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Quiz Nursing - Latest PMHN-BC - Reliable ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Exam Questions

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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q55-Q60):

NEW QUESTION # 55

Nurses are expected to have the average degree of skill, care, and diligence exercised by members of the same profession under the same or similar circumstances. This is known as

- A. standard of care
- B. code of ethics
- C. scope of practice
- D. comprehensive accreditation

Answer: A

Explanation:

The term "standard of care" refers to the level of competence that one can expect from a medical professional, such as a nurse, under similar conditions. This standard is crucial in the healthcare industry because it establishes a benchmark for evaluating the quality and appropriateness of the care delivered by healthcare providers.

Standards of care are derived from a combination of sources including medical boards, academic research, professional organizations, and legal cases. These standards are implemented to ensure that all patients receive a consistent level of care regardless of where they are treated or who treats them. For nurses, adhering to these standards is vital not only for patient safety but also for protecting themselves legally and professionally.

In practical terms, the standard of care for nurses means performing duties according to the expected level of skill and diligence that any reasonable nurse would exhibit under similar circumstances. This includes everything from administering medications properly to maintaining patient confidentiality and providing timely and accurate communication about a patient's condition.

Failure to meet the standard of care can lead to legal consequences, including malpractice suits. It can also lead to professional sanctions such as suspension or revocation of nursing licenses. Therefore, understanding and adhering to the established standards of care are fundamental aspects of nursing practice.

In summary, "standard of care" is a critical concept in the healthcare field that defines the expected level and quality of care based on the average practice of peers in the field under similar circumstances. It is designed to ensure uniformity in the delivery of healthcare services, promote safety, and protect patient welfare.

NEW QUESTION # 56

Flight of ideas is best defined as

- A. excessive amount and rate of speech composed of fragmented or unrelated ideas
- B. flow of unconnected words that convey no meaning to the listener
- C. stopping abruptly in the middle of a sentence or train of thought
- D. inaccurate interpretation that general events are personally directed to him or her

Answer: A

Explanation:

Flight of ideas is a psychological phenomenon often observed in individuals experiencing manic episodes, particularly those associated with bipolar disorder. This symptom is characterized by an excessive amount and rate of speech, where the ideas expressed are fragmented or unrelated. The individual typically jumps rapidly from one topic to another with only superficial connections between them, if any. This can make it difficult for listeners to follow the conversation, as the speaker's thoughts seem scattered or disconnected.

Unlike coherent and logical dialogues, a flight of ideas lacks a clear progression or logical sequence. The connections between thoughts are often based on coincidental or superficial associations, such as rhyming words or similar sounds, rather than meaningful content. This can result in speech that appears rambling or incoherent to others.

The presence of flight of ideas is particularly indicative of the manic phase of bipolar disorder, where individuals exhibit an elevated mood, increased energy, and decreased need for sleep. During this phase, the rapid thought processes and heightened creativity may contribute to the disjointed and rapid speech patterns. It is important for clinicians to distinguish flight of ideas from other speech disturbances, such as pressured speech, where the rate is increased but connections between thoughts may still be logical, or from thought blocking, where the person unexpectedly stops speaking, unable to continue their train of thought.

Understanding and identifying flight of ideas is crucial for proper diagnosis and treatment of bipolar disorder and other conditions where this symptom may appear. Treatment typically involves the use of mood stabilizers and psychotherapy to help manage symptoms and provide strategies for coping with the challenges posed by such rapid and disorganized thought patterns. Additionally, educating patients and their families about these symptoms can help them recognize early signs of manic episodes and seek

appropriate intervention.

NEW QUESTION # 57

If a nurse is feeling they need to rescue a patient, which of the following solutions might be effective?

- A. Allow the patient to direct issues.
- B. Avoid calling the patient when off duty.
- C. Avoid any secret alliances.
- **D. All of the above**

Answer: D

Explanation:

When a nurse feels the need to "rescue" a patient, it typically refers to a scenario where the nurse may develop an overly involved or overly empathetic stance towards the patient, often leading to blurred professional boundaries. This feeling can sometimes result in the nurse taking extra measures that may not be professionally recommended or might even compromise the ethical standards of nursing care. Here are the expanded explanations for the suggested solutions to manage such a situation:

****Allow the patient to direct issues:**** This approach empowers the patient by letting them have a say in their care decisions and express their concerns and preferences. By doing so, the nurse shifts from being a rescuer to a facilitator of care. This strategy can help in preventing overidentification with the patient's condition, where the nurse might otherwise project personal feelings and potentially overstep professional boundaries to 'save' the patient. Allowing the patient to direct their issues encourages autonomy, enhances patient satisfaction, and maintains a professional nurse-patient relationship.

