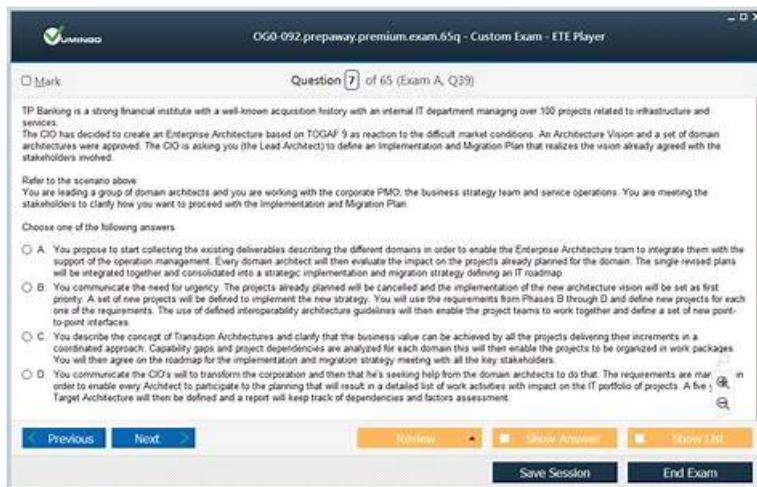


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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q40-Q45):

NEW QUESTION # 40

What position should a patient be in before extubation?

- A. Elevated at 30 degree.
- B. Lying flat.
- C. Sitting at 45 degrees.
- D. Sitting at 55 degrees.

Answer: C

Explanation:

The recommended position for a patient before extubation is sitting at a 45-degree angle. This semi-upright position helps in several ways. First, it optimizes respiratory mechanics by allowing the diaphragm to move more freely, which can be particularly beneficial in

improving the patient's ability to breathe independently once the tube is removed. This position also aids in the reduction of aspiration risks, as it prevents secretions from accumulating at the back of the throat, which could enter the lungs and cause an infection. Before the process of extubation begins, it's crucial to ensure that the patient fully understands what the procedure will entail. Explaining the steps can help alleviate any anxiety or fear, ensuring cooperation, which is vital for a smooth extubation process. Clear communication about what to expect can also psychologically prepare the patient to retake control of their breathing, which is essential for a successful outcome.

Suctioning must be performed prior to extubation to clear any secretions from the airway. This step is critical because it minimizes the risk of blockage in the airway once the tube is removed, which can lead to breathing difficulties and potentially necessitate reintubation. Ensuring the airway is clear also reduces the risk of pulmonary complications, such as pneumonia, which could arise from the aspiration of secretions.

Thus, positioning the patient at a 45-degree angle, along with proper explanation and suctioning before extubation, are key components in ensuring the safety and success of the procedure. These steps, combined with careful monitoring post-extubation, contribute to better recovery outcomes and comfort for the patient.

NEW QUESTION # 41

Which of the following is most likely to be used to diagnose acute arterial occlusion?

- A. CT scan.
- B. MRI.
- C. Cardiac catheterization.
- D. **Angiography.**

Answer: D

Explanation:

Angiography is the most likely method used to diagnose acute arterial occlusion. This imaging technique involves the injection of a contrast agent into the bloodstream and then taking x-ray images. These images help visualize the arteries, allowing physicians to see any blockages or abnormalities. The detailed visualization provided by an angiogram makes it an essential diagnostic tool in assessing the size and location of an arterial occlusion.

Arterial occlusions are blockages in the arteries that can severely restrict blood flow. They can occur due to various reasons such as emboli (where a blood clot or other debris travels through the bloodstream and lodges in an artery), thrombosis (the formation of a blood clot within a blood vessel), or trauma (physical injury to an artery). An angiogram helps determine the exact nature of the blockage and is crucial for planning appropriate treatment strategies.

Other diagnostic methods like cardiac catheterization, MRI, and CT scans also provide valuable information about the heart and blood vessels. However, for specifically diagnosing arterial occlusions, angiography is generally more precise. Cardiac catheterization, while it does involve the use of an angiogram during the procedure, is primarily used to assess the heart's function and the coronary arteries rather than peripheral arterial occlusion. MRI and CT scans, although useful for a broad range of diagnostic purposes, do not provide the same level of detail in real-time as an angiogram regarding blood flow and vascular architecture. Therefore, due to its accuracy and the critical diagnostic information it provides, angiography is considered the most appropriate and direct method for diagnosing acute arterial occlusion. This procedure allows healthcare providers to make timely decisions about the best course of treatment to restore proper blood flow and minimize the risk of further complications like tissue damage or necrosis.

NEW QUESTION # 42

You are treating your patient with a 5HT4 agonist for his gastrointestinal disorder. Of the following, which would you prescribe?

- A. Alosetron.
- B. **Tegaserod.**
- C. Cisapride.
- D. Senna.

Answer: B

Explanation:

To address the question of which medication to prescribe for a patient's gastrointestinal disorder using a 5HT4 agonist, it is essential to understand the pharmacological role of each option listed. Here is an expanded explanation of the drug choices provided:

Tegaserod: This medication is a 5HT4 agonist and is used specifically to treat certain gastrointestinal disorders, particularly those associated with symptoms of irritable bowel syndrome (IBS) predominantly featuring constipation. Tegaserod works by enhancing the release of neurotransmitters that increase the movement of the intestines, thereby promoting bowel movements and alleviating constipation. Due to its mechanism of action targeting the 5HT4 receptor, tegaserod is the correct choice when a 5HT4 agonist is

indicated for gastrointestinal issues.

