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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q25-Q30):

NEW QUESTION # 25

Where are most patients extubated after surgery?

- A. operating room
- B. patient room
- C. at home
- D. ICU

Answer: A

Explanation:

Most patients who undergo surgery and require intubation are typically extubated in the operating room or the recovery room. Extubation refers to the process of removing the endotracheal tube, which is used to maintain an open airway and deliver anesthetic gases and oxygen during surgery. This procedure is generally performed once the patient regains adequate respiratory function and consciousness.

The primary reason for choosing the operating room or the recovery room for extubation is to ensure that the patient is still under the care of the anesthesiologist and surgical team, who are equipped to handle any immediate complications that may arise during or after the removal of the tube. These complications can include airway obstruction, hypoventilation, and aspiration, among others. Immediate access to resuscitative equipment and trained personnel is crucial.

In some cases, particularly where the surgery or the patient's pre-existing conditions complicate immediate extubation, the patient may be transferred to the Intensive Care Unit (ICU) with the endotracheal tube still in place. Extubation in the ICU is generally performed when the patient is stable and shows sustained ability to breathe independently and maintain adequate oxygen levels. This is often referred to as "delayed extubation" or "prolonged intubation," and is managed based on a careful assessment of the patient's respiratory function and overall health status.

Extubation in the ICU is also considered when the medical team anticipates potential respiratory complications or when the patient requires closer monitoring that is available in a more controlled environment like the ICU. This approach is part of a broader strategy known as rapid weaning, where the goal is to reduce the time a patient spends intubated to minimize the risks associated with prolonged intubation, such as infections, lung damage, and increased healthcare costs.

In conclusion, while most surgical patients are extubated in the operating or recovery room, some cases require extubation in the ICU. The decision on where and when to extubate is made by the medical team based on the specific needs and condition of the patient to ensure safety and optimize recovery.

NEW QUESTION # 26

Which of the following managed care organizations has the LEAST control of managed care?

- A. Preferred provider organization.
- B. Staff/group Health Maintenance Organization (HMO).
- C. Network Independent Practice Association (IPA).
- D. Fee-for-service.

Answer: D

Explanation:

In the context of healthcare, the term "managed care" refers to a variety of techniques intended to reduce the cost of providing health benefits and improve the quality of care. It is characterized by arrangements with healthcare providers to provide care to members at reduced costs. These healthcare systems contrast significantly in terms of how much control they exert over services, costs, and the management of care.

Among the options provided—Network Independent Practice Association (IPA), Fee-for-service, Preferred Provider Organization (PPO), and Staff/Group Health Maintenance Organization (HMO)—the Fee-for-service (FFS) model has the least control over managed care. This is because the Fee-for-service model compensates providers for each service, such as tests and procedures, rather than providing care under a fixed fee or capitation system, which is common in other forms of managed care systems.

In a Fee-for-service system, healthcare providers are paid individually for each service they perform. This can lead to increased usage of healthcare services since providers are incentivized to perform more treatments and procedures as they will receive more payments. Consequently, there is less control over the overall use and cost of medical care, which contrasts with managed care models that seek to control costs and manage care more effectively through structured provider networks and set payment arrangements.

On the other hand, models like HMOs, PPOs, and IPAs have more structured systems. HMOs usually employ or partner closely with a network of providers to provide care for members at a fixed annual or monthly fee, thus controlling costs and managing care more tightly. PPOs, while allowing for more provider flexibility, still negotiate rates with providers and may offer incentives for members to use network providers. IPAs manage member care by contracting with independent physicians who continue to operate their own offices but must meet the IPA's standards and cost controls.

Thus, when comparing these models, the Fee-for-service system stands out as having the least control over managed care, focusing primarily on the volume of services rather than the coordination and overall management of patient care. This lack of control can lead to higher healthcare costs and less efficient care management.

NEW QUESTION # 27

Which of the following examples would be representative of an occurrence that would put the Adult Clinical Nurse Specialist's license in jeopardy?

- A. The CNS provides healthcare services consistent with established standards of practice in the jurisdiction.
- B. A medical assistant in the clinic exceeds the scope of her authority, but the CNS takes prompt action to correct the problem.
- C. The CNS appropriately delegates the right medication dose and administration to a registered nurse who administers the wrong dose that is fatal to the patient.
- **D. The CNS delegates a patient assessment task to a licensed practical nurse who has been sent to the outpatient clinic to fill in for a nurse that is sick.**

Answer: D

Explanation:

When considering which actions could potentially jeopardize the license of an Adult Clinical Nurse Specialist (CNS), it is essential to understand the regulatory and scope-of-practice frameworks that guide nursing roles. In the given scenario where a CNS delegates a patient assessment task to a Licensed Practical Nurse (LPN) who is temporarily filling in at an outpatient clinic, several factors need to be examined.

