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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.

Guideline2 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 (Q62-Q67):

NEW QUESTION # 62

When counseling concerning the hepatitis B vaccination, the ACCRN understands that a contraindication is:

- A. mild viral illness
- B. pregnancy and lactation
- C. history of poliomyelitis
- D. prior anaphylaxis or severe hypersensitivity

Answer: D

Explanation:

When counseling about the hepatitis B vaccination, it is crucial for healthcare providers, such as those accredited by the American College of Clinical Pharmacy (ACCRN), to be aware of the specific contraindications to vaccination. One significant contraindication is a history of prior anaphylaxis or severe hypersensitivity to any component of the hepatitis B vaccine.

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur very quickly after exposure to an allergen.

Symptoms may include difficulty breathing, a rapid drop in blood pressure, and skin reactions such as hives or swelling. Given the serious nature of anaphylaxis, any individual who has previously experienced this kind of reaction to the hepatitis B vaccine, or any of its components, should not receive the vaccination. This precaution helps to prevent the risk of triggering another anaphylactic event. Severe hypersensitivity reactions, though not always as acute or severe as anaphylaxis, are also critical to consider. These reactions can include various symptoms that significantly impair the individual and may pose a health threat if re-exposure occurs. For patients with a known severe hypersensitivity to the vaccine, alternative preventive measures should be considered.

It is important to note that other situations such as a history of poliomyelitis, mild viral illnesses, or conditions like pregnancy and lactation are not contraindications for the hepatitis B vaccine. While each patient's situation should be evaluated individually, these conditions generally do not preclude the use of the hepatitis B vaccine.

In summary, recognizing the history of prior anaphylaxis or severe hypersensitivity to the hepatitis B vaccine or its components is crucial in vaccine counseling. This understanding ensures that the vaccine is administered safely and effectively, adhering to the principle of "do no harm" in medical practice.

NEW QUESTION # 63

A patient who has normocytic anemia may MOST likely also have a history of which condition?

- A. Abnormal lipid levels.
- B. **Rheumatoid arthritis.**
- C. Upper respiratory infections.
- D. Osteoarthritis.

Answer: B

Explanation:

Anemia is a condition characterized by a deficiency in the number or quality of red blood cells, which are crucial for transporting oxygen throughout the body. There are various types of anemia, each with different causes and characteristics. Normocytic anemia, specifically, is a type where the red blood cells are of normal size and shape but are reduced in number. This type of anemia can occur in various contexts, one of which is associated with chronic inflammatory conditions, such as rheumatoid arthritis.

Rheumatoid arthritis (RA) is a chronic autoimmune condition that primarily affects joints but can also have systemic effects, including the development of anemia. The link between RA and normocytic anemia is primarily due to the chronic inflammation caused by the autoimmune disorder. This inflammation can lead to the production of certain cytokines and other inflammatory mediators that interfere with the production of red blood cells in the bone marrow, a condition commonly referred to as anemia of chronic disease or anemia of inflammation.

The inflammatory cytokines in RA, such as tumor necrosis factor (TNF) and interleukin-6 (IL-6), can affect the bone marrow's ability to produce red blood cells efficiently. They also impact the hormone erythropoietin, which is crucial for the production of red blood cells. In addition, these mediators increase hepcidin production, a hormone that inhibits iron absorption and results in decreased iron availability for red blood cell production. This disruption in iron homeostasis further contributes to the development of normocytic anemia.

Given the direct impact of inflammatory processes on red blood cell production, patients with rheumatoid arthritis are at a higher risk of developing normocytic anemia. This type of anemia in RA patients can result in increased fatigue, weakness, and reduced physical capacity, which compounds the challenges already posed by the joint symptoms of RA.

In contrast, conditions like osteoarthritis, which is primarily a degenerative joint disease without systemic inflammation, abnormal lipid levels, or upper respiratory infections, typically do not cause normocytic anemia. These conditions do not generally involve the same level of systemic inflammation or the same biological mechanisms that interfere with red blood cell production as seen in rheumatoid arthritis.

Therefore, when considering the history of a patient with normocytic anemia, rheumatoid arthritis emerges as a likely associated condition due to its inflammatory nature and its known effects on hematopoiesis (formation of blood cellular components). Understanding this association is crucial for the effective management of both conditions and improving patient outcomes.

