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## Nursing ACNS VCE Dumps & Examcollection ACNS Dumps

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## Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q166-Q171):

### NEW QUESTION # 166

Of the following, which is an example of an impaired absorption reason contributing to iron deficiency?

- A. Multiple gestation.
- B. Goodpasture syndrome.
- C. Epistaxis.
- D. **Gastrectomy.**

**Answer: D**

Explanation:

Of the various conditions listed, gastrectomy is uniquely associated with impaired absorption of iron, contributing to iron deficiency. Gastrectomy, the surgical removal of all or part of the stomach, can significantly affect the body's ability to absorb nutrients, including

iron. This is because the stomach plays a crucial role in the initial stages of iron absorption. During digestion, stomach acids help convert dietary iron into a form that is more easily absorbed in the intestines. With reduced stomach capacity or altered stomach function following gastrectomy, there is a decreased secretion of gastric acid, which is essential for iron absorption.

In contrast, the other conditions mentioned-Goodpasture syndrome, multiple gestation, and epistaxis-do not primarily involve impaired nutrient absorption. Goodpasture syndrome is an autoimmune disorder affecting the lungs and kidneys, leading to bleeding in the lungs and kidney dysfunction, but it does not directly impair gastrointestinal nutrient absorption. Multiple gestation increases the demand for iron due to the needs of more than one fetus, potentially leading to deficiency if the increased demand is not met through diet or supplements. However, it does not inherently affect the absorption processes in the digestive tract. Epistaxis, commonly known as nosebleeding, can cause iron deficiency through chronic blood loss, but again, it does not impact the absorption of iron in the gastrointestinal system.

Therefore, among the options provided, gastrectomy is the correct answer as it directly relates to an impaired absorption mechanism contributing to iron deficiency. This understanding highlights the importance of monitoring and potentially supplementing iron in patients who have undergone this surgical procedure to prevent or address iron deficiency anemia.

#### NEW QUESTION # 167

An assessment in which you discuss with the patient his or her beliefs about a higher power is known as which of the following?

- A. Psychosocial assessment.
- B. Psychological assessment.
- C. Cultural assessment.
- D. **Spiritual assessment.**

#### Answer: D

Explanation:

A spiritual assessment is a crucial component of holistic patient care, as it involves understanding and evaluating a patient's religious and spiritual beliefs. This type of assessment is important because spiritual beliefs can significantly influence a person's health behaviors, coping mechanisms, and overall well-being. It involves open, respectful conversations where healthcare professionals ask about the patient's faith, beliefs, and spiritual practices.

During a spiritual assessment, healthcare providers aim to gather information about the patient's religious affiliations, beliefs about a higher power, personal spirituality, and the role these play in their life. This is not solely about identifying a patient's religion; it also includes understanding the personal value systems and spiritual practices that guide their daily living. Such an assessment helps in tailoring the healthcare approach to align with the patient's spiritual needs and preferences.

It is essential for healthcare professionals to approach this assessment with sensitivity and without any assumptions or biases. Even if a patient does not adhere to any specific religious practice or express a strong interest in spirituality, discussing these topics can help in identifying core values that are important for the patient's care and recovery process. This ensures that the healthcare provider respects the patient's beliefs and contributes to a more personalized and effective care plan.

Incorporating spiritual assessments into patient care not only helps in understanding the patient better but also enhances the therapeutic relationship. It demonstrates respect for the patient's whole person and acknowledges the importance of spirituality in health and healing. Thus, conducting a spiritual assessment is a fundamental practice in achieving comprehensive and compassionate healthcare.

#### NEW QUESTION # 168

A patient who demonstrates a high-pitched harsh sound on inhalation is described as having which of the following?

- A. Sibilant breath sounds.
- B. Vesicular breath sounds.
- C. **Stridor breath sounds.**
- D. Bronchial breath sounds.

#### Answer: C

Explanation:

Stridor is a specific type of breath sound characterized by a high-pitched, wheezing sound that primarily occurs during inhalation. This breath sound is indicative of an obstruction in the throat or voice box (larynx) or higher in the windpipe (trachea). When the airway is partially blocked in these areas, it causes the air moving through to generate a turbulent flow, leading to the distinctive stridor noise.

The causes of stridor are varied and can include infections such as croup, which is common in young children and affects the larynx and trachea. Other causes might be more serious conditions like a foreign body lodged in the airway, swelling due to allergic

reactions, or abnormalities such as vocal cord paralysis or tumors.

The clinical significance of stridor is high, as it often indicates a potentially life-threatening condition that requires immediate medical attention. Diagnosing the exact cause of stridor typically involves a thorough history and physical examination, followed potentially by imaging studies like X-rays, and direct visualization using a scope (endoscopy).

Treatment for stridor is focused on the underlying cause. For instance, if the cause is an infection, appropriate antibiotics or antiviral medications will be used. In cases of an allergic reaction, administering epinephrine and corticosteroids to reduce inflammation might be necessary. In emergency situations where the airway is significantly obstructed, procedures to secure the airway, such as intubation or a tracheotomy, might be required.

In summary, stridor is a serious symptom that signifies an obstructed airway and should always be evaluated by a healthcare professional promptly to determine the underlying cause and initiate appropriate treatment.

#### **NEW QUESTION # 169**

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 large intestine**
- C. cancer of the small bowel
- D. cancer of the stomach

#### **Answer: B**

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 # 170**

You are assessing a 52-year old woman with chronic obstructive pulmonary disease (COPD). When discussing immunizations, what should you advise this client?

- A. She must take an antiviral during the influenza season due to her age and diagnosis.
- B. She would benefit from the live attenuated influenza virus vaccine.
- C. Nothing is needed for her disease and age group.
- **D. She needs an inactivated influenza virus vaccine.**

#### **Answer: D**

Explanation:

The correct answer is that the 52-year-old woman with chronic obstructive pulmonary disease (COPD) should receive an inactivated influenza virus vaccine. This recommendation is based on the increased risk that patients with COPD face with regard to contracting respiratory infections like influenza. Influenza can exacerbate the symptoms of COPD, leading to more severe health complications, including respiratory failure, the need for hospitalization, and even death.

Influenza is a highly contagious viral infection that affects the respiratory system and can be particularly severe in individuals with pre-existing health conditions such as COPD. The inactivated influenza vaccine, which does not contain live virus, is given to provide protection against the strains of flu virus that research indicates will be most common during the upcoming flu season. The vaccine works by stimulating the body's immune system to produce antibodies against the influenza virus, thereby offering protection against the disease.

It is important to note that patients with COPD should specifically receive the inactivated influenza vaccine, rather than the live attenuated influenza vaccine (LAIV). The LAIV is generally given as a nasal spray and contains a weakened but still live version of the virus, which could potentially cause complications in individuals with compromised respiratory systems.

Annual vaccination is recommended because the influenza virus rapidly changes and different strains circulate each year. The composition of the influenza vaccine is reviewed annually and updated to match the circulating viruses. Ensuring that the vaccine administration occurs every year before the onset of the influenza season maximizes the patient's protection during the peak viral periods.

In addition to the annual influenza vaccine, it is also advisable for individuals with COPD to stay updated with other vaccinations, such as the pneumococcal vaccine, as recommended by healthcare providers. These vaccines provide protection against other respiratory pathogens that can cause serious complications in patients with COPD.

In summary, advising a patient with COPD to receive an annual inactivated influenza vaccine is crucial for preventing serious complications associated with influenza infections. This preventive measure is part of comprehensive care for individuals with chronic respiratory conditions and is supported by various health guidelines and studies.

## NEW QUESTION # 171

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