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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q188-Q193):

NEW QUESTION # 188

A mother is in the office with her child for a well-child check. She asks you a question regarding her period. The ACNS understands that non-nursing mothers resume menstruation after childbirth when?

- A. in 30 days
- B. in 2-4 weeks
- C. in 7-9 weeks
- D. in 45 days

Answer: C

Explanation:

The return of menstruation after childbirth, known as the postpartum period, varies widely among women, particularly influenced by whether they are breastfeeding or not. For non-nursing mothers, menstruation typically resumes sooner compared to those who breastfeed.

In non-nursing mothers, the absence of breastfeeding leads to a more rapid return of the hypothalamic-pituitary-ovarian axis to its normal functioning state. Breastfeeding, on the other hand, naturally delays the return of menstruation due to the hormonal influences associated with lactation, particularly the high levels of prolactin, which suppress ovulation.

For non-nursing mothers, menstruation generally resumes between 7 to 9 weeks postpartum. This timeframe can vary based on individual factors such as pre-pregnancy menstrual cycle regularity, general health, and whether there were complications during delivery. The typical range of 7 to 9 weeks is an average; some women may experience a return of menstruation sooner or later. During childbirth, the body undergoes significant hormonal changes. After delivery, the levels of estrogen and progesterone, which are high during pregnancy, drop dramatically. This drop signals the body to start the process to return to the pre-pregnancy hormonal state. The uterus also begins to return to its normal size, a process known as involution. The fundus (the top of the uterus) starts to shrink and descends back into the pelvis. By approximately 10 days postpartum, the fundus is usually no longer palpable above the pelvic bone when examined abdominally.

It's important for healthcare providers to educate new mothers on what to expect in the postpartum period, including the resumption of menstruation and the variability in timing. Understanding these changes can help manage expectations and prepare for the return to reproductive health. For any concerns or abnormalities in the resumption of menstruation, such as an unusually early return, excessively heavy bleeding, or failure to resume periods beyond the typical timeframe, women should consult their healthcare provider.

NEW QUESTION # 189

How many grams of protein does a serving of meat on the ADA diet contain?

- A. 10g
- B. 15g
- C. 75g
- D. 7g

Answer: D

Explanation:

The correct amount of protein in a serving of meat or meat substitute on the American Diabetes Association (ADA) diet is 7 grams. This dietary recommendation is part of a structured plan intended to help manage blood sugar levels through consistent and balanced food choices.

In addition to the protein content, it is important to note that each serving should ideally contain no more than 100 calories and no more than 8 grams of fat. This helps in maintaining an overall healthy diet and aids in weight management, which is crucial for individuals managing diabetes. The guidelines are designed to ensure that meals are both nutritious and conducive to stable blood glucose levels.

The ADA diet not only focuses on the quantity of the food but also emphasizes the quality and the combination of foods. Protein servings can come from both animal and plant sources, providing flexibility and variety in meal planning. Common examples of a meat serving on this diet could include one ounce of chicken, beef, or fish, whereas a meat substitute serving might consist of tofu or a similar amount of another plant-based protein source.

This dietary approach is beneficial not only for individuals with diabetes but also for anyone seeking a balanced and health-conscious diet. By adhering to these parameters, the ADA diet aids in the overall nutritional management, which is a critical aspect of diabetes care.

NEW QUESTION # 190

Where should the thyroid be palpated?

- A. Between the hyoid cartilage and the greater trochanter notch.
- B. Between the cricoid cartilage and the suprasternal notch.
- C. Between the hyoid bone and the suprasternal notch.
- D. Between the cricoid bone and the greater trochanter notch.

Answer: B

Explanation:

The thyroid gland, a vital endocrine organ, is located in the neck and plays a crucial role in metabolism, growth, and development by producing thyroid hormones. Because abnormalities in the thyroid gland can lead to various medical conditions, palpation is a common clinical procedure used to assess its size, position, and texture.

The correct anatomical location for palpating the thyroid gland is between the cricoid cartilage and the suprasternal notch. The cricoid cartilage, which is easily palpable, is a ring-like structure located at the top of the trachea and below the thyroid cartilage ("Adam's apple"). It serves as a landmark for locating the upper boundary of the thyroid gland.

The suprasternal notch, also known as the jugular notch, is an easily identifiable depression at the superior end of the sternum, between the clavicles. It marks the lower boundary of where the thyroid gland can be palpated. This notch serves as a reference point for the inferior border of the thyroid gland.

