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## Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q102-Q107):

### NEW QUESTION # 102

The number of a patient's platelets has decreased. What is this known as?

- A. leukopenia
- B. anemia
- **C. thrombocytopenia**
- D. coagulopathy

**Answer: C**

**Explanation:**

Thrombocytopenia is a medical condition characterized by an abnormally low number of platelets in the blood. Platelets, also known as thrombocytes, are small blood cells that play a crucial role in blood clotting. When the body suffers an injury and a blood vessel is damaged, platelets gather at the site of the injury, stick together, and form a clot to stop bleeding. Therefore, a decreased platelet count can lead to problems with normal blood clotting, resulting in easy or excessive bruising and bleeding.

Various factors can lead to thrombocytopenia. These include bone marrow disorders, where platelets are produced; excessive consumption of platelets in the body; increased breakdown of platelets due to autoimmune diseases; or side effects of certain medications. It can also result from conditions like leukemia or after chemotherapy treatment. Diagnosing thrombocytopenia typically involves a complete blood count (CBC) test, which assesses the levels of red cells, white cells, and platelets in the blood.

In contrast to thrombocytopenia, anemia is a condition characterized by a decrease in the number of red blood cells or the hemoglobin concentration within them. Hemoglobin is a protein that carries oxygen throughout the body. Symptoms of anemia include fatigue, paleness, and shortness of breath. Leukopenia, another related term, refers to a reduction in the number of white blood cells, which affects the body's ability to fight off infections. Lastly, coagulopathy encompasses various conditions where the blood's ability to coagulate (form clots) is impaired, which can lead to excessive bleeding even from minor injuries. Understanding these different conditions is important for diagnosing and treating various blood disorders effectively. Each condition affects a different component of the blood and has distinct implications for patient health, requiring specific management strategies to address the underlying causes and symptoms exhibited by the patient.

#### NEW QUESTION # 103

You are assessing a 52-year old woman with chronic obstructive pulmonary disease (COPD). When discussing immunizations, what should you advise this client?

- A. She would benefit from the live attenuated influenza virus vaccine.
- B. Nothing is needed for her disease and age group.
- C. She must take an antiviral during the influenza season due to her age and diagnosis.
- **D. She needs an inactivated influenza virus vaccine.**

**Answer: D**

Explanation:

The correct answer is that the 52-year-old woman with chronic obstructive pulmonary disease (COPD) should receive an inactivated influenza virus vaccine. This recommendation is based on the increased risk that patients with COPD face with regard to contracting respiratory infections like influenza. Influenza can exacerbate the symptoms of COPD, leading to more severe health complications, including respiratory failure, the need for hospitalization, and even death.

Influenza is a highly contagious viral infection that affects the respiratory system and can be particularly severe in individuals with pre-existing health conditions such as COPD. The inactivated influenza vaccine, which does not contain live virus, is given to provide protection against the strains of flu virus that research indicates will be most common during the upcoming flu season. The vaccine works by stimulating the body's immune system to produce antibodies against the influenza virus, thereby offering protection against the disease.

It is important to note that patients with COPD should specifically receive the inactivated influenza vaccine, rather than the live attenuated influenza vaccine (LAIV). The LAIV is generally given as a nasal spray and contains a weakened but still live version of the virus, which could potentially cause complications in individuals with compromised respiratory systems.

Annual vaccination is recommended because the influenza virus rapidly changes and different strains circulate each year. The composition of the influenza vaccine is reviewed annually and updated to match the circulating viruses. Ensuring that the vaccine administration occurs every year before the onset of the influenza season maximizes the patient's protection during the peak viral periods.

In addition to the annual influenza vaccine, it is also advisable for individuals with COPD to stay updated with other vaccinations, such as the pneumococcal vaccine, as recommended by healthcare providers. These vaccines provide protection against other respiratory pathogens that can cause serious complications in patients with COPD.

In summary, advising a patient with COPD to receive an annual inactivated influenza vaccine is crucial for preventing serious complications associated with influenza infections. This preventive measure is part of comprehensive care for individuals with chronic respiratory conditions and is supported by various health guidelines and studies.

#### NEW QUESTION # 104

The CNS is treating a patient who has been prescribed allopurinol for gout. He has facial swelling, and blisters on his mouth nose and eyes. He tells her that he has had a sore throat and fever for a few days. Which of the following conditions would you suspect?

- A. shingles
- B. rocky mountain spotted fever
- C. meningococcemia
- **D. Stevens-Johnson syndrome**

**Answer: D**

Explanation:

Stevens-Johnson syndrome (SJS) is a rare, serious disorder of the skin and mucous membranes. It's usually a reaction to a medication or an infection. Often, SJS begins with flu-like symptoms, such as a sore throat, fever, and fatigue, which are followed by painful red or purplish rashes that spread and blister, eventually causing the top layer of the skin to die and shed.

The patient described in the question is exhibiting symptoms like facial swelling and blisters on the mouth, nose, and eyes coupled with a history of a sore throat and fever. These clinical manifestations are characteristic of Stevens-Johnson syndrome. The fact that the patient has been prescribed allopurinol is particularly notable, as allopurinol is one of the drugs commonly associated with the induction of SJS. This medication is typically used to treat gout and certain types of kidney stones but can trigger severe hypersensitivity reactions in some individuals.

