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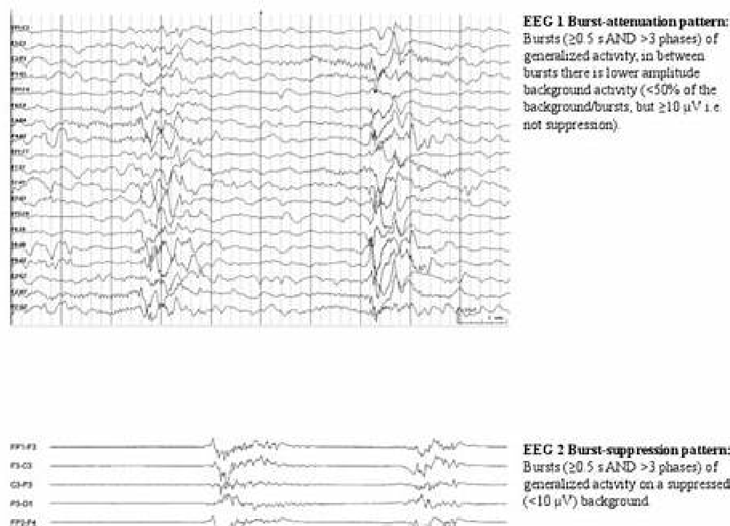

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q190-Q195):

NEW QUESTION # 190
Which of the medications listed below could potentially exacerbate CHF in a susceptible individual?

- A. acetaminophen
- B. metoprolol
- C. metformin
- D. furosemide

Answer: B

Explanation:
The question asks which medication might worsen congestive heart failure (CHF) in a susceptible individual. To answer this, we need to understand the impact of each listed drug on heart function, particularly in the context of CHF.
Furosemide is a loop diuretic commonly used in the treatment of CHF. It works by helping the kidneys eliminate unneeded water and salt from the body through urine. This reduces the volume of fluid circulating through the blood vessels, decreasing the load on the heart. Therefore, furosemide is generally beneficial for CHF patients as it helps alleviate symptoms such as swelling and shortness of breath, rather than exacerbating CHF.
Metoprolol is a beta-blocker that is used to manage several cardiovascular conditions, including CHF. It works by blocking beta-adrenergic receptors in the heart, which slows down the heart rate and reduces the force of the heart muscle's contractions. Initially, it was thought that beta-blockers were not safe for CHF patients due to their effect on reducing cardiac output. However, long-term use has been shown to improve the function of the heart and increase survival rates in CHF patients. Short-term effects, though, might include a decrease in cardiac output, which can be problematic in CHF patients who are unstable or in acute distress.
Metformin is primarily a medication for type 2 diabetes, not directly affecting heart function or cardiac output. It is generally considered safe in patients with CHF unless there are complicating factors such as kidney dysfunction, which is a contraindication due to the risk of lactic acidosis.
Acetaminophen, commonly used for pain and fever, has no direct impact on cardiac output or heart function. It is considered safe in recommended doses for patients with CHF as it does not exacerbate heart failure symptoms.
From the medications listed, while metoprolol might initially pose some risk due to its effect on cardiac output, it is generally beneficial in long-term CHF management. The other medications, furosemide, metformin, and acetaminophen, do not typically exacerbate CHF. In fact, furosemide is often part of the therapeutic regimen for managing CHF symptoms. Therefore, the correct answer depends significantly on the specific circumstances and stability of the CHF patient when considering metoprolol. For a patient in acute CHF distress or not yet stabilized on chronic CHF therapy, metoprolol could potentially exacerbate the condition temporarily.

NEW QUESTION # 191
What is rhythmic movement of the eyes?

- A. Status epilepticus.
- B. Nystagmus
- C. Wernicke encephalopathy.
- D. Cheyne-Stoke.

Answer: B

Explanation:
The rhythmic movement of the eyes, known scientifically as nystagmus, involves repetitive, involuntary eye movements. These movements can be horizontal, vertical, or rotary and may affect one or both eyes. Because the eyes are unable to steadily hold a visual gaze, nystagmus often leads to issues with visual acuity; that is, it can impair the ability to see fine details.
Nystagmus can manifest due to a variety of reasons. It might be congenital (present at birth), or it can develop later in life due to an underlying medical condition. Some possible causes include inner ear problems, central nervous system disorders, or congenital disabilities affecting eye control. Additionally, certain medications or substances can induce nystagmus as a side effect.
The symptoms of nystagmus are primarily the involuntary eye movements. However, these movements can lead to other problems such as poor depth perception, dizziness, and difficulties with balance and coordination. People with nystagmus might adopt a head tilt or turn their heads in specific directions to see more clearly or reduce the effects of the eye movements. This compensatory behavior helps stabilize the image and improve vision but can lead to neck strain or other physical issues over time.

