

# PMHN-BC PDF Questions & PMHN-BC Real Exam Questions

## PMHN-BC Pharmacology Test Questions

### With Complete Solution

What class of drugs is atropine in? - Answer Anticholinergic

What class of drugs is cogentin (benztrapine mesylate) in? - Answer anticholinergic

What class of drugs is dicyclomine (bentyl) in? - Answer anticholinergic

What are the side effects of anticholinergics? - Answer dry out, blurred vision, dry eyes, constipation, urinary retention, postural hypertension, confusion, heart rhythm disturbance

Why prescribe anticholinergics? - Answer ordered to reduce EPS caused by antipsychotics

What class of drugs is chlorpromazine (thorazine) in? - Answer first generation antipsychotics

What class of drugs is perphenazine (trilafon) in? - Answer first generation antipsychotics

What class of drugs is haloperidol (haldol) in? - Answer first gen antipsychotics

What are some side effects of antipsychotics? - Answer weight gain, hyperglycemia, EPS (dystonia, akathisia, tardive dyskinesia

Neuroleptic malignant syndrome: high fever, tachycardia, increased respiratory rate, AMS, muscle rigidity, high and low BP

What class of drugs is Clozapine (Clozaril) in? - Answer 2nd generation antipsychotics

What class of drugs is risperidone (risperdal) in? - Answer 2nd generation antipsychotics

What class of drugs is olanzapine (zymprex) in? - Answer 2nd generation antipsychotics

What class of drugs is quetiapine (seroquel) in? - Answer 2nd generation antipsychotics

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## **Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q40-Q45):**

### **NEW QUESTION # 40**

What theory notes that the developmental task of forming peer relationships between the ages of 6 - 9 occurs in the Juvenile Stage?

- A. Interpersonal
- B. Psychodynamic
- C. Cognitive
- D. Hierarchy of needs

### **Answer: A**

Explanation:

The Interpersonal Theory is a developmental theory that was proposed by Harry Stack Sullivan. This theory is structured around six stages of human development, each of which is associated with specific interpersonal relationships and developmental tasks.

The stages include Infancy, Childhood, Juvenile, Preadolescence, Early adolescence, and Late adolescence. Each stage is characterized by the development of certain interpersonal relationships and the acquisition of particular skills. For instance, the infancy stage, which spans from birth to 18 months, is expected to involve oral gratification.

In the context of the question, the Juvenile stage, which occurs between the ages of 6 and 9, is characterized by the development of peer relationships. This is a significant stage in a child's social development, as it involves learning to interact with others outside of the family.

During this stage, children typically learn the importance of friendships and begin to understand social norms and expectations. They also start developing skills such as cooperation, negotiation, and conflict resolution, which are crucial for maintaining relationships. The other theories mentioned in the question - Cognitive, Hierarchy of needs, and Psychodynamic - each focus on different aspects of human development and behavior. However, it is the Interpersonal Theory that specifically notes the task of forming peer relationships as a key developmental task during the Juvenile stage.

### **NEW QUESTION # 41**

Which of the following would be considered an important role that the nurse can play in a patient's recovery?

- A. Both A and B
- B. Role model
- C. None of the above
- D. Educator

### **Answer: A**

Explanation:

The given question asks about the important roles a nurse can play in a patient's recovery. The options provided are "Educator," "Role model," and "Both A and B." The explanation for "Both A and B" is repeated for each option, suggesting that the roles of an educator and a role model are intertwined in nursing practice.

As an \*Educator\*, a nurse has a critical role in patient recovery by imparting necessary knowledge and skills. This includes educating patients about their health conditions, the importance of medication adherence, and lifestyle changes that promote wellness. In the context of managing emotions such as anger, a nurse educates patients on recognizing triggers, understanding the impact of their reactions, and employing strategies to express emotions constructively. This educational aspect is vital as it empowers patients to take an active role in their healing process and maintain their health post-recovery.