****Avoid any secret alliances:**** Secret alliances, or unofficial understandings and agreements between the nurse and the patient that are concealed from other healthcare team members, can be problematic. They can disrupt the continuity and consistency of care, create conflicts within the care team, and might even lead to favoritism or partiality. By avoiding such alliances, the nurse maintains transparency, promotes teamwork, and upholds the integrity of the care provided. This practice helps in managing the impulse to rescue by reinforcing professional boundaries and ensuring that all actions taken are in the patient's best interest and within ethical guidelines.

****Avoid calling the patient when off duty:**** Making personal calls or contacts outside of professional hours can lead to overinvolvement in the patient's life, which might blur the lines between personal and professional relationships. This behavior can be misconstrued by the patient or might create dependencies that are not conducive to the patient's independence and recovery. By refraining from contacting patients while off duty, the nurse can maintain a healthy work-life balance and professional boundaries, thus avoiding the pitfalls of feeling the need to rescue or becoming too emotionally involved with the patient.

****All of the above**** would be correct. Each of these strategies aims to foster professional conduct, uphold ethical standards, and ensure that the nurse-patient relationship promotes healing and autonomy without overstepping necessary boundaries. In conclusion, managing the urge to rescue involves reinforcing professional boundaries, encouraging patient autonomy, maintaining transparency in actions, and ensuring all interactions are ethically sound and supportive of the patient's overall well-being.

NEW QUESTION # 58

What model would be best for a patient with comorbid conditions?

- A. Acute
- B. Biologic
- C. Containment
- **D. Whole person**

Answer: D

Explanation:

In the medical field, comorbid conditions refer to the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder. Managing a patient with comorbid conditions can be quite complex due to the different treatments and medications required for each condition. The best medical model to handle such situations is the whole person model.

The whole person model of care focuses on treating the person as a whole, rather than just focusing on the individual diseases or conditions. This approach takes into account the interactions between different diseases and conditions and how they can impact the overall health of the patient. It emphasizes the need to consider all aspects of a patient's health, including their physical, mental, and social well-being.

In the whole person model, the case manager plays a crucial role. They are responsible for coordinating the different treatments and services required by the patient. They ensure that all healthcare professionals involved in the patient's care are updated on the patient's condition and treatment progress. The case manager also works closely with the patient and their family to understand their

needs and preferences, and to make sure the care provided aligns with these.

By using the whole person model, healthcare providers can provide more coordinated and comprehensive care to patients with comorbid conditions. This can lead to better health outcomes and improved patient satisfaction. Therefore, the whole person model is the best choice for a patient with comorbid conditions.

NEW QUESTION # 59

All of the following might be considered nicotine withdrawal symptoms except?

- A. Diarrhea
- B. Dizziness
- C. Fatigue
- D. Hunger

Answer: A

Explanation:

When addressing the question of which symptom might not be considered a typical result of nicotine withdrawal, it is essential to understand the common effects of nicotine cessation. These effects can vary broadly among individuals but typically include a set of well-documented symptoms.

Fatigue is a common symptom experienced during nicotine withdrawal. Nicotine is a stimulant, and when a person stops using it, the body may react by feeling unusually tired or lethargic. This fatigue occurs because the body is adjusting to the absence of the stimulant effects of nicotine that it had previously adapted to.

Dizziness is another symptom frequently reported during the withdrawal phase. This can happen due to changes in neurotransmitter activity in the brain after quitting nicotine. Nicotine affects neurotransmitters that can influence mood, cognition, and physical balance, and the sudden absence of nicotine disrupts this balance, potentially leading to feelings of dizziness.

Increased hunger or appetite is also a typical symptom of nicotine withdrawal. Nicotine can act as an appetite suppressant, and when it is no longer being used, individuals might find that their appetite increases as the body no longer receives the substance that once curbed hunger. This can lead to more frequent feelings of hunger as normal appetite regulation resumes.

On the other hand, diarrhea is not typically associated with nicotine withdrawal. Instead, individuals experiencing nicotine withdrawal are more likely to encounter gastrointestinal issues such as constipation. This is because nicotine usage can increase bowel movements, and removing nicotine can slow down these processes, leading to constipation. Therefore, diarrhea would be considered atypical as a symptom of nicotine withdrawal.

Understanding these symptoms can help in managing the expectations and treatment approaches for those undergoing nicotine withdrawal. Recognizing that diarrhea is not a standard withdrawal symptom while constipation might be expected could be crucial for medical professionals and individuals planning to quit nicotine, ensuring they are better prepared for what to expect during the cessation process.

NEW QUESTION # 60

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