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## Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q44-Q49):

### NEW QUESTION # 44

Which of the following is a correctly written three-part diagnosis?

- A. Excessive intake rt nutrition imbalance aeb increase of 20 pounds.
- B. Increase of 20 pounds rt excessive intake aeb nutrition imbalance.
- **C. Nutrition imbalance rt excessive intake-to-need aeb increase of 20 pounds.**
- D. Nutrition imbalance aeb 20 pound increase rt excessive intake.

**Answer: C**

Explanation:

To answer the question effectively, it's crucial to understand the structure of a properly formulated three-part nursing diagnosis, which includes: 1. **Problem (Nursing Diagnosis)**: This is a health issue that can be prevented, reduced, or resolved by nursing measures. It is often a response to a medical condition but is something that nurses can address independently or collaboratively. 2. **Etiology (Related to)**: This part identifies factors contributing to the problem or diagnosis. It provides a basis for selecting nursing interventions to address the problem. The etiology is not a medical diagnosis but rather conditions that are responsive to nursing interventions. 3. **Symptoms (As evidenced by)**: These are observable cues or inferences that support the nursing diagnosis. They include physical, psychological, sociocultural, spiritual responses, or risk behaviors.

Now, let's evaluate each option provided in the question to identify which one correctly follows this structure: 1. **Increase of 20 pounds rt excessive intake aeb nutrition imbalance.** - This statement is incorrectly structured. It lists a symptom ("increase of 20 pounds") first, followed by the etiology ("excessive intake"), and incorrectly cites "nutrition imbalance" as evidence, which is actually more of a problem statement itself. 2. **Nutrition imbalance rt excessive intake-to-need aeb increase of 20 pounds.** - This option correctly follows the three-part structure: - Problem: Nutrition imbalance - Etiology: Related to excessive intake-to-need - Symptoms: As evidenced by an increase of 20 pounds. - It clearly states that the nutritional imbalance is due to an excessive intake relative to the need, which is evidenced by a weight gain of 20 pounds. 3. **Nutrition imbalance aeb 20 pound increase rt excessive intake.** - This statement is almost correctly structured but places the evidence ("20 pound increase") before the etiology ("excessive intake"), thus not adhering correctly to the required format. 4. **Excessive intake rt nutrition imbalance aeb increase of 20 pounds.** - This statement incorrectly identifies "excessive intake" as the primary problem and "nutrition imbalance" as the etiology, which is logically inconsistent. The intake is the cause (etiology) of the imbalance, not the other way around.

Given the analysis, the correct answer is: - **\*\*Nutrition imbalance if excessive intake-to-need aeb increase of 20 pounds.\*\*** This diagnosis accurately identifies the problem (nutrition imbalance), links it to a direct cause (excessive intake relative to need), and is supported by observable evidence (weight gain of 20 pounds). This structured approach ensures clear communication and targeted nursing interventions.

#### NEW QUESTION # 45

Which of the following is considered a Ribonucleotide reductase inhibitor?

- A. Bexarotene.
- B. Mitotane.
- **C. Hydroxyurea.**
- D. Estramustine.

**Answer: C**

Explanation:

Hydroxyurea is correctly identified as a ribonucleotide reductase inhibitor. This class of drug is essential in the field of cancer pharmacology because it strategically targets and inhibits the enzyme ribonucleotide reductase. This enzyme is crucial for DNA synthesis as it is responsible for converting ribonucleotides into deoxyribonucleotides, the building blocks needed for DNA replication and repair. By inhibiting this enzyme, hydroxyurea impedes the growth of cancer cells, which are characterized by their rapid division and proliferation.

The mechanism by which hydroxyurea works involves the scavenging of tyrosyl radicals that are essential for the activity of ribonucleotide reductase. By neutralizing these radicals, hydroxyurea effectively halts the enzyme's function, leading to a reduction in the deoxyribonucleotide pools necessary for DNA synthesis. This disruption in DNA replication can lead to cell cycle arrest and ultimately, cell death in rapidly dividing cells, including those found in various cancers such as leukemia, melanoma, and ovarian cancer.

