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ACNS guidelines for CLTM exam Questions With Answers Latest Update

Nichrome and platinum are... - ANSWER Nonferrous metal, MRI compatible

LTME digital equipment must record (minimum) - ANSWER 24 hrs of video and 32-64 channels of EEG

LTME storage (minimum) - ANSWER 30 gigabytes or 24 hrs of vid/EEG

Intracerebral electrode impedance measurements...safe range - ANSWER 10nA which is 1000 times less than reg 5-10Kohm for scalp

What is the bare minimum number of channels in an LTME or primary EEG evaluation - ANSWER 8 channels

12 or more are routinely used for accuracy in localization

Electrodes, wires, amplifiers etc - ANSWER Instrumental artifact creators.

Ambulatory EEG artifact...create a reference - ANSWER All common biological and mechanical arti should be produced by patient/tech at start or end of record.

LTME Quality Assurance - ANSWER Periodic check of live EEG should be performed once a day.

16 channels EEG +1 eye and 1 EKG = - ANSWER Minimum number of channels for presurgical localization.

In-patient LTME - ANSWER Qualified personal must observe the patient, record events and maintain recording integrity

Name the group who creates the guidelines which classify seizures. - ANSWER International League Against Epilepsy

What does ACNS think is an acceptable instead of sphenoidals? - ANSWER earlobe, anterior or sub temporal electrode

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q56-Q61):

NEW QUESTION # 56

There are several stages in the Trans-Theoretical Model of Change proposed by Prochaska and DiClemente, 1984. Which of the following is NOT one of the stages of change?

- A. Preparation
- B. Pre-contemplation
- C. Self-actualization
- D. Action

Answer: C

Explanation:

The Trans-Theoretical Model of Change, developed by Prochaska and DiClemente in 1984, is a framework for understanding how individuals progress through different stages of behavioral change. This model is particularly useful in the field of psychology and health promotion, as it provides insights into the complex process of changing entrenched behaviors.

The stages included in the Trans-Theoretical Model are as follows: 1. Pre-contemplation: At this initial stage, the individual is not yet considering change. They may be unaware of the need to change or may be in denial about the consequences of their current behavior. 2. Contemplation: In this stage, the person becomes aware of the potential benefits of making a change but may still be ambivalent about taking action. They are weighing the pros and cons and considering the possibility of changing. 3. Preparation: During preparation, the individual starts to get ready to make a change. This might involve making small adjustments, gathering information, or setting a date to begin a significant change. 4. Action: This is the stage where the individual actively implements changes in their behavior. Efforts are made to overcome the problem by adopting new ways of behaving. 5. Maintenance: After action, the maintenance stage involves continuing the new behavior over the long term to avoid relapse. It's about consolidating the gains made during the action stage. 6. Termination: In this final stage, the individual has completely overcome their behavior and no longer feels tempted to revert to the old behavior. Not all models include this stage, and often maintenance is considered the last stage.

The option "Self-actualization" mentioned in the question does not belong to the Trans-Theoretical Model of Change. Instead, self-actualization is a concept from Abraham Maslow's Hierarchy of Needs. It represents the highest level of psychological development where a person achieves their fullest potential. Maslow described this stage as the desire to accomplish everything that one can, to become the most that one can be. In his hierarchy, self-actualization sits at the top, following physiological needs, safety, love and belonging, and esteem needs.

Therefore, when asked which of the listed options is NOT one of the stages of change according to the Trans-Theoretical Model, the correct answer is "self-actualization." This term does not appear in the model proposed by Prochaska and DiClemente but is instead a crucial concept in Maslow's theory of psychological health predicated on fulfilling innate human needs.

NEW QUESTION # 57

A 38 year obese female patient has Type II diabetes and Stage I hypertension. What is the recommended goal for her LDL level?

- A. >40 mg/dL.
- B. <100 mg/dL.
- C. <110 mg/dL.
- D. <130 mg/dL.

Answer: B

Explanation:

The question pertains to the appropriate goal for low-density lipoprotein (LDL) cholesterol in a 38-year-old obese female with Type II diabetes and Stage I hypertension. Managing LDL cholesterol is crucial in patients with multiple cardiovascular risk factors to prevent complications such as heart disease and stroke.

Patients with diabetes are at a higher risk of cardiovascular diseases, akin to the risk faced by individuals who have already experienced a heart attack. This elevated risk is further compounded by other factors such as obesity and hypertension. Thus, more aggressive management of lipid levels, particularly LDL cholesterol, is warranted.

According to current guidelines, for individuals with diabetes and additional cardiovascular risk factors, the recommended LDL

cholesterol level should be less than 100 mg/dL. This target is set to minimize the risk of atherosclerotic events, which can lead to severe cardiovascular complications. Achieving lower LDL levels is associated with a significant reduction in the risk of heart attacks, strokes, and coronary artery disease.

Therefore, for a patient like the one described, who not only has diabetes but is also hypertensive and obese, maintaining an LDL cholesterol level below 100 mg/dL is crucial. This goal is part of a broader strategy aimed at comprehensive cardiovascular risk reduction, which includes managing blood sugar levels, blood pressure, and body weight, alongside improving lipid profiles. In conclusion, the correct answer to the question of the recommended LDL level for this patient is <100 mg/dL. This target is consistent with the guidelines aiming to provide maximum protection against cardiovascular diseases in high-risk individuals such as those with diabetes and hypertension.