NEW QUESTION # 64

You are conducting an abdominal assessment on a patient. During palpation, the patient complains that she is experiencing pain when you release pressure, though not during the palpation itself. This is known as what?

- A. Rebound pain.
- B. Release pain.
- C. Quadrant pain.
- D. Phantom pain.

Answer: A

Explanation:

The correct answer to the question is "Rebound pain." Rebound pain is a specific type of discomfort that is experienced when pressure applied to the abdomen is suddenly released. Unlike tenderness, which is felt when pressure is applied, rebound pain occurs during the quick withdrawal of that pressure.

This clinical finding is significant and can be indicative of peritoneal irritation. The peritoneum is a membrane that lines the abdominal cavity and covers most of the abdominal organs. Inflammation of this membrane, often due to conditions like appendicitis or other types of peritonitis, can cause the parietal layer of the peritoneum to become very sensitive. The mechanism behind rebound pain involves the sudden movement of these inflamed structures when the pressure is lifted, leading to a sharp, painful sensation.

Rebound pain is an important diagnostic indicator in conditions such as appendicitis, which is an inflammation of the appendix. During a physical examination, a healthcare provider may apply gentle pressure to the area of the abdomen overlying the appendix (typically the lower right quadrant) and then release it. A positive rebound tenderness or pain upon release suggests irritation or inflammation of the peritoneum, warranting further medical evaluation and often urgent treatment.

Identifying rebound pain is crucial as it helps in diagnosing acute abdominal conditions that may require immediate intervention. It is a hallmark of appendicitis but can also be seen in other conditions like diverticulitis, ruptured ovarian cysts, or ectopic pregnancy. Each of these conditions can present serious health threats, making the recognition of rebound pain an important skill in clinical practice.

NEW QUESTION # 65

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

- A. 1000 mg per week.
- B. 1000 mg per day.
- C. 1500 mg per day.
- D. 500 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 # 66

A male patient is in the office with a deep cough, which is worse at night, as well as wheezing and mucoid sputum production. A diagnosis of bronchitis is made. Which of the following is NOT a good management technique?

- A. Tell the patient to avoid antihistamines.
- B. Antibiotic treatment is not recommended in uncomplicated acute bronchitis.
- C. Tell the patient to stop smoking.
- D. **Cough suppressants are encouraged in all cases.**

Answer: D

Explanation:

The question is about the appropriate management techniques for a patient diagnosed with bronchitis. Bronchitis typically involves inflammation of the bronchial tubes, which carry air to and from the lungs. This inflammation results in symptoms such as a deep cough, wheezing, and production of mucoid sputum, often worsening at night.

Among the management options presented, the incorrect one is that "Cough suppressants are encouraged in all cases." This statement is not appropriate for managing bronchitis for several reasons: 1. **Purpose of Coughing**: Coughing is a protective mechanism by which the body attempts to clear the airways of mucus and other irritants. Suppressing this cough could lead to further accumulation of mucus, which can harbor pathogens and potentially worsen the respiratory infection. 2. **Sleep Disruption**: While it is true that severe coughing can disrupt sleep and impact overall rest and recovery, the use of cough suppressants is generally recommended only in cases where the cough is excessively bothersome, particularly at night. This helps ensure that the patient can rest, which is crucial for recovery. During daytime, however, it is often better to allow coughing to continue its role in clearing the bronchial passages.

Other management techniques mentioned alongside the question of cough suppressants include: - **Telling the patient to avoid antihistamines**: This is considered a good management technique because antihistamines can dry up secretions, making it harder to clear mucus, potentially worsening the patient's condition. - **Telling the patient to stop smoking**: Smoking cessation is crucial in managing bronchitis as smoking can exacerbate symptoms and slow down the healing process by further irritating the bronchial tubes. - **Antibiotic treatment is not recommended in uncomplicated acute bronchitis**: This is appropriate because most cases of acute bronchitis are viral in origin, and antibiotics are ineffective against viruses. Unnecessary antibiotic use can lead to antibiotic resistance and other side effects.

In conclusion, while cough suppressants can be useful in specific situations, particularly for aiding sleep by controlling nighttime coughing, they are not encouraged universally in all cases of bronchitis. Their use should be judicious, balancing the need for comfort and sleep against the natural and beneficial action of coughing in clearing the bronchial passages.

NEW QUESTION # 67

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