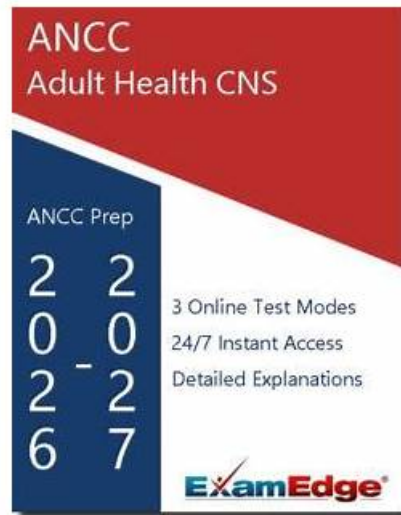


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## Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q165-Q170):

### NEW QUESTION # 165

Which of the following would indicate a high level of hematocrit in a female patient?

- A. 42 percent
- **B. 55 percent**
- C. 45 percent
- D. 35 percent

**Answer: B**

Explanation:

The hematocrit test measures the percentage of red blood cells in a person's blood. This test is crucial as it helps diagnose and monitor various conditions, including anemia, dehydration, and disorders related to bone marrow.

In the context of hematocrit levels, each gender has a different normal range due to physiological differences. For women, the typical hematocrit range is between 38 percent and 46 percent. This range can slightly vary depending on the source, but it generally falls within these limits. Therefore, a hematocrit value of 55 percent in a female patient is considered high and above the normal range for women.

Several conditions can lead to an elevated hematocrit level. One common cause is dehydration. When the body lacks sufficient fluids, the volume of plasma decreases while the number of red blood cells stays the same, thus raising the percentage of hematocrit. Other potential causes for a high hematocrit level include polycythemia vera (a type of blood cancer that causes the bone marrow to overproduce red blood cells), heart disease, or living at high altitudes where oxygen levels are lower, and the body compensates by producing more red blood cells.

In clinical practice, if a female patient presents with a hematocrit level of 55 percent, healthcare providers would likely investigate further to determine the underlying cause. This could involve reviewing the patient's medical history, conducting physical examinations, and performing additional tests to check for conditions that could lead to an increased production of red blood cells or a reduction in plasma volume.

It is important for such an evaluation to be thorough as the implications of high hematocrit levels can be significant. For instance, increased hematocrit can lead to higher blood viscosity, which may increase the risk of thrombosis (blood clots), potentially leading to serious complications such as stroke or heart attack.

In summary, a hematocrit level of 55 percent in a female patient is indicative of a high level, which warrants further medical evaluation to ascertain the cause and to manage any associated risks effectively.

### NEW QUESTION # 166

How far should the external bumper of a PEG be from the abdominal wall?

- **A. 1 or 2 cm**
- B. 1 or 2 mm
- C. 3 or 4 cm
- D. 3 or 4 mm

**Answer: A**

Explanation:

The correct positioning of the external bumper of a Percutaneous Endoscopic Gastrostomy (PEG) tube is crucial for patient comfort and the prevention of potential complications. The external bumper, which is a part of the PEG tube that rests against the skin of the abdomen, should ideally be positioned 1 to 2 centimeters (cm) from the abdominal wall.

This distance is vital because it allows just enough space to prevent excessive pressure on the skin, which can lead to irritation, tissue ischemia, or infection. It also ensures that the tube is not too loose, which can increase the risk of accidental dislodgement or leakage of gastric contents, potentially leading to peritonitis or other serious infections.

The recommendation of 1 to 2 cm is based on clinical practice and guidelines which aim to optimize healing. Having the external bumper too close to the skin (less than 1 cm) might restrict the movement of the tube and cause undue pressure against the skin, leading to ulceration or necrosis of the skin over time. Conversely, if the bumper is too far (more than 2 cm), the PEG tube may

move excessively, which can irritate the stoma (the opening in the skin where the tube enters), leading to increased granulation tissue formation and potential infection.

In summary, maintaining the external bumper of a PEG tube at an appropriate distance of 1 to 2 cm from the abdominal wall is essential for both the safety and comfort of the patient. This positioning helps to minimize the risk of complications such as skin irritation, infection, and tube dislocation, thereby contributing to the overall success of feeding tube management. Regular assessments by healthcare providers are necessary to ensure that the bumper remains at the optimal distance as adjustments might be needed over time.

#### NEW QUESTION # 167

When assessing the mouth and tongue, what should the Nurse Practitioner especially take note of?

- A. Leukoplakia.
- B. Dental plaque or tartar.
- C. Malocclusion.
- D. Proper calcification.

**Answer: A**

Explanation:

When assessing the mouth and tongue, a Nurse Practitioner should be vigilant in checking for several critical indicators that help in identifying potential health issues. Key among these is the presence of leukoplakia, which is notably important due to its potential to indicate precancerous conditions.

