Ethics and ethical dilemmas (c01-l08); Mandatory reporting, errors and unsafe practice (c01-l09). Every line on this sheet comes from those lesson scripts.

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