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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q158-Q163):

NEW QUESTION # 158
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. the acute phase
- B. when a high viral load exists
- C. the late infection phase
- D. at the time the antibody is first detectable

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 # 159
Read the following and score the patient's level of consciousness using Glasgow Coma Scale. Eye opening - to pain; Speech - incomprehensible; Motor function - abnormal extension.

- A. 0
- B. 1
- C. 2
- D. 3

Answer: B

Explanation:
The Glasgow Coma Scale (GCS) is an objective tool used by healthcare professionals to assess a patient's level of consciousness after a brain injury. It evaluates three aspects of a patient's responsiveness: eye opening, verbal response, and motor response. Each category has a set of criteria with assigned points based on the patient's ability to respond. The total GCS score can range from 3 to 15, where higher scores indicate better neurological function.
For the category of 'Eye Opening': - Spontaneous eye opening scores 4 points. - Eye opening to verbal commands scores 3 points. - Eye opening to pain scores 2 points. - No eye opening scores 1 point.
In the category of 'Verbal Response': - Oriented communication scores 5 points. - Confused conversation scores 4 points. - Inappropriate words score 3 points. - Incomprehensible sounds score 2 points. - No verbal response scores 1 point.
For 'Motor Response': - Obeys commands for movement scores 6 points. - Purposeful movement to painful stimulus scores 5 points. - Withdraws from pain scores 4 points. - Abnormal flexion to pain (decorticate response) scores 3 points. - Abnormal extension to pain (decerebrate response) scores 2 points. - No motor response scores 1 point.
In the clinical scenario provided: - The patient's eye opening response is "to pain," which scores 2 points. - The verbal response is "incomprehensible," scoring 2 points. - The motor response is "abnormal extension," also scoring 2 points.
Adding these scores together, the patient's total Glasgow Coma Scale score is 6. This indicates a severe decrease in the patient's level of consciousness, suggesting significant impairment. Such a score warrants immediate medical attention and possibly intensive care to address underlying causes and prevent further neurological damage.

NEW QUESTION # 160
Of the following, what is expected of a patient undergoing conscious sedation?

- A. He is able to respond to verbal commands with or without physical stimuli. Not necessary to intervene in order to maintain the patient's airway.
- B. He is able to normally respond to verbal commands.Ventilatory and cardiovascular functions are normal, however, he may be somewhat impaired cognitively.

- C. He is not easily aroused but may be able to respond to painful stimulation. May require intervention to maintain airway. Cardiovascular function is still in tact.
- D. He is not arousable and may require assistance maintaining an airway. Cardiovascular function may be affected.

Answer: A

Explanation:
Conscious sedation, also known as moderate sedation or procedural sedation, is a medically controlled state of depressed consciousness used often in minor surgeries or during diagnostic procedures. While under conscious sedation, patients remain awake enough to follow simple instructions and respond to verbal cues, yet they are relaxed and may not remember the procedure afterward.
The correct answer to the question regarding the expected state of a patient under conscious sedation is: "He is able to respond to verbal commands with or without physical stimuli. Not necessary to intervene in order to maintain the patient's airway." This statement accurately describes the typical responsiveness and airway control expected in a patient undergoing conscious sedation. During conscious sedation, the patient can communicate discomfort and cooperate with instructions, which helps the medical team adjust the level of sedation as needed. It is crucial in conscious sedation that the patient's airway remains unobstructed and functions independently. Generally, the patient does not require assistance for breathing, unlike deeper levels of sedation or anesthesia where mechanical ventilation might be necessary.
Contrasting other sedation levels helps clarify this point: - Minimal sedation: This is a lighter sedation where the patient is fully awake and able to respond normally to verbal commands. Cognitive function and coordination may be mildly impaired, but ventilatory and cardiovascular functions are unaffected. - Deep sedation: In this state, the patient is not easily aroused but can respond purposefully following repeated or painful stimulation. The patient might require assistance in maintaining an open airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. - General anesthesia: The patient is not arousable, even by painful stimulation. The patient often requires assistance in maintaining an airway, and positive pressure ventilation may be necessary because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
Thus, understanding these distinctions is critical for medical professionals to manage the level of sedation appropriately and ensure patient safety during medical procedures. The ability to respond to verbal commands with or without physical stimuli and maintaining airway independence without intervention distinctly characterizes the state of conscious sedation.

NEW QUESTION # 161
How many grams of protein does a serving of meat on the ADA diet contain?

- A. 75g.
- B. 15g.
- C. 7g.
- D. 10g.

Answer: C

Explanation:
The correct amount of protein in a serving of meat or meat substitute on the American Diabetes Association (ADA) diet is 7 grams. This dietary recommendation is part of a structured plan intended to help manage blood sugar levels through consistent and balanced food choices.
In addition to the protein content, it is important to note that each serving should ideally contain no more than 100 calories and no more than 8 grams of fat. This helps in maintaining an overall healthy diet and aids in weight management, which is crucial for individuals managing diabetes. The guidelines are designed to ensure that meals are both nutritious and conducive to stable blood glucose levels.
The ADA diet not only focuses on the quantity of the food but also emphasizes the quality and the combination of foods. Protein servings can come from both animal and plant sources, providing flexibility and variety in meal planning. Common examples of a meat serving on this diet could include one ounce of chicken, beef, or fish, whereas a meat substitute serving might consist of tofu or a similar amount of another plant-based protein source.
This dietary approach is beneficial not only for individuals with diabetes but also for anyone seeking a balanced and health-conscious diet. By adhering to these parameters, the ADA diet aids in the overall nutritional management, which is a critical aspect of diabetes care.

NEW QUESTION # 162
What should be disposed of during an autotransfusion?

- A. Fused blood.
- B. Clotted blood.
- C. Reinfused blood.
- D. Blood.

Answer: B

Explanation:
In the process of autotransfusion, where blood lost during surgery or trauma is collected, processed, and reinfused into the same patient, it is crucial to ensure that only high-quality, unclotted blood is re-administered. Clotted blood should be disposed of during autotransfusion for several reasons.
Firstly, the presence of clotted blood can indicate that the blood has been static for too long or was not anticoagulated properly. Blood ideally needs to be in constant motion or treated with anticoagulants to prevent the clotting cascade from activating. Once blood clots, it is no longer viable for transfusion because the clot can obstruct blood flow, potentially leading to serious complications such as embolism.
Secondly, clotted blood cannot be effectively filtered or processed through the autotransfusion machinery. Equipment used in autotransfusion typically includes filters and centrifuges designed to separate red blood cells from other components and contaminants. Clotted blood can clog these systems, leading to equipment malfunction or inefficient blood processing.
Thirdly, reinfusing clotted blood back into the patient poses significant health risks. Clots can travel through the bloodstream and lodge in critical areas, such as the lungs, heart, or brain, leading to potentially life-threatening conditions like pulmonary embolism, myocardial infarction, or stroke.
For these reasons, during an autotransfusion, careful monitoring and handling of the collected blood are essential. Any blood that shows signs of clotting should be immediately identified and discarded to ensure the safety and effectiveness of the procedure. This practice helps prevent complications and ensures that only healthy, viable blood cells are returned to the patient's circulation.

NEW QUESTION # 163
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