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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q92-Q97):

NEW QUESTION # 92

What is Not a step in Values Clarification?

- A. Choosing.
- B. Utility.
- C. Prizing.
- D. Acting.

Answer: B

Explanation:

The term "Utility" does not represent a step in the Values Clarification process. Instead, it is a concept tied to teleology, a branch of philosophy that focuses on the purpose or design of things, often discussed in ethical and moral contexts. In contrast, "Choosing," "Prizing," and "Acting" are indeed recognized as the three key steps in Values Clarification.

Values Clarification is a method designed to help individuals identify, affirm, and act upon their personal values. This process is particularly beneficial in educational settings, helping students develop critical thinking and moral reasoning skills. It focuses on facilitating learners' ability to articulate what they value and then encourages them to align their behaviors with these identified values. The three steps in Values Clarification are as follows: 1. **Choosing**: In this initial step, individuals are encouraged to explore various options and make decisions about what is most important to them. This involves a thoughtful examination of different values and the possible consequences of prioritizing each. 2. **Prizing**: After choosing their values, individuals move on to affirm and appreciate these choices. This step is about openly cherishing and being proud of the values they have selected. It often involves individuals expressing why these values are important to them. 3. **Acting**: The final step is about behaving consistently with the chosen values. This means putting values into action and living in ways that reflect what has been prioritized and prized. It's a commitment to integrate these values into daily life, thereby demonstrating integrity and consistency.

Utility, in contrast, is concerned with the outcomes or consequences of actions, often evaluated in terms of their usefulness or benefit. It is a key concept in utilitarianism, a theory in normative ethics that proposes that the best action is the one that maximizes utility, usually defined as that which produces the greatest well-being for the greatest number of people. This approach is quite different from the introspective and personal exploration involved in Values Clarification, which is not inherently about maximizing collective well-being but rather about individual alignment with personal beliefs and actions. Thus, "Utility" is not a step in Values Clarification but a separate philosophical concept that deals with the consequences and effectiveness of actions in ethical discussions.

NEW QUESTION # 93

What is a hordeolum?

- A. A yellow triangular thickening of the conjunctiva that extends across the cornea.
- B. Chronic inflammation of the sweat glands of the eyelids.
- **C. Painful acute bacterial infection of a hair follicle on the eyelid.**
- D. Damage to the corneal epithelium due shingles or herpes infection.

Answer: C

Explanation:

A hordeolum, commonly referred to as a stye, is a painful, acute bacterial infection that involves a hair follicle on the eyelid. This condition results primarily from the infection of the sebaceous glands or apocrine sweat glands that are associated with the eyelash follicles. The most common causative agent is *Staphylococcus aureus*, a type of bacteria.

The typical signs of a hordeolum include a localized, painful, red swelling on the eyelid. Sometimes, the affected area may also have a small pus point at the center of the swelling, indicating the presence of an abscess. The pain and swelling can cause significant discomfort and may interfere with the opening of the eye or cause a sensation of irritation and scratchiness in the eye.

Treatment of a hordeolum generally involves warm compresses applied several times a day to help promote drainage and resolve the infection. In some cases, antibiotic ointments or drops may be prescribed to help clear the infection more rapidly. It is important for individuals with a hordeolum to avoid squeezing or attempting to pop the stye, as this can spread the infection.

A hordeolum should not be confused with a chalazion, which is a chronic granulomatous inflammation of the Meibomian glands in the eyelid. Unlike a hordeolum, a chalazion is typically painless and involves a slower development of a firm lump in the eyelid.

Treatment for a chalazion may include warm compresses and, in persistent cases, surgical intervention.

Proper eyelid hygiene, including regular cleaning, is crucial for preventing the occurrence of styes and other eyelid infections. People who are prone to eyelid infections should also consider discussing preventive measures with a healthcare professional. Avoiding the use of expired or contaminated eye makeup and eye care products can also help reduce the risk of developing styes.

NEW QUESTION # 94

You are providing care to a patient with a chest tube. The tube has become dislodged. Which of the following is an appropriate first next step?

- A. Immediately attempt to reinsert the tube.
- B. Immediately clamp the tube.
- **C. Immediately cover the insertion site with Vaseline gauze.**
- D. Immediately insert a new tube.

