

Trusted Latest ACNS Test Answers & Useful Nursing Certification Training - Trustworthy Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS)

ACNS guidelines for CLTM exam Questions With Answers Latest Update

Nichrome and platinum are... - ANSWER Nonferrous metal, MRI compatible

LTME digital equipment must record (minimum) - ANSWER 24 hrs of video and 32-64 channels of EEG

LTME storage (minimum) - ANSWER 30 gigabytes or 24 hrs of vid/EEG

Intracerebral electrode impedance measurements...safe range - ANSWER 10nA which is 1000 times less than reg 5-10Kohm for scalp

What is the bare minimum number of channels in an LTME or primary EEG evaluation - ANSWER 8 channels

12 or more are routinely used for accuracy in localization

Electrodes, wires, amplifiers etc - ANSWER Instrumental artifact creators.

Ambulatory EEG artifact..create a reference - ANSWER All common biological and mechanical arti should be produced by patient/tech at start or end of record.

LTME Quality Assurance - ANSWER Periodic check of live EEG should be preformed once a day.

16 channels EEG +1 eye and 1 EKG = - ANSWER Minimum number of channels for presurgical localization.

In-patient LTME - ANSWER Qualified personal must observe the patient, record events and maintain recording integrity

Name the group who creates the guidelines which classify seizures. - ANSWER International League Against Epilepsy

What does ACNS think is an acceptable instead of sphenoidals? - ANSWER earlobe, anterior or sub temporal electrode

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q117-Q122):

NEW QUESTION # 117

Which of the following is a sign?

- A. Patient reports difficulty sleeping.
- **B. Patient's skin is cool and clammy to the touch.**
- C. Patient reports night sweats.
- D. Patient reports feeling chills.

Answer: B

Explanation:

In medical practice, distinguishing between a "sign" and a "symptom" is crucial for diagnosis and treatment planning. A "sign" is an objective indication of a disease or a patient's condition that can be observed or measured by a clinician or healthcare provider. This means that a sign is tangible evidence of an ailment that does not rely on patient feelings or reports, but rather on physical examination, lab results, or other diagnostic tools. The correct answer to the given question, "Patient's skin is cool and clammy to the touch," represents a sign. Here's why: 1. **Objective Observation**: The condition of the patient's skin being "cool and clammy" can be physically felt by a healthcare provider. This observation does not depend on the patient's subjective report but is directly measurable through touch. 2. **Verifiable by Medical Examination**: Any healthcare provider can verify the same condition independently by touching the patient's skin, making it a reproducible and confirmable finding. 3. **Indicator of Physiological State**: Cool and clammy skin can indicate various underlying conditions such as shock, hypoperfusion, anxiety, or hypoglycemia, among others. The presence of such a sign is crucial for diagnosis as it provides concrete evidence that can guide further testing or immediate therapeutic interventions. On the other hand, a "symptom" is a subjective experience or change in condition as reported by the patient that indicates a disease or a change in condition. Symptoms are not directly observable by a healthcare provider but are reported by the patient, such as pain, fatigue, or nausea. These are subjective because they are experiences felt by the patient, which may not be directly measurable and can vary in perception between different individuals. For example, if the question were about a patient reporting difficulty sleeping or feeling chills, these would be considered symptoms. They rely on the patient's personal experience and reporting, and cannot be objectively confirmed just by observation or physical examination without further investigative tools. Understanding the distinction between signs and symptoms is fundamental in clinical practice as it influences the approach to further diagnostic testing and management strategies. Signs allow healthcare providers to apply their clinical skills in observing and noting aspects of the patient's health that are critical for forming a diagnosis and deciding on an appropriate course of treatment.

NEW QUESTION # 118

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 # 119

When communicating with a Native American patient, the Adult Clinical Nurse Specialist knows that:

- A. Body language is not important.
- B. Eye contact is viewed as a sign of respect.
- C. Members speak in a loud tone of voice.
- D. **Silence indicates respect for the speaker.**

Answer: D

Explanation:

When communicating with a Native American patient, the Adult Clinical Nurse Specialist understands that silence is a significant aspect of respectful interaction. In many Native American cultures, silence is valued both as a form of respect and a means of thoughtful communication. It allows the speaker to think and reflect without pressure, ensuring that the communication is meaningful and considerate.

This understanding contrasts sharply with some other cultural contexts where constant dialogue and immediate responses are often expected and valued. In Native American communities, however, taking time to respond is seen as a sign of having considered the information carefully, rather than a sign of disinterest or disrespect.