NEW QUESTION # 58

A patient has an ADH level of 4.2 pg/mL. What does this indicate?

- A. SIADH.
- **B. Levels are normal.**
- C. DI.
- D. Myxedema.

Answer: B

Explanation:

The patient's ADH level of 4.2 pg/mL falls within the normal range, as normal ADH (antidiuretic hormone) levels are typically between 0 and 4.7 pg/mL. ADH, also known as vasopressin, is a hormone produced in the hypothalamus and stored in the pituitary gland. It plays a crucial role in regulating the body's retention of water by concentrating the urine and reducing urine volume.

DI. When ADH levels are abnormally high, it could indicate a condition known as Syndrome of Inappropriate Antidiuretic Hormone secretion (SIADH). In SIADH, excessive ADH leads to water retention and hyponatremia, a condition where the sodium levels in the blood become dangerously low. Conversely, low levels of ADH can lead to diabetes insipidus (DI), a disorder characterized by frequent and copious urination with an increased thirst for fluid intake.

DI. Since the patient's ADH level is 4.2 pg/mL, it does not suggest either SIADH or DI, as these conditions are marked by high and low levels of ADH respectively. The patient's ADH level being within the normal range implies that the water balance and related hormonal functions are likely functioning properly, without indications of the aforementioned disorders.

DI. It is important, however, to consider the clinical context, including symptoms and other laboratory findings, to comprehensively assess a patient's health status. If symptoms that could be related to ADH levels are present, further investigation might be warranted despite the normal ADH test result.

NEW QUESTION # 59

After an 1 mg overnight dexamethasone suppression test, when should cortisol be tested?

- **A. 8:00 AM**
- B. Midnight.
- C. 3:00 PM
- D. Noon.

Answer: A

Explanation:

The optimal timing for testing cortisol after an overnight 1 mg dexamethasone suppression test is at 8:00 AM. This timing is chosen because cortisol levels exhibit a diurnal rhythm, with their peak naturally occurring in the early morning hours, typically around 8:00 AM. The purpose of testing at this time is to assess how effectively dexamethasone has suppressed the cortisol production, which is especially relevant in the diagnosis and assessment of conditions like Cushing's syndrome.

In the context of the dexamethasone suppression test, a patient is given a dose of dexamethasone, which is a potent synthetic glucocorticoid, at night. Dexamethasone acts similarly to cortisol but has a much stronger effect. It is expected to suppress the secretion of cortisol by acting on the hypothalamus and pituitary gland, which in turn should reduce the production of adrenocorticotropic hormone (ACTH) and subsequently cortisol by the adrenal glands.

Testing cortisol levels at 8:00 AM after the administration of dexamethasone provides critical information. If the cortisol levels are not adequately suppressed (typically less than 1.8 µg/dL or 50 nmol/L), this suggests that the negative feedback mechanism controlling cortisol release is not functioning properly, which is a hallmark of Cushing's syndrome. In cases where the cortisol level is higher than 5 µg/dL, it strongly points towards a diagnosis of Cushing's syndrome, requiring further investigation and confirmation through additional tests.

Therefore, testing at 8:00 AM maximizes the diagnostic accuracy of the test under the influence of the physiological peak of cortisol. Testing at any other time could yield misleading results as the natural fluctuation in cortisol levels throughout the day might interfere with the interpretation of the suppression test outcomes. Thus, adherence to the 8:00 AM testing time is crucial for correct diagnosis and management of diseases related to cortisol dysfunction.

NEW QUESTION # 60

In your career, you will encounter many professional journal articles with important data for your review. The CNS knows that the difference between the smallest and largest observation is the:

- A. range
- B. first degree of freedom
- C. standard deviation
- D. absolute value

Answer: A

Explanation:

In the context of statistical analysis, particularly when reviewing data in professional journal articles, it is essential to understand various statistical measures that describe the data's behavior. One such measure is the "range." The range is a descriptive statistic that provides a simple indication of the dispersion, or spread, of a set of data points. It is calculated as the difference between the largest and smallest values in the dataset.

To determine the range, you identify the maximum (largest) and minimum (smallest) values among the dataset's observations.

Subtracting the minimum value from the maximum value yields the range. For example, if the maximum value in a dataset is 90 and the minimum is 15, the range would be $90 - 15 = 75$. This tells us that the data points are spread across a range of 75 units.

The range is particularly useful as a preliminary measure of data spread, giving a quick indication of the variability within a dataset.

However, it is sensitive to outliers (extreme values), as a single outlier can significantly affect the range, making it larger. Despite this limitation, the range is a helpful starting point for data analysis, especially when combined with other statistical measures such as the mean, median, variance, and standard deviation, which provide a more comprehensive understanding of the dataset's characteristics.

In professional settings, understanding the range can help in making initial assessments about the data's variability without delving deeper into more complex statistical analyses. It can guide decisions on further data processing steps and analytical techniques to apply for more detailed insights. Hence, when reviewing professional journal articles that present data, recognizing the significance of the range and its calculation is crucial for interpreting the research findings effectively.

NEW QUESTION # 61

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