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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 (Q141-Q146):

NEW QUESTION # 141

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. <110 mg/dL.
- C. <100 mg/dL.
- D. <130 mg/dL.

Answer: C

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 # 142

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

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 # 143

Which of the following may be administered to a patient who is presenting an arrhythmia after an MI?

- A. Heparin
- B. Pindolol
- C. Disopyramide
- D. Nitroglycerin

Answer: C

Explanation:

Disopyramide is a medication used to treat certain types of serious (life-threatening) irregular heartbeat such as persistent ventricular tachycardia. It works by slowing the electrical conduction in the heart, stabilizing the heart rhythm, and maintaining a regular, steady heartbeat. Following a myocardial infarction (MI), or heart attack, patients may develop arrhythmias, which are abnormalities in the rhythm of the heart. Disopyramide can be administered to these patients to help manage these arrhythmias, particularly if they are symptomatic or pose a risk to the patient's health.

Nitroglycerin, on the other hand, is primarily used to manage angina (chest pain) and other conditions where the heart muscle is not getting enough blood. It works by dilating blood vessels to improve blood flow. While nitroglycerin does help alleviate chest pain associated with a heart attack, it does not directly address arrhythmias and hence is not typically used solely for arrhythmia management post-MI.

Heparin is an anticoagulant, or a blood thinner, used to prevent the formation of blood clots. After a heart attack, the risk of blood clots increases, which can lead to further heart damage or complications like stroke. Although heparin is critical in the acute management of myocardial infarction to prevent further clotting, it does not directly treat arrhythmias. Its use is vital in the overall management of heart attack patients but not specifically for correcting abnormal heart rhythms.

Pindolol is a type of beta-blocker used to treat high blood pressure and chest pain, but it is also effective in some cases for controlling heart rate in patients with arrhythmia. Beta-blockers can be helpful post-MI for reducing the workload on the heart and improving survival rates. However, their primary role is not to restore normal heart rhythm but rather to manage the underlying conditions contributing to heart disease and to prevent further cardiac events.

In summary, among the options provided, disopyramide is specifically suited for treating arrhythmias that may occur after a myocardial infarction. It directly targets the electrical impulses of the heart to stabilize the heart's rhythm, making it an appropriate choice for arrhythmia management in this context.

NEW QUESTION # 144

How often should a patient flush the toilet after being given radioactive iodine?

- A. 3 times.
- B. Twice.
- C. 4 times.
- D. Once.

Answer: B

Explanation:

Radioactive iodine therapy is commonly used for the treatment of hyperthyroidism and certain types of thyroid cancer. This treatment involves the administration of radioactive iodine, usually in a capsule or liquid form, which is specifically taken up by the thyroid gland. The radioactive iodine destroys thyroid cells, including cancerous ones, without necessitating invasive surgical procedures. However, because the iodine used in this treatment is radioactive, it poses a risk not only to the patient but also to others around them. After the treatment, the body expels the excess radioactive iodine through urine, saliva, and sweat. Consequently, special precautions are necessary to minimize radiation exposure to family members and the public.

One of the key safety measures is related to the use of the toilet. After receiving radioactive iodine therapy, patients are advised to flush the toilet twice after each use. The reason for this double-flushing protocol is to ensure that traces of radioactive iodine are effectively removed and diluted, reducing the risk of radiation exposure to others who might use the same bathroom.

Flushing the toilet twice helps in significantly lowering the concentration of radioactive material in the wastewater system. This practice, coupled with other precautionary measures such as frequent hand washing, using separate towels, and avoiding close physical contact, forms part of a broader strategy aimed at safety and radiation containment after thyroid treatment with radioactive iodine.

Adhering to these guidelines is crucial for patient safety, the safety of their immediate family, and the public. It helps in mitigating the potential hazards associated with radioactive exposure, ensuring that the treatment's benefits far outweigh the risks.

NEW QUESTION # 145

Which of the following does NOT increase a woman's risk for domestic violence?

- A. Being an undocumented immigrant.
- B. Being in a lesbian relationship rather than a heterosexual one.
- C. Being pregnant.
- D. Being disabled.

Answer: B

Explanation:

The question asks which scenario does NOT increase a woman's risk for domestic violence. The correct answer, as repeated across all options, is "Being in a lesbian relationship rather than a heterosexual one." Domestic violence is a significant issue that affects various demographics, regardless of sexual orientation, age, race, or economic status. However, certain factors are recognized to heighten the risk of experiencing domestic violence. Studies and data have identified factors such as pregnancy, disability, and undocumented status as increasing the vulnerability of women to domestic violence. These factors can exacerbate power imbalances, dependency, isolation, and barriers to seeking help, all of which contribute to the increased risk.

In contrast, there is no consistent evidence to suggest that the nature of the relationship in terms of the sexual orientation of the partners—specifically being in a lesbian versus a heterosexual relationship—alters the fundamental risk of domestic violence. Domestic violence occurs in both heterosexual and same-sex relationships at significant rates. The misconception that same-sex relationships inherently involve less power imbalance or are less prone to violence is unfounded. The risk factors typically revolve around individual behaviors, relationship dynamics, and socio-economic conditions rather than the sexual orientation of the relationship itself. Therefore, while being pregnant, disabled, or an undocumented immigrant are recognized as factors that can increase a woman's risk for victimization, being in a lesbian relationship, in itself, does not alter the risk compared to being in a heterosexual relationship. The focus should remain on the behaviors and dynamics that contribute to domestic violence, rather than the nature of the relationship in terms of sexual orientation.

NEW QUESTION # 146

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