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What is the minimal amount of channels needed to record an EEG? correct answers >> Sixteen channels

What type of current is required for equipment? correct answers >> Alternating Current (AC)

Filters should be within correct answers >> Within recommendations of guideline 4

Evidence suggests material made of these two types of electrodes are best correct answers >> Silver-silver chloride or gold disk electrodes are best

Impedances must be below correct answers >> 10kOhms and must be balanced

Appropriate calibration at the beginning of each EEG should be at least correct answers >> At least 10 seconds or until it reaches a stable recording

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

NEW QUESTION # 108

The 2003 IOM Patient Safety Report describes an electronic medical record as encompassing all of the following except:

- A. a cost-efficient means of documentation for the healthcare provider
- B. a longitudinal collection of electronic health information
- C. support for efficient provision processes in health care
- D. immediate electronic access to a person's medical data by authorized users

Answer: A

Explanation:

The 2003 Institute of Medicine (IOM) Patient Safety Report highlighted several important characteristics of electronic medical records (EMRs), but it did not describe EMRs as being a cost-efficient means of documentation for healthcare providers. This omission is significant, particularly in the context of discussing the attributes of EMRs.

The report emphasized that EMRs serve as a longitudinal collection of electronic health information for individuals. This means that EMRs maintain detailed and continuous records of health information over time, which can be crucial for tracking a patient's health changes and patterns. This characteristic supports comprehensive patient care and enhanced monitoring of patient health outcomes. Another key feature of EMRs noted in the IOM report is the immediate electronic access to a person's medical data by authorized users. This access is critical in various healthcare settings as it allows healthcare providers to obtain necessary medical information swiftly, thereby facilitating quicker decision-making and potentially improving the response time in critical care situations.

Moreover, the report mentions the support that EMRs provide for efficient provision processes in healthcare. This includes the integration of knowledge and decision-support systems within EMRs, which aid healthcare professionals in making informed decisions by providing relevant information and guidance at the point of care. These systems are designed to enhance the safety, quality, and efficiency of patient care by reducing errors and improving adherence to evidence-based guidelines.

However, despite these benefits, the report did not claim that EMRs are a cost-efficient means of documentation. While EMRs may lead to long-term savings and efficiencies, the initial costs of implementation, maintenance, and training can be substantial.

Additionally, the expected cost efficiency might not be uniformly realized across different healthcare settings due to variations in implementation practices and technological barriers. Thus, the report's avoidance of declaring EMRs as a cost-efficient option at the time was aligned with the then-available research and understanding, which did not conclusively support such a claim.

In summary, while the 2003 IOM Patient Safety Report acknowledged several benefits of EMRs, including improving the safety, quality, and efficiency of patient care through enhanced data accessibility and decision support, it notably did not identify EMRs as inherently cost-efficient means of documentation. This reflects a balanced view of the advantages and challenges associated with EMR implementation in healthcare systems.

NEW QUESTION # 109

Your 30-year-old female patient suffers from asthma

a. You understand that all of the following are considered maintenance medications except:

- A. mast cell stabilizers
- B. short-acting B2 agonists
- C. leukotriene inhibitors
- D. steroids

Answer: B

Explanation:

In managing asthma, it is crucial to distinguish between maintenance medications and rescue medications, as each serves a different purpose in the treatment plan. Maintenance medications are used regularly to prevent asthma attacks and to manage chronic symptoms. These typically include inhaled corticosteroids, long-acting beta-agonists (LABAs), leukotriene modifiers, mast cell stabilizers, and theophylline.

Inhaled corticosteroids, for example, help reduce inflammation in the airways, making them less sensitive and less likely to react to asthma triggers. Leukotriene modifiers, another type of maintenance medication, work by blocking chemicals in the immune system that contribute to inflammation, airway constriction, and mucus production. Mast cell stabilizers prevent the release of histamine and

other chemicals that cause inflammation and bronchoconstriction.

On the other hand, short-acting beta2-agonists (SABAs), such as albuterol, are classified as rescue medications. These are used to relieve acute asthma symptoms or an asthma attack by quickly relaxing tightened muscles around the airways. This action opens the airways and makes breathing easier. SABAs are not intended for regular use as a preventive measure but are essential in providing rapid relief from acute symptoms.

Therefore, when considering the correct answer to the question about which of the listed options is not a maintenance medication, the answer is "short-acting B2 agonists." Unlike the other listed medications which are used regularly to reduce the frequency and severity of asthma symptoms, short-acting B2 agonists are used on an as-needed basis for quick relief of breathing difficulties. This distinction is critical in the effective management of asthma, ensuring that patients use the appropriate medications in the right context to maintain control over their condition and to handle acute exacerbations safely and effectively.

NEW QUESTION # 110

You are providing patient education to a female patient who has been diagnosed with herpes simplex 2. She asks about engaging in sexual activity and what type of precautions she must take to avoid infecting her male partner. Which of the following is an appropriate response to this patient?

- A. The patient can engage in normal sexual activity as long as she uses condoms and refrains from sexual activity during an outbreak.
- B. The patient can engage in sexual activity without a condom as long as there are no lesions present.
- C. The patient must refrain from all sexual activity.
- D. The patient can engage in normal sexual activity at any time as long as she uses condoms.

Answer: A

Explanation:

Herpes simplex virus type 2 (HSV-2) is primarily responsible for genital herpes, a sexually transmitted infection characterized by episodic outbreaks of painful sores or blisters in the genital area. For individuals diagnosed with HSV-2, engaging in sexual activity requires careful consideration and adherence to specific precautions to minimize the risk of transmitting the virus to their partners.

