2.7: Glossary

**American Nurses Association (ANA):** The professional organization that represents the interests of the nation’s 4 million registered nurses.

**Beneficence:** To “do good.”

**Black Box Warnings:** The strongest warnings issued by the Federal Drug Association (FDA) that signify a drug carries a significant risk of serious or life-threatening adverse effects.

**Code of Ethics for Nurses:** Developed by the American Nurses Association as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession.

**Cultural Competence:** The process by which nurses demonstrate culturally congruent practice.

**Culturally Congruent Practice:** The application of evidence-based nursing that is in agreement with the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer and other stakeholders.

**Do Not Crush List:** A list of medications that should not be crushed, often due to a sustained-release formulation.

**Drug Diversion:** The transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use.

**Error-Prone Abbreviations:** Abbreviations, symbols, and dose designations that are frequently misinterpreted and involved in harmful medication errors.

**Five Rights of Medication Administration:** Standards of practice that require the following information is confirmed prior to each administration of medication: right patient, right drug, right dose, right time, and right route.
**Health Literacy**: The degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.

**High-Risk Medications**: Drugs that bear a heightened risk of causing significant patient harm when they are used in error.

**Inappropriate Polypharmacy**: Present when one or more medicines are prescribed that are not or no longer needed.

**Joint Commission**: A national organization that accredits and certifies health care organizations in the United States.

**Look-Alike and Sound-Alike (LASA) Drugs**: Medications that require special safeguards to reduce the risk of errors and minimize harm.

**Maleficence**: Causing harm to patients.

**National Patient Safety Goals (NPSGs)**: Goals established by the Joint Commission to help accredited organizations address specific areas of concern related to patient safety.

**Nursing**: The protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations, as defined by the American Nurses Association.

**Nursing Process**: Standards of Practice that include Assessment; Diagnosis; Outcome Identification; Planning; Implementation; and Evaluation components of providing patient care.

**Nursing Scope and Standards of Practice**: A document created by the American Nurses Association that outlines professional nursing performance according to national standards.

**Polypharmacy**: The concurrent use of multiple medications.

**Prescription Drug Monitoring Programs (PDMP)**: A statewide electronic database that collects designated data on substances dispensed in a state to address prescription drug abuse, addiction, and diversion.

**Professional Assistance Procedure**: A voluntary non-disciplinary program to provide support for credentialed professionals in Wisconsin with substance abuse disorder who are committed to their own recovery.

**Registered Nurse (RN)**: An individual who is educationally prepared and licensed by a state to practice as a registered nurse.

**Root Cause Analysis**: An analysis after an error occurs to help identify not only what and how an event occurred, but also why it happened. When investigators are able to determine why an event or failure occurred, they can create workable corrective measures that prevent future errors from occurring.

**Safety Culture**: The culture of a health care agency that empowers staff to speak up about risks to patients and to report errors and near misses, all of which drive improvement in patient care and reduce the incident of patient harm.

**Scheduled Medications**: The Controlled Substances Act (CSA) places all substances that are regulated under existing
federal law into one of five schedules, ranging from Schedule I drugs with a high potential for abuse and the potential to create severe psychological and/or physical dependence, to Schedule V drugs with the least potential for abuse.

**Social Determinants of Health:** Poverty, education, safe medication, and other healthcare disparities that affect a patient’s health.

**Standards of Practice:** Authoritative statements of duties by the American Nursing Association that all registered nurses, regardless of role, population, or specialty, are expected to perform competently. Standards of Practice include Assessment, Diagnosis, Outcome Identification, Planning, Implementation, and Evaluation components of providing patient care.

**Standards of Professional Performance:** Describe a competent level of behavior in the professional role, including activities related to ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice, and quality of practice as defined by the American Nursing Association.

**State Nurse Practice Act:** Laws enacted by state legislatures setting professional standards of nursing care to which nurses are held accountable by the State Board of Nursing.

**State Board of Nursing:** A group of officials who enforce the State Nurse Practice Act.

**Substance Use Disorder:** A pattern of behaviors that ranges from misuse to dependency or addiction, whether it is alcohol, legal drugs, or illegal drugs. Addiction is a complex disease with serious physical, emotional, financial, and legal consequences.