

Nursing ACNS Interactive Practice Exam - ACNS Test Questions Vce

ACNS Guidelines Practice Exam Questions With Complete Solutions

Guideline 1: Minimum Technical Requirements for Performing Clinical EEG correct answer: Digital equipment has many advantages over analog equipment and is now used for EEG in most facilities. Some recommendations in this guideline have changed to reflect the greater functionality of digital equipment, including the ability to record good quality signal with nontraditional electrodes and slightly higher impedances. The list of basic patient information has been expanded to include more factors that can influence the EEG. The sections on calibration, sensitivity, filters, and recording montages have been updated to maintain relevance for digital systems. Newly added sections include those discussing the utility of longer recordings, sleep deprivation, and simultaneous video recording. Other new sections include material on photic stimulation procedure, interpreting physician notification of critical EEG results, and data storage.

Guideline 2 for Standard Electrode Position Nomenclature correct answer: Previously guideline 5
Although the 10-10 system of electrode position nomenclature has been accepted internationally for almost two decades, it has not been used universally. The reasons for this and clinical scenarios when the 10-10 system provides additional localizing information are discussed in this revision. In addition, section IV elaborates on situations in which AF1/2, AF5/6, PO1/2, and PO5/6 electrode positions may be used for EEG recording.

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q102-Q107):

NEW QUESTION # 102

Which of the following is a normal reaction to a Weber test?

- A. The patient hears the tuning fork in the midline.
- B. The patient gags after the throat is stimulated.
- C. The patient hears the tuning fork laterally.
- D. Passive movement creates little resistance.

Answer: A

Explanation:

The Weber test is a clinical auditory examination used to evaluate hearing loss and help distinguish between conductive and sensorineural hearing loss. The test involves using a tuning fork, which is typically struck to vibrate and then placed on the center of a patient's forehead or on the top of their head (the vertex). This placement allows the sound to travel by bone conduction equally to both ears.

In a normal response to the Weber test, the sound of the tuning fork is perceived as being equally loud in both ears, which is described as hearing the sound "in the midline." This perception indicates that the auditory pathways in both ears are functioning similarly and there is likely no lateralized hearing loss.

If a patient hears the tuning fork louder in one ear than the other (lateralization), this can indicate either a conductive hearing loss in the ear where the sound is louder or a sensorineural hearing loss in the ear where the sound is perceived as quieter. Conductive hearing loss may be due to problems with the ear canal, eardrum, or middle ear, such as earwax blockage, fluid in the middle ear, or abnormalities of the ossicles. Sensorineural hearing loss, on the other hand, involves damage to the inner ear (cochlea) or nerve pathways from the inner ear to the brain.

Therefore, the correct answer to the question about the normal reaction to a Weber test is that "The patient hears the tuning fork in the midline." This outcome suggests a normal auditory status or a symmetrical hearing condition, where the function of the auditory nerve and other related structures are likely intact and performing equally on both sides. Any deviation from this response would necessitate further audiological evaluation to determine the type and extent of hearing impairment.

NEW QUESTION # 103

A condition in which the bone marrow is replaced by scar tissue is known as what?

- A. Myelofibrosis.
- B. Sickle cell trait.
- C. vonWillebrand disorder.
- D. Factor IX deficiency.

Answer: A

Explanation:

Myelofibrosis is a serious bone marrow disorder that disrupts the body's normal production of blood cells. The condition leads to extensive scarring in the bone marrow, which is the spongy tissue inside bones where blood cells are made. This scarring limits the marrow's ability to produce normal blood cells, resulting in a range of symptoms and complications.

The exact cause of myelofibrosis is not well understood, but it is known to be associated with abnormalities in certain genes that are important for blood cell production. In many cases, mutations in the JAK2, CALR, or MPL genes are found in individuals with myelofibrosis. These mutations are acquired during a person's lifetime, meaning they are not inherited from parents but develop spontaneously.

