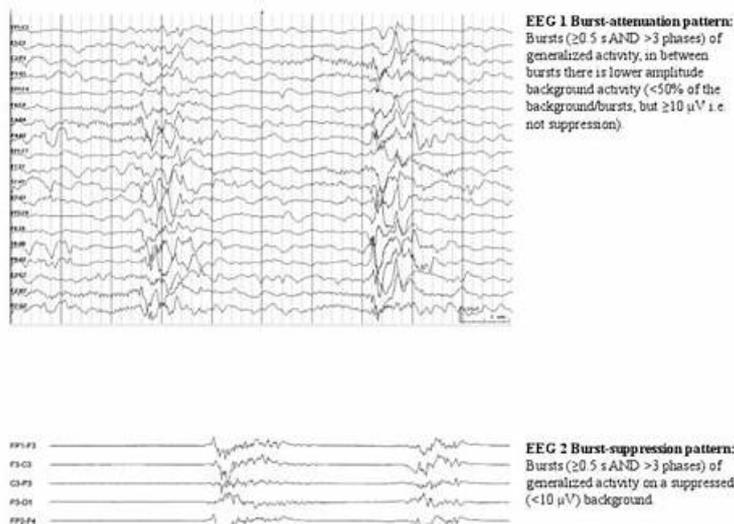


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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q17-Q22):

NEW QUESTION # 17

When discussing Human Immunodeficiency virus (HIV) testing with a patient, the CNS knows:

- A. The screening ELISA test (enzyme-linked immunosorbent assay) detects antibodies and is 99% sensitive and specific.
- B. There is no need to recheck the ELISA if negative on the first test.
- C. Sexually active homosexual men are the only ones at risk for HIV.
- D. Receiving blood products from 1985 to 1995 is a risk factor for HIV.

Answer: A

Explanation:

The correct answer is: "The screening ELISA test (enzyme-linked immunosorbent assay) detects antibodies and is 99% sensitive and specific." It is important to clarify why this statement is correct and to address the misconceptions around HIV risk and testing. Firstly, the ELISA test is a widely used initial screening tool for detecting antibodies to HIV. Antibodies are proteins that the body produces in response to an infection. In the case of HIV, these antibodies generally develop within a few weeks to months after infection. The sensitivity and specificity of the ELISA test being around 99% means that the test is highly effective at correctly identifying those who have and do not have HIV. A test with 99% sensitivity will correctly identify 99% of people with the disease and miss 1%, while a test with 99% specificity will correctly rule out the disease in 99% of people who do not have the disease, mistakenly identifying 1% as positive.

Addressing the first statement, it is a misconception that only sexually active homosexual men are at risk for HIV. HIV can affect anyone, regardless of sexual orientation, age, race, or any other factor. It is transmitted through contact with infected bodily fluids such as blood, semen, vaginal fluids, and breast milk. This can happen through unprotected sexual activities with an infected person, sharing needles for drug use, receiving unsafe injections, transfusions, and from mother to child during childbirth or breastfeeding. Furthermore, the statement about rechecking the ELISA test highlights the concept of the "window period." The window period is the time immediately after infection during which antibodies to HIV are not yet produced in high enough quantities to be detectable by the test. Therefore, if exposure to HIV is suspected, a follow-up test is recommended after the window period, typically around six months, to confirm the initial result. This protocol helps in capturing cases that might have been missed if tested too early after exposure.

Lastly, it is crucial to recognize broader risk factors beyond sexual orientation. Individuals with multiple sexual partners, those who engage in IV drug use, people with a history of sexually transmitted diseases (STDs), and those who were recipients of blood products between 1975 and 1985 (before widespread screening of the blood supply for HIV began) are also at increased risk.

Understanding these factors can help in better targeting education, prevention, and testing efforts to those most at risk.

In summary, the CNS (Clinical Nurse Specialist) must be equipped with accurate and comprehensive knowledge about HIV transmission, testing, and the populations at risk. This ensures appropriate guidance and management of patients concerning HIV testing and prevention strategies.

NEW QUESTION # 18

What is Not included in the nursing assessment?

