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## ACNS Guidelines Exam Questions With Verified Answers

1. Terminology (General Requirements) - Answer Waveforms should be as described in Guideline 9D

2. Stimulus and Safety (General Requirements) - Answer A constant current stimulator is recommended for use in the operating room. Care should be exercised to prevent blood or other fluid from contaminating the stimulating site. Either standard disk electroencephalography (EEG) electrodes or sterile subdermal needle electrodes may be used. Disk EEG electrodes should be applied to scalp w/ collodion and sealed w/ plastic tape or sheet to prevent drying and protect them from blood or other fluids. Contact impedance for disk electrodes should be less than 5 Kohms. Subdermal needle electrodes should be similarly secured; it is imp. that OR personnel be made aware of use locations of needle electrodes so they will use necessary caution to avoid needle sticks.

2a. Stimulus Isolation and Subject Grounding (General Requirements) - Answer The stimulation unit must be isolated from the main portion of stimulator circuitry to avoid a large current flow to patient in case of stimulator malfunction. Commercial somatosensory stimulators designed for human use contains appropriate isolation circuitry. The ground may be placed on limb that is stimulated to minimize stimulus artifact.

2b. Stimulus Parameters (General Requirements) - Answer Monophasic rectangular pulses of 100-300 microsecond duration and 30-40 mA intensity are recommended for stimulation of peripheral nerve. Failure of stimulation may occur when there is a significant increase in contact impedance or due to development of salt bridge (when excessive electrode past short circuits 2 stimulating electrodes). Stimulation may fail due to patient related factors like limb edema, peripheral neuropathy, or variant anatomy. Before increasing current levels to intensity above 30-40 mA, stimulating electrodes should be carefully evaluated.

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## Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q106-Q111):

### NEW QUESTION # 106

Edema is defined as what?

- A. Temperature.
- B. Dysfunction.
- C. Color.
- **D. Swelling.**

**Answer: D**

Explanation:

Edema is medically defined as the accumulation of fluid in the tissues of the body, leading to noticeable swelling. This condition often arises when there is an imbalance in the fluid exchange system between the capillaries (tiny blood vessels) and the surrounding tissues, or as a result of increased capillary pressure. Edema can affect any part of the body, though it commonly occurs in the feet, ankles, and legs.

The physiological mechanism behind edema involves several factors including hydrostatic pressure, osmotic pressure, capillary permeability, and lymphatic drainage. Normally, fluid in the body is regulated by these factors ensuring a balance between fluid entering and leaving tissues. However, disruptions in this balance can lead to the retention of excess fluid. For example, in conditions where the heart is unable to pump efficiently (as in heart failure), blood can back up in the veins increasing hydrostatic pressure and pushing fluid into surrounding tissues.

Edema is also a classic sign of inflammation, often characterized by the four cardinal signs: rubor (redness), calor (heat), tumor (swelling), and dolor (pain), sometimes accompanied by a loss of function (functio laesa). In the context of inflammation, edema occurs as the small blood vessels become more permeable, allowing more fluid and immune cells to enter the affected tissue to combat the source of inflammation.

The presence of edema can be indicative of various underlying health issues ranging from acute conditions such as injury or infection to chronic diseases like kidney disease, liver disease, or conditions affecting the lymphatic system. Therefore, while edema itself is the swelling caused by fluid accumulation, its occurrence often warrants further medical investigation to determine and address the root cause.

### NEW QUESTION # 107

You are providing care to a patient who presented with extreme fatigue and weakness. His hair is dry and coarse. He reports having difficulty losing some recently gained weight in spite of regular exercise and a healthy diet. He also says that he gets very cold easily. This patient is displaying symptoms of which of the following?

- **A. Hypothyroidism**
- B. Cushing's syndrome.
- C. Hyperthyroidism
- D. Addison's disease.

**Answer: A**

Explanation:

The patient described in the question is exhibiting several classic symptoms that suggest a diagnosis of hypothyroidism.

Hypothyroidism is a common endocrine disorder where the thyroid gland does not produce sufficient amounts of thyroid hormones. These hormones, primarily thyroxine (T4) and triiodothyronine (T3), are crucial for regulating metabolism, body temperature, and overall energy management.

The symptoms of hypothyroidism can vary widely depending on the severity of the hormone deficiency. In this case, the patient reports extreme fatigue and weakness, which are indicative of the body's slowed metabolic rate due to low thyroid hormone levels. Additionally, the patient's difficulty in losing weight despite regular exercise and a healthy diet is a hallmark of hypothyroidism, where decreased levels of thyroid hormones lead to a slower metabolism.