Diagnosing nystagmus involves a comprehensive eye examination, possibly including observing eye movements and conducting vision tests. In some cases, doctors may also recommend neurological exams or imaging studies to determine if there is an underlying cause in the brain or central nervous system.
Treatment for nystagmus depends on its cause. While there is no cure for most types of nystagmus, certain interventions can help manage its effects. These might include corrective glasses or contact lenses, vision therapy, medications to reduce the eye movements, or even surgery in specific cases. For some, simply using larger text or special visual aids can significantly improve reading and daily activities affected by nystagmus. Additionally, addressing any underlying conditions that contribute to nystagmus can also help manage the symptoms.

NEW QUESTION # 192
You have agreed to participate in the Medicare health insurance program and work for a small privately owned physician office. Medicare paid 80% of the charges billed for a clinic visit when the patient was seen by the Adult Clinical Nurse Specialist. What could your employer do about the remaining 20% that is owed to the facility?

- A. The facility can resubmit the bill for additional payment on behalf of the Family Clinical Nurse Specialist.
- B. The facility, on behalf of the Adult Clinical Nurse Specialist, can collect 100% if billed incident to the supervision Medical Doctor.
- C. The facility is prohibited from billing the patient in this case.
- D. The facility can bill the patient for a percentage of the remainder on behalf of the Adult Clinical Nurse Specialist.

Answer: D

Explanation:
When a Medicare beneficiary visits a healthcare provider, such as an Adult Clinical Nurse Specialist (CNS) in a small privately owned physician's office, Medicare usually covers a part of the total service cost, typically 80%. This payment model leaves a balance, often referred to as the 20% co-insurance, which is the patient's responsibility to pay. In this specific scenario, the CNS has agreed to participate in the Medicare program by accepting assignment.
Accepting assignment means that the provider agrees to accept the Medicare Approved Amount (MAA) as the total payment for their services. The MAA is a pre-determined rate that Medicare considers reasonable for a specific medical service within a specific geographical area. For participating providers, this agreement also stipulates that they cannot charge the patient more than the Medicare deductible and the 20% co-insurance. Therefore, the CNS, by agreeing to accept assignment, is bound to this pricing structure.
Since the CNS has accepted Medicare's terms, after Medicare pays its share of 80%, the facility where the CNS practices has the right and the ability to bill the patient for the remaining 20%. This is a standard practice in the healthcare industry where the patient pays a portion of the cost, ensuring that Medicare's payments and the patient's contributions together cover the total approved charge for the service.
It's important to note that if the CNS had not accepted assignment, the billing dynamics would be different. A non-participating provider can choose to accept assignment on a case-by-case basis. If they do not accept assignment, they can charge the patient more than the Medicare approved amount, up to the limiting charge, which is typically 15% over the Medicare approved amount in most states. However, in this scenario, because the CNS is a participating provider, they must adhere to the terms of assignment, thus limiting the charge to the patient to no more than the deductible and 20% co-insurance.
In summary, the facility where the Adult Clinical Nurse Specialist works, under the obligations of Medicare assignment, can and should bill the patient for the remaining 20% of the Medicare approved charge after Medicare has paid its 80% share. This process ensures that the provider is compensated for the total approved amount for their services, while also adhering to the legal and ethical standards set forth by Medicare.

NEW QUESTION # 193
When using a manometer with an artificial airway, what is the acceptable cuff pressure?

- A. <50 cm H2O.
- B. <20 cm H2O.
- C. <30 cm H2O.
- D. <25 cm H2O.

Answer: C

Explanation:
The appropriate cuff pressure when using a manometer with an artificial airway is less than 30 cm H2O. This pressure is crucial in ensuring patient safety and comfort while minimizing potential complications.

The cuff of an artificial airway, such as an endotracheal or tracheostomy tube, is inflated to provide a seal within the trachea. This seal prevents air leaks during mechanical ventilation and minimizes the risk of aspiration. However, if the cuff pressure is too high, it can impede blood circulation to the tracheal lining, leading to tracheal damage, including ischemia, ulceration, and potentially tracheal stenosis or necrosis.
Maintaining the cuff pressure below 30 cm H2O helps to balance the need for an effective seal with the need to reduce the risk of tracheal injury. This pressure level is considered safe and sufficient to prevent complications associated with excessive cuff inflation. Regular monitoring and adjustment of cuff pressure using a manometer are recommended to maintain this balance.
In clinical practice, the use of a manometer ensures precise measurement of cuff pressure, promoting consistent application of the guidelines and aiding in the prevention of complications associated with both under-inflation and over-inflation of the cuff. It is essential for healthcare providers to adhere to this guideline to ensure optimal patient outcomes and minimize the risk of harm to the airway.

NEW QUESTION # 194
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. Treat with silver sulfadiazine cream.
- B. Rupture the blisters.
- C. Use normal saline to clean the broken skin.
- D. Use water with mild soap to clean the broken skin.

Answer: B

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.

NEW QUESTION # 195
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