Hydroxyurea is often used in the treatment of chronic myeloid leukemia and other myeloproliferative disorders. It's also used in the management of sickle cell disease by promoting the production of fetal hemoglobin, which reduces the formation of sickle-shaped cells, thereby decreasing the occurrence of painful crises.

Other drugs listed, such as Mitotane, Estramustine, and Bexarotene, function differently: - Mitotane acts as an adrenocortical steroid inhibitor and is primarily used in the treatment of Cushing's syndrome and adrenal carcinoma. - Estramustine is an antimicrotubule agent impacting cell division and is used in prostate cancer treatment. - Bexarotene belongs to the class of retinoids and is used for the treatment of cutaneous manifestations of T-cell lymphoma.

In summary, among the options provided, Hydroxyurea is the only drug that functions as a ribonucleotide reductase inhibitor, making it a valuable tool in the treatment of diseases characterized by rapid cell proliferation. Its unique action on DNA synthesis makes it a pivotal component in the therapeutic regimens aimed at controlling the growth of cancerous cells.

#### NEW QUESTION # 46

Which of the following tests is NOT typically used to diagnose Crohn's disease?

- A. Barium enema.
- **B. Abdominal X-ray.**
- C. Abdominal MRI.
- D. Colonoscopy.

**Answer: B**

Explanation:

To determine which of the listed tests is not typically used to diagnose Crohn's disease, it is important to understand the usual diagnostic methods for this condition. Crohn's disease is a type of inflammatory bowel disease (IBD) that affects any part of the gastrointestinal tract from the mouth to the anus, though most commonly it affects the end of the small bowel (the ileum) and the beginning of the colon.

Common diagnostic tests for Crohn's disease include: 1. **\*\*Colonoscopy\*\*:** This is one of the most important tests for diagnosing Crohn's disease. It allows direct visualization of the inside of the colon and the terminal ileum, enabling the identification of inflammation, ulcers, or other abnormalities. Biopsies can also be taken during this procedure to help confirm the diagnosis. 2.

**\*\*Barium Enema\*\*:** This X-ray exam involves filling the large intestine with a barium solution to provide clearer images of the outline of the large intestine, revealing abnormalities related to Crohn's disease. 3. **\*\*Abdominal MRI\*\*:** Magnetic Resonance Imaging (MRI) of the abdomen can provide detailed images of the tissues in the abdomen and pelvis area without the use of radiation. It is particularly useful for assessing fistulas around the anal canal or small intestine.

An \*\*Abdominal X-ray\*\* is less commonly used as a primary diagnostic tool for Crohn's disease because it is not as sensitive or specific as the other tests. While it can reveal some signs of Crohn's disease, such as blockages or free air in the abdomen suggesting a perforation, it does not provide detailed images necessary for a definitive diagnosis. Therefore, an abdominal X-ray is not typically used to diagnose Crohn's disease but may be employed in emergency situations to check for complications like bowel obstructions. In conclusion, among the options given, the test that is not typically used to specifically diagnose Crohn's disease is the \*\*Abdominal X-ray\*\*. It may be used in the management or detection of complications but not as a primary diagnostic tool.

#### NEW QUESTION # 47

ICP requires draining when a patient shows pressure \_\_\_\_\_. .

- A. At 30 mm Hg.
- B. At 25 mm Hg.
- C. At 20 mm Hg.
- D. At 10 mm Hg.

**Answer: C**

Explanation:

Intracranial pressure (ICP) monitoring and management are crucial aspects of care for patients with conditions that affect brain pressure, such as traumatic brain injury, stroke, or hydrocephalus. ICP monitoring helps healthcare providers assess the pressure exerted within the skull. Elevated ICP can lead to serious complications, including brain herniation, which can be fatal if not promptly and effectively managed.

