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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q156-Q161):

NEW QUESTION # 156

When treating a patient with a history of resolved hepatitis A infection, you also note that her laboratory results show hepatitis B surface antigen (HBsAg) positive. This is most consistent with which of the following?

- A. no evidence of hepatitis B infection
- **B. chronic hepatitis B infection**
- C. evidence of effective hepatitis B immunization
- D. a resolved hepatitis B infection

Answer: B

Explanation:

*P When evaluating a patient who shows a positive hepatitis B surface antigen (HBsAg), it is important to understand what this indicates in the context of hepatitis B infection. The presence of HBsAg is a key marker used to identify current hepatitis B virus

(HBV) infection. HBsAg is the first serological marker to appear in the blood following infection with HBV and can be detected as early as 1 to 10 weeks before clinical symptoms become apparent, and it often persists for several months or longer. *P The presence of HBsAg suggests a few possible scenarios: 1. ****Acute Hepatitis B Infection:**** If the HBsAg is positive and the patient shows symptoms of hepatitis (like jaundice, fatigue, abdominal pain), it might indicate an acute infection. However, this is typically accompanied by the presence of hepatitis B core antigen (HBcAg) and IgM antibodies to HBcAg. 2. ****Chronic Hepatitis B Infection:**** If the HBsAg remains positive for more than 6 months, this indicates a chronic hepatitis B infection. Chronic HBV infection is characterized by the persistence of HBsAg and can lead to more serious health issues like cirrhosis or liver cancer if not managed properly. *P The other serological markers associated with hepatitis B include: - ****Hepatitis B surface antibody (HBsAb):**** This antibody indicates recovery and immunity from HBV infection. It is also present after successful vaccination against hepatitis B. - ****Hepatitis B core antibody (HBcAb):**** Appears at the onset of symptoms in acute HBV infection and persists for life. The presence of IgM antibody to HBcAb indicates recent infection (acute), while IgG antibody indicates past or chronic infection. *P Given that the patient has a positive HBsAg, the most consistent interpretation is chronic hepatitis B infection. This is because: - There is no current evidence of hepatitis B resolution, as HBsAg would not be present in resolved infections. - There is no evidence to suggest effective immunization, as a positive HBsAb (not HBsAg) would be the marker indicating immunity from vaccination. *P It is crucial to differentiate between these markers to correctly diagnose and manage the patient's condition. Chronic hepatitis B infection requires monitoring and potentially antiviral therapy to prevent progression to more severe liver disease. In conclusion, the positive HBsAg in this patient most consistently points to an ongoing chronic hepatitis B infection.

NEW QUESTION # 157

How many daily servings of fruit should a patient on the 2,000 calorie ADA diet consume?

- A. 2 servings.
- B. 6 servings.
- **C. 3 servings.**
- D. 5 servings.

Answer: C

Explanation:

The correct answer for the number of daily servings of fruit that a patient on a 2,000 calorie American Diabetes Association (ADA) diet should consume is 3 servings.

This recommendation is primarily based on the carbohydrate content of fruits. In managing diabetes, controlling carbohydrate intake is crucial because carbohydrates directly influence blood sugar levels. Fruits, while nutritious and rich in vitamins, minerals, and fiber, also contain sugars that contribute to their total carbohydrate content.

A standard serving size is defined as either one small whole fruit, such as an apple or an orange, or ½ cup of canned or chopped fruit. However, it is important to note that the carbohydrate content can vary between different types of fruits. For example, berries typically have less sugar compared to fruits like bananas or mangoes.

To aid patients in adhering to their dietary restrictions without compromising nutrition, healthcare providers often recommend the use of an exchange list. This list categorizes foods with similar carbohydrate, protein, fat, and calorie contents, making it easier for patients to make substitutions in their diet while maintaining the appropriate intake of carbohydrates.

It is also beneficial for patients to spread their fruit servings throughout the day rather than consuming them all at once, to avoid spikes in blood sugar levels. Incorporating fruits into meals or having them as part of snacks is a good strategy to manage blood sugar levels effectively.

Ultimately, while the 3 servings recommendation serves as a guideline, individual needs might vary. Patients should consult with a healthcare provider or a registered dietitian to tailor their fruit intake according to their specific health requirements, dietary needs, and blood sugar control.

