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ACNS Guidelines Exam Questions With Verified Answers

1. Terminology (General Requirements) - Answer Waveforms should be as described in Guideline 9D

2. Stimulus and Safety (General Requirements) - Answer A constant current stimulator is recommended for use in the operating room. Care should be exercised to prevent blood or other fluid from contaminating the stimulating site. Either standard disk electroencephalography (EEG) electrodes or sterile subdermal needle electrodes may be used. Disk EEG electrodes should be applied to scalp w/ collodion and sealed w/ plastic tape or sheet to prevent drying and protect them from blood or other fluids. Contact impedance for disk electrodes should be less than 5 Kohms. Subdermal needle electrodes should be similarly secured; it is imp. that OR personnel be made aware of use locations of needle electrodes so they will use necessary caution to avoid needle sticks.

2a. Stimulus Isolation and Subject Grounding (General Requirements) - Answer The stimulation unit must be isolated from the main portion of stimulator circuitry to avoid a large current flow to patient in case of stimulator malfunction. Commercial somatosensory stimulators designed for human use contains appropriate isolation circuitry. The ground may be placed on limb that is stimulated to minimize stimulus artifact.

2b. Stimulus Parameters (General Requirements) - Answer Monophasic rectangular pulses of 100-300 microsecond duration and 30-40 mA intensity are recommended for stimulation of peripheral nerve. Failure of stimulation may occur when there is a significant increase in contact impedance or due to development of salt bridge (when excessive electrode past short circuits 2 stimulating electrodes). Stimulation may fail due to patient related factors like limb edema, peripheral neuropathy, or variant anatomy. Before increasing current levels to intensity above 30-40 mA, stimulating electrodes should be carefully evaluated.

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q72-Q77):

NEW QUESTION # 72

When discussing Human Immunodeficiency virus (HIV) testing with a patient, the CNS knows:

- A. Sexually active homosexual men are the only ones at risk for HIV.
- B. There is no need to recheck the ELISA if negative on the first test.
- C. Receiving blood products from 1985 to 1995 is a risk factor for HIV.
- **D. The screening ELISA test (enzyme-linked immunosorbent assay) detects antibodies and is 99% sensitive and specific.**

Answer: D

Explanation:

The correct answer is: "The screening ELISA test (enzyme-linked immunosorbent assay) detects antibodies and is 99% sensitive and specific." It is important to clarify why this statement is correct and to address the misconceptions around HIV risk and testing. Firstly, the ELISA test is a widely used initial screening tool for detecting antibodies to HIV. Antibodies are proteins that the body produces in response to an infection. In the case of HIV, these antibodies generally develop within a few weeks to months after infection. The sensitivity and specificity of the ELISA test being around 99% means that the test is highly effective at correctly identifying those who have and do not have HIV. A test with 99% sensitivity will correctly identify 99% of people with the disease and miss 1%, while a test with 99% specificity will correctly rule out the disease in 99% of people who do not have the disease, mistakenly identifying 1% as positive.

Addressing the first statement, it is a misconception that only sexually active homosexual men are at risk for HIV. HIV can affect anyone, regardless of sexual orientation, age, race, or any other factor. It is transmitted through contact with infected bodily fluids such as blood, semen, vaginal fluids, and breast milk. This can happen through unprotected sexual activities with an infected person, sharing needles for drug use, receiving unsafe injections, transfusions, and from mother to child during childbirth or breastfeeding. Furthermore, the statement about rechecking the ELISA test highlights the concept of the "window period." The window period is the time immediately after infection during which antibodies to HIV are not yet produced in high enough quantities to be detectable by the test. Therefore, if exposure to HIV is suspected, a follow-up test is recommended after the window period, typically around six months, to confirm the initial result. This protocol helps in capturing cases that might have been missed if tested too early after exposure.

Lastly, it is crucial to recognize broader risk factors beyond sexual orientation. Individuals with multiple sexual partners, those who engage in IV drug use, people with a history of sexually transmitted diseases (STDs), and those who were recipients of blood products between 1975 and 1985 (before widespread screening of the blood supply for HIV began) are also at increased risk. Understanding these factors can help in better targeting education, prevention, and testing efforts to those most at risk. In summary, the CNS (Clinical Nurse Specialist) must be equipped with accurate and comprehensive knowledge about HIV transmission, testing, and the populations at risk. This ensures appropriate guidance and management of patients concerning HIV testing and prevention strategies.

