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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q90-Q95):

NEW QUESTION # 90

Which of the following would not be included under the Standards of Professional Performance?

- **A. Diagnosis**
- B. Education
- C. Ethics
- D. Evidence-based practice and research

Answer: A

Explanation:

In the field of professional practice, particularly in healthcare, standards are established to provide a framework for consistent quality and accountability among professionals. These standards are generally categorized into two main groups: **Standards of Practice** and **Standards of Professional Performance**. Each serves distinct yet complementary roles in ensuring the efficacy and ethics of professional conduct.

The **Standards of Practice** focus on the clinical and operational aspects of a professional's role. They are concerned with direct patient care activities, guiding professionals on how to perform specific tasks or procedures correctly, and make accurate clinical judgments. In this context, **Diagnosis** falls under the Standards of Practice. This involves assessing patient health problems and needs, developing and following through with care plans and treatments, and maintaining records. The skillful application of this standard is crucial for effective treatment and patient safety.

On the other hand, the **Standards of Professional Performance** are broader and focus on how professionals conduct themselves and fulfill their roles beyond direct patient care. These standards encompass behaviors and attributes that support the professional's ability to perform their clinical duties but do not directly involve specific medical or clinical tasks. Some key areas included under the Standards of Professional Performance are: - **Education**: Engaging in continuous learning and professional development. - **Ethics**: Adhering to ethical principles in all professional activities. - **Evidence-based practice and research**: Integrating scientific evidence into decision-making processes. - **Quality of practice**: Enhancing the quality of care provided to patients. - **Professional practice evaluation**: Assessing one's own practice and seeking improvement. - **Communication**: Effectively communicating with patients, families, and other healthcare team members. - **Environmental health**: Understanding and advocating for environmental health practices. - **Collaboration**: Working interprofessionally to achieve optimal patient care. - **Resource utilization**: Using available resources efficiently to enhance patient care. - **Leadership**: Leading within the professional community and healthcare teams to improve patient and organizational outcomes.

Given this distinction, **Diagnosis** clearly would not be included under the Standards of Professional Performance, as it directly relates to clinical judgments and medical procedures, which are the core components of the Standards of Practice. Understanding where various activities and responsibilities fall within these standards helps in maintaining a clear focus on both the clinical excellence and the overall professional conduct expected in healthcare environments.

NEW QUESTION # 91

What vitamin or mineral deficiency would NOT cause aggressive behavior?

- **A. Calcium**
- B. Folic Acid
- C. Pyridoxine
- D. B12

Answer: A

Explanation:

Nutritional deficiencies can significantly affect both physical and mental health, and certain deficiencies are linked to changes in behavior, including aggression. However, it is important to identify which specific nutrients are associated with such changes. Among the nutrients listed, calcium is not generally linked to aggressive behavior when deficient. Calcium plays a crucial role in bone health, muscle function, and nerve signaling but does not directly influence aggression or mood to a significant extent. On the other hand, deficiencies in certain vitamins and minerals like B12, folic acid, and pyridoxine (vitamin B6) have been associated with neurological and psychological disturbances that could manifest as aggressive behavior.

Vitamin B12 is essential for the proper functioning of the nervous system and for the production of neurotransmitters that regulate

mood. Deficiency in B12 can lead to irritability and mood disturbances, among other symptoms. Folic acid is another B vitamin that is vital for the brain's functioning and emotional regulation. A deficiency in folic acid can lead to neurological impairments that may contribute to aggressive behavior.

Similarly, pyridoxine (vitamin B6) plays a role in the creation of neurotransmitters such as serotonin and dopamine, which influence mood and behavior. A deficiency in pyridoxine can disrupt the balance of these neurotransmitters, potentially leading to increased irritability and aggression.

Hence, while deficiencies in vitamins such as B12, folic acid, and pyridoxine can be linked to aggressive behavior, a deficiency in calcium generally does not cause this issue. Therefore, for the given options, calcium is correctly identified as the nutrient whose deficiency does not cause aggressive behavior.

NEW QUESTION # 92

All of the following might be considered nicotine withdrawal symptoms except?

- A. Fatigue
- B. Hunger
- C. Dizziness
- D. Diarrhea

Answer: D

Explanation:

When addressing the question of which symptom might not be considered a typical result of nicotine withdrawal, it is essential to understand the common effects of nicotine cessation. These effects can vary broadly among individuals but typically include a set of well-documented symptoms.

Fatigue is a common symptom experienced during nicotine withdrawal. Nicotine is a stimulant, and when a person stops using it, the body may react by feeling unusually tired or lethargic. This fatigue occurs because the body is adjusting to the absence of the stimulant effects of nicotine that it had previously adapted to.

Dizziness is another symptom frequently reported during the withdrawal phase. This can happen due to changes in neurotransmitter activity in the brain after quitting nicotine. Nicotine affects neurotransmitters that can influence mood, cognition, and physical balance, and the sudden absence of nicotine disrupts this balance, potentially leading to feelings of dizziness.

