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## ACNS Guidelines Practice Exam Questions With Complete Solutions

**Guideline 1: Minimum Technical Requirements for Performing Clinical EEG**  
correct answer: Digital equipment has many advantages over analog equipment and is now used for EEG in most facilities. Some recommendations in this guideline have changed to reflect the greater functionality of digital equipment, including the ability to record good quality signal with nontraditional electrodes and slightly higher impedances. The list of basic patient information has been expanded to include more factors that can influence the EEG. The sections on calibration, sensitivity, filters, and recording montages have been updated to maintain relevance for digital systems. Newly added sections include those discussing the utility of longer recordings, sleep deprivation, and simultaneous video recording. Other new sections include material on photic stimulation procedure, interpreting physician notification of critical EEG results, and data storage.

**Guideline 2 for Standard Electrode Position Nomenclature**  
correct answer: Previously guideline 5  
Although the 10-10 system of electrode position nomenclature has been accepted internationally for almost two decades, it has not been used universally. The reasons for this and clinical scenarios when the 10-10 system provides additional localizing information are discussed in this revision. In addition, section IV elaborates on situations in which AF1/2, AF5/6, PO1/2, and PO5/6 electrode positions may be used for EEG recording.

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### Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q48-Q53):

#### NEW QUESTION # 48

Which of the medications listed below could potentially exacerbate CHF in a susceptible individual?

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

**Answer: C**

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 # 49

The cleansing of the stomach with solution delivered through a nasogastric tube is known as what?

- A. Emesis.
- B. Stomach pumping.
- C. Gavage.
- D. Lavage.

**Answer: D**

Explanation:

The cleansing of the stomach using a solution delivered through a nasogastric tube is known as gastric lavage, commonly referred to as stomach pumping. This medical procedure is primarily used to remove ingested poisons, an overdose of medication, or other harmful substances from a patient's stomach.

During gastric lavage, a flexible tube is inserted through the nose, down the esophagus, and into the stomach. Once the tube is correctly positioned, a saline solution or water is funneled into the stomach. This solution mixes with the stomach contents and is then removed by suction through the same tube. The process may be repeated several times until the effluent (the liquid removed from the stomach) is clear, indicating that the stomach has been thoroughly cleansed.

Gastric lavage must be performed soon after the ingestion of the toxic substance, typically within a few hours, as its effectiveness decreases significantly once the substance has moved beyond the stomach into the intestines. The procedure is only carried out when the benefits outweigh the potential risks, such as aspiration, esophageal perforations, or electrolyte imbalances.

It is crucial for this procedure to be performed by medical professionals in a controlled environment, such as a hospital, where the patient's vital signs can be continuously monitored, and immediate care can be provided in case of complications. Gastric lavage is not suitable for all cases of poisoning or overdose and should only be considered when specifically recommended by healthcare professionals.

### NEW QUESTION # 50

The information contained with the National Practitioner Data Bank includes all of the following except:

- A. practitioner's licensure
- B. record of clinical privileges
- C. malpractice payment history
- D. the practitioner's home address

**Answer: D**

Explanation:

The National Practitioner Data Bank (NPDB) is a U.S. repository of information about the credentials and professional conduct of healthcare practitioners. It was established with the goal of improving healthcare quality and reducing fraud and abuse in healthcare programs. The NPDB collects and releases information related to medical malpractice payments, sanctions for professional misconduct, and other relevant performance and conduct indicators. This data serves as a resource for healthcare entities to make informed decisions regarding the credentialing and hiring of healthcare providers.

The types of information maintained in the NPDB include: 1. **Practitioner's Licensure**: Information regarding the licensure status of healthcare providers, including any disciplinary actions taken against their licenses by a state licensing board. 2. **Malpractice Payment History**: Details of payments made on behalf of practitioners in settlement of, or as a judgment in, medical malpractice actions. 3. **Record of Clinical Privileges**: Information about changes to, or voluntary or involuntary limitation of, a practitioner's right to admit and treat patients in a healthcare institution. 4. **Professional Society Memberships and Actions**: Information concerning membership in professional societies and any disciplinary actions taken by such bodies.