NEW QUESTION # 158

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

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

Answer: C

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 # 159

You are discussing sexual activity with a homosexual male patient. The Adult Clinical Nurse Specialist knows that the greatest risk of transmitting HIV occurs during:

- A. the acute phase
- B. the late infection phase
- C. when a high viral load exists
- D. at the time the antibody is first detectable

Answer: C

Explanation:

When discussing the greatest risk of transmitting HIV, particularly in a clinical setting with a homosexual male patient, it is crucial to understand the implications of viral load. The viral load refers to the quantity of HIV RNA in the blood. A higher viral load indicates that the virus is more plentiful in the bloodstream, thereby increasing the likelihood of transmission during sexual activities.

The risk of HIV transmission is intimately linked to the viral load of the infected individual. The primary reason why a high viral load represents the greatest risk for HIV transmission is that the virus is more present and active, making it easier to be transmitted to a sexual partner. This condition often occurs before significant immune response developments, such as the production of detectable antibodies or during acute HIV infection, which is the initial stage following the entry of the virus into the body.

During the acute phase of HIV infection, typically within a few weeks after the virus has been contracted, the individual might experience flu-like symptoms. This phase is characterized by a sharp increase in viral replication, leading to a very high viral load. Although this phase is transient, the high concentration of the virus in the blood makes it a period of very high risk for transmission. It is a common misconception that once the body starts producing antibodies against HIV (seroconversion), the risk of transmission decreases substantially. While it's true that some level of immune response can help control the virus, the viral load can still be significantly high, particularly if the individual is not undergoing antiretroviral therapy. Thus, even at the time antibodies become detectable, if the viral load remains high, the risk of transmission persists.

In contrast, during the late phase of HIV infection, also known as the AIDS stage, while other health complications become more pronounced, the viral load might not necessarily be as high as during the acute phase or before effective treatment is administered. However, it is essential to note that without treatment, the virus can still maintain a sufficient presence to pose a transmission risk.

In summary, the greatest risk of transmitting HIV is when a high viral load exists in the blood. This is often before diagnosis and effective treatment, and particularly during the acute phase of infection. It underscores the importance of early testing and intervention to manage the viral load, thereby reducing the risk of HIV transmission to others. Awareness and education about these dynamics are crucial in clinical settings to ensure both patient and public health safety.

NEW QUESTION # 160

Of the following nursing models, which one addresses health promotion and suits the practice of the Adult Clinical Nurse Specialist?

- A. King's Interacting Systems Model
- B. Pender' Health Promotion Model
- C. Watson's Human Science and Human Model of Caring
- D. Neuman's Health Care Systems Model

Answer: B

Explanation:

The Pender Health Promotion Model is a theoretical framework designed to guide nurses in the development of strategies aimed at improving patient well-being and health outcomes. Developed by Dr. Nola J. Pender, this model emphasizes the role of individual experiences, behaviors, and interactions in health promotion. This model is particularly relevant to the practice of an Adult Clinical Nurse Specialist (CNS) because it aligns closely with their focus on preventive care and health education.

An Adult Clinical Nurse Specialist is a highly skilled and educated nursing professional who specializes in a specific area of adult health. Their role involves not only managing patient care but also focusing on improving healthcare delivery systems, educating patients and their families, and implementing evidence-based practices. The CNS often takes a holistic approach that incorporates both acute care management and preventive strategies to optimize health outcomes.

Pender's Health Promotion Model is centered around the concept that health is not merely the absence of disease but a dynamic process of achieving higher levels of wellness. The model outlines several factors that influence health behaviors, including individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. This makes it an excellent tool for CNSs, as it provides a structured way to understand and influence the multiple dimensions of patient health.

In comparison, other nursing models like Neuman's Health Care Systems Model, King's Interacting Systems Model, and Watson's Human Science and Human Model of Caring, while valuable, focus more broadly on systemic or relational aspects of care. These models are useful in their own rights but do not specifically target health promotion with the same explicitness as Pender's model. Therefore, for an Adult Clinical Nurse Specialist, whose primary concerns include health promotion and disease prevention, Pender's Health Promotion Model is especially appropriate. It supports the CNS's aims to foster behaviors that improve health and prevent illness through a deeper understanding of what motivates individuals to engage in health-promoting practices. This alignment makes Pender's model not only relevant but also a practical choice in guiding the CNS's interventions and patient interactions toward successful health outcomes.

NEW QUESTION # 161

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