Typically, a CNS is an advanced practice nurse who has both the educational background and the clinical expertise to manage complex patient situations and lead nursing practices. In contrast, LPNs generally have a more limited scope of practice, which focuses largely on providing basic nursing care under the supervision of registered nurses (RNs) or advanced practice nurses like CNSs.

Patient assessment involves collecting and interpreting various pieces of health information to make clinical decisions. This process requires a higher level of clinical judgment and expertise, typically expected from RNs or advanced practice nurses. In many jurisdictions, LPNs are not authorized to perform comprehensive patient assessments independently. They are trained to assist with data collection but not to synthesize this data for more complex clinical decision-making.

Therefore, if a CNS delegates an assessment task to an LPN, especially in a setting where the LPN is unfamiliar or temporarily assigned, there could be significant risks involved. This includes the possibility of incomplete or inaccurate assessment, which can lead to inappropriate treatment decisions and jeopardize patient safety.

From a legal and regulatory standpoint, the CNS could be held responsible for any adverse outcomes resulting from inappropriate delegation. This is because delegating beyond an individual's scope of practice can be seen as a failure to adhere to established standards of nursing care, thus putting the CNS's license at risk.

In this scenario, the CNS should have assessed the LPN's competencies and the specific requirements of the task before delegation. If the task was beyond the LPN's scope of practice, the CNS should have either performed the assessment themselves or delegated it to another appropriately qualified professional, such as an RN.

In conclusion, while delegation is a critical skill in nursing management and care coordination, it must be executed with careful consideration of the delegatee's qualifications and the nature of the task. The CNS in the given example could potentially jeopardize their license by delegating a complex patient assessment task to an LPN without verifying that the LPN is capable of performing this task within the legal scope of their practice and their competency level.

NEW QUESTION # 28

The cleansing of the stomach with solution delivered through a nasogastric tube is known as what?

- A. Emesis.
- B. Stomach pumping.
- **C. Lavage.**
- D. Gavage.

Answer: C

Explanation:

The cleansing of the stomach using a solution delivered through a nasogastric tube is known as gastric lavage, commonly referred to as stomach pumping. This medical procedure is primarily used to remove ingested poisons, an overdose of medication, or other harmful substances from a patient's stomach.

During gastric lavage, a flexible tube is inserted through the nose, down the esophagus, and into the stomach. Once the tube is correctly positioned, a saline solution or water is funneled into the stomach. This solution mixes with the stomach contents and is then removed by suction through the same tube. The process may be repeated several times until the effluent (the liquid removed from the stomach) is clear, indicating that the stomach has been thoroughly cleansed.

Gastric lavage must be performed soon after the ingestion of the toxic substance, typically within a few hours, as its effectiveness decreases significantly once the substance has moved beyond the stomach into the intestines. The procedure is only carried out when the benefits outweigh the potential risks, such as aspiration, esophageal perforations, or electrolyte imbalances.

It is crucial for this procedure to be performed by medical professionals in a controlled environment, such as a hospital, where the patient's vital signs can be continuously monitored, and immediate care can be provided in case of complications. Gastric lavage is

not suitable for all cases of poisoning or overdose and should only be considered when specifically recommended by healthcare professionals.

NEW QUESTION # 29

How many grams of protein does a serving of meat on the ADA diet contain?

- A. 15g
- B. 7g
- C. 10g
- D. 75g

Answer: B

Explanation:

The correct amount of protein in a serving of meat or meat substitute on the American Diabetes Association (ADA) diet is 7 grams. This dietary recommendation is part of a structured plan intended to help manage blood sugar levels through consistent and balanced food choices.

In addition to the protein content, it is important to note that each serving should ideally contain no more than 100 calories and no more than 8 grams of fat. This helps in maintaining an overall healthy diet and aids in weight management, which is crucial for individuals managing diabetes. The guidelines are designed to ensure that meals are both nutritious and conducive to stable blood glucose levels.

The ADA diet not only focuses on the quantity of the food but also emphasizes the quality and the combination of foods. Protein servings can come from both animal and plant sources, providing flexibility and variety in meal planning. Common examples of a meat serving on this diet could include one ounce of chicken, beef, or fish, whereas a meat substitute serving might consist of tofu or a similar amount of another plant-based protein source.

This dietary approach is beneficial not only for individuals with diabetes but also for anyone seeking a balanced and health-conscious diet. By adhering to these parameters, the ADA diet aids in the overall nutritional management, which is a critical aspect of diabetes care.

NEW QUESTION # 30

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