Leukoplakia appears as thickened, white patches on the mucous membranes of the mouth, including the tongue and the inner aspect of the cheeks. These patches are typically smooth, hardened, and non-removable, distinguishing them from other common oral lesions that might simply scrape off. The etiology of leukoplakia is not fully understood but is strongly correlated with tobacco use—both smoking and chewing—and alcohol, which are significant risk factors for oral cancers.

During the examination, the nurse should not only identify the presence of leukoplakia but also assess its texture, size, and exact location. Any changes in the appearance of these patches over time, alongside symptoms such as difficulty in swallowing, a sensation of something stuck in the throat, or unexplained bleeding, should prompt further investigation and potential referral to a specialist. The appearance of leukoplakia can sometimes be confused with other conditions like oral thrush, lichen planus, or oral hairy leukoplakia, so a careful differential diagnosis is crucial.

Apart from leukoplakia, it is important for the Nurse Practitioner to observe other oral health indicators such as signs of malocclusion, dental plaque, or tartar build-up, and proper calcification. Malocclusion—misalignment of teeth—can lead to difficulty in chewing and speech, and increase the risk of periodontal diseases. Dental plaque and tartar contribute to the development of cavities and gum disease. Observing these conditions can provide comprehensive insights into a patient's oral hygiene and overall health status.

Therefore, a thorough examination of the mouth and tongue during a routine check-up is crucial. It enables early detection of potentially serious conditions like leukoplakia, prompting timely intervention and better patient outcomes. Nurse Practitioners play a pivotal role in this aspect of patient care, utilizing their skills to differentiate between benign conditions and those requiring further medical attention.

#### NEW QUESTION # 168

At what point should a chest tube be removed?

- A. end of expiration.
- B. beginning of expiration.
- C. mid expiration.
- D. maximal inspiration.

**Answer: D**

Explanation:

A chest tube, which is typically used to remove air, fluids, or pus from the intrathoracic space, should be removed at a specific point in the respiratory cycle to minimize the risk of complications, such as a pneumothorax (air trapped in the pleural space). The optimal time for chest tube removal is generally considered to be during maximal inspiration.

Maximal inspiration refers to the point in the breathing cycle where the lungs are fully expanded. At this stage, the intrapleural pressure is at its highest, which helps in reducing the potential space between the lung and the chest wall. By removing the chest tube during this phase, the likelihood of air entering the pleural space (which could lead to a pneumothorax) is minimized. Essentially, the lungs are in their most expanded state and better able to seal any potential pathways that could allow air to enter the pleural cavity.

once the tube is removed.

The technique typically involves instructing the patient to take a deep breath and hold it (if the patient is cooperative and able to follow commands) or coordinating with mechanical ventilation in sedated or unconscious patients. During this held breath, the chest tube is clamped, cut, and quickly sealed with an occlusive dressing. This method aims to maintain the negative pressure in the pleural space that exists naturally during inspiration, thereby preventing the reintroduction of air.

It is crucial for healthcare providers to follow specific protocols and use careful technique when removing a chest tube to ensure patient safety and the best possible outcomes. Monitoring after the removal is equally important to ensure that complications do not develop, such as re-accumulation of air or fluid, which could necessitate reinsertion of the chest tube.

#### NEW QUESTION # 169

John is a patient with B+ blood type. Of the following, what blood type can he donate to?

- A. AB-
- B. B-
- C. O-
- **D. AB+**

**Answer: D**

Explanation:

Understanding blood type compatibility for donation is crucial for ensuring safe blood transfusions. John, who has a B+ blood type, can donate blood to individuals with certain blood types based on the compatibility of antigens and the Rh factor.

Blood types are designated based on the presence of specific antigens on the surface of red blood cells. There are two main types of antigens relevant here, A and B. Additionally, the Rh factor, which can be positive (+) or negative (-), plays a crucial role. A B+ blood type means that John's red blood cells have B antigens and the Rh factor is positive.

Individuals with AB+ blood type are known as universal recipients in terms of blood transfusions. This is because they can receive red blood cells from any donor regardless of their ABO or Rh blood type. This includes blood from donors with B+ blood type like John. The AB+ blood type has both A and B antigens and the Rh factor is positive, which means they can accept John's B antigen and positive Rh factor without any problems.

Therefore, while John can donate blood to individuals with B+ and AB+ blood types, he cannot donate to those with O-, AB-, B-, or other blood types due to potential incompatibilities related to the presence of antigens and the Rh factor. Individuals with these blood types either lack the B antigen, the Rh factor, or both, which could lead to a negative reaction if transfused with John's B+ blood.

#### NEW QUESTION # 170

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