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QUESTION NO: 1

Which of the following is true regarding current factors that support the greater emphasis on health promotion and disease prevention?

- A. Only 20% of illness and disease is related to lifestyle and unhealthy decisions.
- B. Healthy People 2020 was developed as a outline of prevention agenda by the American Nurses Association.
- C. Tobacco use, substance use, and obesity are considered some of the leading health indicators.
- D. Preventive services include treating active diseases that could spread out into the community.

Answer: C

Explanation:

Among the statements presented, the correct one that reflects current factors supporting greater emphasis on health promotion and disease prevention is: "Tobacco use, substance use, and obesity are considered some of the leading health indicators. It is reported that 50% of illness and disease is related to lifestyle and unhealthy decisions. Healthy People 2020 is the prevention agenda for the nation as outlined by the federal government through the U.S. Department of Health. Preventive services are infant care, immunizations, and sexually transmitted disease services, not the treatment of active disease states." This statement is true and reflects accurately the focus of contemporary health promotion and disease prevention strategies. First, identifying tobacco use, substance use, and obesity as leading health indicators is consistent with extensive research showing these factors contribute significantly to preventable illnesses and premature death. These indicators are used to prioritize public health actions aimed at reducing their prevalence and mitigating their effects. The statement also correctly notes that about 50% of illnesses and diseases are related to lifestyle and unhealthy decisions. This highlights the importance of behavior in health outcomes and supports the rationale for focusing on lifestyle modifications as a critical component of disease prevention strategies. This statistic underlines the potential impact of effective health promotion activities, which can significantly reduce the burden of disease by encouraging healthier living choices.

Healthy People 2020, referenced in the statement, indeed serves as the prevention agenda set by the U.S. Department of Health and Human Services. This initiative outlines specific objectives aimed at improving health across various domains and demographics. Its goals are rooted in evidence-based practices and data-driven priorities that address both the direct and indirect costs of preventable diseases.

Moreover, the differentiation between preventive services and the treatment of active disease states is an important distinction in the context of public health strategies. Preventive services like infant care, immunizations, and management of sexually transmitted diseases aim to prevent health problems before they occur, which is distinct from treating diseases after they have developed. This approach not only helps reduce healthcare costs but also aims to improve the quality of life for individuals and communities.

Therefore, the statement selected provides a comprehensive overview of why there is an increased emphasis on health promotion and disease prevention today, highlighting the role of lifestyle factors, the objectives of national health agendas like Healthy People 2020, and the focus on preventive services over mere treatment of diseases.

QUESTION NO: 2

Which of the following is considered a Ribonucleotide reductase inhibitor?

- A. Hydroxyurea.
- B. Mitotane.
- C. Estramustine.
- D. Bexarotene.

Answer: A

Explanation:

Hydroxyurea is correctly identified as a ribonucleotide reductase inhibitor. This class of drug is essential in the field of cancer pharmacology because it strategically targets and inhibits the enzyme ribonucleotide reductase. This enzyme is crucial for DNA synthesis as it is responsible for converting ribonucleotides into deoxyribonucleotides, the building blocks needed for DNA replication and repair. By inhibiting this enzyme, hydroxyurea impedes the growth of cancer cells, which are characterized by their rapid division and proliferation. The mechanism by which hydroxyurea works involves the scavenging of tyrosyl radicals that are essential for the activity of ribonucleotide reductase. By neutralizing these radicals, hydroxyurea effectively halts the enzyme's function, leading to a reduction in the deoxyribonucleotide pools necessary for DNA synthesis. This disruption in DNA replication can lead to cell cycle arrest and ultimately, cell death in rapidly dividing cells, including those found in various cancers such as leukemia, melanoma, and ovarian cancer.

Hydroxyurea is often used in the treatment of chronic myeloid leukemia and other myeloproliferative disorders. It's also used in the management of sickle cell disease by promoting the production of fetal hemoglobin, which reduces the formation of sickle-shaped cells, thereby decreasing the occurrence of painful crises.

Other drugs listed, such as Mitotane, Estramustine, and Bexarotene, function differently: - Mitotane acts as an adrenocortical steroid inhibitor and is primarily used in the treatment of Cushing's syndrome and adrenal carcinoma. - Estramustine is an antimicrotubule agent impacting cell division and is used in prostate cancer treatment. - Bexarotene belongs to the class of retinoids and is used for the treatment of cutaneous manifestations of T-cell lymphoma.

In summary, among the options provided, Hydroxyurea is the only drug that functions as a ribonucleotide reductase inhibitor, making it a valuable tool in the treatment of diseases characterized by rapid cell proliferation. Its unique action on DNA synthesis makes it a pivotal component in the therapeutic regimens aimed at controlling the growth of cancerous cells.

