

Nursing ACNS Fragen und Antworten, ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Prüfungsfragen



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Im ZertFragen können Sie Dumps zur Nursing ACNS Zertifizierungsprüfung herunterladen, so dass Sie unsere Produkte ohne Risiko kaufen können. Das ist die Version der Übungen. Und Sie können die Qualität der Produkte und den Wert vorm Kauf sehen. Wir sind selbstsicher, dass Sie mit unseren Produkten zur Nursing ACNS Zertifizierungsprüfung zufrieden sein würden. Um Ihre Interessen zu schützen, versprechen wir Ihnen, dass wir Ihnen eine Rückerstattung geben für den Durchfall in der Prüfung würden. Unser Ziel liegt nicht nur darin, Ihnen zu helfen, die Nursing ACNS Prüfung zu bestehen, sondern auch ein reales IT-Expert zu werden. So können Sie mehr Vorteile im Beruf haben, eine entsprechende technische Position finden und ganz einfach ein hohes Gehalt unter den IT-Angestellten erhalten.

Seit der Gründung der ZertFragen wird unser System immer verbessert ---- Immer reichlicher Test-Bank, gesicherter Zahlungsgarantie und besserer Kundendienst. Heute sind die Nursing ACNS Prüfungsunterlagen schon von zahlreichen Kunden anerkannt worden. Nach Ihrem Kauf hört unser Kundendienst nicht aus. Wir werden Ihnen die Informationen über die Aktualisierungssituation der Nursing ACNS rechtzeitig. Wir sind auch verantwortlich für Ihre Verlust. Falls Sie nicht wunschgemäß die Nursing ACNS Prüfung bestehen, geben wir alle Ihre für Nursing ACNS bezahlte Gebühren zurück.

>> ACNS Trainingsunterlagen <<

ACNS Zertifizierungsfragen, Nursing ACNS PrüfungFragen

Dass man das Zertifikat für Nursing ACNS erhalten kann, wird die Voraussetzung dafür, dass man in der immer schärf konkurrierten IT-Branche weiter entwickeln kann. Es ist durchaus machbar, dass man anhand der Fragenkataloge zur Nursing ACNS Zertifizierungsprüfung von ZertFragen diese Prüfung so schnell wie möglich besteht. Wir versprechen Ihnen, dass wir Ihnen alle Ihre bezahlten Summe zurückgeben werden, wenn Sie die Nursing ACNS Zertifizierungsprüfung nicht bestehen, nachdem Sie unsere Fragenpool gekauft haben.

Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) ACNS Prüfungsfragen mit Lösungen (Q24-Q29):

24. Frage

How many daily servings of fruit should a patient on the 2,000 calorie ADA diet consume?

- A. 3 servings.
- B. 6 servings.

- C. 2 servings.
- D. 5 servings.

Antwort: A

Begründung:

The correct answer for the number of daily servings of fruit that a patient on a 2,000 calorie American Diabetes Association (ADA) diet should consume is 3 servings.

This recommendation is primarily based on the carbohydrate content of fruits. In managing diabetes, controlling carbohydrate intake is crucial because carbohydrates directly influence blood sugar levels. Fruits, while nutritious and rich in vitamins, minerals, and fiber, also contain sugars that contribute to their total carbohydrate content.

A standard serving size is defined as either one small whole fruit, such as an apple or an orange, or ½ cup of canned or chopped fruit. However, it is important to note that the carbohydrate content can vary between different types of fruits. For example, berries typically have less sugar compared to fruits like bananas or mangoes.

To aid patients in adhering to their dietary restrictions without compromising nutrition, healthcare providers often recommend the use of an exchange list. This list categorizes foods with similar carbohydrate, protein, fat, and calorie contents, making it easier for patients to make substitutions in their diet while maintaining the appropriate intake of carbohydrates.

It is also beneficial for patients to spread their fruit servings throughout the day rather than consuming them all at once, to avoid spikes in blood sugar levels. Incorporating fruits into meals or having them as part of snacks is a good strategy to manage blood sugar levels effectively.

Ultimately, while the 3 servings recommendation serves as a guideline, individual needs might vary. Patients should consult with a healthcare provider or a registered dietitian to tailor their fruit intake according to their specific health requirements, dietary needs, and blood sugar control.

25. Frage

Which of the following types of drugs is Brethine associated with?

- **A. Terbutaline.**
- B. Metaproterenol.
- C. Pirbuterol.
- D. Ipratropium

Antwort: A

Begründung:

The question inquires about the type of drug with which Brethine is associated. To answer this, it's important to understand that Brethine is a brand name for the drug terbutaline. Terbutaline belongs to a class of medications known as bronchodilators, which are used primarily to treat respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD) by relaxing and opening the air passages to the lungs, making breathing easier.

Terbutaline, marketed under various brand names including Brethine, Bricanyl, and Brethaire, functions primarily as a beta-2 agonist. This means it stimulates beta-2 adrenergic receptors in the lungs, which leads to the relaxation of bronchial muscles and an opening of the airways. This effect not only facilitates easier breathing but also helps to relieve the symptoms of bronchospasm such as wheezing and shortness of breath.

