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## ACNS guidelines for CLTM exam Questions With Answers Latest Update

Nichrome and platinum are... - ANSWER Nonferrous metal, MRI compatible

LTME digital equipment must record ( minimum) - ANSWER 24 hrs of video and 32-64 channels of EEG

LTME storage (minimum) - ANSWER 30 gigabytes or 24 hrs of vid/EEG

Intracerebral electrode impedance measurements...safe range - ANSWER 10nA which is 1000 times less than reg 5-10Kohm for scalp

What is the bare minimum number of channels in an LTME or primary EEG evaluation - ANSWER 8 channels

12 or more are routinely used for accuracy in localization

Electrodes, wires, amplifiers etc - ANSWER Instrumental artifact creators.

Ambulatory EEG artifact...create a reference - ANSWER All common biological and mechanical arti should be produced by patient/tech at start or end of record.

LTME Quality Assurance - ANSWER Periodic check of live EEG should be performed once a day.

16 channels EEG +1 eye and 1 EKG = - ANSWER Minimum number of channels for presurgical localization.

In-patient LTME - ANSWER Qualified personal must observe the patient, record events and maintain recording integrity

Name the group who creates the guidelines which classify seizures. - ANSWER International League Against Epilepsy

What does ACNS think is an acceptable instead of sphenoidals? - ANSWER earlobe, anterior or sub temporal electrode

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## Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q108-Q113):

### NEW QUESTION # 108

The Adult Clinical Nurse Specialist is working in a primary care clinic and sees a 28-year old patient with a "pimple" on her left eyelid. Upon examination, the ACNS finds that a 2-mm pustule on the lateral boarder of the left eyelid margin. What is this most consistent with?

- A. blepharitis
- B. a chalazion
- C. acute cellulitis
- D. a hordeolum

**Answer: D**

Explanation:

The correct diagnosis for a 28-year old patient with a "pimple" on her left eyelid, which presents as a 2-mm pustule on the lateral border of the eyelid margin, is most consistent with a hordeolum, commonly referred to as a sty. A hordeolum is an acute, localized infection or inflammation of the sebaceous glands or hair follicles of the eyelid. The primary causative agent is typically *Staphylococcus aureus*, a type of bacteria. This condition results in a painful, red, and swollen area on the eyelid, which may look similar to a pimple.

Choice A, a chalazion, differs from a hordeolum in several ways. A chalazion represents a chronic granulomatous inflammation of a meibomian gland (a type of sebaceous gland in the eyelid), leading to a painless, firm, and nontender nodule. It develops more internally within the eyelid rather than at the margin. Unlike a hordeolum, a chalazion is not primarily caused by an acute bacterial infection and tends to be less painful.

Choice C, blepharitis, is a chronic inflammation of the eyelid margin that involves the hair follicles and glands. It is characterized by scaling, redness, and itching of the eyelid margins, and does not present as a localized pustule or "pimple" like formation. Blepharitis tends to have a more prolonged course and requires different management compared to a hordeolum.

Lastly, choice D, acute cellulitis, refers to a diffuse, acute infection of the skin and subcutaneous tissues typically accompanied by signs of systemic infection such as fever. When it affects the eyelids, it often presents with more generalized eyelid swelling, redness, and pain, significantly more extensive than the localized presentation of a hordeolum.

In summary, the description of a 2-mm pustule at the eyelid margin in a young adult aligns best with a hordeolum, due to its characteristic appearance and underlying pathophysiology involving a localized bacterial infection of the eyelid's hair follicles.

### NEW QUESTION # 109

In terms of atrophic vaginitis, the CNS knows that all of the following are true except:

- A. topical estrogens are used for treatment
- B. occurs because of an excess in estrogen
- C. occurs in the genital tracts of menopausal women
- D. symptoms include vaginal dryness, itching and dyspareunia

**Answer: B**

Explanation:

Atrophic vaginitis, also known as vaginal atrophy, primarily occurs in the genital tracts of menopausal women. This condition is associated with decreased estrogen levels, which is typical during menopause. Estrogen is crucial for maintaining the thickness and elasticity of the vaginal walls. As estrogen levels decline, the vaginal tissues become thinner, less elastic, and more susceptible to inflammation, leading to symptoms of atrophic vaginitis.