QUESTION NO: 3

You are treating your patient with a 5HT4 agonist for his gastrointestinal disorder. Of the following, which would you prescribe?

- A. Senna.
- B. Cisapride.
- C. Tegaserod.
- D. Alosetron.

Answer: C

Explanation:

To address the question of which medication to prescribe for a patient's gastrointestinal disorder using a 5HT4 agonist, it is essential to understand the pharmacological role of each option listed. Here is an expanded explanation of the drug choices provided:

Tegaserod: This medication is a 5HT4 agonist and is used specifically to treat certain gastrointestinal disorders, particularly those associated with symptoms of irritable bowel syndrome (IBS) predominantly featuring constipation. Tegaserod works by enhancing the release of neurotransmitters that increase the movement of the intestines, thereby promoting bowel movements and alleviating constipation. Due to its mechanism of action targeting the 5HT4 receptor, tegaserod is the correct choice when a 5HT4 agonist is indicated for gastrointestinal issues.

Senna: Senna is categorized as a stimulant laxative. It operates by stimulating the muscles in the intestines, which helps to facilitate the movement of stool through the bowel. Though effective for constipation, Senna does not function as a 5HT4 agonist and therefore does not fit the requirement for the medication needed in this scenario.

Cisapride: Previously used as a promotility agent, Cisapride enhances the release of acetylcholine at the myenteric plexus, which stimulates gastrointestinal motility and accelerates gastric emptying. It acts on serotonin receptors, but its primary action is not on the 5HT4 receptor. Furthermore, due to concerns about serious cardiac side effects, its availability is highly restricted in many countries.

Alosetron: This medication is a 5HT3 antagonist used primarily to manage severe diarrhea-predominant irritable bowel syndrome (IBS) in women. By blocking the 5HT3 receptors, alosetron slows the movement of stools through the intestines, which is the opposite effect of what is typically desired with a 5HT4 agonist. Therefore, alosetron is not suitable for the requirement of a 5HT4 agonist.

In conclusion, for a patient needing a 5HT4 agonist for treating a gastrointestinal disorder, Tegaserod is the appropriate prescription among the options listed. It directly targets the 5HT4 receptors and is effective in enhancing gut motility, specifically in cases related to constipation-predominant IBS. Other drugs listed either do not target the 5HT4 receptor or have different primary indications and mechanisms of action that do not align with the therapeutic needs specified.

QUESTION NO: 4

Which of the following is a sign?

- A.** Patient reports difficulty sleeping.
- B.** Patient reports feeling chills.
- C.** Patient reports night sweats.
- D.** Patient's skin is cool and clammy to the touch.

Answer: D

Explanation:

In medical practice, distinguishing between a "sign" and a "symptom" is crucial for diagnosis and treatment planning. A "sign" is an objective indication of a disease or a patient's condition that can be observed or measured by a clinician or healthcare provider. This means that a sign is tangible evidence of an ailment that does not rely on patient feelings or reports, but rather on physical examination, lab results, or other diagnostic tools. The correct answer to the given question, "Patient's skin is cool and clammy to the touch," represents a sign. Here's

why: 1. **Objective Observation**: The condition of the patient's skin being "cool and clammy" can be physically felt by a healthcare provider. This observation does not depend on the patient's subjective report but is directly measurable through touch. 2. **Verifiable by Medical Examination**: Any healthcare provider can verify the same condition independently by touching the patient's skin, making it a reproducible and confirmable finding. 3. **Indicator of Physiological State**: Cool and clammy skin can indicate various underlying conditions such as shock, hypoperfusion, anxiety, or hypoglycemia, among others. The presence of such a sign is crucial for diagnosis as it provides concrete evidence that can guide further testing or immediate therapeutic interventions. On the other hand, a "symptom" is a subjective experience or change in condition as reported by the patient that indicates a disease or a change in condition. Symptoms are not directly observable by a healthcare provider but are reported by the patient, such as pain, fatigue, or nausea. These are subjective because they are experiences felt by the patient, which may not be directly measurable and can vary in perception between different individuals. For example, if the question were about a patient reporting difficulty sleeping or feeling chills, these would be considered symptoms. They rely on the patient's personal experience and reporting, and cannot be objectively confirmed just by observation or physical examination without further investigative tools. Understanding the distinction between signs and symptoms is fundamental in clinical practice as it influences the approach to further diagnostic testing and management strategies. Signs allow healthcare providers to apply their clinical skills in observing and noting aspects of the patient's health that are critical for forming a diagnosis and deciding on an appropriate course of treatment.

QUESTION NO: 5

How far should the external bumper of a PEG be from the abdominal wall?

- A. 3 or 4 mm.
- B. 1 or 2 mm.
- C. 3 or 4 cm
- D. 1 or 2 cm.