Answer: C

Explanation:

When a chest tube becomes dislodged from a patient, immediate action is required to prevent complications such as air entering the pleural space (pneumothorax) or infection. The following steps outline the appropriate first response and subsequent actions:

****Immediate Action: Cover the Insertion Site**** The first and most critical step is to immediately cover the insertion site with Vaseline gauze. Vaseline gauze is an occlusive dressing that effectively seals the opening, preventing air from entering the pleural cavity through the dislodged tube site. This type of gauze is coated with petroleum jelly, which provides a barrier against air entry while maintaining a sterile environment around the wound.

****Why Not Reinsert the Tube or Insert a New Tube?***** Reinserting the chest tube or inserting a new tube by anyone other than a trained medical professional, typically a physician or a trained nurse practitioner, is not advisable. This procedure requires specific expertise to avoid complications such as injury to organs, blood vessels, or incorrect placement, which could exacerbate the patient's condition. Additionally, sterile technique must be maintained to avoid infection. Therefore, these actions should only be performed by healthcare professionals with appropriate training and in a controlled environment.

****Why Not Immediately Clamp the Tube?***** Clamping a dislodged chest tube is not recommended as a first response. This action might seem logical to prevent air or fluid from escaping; however, if the tube is partially connected and air is trapped, clamping it could lead to a tension pneumothorax. This condition occurs when air can enter the pleural space but cannot escape, leading to increased pressure on the lungs and heart, potentially causing rapid deterioration and life-threatening consequences.

****Notification of the Physician**** After securing the site with Vaseline gauze, the next critical step is to notify the physician or the responsible healthcare provider immediately. They can assess the situation, decide on the need for reinsertion of the chest tube or any other interventions, and provide further medical management.

****Continuous Monitoring**** While waiting for medical assistance, it is important to continuously monitor the patient's vital signs, respiratory status, and overall condition. Look for signs of respiratory distress, changes in oxygen saturation, increased heart rate, or a drop in blood pressure, as these may indicate developing complications such as a pneumothorax.

****Documentation**** Document all observations, actions taken, and the patient's response. This information is crucial for ongoing care and for medical personnel to understand the sequence of events and interventions when they review the patient's case. By following these steps, healthcare providers can effectively manage a dislodged chest tube, minimizing the risk of complications and ensuring patient safety until further medical treatment can be administered.

NEW QUESTION # 95

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

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

Answer: A

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.

NEW QUESTION # 96

The Adult Clinical Nurse Specialist works for an organization that conducts research. The name given to the subjects in a research study who do not have the disease or condition that is being studied, but who are included in the study for comparison are:

- A. placebos
- **B. controls**
- C. case series
- D. cross sectionals

Answer: B

Explanation:

In clinical research, particularly in studies aiming to ascertain the effectiveness of a treatment or intervention, it's crucial to have a proper comparison group alongside the group receiving the treatment. This comparison group is referred to as "controls." These are individuals who do not have the disease or condition that the primary study group has, or who do not receive the intervention being tested. They are essential for providing a baseline against which the effects of the intervention can be measured.

Controls help researchers understand what changes would have occurred without the intervention. For example, in a clinical trial testing a new drug for diabetes, the control group would consist of participants who either receive a standard treatment for diabetes or a placebo (a substance with no therapeutic effect). This comparison ensures that any differences in outcomes between the control group and the treatment group can be attributed to the intervention itself, rather than other variables.

In contrast, other research terms have different functions: - A **case series** is a type of observational study that involves detailed reporting of symptoms, signs, diagnosis, treatment, and follow-up of a group of patients with a particular diagnosis, without a control group for comparison. - A **cross-sectional study** examines the relationship between diseases and other variables of interest as they exist in a defined population at one particular time. This type of study provides a 'snapshot' of the frequency and characteristics of a disease in a population at a specific point in time. - A **placebo** is an inactive substance or treatment that looks the same as, and is administered in the same way as, the drug or treatment being tested. It is used to control for the placebo effect, a psychological benefit derived from the expectation of improvement, rather than the characteristics of the actual drug.

Therefore, in the context of a clinical trial or research study, the term "controls" specifically refers to those individuals who serve as a baseline or standard for comparison against the group receiving the experimental treatment. This comparison is critical for the validity and reliability of the study's conclusions about the effectiveness and safety of the treatment under investigation.

NEW QUESTION # 97

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