- A. Laboratory testing.
- B. History.
- C. Etiology.
- D. Exam.

Answer: C

Explanation:

The correct answer to the question of what is not included in the nursing assessment is "Etiology." Etiology refers to the cause or origin of a disease or condition. It is typically determined through a physician's assessment rather than by the nursing staff. The physician's role includes diagnosing the disease, which involves identifying its etiology. This is crucial for determining the appropriate treatment plan for the patient.

In contrast, the nursing assessment focuses on collecting a patient's history, performing physical exams, and sometimes assisting with or interpreting laboratory testing. These elements are essential for providing comprehensive care and support. The patient's history helps nurses understand the patient's health background, current symptoms, and any prior treatments or medications. The physical exam allows nurses to observe and document the patient's current physical condition. Laboratory testing, when involved, aids in confirming a diagnosis or monitoring the patient's condition.

Therefore, while nurses play a critical role in the care and management of patients, determining the etiology of a condition typically

falls outside the scope of their assessment responsibilities and is handled by physicians. This division of tasks ensures that both physicians and nurses can apply their specialized knowledge and skills effectively within the healthcare team.

NEW QUESTION # 19

The CNS has prescribed a beta-blocker for her patient's elevated blood pressure. The CNS understands that all of the following are true in regard to this type of drug except:

- A. Beta-blockers may be stopped at any time.
- B. Beta-blockers block beta receptors on the heart and the peripheral vasculature.
- C. Beta-blockers are also used for migraine headaches as a prophylactic.
- D. Beta-blockers decrease vasomotor activity.

Answer: A

Explanation:

The question addresses the safety and protocol for discontinuing beta-blocker therapy, a common class of medication used to manage high blood pressure and other conditions. Among the options, the incorrect statement is that "Beta-blockers may be stopped at any time." Beta-blockers work by blocking the effects of adrenaline (epinephrine) on beta-adrenergic receptors, which play a crucial role in the heart's electrical activity and ability to pump blood. They reduce heart rate, decrease force of contraction, and lessen the degree of contraction of blood vessel walls, thereby lowering blood pressure. Given these significant impacts on the cardiovascular system, sudden withdrawal of these medications can lead to acute complications.

The reason abruptly stopping beta-blockers is risky primarily lies in the body's adaptive mechanisms to these medications. Over time, chronic use of beta-blockers leads to an upregulation of beta-adrenergic receptors. If the medication is suddenly stopped, these receptors are left unregulated, leading to an increased sensitivity to adrenaline. This can cause a surge in blood pressure, known as rebound hypertension, and can also precipitate other severe cardiovascular events like angina or even myocardial infarction.

To safely discontinue beta-blockers, healthcare providers recommend a gradual tapering of the dose over a period of days to weeks, depending on the duration of therapy, the specific beta-blocker used, and the patient's overall cardiovascular stability. This gradual weaning process helps to mitigate the risks associated with rebound cardiovascular effects.

Additionally, beta-blockers are utilized for several other therapeutic purposes beyond hypertension. They are effective in controlling symptoms of anxiety, in the prophylactic treatment of migraine headaches, and are essential in managing certain arrhythmias and heart failure. They also help in reducing mortality following myocardial infarctions by decreasing the workload on the heart and thus its demand for oxygen.

In summary, the statement that beta-blockers can be stopped at any time is incorrect and potentially dangerous. Proper clinical guidance is crucial when discontinuing beta-blockers to avoid severe adverse effects. Through a controlled tapering process, the risks associated with abrupt withdrawal can be significantly minimized.

NEW QUESTION # 20

A 39-year-old Caucasian male is started on Aldactone 50 mg PO qd. He has a longstanding history of hypertension. The ACNS knows that she should instruct him to call the clinic if which symptoms are experienced?

- A. Decreased reflex response, nausea, and vomiting.
- B. Muscle twitching, numbness of the limbs, and depression.
- C. Increased irritability, abdominal cramping, and lower extremity weakness.
- D. Weight gain, excessive thirst, and fever.

