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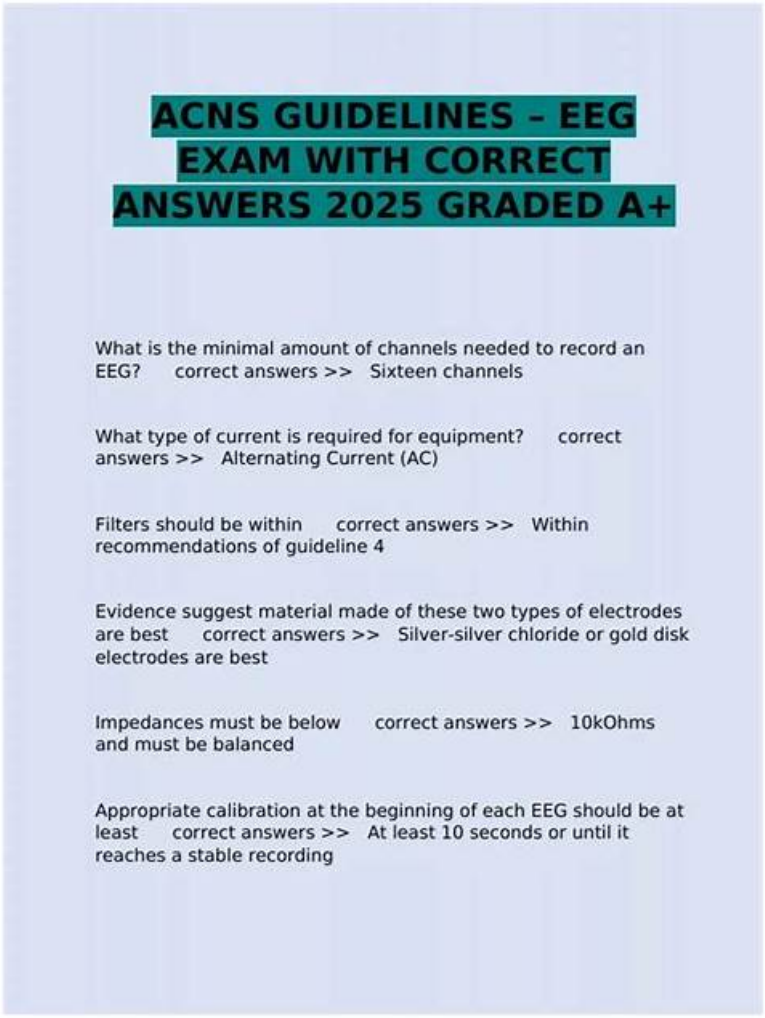

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q113-Q118):

NEW QUESTION # 113
You are seeing a female patient who has undergone surgery and was bed-bound for a period of time. She has a clinical presentation that is suspicious of deep vein thrombophlebitis (DVT). Which of the following does the Adult Clinical Nurse Specialist find if she has a DVT?

- A. warmth over the affected area
- B. unilateral leg edema
- C. severe leg pain
- D. ecchymosis and joint swelling