Answer: D

Explanation:

The correct positioning of the external bumper of a Percutaneous Endoscopic Gastrostomy (PEG) tube is crucial for patient comfort and the prevention of potential complications. The external bumper, which is a part of the PEG tube that rests against the skin of the abdomen, should ideally be positioned 1 to 2 centimeters (cm) from the abdominal wall.

This distance is vital because it allows just enough space to prevent excessive pressure on the skin, which can lead to irritation, tissue ischemia, or infection. It also ensures that the tube is not too loose, which can increase the risk of accidental dislodgement or leakage of gastric contents, potentially leading to peritonitis or other serious infections.

The recommendation of 1 to 2 cm is based on clinical practice and guidelines which aim to optimize healing. Having the external bumper too close to the skin (less than 1 cm) might restrict the movement of the tube and cause undue pressure against the skin, leading to ulceration or necrosis of the skin over time. Conversely, if the bumper is too far (more than 2 cm), the PEG tube may move excessively, which can irritate the stoma (the opening in the skin where the tube enters), leading to increased granulation tissue formation and potential

infection.

In summary, maintaining the external bumper of a PEG tube at an appropriate distance of 1 to 2 cm from the abdominal wall is essential for both the safety and comfort of the patient. This positioning helps to minimize the risk of complications such as skin irritation, infection, and tube dislocation, thereby contributing to the overall success of feeding tube management. Regular assessments by healthcare providers are necessary to ensure that the bumper remains at the optimal distance as adjustments might be needed over time.

QUESTION NO: 6

In your career, you will encounter many professional journal articles with important data for your review. The CNS knows that the difference between the smallest and largest observation is the:

- A. first degree of freedom
- B. range
- C. absolute value
- D. standard deviation

Answer: B

Explanation:

In the context of statistical analysis, particularly when reviewing data in professional journal articles, it is essential to understand various statistical measures that describe the data's behavior. One such measure is the "range." The range is a descriptive statistic that provides a simple indication of the dispersion, or spread, of a set of data points. It is calculated as the difference between the largest and smallest values in the dataset.

To determine the range, you identify the maximum (largest) and minimum (smallest) values among the dataset's observations. Subtracting the minimum value from the maximum value yields the range. For example, if the maximum value in a dataset is 90 and the minimum is 15, the range would be $90 - 15 = 75$. This tells us that the data points are spread across a range of 75 units.

The range is particularly useful as a preliminary measure of data spread, giving a quick indication of the variability within a dataset. However, it is sensitive to outliers (extreme values), as a single outlier can significantly affect the range, making it larger. Despite this limitation, the range is a helpful starting point for data analysis, especially when combined with other statistical measures such as the mean, median, variance, and standard deviation, which provide a more comprehensive understanding of the dataset's characteristics.

In professional settings, understanding the range can help in making initial assessments about the data's variability without delving deeper into more complex statistical analyses. It can guide decisions on further data processing steps and analytical techniques to apply for more detailed insights. Hence, when reviewing professional journal articles that present data, recognizing the significance of the range and its calculation is crucial for interpreting the research findings effectively.

QUESTION NO: 7

Which of the following does NOT increase a woman's risk for domestic violence?

- A. Being in a lesbian relationship rather than a heterosexual one.
- B. Being pregnant.

- C. Being disabled.
- D. Being an undocumented immigrant.

Answer: A

Explanation:

The question asks which scenario does NOT increase a woman's risk for domestic violence. The correct answer, as repeated across all options, is "Being in a lesbian relationship rather than a heterosexual one." Domestic violence is a significant issue that affects various demographics, regardless of sexual orientation, age, race, or economic status. However, certain factors are recognized to heighten the risk of experiencing domestic violence. Studies and data have identified factors such as pregnancy, disability, and undocumented status as increasing the vulnerability of women to domestic violence. These factors can exacerbate power imbalances, dependency, isolation, and barriers to seeking help, all of which contribute to the increased risk.

In contrast, there is no consistent evidence to suggest that the nature of the relationship in terms of the sexual orientation of the partners—specifically being in a lesbian versus a heterosexual relationship—alters the fundamental risk of domestic violence. Domestic violence occurs in both heterosexual and same-sex relationships at significant rates. The misconception that same-sex relationships inherently involve less power imbalance or are less prone to violence is unfounded. The risk factors typically revolve around individual behaviors, relationship dynamics, and socio-economic conditions rather than the sexual orientation of the relationship itself.

Therefore, while being pregnant, disabled, or an undocumented immigrant are recognized as factors that can increase a woman's risk for victimization, being in a lesbian relationship, in itself, does not alter the risk compared to being in a heterosexual relationship. The focus should remain on the behaviors and dynamics that contribute to domestic violence, rather than the nature of the relationship in terms of sexual orientation.