Myelofibrosis can develop on its own (primary myelofibrosis) or as a progression of other bone marrow diseases, such as polycythemia vera or essential thrombocythemia, which are collectively known as myeloproliferative neoplasms. The disorder can affect anyone at any age but is most commonly diagnosed in individuals over the age of 50.

Symptoms of myelofibrosis can vary widely depending on the severity of the condition. Common symptoms include fatigue, weakness, severe anemia, and an enlarged spleen (splenomegaly). The spleen may become enlarged because it starts to produce blood cells, a process known as extramedullary hematopoiesis, in an attempt to compensate for the bone marrow's reduced capacity. This can lead to discomfort or pain in the left upper quadrant of the abdomen. Other symptoms might include night sweats, fevers, and weight loss.

Currently, there is no cure for myelofibrosis, but treatment focuses on managing symptoms and improving quality of life. Therapeutic approaches can include medications to target specific genetic mutations, such as JAK inhibitors, and other treatments aimed at increasing red blood cell count or controlling spleen size. In severe cases, a bone marrow transplant may be considered, which can

potentially cure the disease but comes with significant risks.

The prognosis for individuals with myelofibrosis varies and depends on various factors, including the severity of symptoms, the presence of genetic mutations, and the individual's overall health. It is a chronic condition that can progressively worsen, and in some cases, it can transform into acute myeloid leukemia, a more aggressive type of blood cancer. Regular monitoring and individualized treatment are crucial in managing the disease effectively.

NEW QUESTION # 104

A 72-year-old male patient with longstanding hypertension takes an ACE inhibitor and a thiazide diuretic daily. Today his blood pressure is 128/88 and his pulse is 98. He has developed dyspnea on exertion and peripheral edema over the past several days. The ACNS knows that these symptoms demonstrate:

- A. noncompliance with medication
- B. the need for better blood pressure management
- C. fluid or sodium excess
- **D. development of CHF**

Answer: D

Explanation:

The correct interpretation of the symptoms presented by the 72-year-old male patient, including dyspnea on exertion and peripheral edema, points towards the development of congestive heart failure (CHF). These symptoms are typical indicators of CHF, which is a condition where the heart's ability to pump blood effectively is compromised. This can lead to fluid accumulation in the lungs, causing shortness of breath (dyspnea) and in the extremities, resulting in swelling (edema).

Given the patient's history of longstanding hypertension, he is at a higher risk for developing CHF. Hypertension over many years can lead to the heart becoming overworked and stiff, making it less efficient in pumping blood. This inefficiency can eventually progress to CHF. The patient's current medications, an ACE inhibitor and a thiazide diuretic, are typical treatments for hypertension and are also used to manage symptoms in CHF by helping to lower blood pressure and remove excess fluid from the body, respectively.

While fluid or sodium excess can also cause peripheral edema, the presence of dyspnea on exertion alongside edema makes CHF a more likely diagnosis than simply fluid overload. Noncompliance with medication could indeed exacerbate symptoms, but there is no specific indication that the patient is not adhering to his treatment regime. Moreover, the scenario doesn't provide evidence of inadequate blood pressure management given the patient's blood pressure reading of 128/88, which is relatively controlled.

Therefore, the combination of the patient's age, his medical history, the nature of his symptoms, and his current treatment aligns more with the development of CHF rather than mere fluid or sodium excess or noncompliance with medication. This necessitates further evaluation and possibly an adjustment in his treatment plan to address the potential progression of CHF, aiming to improve his quality of life and prevent further complications.

NEW QUESTION # 105

Part of health promotion for the adult patient is to recommend an exercise regimen. Which of the following is a good recommendation for the adult patient?

- A. Contraindications for exercise include asthma, obesity, and hypertension.
- **B. The focus should be on fundamental fitness, not sport-specific skills.**
- C. The intensity or component of the program should be increased to build stamina if the patient is unable to talk while exercising.
- D. The goal of exercise for the adult is to sustain target heart rate for 50 minutes for maximum cardiopulmonary conditioning.