Moreover, communication styles among Native American groups often emphasize a lower tone of voice. Speaking softly is not only a sign of politeness but also an indication of attentiveness and respect toward the listener. High volume can be perceived as aggressive or rude, so maintaining a gentle tone is crucial in fostering a respectful conversation.

Additionally, while eye contact is commonly regarded as a sign of honesty and engagement in many Western cultures, this is not always the case in Native American cultural contexts. Prolonged eye contact might be perceived as inappropriate or even confrontational. Therefore, understanding and adapting to these nuances is vital for health professionals to avoid miscommunication and to show respect for their patient's cultural values.

Body language also plays an essential role in communication with Native American patients. Subtle gestures, the use of space, and even the posture during conversation can convey volumes. Being sensitive to nonverbal cues is as important as the spoken word, if not more so. Health professionals need to be observant and responsive to these non-verbal signals to communicate effectively and respectfully.

In summary, when interacting with a Native American patient, a healthcare provider like an Adult Clinical Nurse Specialist must be aware of the cultural nuances that govern communication. Respectful silence, moderated tone of voice, limited eye contact, and attentive body language are all crucial elements to facilitate effective and respectful communication in a clinical setting. This cultural competence not only helps in delivering better healthcare but also builds trust and rapport with the patient.

NEW QUESTION # 120

The Adult Clinical Nurse Specialist is seeing a 66-year old woman with well controlled hypertension. She finds that this patient is taking hydrochlorothiazide and has ad a 3 day history of a unilateral throbbing headache. She cannot chew because it increases the pain. Her physically exam is unremarkable except for a tender, incompressible right temporal artery. Her vital signs are normal. What is her diagnosis?

- A. transischemic attack
- B. **giant cell arteritis**
- C. migraine with aura
- D. age-related headache

Answer: B

Explanation:

The correct diagnosis for the patient described is giant cell arteritis (GCA), also known as temporal arteritis. This condition is an important consideration due to the patient's age, symptoms, and examination findings. Giant cell arteritis is a form of vasculitis that predominantly affects older adults, typically those over the age of 50.

The key symptoms prompting consideration of GCA in this patient include a new, unilateral, throbbing headache and pain upon

chewing (jaw claudication). These symptoms reflect the typical inflammatory process associated with GCA that affects the blood vessels supplying the scalp and muscles involved in mastication. The tenderness and incompressibility of the temporal artery on physical examination are classic signs of this disease. These physical signs are indicative of inflammation and possible thickening of the arterial walls, which can be palpable as a tender, hardened, or cord-like structure along the temple.

Additionally, while the patient's hypertension is well-controlled and might not directly relate to her current symptoms, it's important to consider that systemic vascular issues are more prevalent in patients with long-term hypertension. This background could indirectly increase the susceptibility or mask some symptoms of vascular inflammatory conditions like GCA.

The importance of timely diagnosis and treatment of giant cell arteritis cannot be overstated. If left untreated, GCA can lead to serious complications such as irreversible vision loss due to involvement of the arteries that supply the optic nerve. The typical treatment involves high-dose corticosteroids, which can significantly alleviate symptoms and prevent complications if started early. In conclusion, the symptoms of a persistent, severe headache localized to one side of the head, jaw pain during mastication, and a tender, incompressible temporal artery in an elderly patient strongly point towards a diagnosis of giant cell arteritis. Immediate further investigation, typically including blood tests like the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP), and potentially a temporal artery biopsy, is warranted to confirm the diagnosis and commence appropriate treatment.

NEW QUESTION # 121

What is Not included in the nursing assessment?

- A. History.
- B. Laboratory testing.
- C. Exam.
- D. **Etiology.**

Answer: D

Explanation:

The correct answer to the question of what is not included in the nursing assessment is "Etiology." Etiology refers to the cause or origin of a disease or condition. It is typically determined through a physician's assessment rather than by the nursing staff. The physician's role includes diagnosing the disease, which involves identifying its etiology. This is crucial for determining the appropriate treatment plan for the patient.

In contrast, the nursing assessment focuses on collecting a patient's history, performing physical exams, and sometimes assisting with or interpreting laboratory testing. These elements are essential for providing comprehensive care and support. The patient's history helps nurses understand the patient's health background, current symptoms, and any prior treatments or medications. The physical exam allows nurses to observe and document the patient's current physical condition. Laboratory testing, when involved, aids in confirming a diagnosis or monitoring the patient's condition.

Therefore, while nurses play a critical role in the care and management of patients, determining the etiology of a condition typically falls outside the scope of their assessment responsibilities and is handled by physicians. This division of tasks ensures that both physicians and nurses can apply their specialized knowledge and skills effectively within the healthcare team.

NEW QUESTION # 122

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