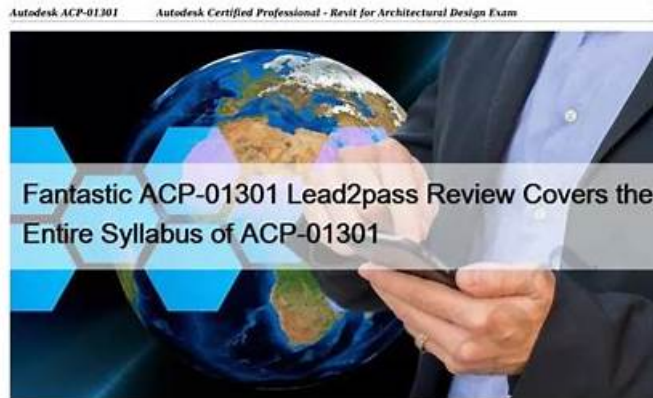


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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q131-Q136):

NEW QUESTION # 131

What position should a patient be in before extubation?

- A. Lying flat.
- B. Sitting at 45 degrees.
- C. Sitting at 55 degrees.
- D. Elevated at 30 degree.

Answer: B

Explanation:

The recommended position for a patient before extubation is sitting at a 45-degree angle. This semi-upright position helps in several ways. First, it optimizes respiratory mechanics by allowing the diaphragm to move more freely, which can be particularly beneficial in improving the patient's ability to breathe independently once the tube is removed. This position also aids in the reduction of aspiration risks, as it prevents secretions from accumulating at the back of the throat, which could enter the lungs and cause an infection. Before the process of extubation begins, it's crucial to ensure that the patient fully understands what the procedure will entail. Explaining the steps can help alleviate any anxiety or fear, ensuring cooperation, which is vital for a smooth extubation process. Clear communication about what to expect can also psychologically prepare the patient to retake control of their breathing, which is essential for a successful outcome.

Suctioning must be performed prior to extubation to clear any secretions from the airway. This step is critical because it minimizes the risk of blockage in the airway once the tube is removed, which can lead to breathing difficulties and potentially necessitate re-intubation. Ensuring the airway is clear also reduces the risk of pulmonary complications, such as pneumonia, which could arise from the aspiration of secretions.

Thus, positioning the patient at a 45-degree angle, along with proper explanation and suctioning before extubation, are key components in ensuring the safety and success of the procedure. These steps, combined with careful monitoring post-extubation, contribute to better recovery outcomes and comfort for the patient.

NEW QUESTION # 132

After an 1 mg overnight dexamethasone suppression test, when should cortisol be tested?

- A. Midnight.
- B. Noon.
- C. 8:00 AM
- D. 3:00 PM

Answer: C

Explanation:

The optimal timing for testing cortisol after an overnight 1 mg dexamethasone suppression test is at 8:00 AM. This timing is chosen because cortisol levels exhibit a diurnal rhythm, with their peak naturally occurring in the early morning hours, typically around 8:00 AM. The purpose of testing at this time is to assess how effectively dexamethasone has suppressed the cortisol production, which is especially relevant in the diagnosis and assessment of conditions like Cushing's syndrome.

In the context of the dexamethasone suppression test, a patient is given a dose of dexamethasone, which is a potent synthetic glucocorticoid, at night. Dexamethasone acts similarly to cortisol but has a much stronger effect. It is expected to suppress the secretion of cortisol by acting on the hypothalamus and pituitary gland, which in turn should reduce the production of adrenocorticotropic hormone (ACTH) and subsequently cortisol by the adrenal glands.

Testing cortisol levels at 8:00 AM after the administration of dexamethasone provides critical information. If the cortisol levels are not adequately suppressed (typically less than 1.8 µg/dL or 50 nmol/L), this suggests that the negative feedback mechanism controlling cortisol release is not functioning properly, which is a hallmark of Cushing's syndrome. In cases where the cortisol level is higher than 5 µg/dL, it strongly points towards a diagnosis of Cushing's syndrome, requiring further investigation and confirmation through additional tests.

Therefore, testing at 8:00 AM maximizes the diagnostic accuracy of the test under the influence of the physiological peak of cortisol. Testing at any other time could yield misleading results as the natural fluctuation in cortisol levels throughout the day might interfere with the interpretation of the suppression test outcomes. Thus, adherence to the 8:00 AM testing time is crucial for correct diagnosis and management of diseases related to cortisol dysfunction.

NEW QUESTION # 133

You are conducting an assessment with a patient and notice several flat, colored areas on the skin. These are not large, nor are they raised or textured. These should be charted as which of the following?

- A. Papules.
- **B. Macules.**
- C. Pustules.
- D. Plaques.

Answer: B

Explanation:

When observing skin conditions, it is essential to correctly identify and chart the types of lesions present. In the scenario described, the skin features observed are flat, colored areas that are not raised or textured. These characteristics fit the description of macules. Macules are defined as flat spots on the skin that are distinctly different in color from the surrounding skin. They are usually less than 1 centimeter in diameter and can be of any color. Macules are a common type of skin lesion and can be a result of various factors, including genetic conditions, pigmentary disorders, infections, or inflammatory processes.

