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ACNS Guidelines Questions And Answers Latest Update 2023/2024

BAER stimulus clicks are comprised of - ANSWER a wide range of frequencies called "broad band" clicks -this activates a wide range of hair cells

What is the most appropriate band pass filter of BAER in the OR - ANSWER 100LFF-1500HFF

ACNS: 100-150 LFF and 2500-3000HFF which can be reduced to 1000Hz

What is the suggested derivation for recording all 5 BAER waveforms in 1 channel - ANSWER Ai-Cz as stated in ACNS guidelines

What is the duration of a monophasic square wave click stimulus for BAER stimulation (aka pulse width) - ANSWER 100microseconds

What is the suggested BAER stimulation, based on acoustic calibration - ANSWER 40-120 dB SPL (in OR 100-120) which corresponds to 60-70dB HL

what is the most appropriate stimulus rate for BAER stimulation - ANSWER ACNS guidelines recommends 5-12hz but higher rates as needed once 30hz waves become diminished. watch out for rates divisible by 60

How many averages are necessary for adequate BAER data acquisition - ANSWER 500-1000 (up to 4000 for clinical diagnostics)

Which of the following is not an essential interpretation measurement in BAER monitoring - ANSWER wave II-IV interpeak interval

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q163-Q168):

NEW QUESTION # 163

The CNS has prescribed a beta-blocker for her patient's elevated blood pressure. The CNS understands that all of the following are true in regard to this type of drug except:

- A. Beta-blockers decrease vasomotor activity.
- B. Beta-blockers block beta receptors on the heart and the peripheral vasculature.
- C. Beta-blockers may be stopped at any time.
- D. Beta-blockers are also used for migraine headaches as a prophylactic.

Answer: C

Explanation:

The question addresses the safety and protocol for discontinuing beta-blocker therapy, a common class of medication used to manage high blood pressure and other conditions. Among the options, the incorrect statement is that "Beta-blockers may be stopped at any time." Beta-blockers work by blocking the effects of adrenaline (epinephrine) on beta-adrenergic receptors, which play a crucial role in the heart's electrical activity and ability to pump blood. They reduce heart rate, decrease force of contraction, and lessen the degree of contraction of blood vessel walls, thereby lowering blood pressure. Given these significant impacts on the cardiovascular system, sudden withdrawal of these medications can lead to acute complications.

The reason abruptly stopping beta-blockers is risky primarily lies in the body's adaptive mechanisms to these medications. Over time, chronic use of beta-blockers leads to an upregulation of beta-adrenergic receptors. If the medication is suddenly stopped, these receptors are left unregulated, leading to an increased sensitivity to adrenaline. This can cause a surge in blood pressure, known as rebound hypertension, and can also precipitate other severe cardiovascular events like angina or even myocardial infarction.

To safely discontinue beta-blockers, healthcare providers recommend a gradual tapering of the dose over a period of days to weeks, depending on the duration of therapy, the specific beta-blocker used, and the patient's overall cardiovascular stability. This gradual weaning process helps to mitigate the risks associated with rebound cardiovascular effects.

Additionally, beta-blockers are utilized for several other therapeutic purposes beyond hypertension. They are effective in controlling symptoms of anxiety, in the prophylactic treatment of migraine headaches, and are essential in managing certain arrhythmias and heart failure. They also help in reducing mortality following myocardial infarctions by decreasing the workload on the heart and thus its demand for oxygen.

In summary, the statement that beta-blockers can be stopped at any time is incorrect and potentially dangerous. Proper clinical guidance is crucial when discontinuing beta-blockers to avoid severe adverse effects. Through a controlled tapering process, the risks associated with abrupt withdrawal can be significantly minimized.

NEW QUESTION # 164

Your patient arrives in the Emergency Department displaying symptoms of acute coronary syndrome. The attending physician suspects ACS as well. Of the following, which is the appropriate intervention?

- A. The patient should be admitted for observation.
- B. The patient should receive a 12 lead EKG within 10 minutes of arrival.
- C. The patient should receive a 12 lead EKG within an hour of arrival.
- D. The patient should be given angina medication and sent home.