The correct approach for a female patient with HSV-2 who wishes to have a normal sexual relationship without transmitting the virus to her male partner involves the use of condoms and the avoidance of sexual activities during an outbreak. Here's a detailed explanation of why this response is appropriate:

1. **Use of Condoms:** Condoms are effective in reducing the transmission of sexually transmitted infections, including HSV-2. While they do not provide 100% protection (since not all areas are covered by the condom), their correct and consistent use significantly lowers the risk of spreading the virus. Condoms act as a physical barrier, preventing direct contact with sores or infected skin that sheds the virus.
2. **Avoiding Sexual Activity During Outbreaks:** HSV-2 is most contagious during an outbreak, when viral shedding occurs at the site of the sores. Abstaining from sexual activity during outbreaks-when symptoms such as itching, tingling, or visible sores are present-reduces the risk of transmission. It is important to note that HSV-2 can also be transmitted when no symptoms are apparent (asymptomatic shedding), though the risk is lower compared to during symptomatic periods.
3. **Supplementary Measures:** In addition to using condoms and avoiding sexual contact during outbreaks, patients can further reduce the risk of transmission through daily antiviral suppressive therapy. Medications such as acyclovir, valacyclovir, or famciclovir help decrease viral shedding and reduce the frequency and severity of outbreaks. Discussing these options with a healthcare provider can provide additional safety and peace of mind for both partners.

Furthermore, maintaining a monogamous relationship where both partners are aware of each other's health status can also contribute to a safer sexual environment. Regular check-ups and open communication about health issues are essential components of managing HSV-2 in a relationship.

In summary, while living with genital herpes poses certain challenges, it is entirely possible for individuals with the virus to have fulfilling sexual relationships. By adhering to the recommended precautions-using condoms, refraining from sexual activity during outbreaks, and considering suppressive therapy-individuals can manage their condition effectively and minimize the risk of transmitting HSV-2 to their partners.

NEW QUESTION # 111

What is Not a step in Values Clarification?

- A. Acting
- B. Choosing
- C. Utility.
- D. Prizing

Answer: C

Explanation:

The term "Utility" does not represent a step in the Values Clarification process. Instead, it is a concept tied to teleology, a branch of philosophy that focuses on the purpose or design of things, often discussed in ethical and moral contexts. In contrast, "Choosing," "Prizing," and "Acting" are indeed recognized as the three key steps in Values Clarification.

Values Clarification is a method designed to help individuals identify, affirm, and act upon their personal values. This process is particularly beneficial in educational settings, helping students develop critical thinking and moral reasoning skills. It focuses on facilitating learners' ability to articulate what they value and then encourages them to align their behaviors with these identified values. The three steps in Values Clarification are as follows: 1. **Choosing**: In this initial step, individuals are encouraged to explore various options and make decisions about what is most important to them. This involves a thoughtful examination of different values and the possible consequences of prioritizing each. 2. **Prizing**: After choosing their values, individuals move on to affirm and appreciate these choices. This step is about openly cherishing and being proud of the values they have selected. It often involves individuals expressing why these values are important to them. 3. **Acting**: The final step is about behaving consistently with the chosen values. This means putting values into action and living in ways that reflect what has been prioritized and prized. It's a commitment to integrate these values into daily life, thereby demonstrating integrity and consistency.

Utility, in contrast, is concerned with the outcomes or consequences of actions, often evaluated in terms of their usefulness or benefit. It is a key concept in utilitarianism, a theory in normative ethics that proposes that the best action is the one that maximizes utility, usually defined as that which produces the greatest well-being for the greatest number of people. This approach is quite different from the introspective and personal exploration involved in Values Clarification, which is not inherently about maximizing collective well-being but rather about individual alignment with personal beliefs and actions. Thus, "Utility" is not a step in Values Clarification but a separate philosophical concept that deals with the consequences and effectiveness of actions in ethical discussions.

NEW QUESTION # 112

Which of the following is the most common cause of blockages in the small intestine?

- A. Crohn's disease.
- B. Cancer.
- **C. Scar tissue.**
- D. Inflammatory bowel disease.

Answer: C

Explanation:

The most common cause of blockages in the small intestine is scar tissue. Scar tissue, also known as adhesions, often forms as a result of surgery or following an infection, inflammation, or injury within the abdominal cavity. These adhesions can create bands of fibrous tissue that connect different surfaces and organs within the abdominal area, potentially leading to an obstruction in the small intestine.

In addition to scar tissue, other conditions can also cause obstructions in the small intestine. For instance, Crohn's disease, which is a type of inflammatory bowel disease (IBD), can lead to swelling and thickening of the intestinal wall, narrowing the passageway and possibly causing blockages. Hernias, where part of the intestine protrudes through a weak spot in the abdominal wall, can also lead to obstructions if the protruding intestine becomes trapped or pinched.

It is important to differentiate the common causes of obstruction in the small intestine from those in the large intestine. While scar tissue is the most frequent cause of blockages in the small intestine, in the large intestine, cancer is typically the most common cause of obstruction. This distinction is crucial for appropriate diagnosis and treatment planning.

Understanding these causes and their mechanisms is vital for medical professionals to diagnose, manage, and treat intestinal obstructions effectively. Preventive measures, timely surgical interventions, and managing underlying conditions like Crohn's disease are critical components of care for patients at risk of developing intestinal blockages.

NEW QUESTION # 113

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