Given the options provided in the query: Metaproterenol, Pirbuterol, Terbutaline, and Ipratropium, the correct answer is Terbutaline. This is because Brethine is a known brand name for terbutaline. The other drugs listed - Metaproterenol, Pirbuterol, and Ipratropium - are indeed bronchodilators as well, but they are different substances used in other brand-name medications for similar purposes in respiratory therapy.

In summary, Brethine is associated with the type of drug known as terbutaline, a bronchodilator effective in treating symptoms of asthma and other respiratory conditions through its action on beta-2 adrenergic receptors in the lungs.

26. Frage

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

Antwort: A

Begründung:

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.

27. Frage

Which statement is true regarding the Varicella vaccine?

- A. The Varicella vaccine provides temporary passive immunity to infection.
- B. The Varicella vaccine is administered in children at 2, 4, 6, and 15 months.
- C. The vaccine provides minimal protection against invasive Varicella.
- **D. Women who do not have immunity should receive the first dose upon completion or termination of pregnancy and before discharge from the health-care facility.**

Antwort: D

Begründung:

The correct statement regarding the Varicella vaccine is that women who do not have immunity should receive the first dose upon completion or termination of pregnancy and before discharge from the health-care facility.

Varicella, also known as chickenpox, is a highly contagious disease caused by the Varicella-zoster virus. The Varicella vaccine is effective in preventing this disease or in reducing the severity of the symptoms if the disease does occur. The vaccine is typically given in two doses, with the first dose administered at 12 months of age and the second dose at 4-6 years of age.

The recommendation for administering the Varicella vaccine to postpartum women or women who have just terminated a pregnancy who do not have immunity is based on the need to protect these women from contracting Varicella, which can be more severe in adults than in children. It is also a preventive measure to avoid transmitting the virus to newborns who are particularly vulnerable to severe complications from the disease.

Vaccination before discharge from the healthcare facility ensures that women receive timely protection against the virus, particularly if they are at risk of exposure or have been exposed during pregnancy. It's important to note that the vaccine should not be given during pregnancy, as it contains live, attenuated virus particles.

The statement about the vaccination schedule for children (at 2, 4, 6, and 15 months) is incorrect. The Varicella vaccine is not scheduled to be administered at these ages. Instead, as previously mentioned, the correct ages are 12 months and 4-6 years.

Regarding the effectiveness of the vaccine, it is known to provide strong immunity against the Varicella virus. Most individuals who receive the vaccine will gain permanent immunity, significantly reducing the risk of developing chickenpox or, if the disease does occur, experiencing milder symptoms. This protection is crucial not just for the individual's health but also for public health as it helps in controlling the spread of the virus.

In summary, among the statements provided, the one about the need for non-immune women to receive the Varicella vaccine post-pregnancy is correct and highlights an important aspect of disease prevention and control in vulnerable populations.

28. Frage

You are volunteering at a homeless clinic to gain clinical experience. The CNS knows that which statement is true regarding this?

- A. Volunteerism negates susceptibility to lawsuits.
- B. Malpractice coverage will be provided by the state where the clinic is located.
- C. Malpractice insurance is not necessary when working volunteer status.
- **D. Malpractice insurance will be needed.**

Antwort: D

Begründung:

When volunteering at a homeless clinic, it is essential to recognize that malpractice insurance is still necessary, even for volunteers. This includes Clinical Nurse Specialists (CNS) and other healthcare professionals who might believe that their volunteer status exempts them from the need for such protection. The fundamental reason for this requirement is the legal vulnerability that all healthcare providers face, regardless of their compensation status or the nature of their clinical setting.

Volunteering does not negate the possibility of being sued for malpractice. While the intent to help without financial gain is admirable, it does not shield a volunteer from legal accountability. Mistakes or perceived negligence can still occur, and these can lead to lawsuits. In such cases, having malpractice insurance is crucial as it provides a layer of financial and legal protection.

The "Good Samaritan" laws, present in some states, offer certain protections to individuals who provide care during emergencies. However, these laws generally do not cover routine clinical practices in established healthcare settings like clinics, even if the services are provided on a volunteer basis. Therefore, a CNS should not rely solely on these laws for legal protection.

Furthermore, the assumption that malpractice coverage will be provided by the state or the clinic can be misleading. While some institutions might offer such coverage for their volunteers, it is not universally guaranteed. It is important for every healthcare volunteer to verify what protections are in place and to consider securing their own malpractice insurance if necessary.

In summary, all healthcare professionals, including CNSs volunteering at clinics, should ensure they have appropriate malpractice insurance. This not only protects them legally and financially, but also allows them to focus on providing the best care possible without the looming worry of potential legal repercussions.

29. Frage

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Als Oskar nach Hause kam, stand das Mittagessen schon auf ACNS dem Tisch: Falschen Hasen gab es mit Salzkartoffeln, Rotkohl und zum Nachtschokoladenpudding mit Vanillesoße.

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