

# 100% Pass Quiz Nursing - PMHN-BC - ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC)–Valid Exam Blueprint

## ANCC Psychiatric Nursing Certification 2024 Exam Review Questions and Answers 100% pass

Inhalants: Intoxication affects - [Answer>>](#) Withdrawal effects  
Euphoria Dizziness Blurred vision loss of inhibition muscle  
weakness depressed reflexes slurred speech loss of coordination

Assess motivation and stage of/readiness for change  
Prochaska DiClemente and Norcross - [Answer>>](#) Stages  
1 Precontemplation personal realization and decreased  
defensiveness and rationalization through social pressure  
dramatic experience media consequences and social norms  
2 Contemplation  
Shifting decisional balance making a commitment to a change  
attempt and resolving ambivalence  
3 Preparation  
commitment plan and concrete strategies  
4 Action  
daily implementation of plan coping with withdrawal and desire to  
use behavioral coping activities  
5 Maintenance  
lifestyle changes shifts in social network behavioral coping  
activities

GGT - [Answer>>](#) gammaglutamyltransferase

deontology - [Answer>>](#) The right act

4 ethical principles of deontology - [Answer>>](#) justice  
beneficence autonomy nonmalificence

beneficence - [Answer>>](#) Promoting the good of others and  
preventing them from harm

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## Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q19-Q24):

### NEW QUESTION # 19

What is the fourth step to be completed after an incident occurs?

- A. The incident report is given to the department head.
- B. The nurse documents facts about the incident in the patient's medical record.
- C. The nurse completes an incident report.
- **D. The incident report is sent to and reviewed by the appropriate administrator.**

**Answer: D**

Explanation:

An incident, in this context, typically refers to an unexpected event that did not go as planned in a healthcare setting. This could range from a patient fall, medication error, to a near miss. When an incident occurs, it is important for healthcare organizations to have a process in place to handle these situations in a systematic and structured way. This process is generally referred to as the "incident reporting process" or "incident management process".

The first step after an incident occurs is to ensure the immediate safety and well-being of the patient involved. Once this is taken care of, the nurse documents facts about the incident in the patient's medical record. This documentation should be factual, accurate, and complete. It should describe exactly what happened, the actions taken, and the patient's response, without any personal opinion or bias. This documentation not only provides a legal record of the event but also helps in identifying patterns and trends in the incident occurrence.

The second step involves the nurse completing an incident report. A well-written incident report provides a detailed, factual, and concise account of the circumstances leading to the incident. It should also include any interventions taken after the incident, along with the result of those interventions. The incident report is not a part of the patient's hospital or medical record. It is a confidential document that is used for internal review and quality improvement purposes.

In the third step, the incident report is given to the department head. The department head reviews the incident report to gain an understanding of what happened, to assess the situation, and to determine if further action or investigation is needed. They may also discuss the incident with the staff involved to gather more information or to clarify any information in the report.

The fourth step is where the incident report is sent to and reviewed by the appropriate administrator. This could be a nurse manager, director of nursing, risk management officer, or any other relevant authority. The administrator reviews the incident report to evaluate the incident, to determine the cause, to identify any system failures, and to develop strategies to prevent such incidents from happening in the future. They may also use the information from the incident report to improve patient safety and quality of care.

In the fifth and subsequent steps, actions are taken based on the findings from the review of the incident report. This could range from making changes in the process, providing additional training to the staff, implementing new safety measures, etc. This process of learning from incidents and making improvements is a key aspect of quality improvement and patient safety in healthcare organizations.

In conclusion, the fourth step after an incident occurs is the review of the incident report by the appropriate administrator. This step is crucial in understanding the incident, identifying the underlying causes, and making necessary improvements to prevent such incidents in the future.

### NEW QUESTION # 20

Involving family members in teaching clients is essential for which of the following reasons?

- A. They may feel isolated if not included.
- B. The family may have cultural needs to be met.
- **C. The chances that instruction for the patient will be utilized increases.**
- D. The family can let you know how the patient is complying with instructions.