Other symptoms noted, such as dry, coarse hair, and an increased sensitivity to cold, align well with hypothyroidism. These occur

because thyroid hormones significantly influence skin and hair health, and their deficiency can lead to changes in hair texture and skin dryness. The sensation of being unusually cold is also a common complaint in hypothyroidism, as thyroid hormones help to regulate thermogenesis - the body's heat production.

While other conditions like hyperthyroidism, Cushing's syndrome, and Addison's disease can also affect metabolism and exhibit some overlapping symptoms, the specific combination of weight gain, cold intolerance, dry skin, and fatigue strongly points towards hypothyroidism. Hyperthyroidism, for example, typically presents with symptoms opposite to those of hypothyroidism, such as weight loss and heat intolerance. Cushing's syndrome often involves symptoms such as weight gain primarily in the trunk and face, muscle weakness, and sometimes excessive hair growth or acne, not typically the hair and skin changes described here. Addison's disease might share some symptoms like fatigue but is usually associated with other distinctive signs such as hyperpigmentation and low blood pressure.

Given these considerations, the patient's symptom profile is most consistent with hypothyroidism, and further evaluation through blood tests measuring levels of thyroid-stimulating hormone (TSH) and free T4 would be a prudent next step. These tests help confirm the diagnosis by showing elevated TSH and low T4 levels, typical of hypothyroidism. Treatment often involves thyroid hormone replacement therapy, which can alleviate symptoms and help manage the condition effectively.

### NEW QUESTION # 108

You are providing care to a patient who has had CABG. Two days post-surgery, she begins vomiting and complains of abdominal pain. What is the appropriate intervention for this patient?

- A. Notify her doctor immediately so she can be assessed for GI bleeding.
- B. Administer an anti-nausea medication and attempt to make the patient comfortable.
- C. Change the patient's diet back to clear liquid if she has progressed to full liquid.
- D. Assure the patient that this is normal after CABG and attempt to make her comfortable.

**Answer: A**

Explanation:

The appropriate intervention for a patient who has had Coronary Artery Bypass Grafting (CABG) and begins to show symptoms of vomiting and abdominal pain two days post-surgery is to notify her doctor immediately so she can be assessed for gastrointestinal (GI) bleeding. This action is imperative because, although GI complications are infrequent following CABG-occurring in about 2% of cases-they can be severe and potentially life-threatening.

GI complications after CABG, such as bleeding, can arise from various sources including stress-related mucosal disease, peptic ulcers, or ischemic bowel disease. These conditions can lead to significant morbidity if not promptly diagnosed and treated. The symptoms of GI complications, including abdominal pain, distention, and nausea, necessitate urgent medical evaluation to rule out these serious conditions.

It is not advisable to merely administer anti-nausea medication and attempt to make the patient comfortable without further assessment. While managing symptoms is important, it is crucial to address the underlying cause to prevent complications. Similarly, reassuring the patient that this is normal without a proper assessment could delay necessary treatment and worsen the patient's condition.

Changing the patient's diet back to clear liquids, if she has progressed to full liquids, might seem like a cautious approach, but it does not address the potential severity of the underlying issue. This measure should only be considered following a thorough evaluation and under the guidance of a physician.

In conclusion, the initial step should always be to notify the patient's doctor for an immediate assessment when symptoms suggestive of GI complications arise post-CABG. This ensures that any serious conditions are promptly identified and managed, thereby reducing the risk of severe outcomes.

### NEW QUESTION # 109

When managing the patient on Lithium therapy, which of the following would be least important for the ACNS to evaluate?

- A. thyroid-stimulating hormone, triiodothyronine, thyroxine
- B. blood urea nitrogen, creatinine
- C. alanine aminotransferase, aspartate amino-transferase, lactate dehydrogenase
- D. urinalysis, electrolytes

**Answer: C**

Explanation:

When managing a patient on lithium therapy, it is crucial to monitor several physiological parameters due to lithium's potential impacts on various organ systems. The question at hand involves identifying which tests are least important for the Advanced Practice Nurse

(APN) to evaluate in the context of lithium therapy. Lithium primarily affects renal (kidney), cardiac (heart), and thyroid functions. Therefore, monitoring the status of these systems is critical. Let's analyze why this is so and why liver function tests, specifically alanine aminotransferase (ALT), aspartate aminotransferase (AST), and lactate dehydrogenase (LDH), are considered least important in this context:

**\*\*Renal Function:\*\*** Lithium is excreted primarily through the kidneys, and its use can lead to changes in renal function, including nephrogenic diabetes insipidus. Monitoring renal function is crucial, typically through tests such as blood urea nitrogen (BUN) and creatinine levels, to prevent and manage potential kidney damage or dysfunction.