The diagnosis of Stevens-Johnson syndrome is primarily clinical, based on the specific signs and symptoms exhibited by the patient. It is imperative that this condition be recognized and treated as early as possible due to its high mortality rate, which can be between 25-35%. Treatment typically involves hospitalization, discontinuation of the offending drug, and supportive care which may include pain management, wound care, and fluid replacement. Severe cases might require treatment in a burn unit or intensive care unit. In conclusion, given the patient's symptoms and recent medication history, Stevens-Johnson syndrome is a likely diagnosis. This is a medical emergency requiring immediate intervention to minimize complications and improve the patient's prognosis. The CNS should promptly refer the patient for emergency medical treatment and ensure that allopurinol and any other potential offending agents are discontinued.

#### NEW QUESTION # 105

You are caring for an elderly patient who has had a cerebrovascular accident (CVA) and is incontinent of urine. The family should be taught to:

- A. establish a scheduled voiding pattern
- B. insert a Foley catheter
- C. reposition the patient often to reduce the discomfort of urgency
- D. restrict fluid intake

**Answer: A**

Explanation:

In the context of caring for an elderly patient who has experienced a cerebrovascular accident (CVA) and is facing challenges with incontinence, the most appropriate intervention is to establish a scheduled voiding pattern. This approach involves setting specific times for the patient to attempt urination throughout the day, which can help in regaining a sense of control over bladder function. This method is particularly beneficial as it encourages the patient to maintain an active role in their care and promotes the natural function of the bladder.

The option of inserting a Foley catheter, while seemingly convenient, is generally not advisable in this scenario unless absolutely medically necessary. Long-term use of catheters can significantly increase the risk of urinary tract infections and other complications. Catheters can be uncomfortable and may diminish the patient's independence and dignity.

Restricting fluid intake is another option that might seem beneficial but is typically counterproductive. Adequate hydration is crucial, especially in elderly patients, to prevent urinary tract infections and to ensure overall kidney health. Restricting fluids can lead to dehydration and further complicate health issues.

Repositioning the patient often is generally a good practice to prevent pressure sores and improve comfort but does not directly address the issue of bladder control. While it might provide temporary relief from the discomfort associated with the urge to urinate, it does not help in managing incontinence effectively.

Therefore, establishing a scheduled voiding pattern is the most appropriate and effective approach. This method not only aids in managing incontinence by training the bladder but also aligns with the goals of enhancing patient autonomy and minimizing the risk of infections. Regular toileting can help the patient regain confidence and reduce the incidence of incontinence, thereby improving their overall quality of life following a stroke.

#### NEW QUESTION # 106

Of the following which is a promotility agent you'd prescribe for your patient's gastrointestinal disorder?

- A. Tegaserod.
- B. Alosetron.
- C. Metoclopramide.
- D. Senna.

**Answer: C**

Explanation:

To answer the question about which drug is a promotility agent that could be prescribed for a patient's gastrointestinal disorder, it is essential to understand what each listed medication is typically used for and how they function.

**\*\*Metoclopramide:\*\*** This is the correct answer to the question. Metoclopramide is a well-known promotility agent used primarily

to treat nausea, vomiting, and gastroparesis (delayed gastric emptying). It works by enhancing the motility of the stomach and intestines, which helps speed the movement of food through the gastrointestinal tract. It acts by blocking dopamine receptors and increasing the release of acetylcholine in the gut, which stimulates gastric motility and accelerates gastric emptying. It's often prescribed under the brand name Reglan.

**\*\*Senna:\*\*** This is not a promotility agent but rather a stimulant laxative. Senna works by irritating the lining of the bowel, which causes a laxative effect. It is primarily used to treat constipation and to clear the bowel before diagnostic tests such as colonoscopy. Senna does not enhance the motility of the upper gastrointestinal tract and thus is not useful as a promotility agent.

**\*\*Tegaserod:\*\*** This medication is a selective 5-HT<sub>4</sub> receptor agonist that was used to treat irritable bowel syndrome (IBS) with constipation and chronic idiopathic constipation. It works by mimicking the action of serotonin at the 5-HT<sub>4</sub> receptor, enhancing peristaltic reflex and intestinal secretion, which helps increase gastrointestinal motility. However, it is not typically classified as a promotility agent like Metoclopramide, and its use has been limited due to concerns over cardiovascular side effects.

**\*\*Alosetron:\*\*** This drug is a selective 5-HT<sub>3</sub> receptor antagonist used primarily for the management of severe diarrhea-predominant irritable bowel syndrome (IBS) in women. Alosetron works by blocking serotonin receptors in the gastrointestinal tract, reducing bowel motility, and enhancing absorption. It effectively manages symptoms of IBS but does not promote motility; rather, it slows it down in cases of diarrhea-predominant IBS.

In conclusion, among the options provided, Metoclopramide is the only appropriate promotility agent for treating gastrointestinal disorders that involve delayed gastric emptying or reduced motility. The other listed drugs serve different purposes and act through mechanisms that do not enhance gastrointestinal motility in the way promotility agents like Metoclopramide do.

## NEW QUESTION # 107

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