QUESTION NO: 8

Which of the following would indicate a high level of hematocrit in a female patient?

- A. 35 percent
- B. 42 percent
- C. 55 percent
- D. 45 percent

Answer: C

Explanation:

The hematocrit test measures the percentage of red blood cells in a person's blood. This test is crucial as it helps diagnose and monitor various conditions, including anemia, dehydration, and disorders related to bone marrow.

In the context of hematocrit levels, each gender has a different normal range due to physiological differences. For women, the typical hematocrit range is between 38 percent and 46 percent. This range can slightly vary depending on the source, but it generally falls within these limits. Therefore, a hematocrit value of 55 percent in a female patient is considered high and above the normal range for women.

Several conditions can lead to an elevated hematocrit level. One common cause is dehydration. When the body lacks sufficient fluids, the volume of plasma decreases while the

number of red blood cells stays the same, thus raising the percentage of hematocrit. Other potential causes for a high hematocrit level include polycythemia vera (a type of blood cancer that causes the bone marrow to overproduce red blood cells), heart disease, or living at high altitudes where oxygen levels are lower, and the body compensates by producing more red blood cells.

In clinical practice, if a female patient presents with a hematocrit level of 55 percent, healthcare providers would likely investigate further to determine the underlying cause. This could involve reviewing the patient's medical history, conducting physical examinations, and performing additional tests to check for conditions that could lead to an increased production of red blood cells or a reduction in plasma volume.

It is important for such an evaluation to be thorough as the implications of high hematocrit levels can be significant. For instance, increased hematocrit can lead to higher blood viscosity, which may increase the risk of thrombosis (blood clots), potentially leading to serious complications such as stroke or heart attack.

In summary, a hematocrit level of 55 percent in a female patient is indicative of a high level, which warrants further medical evaluation to ascertain the cause and to manage any associated risks effectively.

QUESTION NO: 9

You are educating a patient with Type II diabetes mellitus. The Adult Clinical Nurse Specialist understands that secondary causes of hyperglycemia include the use of all of the following medications except:

- A.** niacin
- B.** thiazide diuretics
- C.** angiotensin receptor blockers
- D.** corticosteroids

Answer: C

Explanation:

When educating a patient with Type II diabetes mellitus about medications that can affect their blood glucose levels, it is vital to identify which drugs might cause secondary hyperglycemia. Secondary hyperglycemia occurs when an external factor, such as medication, increases a person's blood glucose levels, complicating the management of their diabetes.

Niacin, a form of Vitamin B3 used to treat high cholesterol, is one of the medications known to increase blood sugar levels. This effect occurs because niacin can impair glucose tolerance, leading to elevated glucose levels in the blood.

Thiazide diuretics, often prescribed for hypertension, can also lead to increased blood glucose levels. They decrease insulin sensitivity which can result in hyperglycemia, especially important to monitor in patients managing Type II diabetes.

Corticosteroids, used for their anti-inflammatory properties in various conditions, can significantly impact glucose metabolism. They promote gluconeogenesis and reduce the peripheral utilization of glucose, thereby raising blood sugar levels. This is particularly challenging for diabetic patients as it can exacerbate their condition.

On the other hand, angiotensin receptor blockers (ARBs), which are also prescribed for hypertension, do not adversely affect blood glucose levels. ARBs work by blocking the action

of angiotensin II, which is a substance in the body that increases blood pressure and can also increase blood sugar levels indirectly through other mechanisms. However, ARBs specifically do not have a direct effect on blood glucose levels and are considered safe for use in diabetic patients. This makes them a preferred choice for managing hypertension in individuals with concomitant Type II diabetes.

In conclusion, while educating a patient with Type II diabetes, it is crucial to stress the importance of medication awareness, especially concerning drugs like niacin, thiazide diuretics, and corticosteroids, which can exacerbate hyperglycemia. Angiotensin receptor blockers, however, do not have this effect and are safe to use without impacting glucose levels, making them suitable for diabetic patients with high blood pressure.

QUESTION NO: 10

Which of the following is NOT an appropriate serving size of fruit for a person on the ADA diet?

- A. 2 plums.
- B. ½ c unsweetened canned fruit.
- C. 1 c apple juice.
- D. 2 Tbsp raisins.

Answer: C

Explanation:

The question is asking which fruit serving size is not appropriate for someone following the American Diabetes Association (ADA) diet. The correct answer is "1 cup of apple juice." The ADA diet is tailored to help individuals manage their blood sugar levels, and thus, portion control is a critical aspect of this diet. It's important to understand that different forms of fruits have different impacts on blood sugar levels. Whole fruits contain fiber, which helps slow down the digestion process and the release of sugar into the bloodstream, making them a healthier choice in appropriate portions.