Answer: B

Explanation:
When evaluating a patient with a clinical presentation suspicious of deep vein thrombosis (DVT), especially in a post-surgical, bed-bound female patient, certain key clinical signs and symptoms are typically assessed by healthcare professionals, including Adult Clinical Nurse Specialists. DVT is a serious condition where a blood clot forms in a deep vein, usually in the legs. This blockage can cause various symptoms and can lead to significant complications if not promptly treated.
Unilateral Leg Edema: Unilateral leg edema, or swelling of one leg, is one of the most common and visible signs of DVT. This swelling occurs due to the obstruction of blood flow in the deep veins, leading to an accumulation of fluid in the tissues of the affected leg. The swelling is usually confined to the leg with the thrombus (blood clot) and is typically not present in the other leg unless there is another underlying condition.
Warmth Over the Affected Area: Alongside swelling, warmth over the area of the clot is another symptom indicative of DVT. The warmth is due to inflammation and increased blood flow to the area as the body attempts to respond to the vascular injury caused by the clot.
Pain and Tenderness: Pain in the leg, which can be described as cramping or soreness, is also commonly associated with DVT. The pain typically worsens when bending the foot upward towards the knee.
Redness or Discoloration: The affected leg may show signs of redness or a bluish discoloration, which is due to the impaired blood circulation.
Superficial Venous Distention: In some cases, superficial veins may become more prominent as the body attempts to establish new pathways for blood flow around the blocked deep vein. Repeatedly, the presence of unilateral leg edema is a significant indicator of DVT, often accompanied by other symptoms such as pain, warmth, and redness in the affected leg. Given the potentially life-threatening complications of DVT, such as pulmonary embolism, prompt diagnosis and management are crucial. Diagnostic methods typically include Doppler ultrasound imaging of the affected limb, D-dimer tests, and sometimes more advanced imaging techniques like venography or MRI. Treatment often involves anticoagulation therapy to prevent further clotting, and in some cases, interventions to remove the clot may be necessary.

NEW QUESTION # 114
Which of the following is a sign?

- A. Patient reports feeling chills.
- B. Patient reports difficulty sleeping.
- C. Patient's skin is cool and clammy to the touch.
- D. Patient reports night sweats.

Answer: C

Explanation:
In medical practice, distinguishing between a "sign" and a "symptom" is crucial for diagnosis and treatment planning. A "sign" is an objective indication of a disease or a patient's condition that can be observed or measured by a clinician or healthcare provider. This means that a sign is tangible evidence of an ailment that does not rely on patient feelings or reports, but rather on physical examination, lab results, or other diagnostic tools. The correct answer to the given question, "Patient's skin is cool and clammy to the touch," represents a sign. Here's why: 1. **Objective Observation**: The condition of the patient's skin being "cool and clammy" can be physically felt by a healthcare provider. This observation does not depend on the patient's subjective report but is directly measurable through touch. 2. **Verifiable by Medical Examination**: Any healthcare provider can verify the same condition independently by touching the patient's skin, making it a reproducible and confirmable finding. 3. **Indicator of Physiological State**: Cool and clammy skin can indicate various underlying conditions such as shock, hypoperfusion, anxiety, or hypoglycemia, among others. The presence of such a sign is crucial for diagnosis as it provides concrete evidence that can guide further testing or

immediate therapeutic interventions. On the other hand, a "symptom" is a subjective experience or change in condition as reported by the patient that indicates a disease or a change in condition. Symptoms are not directly observable by a healthcare provider but are reported by the patient, such as pain, fatigue, or nausea. These are subjective because they are experiences felt by the patient, which may not be directly measurable and can vary in perception between different individuals. For example, if the question were about a patient reporting difficulty sleeping or feeling chills, these would be considered symptoms. They rely on the patient's personal experience and reporting, and cannot be objectively confirmed just by observation or physical examination without further investigative tools. Understanding the distinction between signs and symptoms is fundamental in clinical practice as it influences the approach to further diagnostic testing and management strategies. Signs allow healthcare providers to apply their clinical skills in observing and noting aspects of the patient's health that are critical for forming a diagnosis and deciding on an appropriate course of treatment.

NEW QUESTION # 115
A patient who is described as having a pleural friction rub will exhibit which of the following?

- A. Hollow, high-pitched breath sounds.
- B. A high-pitched harsh sound on inhalation.
- C. A low-pitched, grating sound on inhalation or exhalation.
- D. Whistling, high-pitched breath sounds.

