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ACNS Guidelines Practice Exam Questions With Complete Solutions

Guideline 1: Minimum Technical Requirements for Performing Clinical EEG correct answer: Digital equipment has many advantages over analog equipment and is now used for EEG in most facilities. Some recommendations in this guideline have changed to reflect the greater functionality of digital equipment, including the ability to record good quality signal with nontraditional electrodes and slightly higher impedances. The list of basic patient information has been expanded to include more factors that can influence the EEG. The sections on calibration, sensitivity, filters, and recording montages have been updated to maintain relevance for digital systems. Newly added sections include those discussing the utility of longer recordings, sleep deprivation, and simultaneous video recording. Other new sections include material on photic stimulation procedure, interpreting physician notification of critical EEG results, and data storage.

Guideline 2 for Standard Electrode Position Nomenclature correct answer: Previously guideline 5
Although the 10-10 system of electrode position nomenclature has been accepted internationally for almost two decades, it has not been used universally. The reasons for this and clinical scenarios when the 10-10 system provides additional localizing information are discussed in this revision. In addition, section IV elaborates on situations in which AF1/2, AF5/6, PO1/2, and PO5/6 electrode positions may be used for EEG recording.

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q194-Q199):

NEW QUESTION # 194

Which of the following is NOT an appropriate serving size of fruit for a person on the ADA diet?

- A. 1 c apple juice.
- B. 2 Tbsp raisins.
- C. 2 plums.
- D. ½ c unsweetened canned fruit.

Answer: A

Explanation:

The question is asking which fruit serving size is not appropriate for someone following the American Diabetes Association (ADA) diet. The correct answer is "1 cup of apple juice." The ADA diet is tailored to help individuals manage their blood sugar levels, and thus, portion control is a critical aspect of this diet. It's important to understand that different forms of fruits have different impacts on blood sugar levels. Whole fruits contain fiber, which helps slow down the digestion process and the release of sugar into the bloodstream, making them a healthier choice in appropriate portions.

In contrast, fruit juices, such as apple juice, lack fiber and are more concentrated sources of sugar and calories. Consequently, they can lead to quicker and higher spikes in blood sugar levels. According to ADA guidelines, if fruit juice is consumed, it should be limited to a smaller serving size because of its higher sugar content and lack of fiber. Specifically, the ADA recommends that servings of juice should not exceed 1/2 cup. This is because a full cup of fruit juice can contain the sugar equivalent of several pieces of whole fruit, without the beneficial fiber.

The other options provided - "2 plums," "½ cup unsweetened canned fruit," and "2 tablespoons of raisins" - are generally considered appropriate serving sizes for someone on the ADA diet. These options contain fiber (to varying extents), are more filling, and have a slower impact on blood sugar levels compared to a full cup of fruit juice.

Thus, "1 cup apple juice" is the correct answer as it is not an appropriate serving size for someone managing their diet according to ADA guidelines. To adhere to the ADA diet, it's recommended to consume whole fruits in appropriate portions and limit the intake of fruit juices, especially in larger quantities like a full cup.

NEW QUESTION # 195

You are conducting an assessment with a patient and notice several flat, colored areas on the skin. These are not large, nor are they raised or textured. These should be charted as which of the following?

- A. Papules.
- B. Plaques.
- C. Macules.
- D. Pustules.

Answer: C

Explanation:

When observing skin conditions, it is essential to correctly identify and chart the types of lesions present. In the scenario described, the skin features observed are flat, colored areas that are not raised or textured. These characteristics fit the description of macules. Macules are defined as flat spots on the skin that are distinctly different in color from the surrounding skin. They are usually less than 1 centimeter in diameter and can be of any color. Macules are a common type of skin lesion and can be a result of various factors, including genetic conditions, pigmentary disorders, infections, or inflammatory processes.

It is crucial to differentiate macules from other types of skin lesions such as papules, plaques, and pustules. Papules are small, raised lesions that are usually less than 1 centimeter in diameter. Unlike macules, papules are palpable above the surface of the skin. Plaques are larger than 1 centimeter and are also raised, often forming from a confluence of papules. Pustules are similar to papules but contain pus.

Given these descriptions, the correct way to chart the observed skin features in the question is as macules. This is because they match the definition of being small, flat, and colored without any elevation or textural change. Accurate documentation of such findings is crucial in the medical field for proper diagnosis, treatment, and monitoring of skin conditions.

NEW QUESTION # 196

An oral glucose tolerance test is typically used to detect which of the following?

- A. Cushing's syndrome.
- B. Grave's disease.
- C. Polycystic ovary syndrome (PCOS).
- **D. Gestational diabetes.**

Answer: D

Explanation:

An oral glucose tolerance test (OGTT) is a diagnostic tool primarily used to identify abnormalities in the way the body handles glucose after a period of fasting. This test is particularly significant in diagnosing gestational diabetes, a type of diabetes that develops during pregnancy. Gestational diabetes can pose risks to both mother and baby, making early detection and management crucial. During the OGTT, the patient first fasts overnight. The next morning, the fasting blood glucose level is measured. After this, the patient drinks a glucose solution, which typically contains 75 grams of glucose. Subsequent blood glucose levels are then measured at various intervals, usually at one hour, two hours, and sometimes three hours after the glucose intake. This allows healthcare providers to see how well the patient's body processes the glucose over time.

The test is considered positive for gestational diabetes if blood glucose levels exceed the established thresholds at any of the testing times. For instance, the American Diabetes Association (ADA) suggests that in a 75-gram OGTT, a two-hour blood glucose level of 153 mg/dL or higher is indicative of gestational diabetes.

