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## ACNS guidelines – EEG Questions With Complete Solutions

What is the minimal amount of channels needed to record an EEG? correct answer: Sixteen channels

What type of current is required for equipment? correct answer: Alternating Current (AC)

Filters should be within correct answer: Within recommendations of guideline 4

Evidence suggest material made of these two types of electrodes are best correct answer: Silver-silver chloride or gold disk electrodes are best

Impedances must be below correct answer: 10kOhms and must be balanced

Appropriate calibration at the beginning of each EEG should be at least correct answer: At least 10 seconds or until it reaches a stable recording

The sensitivity of the EEG should be between correct answer: 5 to 10 uV/mm (7uV/mm)

The time constant should be at least correct answer: 0.16 second

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## Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q88-Q93):

### NEW QUESTION # 88

Most states require advanced practice nurses to have which type of work environment?

- A. Adjusted.
- B. Independent.
- C. Traditional.
- **D. Collaborative.**

**Answer: D**

Explanation:

The correct answer to the question regarding the type of work environment most states require for advanced practice nurses (APNs) is "Collaborative." This requirement is based on the regulations that govern the scope of practice for APNs, which can vary significantly from one state to another.

In the context of advanced practice nursing, collaboration typically means that the nurse works in conjunction with a physician or other healthcare providers. This collaborative model is designed to enhance patient care by integrating the unique skills and knowledge of each provider. It often involves formal agreements that outline the roles and responsibilities of each party, ensuring that the healthcare delivery is safe, effective, and compliant with state laws.

The necessity for collaboration may be rooted in several factors. One is the level of autonomy granted to APNs, which can differ based on state laws. Some states allow APNs full practice authority, meaning they can practice independently without any required collaboration with a physician. These states recognize that APNs are capable of making complex clinical decisions and managing patient care autonomously.

However, most states still require some level of physician oversight, whether through direct supervision or a collaborative agreement. This oversight might include regular consultation, review of patient cases, or co-signature on certain medical orders. The terminology used to describe these relationships can vary, including words like "collaboration," "delegation," or "supervision." The collaborative requirement is based on the belief that a team approach can lead to better patient outcomes. It leverages the strengths and expertise of both physicians and APNs, fostering a comprehensive approach to healthcare that benefits patients through improved access to care and a broadening of available services.

In summary, while the landscape of APN practice authority is evolving, with a trend towards greater independence in some regions, the prevailing requirement across most states remains a collaborative work environment. This model ensures that APNs are part of a healthcare team that delivers high-quality medical care, ultimately benefiting the broader health system and patient population.

### NEW QUESTION # 89

Of the following interventions which would be the third step followed in the case of toxic ingestion overdose?

- A. none of the above
- B. Position and suction patient to establish airway.
- **C. Assess patient's breathing depth and rate.**
- D. If obtunded, comatose and there's no gag reflex, intubate the patient.

**Answer: C**

Explanation:

In the scenario of a toxic ingestion overdose, the immediate focus is on stabilizing the patient's vital functions, particularly their airway, breathing, and circulation - commonly referred to as the ABCs of emergency medicine. The steps detailed below adhere to this principle, ensuring the patient is first secure in terms of airway management before assessing and managing respiratory and circulatory functions.

The first step in managing a toxic ingestion overdose involves positioning and suctioning the patient to establish and secure the airway. This is crucial because a compromised airway can rapidly lead to respiratory failure and decreased oxygen supply to the brain and other vital organs. Positioning may involve placing the patient in a way that prevents the tongue from blocking the airway, and suctioning helps clear any obstructions or vomitus that could block air passage.

The second step involves assessing whether the patient is obtunded (less alert) or comatose and checking for the presence of a gag reflex. If the patient is deeply unconscious (comatose) and lacks a gag reflex, they are at high risk of airway obstruction. In such cases, intubation is recommended. Intubation involves inserting a tube into the patient's trachea to keep the airway open and ensure that the air passes freely into the lungs. This step is critical for maintaining ventilation and oxygenation.

