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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q172-Q177):

NEW QUESTION # 172

A patient has an ADH level of 4.2 pg/mL. What does this indicate?

- A. Myxedema.
- B. DI.
- C. SIADH.
- D. Levels are normal.

Answer: D

Explanation:

The patient's ADH level of 4.2 pg/mL falls within the normal range, as normal ADH (antidiuretic hormone) levels are typically between 0 and 4.7 pg/mL. ADH, also known as vasopressin, is a hormone produced in the hypothalamus and stored in the pituitary gland. It plays a crucial role in regulating the body's retention of water by concentrating the urine and reducing urine volume.

DI. When ADH levels are abnormally high, it could indicate a condition known as Syndrome of Inappropriate Antidiuretic Hormone secretion (SIADH). In SIADH, excessive ADH leads to water retention and hyponatremia, a condition where the sodium levels in the blood become dangerously low. Conversely, low levels of ADH can lead to diabetes insipidus (DI), a disorder characterized by frequent and copious urination with an increased thirst for fluid intake.

DI. Since the patient's ADH level is 4.2 pg/mL, it does not suggest either SIADH or DI, as these conditions are marked by high and low levels of ADH respectively. The patient's ADH level being within the normal range implies that the water balance and related hormonal functions are likely functioning properly, without indications of the aforementioned disorders.

DI. It is important, however, to consider the clinical context, including symptoms and other laboratory findings, to comprehensively assess a patient's health status. If symptoms that could be related to ADH levels are present, further investigation might be warranted despite the normal ADH test result.

NEW QUESTION # 173

Opening the windpipe is performed by what surgery?

- A. Tracheotomy.
- B. Thyroidectomy.
- C. Tonsillectomy.
- D. Septoplasty.

Answer: A

Explanation:

The question asks about a surgical procedure that is performed to open the windpipe. The correct answer is tracheotomy. To further clarify, let's differentiate tracheotomy from other similar-sounding surgeries mentioned in the list: tonsillectomy, thyroidectomy, and septoplasty.

Tracheotomy is a surgical procedure that involves making an incision in the neck over the trachea (windpipe) to create a direct airway. This procedure is typically performed when there is an obstruction in the upper airway, during emergencies when breathing is impeded, or during surgeries when the airway needs to be bypassed. The main purpose of tracheotomy is to provide an open and clear air passage to help a person breathe more effectively when the usual airway route is compromised.

Tonsillectomy, on the other hand, involves the removal of the tonsils, which are two lymphatic tissue masses located at the back of the throat. This surgery is often performed to treat repeated episodes of tonsillitis or to address sleep apnea caused by enlarged tonsils blocking the throat during sleep.

Thyroidectomy involves the removal of all or part of the thyroid gland. The thyroid gland is located at the front of the neck, below the Adam's apple, and plays a crucial role in regulating the body's metabolism through the release of hormones. This surgery is typically performed to address conditions such as thyroid cancer, hyperthyroidism, or large goiters.

Lastly, septoplasty is a corrective surgical procedure aimed at straightening the nasal septum, which is the partition between the two nasal cavities. This operation is usually undertaken to correct a deviated septum, which can cause problems with proper breathing or nasal discharge.

In summary, while all these surgeries relate to regions in or around the neck and throat, tracheotomy specifically targets the opening of the windpipe to facilitate breathing. This direct intervention in the airway distinguishes it from other procedures like tonsillectomy, thyroidectomy, and septoplasty, which focus on other anatomical structures and issues within the head and neck region.

NEW QUESTION # 174

The U.S. Department of Agriculture (USDA) food pyramid and other research suggests all of the following except:

- A. vegetables: 6-8 servings daily
- B. fruits: 2-4 servings daily
- C. diet should have substantial fiber
- D. use sweets, fats, and oils sparingly

Answer: A

Explanation:

The U.S. Department of Agriculture (USDA) has created guidelines to help Americans choose a balanced and healthy diet. One of the tools it has developed for this purpose is the food pyramid, which outlines recommended daily servings of various food groups.

According to the USDA, a balanced diet should include a variety of food types in appropriate quantities to maintain health, provide energy, and support growth and development.

Among the recommendations, the USDA suggests that adults consume a diet rich in fiber. Fiber is essential for proper bowel function and helps reduce the risk of various diseases, such as heart disease and diabetes. High-fiber foods include fruits, vegetables, whole grains, and legumes.

The USDA also advises moderation in the consumption of sweets, fats, and oils. These items contain high amounts of calories and low nutrient density, which can contribute to weight gain, cardiovascular disease, and other health issues if consumed excessively. Therefore, they should be used sparingly within a balanced diet.

For fruits, the USDA recommends a daily intake of 2-4 servings. This recommendation is based on the benefits fruits provide, including essential vitamins, minerals, and antioxidants that support overall health and help prevent various diseases.

However, there seems to be some confusion around the recommended servings for vegetables. While the question suggests a daily intake of 6-8 servings of vegetables, this is incorrect according to current USDA guidelines. The actual recommendation is for adults to consume between 3-5 servings of vegetables each day. Vegetables are crucial for a healthy diet as they supply vitamins, minerals, fiber, and antioxidants, but the suggested amount is lower than the 6-8 servings mentioned in the question.