While primarily used for diagnosing gestational diabetes, the OGTT can also be employed in other contexts. For example, it can help diagnose type 2 diabetes and prediabetes in non-pregnant individuals. Additionally, it is sometimes used in the assessment of patients with polycystic ovary syndrome (PCOS) to evaluate their risk of developing diabetes, as insulin resistance is a common feature of PCOS.

However, it is important to note that the OGTT is not typically used to diagnose conditions such as Cushing's syndrome or Graves' disease, as these disorders are related to hormone imbalances rather than directly to glucose metabolism. For these conditions, other specific tests would be more appropriate and diagnostic.

NEW QUESTION # 197

The Adult Clinical Nurse Specialist is seeing a 66-year old woman with well controlled hypertension. She finds that this patient is taking hydrochlorothiazide and has had a 3 day history of a unilateral throbbing headache. She cannot chew because it increases the pain. Her physical exam is unremarkable except for a tender, incompressible right temporal artery. Her vital signs are normal. What is her diagnosis?

- A. migraine with aura
- B. age-related headache
- C. transischemic attack
- **D. giant cell arteritis**

Answer: D

Explanation:

The correct diagnosis for the patient described is giant cell arteritis (GCA), also known as temporal arteritis. This condition is an important consideration due to the patient's age, symptoms, and examination findings. Giant cell arteritis is a form of vasculitis that predominantly affects older adults, typically those over the age of 50.

The key symptoms prompting consideration of GCA in this patient include a new, unilateral, throbbing headache and pain upon chewing (jaw claudication). These symptoms reflect the typical inflammatory process associated with GCA that affects the blood vessels supplying the scalp and muscles involved in mastication. The tenderness and incompressibility of the temporal artery on physical examination are classic signs of this disease. These physical signs are indicative of inflammation and possible thickening of the arterial walls, which can be palpable as a tender, hardened, or cord-like structure along the temple.

Additionally, while the patient's hypertension is well-controlled and might not directly relate to her current symptoms, it's important to consider that systemic vascular issues are more prevalent in patients with long-term hypertension. This background could indirectly increase the susceptibility or mask some symptoms of vascular inflammatory conditions like GCA.

The importance of timely diagnosis and treatment of giant cell arteritis cannot be overstated. If left untreated, GCA can lead to serious complications such as irreversible vision loss due to involvement of the arteries that supply the optic nerve. The typical treatment involves high-dose corticosteroids, which can significantly alleviate symptoms and prevent complications if started early. In conclusion, the symptoms of a persistent, severe headache localized to one side of the head, jaw pain during mastication, and a tender, incompressible temporal artery in an elderly patient strongly point towards a diagnosis of giant cell arteritis. Immediate further investigation, typically including blood tests like the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP), and

potentially a temporal artery biopsy, is warranted to confirm the diagnosis and commence appropriate treatment.

NEW QUESTION # 198

A 22-year-old female has come into the clinic with inflammation of the oral mucosa involving the tongue, mucosa, and gingiva. A diagnosis of gingivostomatitis is made. The CNS knows that all of the following are management interventions for this condition except:

- A. Coating agents such as diphenhydramine hydrochloride elixir with Kaopectate or Maalox 1:1 may bring relief.
- B. Oral anesthetics will help with symptoms but should be used with caution.
- C. Avoid cool fluids and popsicles because they may worsen the severity of this condition.
- D. If the case is severe, corticosteroids should be considered.

Answer: C

Explanation:

Gingivostomatitis is an inflammation of the gums and mucosa of the mouth, which can be particularly painful and discomforting. It often presents with symptoms such as swelling, soreness, and sometimes bleeding of the gums, alongside lesions or ulcers on the mucosa of the mouth. In managing gingivostomatitis, several interventions can be considered to alleviate symptoms and promote healing.

Oral anesthetics are commonly used to help manage the pain associated with gingivostomatitis. These can include benzocaine or lidocaine gels or sprays that numb the affected area. However, caution is advised when using these products, especially in high doses or frequently, as they can potentially cause side effects like methemoglobinemia, a serious condition where oxygen delivery to tissues is impaired.

Contrary to the notion that cool fluids and popsicles might worsen the condition, they are actually beneficial in the management of gingivostomatitis. Cool fluids and popsicles help soothe the inflamed and painful areas of the oral mucosa. They provide a numbing effect that can temporarily relieve pain and also help in keeping the mouth hydrated, which is essential for healing. Avoiding hot, spicy, or acidic foods and beverages that can further irritate the mouth is generally recommended.

In addition to symptomatic relief, addressing the underlying cause of gingivostomatitis is crucial. If the condition is caused by a viral infection, such as herpes simplex virus, antiviral medications may be prescribed. For bacterial infections, appropriate antibiotics are administered. It's also important to maintain good oral hygiene during this time to prevent further infection or aggravation of the condition.

For inflammation, over-the-counter pain relievers and anti-inflammatory medications like ibuprofen or acetaminophen can be used. These help reduce pain as well as manage any associated fever. In severe cases, corticosteroids might be considered to reduce severe inflammation, under the guidance of a healthcare provider.

Lastly, coating agents such as a mixture of diphenhydramine hydrochloride elixir and Kaopectate or Maalox (1:1 ratio) can be used. These agents form a protective coating over the sores, which can shield the nerve endings from exposure to irritants and reduce pain. In summary, the management of gingivostomatitis involves a combination of pain management, soothing therapies, and addressing the underlying cause. Cool fluids and popsicles are actually recommended due to their soothing effect and not avoided as one might incorrectly assume.

NEW QUESTION # 199

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