Increased hunger or appetite is also a typical symptom of nicotine withdrawal. Nicotine can act as an appetite suppressant, and when it is no longer being used, individuals might find that their appetite increases as the body no longer receives the substance that once curbed hunger. This can lead to more frequent feelings of hunger as normal appetite regulation resumes.

On the other hand, diarrhea is not typically associated with nicotine withdrawal. Instead, individuals experiencing nicotine withdrawal are more likely to encounter gastrointestinal issues such as constipation. This is because nicotine usage can increase bowel movements, and removing nicotine can slow down these processes, leading to constipation. Therefore, diarrhea would be considered atypical as a symptom of nicotine withdrawal.

Understanding these symptoms can help in managing the expectations and treatment approaches for those undergoing nicotine withdrawal. Recognizing that diarrhea is not a standard withdrawal symptom while constipation might be expected could be crucial for medical professionals and individuals planning to quit nicotine, ensuring they are better prepared for what to expect during the cessation process.

NEW QUESTION # 93

A client is concerned that they may become an alcoholic because their mother was. What statement is true about genetic influences in alcoholism?

- A. Biological offspring of alcoholic parents do not have a significantly greater incidence of alcoholism than offspring of nonalcoholic parents, but only if they are reared by the biological parents.
- B. Biological offspring of alcoholic parents do not have a significantly greater incidence of alcoholism than offspring of nonalcoholic parents.
- C. An apparent hereditary factor is involved in the development of substance-use disorders, but less so with alcoholism.
- D. Children of alcoholics are three times more likely than other children to become alcoholics.

Answer: D

Explanation:

When addressing concerns about genetic influences on alcoholism, it is essential to understand the role heredity plays in the likelihood of developing this disorder. Research has consistently demonstrated that children of alcoholic parents are at a higher risk compared to their peers whose parents are not alcoholics. Specifically, these children are three times more likely to develop

alcoholism

This increased risk is supported by various studies which indicate that biological offspring of alcoholic parents have a significantly greater incidence of alcoholism than offspring of nonalcoholic parents. This pattern holds true regardless of whether the child was raised by their biological alcoholic parents or by adoptive nonalcoholic parents. Such findings highlight that the connection is likely due to genetic factors, rather than solely environmental influences.

The genetic component suggests an inherent vulnerability to alcoholism that can be passed from parents to children. The hereditary nature of alcoholism is part of a broader spectrum of substance-use disorders, where genetics play a crucial role. This genetic predisposition makes individuals more susceptible to alcoholism, emphasizing the importance of awareness and potentially preventive strategies for those at higher risk.

In summary, the statement that children of alcoholics are three times more likely to become alcoholics themselves, supported by consistent research findings, underscores a substantial genetic influence in the development of alcoholism. This genetic factor is part of the broader hereditary aspects of substance-use disorders, making it a significant point of concern and intervention for those with a family history of alcoholism.

NEW QUESTION # 94

Your client sees a nurse on the unit and thinks that it is her dead mother. This is known as which of the following abnormalities of thought?

- A. hallucination
- **B. illusion**
- C. dementia
- D. ideation

Answer: B

Explanation:

illusion

An illusion is a misperception or misinterpretation of a real external stimulus. In this scenario, the client is experiencing an illusion because she perceives a real person, the nurse, as someone else—specifically, her deceased mother. This false perception arises from an actual sensory stimulus (seeing the nurse) but is distorted by the client's mind. Illusions are different from hallucinations, which involve perceiving things that are not present at all. Illusions are also distinct from delusions, which are fixed false beliefs not based on sensory input.

hallucination

Hallucination involves sensing things that are not actually present. For example, hearing voices or seeing objects or people that are not there would be considered hallucinations. In the case described, the client is not hallucinating because she is indeed seeing a real person—the nurse. The error lies in her perception and recognition, not in the creation of a sensory experience that has no basis in reality.

ideation

Ideation typically refers to the formation of ideas or concepts. In psychiatric terms, it might involve harmful or suicidal thoughts, obsessive patterns, or other mental fixations. It does not directly relate to the sensory misinterpretations seen in the client's scenario. Here, the client does not merely have an idea or thought about her mother; she misinterprets an actual visual stimulus as being her mother.

dementia

Dementia is a broad category of brain diseases that cause long term and often gradual decrease in the ability to think and remember, affecting a person's daily functioning. Symptoms may include emotional problems, problems with language, and a decrease in motivation, not necessarily illusions. Although people with dementia might experience illusions, the scenario described does not specifically indicate that the client has dementia, only that she is experiencing an illusion. The illusion could be part of a broader cognitive issue, but without more information, it cannot be definitively linked to dementia.

NEW QUESTION # 95

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