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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q75-Q80):

NEW QUESTION # 75

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

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

Answer: B

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 # 76

Mitral valve prolapse is COMMONLY diagnosed by:

- A. Electro-encephalograph.
- B. Radiograph.
- C. Computed tomography scan.
- D. Echocardiography.

Answer: D

Explanation:

Mitral valve prolapse (MVP) is a condition where the valve between the left atrium and left ventricle of the heart does not close properly. This can cause blood to leak backward into the atrium, a situation commonly referred to as mitral regurgitation. MVP is often symptomless but can sometimes cause symptoms such as palpitations, chest pains, or fatigue. Accurately diagnosing this condition is essential for appropriate management and treatment.

The most commonly used diagnostic tool for identifying mitral valve prolapse is echocardiography, also known as cardiac ultrasound. Echocardiography is a non-invasive imaging technique that uses sound waves to create detailed images of the heart's structures and function. During an echocardiogram, a transducer (a device that sends and receives sound waves) is placed on the chest, and sound waves are directed toward the heart. These waves bounce off the heart structures, sending back echoes that are then converted into visual images displayed on a monitor.

Echocardiography is particularly effective for diagnosing MVP because it can vividly show the movement of the mitral valve and determine whether it is prolapsing into the left atrium during each heartbeat. It can also measure the severity of any mitral regurgitation that might be present. This method allows for the dynamic assessment of the heart's functioning in real-time, providing crucial information about the heart's size, the thickness of its walls, and the functioning of other valves as well.

While other imaging techniques like computed tomography (CT) scans can also be used to diagnose heart issues, they are less commonly employed for MVP specifically. CT scans provide good details about the anatomical structure of the heart but are not as effective as echocardiograms at capturing the real-time movement of the heart's valves. Therefore, although CT scans can be supportive in some contexts, echocardiography remains the primary and most commonly used tool due to its detailed and dynamic assessment capabilities.

In sum, echocardiography is the preferred method for diagnosing mitral valve prolapse due to its ability to provide detailed and actionable images of the mitral valve in motion, thereby enabling a precise assessment of the presence and severity of the prolapse and any associated regurgitation. This makes it an indispensable tool in the cardiological diagnostic process.

NEW QUESTION # 77

Which of the following may be administered to a patient who is presenting an arrhythmia after an MI?

- A. Heparin
- B. Disopyramide
- C. Pindolol
- D. Nitroglycerin

Answer: B

Explanation:

Disopyramide is a medication used to treat certain types of serious (life-threatening) irregular heartbeat such as persistent ventricular tachycardia. It works by slowing the electrical conduction in the heart, stabilizing the heart rhythm, and maintaining a regular, steady heartbeat. Following a myocardial infarction (MI), or heart attack, patients may develop arrhythmias, which are abnormalities in the rhythm of the heart. Disopyramide can be administered to these patients to help manage these arrhythmias, particularly if they are symptomatic or pose a risk to the patient's health.

Nitroglycerin, on the other hand, is primarily used to manage angina (chest pain) and other conditions where the heart muscle is not getting enough blood. It works by dilating blood vessels to improve blood flow. While nitroglycerin does help alleviate chest pain associated with a heart attack, it does not directly address arrhythmias and hence is not typically used solely for arrhythmia management post-MI.

Heparin is an anticoagulant, or a blood thinner, used to prevent the formation of blood clots. After a heart attack, the risk of blood clots increases, which can lead to further heart damage or complications like stroke. Although heparin is critical in the acute management of myocardial infarction to prevent further clotting, it does not directly treat arrhythmias. Its use is vital in the overall management of heart attack patients but not specifically for correcting abnormal heart rhythms.

Pindolol is a type of beta-blocker used to treat high blood pressure and chest pain, but it is also effective in some cases for controlling heart rate in patients with arrhythmia. Beta-blockers can be helpful post-MI for reducing the workload on the heart and improving survival rates. However, their primary role is not to restore normal heart rhythm but rather to manage the underlying conditions contributing to heart disease and to prevent further cardiac events.

