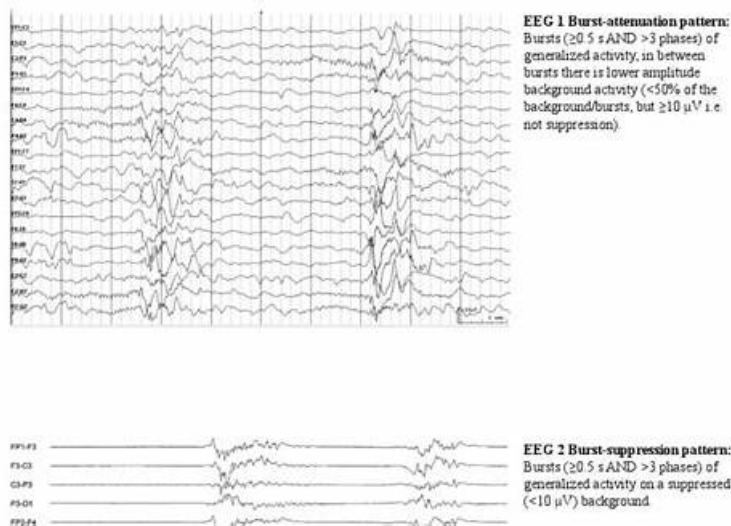


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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS)

Sample Questions (Q130-Q135):

NEW QUESTION # 130

A cardiomyopathy of unknown etiology is classified as what?

- A. Idiopathic.
- B. Restrictive.
- C. Dilated.
- D. Hypertrophic.

Answer: A

Explanation:

Cardiomyopathy refers to diseases of the heart muscle that can lead to heart failure. The classification of cardiomyopathies can be based on the etiology (cause) or the functional impairment. When a cardiomyopathy cannot be attributed to specific causes such as hypertension, heart valve disease, artery diseases, or congenital heart defects, it is often labeled as idiopathic.

Idiopathic cardiomyopathy means that the heart muscle is diseased or weakened without an identifiable cause. This classification is used when the extensive diagnostic testing has failed to reveal a clear etiology for the heart dysfunction. It is distinguished from other types of cardiomyopathies that might have a known cause, such as ischemic (due to heart artery disease), hypertrophic (due to genetic conditions leading to thickened heart muscle), or dilated (where the heart chambers enlarge and weaken).

Most cardiomyopathies are believed to be caused by genetic factors or are secondary to other conditions like coronary artery disease, which can lead to ischemic cardiomyopathy. However, when these typical causes are not present, and the heart muscle is still abnormally functioning, the term idiopathic is used.

In clinical practice, diagnosing idiopathic cardiomyopathy typically involves ruling out other potential causes through a variety of tests including genetic testing, cardiac imaging like echocardiograms or MRIs, and sometimes even cardiac biopsies. Despite these efforts, if no cause is determined, the condition is then managed as idiopathic cardiomyopathy.

The significance of recognizing idiopathic cardiomyopathy lies in its management and prognosis. Since the underlying cause is unknown, treatment primarily focuses on managing the symptoms and preventing the progression of heart failure. This might include medications like ACE inhibitors, beta-blockers, or diuretics, and in severe cases, device implantation or heart transplantation might be considered.

Understanding that a cardiomyopathy is idiopathic is crucial not only for treatment but also for the monitoring of potentially affected family members, as some idiopathic cases might later be found to have a genetic component. This underscores the importance of continuous research and advancements in cardiac health and genetics.

NEW QUESTION # 131

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 stop smoking.
- B. Tell the patient to avoid antihistamines.
- C. Antibiotic treatment is not recommended in uncomplicated acute bronchitis.
- 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 # 132

The Scope of Practice for the CNS is an important concept of the professional role. Which of the following is NOT true regarding it?

- A. General scope of practice is specified in many published professional documents like the Scope and Standards of Advanced Practice Registered Nursing, 1996.
- B. Many organizations have completed role delineation studies which attempt to qualify the core behaviors that all advanced practice nurses must possess.
- C. Broad variation exists from state to state concerning the Scope of CNS Practice.
- **D. The Scope of practice of pediatric nurse practitioners (PCNS) is the same as that for gerontological nurse practitioner (GCNS).**

Answer: D

Explanation:

The Scope of Practice for Clinical Nurse Specialists (CNS) is a critical aspect of their professional role, outlining the parameters within which they are authorized to practice. It defines the duties and responsibilities that a CNS is competent to perform, which are based on their education, training, and certification.

Many organizations have completed role delineation studies, which are designed to identify the core competencies necessary for all advanced practice nurses, including CNSs. These studies help ensure that CNSs across various specialties are equipped with a foundational set of skills and knowledge pertinent to advanced nursing practice. However, while role delineation studies establish core behaviors, they do not homogenize the scope of practice across all specialties.

The statement that the Scope of Practice for pediatric Clinical Nurse Specialists (PCNS) is the same as that for gerontological Clinical Nurse Specialists (GCNS) is incorrect. This highlights a fundamental misunderstanding of how specialty areas within nursing influence the scope of practice. Pediatric and gerontological CNSs, while sharing some core skills and knowledge, have distinct areas of expertise and cater to very different populations with unique health needs. PCNSs focus on child health, development, and diseases specific to children and adolescents, whereas GCNSs specialize in the care of elderly populations, addressing complex chronic conditions, geriatric syndromes, and the nuances of aging.