As a \*Role Model\*, a nurse exemplifies positive behavior through their own actions, demonstrating how to handle challenging situations with professionalism and emotional intelligence. For a patient struggling with anger management, observing a nurse manage stressful situations calmly can serve as a practical example to emulate. The role modeling extends beyond clinical skills to interpersonal interactions and self-care, reinforcing the lessons taught during educational sessions.

When considering the option "Both A and B," it indicates that the roles of being an educator and a role model are not mutually exclusive but are complementary. A nurse who effectively combines these roles enhances their impact on a patient's recovery. By

teaching and demonstrating healthy behaviors, nurses facilitate a more comprehensive learning experience, helping patients to not only understand what should be done but also to see how it can be implemented in real life.

The option "None of the above" is incorrect as it negates the significant contributions of nurses in the roles mentioned. Both educating and role modeling are fundamental aspects of nursing that directly contribute to patient care and recovery. These roles are integral to guiding patients towards better health outcomes and equipping them with the tools needed for long-term wellness management.

Therefore, "Both A and B" is the most accurate answer, encompassing the dual and synergistic roles of nurses as educators and role models in patient recovery. By fulfilling these roles, nurses significantly influence the rehabilitation process, promoting better health behaviors and emotional management among patients.

#### NEW QUESTION # 42

What is the fourth step to be completed after an incident occurs?

- A. The nurse completes an incident report.
- B. The incident report is sent to and reviewed by the appropriate administrator.
- C. The incident report is given to the department head.
- D. The nurse documents facts about the incident in the patient's medical record.

#### Answer: B

Explanation:

An incident, in this context, typically refers to an unexpected event that did not go as planned in a healthcare setting. This could range from a patient fall, medication error, to a near miss. When an incident occurs, it is important for healthcare organizations to have a process in place to handle these situations in a systematic and structured way. This process is generally referred to as the "incident reporting process" or "incident management process".

The first step after an incident occurs is to ensure the immediate safety and well-being of the patient involved. Once this is taken care of, the nurse documents facts about the incident in the patient's medical record. This documentation should be factual, accurate, and complete. It should describe exactly what happened, the actions taken, and the patient's response, without any personal opinion or bias. This documentation not only provides a legal record of the event but also helps in identifying patterns and trends in the incident occurrence.

The second step involves the nurse completing an incident report. A well-written incident report provides a detailed, factual, and concise account of the circumstances leading to the incident. It should also include any interventions taken after the incident, along with the result of those interventions. The incident report is not a part of the patient's hospital or medical record. It is a confidential document that is used for internal review and quality improvement purposes.

In the third step, the incident report is given to the department head. The department head reviews the incident report to gain an understanding of what happened, to assess the situation, and to determine if further action or investigation is needed. They may also discuss the incident with the staff involved to gather more information or to clarify any information in the report.

The fourth step is where the incident report is sent to and reviewed by the appropriate administrator. This could be a nurse manager, director of nursing, risk management officer, or any other relevant authority. The administrator reviews the incident report to evaluate the incident, to determine the cause, to identify any system failures, and to develop strategies to prevent such incidents from happening in the future. They may also use the information from the incident report to improve patient safety and quality of care.

In the fifth and subsequent steps, actions are taken based on the findings from the review of the incident report. This could range from making changes in the process, providing additional training to the staff, implementing new safety measures, etc. This process of learning from incidents and making improvements is a key aspect of quality improvement and patient safety in healthcare organizations.

In conclusion, the fourth step after an incident occurs is the review of the incident report by the appropriate administrator. This step is crucial in understanding the incident, identifying the underlying causes, and making necessary improvements to prevent such incidents in the future.

#### NEW QUESTION # 43

The leading principle in plans to transform the mental health system in the United States is which of the following?

- A. institutionalization
- B. recovery
- C. diagnosis
- D. assessment

#### Answer: B

Explanation:

The correct answer to the question about the leading principle in plans to transform the mental health system in the United States is "recovery." This approach is central to current efforts aimed at overhauling mental health care practices and policies within the country.