It is crucial to differentiate macules from other types of skin lesions such as papules, plaques, and pustules. Papules are small, raised lesions that are usually less than 1 centimeter in diameter. Unlike macules, papules are palpable above the surface of the skin. Plaques are larger than 1 centimeter and are also raised, often forming from a confluence of papules. Pustules are similar to papules but contain pus.

Given these descriptions, the correct way to chart the observed skin features in the question is as macules. This is because they match the definition of being small, flat, and colored without any elevation or textural change. Accurate documentation of such findings is crucial in the medical field for proper diagnosis, treatment, and monitoring of skin conditions.

NEW QUESTION # 134

Which of the following is most consistent with the diagnosis of anxiety?

- A. nausea
- **B. difficulty initiating sleep**
- C. consistent early morning wakening
- D. diminished cognitive ability

Answer: B

Explanation:

To understand why "difficulty initiating sleep" is most consistent with the diagnosis of anxiety, it's important to delve into the relationship between anxiety and sleep disturbances. Anxiety disorders involve excessive and persistent worry, fear, or nervousness. These intense feelings of anxiety can activate the body's stress response, often termed as the 'fight or flight' response, which prepares the body to either confront or flee from perceived threats. This response is associated with a variety of physiological changes including increased heart rate, heightened senses, and a surge in adrenaline.

These physiological changes can significantly impact an individual's ability to initiate sleep. When the brain is in a heightened state of alertness due to anxiety, it becomes difficult for it to transition into the calm and relaxed state necessary for sleep onset. This is why difficulty initiating sleep is commonly reported among individuals with anxiety disorders. The mind continues to race with thoughts, often worrying or ruminating about past events or anticipating future problems, which can prevent the relaxation needed for sleep. While other symptoms such as nausea or consistent early morning awakening may also occur in individuals with anxiety, they are not as directly linked to the disorder as difficulty initiating sleep. Nausea can be a symptom of many conditions including anxiety, but it is also commonly associated with gastrointestinal disorders, medications, or other illnesses. Consistent early morning awakening could suggest other sleep-related disorders like insomnia or could be influenced by depression, another condition often comorbid with anxiety but distinct in its sleep disturbance patterns.

In summary, while anxiety can manifest in various physical and psychological symptoms, difficulty initiating sleep is particularly illustrative of the disorder due to the direct interference of anxiety's physiological and cognitive effects with the mechanisms of sleep initiation. This makes it a key symptom for clinicians to consider when diagnosing anxiety. The heightened state of alertness and the inability to relax, both characteristic of anxiety, are what primarily contribute to this sleep initiation difficulty.

NEW QUESTION # 135

Which of the following is accurate of the acid-base balance of a patient who is in the progressive stage of shock?

- A. Profound acidosis.

- B. Metabolic acidosis.
- C. None of these.
- D. Respiratory alkalosis.

Answer: B

Explanation:

In the progressive stage of shock, a patient typically exhibits significant physiological changes due to inadequate tissue perfusion and oxygenation. Among these changes is an alteration in the body's acid-base balance, leading to metabolic acidosis. Let's explore why metabolic acidosis is the correct answer and what it implies for the patient's condition.

Metabolic acidosis occurs when there is an accumulation of acid in the body due to an underlying illness, or when bicarbonate (a base) is lost from the body. In the context of shock, especially in its progressive stage, the primary mechanism leading to metabolic acidosis is the generation of excessive lactic acid. This happens because cells, deprived of adequate oxygen, switch to anaerobic metabolism which produces lactic acid as a byproduct. Normally, cells produce energy using oxygen in a process known as aerobic metabolism, which does not generate significant amounts of lactic acid.

As shock progresses, the heart's ability to pump blood effectively is compromised, and blood pressure falls. This leads to reduced blood flow to organs and tissues, further limiting oxygen supply (hypoxia) and exacerbating anaerobic metabolism. The resulting overproduction of lactic acid lowers the pH of the blood, leading to acidosis. Additionally, the kidneys, which normally help regulate acid-base balance by excreting acid and reabsorbing bicarbonate, may function poorly due to reduced blood flow, contributing further to acidosis.

Other clinical signs that accompany metabolic acidosis in the progressive stage of shock include rapid and shallow respirations. This is the body's compensatory mechanism to try to expel excess CO₂ (a component of the acid produced) and increase the blood pH towards normal. Other symptoms such as a drop in blood pressure, increased heart rate, reduced urine output, and changes in mental state and skin appearance are indicative of the severity of the shock and the body's worsening inability to cope with its demands.

It is important to note that while respiratory alkalosis might initially occur in the early stages of shock due to hyperventilation (rapid breathing), as the shock progresses and worsens, metabolic acidosis becomes more pronounced due to the reasons described above. Therefore, in a patient who is in the progressive stage of shock, metabolic acidosis is the accurate descriptor of their acid-base balance status. This understanding is crucial for managing shock, as it guides the therapeutic interventions aimed at restoring adequate tissue perfusion and oxygenation, and correcting the acid-base imbalance.

NEW QUESTION # 136

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