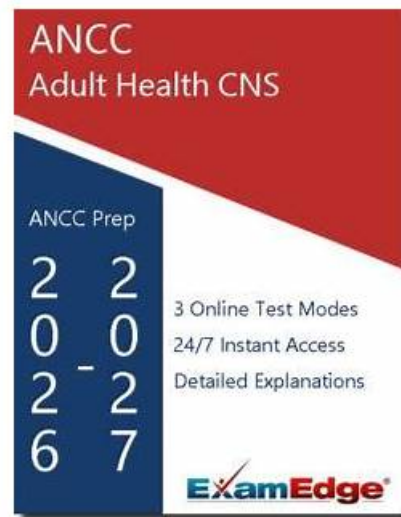


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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q177-Q182):

NEW QUESTION # 177

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. Addison's disease.
- C. Cushing's syndrome.
- **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 # 178

The CNS understands that the primary purpose of a pre-employment physical examination is:

- **A. to determine if the applicant is physically capable of doing the job**
- B. to determine the mental status of the applicant
- C. to identify existing health problems that might adversely affect the company's insurance rates
- D. to document any existing disabilities and recommend accommodations

Answer: A

Explanation:

Pre-employment physical examinations are conducted by employers to assess whether a potential employee is physically capable of performing the duties required in a job role. This evaluation is crucial in ensuring that the applicant can safely and effectively handle the physical demands of the position, which may include lifting, standing for extended periods, or operating machinery.

While mental status may also be evaluated during a pre-employment screening, it is not the primary focus of the physical examination. The main goal is to ascertain physical capabilities rather than mental health conditions. However, if the job requires

specific mental or cognitive abilities, separate assessments might be conducted to evaluate these aspects.

It is important to note that the purpose of the pre-employment physical is not to screen out individuals with health problems or disabilities. Such practices could be considered discriminatory under laws such as the Americans with Disabilities Act (ADA), which protects job applicants and employees from discrimination based on disabilities. The ADA also requires employers to provide reasonable accommodations to qualified individuals with disabilities, unless doing so would cause undue hardship to the business. Furthermore, the examination should not be used to identify existing health problems solely for the purpose of influencing health insurance rates or to discriminate against applicants with higher health risks. The primary and legally sound objective of the pre-employment physical examination is to ensure that the applicant is physically capable of performing the job duties safely and effectively, thereby promoting a productive and safe workplace.

NEW QUESTION # 179

Which type of formulation is most commonly used to fulfill nutritional needs of patients?

- A. Specialty formulations
- B. Elemental formulations.
- C. Isotonic polymeric.
- D. Enteral formulations.

Answer: C

Explanation:

The correct answer to the question of which type of formulation is most commonly used to fulfill the nutritional needs of patients is "Isotonic polymeric." This type of formulation is widely used because it is generally sufficient to meet the basic dietary requirements of most patients who require nutritional support. Isotonic polymeric formulas are balanced in osmolarity with the human body, which helps minimize the risk of fluid imbalances and ensures that nutrients are delivered in a form that is easy for the body to absorb and utilize.

Isotonic polymeric formulas are composed of complete proteins, carbohydrates, fats, vitamins, and minerals in a form that is close to the natural composition of a balanced diet. The isotonic nature of these solutions means that they have the same osmotic pressure as blood and other bodily fluids, which facilitates easier absorption through the gastrointestinal tract and reduces the likelihood of osmotic diarrhea.

In contrast, elemental formulations are used in more specific medical scenarios. These are typically prescribed for patients who have severe digestive or absorptive issues, such as those with compromised function of the small bowel. Elemental formulations contain nutrients in their simplest form, often amino acids, glucose, and lipids, which require minimal digestion and are directly absorbed into the bloodstream. These are particularly helpful for patients with conditions like severe malabsorption, inflammatory bowel disease, or short bowel syndrome.

Thus, while isotonic polymeric formulations are the standard choice for general nutritional support in clinical settings, elemental and other specialized formulations are reserved for specific clinical indications where more tailored nutritional solutions are necessary to manage unique health concerns. This nuanced approach ensures that all patients receive the most appropriate type of nutritional support according to their individual health needs.

NEW QUESTION # 180

Your patient has presented in the late stage of Syphilis. Which of the following is the recommended treatment option?