NEW QUESTION # 73

A patient comes into the emergency room with severe asthmatic exacerbation. The ACCRN knows that the first-line treatment for this is which of the following?

- A. adrenaline injection
- B. nebulizer treatment
- **C. Albuterol metered dose inhaler**
- D. low - medium dose steroid metered dose inhaler

Answer: C

Explanation:

When a patient presents to the emergency room with severe asthmatic exacerbation, it is critical for healthcare providers to initiate appropriate and effective treatment immediately. The question posed regards the first-line treatment for such a situation, and the correct answer is the use of an albuterol metered dose inhaler (MDI).

Albuterol is a fast-acting bronchodilator that works by relaxing the muscles around the airways, which helps to open them up quickly and ease the breathing process. It is typically administered through an inhaler, which allows the medication to go directly into the lungs where it is needed most. This direct route ensures that the medication acts quickly, which is crucial in a severe asthma attack where every second counts.

The symptoms of a severe asthmatic exacerbation can include tachypnea (rapid breathing), disappearance or lack of wheezing due to severe airway narrowing, use of accessory muscles to breathe, diaphoresis (sweating), and exhaustion. These signs indicate that the patient is struggling to get enough air and requires immediate intervention to prevent further respiratory distress or potential respiratory failure.

While there are other treatments available, such as adrenaline injection and nebulizer treatments, these are generally considered in

specific circumstances or when initial treatments with a metered dose inhaler are not sufficient. Adrenaline injections are typically reserved for life-threatening reactions such as anaphylaxis and are not the standard first-line therapy for asthma exacerbations. Nebulizer treatments, which convert liquid medication into a mist that can be inhaled, are another option but may not be the most immediate choice for emergency response, depending on the situation and resources available.

Low to medium dose steroids are also used in the management of asthma, mainly to reduce inflammation and prevent future exacerbations. However, these are not typically used as the first-line treatment in acute, severe exacerbations as their action is not as fast as bronchodilators like albuterol.

In summary, the first-line treatment for a severe asthmatic exacerbation in an emergency setting is an albuterol metered dose inhaler. This treatment choice is preferred for its rapid action and effectiveness in opening the airways, thereby providing quick relief to the patient experiencing severe respiratory distress.

NEW QUESTION # 74

Normal HCO₃ is which of the following?

- A. 37 - 44 mEq/L
- B. 10 - 17 mEq/L
- C. 22 - 26 mEq/L
- D. 15 - 22 mEq/L

Answer: C

Explanation:

The correct answer to the question of normal bicarbonate (HCO₃) levels in arterial blood gases is 22 - 26 mEq/L. This range is critical to understanding the body's acid-base balance, which is essential for maintaining homeostasis and proper physiological function.

Bicarbonate acts as a buffer in the blood to help maintain the pH within a very narrow range of 7.35 - 7.45. This buffer system primarily involves the dynamic balance between carbon dioxide (CO₂), a byproduct of cellular metabolism which is acidic, and bicarbonate, which is basic. The kidneys and lungs regulate these levels through various mechanisms.

For instance, when CO₂ levels in the blood increase due to hypoventilation or increased metabolic activity, the pH may drop, making the blood more acidic. The kidneys respond by reabsorbing more bicarbonate from the urine, or the lungs may increase breathing rate to expel more CO₂, both of which help return the pH to normal.

Conversely, if too much bicarbonate is present, or CO₂ levels are too low due to hyperventilation, the blood becomes too alkaline, and the body must adjust accordingly. The kidneys may excrete more bicarbonate or decrease breathing rate to retain CO₂, normalizing the pH.

Understanding these normal values and how they interact is essential for diagnosing and managing various health conditions, particularly those involving respiratory, renal, or metabolic components. For example, deviations from the normal bicarbonate range can indicate conditions like metabolic acidosis or alkalosis, which require medical attention to address underlying causes and restore balance.

Thus, maintaining the bicarbonate level within the normal range of 22 - 26 mEq/L is crucial for the body's overall health, ensuring that all cells function optimally in a stable internal environment. This balance is assessed using arterial blood gas (ABG) tests, which provide valuable information about the respiratory and metabolic status of a patient.