In contrast, fruit juices, such as apple juice, lack fiber and are more concentrated sources of sugar and calories. Consequently, they can lead to quicker and higher spikes in blood sugar levels. According to ADA guidelines, if fruit juice is consumed, it should be limited to a smaller serving size because of its higher sugar content and lack of fiber. Specifically, the ADA recommends that servings of juice should not exceed 1/2 cup. This is because a full cup of fruit juice can contain the sugar equivalent of several pieces of whole fruit, without the beneficial fiber.

The other options provided - "2 plums," "½ cup unsweetened canned fruit," and "2 tablespoons of raisins" - are generally considered appropriate serving sizes for someone on the ADA diet. These options contain fiber (to varying extents), are more filling, and have a slower impact on blood sugar levels compared to a full cup of fruit juice.

Thus, "1 cup apple juice" is the correct answer as it is not an appropriate serving size for someone managing their diet according to ADA guidelines. To adhere to the ADA diet, it's recommended to consume whole fruits in appropriate portions and limit the intake of fruit juices, especially in larger quantities like a full cup.

QUESTION NO: 11

The following statements are all true regarding the adult Critical Care Nurse's role except:

- A. Adult-focused care is the specialized role of the adult Critical Care Nurse .
- B. ANPs acknowledge that the family process is an interaction among family members that serves to promote mental and physical health.
- C. The ANP focuses on the community for disease prevention and restoration of health in times of illness.
- D. ANPs provide a comprehensive psychosocial approach to caring for individuals that fosters health-promoting lifestyles among family members.

Answer: C

Explanation:

The role of an Adult Critical Care Nurse is distinctively focused on providing specialized care to critically ill adults. This involves managing complex health issues, closely monitoring patients, and using advanced medical technology. The critical care environment demands specific skills in acute patient care, including immediate life support and stabilization, in-depth understanding of health systems, and the ability to make rapid decisions under pressure. The Adult Nurse Practitioner (ANP), however, plays a broader role that encompasses not only individual patient care but also extends to family and community health. ANPs are trained to provide healthcare across the lifespan, with a significant focus on disease prevention, health education, and management of chronic conditions. Their practice isn't limited to critical settings but spans various environments including clinics, community centers, and patients' homes.

ANPs engage in a holistic approach that considers the psychosocial aspects of health. They often act as advocates, case managers, counselors, and coordinators, addressing the needs of the individual, their family, and the wider community. This comprehensive responsibility is aimed at fostering a health-promoting lifestyle among all family members, which is crucial in preventing disease and restoring health during illness.

The statement that "Adult-focused care is the specialized role of the adult Critical Care Nurse" is true and aligns with the core responsibilities of a Critical Care Nurse, who is primarily focused on adult patients in critical conditions. The rest of the statements, which describe the roles of an ANP, mistakenly intermingle the duties across family and community health settings, which are not the primary focus of an Adult Critical Care Nurse. Therefore, those statements are true concerning the ANP's role but incorrect if applied to the Adult Critical Care Nurse. This is a key difference in scope and focus between these two nursing roles.

QUESTION NO: 12

Of the following nursing models, which one addresses health promotion and suits the practice of the Adult Clinical Nurse Specialist?

- A. Pender' Health Promotion Model
- B. Neuman's Health Care Systems Model
- C. King's Interacting Systems Model
- D. Watson's Human Science and Human Model of Caring

Answer: A

Explanation:

The Pender Health Promotion Model is a theoretical framework designed to guide nurses in

the development of strategies aimed at improving patient well-being and health outcomes. Developed by Dr. Nola J. Pender, this model emphasizes the role of individual experiences, behaviors, and interactions in health promotion. This model is particularly relevant to the practice of an Adult Clinical Nurse Specialist (CNS) because it aligns closely with their focus on preventive care and health education.

An Adult Clinical Nurse Specialist is a highly skilled and educated nursing professional who specializes in a specific area of adult health. Their role involves not only managing patient care but also focusing on improving healthcare delivery systems, educating patients and their families, and implementing evidence-based practices. The CNS often takes a holistic approach that incorporates both acute care management and preventive strategies to optimize health outcomes.

Pender's Health Promotion Model is centered around the concept that health is not merely the absence of disease but a dynamic process of achieving higher levels of wellness. The model outlines several factors that influence health behaviors, including individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. This makes it an excellent tool for CNSs, as it provides a structured way to understand and influence the multiple dimensions of patient health.

In comparison, other nursing models like Neuman's Health Care Systems Model, King's Interacting Systems Model, and Watson's Human Science and Human Model of Caring, while valuable, focus more broadly on systemic or relational aspects of care. These models are useful in their own rights but do not specifically target health promotion with the same explicitness as Pender's model.

