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Adult Health Clinical Nurse Specialist ACNS Exam 2 Final Review

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case management - [Answer>>](#)

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clinical pathways - [Answer>>](#)

clinical reasoning - [Answer>>](#)

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q116-Q121):

NEW QUESTION # 116

How many daily servings of fruit should a patient on the 2,000 calorie ADA diet consume?

- A. 6 servings.
- B. 2 servings.
- C. 5 servings.
- D. 3 servings.

Answer: D

Explanation:

The correct answer for the number of daily servings of fruit that a patient on a 2,000 calorie American Diabetes Association (ADA) diet should consume is 3 servings.

This recommendation is primarily based on the carbohydrate content of fruits. In managing diabetes, controlling carbohydrate intake is crucial because carbohydrates directly influence blood sugar levels. Fruits, while nutritious and rich in vitamins, minerals, and fiber, also contain sugars that contribute to their total carbohydrate content.

A standard serving size is defined as either one small whole fruit, such as an apple or an orange, or ½ cup of canned or chopped fruit. However, it is important to note that the carbohydrate content can vary between different types of fruits. For example, berries typically have less sugar compared to fruits like bananas or mangoes.

To aid patients in adhering to their dietary restrictions without compromising nutrition, healthcare providers often recommend the use of an exchange list. This list categorizes foods with similar carbohydrate, protein, fat, and calorie contents, making it easier for patients to make substitutions in their diet while maintaining the appropriate intake of carbohydrates.

It is also beneficial for patients to spread their fruit servings throughout the day rather than consuming them all at once, to avoid spikes in blood sugar levels. Incorporating fruits into meals or having them as part of snacks is a good strategy to manage blood sugar levels effectively.

Ultimately, while the 3 servings recommendation serves as a guideline, individual needs might vary. Patients should consult with a healthcare provider or a registered dietitian to tailor their fruit intake according to their specific health requirements, dietary needs, and blood sugar control.

NEW QUESTION # 117

You are discussing sexual activity with a homosexual male patient. The Adult Clinical Nurse Specialist knows that the greatest risk of transmitting HIV occurs during:

- A. at the time the antibody is first detectable
- B. when a high viral load exists
- C. the late infection phase
- D. the acute phase

Answer: B

Explanation:

When discussing the greatest risk of transmitting HIV, particularly in a clinical setting with a homosexual male patient, it is crucial to understand the implications of viral load. The viral load refers to the quantity of HIV RNA in the blood. A higher viral load indicates that the virus is more plentiful in the bloodstream, thereby increasing the likelihood of transmission during sexual activities.

The risk of HIV transmission is intimately linked to the viral load of the infected individual. The primary reason why a high viral load represents the greatest risk for HIV transmission is that the virus is more present and active, making it easier to be transmitted to a sexual partner. This condition often occurs before significant immune response developments, such as the production of detectable antibodies or during acute HIV infection, which is the initial stage following the entry of the virus into the body.

During the acute phase of HIV infection, typically within a few weeks after the virus has been contracted, the individual might experience flu-like symptoms. This phase is characterized by a sharp increase in viral replication, leading to a very high viral load.

Although this phase is transient, the high concentration of the virus in the blood makes it a period of very high risk for transmission. It is a common misconception that once the body starts producing antibodies against HIV (seroconversion), the risk of transmission decreases substantially. While it's true that some level of immune response can help control the virus, the viral load can still be

significantly high, particularly if the individual is not undergoing antiretroviral therapy. Thus, even at the time antibodies become detectable, if the viral load remains high, the risk of transmission persists.

In contrast, during the late phase of HIV infection, also known as the AIDS stage, while other health complications become more pronounced, the viral load might not necessarily be as high as during the acute phase or before effective treatment is administered. However, it is essential to note that without treatment, the virus can still maintain a sufficient presence to pose a transmission risk.

In summary, the greatest risk of transmitting HIV is when a high viral load exists in the blood. This is often before diagnosis and effective treatment, and particularly during the acute phase of infection. It underscores the importance of early testing and intervention to manage the viral load, thereby reducing the risk of HIV transmission to others. Awareness and education about these dynamics are crucial in clinical settings to ensure both patient and public health safety.

NEW QUESTION # 118

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. Pre-contemplation
- B. Action
- C. Self-actualization
- D. Preparation

Answer: C

Explanation:

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.

NEW QUESTION # 119

A 55-year-old female has been diagnosed with Barrett's esophagus, a precancerous condition. The ACCRN understands that all of the following are risk factors for this condition except:

- A. male sex
- B. African-American race
- C. GERD symptoms of over 10 years
- D. age

Answer: B

Explanation:

Barrett's esophagus is a condition where the tissue lining the esophagus undergoes changes, becoming similar to the tissue that lines the intestine. This change, known as intestinal metaplasia, is significant because it increases the risk of developing esophageal

adenocarcinoma, a type of cancer. The transformation typically occurs in response to chronic irritation from stomach acids, a condition commonly seen in individuals with gastroesophageal reflux disease (GERD).

One of the primary risk factors for developing Barrett's esophagus is having long-standing GERD. Individuals who have experienced GERD symptoms for over 10 years have a significantly higher risk because the prolonged exposure to acid can cause more damage and changes to the esophagus. This prolonged reflux is thought to increase the likelihood of the esophageal cells undergoing the abnormal changes seen in Barrett's esophagus.

Other well-established risk factors include age, with older adults being more commonly affected, and ethnicity, with Caucasian individuals having a higher incidence rate compared to other races. Additionally, Barrett's esophagus is more commonly diagnosed in males than in females, making male sex another risk factor for this condition.

In contrast, being of African-American ethnicity is not considered a risk factor for Barrett's esophagus. Studies and clinical observations have shown that African-American individuals have a lower incidence of Barrett's esophagus compared to Caucasian individuals. The reasons for these racial differences in incidence are not completely understood but are thought to involve a combination of genetic, environmental, and lifestyle factors.

In summary, the major risk factors for Barrett's esophagus include having long-term GERD, being older in age, being of Caucasian ethnicity, and being male. African-American race, however, is not a risk factor for the development of Barrett's esophagus, and in fact, this group tends to have a lower risk compared to Caucasians. Understanding these risk factors is crucial for early identification and management of individuals at risk of progressing to Barrett's esophagus and potentially esophageal cancer.

NEW QUESTION # 120

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

Answer: A

Explanation:

**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 limbs, depression, weight gain, excessive thirst, and fever, are not directly associated with the side effects of Aldactone or its mechanism of action in the context of hyperkalemia. While some of these could be associated with other medical conditions or medication side effects, they are not typically indicative of elevated potassium levels caused by the use of a potassium-sparing diuretic like Aldactone. ** **Thus, the correct answer, as noted, is increased irritability, abdominal cramping, and lower extremity weakness. This highlights the importance for healthcare providers to educate patients on the potential signs of hyperkalemia when prescribing Aldactone, ensuring patient safety and prompt intervention should adverse effects arise. **

NEW QUESTION # 121

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