Senna: Senna is categorized as a stimulant laxative. It operates by stimulating the muscles in the intestines, which helps to facilitate the movement of stool through the bowel. Though effective for constipation, Senna does not function as a 5HT4 agonist and therefore does not fit the requirement for the medication needed in this scenario.

Cisapride: Previously used as a promotility agent, Cisapride enhances the release of acetylcholine at the myenteric plexus, which stimulates gastrointestinal motility and accelerates gastric emptying. It acts on serotonin receptors, but its primary action is not on the 5HT4 receptor. Furthermore, due to concerns about serious cardiac side effects, its availability is highly restricted in many countries.

Alosetron: This medication is a 5HT3 antagonist used primarily to manage severe diarrhea-predominant irritable bowel syndrome (IBS) in women. By blocking the 5HT3 receptors, alosetron slows the movement of stools through the intestines, which is the opposite effect of what is typically desired with a 5HT4 agonist. Therefore, alosetron is not suitable for the requirement of a 5HT4 agonist.

In conclusion, for a patient needing a 5HT4 agonist for treating a gastrointestinal disorder, Tegaserod is the appropriate prescription among the options listed. It directly targets the 5HT4 receptors and is effective in enhancing gut motility, specifically in cases related to constipation-predominant IBS. Other drugs listed either do not target the 5HT4 receptor or have different primary indications and mechanisms of action that do not align with the therapeutic needs specified.

NEW QUESTION # 43

A 38 year obese female patient has Type II diabetes and Stage I hypertension. What is the recommended goal for her LDL level?

- A. <100 mg/dL
- B. >40 mg/dL
- C. <110 mg/dL
- D. <130 mg/dL

Answer: A

Explanation:

The question pertains to the appropriate goal for low-density lipoprotein (LDL) cholesterol in a 38-year-old obese female with Type II diabetes and Stage I hypertension. Managing LDL cholesterol is crucial in patients with multiple cardiovascular risk factors to prevent complications such as heart disease and stroke.

Patients with diabetes are at a higher risk of cardiovascular diseases, akin to the risk faced by individuals who have already experienced a heart attack. This elevated risk is further compounded by other factors such as obesity and hypertension. Thus, more aggressive management of lipid levels, particularly LDL cholesterol, is warranted.

According to current guidelines, for individuals with diabetes and additional cardiovascular risk factors, the recommended LDL cholesterol level should be less than 100 mg/dL. This target is set to minimize the risk of atherosclerotic events, which can lead to severe cardiovascular complications. Achieving lower LDL levels is associated with a significant reduction in the risk of heart attacks, strokes, and coronary artery disease.

Therefore, for a patient like the one described, who not only has diabetes but is also hypertensive and obese, maintaining an LDL cholesterol level below 100 mg/dL is crucial. This goal is part of a broader strategy aimed at comprehensive cardiovascular risk reduction, which includes managing blood sugar levels, blood pressure, and body weight, alongside improving lipid profiles.

In conclusion, the correct answer to the question of the recommended LDL level for this patient is <100 mg/dL. This target is consistent with the guidelines aiming to provide maximum protection against cardiovascular diseases in high-risk individuals such as those with diabetes and hypertension.

NEW QUESTION # 44

At which age is a patient more likely to develop primary aldosteronism?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: A

Explanation:

Primary aldosteronism, also known as Conn's syndrome, is a condition characterized by the excessive production of the hormone aldosterone by the adrenal glands. This condition can lead to a range of symptoms, including high blood pressure, muscle weakness, and abnormal potassium levels. The primary cause of this overproduction is usually the development of an adenoma, which is a benign tumor in the adrenal cortex.

Aldosterone plays a crucial role in regulating blood pressure and maintaining the balance of potassium and sodium in the body. When too much aldosterone is produced, it leads to the retention of sodium and loss of potassium, which can result in high blood pressure and other cardiovascular issues.

Statistically, primary aldosteronism is more commonly diagnosed in middle-aged individuals, with a higher prevalence noted in people aged 45 and above. This age group is particularly at risk because hormonal changes that affect aldosterone production are more likely to occur as people age. Additionally, the wear and tear on the body's systems over the years can contribute to the conditions that favor the development of adrenal tumors.

While primary aldosteronism can occur at any age, the likelihood increases with age, making the middle-aged population—the 45-year-olds and older—more susceptible to this condition. This increased risk is partly due to the greater likelihood of developing tumors or growths in the adrenal gland during these later years. Moreover, the diagnosis in younger individuals is less common and often more associated with a genetic predisposition or specific syndromic conditions.

In conclusion, the age of 45 is identified as a more typical point for the onset or diagnosis of primary aldosteronism due to the factors mentioned above. This emphasizes the importance of regular health screenings for adults in this age group, particularly if they exhibit symptoms like hypertension that doesn't respond well to standard treatments, or if they have a family history of endocrine or hormonal disorders.

NEW QUESTION # 45

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