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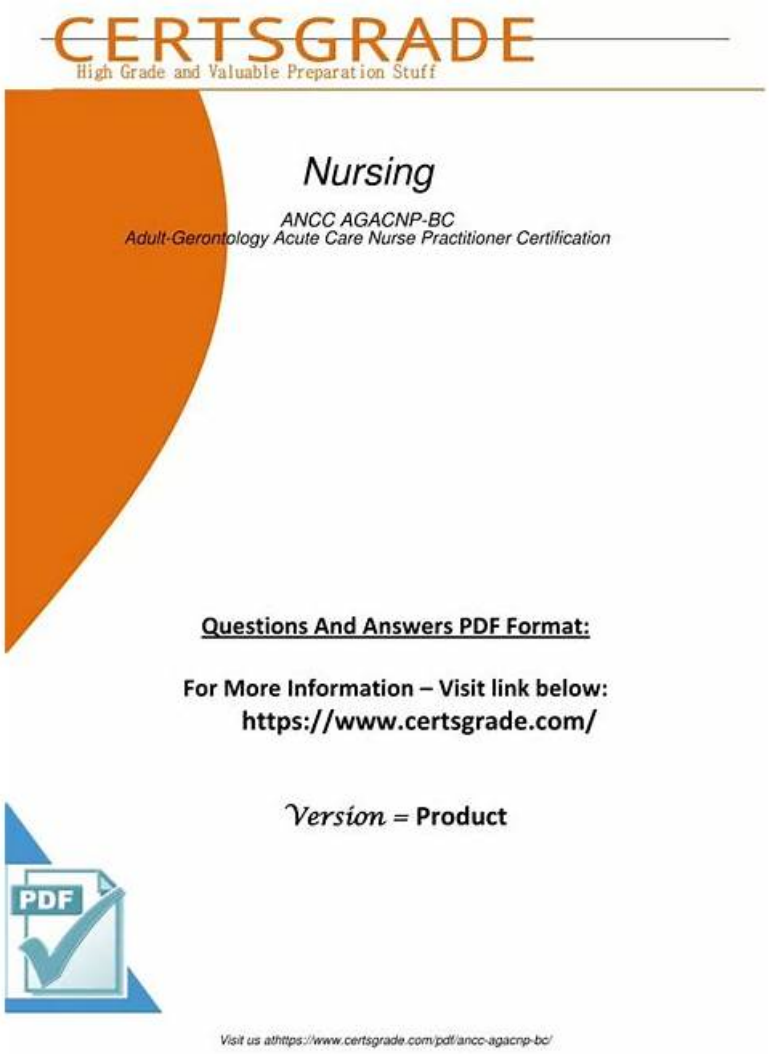

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q173-Q178):

NEW QUESTION # 173
You are providing care to a patient with a chest tube. The tube has become dislodged. Which of the following is an appropriate first next step?

- A. Immediately clamp the tube.
- B. Immediately insert a new tube.
- C. Immediately cover the insertion site with Vaseline gauze.
- D. Immediately attempt to reinsert the tube.

Answer: C

Explanation:
When a chest tube becomes dislodged from a patient, immediate action is required to prevent complications such as air entering the pleural space (pneumothorax) or infection. The following steps outline the appropriate first response and subsequent actions:
Immediate Action: Cover the Insertion Site The first and most critical step is to immediately cover the insertion site with Vaseline gauze. Vaseline gauze is an occlusive dressing that effectively seals the opening, preventing air from entering the pleural cavity through the dislodged tube site. This type of gauze is coated with petroleum jelly, which provides a barrier against air entry while maintaining a sterile environment around the wound.
Why Not Reinsert the Tube or Insert a New Tube? Reinserting the chest tube or inserting a new tube by anyone other than a trained medical professional, typically a physician or a trained nurse practitioner, is not advisable. This procedure requires specific expertise to avoid complications such as injury to organs, blood vessels, or incorrect placement, which could exacerbate the patient's condition. Additionally, sterile technique must be maintained to avoid infection. Therefore, these actions should only be performed by healthcare professionals with appropriate training and in a controlled environment.
Why Not Immediately Clamp the Tube? Clamping a dislodged chest tube is not recommended as a first response. This action might seem logical to prevent air or fluid from escaping; however, if the tube is partially connected and air is trapped, clamping it could lead to a tension pneumothorax. This condition occurs when air can enter the pleural space but cannot escape, leading to increased pressure on the lungs and heart, potentially causing rapid deterioration and life-threatening consequences.
Notification of the Physician After securing the site with Vaseline gauze, the next critical step is to notify the physician or the responsible healthcare provider immediately. They can assess the situation, decide on the need for reinsertion of the chest tube or any other interventions, and provide further medical management.
Continuous Monitoring While waiting for medical assistance, it is important to continuously monitor the patient's vital signs, respiratory status, and overall condition. Look for signs of respiratory distress, changes in oxygen saturation, increased heart rate, or a drop in blood pressure, as these may indicate developing complications such as a pneumothorax.
Documentation Document all observations, actions taken, and the patient's response. This information is crucial for ongoing care and for medical personnel to understand the sequence of events and interventions when they review the patient's case. By following these steps, healthcare providers can effectively manage a dislodged chest tube, minimizing the risk of complications and ensuring patient safety until further medical treatment can be administered.