The standard threshold for concern in most clinical settings is an ICP of 20 mm Hg. When ICP reaches or exceeds this level, it may necessitate intervention to reduce pressure and prevent further brain injury. The specific intervention can vary but often includes the drainage of cerebrospinal fluid (CSF) to quickly lower pressure within the cranial vault. This procedure is typically done through a ventriculostomy, where a catheter is inserted into a ventricle of the brain to allow for drainage.

It's important to note that while 20 mm Hg is a commonly recognized threshold, clinical decisions often depend on both the absolute value and the context, including the patient's overall neurological status and the duration that the elevated pressure has been sustained. For example, a sustained pressure of 15 mm Hg for a prolonged period, such as five minutes or more, might also prompt intervention. This is due to the potential for sustained moderate increases in ICP to cause cumulative damage over time.

The goal of managing elevated ICP is to maintain adequate cerebral perfusion pressure (CPP) and ensure that the brain receives sufficient blood flow. CPP is calculated by subtracting the ICP from the mean arterial pressure (MAP). Maintaining a CPP of 60 to 70 mm Hg is typically targeted, but this can vary based on individual patient factors and conditions.

In conclusion, while an ICP of 20 mm Hg is a standard threshold for initiating CSF drainage, medical teams must assess each situation individually. Continuous monitoring and timely intervention are crucial in managing elevated ICP to prevent secondary brain injury and improve outcomes for patients with elevated intracranial pressure.

#### NEW QUESTION # 48

When counseling a patient with benign prostatic hypertrophy, the CNS knows to advise:

- A. Limit intake of fluids in the evening, and avoid large quantities in a short time frame.
- B. The patient should void at least twice a day.
- C. There are no surgical options available.
- D. Avoid certain bladder irritants such as cranberry juice, clear sodas, and blood pressure pills.

**Answer: A**

Explanation:

When counseling a patient with benign prostatic hypertrophy (BPH), it is crucial for a Clinical Nurse Specialist (CNS) to provide comprehensive and practical advice to manage symptoms and improve quality of life. Here's an expanded explanation of the appropriate advice:

\*\*Limiting Fluid Intake in the Evening:\*\* Patients with BPH often experience nocturia, which is frequent urination at night. By advising them to limit their fluid intake in the evening, the CNS can help reduce the frequency of nocturia. It is also beneficial to avoid consuming large quantities of fluids in a short time frame at any time of day to prevent sudden bladder pressure that can exacerbate symptoms.

\*\*Encouragement of Frequent Voiding:\*\* Encouraging patients to void regularly throughout the day can help manage the symptoms of BPH. Frequent voiding can prevent the bladder from becoming too full, which can increase pressure and worsen symptoms. It's important to void as needed rather than holding in urine for prolonged periods.

\*\*Avoidance of Bladder Irritants:\*\* Certain substances can irritate the bladder and exacerbate urinary symptoms. These include: -

\*\*Antihistamines and Anticholinergics:\*\* These medications can interfere with bladder function and exacerbate urinary retention. -  
\*\*Caffeine and Alcohol:\*\* Both substances can increase urine production and irritate the bladder, leading to more frequent urges to urinate. -  
\*\*Decongestants and Tricyclic Antidepressants:\*\* These can also impair bladder contraction and worsen symptoms of BPH.

\*\*Awareness of Surgical Options:\*\* If lifestyle modifications and medications do not sufficiently alleviate symptoms, it's important to discuss surgical options. Transurethral resection of the prostate (TURP) is a common procedure for BPH. It involves the removal of prostate tissue to relieve obstruction and improve urine flow. Informing patients about this option is crucial for those who suffer from severe symptoms that impact their quality of life.

By following this advice, patients with benign prostatic hypertrophy can better manage their symptoms and reduce the impact of BPH on their daily lives. It is important for the CNS to tailor these recommendations based on individual patient needs and the severity of their symptoms.

## NEW QUESTION # 49

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