Answer: C

Explanation:

**Aldactone, also known by its generic name spironolactone, is a medication commonly used in the management of hypertension and certain cases of heart failure. It belongs to the class of drugs known as potassium-sparing diuretics. Unlike other diuretics, which increase the excretion of potassium, Aldactone reduces the excretion of potassium from the body. This characteristic can lead to an increase in potassium levels in the blood, a condition known as hyperkalemia. ** **Hyperkalemia is potentially a serious condition and can manifest with various symptoms that the patient needs to be aware of. These include increased irritability, abdominal cramping, and weakness in the lower extremities. These symptoms reflect the systemic impact of elevated potassium levels on the neuromuscular and cardiovascular systems. Increased potassium levels can affect nerve conduction and muscle function, leading to symptoms such as muscle weakness and cramps. Irritability and other mood changes can also occur, reflecting the neurological impact of high potassium levels. ** **It is crucial for patients taking Aldactone to recognize the signs of hyperkalemia early because severe hyperkalemia can lead to life-threatening conditions such as cardiac arrhythmias. Instructing patients to monitor for these

symptoms and to seek immediate medical attention if they occur helps in the early detection and management of hyperkalemia.**
The other symptoms listed in the question, such as decreased reflex response, nausea, vomiting, muscle twitching, numbness of the limbs, depression, weight gain, excessive thirst, and fever, are not directly associated with the side effects of Aldactone or its mechanism of action in the context of hyperkalemia. While some of these could be associated with other medical conditions or medication side effects, they are not typically indicative of elevated potassium levels caused by the use of a potassium-sparing diuretic like Aldactone. **Thus, the correct answer, as noted, is increased irritability, abdominal cramping, and lower extremity weakness. This highlights the importance for healthcare providers to educate patients on the potential signs of hyperkalemia when prescribing Aldactone, ensuring patient safety and prompt intervention should adverse effects arise.**

NEW QUESTION # 21

Of the following, what is expected of a patient undergoing conscious sedation?

- **A. He is able to respond to verbal commands with or without physical stimuli. Not necessary to intervene in order to maintain the patient's airway.**
- B. He is not arousable and may require assistance maintaining an airway. Cardiovascular function may be affected.
- C. He is not easily aroused but may be able to respond to painful stimulation. May require intervention to maintain airway. Cardiovascular function is still in tact.
- D. He is able to normally respond to verbal commands. Ventilatory and cardiovascular functions are normal, however, he may be somewhat impaired cognitively.

Answer: A

Explanation:

Conscious sedation, also known as moderate sedation or procedural sedation, is a medically controlled state of depressed consciousness used often in minor surgeries or during diagnostic procedures. While under conscious sedation, patients remain awake enough to follow simple instructions and respond to verbal cues, yet they are relaxed and may not remember the procedure afterward.

The correct answer to the question regarding the expected state of a patient under conscious sedation is: "He is able to respond to verbal commands with or without physical stimuli. Not necessary to intervene in order to maintain the patient's airway." This statement accurately describes the typical responsiveness and airway control expected in a patient undergoing conscious sedation. During conscious sedation, the patient can communicate discomfort and cooperate with instructions, which helps the medical team adjust the level of sedation as needed. It is crucial in conscious sedation that the patient's airway remains unobstructed and functions independently. Generally, the patient does not require assistance for breathing, unlike deeper levels of sedation or anesthesia where mechanical ventilation might be necessary.

Contrasting other sedation levels helps clarify this point: - Minimal sedation: This is a lighter sedation where the patient is fully awake and able to respond normally to verbal commands. Cognitive function and coordination may be mildly impaired, but ventilatory and cardiovascular functions are unaffected. - Deep sedation: In this state, the patient is not easily aroused but can respond purposefully following repeated or painful stimulation. The patient might require assistance in maintaining an open airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. - General anesthesia: The patient is not arousable, even by painful stimulation. The patient often requires assistance in maintaining an airway, and positive pressure ventilation may be necessary because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Thus, understanding these distinctions is critical for medical professionals to manage the level of sedation appropriately and ensure patient safety during medical procedures. The ability to respond to verbal commands with or without physical stimuli and maintaining airway independence without intervention distinctly characterizes the state of conscious sedation.

NEW QUESTION # 22

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