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ACNS guidelines for CLTM exam

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

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

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

Intracerebral electrode impedance measurements...safe range - CORRECT 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 - CORRECT ANSWER-8 channels

12 or more are routinely used for accuracy in localization

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

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

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

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

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

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q114-Q119):

NEW QUESTION # 114

A hold order may be ordered for patients on insulin therapy if the glucose threshold is what?

- A. <110 mg/dL.
- B. <115 mg/dL.
- C. <100 mg/dL.
- D. <105 mg/dL.

Answer: C

Explanation:

*In the context of diabetes management, particularly for patients on insulin therapy, a "hold order" is a directive used in clinical settings to temporarily stop insulin administration under specific circumstances. This protocol is crucial to prevent hypoglycemia, a condition where blood glucose levels drop too low, posing serious health risks to the patient. Hypoglycemia can cause symptoms such as shaking, confusion, dizziness, or even more severe complications like loss of consciousness or seizures. *

*Insulin, while essential for controlling high blood sugar, can sometimes lower glucose levels excessively. To mitigate this risk, medical professionals set glucose thresholds that trigger a hold on insulin administration. If a patient's blood glucose level falls below this predefined threshold, insulin doses are withheld to allow glucose levels to stabilize and prevent further drop. *

*The threshold for a hold order can vary based on the patient's individual health profile, the type of insulin being used, and other factors. However, it is commonly set at less than 100 mg/dL. This level is chosen based on clinical guidelines and empirical evidence which suggest that glucose levels below 100 mg/dL increase the risk for hypoglycemia, especially if trending downwards. *

*It is important for healthcare providers to closely monitor blood glucose levels in patients receiving insulin therapy and adjust the treatment protocol as necessary. This includes issuing hold orders when appropriate to safeguard against hypoglycemia, thus balancing the need to manage high blood sugar with the risk of pushing glucose too low. Regular review and adjustment of the glucose threshold for hold orders ensure that the management of diabetes remains both effective and safe.

NEW QUESTION # 115

The CNS is assessing a patient whom he believes has early signs of pneumonia. To confirm his diagnosis, he should order what?

- A. Electrocardiogram (ECG).
- B. A urine analysis.
- C. Pulmonary function test.
- D. A Chest X-ray.

Answer: D

Explanation:

When a Clinical Nurse Specialist (CNS) identifies potential early signs of pneumonia in a patient, the most appropriate diagnostic test to confirm this suspicion is a chest X-ray. Pneumonia is an infection that inflames the air sacs in one or both lungs, which can fill with fluid or pus, causing symptoms such as cough, fever, chills, and difficulty breathing.

While initial assessments might include a thorough physical examination, where the CNS listens for abnormal lung sounds, or lab tests such as a complete blood count (CBC) or blood cultures, these methods alone cannot confirm pneumonia. An electrocardiogram (ECG) is primarily used to assess the heart's function and is not suitable for diagnosing lung issues. Similarly, pulmonary function tests, which measure the lungs' ability to move air in and out, are not diagnostic tools for infections and are more relevant in chronic conditions like asthma or COPD. Urine analysis is generally used to detect disorders of the urinary system and to screen for metabolic diseases, not respiratory infections.

A chest X-ray, on the other hand, is a highly valuable tool in the diagnosis of pneumonia. It allows the CNS and other healthcare professionals to visually confirm the presence of fluid or pus in the lungs, which are indicative of pneumonia. The imaging can reveal areas of opacity (white spots) where the infection has developed, which is critical for accurate diagnosis and effective treatment planning. In some cases, further imaging with a CT scan might be recommended if the X-ray results are inconclusive or if complications are suspected.

Therefore, if a CNS suspects a patient has pneumonia based on preliminary evaluation, the most definitive next step is to order a chest X-ray. This will not only confirm the presence of pneumonia but also help in assessing the extent of the lung involvement, which is crucial for determining the severity of the infection and guiding appropriate therapy.

NEW QUESTION # 116

Which of these is a Class IC antidysrhythmic you could prescribe for a patient with severe ventricular dysrhythmias?

- A. Propafenone.
- B. Amiodarone.
- C. Mexiletine.
- D. Procainamide.

Answer: A

Explanation:

When considering the treatment of severe ventricular dysrhythmias with a Class IC antiarrhythmic, Propafenone is the appropriate choice from the options given.

Antiarrhythmic drugs are categorized into classes based on their primary mechanism of action. These classes are crucial for determining which drug to use based on the specific type of arrhythmia presented by the patient. Class IC antiarrhythmics, which include drugs like Propafenone, are known for their potent effects on modifying the cardiac conduction tissues without having a significant impact on the duration of the action potential.

Class IC antiarrhythmics work primarily by blocking the sodium channels in the heart, which slows the rate of rise of the action potential and prolongs the conduction of the electrical impulse within the heart. This makes them particularly effective in treating cases of severe ventricular dysrhythmias, where rapid, uncontrolled heart rates need to be controlled.

The other options listed - Procainamide, Mexiletine, and Amiodarone - belong to different classes of antiarrhythmics. Procainamide is a Class IA antiarrhythmic, which not only blocks sodium channels but also exhibits moderate blockade of potassium channels, affecting both the depolarization and repolarization phases of the cardiac cycle. Mexiletine, classified under Class IB, primarily shortens the action potential duration and is more often used for ventricular arrhythmias following myocardial infarction. Amiodarone falls under Class III, which predominantly blocks potassium channels and is used for a variety of arrhythmias, including both ventricular and atrial dysrhythmias.

