

最新のACNSサンプル問題集 |素晴らしい合格率のACNS Exam |よくできたACNS: ANCC Adult Health Clinical Nurse Specialist Certification (ACNS)

ACNS Guidelines Exam Questions With Verified Answers

1. Terminology (General Requirements) - Answer Waveforms should be as described in Guideline 9D
2. Stimulus and Safety (General Requirements) - Answer A constant current stimulator is recommended for use in the operating room. Care should be exercised to prevent blood or other fluid from contaminating the stimulating site. Either standard disk electroencephalography (EEG) electrodes or sterile subdermal needle electrodes may be used. Disk EEG electrodes should be applied to scalp w/ collodion and sealed w/ plastic tape or sheet to prevent drying and protect them from blood or other fluids. Contact impedance for disk electrodes should be less than 5 Kohms. Subdermal needle electrodes should be similarly secured; it is imp. that OR personnel be made aware of use locations of needle electrodes so they will use necessary caution to avoid needle sticks.
- 2a. Stimulus Isolation and Subject Grounding (General Requirements) - Answer The stimulation unit must be isolated from the main portion of stimulator circuitry to avoid a large current flow to patient in case of stimulator malfunction. Commercial somatosensory stimulators designed for human use contains appropriate isolation circuitry. The ground may be placed on limb that is stimulated to minimize stimulus artifact.
- 2b. Stimulus Parameters (General Requirements) - Answer Monophasic rectangular pulses of 100-300 microsecond duration and 30-40 mA intensity are recommended for stimulation of peripheral nerve. Failure of stimulation may occur when there is a significant increase in contact impedance or due to development of salt bridge (when excessive electrode past short circuits 2 stimulating electrodes). Stimulation may fail due to patient related factors like limb edema, peripheral neuropathy, or variant anatomy. Before increasing current levels to intensity above 30-40 mA, stimulating electrodes should be carefully evaluated.

P.S.TopexamがGoogle Driveで共有している無料の2026 Nursing ACNSダンプ: <https://drive.google.com/open?id=1yuyLNms5fryVLor-vYahstaNrGvZoKr7>

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Nursing ACNS Exam Syllabus Topics:

Section	Weight	Objectives
Topic 1: Role and Professional Responsibility	33%	- Ethics and Legal Aspects - Evidence-Based Practice and Research - Clinical Leadership and Consultation - Education and Mentorship - Quality Improvement and Safety

Topic 2: Clinical Practice	46%	- Health Assessment and Diagnosis - Health Promotion and Disease Prevention - Evaluation of Outcomes - Care Planning and Implementation - Pharmacologic and Nonpharmacologic Management
Topic 3: Health Care Systems and Policy	5%	- Regulatory and Policy Frameworks - Healthcare Delivery Models - Resource Management
Topic 4: APRN Core Competencies	16%	- Advanced Pharmacology - Advanced Pathophysiology - Advanced Health Assessment

>> ACNSサンプル問題集 <<

ACNS学習教材、ACNS勉強方法

これらの有用な知識をよりよく取り入れるために、多くの顧客は、実践する価値のある種類の練習資料を持ちたいと考えています。すべてのコンテンツは明確で、ACNS実践資料で簡単に理解できます。リーズナブルな価格とオプションのさまざまなバージョンでアクセスできます。すべてのコンテンツは試験の規制に準拠しています。成功することが決まっている限り、ACNS学習ガイドがあなたの最善の信頼になります

Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) 認定 ACNS 試験問題 (Q105-Q110):

質問 # 105

Hematocrit is also known as what?

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

正解: D

解説:

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.

質問 # 106

There are several stages in the Trans-Theoretical Model of Change proposed by Prochaska and DiClemente, 1984. Which of the following is NOT one of the stages of change?

- A. Preparation
- B. Action

- C. Pre-contemplation
- D. Self-actualization

正解: D

解説:

The Trans-Theoretical Model of Change, developed by Prochaska and DiClemente in 1984, is a framework for understanding how individuals progress through different stages of behavioral change. This model is particularly useful in the field of psychology and health promotion, as it provides insights into the complex process of changing entrenched behaviors.