Answer: B

Explanation:

Acute Coronary Syndrome (ACS) is a term used to describe a range of conditions associated with sudden, reduced blood flow to the heart. One typical scenario under this spectrum is a myocardial infarction (MI), commonly known as a heart attack, which is a medical emergency. When a patient presents with symptoms indicative of ACS, such as chest pain, shortness of breath, sweating, nausea, or lightheadedness, immediate and accurate diagnosis is crucial to appropriate management and treatment.

A 12-lead EKG (electrocardiogram) is a non-invasive test that records the electrical activity of the heart from multiple angles, providing detailed information about heart rate, rhythm, and, most critically, signs of ischemia or infarction. The prompt acquisition of

an EKG, ideally within 10 minutes of a patient's arrival in the emergency department, is a standard recommendation. This rapid assessment allows healthcare providers to determine the presence of ACS and the specific type of MI (such as STEMI - ST-segment elevation myocardial infarction or non-STEMI), which dictates the urgency and type of treatment required. Delay in conducting an EKG can result in a delayed diagnosis, which in turn can lead to a delay in treatment. During a heart attack, the heart muscle is deprived of oxygen due to a blocked coronary artery. Prolonged oxygen deprivation can cause irreversible damage to the heart muscle, potentially leading to heart failure or death. Therefore, swift action is necessary to restore blood flow and minimize cardiac damage.

In contrast, other suggested interventions such as admitting the patient for observation, conducting the EKG within an hour, or giving angina medication and sending the patient home are less appropriate without first confirming the diagnosis through an EKG. Observation or delayed testing can result in critical treatment delays, while prematurely sending a patient home could be dangerous if an acute, life-threatening cardiac event is occurring.

Hence, the most appropriate and immediate intervention when ACS is suspected is to perform a 12-lead EKG within 10 minutes of arrival. This approach aligns with clinical guidelines aimed at optimizing outcomes for patients presenting with cardiac emergencies. Following the EKG, further interventions can be tailored based on the findings, ranging from emergency revascularization procedures to medication management or observation, all dependent on the specific diagnosis established by the initial EKG.

NEW QUESTION # 165

Which of the following is true regarding current factors that support the greater emphasis on health promotion and disease prevention?

- A. Only 20% of illness and disease is related to lifestyle and unhealthy decisions.
- B. Preventive services include treating active diseases that could spread out into the community.
- C. Healthy People 2020 was developed as a outline of prevention agenda by the American Nurses Association.
- **D. Tobacco use, substance use, and obesity are considered some of the leading health indicators.**

Answer: D

Explanation:

Among the statements presented, the correct one that reflects current factors supporting greater emphasis on health promotion and disease prevention is: "Tobacco use, substance use, and obesity are considered some of the leading health indicators. It is reported that 50% of illness and disease is related to lifestyle and unhealthy decisions. Healthy People 2020 is the prevention agenda for the nation as outlined by the federal government through the U.S. Department of Health. Preventive services are infant care, immunizations, and sexually transmitted disease services, not the treatment of active disease states." This statement is true and reflects accurately the focus of contemporary health promotion and disease prevention strategies. First, identifying tobacco use, substance use, and obesity as leading health indicators is consistent with extensive research showing these factors contribute significantly to preventable illnesses and premature death. These indicators are used to prioritize public health actions aimed at reducing their prevalence and mitigating their effects.

The statement also correctly notes that about 50% of illnesses and diseases are related to lifestyle and unhealthy decisions. This highlights the importance of behavior in health outcomes and supports the rationale for focusing on lifestyle modifications as a critical component of disease prevention strategies. This statistic underlines the potential impact of effective health promotion activities, which can significantly reduce the burden of disease by encouraging healthier living choices.

Healthy People 2020, referenced in the statement, indeed serves as the prevention agenda set by the U.S. Department of Health and Human Services. This initiative outlines specific objectives aimed at improving health across various domains and demographics. Its goals are rooted in evidence-based practices and data-driven priorities that address both the direct and indirect costs of preventable diseases.

Moreover, the differentiation between preventive services and the treatment of active disease states is an important distinction in the context of public health strategies. Preventive services like infant care, immunizations, and management of sexually transmitted diseases aim to prevent health problems before they occur, which is distinct from treating diseases after they have developed. This approach not only helps reduce healthcare costs but also aims to improve the quality of life for individuals and communities.