Contrary to the incorrect statement that atrophic vaginitis occurs because of an excess in estrogen, the condition actually results from a deficiency of this hormone. During menopause, the ovaries gradually produce less estrogen, leading to changes in the urogenital tract that can cause discomfort. Symptoms commonly associated with atrophic vaginitis include vaginal dryness, itching, burning, and dyspareunia (painful intercourse).

Treatment for atrophic vaginitis often involves the administration of topical estrogens. This approach helps replenish estrogen levels directly in the vaginal area, which can alleviate symptoms by restoring the health and function of the vaginal tissues. Topical estrogens are generally considered safe and effective for treating atrophic vaginitis, especially compared to systemic hormone replacement therapy, which has broader effects on the body.

In summary, the statement that atrophic vaginitis occurs because of an excess in estrogen is incorrect. The condition is actually due to a lack of estrogen, which is a key hormone for maintaining the health of vaginal tissues. Treatment typically involves the use of topical estrogens to mitigate symptoms and improve the quality of life for affected women.

### NEW QUESTION # 110

A 34-year-old female with multiple sclerosis (MS) is in the office. She is now under your care after relocating from another state to live with relatives who can help her. The ACNS understands that which of the following is NOT part of her management plan:

- A. Complex treatment regimen must be coordinated with a neurologist.
- B. Physical and occupational therapy.
- C. Corticosteroids are often used for maintenance.
- D. Acute exacerbations should be treated with prednisone 60-80 mg/day for 1 week, taper over 2-3 weeks.

**Answer: C**

Explanation:

A 34-year-old female with multiple sclerosis (MS) has recently moved to be closer to relatives who can assist her with her condition. In managing her MS, it is essential to understand the roles of various treatments and interventions.

Multiple sclerosis is a chronic immune-mediated disease that affects the central nervous system, leading to various neurological symptoms. Treatment strategies aim to manage acute relapses, slow disease progression, and alleviate symptoms. A comprehensive management plan for MS typically includes medication, physical therapy, and occupational therapy, among other interventions.

**Physical and occupational therapy** are crucial components of the management plan for MS. These therapies help maintain mobility, prevent complications from immobility, and improve the quality of life through adaptive strategies. They are tailored to the individual's needs to help them manage daily activities and maintain independence for as long as possible.

**Corticosteroids, such as prednisone**, are commonly used in the treatment of MS but have a specific role. They are primarily used for managing acute exacerbations or relapses of the disease. During a relapse, corticosteroids help reduce inflammation quickly and decrease the severity of attacks. However, it is critical to note that **corticosteroids are not used as a maintenance therapy** in MS. Maintenance therapy in MS involves drugs that modify the disease course (disease-modifying therapies or DMTs), which help reduce the frequency and severity of relapses and slow the progression of disability.

**Acute exacerbations should be treated with prednisone 60-80 mg/day for about one week, followed by a taper over two to three weeks**. This regimen is effective in managing the acute phases but does not play a role in long-term management. The administration of corticosteroids for long periods would not be appropriate due to potential side effects and lack of efficacy in preventing disease progression.

A **complex treatment regimen must be coordinated with a neurologist** who specializes in MS. This coordination ensures that the patient receives comprehensive care, including the selection of appropriate disease-modifying therapies, management of symptoms, and monitoring for any side effects of treatments.

In summary, while corticosteroids are essential for treating acute exacerbations of MS, they are not suitable for maintenance therapy. Other aspects of the management plan, such as physical and occupational therapy and collaboration with a neurologist for disease-modifying treatments, are vital for the long-term care of MS patients.

### NEW QUESTION # 111

A patient who demonstrates a high-pitched harsh sound on inhalation is described as having which of the following?

- A. Stridor breath sounds.
- B. Vesicular breath sounds.
- C. Bronchial breath sounds.
- D. Sibilant breath sounds.

