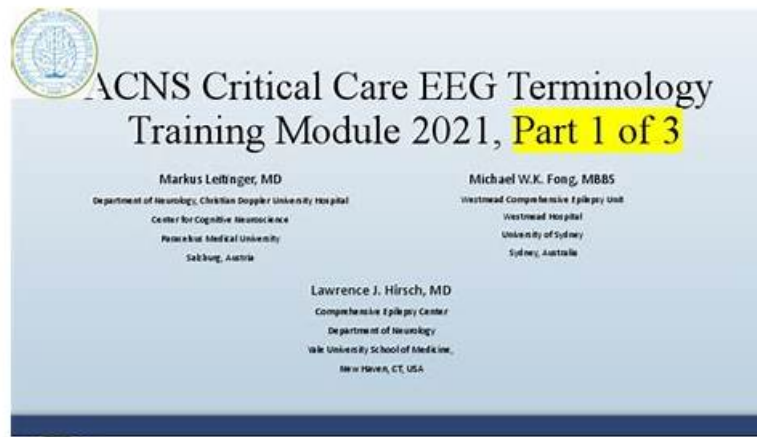


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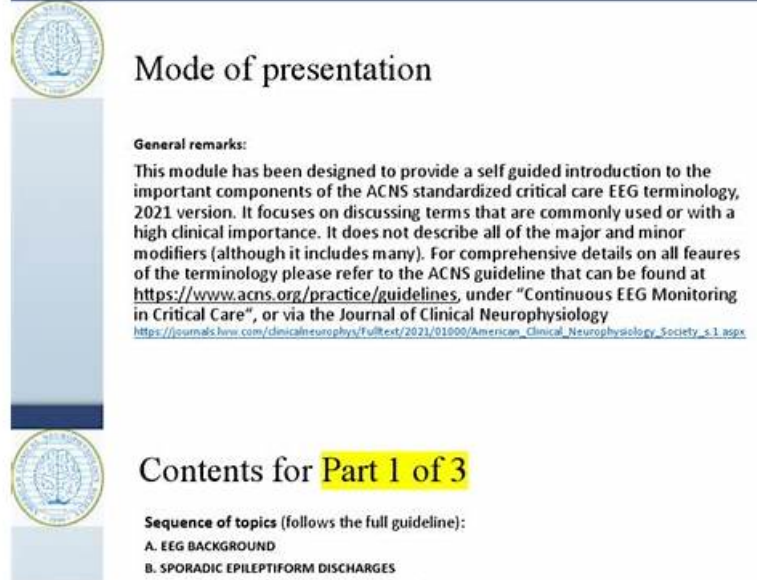


ACNS Critical Care EEG Terminology
Training Module 2021, **Part 1 of 3**

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Mode of presentation

General remarks:
This module has been designed to provide a self guided introduction to the important components of the ACNS standardized critical care EEG terminology, 2021 version. It focuses on discussing terms that are commonly used or with a high clinical importance. It does not describe all of the major and minor modifiers (although it includes many). For comprehensive details on all features of the terminology please refer to the ACNS guideline that can be found at <https://www.acns.org/practice/guidelines>, under "Continuous EEG Monitoring in Critical Care", or via the Journal of Clinical Neurophysiology https://journals.lww.com/clinicalneurophys/Fulltext/2021/01000/American_Clinical_Neurophysiology_Society_s1.aspx

Contents for **Part 1 of 3**

Sequence of topics (follows the full guideline):
A. EEG BACKGROUND
B. SPORADIC EPILEPTIFORM DISCHARGES

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q163-Q168):

NEW QUESTION # 163

Screening for cancer in the geriatric population includes all of the following recommendations except:

- A. colon cancer
- B. prostate cancer
- **C. cervical cancer**
- D. skin cancer

Answer: C

Explanation:

The question asks which type of cancer screening is **not** typically recommended for the geriatric population. To answer this, we need to examine the appropriateness and utility of various cancer screenings among elderly populations.

