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尊敬され、高い社会的地位を獲得することは、おそらくあなたが常に望んでいることです。しかし、それを達成したい場合は、特定の分野で優れた能力と深い知識を所有する必要があります。PMHN-BC認定に合格すると、それが証明され、目標を実現するのに役立ちます。PMHN-BCクイズ準備を購入すると、PMHN-BC試験に合格できます。当社の製品は専門家によって編集され、長年の経験を持つ専門家によって承認されています。JPNTest購入前に、最新のPMHN-BCクイズトレントを無料でダウンロードして試用できます。

JPNTestは NursingのPMHN-BC認定試験の認証に対して特別な教育ツールで、あなたに多くの時間とお金を使わないようにIT技術にも身につけさせるサイトでございます。JPNTestは専門家チームが自分の知識と経験をを利用してNursingのPMHN-BC「ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC)」認証試験の問題集を研究したものでございます。

>> PMHN-BC参考書勉強 <<

PMHN-BC勉強時間 & PMHN-BC模擬体験

被験者は、定期的に計画を立て、自分の状況に応じて目標を設定し、研究を監視および評価することにより、学習者のプロフィールを充実させる必要があります。PMHN-BC試験の準備に役立つからです。試験に合格して関連する試験を受けるには、適切な学習プログラムを設定する必要があります。当社からPMHN-BCテストガイドを購入し、それを真剣に検討すると、最短時間でPMHN-BC試験に合格するのに役立つ適切な学習プランが得られると考えています。

Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) 認定 PMHN-BC 試験問題 (Q97-Q102):

質問 #97

What is NOT one of the three factors that contribute to the insomnia complaint according to Spielman's 3P model of insomnia?

- A. Predisposing factors
- B. Perpetuating factors
- C. Prompting factors
- D. Precipitating factors

正解: C

解説:

In Spielman's 3P model of insomnia, the three key factors that contribute to the development and maintenance of insomnia are predisposing, precipitating, and perpetuating factors. This model helps in understanding how insomnia can start and why it continues

over time.

****Predisposing Factors:**** These are the inherent characteristics or traits that an individual might possess, which make them more susceptible to developing insomnia. For example, genetic factors, personality traits, or pre-existing psychological conditions such as anxiety or depression can predispose a person to insomnia. These factors do not directly cause insomnia but contribute to a person's overall vulnerability to sleep disturbances.

****Precipitating Factors:**** These are external events or situations that trigger the onset of insomnia. They are often acute or significant events that create a disruption in a person's life. This can include stressors such as job loss, death of a loved one, illness, or any major change that impacts one's normal routine or emotional equilibrium. Unlike predisposing factors, which are inherent, precipitating factors are usually identifiable events or changes in a person's environment or life circumstances.

****Perpetuating Factors:**** After insomnia has been triggered, certain behaviors or patterns can develop that continue to maintain the sleep disturbance, even after the original precipitating factors might have been resolved. These include poor sleep hygiene practices such as irregular sleep schedules, napping during the day, excessive use of caffeine or alcohol, and engaging in stimulating activities close to bedtime. Additionally, psychological responses such as worry about sleep can also become perpetuating factors, creating a cycle of sleep anxiety and disturbed sleep.

The term ****"Prompting Factors"**, mentioned in the question, is not part of Spielman's 3P model. This term might be confused with precipitating factors but officially, it does not exist within the framework of this model. Understanding the correct terminology and components of the 3P model is crucial for accurately addressing and treating insomnia based on this well-regarded theoretical framework.**

質問 # 98

Anticonvulsants such as Neurontin can be used for the treatment of such conditions as restless leg syndrome. Which of the following might be common side effects of this medication?

- A. Ataxia
- B. Elevated cardiac enzymes
- C. Both A and C
- D. Sedation

正解: C

解説:

Anticonvulsants such as gabapentin, marketed under the name Neurontin, are primarily used to treat epilepsy and neuropathic pain but have also been found effective in managing restless leg syndrome (RLS). This medication works by affecting the nerve activity to stabilize electrical activity in the brain and relieve pain. However, like all medications, gabapentin comes with potential side effects that can impact patients differently.

Among the common side effects associated with gabapentin, ataxia, or a lack of muscle control during voluntary movements, is one. This can manifest as clumsiness, unsteady movements, and difficulties with speech. Neurotoxic effects, which broadly refer to adverse effects on the nervous system, can also occur. These might include symptoms such as confusion and sedation, which manifest as excessive drowsiness and a reduced level of alertness.

Weight gain is another possible side effect of gabapentin. This may be due to increased appetite, changes in metabolism, or other factors not entirely understood. It is essential for patients being treated with gabapentin to monitor their weight and consult healthcare providers for managing any significant changes.

While these side effects can be concerning, it is crucial to note that gabapentin does not typically cause an elevation in cardiac enzymes, a marker often associated with heart damage or stress. Therefore, concerns related to direct cardiac risks from this medication are minimal, although patients with pre-existing heart conditions should always consult their healthcare provider for personalized advice.

In summary, while gabapentin can be effective for treating conditions like restless leg syndrome, patients must be aware of potential side effects such as ataxia, neurotoxic effects, weight gain, confusion, and sedation. Regular consultations with healthcare providers are advised to manage these effects adequately and adjust treatment as necessary.

質問 # 99

Which FDA recommended medication would be prescribed for a 23 year old schizophrenic patient who is at chronic risk for suicidal behavior?