**Answer: A**

Explanation:

Stridor is a specific type of breath sound characterized by a high-pitched, wheezing sound that primarily occurs during inhalation. This breath sound is indicative of an obstruction in the throat or voice box (larynx) or higher in the windpipe (trachea). When the airway is partially blocked in these areas, it causes the air moving through to generate a turbulent flow, leading to the distinctive stridor noise.

The causes of stridor are varied and can include infections such as croup, which is common in young children and affects the larynx and trachea. Other causes might be more serious conditions like a foreign body lodged in the airway, swelling due to allergic reactions, or abnormalities such as vocal cord paralysis or tumors.

The clinical significance of stridor is high, as it often indicates a potentially life-threatening condition that requires immediate medical attention. Diagnosing the exact cause of stridor typically involves a thorough history and physical examination, followed potentially by imaging studies like X-rays, and direct visualization using a scope (endoscopy).

Treatment for stridor is focused on the underlying cause. For instance, if the cause is an infection, appropriate antibiotics or antiviral medications will be used. In cases of an allergic reaction, administering epinephrine and corticosteroids to reduce inflammation might be necessary. In emergency situations where the airway is significantly obstructed, procedures to secure the airway, such as intubation or a tracheotomy, might be required.

In summary, stridor is a serious symptom that signifies an obstructed airway and should always be evaluated by a healthcare professional promptly to determine the underlying cause and initiate appropriate treatment.

### NEW QUESTION # 112

Which of the following is a correctly written three-part diagnosis?

- A. Excessive intake rt nutrition imbalance aeb increase of 20 pounds.
- B. Increase of 20 pounds rt excessive intake aeb nutrition imbalance.
- C. Nutrition imbalance rt excessive intake-to-need aeb increase of 20 pounds.
- D. Nutrition imbalance aeb 20 pound increase rt excessive intake.

**Answer: C**

Explanation:

To answer the question effectively, it's crucial to understand the structure of a properly formulated three-part nursing diagnosis, which includes: 1. **Problem (Nursing Diagnosis)**: This is a health issue that can be prevented, reduced, or resolved by nursing measures. It is often a response to a medical condition but is something that nurses can address independently or collaboratively. 2. **Etiology (Related to)**: This part identifies factors contributing to the problem or diagnosis. It provides a basis for selecting nursing interventions to address the problem. The etiology is not a medical diagnosis but rather conditions that are responsive to nursing interventions. 3. **Symptoms (As evidenced by)**: These are observable cues or inferences that support the nursing diagnosis. They include physical, psychological, sociocultural, spiritual responses, or risk behaviors.

Now, let's evaluate each option provided in the question to identify which one correctly follows this structure: 1. **Increase of 20 pounds rt excessive intake aeb nutrition imbalance** - This statement is incorrectly structured. It lists a symptom ("increase of 20 pounds") first, followed by the etiology ("excessive intake"), and incorrectly cites "nutrition imbalance" as evidence, which is actually more of a problem statement itself. 2. **Nutrition imbalance rt excessive intake-to-need aeb increase of 20 pounds** - This option correctly follows the three-part structure: - Problem: Nutrition imbalance - Etiology: Related to excessive intake-to-need - Symptoms: As evidenced by an increase of 20 pounds. - It clearly states that the nutritional imbalance is due to an excessive intake relative to the need, which is evidenced by a weight gain of 20 pounds. 3. **Nutrition imbalance aeb 20 pound increase rt excessive intake** - This statement is almost correctly structured but places the evidence ("20 pound increase") before the etiology ("excessive intake"), thus not adhering correctly to the required format. 4. **Excessive intake rt nutrition imbalance aeb increase of 20 pounds** - This statement incorrectly identifies "excessive intake" as the primary problem and "nutrition imbalance" as the etiology, which is logically inconsistent. The intake is the cause (etiology) of the imbalance, not the other way around.

Given the analysis, the correct answer is: - **Nutrition imbalance rt excessive intake-to-need aeb increase of 20 pounds**. This diagnosis accurately identifies the problem (nutrition imbalance), links it to a direct cause (excessive intake relative to need), and is supported by observable evidence (weight gain of 20 pounds). This structured approach ensures clear communication and targeted nursing interventions.

### NEW QUESTION # 113

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