Given that the question specifically asks for a Class IC antiarrhythmic for severe ventricular dysrhythmias, Propafenone is the correct answer. It is important for healthcare providers to choose the correct class of medication as per the specific type of arrhythmia and patient's overall cardiac profile to ensure efficacy and minimize potential side effects.

NEW QUESTION # 117

When discussing Human Immunodeficiency virus (HIV) testing with a patient, the CNS knows:

- A. Sexually active homosexual men are the only ones at risk for HIV.
- B. Receiving blood products from 1985 to 1995 is a risk factor for HIV.
- C. There is no need to recheck the ELISA if negative on the first test.
- D. The screening ELISA test (enzyme-linked immunosorbent assay) detects antibodies and is 99% sensitive and specific.

Answer: D

Explanation:

The correct answer is: "The screening ELISA test (enzyme-linked immunosorbent assay) detects antibodies and is 99% sensitive and specific." It is important to clarify why this statement is correct and to address the misconceptions around HIV risk and testing. Firstly, the ELISA test is a widely used initial screening tool for detecting antibodies to HIV. Antibodies are proteins that the body produces in response to an infection. In the case of HIV, these antibodies generally develop within a few weeks to months after infection. The sensitivity and specificity of the ELISA test being around 99% means that the test is highly effective at correctly identifying those who have and do not have HIV. A test with 99% sensitivity will correctly identify 99% of people with the disease and miss 1%, while a test with 99% specificity will correctly rule out the disease in 99% of people who do not have the disease, mistakenly identifying 1% as positive.

Addressing the first statement, it is a misconception that only sexually active homosexual men are at risk for HIV. HIV can affect anyone, regardless of sexual orientation, age, race, or any other factor. It is transmitted through contact with infected bodily fluids such as blood, semen, vaginal fluids, and breast milk. This can happen through unprotected sexual activities with an infected person, sharing needles for drug use, receiving unsafe injections, transfusions, and from mother to child during childbirth or breastfeeding. Furthermore, the statement about rechecking the ELISA test highlights the concept of the "window period." The window period is the time immediately after infection during which antibodies to HIV are not yet produced in high enough quantities to be detectable by the test. Therefore, if exposure to HIV is suspected, a follow-up test is recommended after the window period, typically around six months, to confirm the initial result. This protocol helps in capturing cases that might have been missed if tested too early after exposure.

Lastly, it is crucial to recognize broader risk factors beyond sexual orientation. Individuals with multiple sexual partners, those who

engage in IV drug use, people with a history of sexually transmitted diseases (STDs), and those who were recipients of blood products between 1975 and 1985 (before widespread screening of the blood supply for HIV began) are also at increased risk. Understanding these factors can help in better targeting education, prevention, and testing efforts to those most at risk. In summary, the CNS (Clinical Nurse Specialist) must be equipped with accurate and comprehensive knowledge about HIV transmission, testing, and the populations at risk. This ensures appropriate guidance and management of patients concerning HIV testing and prevention strategies.

NEW QUESTION # 118

The CNS is following up on a diabetic patient who was instructed to manage his diabetes with diet and exercise. To check on his progress and if the treatment is working, what test should the CNS order?

- A. Complete blood count (CBC)
- B. Fasting blood glucose level.
- C. Urine ketone analysis.
- D. Glycosylated hemoglobin level.

Answer: D

Explanation:

For a diabetic patient managing their condition through diet and exercise, the CNS (Clinical Nurse Specialist) should consider ordering a glycosylated hemoglobin level test, commonly referred to as the HbA1c test. This test measures the average blood glucose concentration over the past two to three months. It does so by assessing the percentage of hemoglobin proteins in the blood that have glucose attached to them. Hemoglobin is a protein in red blood cells that carries oxygen, and its glucose-bound form is termed as glycosylated hemoglobin.

The significance of the HbA1c test lies in its ability to provide a long-term overview of the patient's average blood sugar levels, as opposed to the fluctuations that might be observed in daily blood glucose tests. Since red blood cells have a lifespan of about 120 days, the test effectively reflects the average blood glucose levels over this period. This attribute makes HbA1c an excellent indicator of how well the patient has been managing their diabetes over time.

The use of the HbA1c test in managing diabetes is preferred because it does not require fasting and can be conducted at any time of the day, providing much convenience for both the patient and healthcare providers. High HbA1c levels indicate poor blood sugar control and an increased risk of diabetes-related complications. Therefore, by monitoring HbA1c levels, the CNS can determine if the current management strategy (diet and exercise) is effective or if adjustments are needed to better control the patient's blood glucose levels.

Other tests such as the fasting blood glucose level, complete blood count (CBC), and urine ketone analysis also hold importance in specific contexts within diabetes management. For instance, fasting blood glucose levels can indicate daily fluctuations, a CBC can reveal anemia or infections, and urine ketone analysis can detect ketoacidosis, a serious diabetes complication. However, for ongoing, comprehensive monitoring of glycemic control in a patient managing diabetes primarily through non-pharmacological means, the glycosylated hemoglobin level test is the most informative and reliable choice.

NEW QUESTION # 119

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