**Answer: C**

Explanation:

Involving family members in teaching clients is essential for several reasons. First, including family members can prevent them from feeling isolated from the care process. When family members are not involved, they may feel disconnected and unsure about how to support the patient effectively. Including them in educational sessions ensures they understand the patient's condition, the required

care, and the reasons behind specific treatments or procedures. This inclusion can help build a supportive environment around the patient.

Secondly, involving family members significantly increases the likelihood that the instructions given to the patient will be utilized effectively. Family often plays a crucial role in the patient's day-to-day care, especially in cases where patients are dealing with long-term illnesses or disabilities. By educating the family, healthcare providers can ensure that there is a consistent and informed approach to the patient's care regimen, which can improve health outcomes. Family members who understand the care plan are better equipped to assist and encourage the patient, reinforcing the instructions given by healthcare professionals.

Additionally, involving family members in patient education addresses cultural needs. Families may have specific cultural practices or beliefs that influence how they perceive illness and medical care. Acknowledging and incorporating these cultural needs into the care plan can make the medical advice more acceptable and easier to integrate into their daily lives. This cultural competence by healthcare providers can enhance the effectiveness of the treatment and increase patient and family satisfaction with the care received.

Lastly, family involvement is crucial for monitoring patient compliance with medical instructions. Family members who understand the care instructions are more likely to notice if the patient is not following the treatment plan correctly and can notify healthcare providers about non-compliance. They can also provide valuable feedback to healthcare providers about what parts of the care plan are working or not, which can be essential for adjusting the treatment to better suit the patient's needs.

In conclusion, involving family members in teaching clients is fundamental not only for ensuring that they do not feel isolated but also for increasing the likelihood that the patient will follow through with treatments. It helps meet cultural needs and provides a system of monitoring and feedback that is crucial for the patient's health management. These factors collectively contribute to more effective healthcare delivery and better patient outcomes.

### NEW QUESTION # 21

Avoidant personality disorder exhibits the characteristic of:

- A. unwillingness to be involved with people unless sure of being liked
- B. difficulty making everyday decisions
- C. reluctance to delegate tasks or work with others
- D. all of the above

### Answer: D

Explanation:

Avoidant personality disorder (APD) is a mental health condition characterized by a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation. Individuals with this disorder exhibit several distinct features which reflect their intense fear of rejection and criticism. Below, each characteristic is expanded upon in detail.

**\*\*Difficulty making everyday decisions\*\*** - People with avoidant personality disorder often struggle with making everyday decisions without an excessive amount of advice and reassurance from others. This stems from a fear of making mistakes or being criticized for their choices. The anxiety around potential disapproval can be debilitating, leading to significant delays or avoidance in decision-making. This characteristic highlights the pervasive doubt and insecurity felt by individuals with APD, even in minor issues that typically would not warrant such worry.

**\*\*Unwillingness to be involved with people unless sure of being liked\*\*** - One of the most prominent characteristics of avoidant personality disorder is the individual's reluctance to engage in social interactions unless they are certain they will be liked and accepted. This is not simply shyness; rather, it is a deep-rooted fear of rejection and ridicule. Individuals with APD often perceive themselves as socially inept or personally unappealing, which exacerbates their reluctance to form new relationships unless they perceive unequivocal acceptance from others.

**\*\*Reluctance to delegate tasks or work with others\*\*** - People with APD may also hesitate to delegate tasks or collaborate closely with colleagues due to their fear of disapproval or criticism. They often worry that their inadequacies will be exposed or that they will be blamed for any errors, leading to avoidance of teamwork or leadership roles where closer scrutiny and interpersonal interactions are inevitable. This can limit their professional growth and contribute to underachievement.

In summary, avoidant personality disorder is marked by intense anxiety surrounding social acceptance, fear of criticism, and a deep-seated feeling of inadequacy. These characteristics manifest in various aspects of personal and professional life, severely impacting the individual's ability to function and form healthy relationships. Understanding and addressing these traits through professional mental health support is crucial for managing APD.