Therefore, the statement selected provides a comprehensive overview of why there is an increased emphasis on health promotion and disease prevention today, highlighting the role of lifestyle factors, the objectives of national health agendas like Healthy People 2020, and the focus on preventive services over mere treatment of diseases.

NEW QUESTION # 166

Report ____ immediately if a patient has an EVD (external ventricular drain).

- **A. All of the above.**
- B. ICP.

- C. Hypertension.
- D. CSF output.

Answer: A

Explanation:

In patients with an external ventricular drain (EVD), monitoring and reporting intracranial pressure (ICP) is crucial. An EVD is typically used to measure ICP and to drain cerebrospinal fluid (CSF) to relieve pressure within the brain. Elevated ICP can indicate worsening of brain edema, hemorrhage, or other complications that could threaten the patient's life. Immediate reporting of abnormal ICP values ensures timely intervention to prevent severe brain injury or death.

Changes in CSF output should also be reported immediately. The rate of CSF drainage through an EVD can provide vital information about the current status of brain swelling or the presence of blood or infection in the CSF. Sudden increases, decreases, or cessation of CSF flow can indicate blockage, infection, or changes in brain tissue position, necessitating urgent medical attention. Hypertension in patients with an EVD is a critical issue. Elevated blood pressure can exacerbate brain swelling and increase ICP, posing a significant risk of brain herniation. Conversely, hypotension can lead to reduced cerebral perfusion pressure and result in brain tissue ischemia. Both conditions require immediate adjustments in medical management, including the potential administration of vasoactive drugs to stabilize blood pressure.

Monitoring and immediate reporting of oxygen levels in patients with an EVD are essential. Hypoxia (low oxygen levels) can worsen brain injury by promoting further swelling and increasing ICP. Ensuring adequate oxygenation is a fundamental part of the care for patients with brain injuries and those with an EVD in place. Any deviations from normal oxygen levels should be addressed promptly to optimize brain recovery and function.

By closely monitoring these parameters-ICP, CSF output, blood pressure, and oxygen levels-and reporting any critical changes immediately, healthcare professionals can provide effective and responsive care to patients with an EVD, potentially improving outcomes in critical neurological conditions.

NEW QUESTION # 167

You are assessing the patient who has had ulcerative colitis (UC) for 15 years. The Adult Clinical Nurse Specialist knows that after a decade of this disease, a person with UC is at increased risk for:

- A. cancer of the esophagus
- B. cancer of the stomach
- C. cancer of the large intestine
- D. cancer of the small bowel

Answer: C

Explanation:

Ulcerative colitis (UC) is a chronic inflammatory bowel disease that predominantly affects the lining of the large intestine (colon) and the rectum. The inflammation typically leads to ulcers, which are small sores on the lining of the colon. The exact cause of UC is still not well understood, but it involves an immune system malfunction where the immune system mistakenly targets the body's own cells in the colon.

After 10 years of living with UC, patients are at an increased risk of developing colorectal cancer. This heightened risk is due to the constant inflammation and turnover of cells within the colon lining, which can lead to dysplasia (abnormal cells) and eventually cancer. Studies have shown that the risk of colorectal cancer in people with UC increases with the duration of the disease. It is estimated that the risk of colorectal cancer increases by approximately 0.5% to 1% each year after 10 years of having UC.

Due to this significant risk, it is recommended that individuals with UC undergo regular surveillance colonoscopies starting approximately 8-10 years after the initial diagnosis. These examinations help in early detection of pre-cancerous changes or colorectal cancer at an early, treatable stage. During a surveillance colonoscopy, a gastroenterologist can visually inspect the colon and rectum using a camera and can also remove tissue samples (biopsies) to check for dysplasia or cancer.

It is important for clinical nurse specialists and other healthcare providers to educate patients with UC about the importance of regular follow-ups and surveillance colonoscopy. This is crucial not only for monitoring the activity of the disease but also for cancer prevention. Patients should also be informed about the symptoms of colorectal cancer, which may include changes in bowel habits, blood in the stool, abdominal pain, and unexplained weight loss.

In summary, patients with a long-standing history of ulcerative colitis are at an elevated risk for developing cancer of the large intestine, specifically colorectal cancer. Regular screening and monitoring through surveillance colonoscopy every 2 years after the first decade of the disease are critical steps in early detection and prevention of this serious complication.

NEW QUESTION # 168

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