NEW QUESTION # 75

The information contained with the National Practitioner Data Bank includes all of the following except:

- A. record of clinical privileges
- B. practitioner's licensure
- C. the practitioner's home address
- D. malpractice payment history

Answer: C

Explanation:

The National Practitioner Data Bank (NPDB) is a U.S. repository of information about the credentials and professional conduct of healthcare practitioners. It was established with the goal of improving healthcare quality and reducing fraud and abuse in healthcare programs. The NPDB collects and releases information related to medical malpractice payments, sanctions for professional misconduct, and other relevant performance and conduct indicators. This data serves as a resource for healthcare entities to make informed decisions regarding the credentialing and hiring of healthcare providers.

The types of information maintained in the NPDB include: 1. ****Practitioner's Licensure****: Information regarding the licensure status

of healthcare providers, including any disciplinary actions taken against their licenses by a state licensing board. 2. **Malpractice Payment History**: Details of payments made on behalf of practitioners in settlement of, or as a judgment in, medical malpractice actions. 3. **Record of Clinical Privileges**: Information about changes to, or voluntary or involuntary limitation of, a practitioner's right to admit and treat patients in a healthcare institution. 4. **Professional Society Memberships and Actions**: Information concerning membership in professional societies and any disciplinary actions taken by such bodies.

However, it is important to note that the NPDB does not contain every type of personal information about practitioners. **The Practitioner's Home Address** is specifically excluded from the data bank. This exclusion helps protect the privacy and security of healthcare practitioners by not disclosing their personal residence information. The focus of the NPDB is primarily on professional qualifications and conduct, rather than personal data that does not relate to a practitioner's professional life.

The exclusion of personal addresses from the NPDB reflects a balance between transparency in healthcare and the protection of individual privacy rights. By maintaining this boundary, the NPDB ensures that its data serves the intended purpose of aiding in the credentialing process and enhancing trust in healthcare professionals, without unnecessarily exposing personal details. This approach helps healthcare entities access critical information while respecting the privacy of individual practitioners.

NEW QUESTION # 76

You are seeing a young adult female who comes to the clinic and tells you she was raped late last night by her date. The immediate action taken by the CNS is:

- A. Send her immediately for counseling to help her deal with this situation.
- B. Perform a pelvic examination to determine her injuries.
- **C. Accompany her to the emergency department for an exam.**
- D. Call her family so they can be with her.

Answer: C

Explanation:

When a young adult female reports that she was raped, the immediate and appropriate action for the Clinical Nurse Specialist (CNS) is to accompany her to the emergency department for a comprehensive examination. The emergency department is equipped with personnel who are specifically trained in conducting forensic examinations, which are crucial in these situations. These professionals have the expertise to meticulously collect and preserve evidence that is essential for legal proceedings, should the victim choose to pursue them.

Performing the examination in an emergency setting rather than a regular office or clinic is vital because it ensures that the evidence needed for a legal case, should the victim decide to press charges, is collected according to the required legal standards. This includes the collection of physical evidence, documentation of injuries, and possibly the administration of prophylactic treatments for sexually transmitted infections and emergency contraception.

Moreover, the CNS should ensure that the patient is treated with sensitivity and respect throughout the process. It is important that the victim has control over the subsequent steps following their disclosure of the incident. This includes deciding whether or not to notify family or friends. The CNS should also provide information on available rape crisis resources, including counseling and support groups, which can offer the necessary emotional support and guidance moving forward.

While it might seem appropriate to immediately address physical injuries or to provide counseling, these actions should be secondary to ensuring that the victim receives a proper forensic examination at the emergency department. Immediate counseling without addressing the need for a forensic exam might inadvertently compromise the collection of crucial evidence. Therefore, the priority is to first secure the forensic and medical needs at an emergency facility, followed by emotional and psychological support in the aftermath of the incident.

In summary, the CNS's role in this scenario is to provide immediate support by facilitating access to specialized care in the emergency department, preserving the patient's right to choose further actions, and ensuring access to comprehensive services that address both the immediate and long-term needs following an assault.

NEW QUESTION # 77

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