It is important to adhere to these guidelines for a well-rounded diet that supports health and prevents nutritional deficiencies and chronic diseases. Always consider these recommendations in the context of your overall dietary needs and health goals.

NEW QUESTION # 175

A 50 year old patient with hypertension has taken 25 mg of hydrochlorothiazide daily for the past 4 weeks. His blood pressure has decreased from 155/95 to 145/90. How should the nurse practitioner proceed?

- A. Increase the hydrochlorothiazide to 50 mg daily.
- **B. Add a drug from another class to the daily 25 mg hydrochlorothiazide.**
- C. Continue the hydrochlorothiazide at 25 mg daily.
- D. Stop the hydrochlorothiazide and start a drug from a different class.

Answer: B

Explanation:

A 50-year-old patient with hypertension who has been taking 25 mg of hydrochlorothiazide daily for the past 4 weeks has shown a decrease in blood pressure from 155/95 mm Hg to 145/90 mm Hg. Although there has been a reduction in blood pressure, the current level still exceeds the generally recommended target of below 140/90 mm Hg for adults, particularly for those at increased risk of cardiovascular events due to conditions like hypertension.

Given this situation, the nurse practitioner needs to consider the next steps in management to effectively control the patient's blood pressure. Simply continuing the current regimen of 25 mg of hydrochlorothiazide is not adequate as the patient's blood pressure remains above the target levels. Moreover, doubling the dose of hydrochlorothiazide to 50 mg daily is not advisable either. This is because the incremental benefit in blood pressure reduction may be minimal with an increased dose, and higher doses of hydrochlorothiazide can lead to undesirable effects such as significant potassium loss, which can have serious consequences including cardiac arrhythmias.

An alternative strategy would be to add a medication from a different antihypertensive class to the current regimen. This approach is supported by guidelines that suggest combination therapy can be more effective in achieving blood pressure targets, especially in patients whose blood pressure is not controlled on a single drug. Adding a drug from another class, such as an ACE inhibitor, angiotensin II receptor blocker, calcium channel blocker, or a beta-blocker, can offer synergistic effects. This means that the drugs work together in different ways to lower blood pressure more effectively than either agent alone.

The rationale behind using combination therapy includes various mechanisms of action provided by different drug classes that address different physiological pathways involved in blood pressure regulation. For example, while hydrochlorothiazide reduces blood volume through its diuretic effect, an ACE inhibitor can enhance blood vessel relaxation and reduce blood vessel constriction by inhibiting the production of angiotensin II, a potent vasoconstrictor.

In conclusion, the most suitable course of action for this patient, considering the current blood pressure levels and the initial response to hydrochlorothiazide, would be to maintain the current dose of hydrochlorothiazide and add a second antihypertensive agent from a different class. This approach should be monitored closely to assess effectiveness and tolerance, ensuring that the patient achieves the target blood pressure without significant side effects. Regular follow-up and possibly lifestyle advice regarding diet, exercise, and weight management should also be part of the comprehensive management plan for this patient.

NEW QUESTION # 176

A 55-year-old female has been diagnosed with Barrett's esophagus, a precancerous condition. The ACCRN understands that all of the following are risk factors for this condition except:

- A. African-American race
- B. age
- C. GERD symptoms of over 10 years
- D. male sex

Answer: A

Explanation:

Barrett's esophagus is a condition where the tissue lining the esophagus undergoes changes, becoming similar to the tissue that lines the intestine. This change, known as intestinal metaplasia, is significant because it increases the risk of developing esophageal adenocarcinoma, a type of cancer. The transformation typically occurs in response to chronic irritation from stomach acids, a condition commonly seen in individuals with gastroesophageal reflux disease (GERD).

One of the primary risk factors for developing Barrett's esophagus is having long-standing GERD. Individuals who have experienced GERD symptoms for over 10 years have a significantly higher risk because the prolonged exposure to acid can cause more damage and changes to the esophagus. This prolonged reflux is thought to increase the likelihood of the esophageal cells undergoing the abnormal changes seen in Barrett's esophagus.

Other well-established risk factors include age, with older adults being more commonly affected, and ethnicity, with Caucasian individuals having a higher incidence rate compared to other races. Additionally, Barrett's esophagus is more commonly diagnosed in males than in females, making male sex another risk factor for this condition.

In contrast, being of African-American ethnicity is not considered a risk factor for Barrett's esophagus. Studies and clinical observations have shown that African-American individuals have a lower incidence of Barrett's esophagus compared to Caucasian individuals. The reasons for these racial differences in incidence are not completely understood but are thought to involve a combination of genetic, environmental, and lifestyle factors.

In summary, the major risk factors for Barrett's esophagus include having long-term GERD, being older in age, being of Caucasian ethnicity, and being male. African-American race, however, is not a risk factor for the development of Barrett's esophagus, and in fact, this group tends to have a lower risk compared to Caucasians. Understanding these risk factors is crucial for early identification and management of individuals at risk of progressing to Barrett's esophagus and potentially esophageal cancer.

NEW QUESTION # 177

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