****Cervical Cancer Screening:**** Cervical cancer screening, such as the Pap smear test, is generally recommended for women up to the age of 65. However, it is not typically recommended for women older than 65 if they have had adequate prior screening and are not at high risk for cervical cancer. The rationale behind this recommendation is based on the observation that cervical cancer develops over many years, so older women who have had regular screenings with normal results are unlikely to develop the disease. Furthermore, the potential harms of screening in this age group, such as false positives and invasive procedures, may outweigh the benefits.

****Breast Cancer Screening:**** Screening for breast cancer, typically using mammography, continues to be recommended for older women, often up to the age of 74 or as long as a woman is in good health. The incidence of breast cancer increases with age, making it important to continue screening in the elderly population.

****Prostate Cancer Screening:**** The decision to screen for prostate cancer in older men (usually with the PSA test) is typically individualized based on a man's overall health, life expectancy, and personal preferences. While prostate cancer also increases with age, the growth of the cancer is usually slow, leading to the consideration that screening might not benefit all elderly men.

****Colon Cancer Screening:**** Screening for colon cancer is recommended up to the age of 75 or older, depending on individual health status and prior screening history. Techniques such as colonoscopy, sigmoidoscopy, or fecal occult blood tests are used. Given that colon cancer can still occur frequently in older adults and has a significant potential for being cured if detected early, this screening is considered beneficial.

****Skin Cancer Screening:**** Regular skin examinations by a healthcare provider or dermatologist may be recommended for older adults, especially if they have risk factors like a history of prolonged sun exposure or previous skin cancers. Skin cancer is the most common form of cancer in the United States and can occur at any age, making routine checks valuable.

In conclusion, among the listed types of cancer, cervical cancer screening is typically the one not routinely recommended for most individuals in the geriatric population, provided they have had adequate prior screening and are not at high risk. This approach helps to avoid unnecessary interventions and focus healthcare resources on more probable health risks in the elderly.

NEW QUESTION # 164

A male patient is in the office with a deep cough, which is worse at night, as well as wheezing and mucoid sputum production. A diagnosis of bronchitis is made. Which of the following is NOT a good management technique?

- A. Tell the patient to avoid antihistamines.
- **B. Cough suppressants are encouraged in all cases.**
- C. Tell the patient to stop smoking.
- D. Antibiotic treatment is not recommended in uncomplicated acute bronchitis.

Answer: B

Explanation:

The question is about the appropriate management techniques for a patient diagnosed with bronchitis. Bronchitis typically involves inflammation of the bronchial tubes, which carry air to and from the lungs. This inflammation results in symptoms such as a deep cough, wheezing, and production of mucoid sputum, often worsening at night.

Among the management options presented, the incorrect one is that "Cough suppressants are encouraged in all cases." This statement is not appropriate for managing bronchitis for several reasons: 1. ****Purpose of Coughing****: Coughing is a protective mechanism by which the body attempts to clear the airways of mucus and other irritants. Suppressing this cough could lead to further accumulation of mucus, which can harbor pathogens and potentially worsen the respiratory infection. 2. ****Sleep Disruption****: While it is true that severe coughing can disrupt sleep and impact overall rest and recovery, the use of cough suppressants is generally recommended only in cases where the cough is excessively bothersome, particularly at night. This helps ensure that the patient can rest, which is crucial for recovery. During daytime, however, it is often better to allow coughing to continue its role in clearing the bronchial passages.

Other management techniques mentioned alongside the question of cough suppressants include: - ****Telling the patient to avoid antihistamines****: This is considered a good management technique because antihistamines can dry up secretions, making it harder to

clear mucus, potentially worsening the patient's condition. - ****Telling the patient to stop smoking****: Smoking cessation is crucial in managing bronchitis as smoking can exacerbate symptoms and slow down the healing process by further irritating the bronchial tubes. - ****Antibiotic treatment is not recommended in uncomplicated acute bronchitis****: This is appropriate because most cases of acute bronchitis are viral in origin, and antibiotics are ineffective against viruses. Unnecessary antibiotic use can lead to antibiotic resistance and other side effects.