Answer: C

Explanation:
A pleural friction rub is an important clinical finding in the respiratory examination, often indicative of pleural inflammation. The pleurae are thin membranes enveloping the lungs and lining the chest cavity. Normally, these membranes are smooth, allowing the lungs to expand and contract with minimal friction during breathing. However, inflammation of the pleurae (pleuritis) can cause these surfaces to become rough, leading to the characteristic sounds heard in a pleural friction rub.
A pleural friction rub is typically described as a low-pitched, grating or creaking sound. This sound is produced when the roughened, inflamed pleural surfaces rub against each other during inhalation or exhalation. Unlike breath sounds which are generally continuous, a pleural rub is discontinuous and is often compared to the sound of walking on fresh snow or leather rubbing together.
This sound is best heard during the examination when a stethoscope is placed on the chest wall, usually at the lateral lung fields where the movement of the pleura is greatest. It can occur during either phase of respiration but is most prominent during the end of inspiration and the beginning of expiration, where the movement of the lungs and pleura is maximal.
The presence of a pleural friction rub is significant as it often points to underlying pathological conditions. Common causes include viral pleuritis, bacterial pneumonia, pulmonary infarction, and autoimmune disorders such as rheumatoid arthritis or lupus. Diagnosis and further evaluation typically involve imaging studies like chest X-ray or CT scan, and sometimes analysis of pleural fluid obtained via thoracentesis if pleural effusion is present.
It is crucial to differentiate a pleural friction rub from other types of abnormal lung sounds, such as wheezes or crackles. Wheezes, which are high-pitched and musical in nature, suggest airway obstruction. Crackles, which can be fine or coarse, are associated with conditions like pulmonary edema or fibrosis, indicating different underlying mechanisms and disease processes.
In conclusion, recognizing the sound of a pleural friction rub and understanding its implications allows for timely investigation and management of the underlying causes of pleural inflammation. This is essential for preventing complications associated with the progression of untreated pleural diseases.

NEW QUESTION # 116
The Adult Clinical Nurse Specialist is seeing a 66-year old woman with well controlled hypertension. She finds that this patient is taking hydrochlorothiazide and has ad a 3 day history of a unilateral throbbing headache. She cannot chew because it increases the pain. Her physically exam is unremarkable except for a tender, incompressible right temporal artery. Her vital signs are normal. What is her diagnosis?

- A. age-related headache
- B. giant cell arteritis
- C. migraine with aura
- D. transischemic attack

Answer: B

Explanation:
The correct diagnosis for the patient described is giant cell arteritis (GCA), also known as temporal arteritis. This condition is an important consideration due to the patient's age, symptoms, and examination findings. Giant cell arteritis is a form of vasculitis that

predominantly affects older adults, typically those over the age of 50.
The key symptoms prompting consideration of GCA in this patient include a new, unilateral, throbbing headache and pain upon chewing (jaw claudication). These symptoms reflect the typical inflammatory process associated with GCA that affects the blood vessels supplying the scalp and muscles involved in mastication. The tenderness and incompressibility of the temporal artery on physical examination are classic signs of this disease. These physical signs are indicative of inflammation and possible thickening of the arterial walls, which can be palpable as a tender, hardened, or cord-like structure along the temple.
Additionally, while the patient's hypertension is well-controlled and might not directly relate to her current symptoms, it's important to consider that systemic vascular issues are more prevalent in patients with long-term hypertension. This background could indirectly increase the susceptibility or mask some symptoms of vascular inflammatory conditions like GCA.
The importance of timely diagnosis and treatment of giant cell arteritis cannot be overstated. If left untreated, GCA can lead to serious complications such as irreversible vision loss due to involvement of the arteries that supply the optic nerve. The typical treatment involves high-dose corticosteroids, which can significantly alleviate symptoms and prevent complications if started early.
In conclusion, the symptoms of a persistent, severe headache localized to one side of the head, jaw pain during mastication, and a tender, incompressible temporal artery in an elderly patient strongly point towards a diagnosis of giant cell arteritis. Immediate further investigation, typically including blood tests like the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP), and potentially a temporal artery biopsy, is warranted to confirm the diagnosis and commence appropriate treatment.

NEW QUESTION # 117
Screening for cancer in the geriatric population includes all of the following recommendations except:

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

Answer: B

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 # 118
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