- A. Loxapine
- B. Clozapine
- C. Prolixin
- D. Thorazine

正解: D

解説:

The correct medication prescribed for a 23-year-old schizophrenic patient who is at chronic risk for suicidal behavior is Clozapine. Clozapine is not only a potent antipsychotic used to treat schizophrenia but also has a distinct profile that makes it especially valuable for patients with a high risk of suicide.

Clozapine stands out among other antipsychotics due to its FDA approval specifically for reducing suicidal behavior in patients with schizophrenia or schizoaffective disorder. This approval is based on substantial clinical evidence demonstrating its efficacy in reducing the risk of recurrent suicidal behavior in patients who are judged to be at chronic risk.

Unlike typical antipsychotics such as Prolixin (fluphenazine), Loxapine, and Thorazine (chlorpromazine), which mainly focus on treating the symptoms of schizophrenia, Clozapine offers a broader range of benefits. Typical antipsychotics primarily target the positive symptoms of schizophrenia such as delusions and hallucinations. However, Clozapine is effective in addressing both the positive symptoms and the negative symptoms of schizophrenia, such as apathy and social withdrawal, which can be linked to suicidal thoughts and behaviors.

Furthermore, Clozapine's mechanism of action includes modulation of dopamine and serotonin receptors, which may contribute to its effectiveness in reducing depressive symptoms and suicidal ideation in schizophrenic patients. This dual action makes it a preferred choice in cases where patients exhibit both psychotic symptoms and severe depressive symptoms.

It's important to note that while Clozapine is highly effective, it requires careful monitoring due to potential side effects, including agranulocytosis (a potentially life-threatening decrease in the number of white blood cells), myocarditis (inflammation of the heart muscle), and seizures. Consequently, regular blood tests are mandatory to monitor the patient's white blood cell count to ensure their safety while on this medication.

In conclusion, Clozapine is recommended by the FDA specifically for schizophrenia patients who are at a chronic risk of suicide, distinguishing it from other typical antipsychotics. Its unique effectiveness in reducing suicidal behavior, along with its ability to treat both positive and negative symptoms of schizophrenia, makes it a gold standard medication in such clinical scenarios.

質問 # 100

Nurses are expected to have the average degree of skill, care, and diligence exercised by members of the same profession under the same or similar circumstances. This is known as

- A. code of ethics
- B. scope of practice
- C. comprehensive accreditation
- **D. standard of care**

正解: D

解説:

The term "standard of care" refers to the level of competence that one can expect from a medical professional, such as a nurse, under similar conditions. This standard is crucial in the healthcare industry because it establishes a benchmark for evaluating the quality and appropriateness of the care delivered by healthcare providers.

Standards of care are derived from a combination of sources including medical boards, academic research, professional organizations, and legal cases. These standards are implemented to ensure that all patients receive a consistent level of care regardless of where they are treated or who treats them. For nurses, adhering to these standards is vital not only for patient safety but also for protecting themselves legally and professionally.

In practical terms, the standard of care for nurses means performing duties according to the expected level of skill and diligence that any reasonable nurse would exhibit under similar circumstances. This includes everything from administering medications properly to maintaining patient confidentiality and providing timely and accurate communication about a patient's condition.

Failure to meet the standard of care can lead to legal consequences, including malpractice suits. It can also lead to professional sanctions such as suspension or revocation of nursing licenses. Therefore, understanding and adhering to the established standards of care are fundamental aspects of nursing practice.

In summary, "standard of care" is a critical concept in the healthcare field that defines the expected level and quality of care based on the average practice of peers in the field under similar circumstances. It is designed to ensure uniformity in the delivery of healthcare services, promote safety, and protect patient welfare.

質問 # 101

All of the following are contraindications for lithium use EXCEPT:

- A. renal disorder
- B. diabetes

- C. hypothyroidism
- D. hypertension

正解: D

解説:

The question asks to identify which condition among the listed is not a contraindication for the use of lithium, a mood-stabilizing drug primarily used to treat bipolar disorder. Contraindications are conditions or factors that serve as reasons to withhold a certain medical treatment due to the harm that it would cause the patient.

The options given are: 1. Renal disorder 2. Diabetes 3. Hypertension 4. Hypothyroidism Renal disorder is a known contraindication for lithium use. Lithium is primarily excreted by the kidneys, and impaired renal function can lead to lithium toxicity. This is because the drug's clearance decreases with reduced kidney function, increasing the risk of side effects and poisoning.

Diabetes is also considered a contraindication. Lithium can influence glucose control and might exacerbate existing diabetes or even precipitate the onset of new cases. Monitoring and careful management are required if lithium is considered necessary for a patient with diabetes.

Hypothyroidism, though often closely monitored in patients on lithium due to the drug's potential to impair thyroid function, is not necessarily a contraindication but rather a condition requiring careful management and monitoring during lithium therapy. Lithium can cause hypothyroidism or exacerbate an existing condition, but with appropriate thyroid function monitoring and treatment, patients with this condition can often still safely use lithium.

Hypertension, unlike the other conditions listed, is not a direct contraindication for lithium use. While lithium might have some impact on the cardiovascular system, such as affecting the renin-angiotensin system which can influence blood pressure, it does not generally preclude the use of lithium in patients with hypertension. Of course, all patients on lithium should have comprehensive monitoring, including assessments of cardiovascular health, but hypertension alone does not normally prohibit the use of lithium.

Therefore, the correct answer to the question is "hypertension," as it is not a contraindication for lithium use, unlike renal disorder, diabetes, and (to a lesser extent needing careful management) hypothyroidism.

質問 # 102

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PMHN-BC勉強時間: <https://www.jpntest.com/shiken/PMHN-BC-mondaishu>

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