However, it is important to note that the NPDB does not contain every type of personal information about practitioners. **The Practitioner's Home Address** is specifically excluded from the data bank. This exclusion helps protect the privacy and security of healthcare practitioners by not disclosing their personal residence information. The focus of the NPDB is primarily on professional qualifications and conduct, rather than personal data that does not relate to a practitioner's professional life.

The exclusion of personal addresses from the NPDB reflects a balance between transparency in healthcare and the protection of individual privacy rights. By maintaining this boundary, the NPDB ensures that its data serves the intended purpose of aiding in the credentialing process and enhancing trust in healthcare professionals, without unnecessarily exposing personal details. This approach helps healthcare entities access critical information while respecting the privacy of individual practitioners.

### NEW QUESTION # 51

Where should the thyroid be palpated?

- A. Between the hyoid bone and the suprasternal notch.
- B. Between the cricoid cartilage and the suprasternal notch.
- C. Between the hyoid cartilage and the greater trochanter notch.
- D. Between the cricoid bone and the greater trochanter notch.

**Answer: B**

Explanation:

The thyroid gland, a vital endocrine organ, is located in the neck and plays a crucial role in metabolism, growth, and development by producing thyroid hormones. Because abnormalities in the thyroid gland can lead to various medical conditions, palpation is a common clinical procedure used to assess its size, position, and texture.

The correct anatomical location for palpating the thyroid gland is between the cricoid cartilage and the suprasternal notch. The cricoid cartilage, which is easily palpable, is a ring-like structure located at the top of the trachea and below the thyroid cartilage.

("Adam's apple"). It serves as a landmark for locating the upper boundary of the thyroid gland.

The suprasternal notch, also known as the jugular notch, is an easily identifiable depression at the superior end of the sternum, between the clavicles. It marks the lower boundary of where the thyroid gland can be palpated. This notch serves as a reference point for the inferior border of the thyroid gland.

To palpate the thyroid gland, healthcare providers typically ask the patient to swallow, which helps in bringing the thyroid gland into a more palpable position as it moves up and down with the swallowing action. This movement allows the examiner to feel for the gland's size, consistency, and any nodules or asymmetry, which could indicate potential thyroid issues.

Palpating the thyroid in the area between the cricoid cartilage and the suprasternal notch allows healthcare providers to assess the gland effectively. This assessment is crucial for identifying conditions such as goiters, thyroid nodules, and other thyroid gland abnormalities, enabling timely diagnosis and management.

#### NEW QUESTION # 52

A patient has an ADH level of 4.2 pg/mL. What does this indicate?

- A. Myxedema.
- B. DI.
- C. Levels are normal.
- D. SIADH.

**Answer: C**

Explanation:

The patient's ADH level of 4.2 pg/mL falls within the normal range, as normal ADH (antidiuretic hormone) levels are typically between 0 and 4.7 pg/mL. ADH, also known as vasopressin, is a hormone produced in the hypothalamus and stored in the pituitary gland. It plays a crucial role in regulating the body's retention of water by concentrating the urine and reducing urine volume.

DI. When ADH levels are abnormally high, it could indicate a condition known as Syndrome of Inappropriate Antidiuretic Hormone secretion (SIADH). In SIADH, excessive ADH leads to water retention and hyponatremia, a condition where the sodium levels in the blood become dangerously low. Conversely, low levels of ADH can lead to diabetes insipidus (DI), a disorder characterized by frequent and copious urination with an increased thirst for fluid intake.

DI. Since the patient's ADH level is 4.2 pg/mL, it does not suggest either SIADH or DI, as these conditions are marked by high and low levels of ADH respectively. The patient's ADH level being within the normal range implies that the water balance and related hormonal functions are likely functioning properly, without indications of the aforementioned disorders.

DI. It is important, however, to consider the clinical context, including symptoms and other laboratory findings, to comprehensively assess a patient's health status. If symptoms that could be related to ADH levels are present, further investigation might be warranted despite the normal ADH test result.

#### NEW QUESTION # 53

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