General scope of practice guidelines are often outlined in professional documents like the Scope and Standards of Advanced Practice Registered Nursing. These documents provide a framework but are adapted to the specific requirements and regulations of each state and specialty. This means that the scope of practice can vary significantly, not just between specialties like pediatric and gerontological nursing but also from state to state based on local laws and regulations.

Therefore, it is imperative to recognize the specialized nature of each nursing practice area. Asserting that the scope of practice for different CNS specialties is the same overlooks the specialized training and tailored approaches necessary to address the distinct health concerns of different patient populations effectively. Each specialty area within CNS practice is detailed with specific competencies that align with the needs of the patient demographics they serve. Understanding and respecting these distinctions is crucial for maintaining the integrity and effectiveness of the nursing profession.

NEW QUESTION # 133

Which of the following is a correctly written three-part diagnosis?

- A. Nutrition imbalance aeb 20 pound increase rt excessive intake.
- B. Increase of 20 pounds rt excessive intake aeb nutrition imbalance.
- C. Excessive intake rt nutrition imbalance aeb increase of 20 pounds.
- **D. Nutrition imbalance rt excessive intake-to-need aeb increase of 20 pounds.**

Answer: D

Explanation:

To answer the question effectively, it's crucial to understand the structure of a properly formulated three-part nursing diagnosis, which includes: 1. ****Problem (Nursing Diagnosis)****: This is a health issue that can be prevented, reduced, or resolved by nursing

measures. It is often a response to a medical condition but is something that nurses can address independently or collaboratively. 2. **Etiology (Related to)**: This part identifies factors contributing to the problem or diagnosis. It provides a basis for selecting nursing interventions to address the problem. The etiology is not a medical diagnosis but rather conditions that are responsive to nursing interventions. 3. **Symptoms (As evidenced by)**: These are observable cues or inferences that support the nursing diagnosis. They include physical, psychological, sociocultural, spiritual responses, or risk behaviors.

Now, let's evaluate each option provided in the question to identify which one correctly follows this structure: 1. **Increase of 20 pounds r excessive intake aeb nutrition imbalance.** - This statement is incorrectly structured. It lists a symptom ("increase of 20 pounds") first, followed by the etiology ("excessive intake"), and incorrectly cites "nutrition imbalance" as evidence, which is actually more of a problem statement itself. 2. **Nutrition imbalance r excessive intake-to-need aeb increase of 20 pounds.** - This option correctly follows the three-part structure: - Problem: Nutrition imbalance - Etiology: Related to excessive intake-to-need - Symptoms: As evidenced by an increase of 20 pounds. - It clearly states that the nutritional imbalance is due to an excessive intake relative to the need, which is evidenced by a weight gain of 20 pounds. 3. **Nutrition imbalance aeb 20 pound increase r excessive intake.** - This statement is almost correctly structured but places the evidence ("20 pound increase") before the etiology ("excessive intake"), thus not adhering correctly to the required format. 4. **Excessive intake r nutrition imbalance aeb increase of 20 pounds.** - This statement incorrectly identifies "excessive intake" as the primary problem and "nutrition imbalance" as the etiology, which is logically inconsistent. The intake is the cause (etiology) of the imbalance, not the other way around. Given the analysis, the correct answer is: - **Nutrition imbalance r excessive intake-to-need aeb increase of 20 pounds.** This diagnosis accurately identifies the problem (nutrition imbalance), links it to a direct cause (excessive intake relative to need), and is supported by observable evidence (weight gain of 20 pounds). This structured approach ensures clear communication and targeted nursing interventions.

NEW QUESTION # 134

What is Not a common change associated with middle adulthood?

- **A. Intellectual capacity.**
- B. Decreased ROM.
- C. Hair changes.
- D. Loss of muscle mass.

Answer: A

Explanation:

The question concerns common changes during middle adulthood, which typically spans the ages of 45 to 65. Among the options provided-Decreased Range of Motion (ROM), hair changes, loss of muscle mass, and intellectual capacity-the one that is not a common change in this age group is intellectual capacity.

Intellectual capacity generally refers to the ability to think, reason, and understand. It is a broad term that encompasses various cognitive functions including memory, concentration, and problem-solving. Research shows that intellectual capacity does not automatically decline as a direct consequence of middle age. Instead, significant decreases in these abilities are usually linked to neurological diseases or cerebral injuries, rather than the aging process itself.

In contrast, the other options listed-Decreased ROM, hair changes, and loss of muscle mass-are indeed typical physical changes associated with middle adulthood. Decreased ROM refers to a reduction in the flexibility and mobility of the joints. This occurs because the tissues surrounding the joints tend to lose their elasticity and lubricating fluids diminish, which is a natural part of the aging process.

Similarly, changes in hair, such as graying and thinning, are common as individuals age. The hair follicles produce less color as people grow older, and the density of the hair follicles may decrease. Loss of muscle mass, or sarcopenia, is another typical age-related change. It results from a combination of factors including hormonal changes, reduced physical activity, and changes in muscle tissue composition.

In summary, while physical changes such as decreased ROM, changes in hair, and muscle mass loss are common in middle adulthood, a decline in intellectual capacity is not typically observed unless influenced by specific pathological conditions. Thus, the correct answer to the question is that intellectual capacity does not commonly change during middle adulthood without external factors like cerebral injury.

NEW QUESTION # 135

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