### NEW QUESTION # 22

The key symptoms of depression would be which of the following?

- A. Both B and C

- B. Happiness
- C. Depressed mood
- D. Anhedonia

**Answer: A**

Explanation:

The question asks to identify the key symptoms of depression among the provided options. The correct answer is "Both B and C," which stands for Anhedonia and Depressed mood, respectively. Let's break down why each of these is considered a key symptom and why "Happiness" is not.

Firstly, Anhedonia is a significant symptom of depression. It refers to the inability or reduced ability to experience pleasure in activities that typically bring joy. This could include hobbies, social interactions, and even basic things like eating favorite foods or listening to music that one usually enjoys. In the context of depression, anhedonia is not just a temporary disinterest but a persistent state that affects the overall quality of life and daily functioning.

Secondly, a Depressed mood is another primary symptom of depression. This is characterized by feelings of sadness, emptiness, or hopelessness that are persistent and interfere significantly with the individual's ability to function. This mood state goes beyond just feeling blue temporarily; it is a pervasive and ongoing emotional state that impacts all aspects of an individual's life, including work, relationships, and self-esteem.

On the other hand, Happiness is not a symptom of depression. While individuals with depression may experience moments of happiness or relief, these moments do not negate the presence of the depressive disorder. Depression is marked by a generally low mood and the inability to feel sustained pleasure, which contradicts the essence of happiness as a persistent state.

Given the above explanations, the option "Both B and C" is correct as both Anhedonia and Depressed Mood are key indicators of depression. They are critical in diagnosing and understanding the severity and impact of the disorder on an individual's life.

Understanding these symptoms is essential for effective treatment and management of depression.

### NEW QUESTION # 23

Which of the following medications would decrease seizure activity in ECT?

- A. fluoxetine
- **B. propofol anesthetic**
- C. bupropion
- D. lithium

**Answer: B**

Explanation:

Electroconvulsive therapy (ECT) is a medical treatment most commonly used for patients with severe major depression or bipolar disorder that has not responded to other treatments. ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. Importantly, the therapeutic efficacy of ECT depends partly on inducing controlled seizures. However, certain medications can affect the seizure threshold, thereby impacting the effectiveness of ECT.

Among the options provided, propofol anesthetic is the medication that would decrease seizure activity during ECT. Propofol is a short-acting anesthetic used to induce and maintain anesthesia or sedation. It works by enhancing the activity of the neurotransmitter GABA (gamma-aminobutyric acid) in the brain, which has an inhibitory effect on neuronal firing. This increase in GABAergic activity helps in suppressing the central nervous system, including the propagation of seizure activity. Therefore, when used during ECT, propofol can make it more challenging to elicit a seizure, which may necessitate adjustments in the electrical dose to achieve the desired therapeutic outcome.

Other medications that similarly decrease seizure activity during ECT include benzodiazepines and barbiturates, which also enhance GABAergic activity, and various anticonvulsants, which can stabilize neuronal membranes and prevent the spread of electrical activity that leads to seizures. It is important for clinicians to be aware of these effects because the presence of such medications in a patient's regimen might require modifications to the ECT protocol to ensure that the treatment remains effective.

The other options listed in the question—fluoxetine, lithium, and bupropion—generally have different effects on seizure threshold. For example, bupropion is well-known for lowering the seizure threshold, especially at higher doses, which can potentially increase seizure risk rather than reduce it. Fluoxetine, a selective serotonin reuptake inhibitor (SSRI), and lithium, used primarily in the treatment of bipolar disorder, do not typically reduce seizure activity and, under certain conditions, might even elevate seizure risk or interfere with the seizure activity required for effective ECT.

In conclusion, when preparing a patient for ECT, careful consideration must be given to the patient's medication regimen. Propofol anesthetic, by decreasing seizure activity, can influence the effectiveness of ECT and requires appropriate adjustments.

Understanding the interactions between ECT and medications such as propofol is crucial for optimizing treatment outcomes for patients undergoing this therapy.

## NEW QUESTION # 24

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