NEW QUESTION # 174
You have agreed to participate in the Medicare health insurance program and work for a small privately owned physician office. Medicare paid 80% of the charges billed for a clinic visit when the patient was seen by the Adult Clinical Nurse Specialist. What could your employer do about the remaining 20% that is owed to the facility?

- A. The facility, on behalf of the Adult Clinical Nurse Specialist, can collect 100% if billed incident to the supervision Medical Doctor.
- B. The facility is prohibited from billing the patient in this case.
- C. The facility can bill the patient for a percentage of the remainder on behalf of the Adult Clinical Nurse Specialist.
- D. The facility can resubmit the bill for additional payment on behalf of the Family Clinical Nurse Specialist.

Answer: C

Explanation:
When a Medicare beneficiary visits a healthcare provider, such as an Adult Clinical Nurse Specialist (CNS) in a small privately owned physician's office, Medicare usually covers a part of the total service cost, typically 80%. This payment model leaves a balance, often referred to as the 20% co-insurance, which is the patient's responsibility to pay. In this specific scenario, the CNS has agreed to participate in the Medicare program by accepting assignment.
Accepting assignment means that the provider agrees to accept the Medicare Approved Amount (MAA) as the total payment for

their services. The MAA is a pre-determined rate that Medicare considers reasonable for a specific medical service within a specific geographical area. For participating providers, this agreement also stipulates that they cannot charge the patient more than the Medicare deductible and the 20% co-insurance. Therefore, the CNS, by agreeing to accept assignment, is bound to this pricing structure.
Since the CNS has accepted Medicare's terms, after Medicare pays its share of 80%, the facility where the CNS practices has the right and the ability to bill the patient for the remaining 20%. This is a standard practice in the healthcare industry where the patient pays a portion of the cost, ensuring that Medicare's payments and the patient's contributions together cover the total approved charge for the service.
It's important to note that if the CNS had not accepted assignment, the billing dynamics would be different. A non-participating provider can choose to accept assignment on a case-by-case basis. If they do not accept assignment, they can charge the patient more than the Medicare approved amount, up to the limiting charge, which is typically 15% over the Medicare approved amount in most states. However, in this scenario, because the CNS is a participating provider, they must adhere to the terms of assignment, thus limiting the charge to the patient to no more than the deductible and 20% co-insurance.
In summary, the facility where the Adult Clinical Nurse Specialist works, under the obligations of Medicare assignment, can and should bill the patient for the remaining 20% of the Medicare approved charge after Medicare has paid its 80% share. This process ensures that the provider is compensated for the total approved amount for their services, while also adhering to the legal and ethical standards set forth by Medicare.

NEW QUESTION # 175
Tight, aching, or squeezing pain in the legs and buttocks, which worsens with exercise and is relieved by rest, is known as what?

- A. Peripheral angina.
- B. Ischemia.
- C. Rest claudication.
- D. Intermittent claudication.

Answer: D

Explanation:
The correct answer to the question regarding tight, aching, or squeezing pain in the legs and buttocks that worsens with exercise and is alleviated by rest is "Intermittent claudication." This condition is symptomatic of Peripheral Arterial Disease (PAD), a common circulatory problem in which narrowed arteries reduce blood flow to the limbs. When walking or exercising, the muscles in the legs require increased blood flow. If the arteries are narrowed or blocked, these muscles do not receive enough blood, which leads to the characteristic pain of intermittent claudication.
Intermittent claudication typically manifests as muscle pain, cramping, or fatigue in the legs or arms that starts during exercise and stops with rest. The discomfort is often felt in the calf but can occur in the buttocks, thighs, or feet depending on the location of the arterial blockage. The severity of the condition can vary; in mild cases, it might only be noticeable when walking uphill or at a brisk pace, while in more severe cases, it could occur with very minimal activity or even at rest in advanced stages.
PAD, the underlying cause of intermittent claudication, is typically due to atherosclerosis, a buildup of fatty deposits or plaques in the arterial walls. Risk factors for PAD include smoking, diabetes, obesity, high blood pressure, high cholesterol, aging, and a family history of vascular disease. Early diagnosis and treatment are crucial in managing PAD and alleviating symptoms like intermittent claudication.
Treatment for intermittent claudication focuses on improving symptoms and stopping the progression of PAD to avoid more serious complications. Lifestyle modifications such as quitting smoking, exercising, and managing diet are critical. Medications may be prescribed to improve blood flow and prevent blood clots. In more severe cases, procedures like angioplasty or surgery such as a femoropopliteal (fem-pop) bypass may be necessary. In a fem-pop bypass, a blood vessel from another part of the body or a synthetic vessel is used to bypass the blocked artery in the leg, helping to restore proper blood circulation.
Intermittent claudication is a significant indicator of the health of an individual's circulatory system and should not be ignored. Regular check-ups and reporting such symptoms early to a healthcare provider can lead to timely and effective management of the condition.