**\*\*Cardiac Function:\*\*** Although less common, lithium can affect cardiac function. Electrocardiograms (ECGs) might be necessary for patients with pre-existing heart conditions or those who develop cardiac symptoms during treatment.

**\*\*Thyroid Function:\*\*** Lithium has a well-documented influence on thyroid function, often causing hypothyroidism. It is important to monitor thyroid function regularly, using tests for thyroid-stimulating hormone (TSH), triiodothyronine (T3), and thyroxine (T4).

**\*\*Electrolytes:\*\*** Lithium can influence electrolyte balances, particularly sodium levels, due to its effects on kidney function. Monitoring electrolytes is crucial, as disturbances can affect lithium levels and toxicity.

**\*\*Liver Function Tests (LFTs):\*\*** LFTs, including ALT, AST, and LDH, are often used to assess liver damage or disease.

However, lithium is not primarily metabolized by the liver, and its direct impact on liver function is minimal compared to its effects on renal, cardiac, and thyroid functions. Therefore, while these tests are generally important in assessing overall health, they are less critical specifically for the management of lithium therapy unless there is a pre-existing liver condition or another specific clinical indication for their use. In conclusion, the monitoring of alanine aminotransferase (ALT), aspartate aminotransferase (AST), and lactate dehydrogenase (LDH) is considered least important specifically for lithium therapy. This is because lithium's primary adverse effects do not typically involve liver function. Instead, more attention should be given to renal, cardiac, and thyroid functions, along with electrolyte monitoring, to effectively manage and mitigate potential side effects associated with lithium treatment.

### NEW QUESTION # 110

Which of the following examples would be representative of an occurrence that would put the Adult Clinical Nurse Specialist's license in jeopardy?

- A. The CNS appropriately delegates the right medication dose and administration to a registered nurse who administers the wrong dose that is fatal to the patient.
- **B. The CNS delegates a patient assessment task to a licensed practical nurse who has been sent to the outpatient clinic to fill in for a nurse that is sick.**
- C. A medical assistant in the clinic exceeds the scope of her authority, but the CNS takes prompt action to correct the problem.
- D. The CNS provides healthcare services consistent with established standards of practice in the jurisdiction.

### Answer: B

#### Explanation:

When considering which actions could potentially jeopardize the license of an Adult Clinical Nurse Specialist (CNS), it is essential to understand the regulatory and scope-of-practice frameworks that guide nursing roles. In the given scenario where a CNS delegates a patient assessment task to a Licensed Practical Nurse (LPN) who is temporarily filling in at an outpatient clinic, several factors need to be examined.

Typically, a CNS is an advanced practice nurse who has both the educational background and the clinical expertise to manage complex patient situations and lead nursing practices. In contrast, LPNs generally have a more limited scope of practice, which focuses largely on providing basic nursing care under the supervision of registered nurses (RNs) or advanced practice nurses like CNSs.

Patient assessment involves collecting and interpreting various pieces of health information to make clinical decisions. This process requires a higher level of clinical judgment and expertise, typically expected from RNs or advanced practice nurses. In many jurisdictions, LPNs are not authorized to perform comprehensive patient assessments independently. They are trained to assist with data collection but not to synthesize this data for more complex clinical decision-making.

Therefore, if a CNS delegates an assessment task to an LPN, especially in a setting where the LPN is unfamiliar or temporarily assigned, there could be significant risks involved. This includes the possibility of incomplete or inaccurate assessment, which can lead to inappropriate treatment decisions and jeopardize patient safety.

From a legal and regulatory standpoint, the CNS could be held responsible for any adverse outcomes resulting from inappropriate delegation. This is because delegating beyond an individual's scope of practice can be seen as a failure to adhere to established standards of nursing care, thus putting the CNS's license at risk.

In this scenario, the CNS should have assessed the LPN's competencies and the specific requirements of the task before delegation. If the task was beyond the LPN's scope of practice, the CNS should have either performed the assessment themselves or delegated it to another appropriately qualified professional, such as an RN.

In conclusion, while delegation is a critical skill in nursing management and care coordination, it must be executed with careful consideration of the delegatee's qualifications and the nature of the task. The CNS in the given example could potentially jeopardize

their license by delegating a complex patient assessment task to an LPN without verifying that the LPN is capable of performing this task within the legal scope of their practice and their competency level.

## NEW QUESTION # 111

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