In summary, among the options provided, disopyramide is specifically suited for treating arrhythmias that may occur after a myocardial infarction. It directly targets the electrical impulses of the heart to stabilize the heart's rhythm, making it an appropriate choice for arrhythmia management in this context.

NEW QUESTION # 78

A patient following a renal diet for kidney disease should limit his phosphorus intake to which of the following?

- A. 1500 mg per day.
- B. 1000 mg per week.
- C. 1000 mg per day.
- D. 500 mg per day.

Answer: C

Explanation:

When managing kidney disease, dietary adjustments are crucial due to the kidneys' impaired ability to filter and eliminate certain substances efficiently. Phosphorus, a common dietary mineral found in many foods, is one of the substances that individuals with kidney disease need to regulate. Excessive phosphorus in the bloodstream can lead to serious health complications, including bone disease and calcification of tissues.

For patients with kidney disease following a renal diet, it's generally advised to limit phosphorus intake to about 1000 mg per day. This recommendation can vary based on the stage of kidney disease and the specific health needs of the individual, so it's important for patients to work closely with a healthcare provider or dietitian to tailor dietary intake appropriately.

Phosphorus is present in high amounts in foods like dairy products, nuts, seeds, beans, and whole grains, as well as in processed foods and soft drinks in the form of additives. Due to its prevalence in many types of foods, managing phosphorus intake requires careful dietary planning.

The limitation of 1000 mg per day helps to prevent the accumulation of phosphorus in the blood, which can help protect the bones and cardiovascular system. Keeping phosphorus levels controlled also helps to maintain a healthier balance with calcium and other minerals that are critical for bone health and overall physiological functions.

In summary, for a patient following a renal diet for kidney disease, limiting phosphorus intake to 1000 mg per day is essential. This approach not only supports kidney function but also contributes to a better quality of life by preventing complications associated with excessive phosphorus levels in the body. Regular consultations with healthcare providers are necessary to adjust the diet as the condition progresses or as the patient's needs change.

NEW QUESTION # 79

An SpO₂ reading is taken by which of the following?

- A. EGG.
- B. Capnograph.
- C. Pulse oximeter.

- D. Capnometer.

Answer: C

Explanation:

An SpO₂ reading, which stands for peripheral capillary oxygen saturation, is primarily taken using a device called a pulse oximeter. This non-invasive tool is used widely in the medical field to monitor the oxygen saturation level of a patient's blood. This is crucial in determining how well oxygen is being sent to parts of the patient's body furthest from the heart.

To understand how a pulse oximeter works, it's important to know that it uses light-emitting diodes projecting light through a relatively transparent area of the patient's body, usually a fingertip or earlobe. It then measures the amount of light absorption by oxygenated and deoxygenated hemoglobin in the blood, using this data to calculate the SpO₂ level. The reading is presented as a percentage, with normal levels typically between 95 to 99 percent, indicating that almost all of the hemoglobin is saturated with oxygen.

This method of measuring oxygen saturation is different from the measurement of arterial oxygen saturation (SaO₂) which is obtained through an arterial blood gas test. An arterial blood gas test is more invasive, requiring a blood sample to be drawn from an artery. It provides a more precise measurement of oxygen saturation and can give additional information about carbon dioxide levels and blood pH, which are critical in managing certain medical conditions.

Returning to the options provided in the question a capnometer and a capnographer are devices used to measure the amount of carbon dioxide in exhaled air and are not used for measuring SpO₂. An EGG, likely a typo for ECG (electrocardiogram), is a test that measures the electrical activity of the heart and also does not measure SpO₂. Therefore, the correct answer for the tool that takes an SpO₂ reading is the pulse oximeter, distinguishing it from the other devices mentioned.

NEW QUESTION # 80

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