The stages included in the Trans-Theoretical Model are as follows: 1. Pre-contemplation: At this initial stage, the individual is not yet considering change. They may be unaware of the need to change or may be in denial about the consequences of their current behavior. 2. Contemplation: In this stage, the person becomes aware of the potential benefits of making a change but may still be ambivalent about taking action. They are weighing the pros and cons and considering the possibility of changing. 3. Preparation: During preparation, the individual starts to get ready to make a change. This might involve making small adjustments, gathering information, or setting a date to begin a significant change. 4. Action: This is the stage where the individual actively implements changes in their behavior. Efforts are made to overcome the problem by adopting new ways of behaving. 5. Maintenance: After action, the maintenance stage involves continuing the new behavior over the long term to avoid relapse. It's about consolidating the gains made during the action stage. 6. Termination: In this final stage, the individual has completely overcome their behavior and no longer feels tempted to revert to the old behavior. Not all models include this stage, and often maintenance is considered the last stage.

The option "Self-actualization" mentioned in the question does not belong to the Trans-Theoretical Model of Change. Instead, self-actualization is a concept from Abraham Maslow's Hierarchy of Needs. It represents the highest level of psychological development where a person achieves their fullest potential. Maslow described this stage as the desire to accomplish everything that one can, to become the most that one can be. In his hierarchy, self-actualization sits at the top, following physiological needs, safety, love and belonging, and esteem needs.

Therefore, when asked which of the listed options is NOT one of the stages of change according to the Trans-Theoretical Model, the correct answer is "self-actualization." This term does not appear in the model proposed by Prochaska and DiClemente but is instead a crucial concept in Maslow's theory of psychological health predicated on fulfilling innate human needs.

質問 # 107

You are providing care to a patient who has undergone heart surgery. He will be discharged soon. Which of the following is NOT appropriate patient education regarding wound care for this patient?

- A. The patient should wash the incision with warm water and plain soap.
- B. The patient should keep the incision clean and dry.
- C. The patient should contact his doctor immediately if there is redness or oozing around the incision.
- D. Some redness, oozing, and swelling around the incision will be normal.

正解: D

解説:

The correct answer for the question on what is NOT appropriate patient education regarding wound care for a patient who has undergone heart surgery is: "Some redness, oozing, and swelling around the incision will be normal." This statement is incorrect because any redness, oozing, or swelling around a surgical incision is potentially indicative of an infection or other complications that should be promptly assessed by a healthcare provider. It is essential to educate patients and their caregivers to recognize these signs early and seek medical advice, rather than assuming they are normal post-surgical reactions.

Post-operative wound care is crucial for the prevention of infection and ensuring proper healing of the surgical site. The key points of proper care should include keeping the incision clean and dry, regularly changing dressings as instructed by the healthcare provider, and monitoring the wound for any signs of infection. These signs can include increased redness, swelling, warmth around the incision, pus or other discharge, worsening pain, or fever.

Instructing a patient to wash the incision with warm water and plain soap can be appropriate if advised by their healthcare provider. However, it is important to follow specific instructions regarding how often to clean the incision and what products to use, as harsh chemicals can irritate the wound.

Furthermore, advising the patient to keep the incision clean and dry is typically appropriate advice, as moisture can be a breeding ground for bacteria that may lead to infection.

In summary, it is not appropriate to educate the patient that some redness, oozing, and swelling around the incision will be normal after heart surgery. Instead, patients should be informed that these are signs of possible complications and should prompt immediate contact with their healthcare provider. Proper wound care education is essential to prevent infection and promote healing following surgery.

質問 # 108

A 52-year old female is in the office with a new-onset of reflux esophagitis. You are assessing her and asking pertinent questions. What do you expect to find with her that would support this diagnosis?