- A. Benzathine penicillin G 2.4 million U IM as a one-time dose.
- B. Benzathine penicillin G 2.4 million U IM x 4 weekly doses.
- C. Benzathine penicillin G 2.4 million U IM x 3 weekly doses.
- D. Benzathine penicillin G 2.4 million U IM x 2 weekly doses.

Answer: C

Explanation:

When treating a patient in the late stages of syphilis, the recommended treatment by most health guidelines, including the Centers for Disease Control and Prevention (CDC), is Benzathine penicillin G. The specific dosage for late latent syphilis or syphilis of unknown duration is 2.4 million units administered intramuscularly once a week for three consecutive weeks, totaling 7.2 million units. This regimen is crucial as it ensures the antibiotic is present in the body at therapeutic levels sufficient to eradicate the *Treponema pallidum* bacteria over an extended period, which is necessary due to the slower replication rate of the bacteria in the late stages of the disease.

The treatment regimen of a single dose of Benzathine penicillin G 2.4 million units IM is typically reserved for early syphilis (primary, secondary, or early latent syphilis), which requires a lower total dose for effective treatment. For late syphilis, the bacteria might have

spread and embedded deeper into the tissues, making the extended regimen necessary to ensure complete eradication. For patients who are allergic to penicillin, alternative treatment options are available, though they are generally considered less effective compared to penicillin. The alternatives include Doxycycline, administered as 100 mg orally twice a day for four weeks, or Tetracycline, taken as 500 mg orally four times a day for four weeks. These alternatives require patient adherence to a more frequent dosing schedule over a longer period, which can sometimes be a challenge.

It is essential to ensure that patients with penicillin allergies are managed appropriately, which might include desensitization protocols in certain cases to allow the use of penicillin. This is particularly considered in scenarios where the use of alternative antibiotics might not be optimal, or if the patient is pregnant, as tetracyclines can adversely affect fetal development and are contraindicated in pregnancy.

Monitoring and follow-up are crucial in the treatment of syphilis to ensure the adequacy of therapy and to check for resolution of the infection. Patients should be re-evaluated clinically and serologically at regular intervals after treatment, such as at 6, 12, and 24 months, to ensure that the titers of syphilis-specific antibodies decline, indicating a successful therapeutic response.

NEW QUESTION # 181

You are educating a patient with Type II diabetes mellitus. The Adult Clinical Nurse Specialist understands that secondary causes of hyperglycemia include the use of all of the following medications except:

- A. angiotensin receptor blockers
- B. thiazide diuretics
- C. corticosteroids
- D. niacin

Answer: A

Explanation:

When educating a patient with Type II diabetes mellitus about medications that can affect their blood glucose levels, it is vital to identify which drugs might cause secondary hyperglycemia. Secondary hyperglycemia occurs when an external factor, such as medication, increases a person's blood glucose levels, complicating the management of their diabetes.

Niacin, a form of Vitamin B3 used to treat high cholesterol, is one of the medications known to increase blood sugar levels. This effect occurs because niacin can impair glucose tolerance, leading to elevated glucose levels in the blood.

Thiazide diuretics, often prescribed for hypertension, can also lead to increased blood glucose levels. They decrease insulin sensitivity which can result in hyperglycemia, especially important to monitor in patients managing Type II diabetes.

Corticosteroids, used for their anti-inflammatory properties in various conditions, can significantly impact glucose metabolism. They promote gluconeogenesis and reduce the peripheral utilization of glucose, thereby raising blood sugar levels. This is particularly challenging for diabetic patients as it can exacerbate their condition.

On the other hand, angiotensin receptor blockers (ARBs), which are also prescribed for hypertension, do not adversely affect blood glucose levels. ARBs work by blocking the action of angiotensin II, which is a substance in the body that increases blood pressure and can also increase blood sugar levels indirectly through other mechanisms. However, ARBs specifically do not have a direct effect on blood glucose levels and are considered safe for use in diabetic patients. This makes them a preferred choice for managing hypertension in individuals with concomitant Type II diabetes.

In conclusion, while educating a patient with Type II diabetes, it is crucial to stress the importance of medication awareness, especially concerning drugs like niacin, thiazide diuretics, and corticosteroids, which can exacerbate hyperglycemia. Angiotensin receptor blockers, however, do not have this effect and are safe to use without impacting glucose levels, making them suitable for diabetic patients with high blood pressure.

NEW QUESTION # 182

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