In conclusion, while cough suppressants can be useful in specific situations, particularly for aiding sleep by controlling nighttime coughing, they are not encouraged universally in all cases of bronchitis. Their use should be judicious, balancing the need for comfort and sleep against the natural and beneficial action of coughing in clearing the bronchial passages.

NEW QUESTION # 165

You are caring for an elderly patient who has had a cerebrovascular accident (CVA) and is incontinent of urine. The family should be taught to:

- A. restrict fluid intake
- B. reposition the patient often to reduce the discomfort of urgency
- **C. establish a scheduled voiding pattern**
- D. insert a Foley catheter

Answer: C

Explanation:

In the context of caring for an elderly patient who has experienced a cerebrovascular accident (CVA) and is facing challenges with incontinence, the most appropriate intervention is to establish a scheduled voiding pattern. This approach involves setting specific times for the patient to attempt urination throughout the day, which can help in regaining a sense of control over bladder function. This method is particularly beneficial as it encourages the patient to maintain an active role in their care and promotes the natural function of the bladder.

The option of inserting a Foley catheter, while seemingly convenient, is generally not advisable in this scenario unless absolutely medically necessary. Long-term use of catheters can significantly increase the risk of urinary tract infections and other complications. Catheters can be uncomfortable and may diminish the patient's independence and dignity.

Restricting fluid intake is another option that might seem beneficial but is typically counterproductive. Adequate hydration is crucial, especially in elderly patients, to prevent urinary tract infections and to ensure overall kidney health. Restricting fluids can lead to dehydration and further complicate health issues.

Repositioning the patient often is generally a good practice to prevent pressure sores and improve comfort but does not directly address the issue of bladder control. While it might provide temporary relief from the discomfort associated with the urge to urinate, it does not help in managing incontinence effectively.

Therefore, establishing a scheduled voiding pattern is the most appropriate and effective approach. This method not only aids in managing incontinence by training the bladder but also aligns with the goals of enhancing patient autonomy and minimizing the risk of infections. Regular toileting can help the patient regain confidence and reduce the incidence of incontinence, thereby improving their overall quality of life following a stroke.

NEW QUESTION # 166

Part of health promotion for the adult patient is to recommend an exercise regimen. Which of the following is a good recommendation for the adult patient?

- A. The goal of exercise for the adult is to sustain target heart rate for 50 minutes for maximum cardiopulmonary conditioning.
- **B. The focus should be on fundamental fitness, not sport-specific skills.**
- C. The intensity or component of the program should be increased to build stamina if the patient is unable to talk while exercising.
- D. Contraindications for exercise include asthma, obesity, and hypertension.

Answer: B

Explanation:

When recommending an exercise regimen for an adult patient, it is important to focus on fundamental fitness rather than sport-specific skills. This approach ensures that the exercise program is suitable for a general audience and not tailored only for individuals who participate in specific sports. Fundamental fitness includes activities that improve cardiovascular health, strength, flexibility, and endurance, which are essential components of a well-rounded fitness program.

Sport-specific training, while beneficial for athletes, might not address the general health and fitness needs of the average adult.

Sports skills often focus on optimizing performance in specific movements or strategies pertinent to a sport, which may not provide

the comprehensive health benefits that general fitness activities would offer. Therefore, for most adults, especially those not engaged in professional or competitive sports, an emphasis on fundamental fitness activities is more beneficial.

