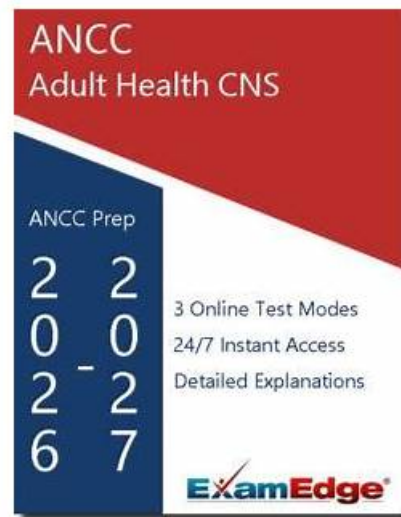


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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q120-Q125):

NEW QUESTION # 120

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

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

Answer: A

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 # 121

Normal HCO₃ is which of the following?

- A. 10 - 17 mEq/L
- B. 22 - 26 mEq/L
- C. 37 - 44 mEq/L
- D. 15 - 22 mEq/L

Answer: B

Explanation:

The correct answer to the question of normal bicarbonate (HCO₃) levels in arterial blood gases is 22 - 26 mEq/L. This range is critical to understanding the body's acid-base balance, which is essential for maintaining homeostasis and proper physiological function.

Bicarbonate acts as a buffer in the blood to help maintain the pH within a very narrow range of 7.35 - 7.45. This buffer system primarily involves the dynamic balance between carbon dioxide (CO₂), a byproduct of cellular metabolism which is acidic, and bicarbonate, which is basic. The kidneys and lungs regulate these levels through various mechanisms.

For instance, when CO₂ levels in the blood increase due to hypoventilation or increased metabolic activity, the pH may drop, making the blood more acidic. The kidneys respond by reabsorbing more bicarbonate from the urine, or the lungs may increase breathing rate to expel more CO₂, both of which help return the pH to normal.

Conversely, if too much bicarbonate is present, or CO₂ levels are too low due to hyperventilation, the blood becomes too alkaline, and the body must adjust accordingly. The kidneys may excrete more bicarbonate or decrease breathing rate to retain CO₂, normalizing the pH.

Understanding these normal values and how they interact is essential for diagnosing and managing various health conditions, particularly those involving respiratory, renal, or metabolic components. For example, deviations from the normal bicarbonate range can indicate conditions like metabolic acidosis or alkalosis, which require medical attention to address underlying causes and restore balance.

Thus, maintaining the bicarbonate level within the normal range of 22 - 26 mEq/L is crucial for the body's overall health, ensuring that all cells function optimally in a stable internal environment. This balance is assessed using arterial blood gas (ABG) tests, which provide valuable information about the respiratory and metabolic status of a patient.

NEW QUESTION # 122

What can hyperprolactinemia be a sign of?

- A. Cerebellar disease.
- B. Lower motor neurone lesion.
- C. Upper motor neurone lesion.
- **D. Pituitary adenoma.**

Answer: D

Explanation:

Hyperprolactinemia refers to the condition where there is an abnormally high level of prolactin in the blood. Prolactin is a hormone produced by the pituitary gland, which is located at the base of the brain. This hormone primarily functions to promote lactation (milk production) in women after childbirth, but it is also present in non-pregnant women and men in lower amounts.

One common cause of hyperprolactinemia is a pituitary adenoma, specifically a prolactinoma, which is a benign tumor of the pituitary gland that produces excessive amounts of prolactin. This overproduction can lead to various symptoms, depending on the gender of the individual. In women, high prolactin levels can cause galactorrhea (production and spontaneous flow of breast milk), amenorrhea (absence of menstrual periods), and infertility. In men, symptoms might include decreased libido, erectile dysfunction, and infertility. Besides prolactinomas, hyperprolactinemia can be indicative of other health issues. These include hypothyroidism, where the thyroid gland does not produce enough hormones, affecting the pituitary gland's regulation of prolactin. Certain medications, such as antipsychotics and antiemetics, can also elevate prolactin levels by interfering with dopamine, a neurotransmitter that normally inhibits prolactin secretion.

In some cases, the symptoms of a pituitary adenoma extend beyond hormonal disturbances. If the adenoma grows large enough, it can exert pressure on surrounding brain structures. This might lead to headaches, as well as visual disturbances if the optic nerves are compressed. These symptoms necessitate prompt medical evaluation to manage the tumor and alleviate the risk of permanent damage.

Therefore, while hyperprolactinemia can be a sign of a pituitary adenoma, it is crucial to consider and rule out other potential causes. A comprehensive evaluation, typically involving blood tests, imaging studies like MRI of the brain, and a thorough assessment of symptoms, is essential to determine the underlying cause and appropriate treatment.

NEW QUESTION # 123

A patient who has normocytic anemia may MOST likely also have a history of which condition?

- A. Abnormal lipid levels.
- **B. Rheumatoid arthritis.**
- C. Osteoarthritis.
- D. Upper respiratory infections.

Answer: B

Explanation:

Anemia is a condition characterized by a deficiency in the number or quality of red blood cells, which are crucial for transporting oxygen throughout the body. There are various types of anemia, each with different causes and characteristics. Normocytic anemia, specifically, is a type where the red blood cells are of normal size and shape but are reduced in number. This type of anemia can occur in various contexts, one of which is associated with chronic inflammatory conditions, such as rheumatoid arthritis.

Rheumatoid arthritis (RA) is a chronic autoimmune condition that primarily affects joints but can also have systemic effects, including the development of anemia. The link between RA and normocytic anemia is primarily due to the chronic inflammation caused by the autoimmune disorder. This inflammation can lead to the production of certain cytokines and other inflammatory mediators that interfere with the production of red blood cells in the bone marrow, a condition commonly referred to as anemia of chronic disease or anemia of inflammation.

The inflammatory cytokines in RA, such as tumor necrosis factor (TNF) and interleukin-6 (IL-6), can affect the bone marrow's ability to produce red blood cells efficiently. They also impact the hormone erythropoietin, which is crucial for the production of red blood cells. In addition, these mediators increase hepcidin production, a hormone that inhibits iron absorption and results in decreased iron availability for red blood cell production. This disruption in iron homeostasis further contributes to the development of normocytic anemia.

Given the direct impact of inflammatory processes on red blood cell production, patients with rheumatoid arthritis are at a higher risk of developing normocytic anemia. This type of anemia in RA patients can result in increased fatigue, weakness, and reduced physical capacity, which compounds the challenges already posed by the joint symptoms of RA.

In contrast, conditions like osteoarthritis, which is primarily a degenerative joint disease without systemic inflammation, abnormal lipid levels, or upper respiratory infections, typically do not cause normocytic anemia. These conditions do not generally involve the same level of systemic inflammation or the same biological mechanisms that interfere with red blood cell production as seen in rheumatoid arthritis.

Therefore, when considering the history of a patient with normocytic anemia, rheumatoid arthritis emerges as a likely associated condition due to its inflammatory nature and its known effects on hematopoiesis (formation of blood cellular components).

Understanding this association is crucial for the effective management of both conditions and improving patient outcomes.

NEW QUESTION # 124

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

Answer: D

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 # 125

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