NEW QUESTION # 176
What is rhythmic movement of the eyes?

- A. Cheyne-Stoke.
- B. Wernicke encephalopathy.
- C. Nystagmus
- D. Status epilepticus.

Answer: C

Explanation:
The rhythmic movement of the eyes, known scientifically as nystagmus, involves repetitive, involuntary eye movements. These movements can be horizontal, vertical, or rotary and may affect one or both eyes. Because the eyes are unable to steadily hold a visual gaze, nystagmus often leads to issues with visual acuity; that is, it can impair the ability to see fine details.
Nystagmus can manifest due to a variety of reasons. It might be congenital (present at birth), or it can develop later in life due to an underlying medical condition. Some possible causes include inner ear problems, central nervous system disorders, or congenital disabilities affecting eye control. Additionally, certain medications or substances can induce nystagmus as a side effect.
The symptoms of nystagmus are primarily the involuntary eye movements. However, these movements can lead to other problems such as poor depth perception, dizziness, and difficulties with balance and coordination. People with nystagmus might adopt a head tilt or turn their heads in specific directions to see more clearly or reduce the effects of the eye movements. This compensatory behavior helps stabilize the image and improve vision but can lead to neck strain or other physical issues over time.
Diagnosing nystagmus involves a comprehensive eye examination, possibly including observing eye movements and conducting vision tests. In some cases, doctors may also recommend neurological exams or imaging studies to determine if there is an underlying cause in the brain or central nervous system.
Treatment for nystagmus depends on its cause. While there is no cure for most types of nystagmus, certain interventions can help manage its effects. These might include corrective glasses or contact lenses, vision therapy, medications to reduce the eye movements, or even surgery in specific cases. For some, simply using larger text or special visual aids can significantly improve reading and daily activities affected by nystagmus. Additionally, addressing any underlying conditions that contribute to nystagmus can also help manage the symptoms.

NEW QUESTION # 177
Which of the medications listed below could potentially exacerbate CHF in a susceptible individual?

- A. metformin
- B. furosemide
- C. acetaminophen
- D. metoprolol

Answer: D

Explanation:
The question asks which medication might worsen congestive heart failure (CHF) in a susceptible individual. To answer this, we need to understand the impact of each listed drug on heart function, particularly in the context of CHF.
Furosemide is a loop diuretic commonly used in the treatment of CHF. It works by helping the kidneys eliminate unneeded water and salt from the body through urine. This reduces the volume of fluid circulating through the blood vessels, decreasing the load on the heart. Therefore, furosemide is generally beneficial for CHF patients as it helps alleviate symptoms such as swelling and shortness of breath, rather than exacerbating CHF.
Metoprolol is a beta-blocker that is used to manage several cardiovascular conditions, including CHF. It works by blocking beta-adrenergic receptors in the heart, which slows down the heart rate and reduces the force of the heart muscle's contractions. Initially, it was thought that beta-blockers were not safe for CHF patients due to their effect on reducing cardiac output. However, long-term use has been shown to improve the function of the heart and increase survival rates in CHF patients. Short-term effects, though, might include a decrease in cardiac output, which can be problematic in CHF patients who are unstable or in acute distress.
Metformin is primarily a medication for type 2 diabetes, not directly affecting heart function or cardiac output. It is generally considered safe in patients with CHF unless there are complicating factors such as kidney dysfunction, which is a contraindication due to the risk of lactic acidosis.
Acetaminophen, commonly used for pain and fever, has no direct impact on cardiac output or heart function. It is considered safe in recommended doses for patients with CHF as it does not exacerbate heart failure symptoms.
From the medications listed, while metoprolol might initially pose some risk due to its effect on cardiac output, it is generally beneficial in long-term CHF management. The other medications, furosemide, metformin, and acetaminophen, do not typically exacerbate CHF. In fact, furosemide is often part of the therapeutic regimen for managing CHF symptoms. Therefore, the correct answer depends significantly on the specific circumstances and stability of the CHF patient when considering metoprolol. For a patient in acute CHF distress or not yet stabilized on chronic CHF therapy, metoprolol could potentially exacerbate the condition temporarily.

NEW QUESTION # 178
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