It is also crucial to adjust the intensity of the exercise based on the individual's capability. If a patient is unable to talk while exercising, it suggests that the intensity may be too high, and they are likely exceeding their aerobic threshold. In such cases, it is recommended to decrease the intensity. Being able to talk comfortably during exercise (often referred to as the "talk test") indicates a moderate intensity level that is generally safe and effective for improving cardiovascular health. As the patient's fitness level improves, the intensity can gradually be increased within safe limits, ensuring continual progress while minimizing the risk of injury or undue stress.

Additionally, even individuals with chronic conditions like asthma, obesity, and hypertension can benefit from adjusted and monitored exercise regimens. Exercise for such patients should be tailored and supervised by healthcare professionals to ensure safety and effectiveness. Regular physical activity can help manage these conditions, improving overall health outcomes.

The ultimate goal of exercising is not just to increase the duration of activity but to maintain a target heart rate that maximizes cardiovascular benefits and promotes calorie expenditure, which is crucial for weight management and metabolic health. Typically, maintaining the target heart rate for a duration of 30 minutes per session is recommended for substantial health benefits.

In conclusion, when advising adult patients about exercise, healthcare providers should emphasize the importance of fundamental fitness over sport-specific skills, adjust exercise intensity based on individual capabilities, cater to special needs of those with chronic conditions, and focus on achieving and maintaining a target heart rate. This balanced approach helps in promoting overall health and well-being in the adult population.

NEW QUESTION # 167

Of the following which is a promotility agent you'd prescribe for your patient's gastrointestinal disorder?

- A. Metoclopramide.
- B. Tegaserod.
- C. Alosetron.
- D. Senna.

Answer: A

Explanation:

To answer the question about which drug is a promotility agent that could be prescribed for a patient's gastrointestinal disorder, it is essential to understand what each listed medication is typically used for and how they function.

****Metoclopramide:**** This is the correct answer to the question. Metoclopramide is a well-known promotility agent used primarily to treat nausea, vomiting, and gastroparesis (delayed gastric emptying). It works by enhancing the motility of the stomach and intestines, which helps speed the movement of food through the gastrointestinal tract. It acts by blocking dopamine receptors and increasing the release of acetylcholine in the gut, which stimulates gastric motility and accelerates gastric emptying. It's often prescribed under the brand name Reglan.

****Senna:**** This is not a promotility agent but rather a stimulant laxative. Senna works by irritating the lining of the bowel, which causes a laxative effect. It is primarily used to treat constipation and to clear the bowel before diagnostic tests such as colonoscopy. Senna does not enhance the motility of the upper gastrointestinal tract and thus is not useful as a promotility agent.

****Tegaserod:**** This medication is a selective 5-HT₄ receptor agonist that was used to treat irritable bowel syndrome (IBS) with constipation and chronic idiopathic constipation. It works by mimicking the action of serotonin at the 5-HT₄ receptor, enhancing peristaltic reflex and intestinal secretion, which helps increase gastrointestinal motility. However, it is not typically classified as a promotility agent like Metoclopramide, and its use has been limited due to concerns over cardiovascular side effects.

****Alosetron:**** This drug is a selective 5-HT₃ receptor antagonist used primarily for the management of severe diarrhea-predominant irritable bowel syndrome (IBS) in women. Alosetron works by blocking serotonin receptors in the gastrointestinal tract, reducing bowel motility, and enhancing absorption. It effectively manages symptoms of IBS but does not promote motility; rather, it slows it down in cases of diarrhea-predominant IBS.

In conclusion, among the options provided, Metoclopramide is the only appropriate promotility agent for treating gastrointestinal disorders that involve delayed gastric emptying or reduced motility. The other listed drugs serve different purposes and act through mechanisms that do not enhance gastrointestinal motility in the way promotility agents like Metoclopramide do.

NEW QUESTION # 168

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This feedback may cause you to have to make adjustments, New ACNS Test Test which are much easier to make early than later, This sets the scene for the following chapter, where we suggest a number of cool hacks, easily inserted New ACNS Test Registration in the example Perl script, to modify and extend wiki behavior beyond the basics for specified contexts.

- [illegible]