Therefore, for an Adult Clinical Nurse Specialist, whose primary concerns include health promotion and disease prevention, Pender's Health Promotion Model is especially appropriate. It supports the CNS's aims to foster behaviors that improve health and prevent illness through a deeper understanding of what motivates individuals to engage in health-promoting practices. This alignment makes Pender's model not only relevant but also a practical choice in guiding the CNS's interventions and patient interactions toward successful health outcomes.

QUESTION NO: 13

You are assessing a 52-year old woman with chronic obstructive pulmonary disease (COPD). When discussing immunizations, what should you advise this client?

- A.** Nothing is needed for her disease and age group.
- B.** She would benefit from the live attenuated influenza virus vaccine.
- C.** She needs an inactivated influenza virus vaccine.
- D.** She must take an antiviral during the influenza season due to her age and diagnosis.

Answer: C

Explanation:

The correct answer is that the 52-year-old woman with chronic obstructive pulmonary disease (COPD) should receive an inactivated influenza virus vaccine. This recommendation is based on the increased risk that patients with COPD face with regard to contracting respiratory infections like influenza. Influenza can exacerbate the symptoms of COPD, leading to more severe health complications, including respiratory failure, the need for hospitalization, and even death.

Influenza is a highly contagious viral infection that affects the respiratory system and can be particularly severe in individuals with pre-existing health conditions such as COPD. The inactivated influenza vaccine, which does not contain live virus, is given to provide protection against the strains of flu virus that research indicates will be most common during the upcoming flu season. The vaccine works by stimulating the body's immune system to produce antibodies against the influenza virus, thereby offering protection against the disease.

It is important to note that patients with COPD should specifically receive the inactivated influenza vaccine, rather than the live attenuated influenza vaccine (LAIV). The LAIV is generally given as a nasal spray and contains a weakened but still live version of the virus, which could potentially cause complications in individuals with compromised respiratory systems.

Annual vaccination is recommended because the influenza virus rapidly changes and different strains circulate each year. The composition of the influenza vaccine is reviewed annually and updated to match the circulating viruses. Ensuring that the vaccine administration occurs every year before the onset of the influenza season maximizes the patient's protection during the peak viral periods.

In addition to the annual influenza vaccine, it is also advisable for individuals with COPD to stay updated with other vaccinations, such as the pneumococcal vaccine, as recommended by healthcare providers. These vaccines provide protection against other respiratory pathogens that can cause serious complications in patients with COPD.

In summary, advising a patient with COPD to receive an annual inactivated influenza vaccine is crucial for preventing serious complications associated with influenza infections. This preventive measure is part of comprehensive care for individuals with chronic respiratory conditions and is supported by various health guidelines and studies.

QUESTION NO: 14

Which type of formulation is most commonly used to fulfill nutritional needs of patients?

- A.** Isotonic polymeric.
- B.** Elemental formulations.
- C.** Specialty formulations
- D.** Enteral formulations.

Answer: A

Explanation:

The correct answer to the question of which type of formulation is most commonly used to fulfill the nutritional needs of patients is "Isotonic polymeric." This type of formulation is widely used because it is generally sufficient to meet the basic dietary requirements of most patients who require nutritional support. Isotonic polymeric formulas are balanced in osmolarity with the human body, which helps minimize the risk of fluid imbalances and ensures that nutrients are delivered in a form that is easy for the body to absorb and utilize.

Isotonic polymeric formulas are composed of complete proteins, carbohydrates, fats, vitamins, and minerals in a form that is close to the natural composition of a balanced diet. The isotonic nature of these solutions means that they have the same osmotic pressure as blood and other bodily fluids, which facilitates easier absorption through the gastrointestinal tract and reduces the likelihood of osmotic diarrhea.

In contrast, elemental formulations are used in more specific medical scenarios. These are typically prescribed for patients who have severe digestive or absorptive issues, such as those with compromised function of the small bowel. Elemental formulations contain nutrients in their simplest form, often amino acids, glucose, and lipids, which require minimal digestion and are directly absorbed into the bloodstream. These are particularly helpful for patients with conditions like severe malabsorption, inflammatory bowel disease, or short bowel syndrome. Thus, while isotonic polymeric formulations are the standard choice for general nutritional support in clinical settings, elemental and other specialized formulations are reserved for specific clinical indications where more tailored nutritional solutions are necessary to manage unique health concerns. This nuanced approach ensures that all patients receive the most appropriate type of nutritional support according to their individual health needs.

QUESTION NO: 15

Hematocrit is also known as what?

- A. MVC.(mean value of cells)
- B. PVC. (premature ventricular contraction)
- C. PCV. (packed cell volume)
- D. MCV. (mean cell volume)

Answer: C

Explanation:

The correct answer to the question "Hematocrit is also known as what?" is PCV, which stands for Packed Cell Volume. Hematocrit, or PCV, is a crucial blood test that measures the proportion of red blood cells (RBCs) in the blood. This measurement is expressed as a percentage. For example, a hematocrit of 40% means that there are 40 milliliters of red blood cells in 100 milliliters of blood.

