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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 (Q155-Q160):

NEW QUESTION # 155

Report ____ immediately if a patient has an EVD (external ventricular drain).

- A. ICP.
- B. Hypertension.
- **C. All of the above.**
- D. CSF output.

Answer: C

Explanation:

In patients with an external ventricular drain (EVD), monitoring and reporting intracranial pressure (ICP) is crucial. An EVD is typically used to measure ICP and to drain cerebrospinal fluid (CSF) to relieve pressure within the brain. Elevated ICP can indicate worsening of brain edema, hemorrhage, or other complications that could threaten the patient's life. Immediate reporting of abnormal ICP values ensures timely intervention to prevent severe brain injury or death.

Changes in CSF output should also be reported immediately. The rate of CSF drainage through an EVD can provide vital information about the current status of brain swelling or the presence of blood or infection in the CSF. Sudden increases, decreases, or cessation of CSF flow can indicate blockage, infection, or changes in brain tissue position, necessitating urgent medical attention. Hypertension in patients with an EVD is a critical issue. Elevated blood pressure can exacerbate brain swelling and increase ICP, posing a significant risk of brain herniation. Conversely, hypotension can lead to reduced cerebral perfusion pressure and result in brain tissue ischemia. Both conditions require immediate adjustments in medical management, including the potential administration of vasoactive drugs to stabilize blood pressure.

Monitoring and immediate reporting of oxygen levels in patients with an EVD are essential. Hypoxia (low oxygen levels) can worsen brain injury by promoting further swelling and increasing ICP. Ensuring adequate oxygenation is a fundamental part of the care for patients with brain injuries and those with an EVD in place. Any deviations from normal oxygen levels should be addressed promptly to optimize brain recovery and function.

By closely monitoring these parameters-ICP, CSF output, blood pressure, and oxygen levels-and reporting any critical changes immediately, healthcare professionals can provide effective and responsive care to patients with an EVD, potentially improving outcomes in critical neurological conditions.

NEW QUESTION # 156

What must be monitored when a patient is taking Mannitol?

- A. Blood in drainage.
- **B. CSF osmolarity.**
- C. Cheyne-Stoke.
- D. Blood glucose.

Answer: B

Explanation:

When administering mannitol, a healthcare provider must monitor several physiological parameters to ensure the safety and effectiveness of the treatment. Mannitol is an osmotic diuretic commonly used to reduce intracranial pressure and treat cerebral edema. Here are the essential factors to monitor:

Serum Osmolality and Electrolyte Balance: Mannitol works by promoting diuresis through its osmotic effects, which can significantly alter fluid and electrolyte balance. Monitoring serum osmolality is crucial to prevent the development of osmotic demyelination syndrome or other complications associated with electrolyte imbalances such as hyponatremia or hypernatremia. Regular checks of electrolyte levels, including sodium, potassium, and chloride, are necessary to adjust mannitol dosing and manage potential side effects.

Renal Function: Since mannitol is primarily excreted by the kidneys, it is vital to monitor renal function throughout treatment. Parameters such as serum creatinine, blood urea nitrogen (BUN), and urine output should be regularly assessed. This monitoring helps to prevent potential renal overload and ensures that the kidneys can handle the increased osmotic load without sustaining damage.

Fluid Balance and Hydration Status: Mannitol can cause substantial diuresis leading to dehydration. Monitoring patient

hydration status, including input and output records, is essential. Patients may require adjustments in fluid administration to counterbalance the diuretic effect of mannitol and prevent hypovolemia.

Intracranial Pressure (ICP): In cases where mannitol is used to reduce intracranial pressure, such as in patients with traumatic brain injury, continuous monitoring of ICP is necessary. Mannitol can effectively decrease ICP by creating an osmotic gradient that draws fluid out of brain tissue; however, its effectiveness and the patient's response must be carefully observed to adjust dosing and prevent rebound increases in intracranial pressure.

Blood Glucose Levels: Mannitol has a similar structure to sugars and can be metabolized in the body, potentially impacting blood glucose levels. Monitoring blood glucose is particularly important in diabetic patients or those at risk for hyperglycemia.

Neurological Status: Monitoring the neurological status of patients receiving mannitol is important to assess the therapeutic response and detect any adverse effects. This includes regular assessments of consciousness, pupil size and reaction, motor functions, and overall cognitive function. By carefully monitoring these parameters, healthcare providers can maximize the therapeutic benefits of mannitol while minimizing potential risks and complications associated with its use.

NEW QUESTION # 157

A patient following a renal diet for kidney disease should limit his phosphorus intake to which of the following?

- A. 500 mg per day.
- B. 1000 mg per day.
- C. 1000 mg per week.
- D. 1500 mg per day.

Answer: B

Explanation:

When managing kidney disease, dietary adjustments are crucial due to the kidneys' impaired ability to filter and eliminate certain substances efficiently. Phosphorus, a common dietary mineral found in many foods, is one of the substances that individuals with kidney disease need to regulate. Excessive phosphorus in the bloodstream can lead to serious health complications, including bone disease and calcification of tissues.

For patients with kidney disease following a renal diet, it's generally advised to limit phosphorus intake to about 1000 mg per day. This recommendation can vary based on the stage of kidney disease and the specific health needs of the individual, so it's important for patients to work closely with a healthcare provider or dietitian to tailor dietary intake appropriately.

Phosphorus is present in high amounts in foods like dairy products, nuts, seeds, beans, and whole grains, as well as in processed foods and soft drinks in the form of additives. Due to its prevalence in many types of foods, managing phosphorus intake requires careful dietary planning.

The limitation of 1000 mg per day helps to prevent the accumulation of phosphorus in the blood, which can help protect the bones and cardiovascular system. Keeping phosphorus levels controlled also helps to maintain a healthier balance with calcium and other minerals that are critical for bone health and overall physiological functions.

In summary, for a patient following a renal diet for kidney disease, limiting phosphorus intake to 1000 mg per day is essential. This approach not only supports kidney function but also contributes to a better quality of life by preventing complications associated with excessive phosphorus levels in the body. Regular consultations with healthcare providers are necessary to adjust the diet as the condition progresses or as the patient's needs change.

NEW QUESTION # 158

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

Answer: A

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 # 159

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

- A. Independent.
- B. Adjusted.
- 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 # 160

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