- A. a report of melena
- B. recent weight loss and fatigue
- C. active H. pylori infection
- **D. recent initiation of estrogen-progestin hormonal therapy**

正解: D

解説:

When assessing a 52-year-old female patient presenting with new-onset reflux esophagitis, certain findings in her medical history and symptoms can support the diagnosis. Here are the pertinent factors to consider:

****Recent Initiation of Estrogen-Progestin Hormonal Therapy****: This is a significant factor to explore. Medications can impact the function of the gastrointestinal system, particularly the lower esophageal sphincter (LES). The LES is a critical barrier preventing the backflow of stomach contents, including acid, into the esophagus. Estrogen and progestin, components of many hormonal therapies, are known to potentially decrease LES pressure. This reduction in pressure can lead to or exacerbate gastroesophageal reflux disease (GERD), presenting as reflux esophagitis. Asking about the timing of hormonal therapy initiation and correlating it with the onset of reflux symptoms can provide valuable diagnostic insight.

****Symptoms Consistent with Reflux Esophagitis****: The patient may report classic symptoms such as heartburn, regurgitation of food or sour liquid, and chest pain. Additionally, symptoms like difficulty swallowing (dysphagia), a sensation of a lump in the throat, and chronic cough might also be present. These symptoms often worsen after eating, when lying down, or bending over.

****Lifestyle and Dietary Factors****: Inquiring about recent changes in diet, alcohol consumption, smoking habits, and body weight can be helpful. Increased intake of fatty foods, alcohol, caffeine, and smoking are known risk factors for GERD. Obesity also contributes to increased abdominal pressure, which can promote the reflux of acid into the esophagus.

****Active H. pylori Infection****: While *Helicobacter pylori* infection is primarily associated with gastritis and peptic ulcer disease, it can indirectly influence the development of reflux esophagitis. The infection can lead to changes in the stomach lining and potentially affect acid production and gastric emptying, which might exacerbate reflux symptoms.

****Exclusion of Other Causes****: It is also crucial to rule out other potential causes of the patient's symptoms. For instance, a report of melena (black, tarry stools) might suggest gastrointestinal bleeding, which requires immediate attention and a different diagnostic pathway. Similarly, symptoms like recent weight loss and fatigue might necessitate a broader investigation to rule out other systemic conditions. By exploring these aspects during the patient interview and examination, a more comprehensive understanding of the potential cause of the reflux esophagitis can be achieved, guiding appropriate management and treatment strategies.

質問 # 109

A 39-year-old Caucasian male is started on Aldactone 50 mg PO qd. He has a longstanding history of hypertension. The ACNS knows that she should instruct him to call the clinic if which symptoms are experienced?

- A. Decreased reflex response, nausea, and vomiting.
- B. Muscle twitching, numbness of the limbs, and depression.
- C. Weight gain, excessive thirst, and fever.
- **D. Increased irritability, abdominal cramping, and lower extremity weakness.**

正解: D

解説:

****Aldactone, also known by its generic name spironolactone, is a medication commonly used in the management of hypertension and certain cases of heart failure. It belongs to the class of drugs known as potassium-sparing diuretics. Unlike other diuretics, which increase the excretion of potassium, Aldactone reduces the excretion of potassium from the body. This characteristic can lead to an increase in potassium levels in the blood, a condition known as hyperkalemia.** **Hyperkalemia is potentially a serious condition and can manifest with various symptoms that the patient needs to be aware of. These include increased irritability, abdominal cramping, and weakness in the lower extremities. These symptoms reflect the systemic impact of elevated potassium levels on the neuromuscular and cardiovascular systems. Increased potassium levels can affect nerve conduction and muscle function, leading to symptoms such as muscle weakness and cramps. Irritability and other mood changes can also occur, reflecting the neurological impact of high potassium levels.** **It is crucial for patients taking Aldactone to recognize the signs of hyperkalemia early because severe hyperkalemia can lead to life-threatening conditions such as cardiac arrhythmias. Instructing patients to monitor for these symptoms and to seek immediate medical attention if they occur helps in the early detection and management of hyperkalemia.****

****The other symptoms listed in the question, such as decreased reflex response, nausea, vomiting, muscle twitching, numbness of the**

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