To palpate the thyroid gland, healthcare providers typically ask the patient to swallow, which helps in bringing the thyroid gland into a more palpable position as it moves up and down with the swallowing action. This movement allows the examiner to feel for the gland's size, consistency, and any nodules or asymmetry, which could indicate potential thyroid issues.

Palpating the thyroid in the area between the cricoid cartilage and the suprasternal notch allows healthcare providers to assess the gland effectively. This assessment is crucial for identifying conditions such as goiters, thyroid nodules, and other thyroid gland abnormalities, enabling timely diagnosis and management.

NEW QUESTION # 191

A hold order may be ordered for patients on insulin therapy if the glucose threshold is what?

- A. <110 mg/dL.
- B. <115 mg/dL.
- C. <105 mg/dL.
- D. <100 mg/dL.

Answer: D

Explanation:

*In the context of diabetes management, particularly for patients on insulin therapy, a "hold order" is a directive used in clinical settings to temporarily stop insulin administration under specific circumstances. This protocol is crucial to prevent hypoglycemia, a condition where blood glucose levels drop too low, posing serious health risks to the patient. Hypoglycemia can cause symptoms such as shaking, confusion, dizziness, or even more severe complications like loss of consciousness or seizures. *

*Insulin, while essential for controlling high blood sugar, can sometimes lower glucose levels excessively. To mitigate this risk, medical professionals set glucose thresholds that trigger a hold on insulin administration. If a patient's blood glucose level falls below this predefined threshold, insulin doses are withheld to allow glucose levels to stabilize and prevent further drop. *

*The threshold for a hold order can vary based on the patient's individual health profile, the type of insulin being used, and other factors. However, it is commonly set at less than 100 mg/dL. This level is chosen based on clinical guidelines and empirical evidence which suggest that glucose levels below 100 mg/dL increase the risk for hypoglycemia, especially if trending downwards. *

*It is important for healthcare providers to closely monitor blood glucose levels in patients receiving insulin therapy and adjust the treatment protocol as necessary. This includes issuing hold orders when appropriate to safeguard against hypoglycemia, thus balancing the need to manage high blood sugar with the risk of pushing glucose too low. Regular review and adjustment of the glucose threshold for hold orders ensure that the management of diabetes remains both effective and safe.

NEW QUESTION # 192

A patient who is described as having a pleural friction rub will exhibit which of the following?

- A. Whistling, high-pitched breath sounds.
- B. Hollow, high-pitched breath sounds.
- C. A high-pitched harsh sound on inhalation.
- D. A low-pitched, grating sound on inhalation or exhalation.

Answer: D

Explanation:

A pleural friction rub is an important clinical finding in the respiratory examination, often indicative of pleural inflammation. The pleurae are thin membranes enveloping the lungs and lining the chest cavity. Normally, these membranes are smooth, allowing the lungs to expand and contract with minimal friction during breathing. However, inflammation of the pleurae (pleuritis) can cause these surfaces to become rough, leading to the characteristic sounds heard in a pleural friction rub.

A pleural friction rub is typically described as a low-pitched, grating or creaking sound. This sound is produced when the roughened,

inflamed pleural surfaces rub against each other during inhalation or exhalation. Unlike breath sounds which are generally continuous, a pleural rub is discontinuous and is often compared to the sound of walking on fresh snow or leather rubbing together.

This sound is best heard during the examination when a stethoscope is placed on the chest wall, usually at the lateral lung fields where the movement of the pleura is greatest. It can occur during either phase of respiration but is most prominent during the end of inspiration and the beginning of expiration, where the movement of the lungs and pleura is maximal.

The presence of a pleural friction rub is significant as it often points to underlying pathological conditions. Common causes include viral pleuritis, bacterial pneumonia, pulmonary infarction, and autoimmune disorders such as rheumatoid arthritis or lupus. Diagnosis and further evaluation typically involve imaging studies like chest X-ray or CT scan, and sometimes analysis of pleural fluid obtained via thoracentesis if pleural effusion is present.

It is crucial to differentiate a pleural friction rub from other types of abnormal lung sounds, such as wheezes or crackles. Wheezes, which are high-pitched and musical in nature, suggest airway obstruction. Crackles, which can be fine or coarse, are associated with conditions like pulmonary edema or fibrosis, indicating different underlying mechanisms and disease processes.

In conclusion, recognizing the sound of a pleural friction rub and understanding its implications allows for timely investigation and management of the underlying causes of pleural inflammation. This is essential for preventing complications associated with the progression of untreated pleural diseases.

NEW QUESTION # 193

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