The third step, which is assessing the patient's breathing depth and rate, follows after ensuring the airway is secured either through positioning and suction or intubation if necessary. This step is vital as it provides information about the patient's ventilatory status. In the context of a toxic ingestion overdose, the patient might have a respiratory compromise due to the toxic effects of the ingested substance on the respiratory center in the brain or due to direct injury to the respiratory system. Assessing the depth and rate of breathing helps in determining the need for further respiratory support, such as supplemental oxygen or mechanical ventilation. These steps are sequential and each one builds on the safety and stability provided by the previous step. By following these systematic interventions, healthcare providers can effectively manage a patient who has overdosed, thereby reducing the risk of complications and improving the overall outcome.

### NEW QUESTION # 90

When counseling concerning the hepatitis B vaccination, the ACCRN understands that a contraindication is:

- A. prior anaphylaxis or severe hypersensitivity
- B. pregnancy and lactation
- C. mild viral illness
- D. history of poliomyelitis

**Answer: A**

Explanation:

When counseling about the hepatitis B vaccination, it is crucial for healthcare providers, such as those accredited by the American College of Clinical Pharmacy (ACCRN), to be aware of the specific contraindications to vaccination. One significant contraindication is a history of prior anaphylaxis or severe hypersensitivity to any component of the hepatitis B vaccine.

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur very quickly after exposure to an allergen.

Symptoms may include difficulty breathing, a rapid drop in blood pressure, and skin reactions such as hives or swelling. Given the serious nature of anaphylaxis, any individual who has previously experienced this kind of reaction to the hepatitis B vaccine, or any of its components, should not receive the vaccination. This precaution helps to prevent the risk of triggering another anaphylactic event. Severe hypersensitivity reactions, though not always as acute or severe as anaphylaxis, are also critical to consider. These reactions can include various symptoms that significantly impair the individual and may pose a health threat if re-exposure occurs. For patients with a known severe hypersensitivity to the vaccine, alternative preventive measures should be considered.

It is important to note that other situations such as a history of poliomyelitis, mild viral illnesses, or conditions like pregnancy and lactation are not contraindications for the hepatitis B vaccine. While each patient's situation should be evaluated individually, these conditions generally do not preclude the use of the hepatitis B vaccine.

In summary, recognizing the history of prior anaphylaxis or severe hypersensitivity to the hepatitis B vaccine or its components is crucial in vaccine counseling. This understanding ensures that the vaccine is administered safely and effectively, adhering to the principle of "do no harm" in medical practice.

### NEW QUESTION # 91

A cardiomyopathy of unknown etiology is classified as what?

- A. Idiopathic.
- B. Restrictive.
- C. Hypertrophic.
- D. Dilated.

**Answer: A**

Explanation:

Cardiomyopathy refers to diseases of the heart muscle that can lead to heart failure. The classification of cardiomyopathies can be based on the etiology (cause) or the functional impairment. When a cardiomyopathy cannot be attributed to specific causes such as hypertension, heart valve disease, artery diseases, or congenital heart defects, it is often labeled as idiopathic.

Idiopathic cardiomyopathy means that the heart muscle is diseased or weakened without an identifiable cause. This classification is used when the extensive diagnostic testing has failed to reveal a clear etiology for the heart dysfunction. It is distinguished from other types of cardiomyopathies that might have a known cause, such as ischemic (due to heart artery disease), hypertrophic (due to genetic conditions leading to thickened heart muscle), or dilated (where the heart chambers enlarge and weaken).

Most cardiomyopathies are believed to be caused by genetic factors or are secondary to other conditions like coronary artery disease, which can lead to ischemic cardiomyopathy. However, when these typical causes are not present, and the heart muscle is still abnormally functioning, the term idiopathic is used.

In clinical practice, diagnosing idiopathic cardiomyopathy typically involves ruling out other potential causes through a variety of tests including genetic testing, cardiac imaging like echocardiograms or MRIs, and sometimes even cardiac biopsies. Despite these efforts, if no cause is determined, the condition is then managed as idiopathic cardiomyopathy.

The significance of recognizing idiopathic cardiomyopathy lies in its management and prognosis. Since the underlying cause is unknown, treatment primarily focuses on managing the symptoms and preventing the progression of heart failure. This might include medications like ACE inhibitors, beta-blockers, or diuretics, and in severe cases, device implantation or heart transplantation might be considered.

Understanding that a cardiomyopathy is idiopathic is crucial not only for treatment but also for the monitoring of potentially affected family members, as some idiopathic cases might later be found to have a genetic component. This underscores the importance of continuous research and advancements in cardiac health and genetics.

### NEW QUESTION # 92

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

**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 # 93

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