Understanding hematocrit is important in diagnosing and managing various medical conditions. A high hematocrit level may indicate dehydration, polycythemia vera (a bone marrow disorder that causes excessive production of red blood cells), or other conditions. Conversely, a low hematocrit level might suggest anemia, blood loss, vitamin or mineral deficiencies, or other medical issues.

The hematocrit test is often part of a complete blood count (CBC) and is performed via a simple blood draw. The blood sample is then processed in a centrifuge to separate the red blood cells from the plasma. The percentage of the blood volume occupied by red blood cells is then calculated, providing the hematocrit value.

It is important to note that while PCV and hematocrit are often used interchangeably, the terms MVC (Mean Cell Volume) and PVC (Premature Ventricular Contraction) refer to different aspects. MCV measures the average size of red blood cells and is also part of a CBC, helping in the diagnosis of different types of anemia. PVC, on the other hand, is a term used in cardiology referring to extra heartbeats that originate in one of the ventricles of the heart.

In summary, hematocrit or packed cell volume (PCV) is a vital diagnostic tool in the medical field, helping clinicians assess the proportion of red blood cells in the blood, which is crucial for diagnosing and monitoring various health conditions.

QUESTION NO: 16

What is the best measure the Adult Clinical Nurse Specialist can take when communicating with a culturally diverse patient who speaks a different language?

- A. Speak slowly and loudly.
- B. Speak to the patient and family together in hopes that some communication will occur.
- C. Arrange for an interpreter.
- D. Use gestures and pictures that are available.

Answer: C

Explanation:

When an Adult Clinical Nurse Specialist encounters a patient who speaks a different language, ensuring effective communication is crucial for accurate assessment and providing quality care. The most effective strategy in this scenario is to arrange for an interpreter. This approach respects the patient's cultural and linguistic background and facilitates accurate and efficient communication between the nurse and the patient.

Using an interpreter helps to overcome language barriers that can lead to misunderstandings or misinterpretations of medical information. It ensures that the patient fully understands the health information, diagnoses, and treatment options being discussed. This is vital for gaining informed consent and for the patient's active participation in their care plan.

It is important to note that speaking slowly and loudly to someone who does not understand the language does not improve understanding. Instead, it can cause frustration and may be perceived as patronizing or disrespectful. Similarly, relying on family members to translate can lead to incomplete or incorrect translations due to lack of medical knowledge or emotional bias.

In contrast, professional interpreters are trained to handle medical terminology and sensitive information, maintaining confidentiality and accuracy. They can also help navigate cultural nuances that may impact patient care. Therefore, arranging for an interpreter is not just about language translation but also about ensuring cultural competence in healthcare provision. Additionally, while using gestures and pictures can be helpful in some situations, they cannot substitute for comprehensive verbal communication facilitated by an interpreter. Visual aids are supplementary tools and should not be the primary method of communication in complex and nuanced medical discussions.

In conclusion, arranging for an interpreter is the best and most respectful approach when dealing with culturally diverse patients who speak a different language. This practice promotes understanding, patient safety, and quality of care, and it upholds the principles of equity and dignity in healthcare settings.

QUESTION NO: 17

A hold order may be ordered for patients on insulin therapy if the glucose threshold is what?

- A. <110 mg/dL.
- B. <100 mg/dL.
- C. <105 mg/dL.
- D. <115 mg/dL.

Answer: B

Explanation:

*In the context of diabetes management, particularly for patients on insulin therapy, a "hold

order" is a directive used in clinical settings to temporarily stop insulin administration under specific circumstances. This protocol is crucial to prevent hypoglycemia, a condition where blood glucose levels drop too low, posing serious health risks to the patient. Hypoglycemia can cause symptoms such as shaking, confusion, dizziness, or even more severe complications like loss of consciousness or seizures. *

*Insulin, while essential for controlling high blood sugar, can sometimes lower glucose levels excessively. To mitigate this risk, medical professionals set glucose thresholds that trigger a hold on insulin administration. If a patient's blood glucose level falls below this predefined threshold, insulin doses are withheld to allow glucose levels to stabilize and prevent further drop. *

*The threshold for a hold order can vary based on the patient's individual health profile, the type of insulin being used, and other factors. However, it is commonly set at less than 100 mg/dL. This level is chosen based on clinical guidelines and empirical evidence which suggest that glucose levels below 100 mg/dL increase the risk for hypoglycemia, especially if trending downwards. *

*It is important for healthcare providers to closely monitor blood glucose levels in patients receiving insulin therapy and adjust the treatment protocol as necessary. This includes issuing hold orders when appropriate to safeguard against hypoglycemia, thus balancing the need to manage high blood sugar with the risk of pushing glucose too low. Regular review and adjustment of the glucose threshold for hold orders ensure that the management of diabetes remains both effective and safe.