Answer: B

Explanation:

When recommending an exercise regimen for an adult patient, it is important to focus on fundamental fitness rather than sport-specific skills. This approach ensures that the exercise program is suitable for a general audience and not tailored only for individuals who participate in specific sports. Fundamental fitness includes activities that improve cardiovascular health, strength, flexibility, and endurance, which are essential components of a well-rounded fitness program.

Sport-specific training, while beneficial for athletes, might not address the general health and fitness needs of the average adult.

Sports skills often focus on optimizing performance in specific movements or strategies pertinent to a sport, which may not provide the comprehensive health benefits that general fitness activities would offer. Therefore, for most adults, especially those not engaged in professional or competitive sports, an emphasis on fundamental fitness activities is more beneficial.

It is also crucial to adjust the intensity of the exercise based on the individual's capability. If a patient is unable to talk while

exercising, it suggests that the intensity may be too high, and they are likely exceeding their aerobic threshold. In such cases, it is recommended to decrease the intensity. Being able to talk comfortably during exercise (often referred to as the "talk test") indicates a moderate intensity level that is generally safe and effective for improving cardiovascular health. As the patient's fitness level improves, the intensity can gradually be increased within safe limits, ensuring continual progress while minimizing the risk of injury or undue stress.

Additionally, even individuals with chronic conditions like asthma, obesity, and hypertension can benefit from adjusted and monitored exercise regimens. Exercise for such patients should be tailored and supervised by healthcare professionals to ensure safety and effectiveness. Regular physical activity can help manage these conditions, improving overall health outcomes.

The ultimate goal of exercising is not just to increase the duration of activity but to maintain a target heart rate that maximizes cardiovascular benefits and promotes calorie expenditure, which is crucial for weight management and metabolic health. Typically, maintaining the target heart rate for a duration of 30 minutes per session is recommended for substantial health benefits.

In conclusion, when advising adult patients about exercise, healthcare providers should emphasize the importance of fundamental fitness over sport-specific skills, adjust exercise intensity based on individual capabilities, cater to special needs of those with chronic conditions, and focus on achieving and maintaining a target heart rate. This balanced approach helps in promoting overall health and well-being in the adult population.

NEW QUESTION # 106

Of the following, which is an example of an impaired absorption reason contributing to iron deficiency?

- A. Multiple gestation.
- B. Goodpasture syndrome.
- C. Epistaxis.
- D. Gastrectomy.

Answer: D

Explanation:

Of the various conditions listed, gastrectomy is uniquely associated with impaired absorption of iron, contributing to iron deficiency. Gastrectomy, the surgical removal of all or part of the stomach, can significantly affect the body's ability to absorb nutrients, including iron. This is because the stomach plays a crucial role in the initial stages of iron absorption. During digestion, stomach acids help convert dietary iron into a form that is more easily absorbed in the intestines. With reduced stomach capacity or altered stomach function following gastrectomy, there is a decreased secretion of gastric acid, which is essential for iron absorption.

In contrast, the other conditions mentioned—Goodpasture syndrome, multiple gestation, and epistaxis—do not primarily involve impaired nutrient absorption. Goodpasture syndrome is an autoimmune disorder affecting the lungs and kidneys, leading to bleeding in the lungs and kidney dysfunction, but it does not directly impair gastrointestinal nutrient absorption. Multiple gestation increases the demand for iron due to the needs of more than one fetus, potentially leading to deficiency if the increased demand is not met through diet or supplements. However, it does not inherently affect the absorption processes in the digestive tract. Epistaxis, commonly known as nosebleeding, can cause iron deficiency through chronic blood loss, but again, it does not impact the absorption of iron in the gastrointestinal system.

Therefore, among the options provided, gastrectomy is the correct answer as it directly relates to an impaired absorption mechanism contributing to iron deficiency. This understanding highlights the importance of monitoring and potentially supplementing iron in patients who have undergone this surgical procedure to prevent or address iron deficiency anemia.

NEW QUESTION # 107

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