The concept of recovery in mental health refers to a process through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. This paradigm is about more than just the alleviation of symptoms; it's about building resilience, gaining control over one's life, and integrating into the community despite challenges posed by mental illness. Recovery-oriented systems focus on individual strengths and values, recognizing the person's right to choose their own path towards recovery. Services and treatments are designed to be supportive, personalized, and responsive, ensuring that they foster hope, dignity, and respect. The emphasis is on seeing the person as a whole, rather than merely focusing on their diagnosis or symptoms. This shift towards a recovery model represents a fundamental change from traditional models of mental health care, which often emphasized long-term treatment and management of symptoms, sometimes with a focus on institutional care. Instead, the recovery model supports the idea that individuals can make meaningful progress in their lives, despite mental health challenges.

By adopting recovery as the guiding principle, mental health organizations in the U.S. aim to transform the way services are delivered. This involves adjusting policies, training providers, and reshaping treatment programs to support individuals' recovery journeys. The goal is not only to improve the quality of life for those affected by mental health conditions but also to change societal perceptions and reduce stigma associated with mental illness.

The adoption of the recovery principle encourages a collaborative approach to mental health care, where professionals and patients work together to develop treatment plans that acknowledge personal goals and promote self-empowerment. This collaborative atmosphere is essential for creating an environment where individuals feel supported and motivated to pursue their recovery.

#### NEW QUESTION # 44

Evidence of all but which of the following is required to prove that negligence occurred?

- A. That the nurse had a duty to care for the patient.
- B. That the harm resulted from the nurse's action or inaction.
- **C. That the nurse intended to cause the patient harm**
- D. That a breach of duty occurred exposing the patient to unreasonable risk of harm.

#### Answer: C

Explanation:

To understand the factors that need to be proved for a case of negligence, particularly in healthcare, it is essential to distinguish between negligence and intentional harm. Here's an expanded explanation of each component:

**\*\*Duty of Care\*\*:** The first element that must be established is that the nurse (or healthcare provider) had a duty of care towards the patient. A duty of care arises when a professional relationship is established, which legally obligates the healthcare provider to adhere to a standard of reasonable care while performing any acts that could foreseeably harm patients. This duty is a fundamental prerequisite in a negligence case. It is established simply by the nature of the nurse-patient relationship.

**\*\*Breach of Duty\*\*:** Once a duty of care is established, the next step is to prove that there was a breach of this duty. A breach occurs when the nurse fails to meet the standard of care that is expected in their professional duties. This can be through an action (such as administering the wrong medication) or inaction (such as failing to monitor a patient's vital signs). It must be demonstrated that the nurse's conduct fell below the accepted standard of care in the medical community.

**\*\*Causation\*\*:** It must also be shown that the breach of duty caused harm to the patient. This means linking the nurse's specific action or inaction directly to the harm that occurred. The harm must be a reasonably foreseeable consequence of the nurse's breach of duty.

**\*\*Damage\*\*:** Finally, it must be proven that the breach of duty resulted in actual damages to the patient. This can include physical injury, emotional distress, increased medical bills, or loss of income.

**\*\*Intention to Cause Harm\*\*:** Importantly, in cases of negligence, the intent to harm is not a required element. Negligence focuses on the breach of duty leading to harm rather than the intention behind it. This is crucial to differentiate from other legal concepts like assault or battery, where intent to cause harm is a core component. In negligence, whether the nurse intended to harm is irrelevant; the focus is on whether the standard of care was not met and led to harm.

Therefore, in the context of the question, the evidence of "That the nurse intended to cause the patient harm" is not required to prove that negligence occurred. This is the element that is distinct from the others and is not necessary for establishing a negligence claim. In summary, negligence revolves around the duty of care, breach of that duty, causation, and resulting damages, without a need to prove any intent to harm.

#### NEW QUESTION # 45

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