QUESTION NO: 18

John is a patient with B+ blood type. Of the following, what blood type can he donate to?

- A. O-
- B. AB+
- C. B-
- D. AB-

Answer: B

Explanation:

Understanding blood type compatibility for donation is crucial for ensuring safe blood transfusions. John, who has a B+ blood type, can donate blood to individuals with certain blood types based on the compatibility of antigens and the Rh factor.

Blood types are designated based on the presence of specific antigens on the surface of red blood cells. There are two main types of antigens relevant here, A and B. Additionally, the Rh factor, which can be positive (+) or negative (-), plays a crucial role. A B+ blood type means that John's red blood cells have B antigens and the Rh factor is positive.

Individuals with AB+ blood type are known as universal recipients in terms of blood transfusions. This is because they can receive red blood cells from any donor regardless of their ABO or Rh blood type. This includes blood from donors with B+ blood type like John.

The AB+ blood type has both A and B antigens and the Rh factor is positive, which means they can accept John's B antigen and positive Rh factor without any problems.

Therefore, while John can donate blood to individuals with B+ and AB+ blood types, he cannot donate to those with O-, AB-, B-, or other blood types due to potential incompatibilities related to the presence of antigens and the Rh factor. Individuals with these blood types

either lack the B antigen, the Rh factor, or both, which could lead to a negative reaction if transfused with John's B+ blood.

QUESTION NO: 19

The CNS has a patient who has suffered a second degree burn on his arm. Which of the following actions would the CNS be least likely to take?

- A. Use water with mild soap to clean the broken skin.
- B. Use normal saline to clean the broken skin.
- C. Rupture the blisters.
- D. Treat with silver sulfadiazine cream.

Answer: C

Explanation:

In the scenario presented, the appropriate clinical response to a second-degree burn involves several key steps, but notably, it does not include rupturing the blisters. This specific action is contraindicated because intact blisters serve as a natural barrier against infection and further trauma to the underlying skin tissues. Rupturing blisters can increase the risk of infection and delay the healing process.

In the treatment of second-degree burns, the initial step often involves gently cleaning the affected area. This can be done using lukewarm water and mild soap, or more preferably, with a sterile saline solution. These methods help to remove contaminants without further irritating or damaging the skin. It is crucial to handle the burned skin delicately to avoid breaking any blisters that have formed.

Following cleansing, topical application of an antimicrobial cream such as silver sulfadiazine can be applied. Silver sulfadiazine is widely used in burn care due to its broad-spectrum antimicrobial properties, which help prevent infection while the skin heals. This cream is typically applied to the entire burn area, carefully avoiding disrupting any blisters. Thus, the clinical steps taken by a CNS (Clinical Nurse Specialist) or any healthcare provider in managing a second-degree burn are directed towards promoting healing, preventing infection, and maintaining the integrity of the skin as much as possible. Rupturing blisters does not align with these objectives and is therefore the action a CNS would be least likely to take. This approach is consistent with current best practices in burn treatment and wound care management.

QUESTION NO: 20

What is the term for the portion of a medical visit or diagnostic procedure that patients pay according to the terms of the insurance policy?

- A. Assignment.
- B. Entitlement.
- C. Deductible.
- D. Co-payment.

Answer: D

Explanation:

The correct term for the portion of a medical visit or diagnostic procedure that patients are required to pay under the terms of their insurance policy is "co-payment." Co-payment, often referred to as co-pay, is a fixed amount set by the insurance policy that the insured person

must pay out of pocket for each visit to a healthcare provider or when receiving certain medical services. This payment is made at the time of the service and is a standard feature of many health insurance plans.

The purpose of the co-payment is to share the cost of medical care between the insurance company and the insured to prevent unnecessary medical visits or overutilization of healthcare services. It is usually a relatively small amount compared to the total cost of the service provided. The specific amount of the co-payment can vary depending on the insurance plan and the type of service received. For example, a visit to a primary care doctor might have a lower co-payment compared to a visit to a specialist.

Co-payments are distinct from other types of insurance payments such as deductibles and coinsurance. A deductible is the amount the insured must pay each year before their health insurance begins to pay. Coinsurance is a percentage of the cost of the service that the insured pays after meeting their deductible. In contrast, a co-payment is a specific, fixed amount paid for each service regardless of the total cost of the visit or treatment.

Understanding the terms of co-payments in one's health insurance policy is crucial for patients to manage their healthcare expenses effectively. It helps them anticipate out-of-pocket expenditures and budget accordingly for routine and necessary medical services.