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Adult Health Clinical Nurse Specialist ACNS Exam 2 Final Review

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Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q11-Q16):

NEW QUESTION # 11

What is the term for an annual amount of health care costs that the insured individual must pay (usually before the insurance company begins paying for services)?

- A. Co-payment.
- **B. Deductible.**
- C. Assignment.
- D. Entitlement.

Answer: B

Explanation:

The correct answer is "Deductible." A deductible is a specific amount of money that an insured individual must pay out-of-pocket before their health insurance company starts to cover their healthcare expenses. This cost is usually predetermined and agreed upon in the insurance policy, and it recurs annually.

For example, if you have a deductible of \$1,000, you need to pay the first \$1,000 of your medical expenses each year before your insurance company begins to pay for any services. Once you have paid your deductible, you might still be responsible for co-payments or co-insurance until you reach your out-of-pocket maximum.

Deductibles are a fundamental component of many health insurance plans because they help to keep the cost of premiums lower. By requiring that insured individuals pay for a portion of their care, insurance companies can mitigate risk and control costs. This also encourages people to not overuse medical services.

It's important for individuals to understand the terms of their insurance deductibles, as these can vary widely between different insurance policies. Factors like the size of the deductible, whether certain services are exempt from the deductible, and how often the deductible resets (usually annually) can significantly affect how much a person pays for healthcare.

NEW QUESTION # 12

Which of the following is most consistent with the diagnosis of anxiety?

- **A. difficulty initiating sleep**
- B. diminished cognitive ability
- C. consistent early morning wakening
- D. nausea

Answer: A

Explanation:

To understand why "difficulty initiating sleep" is most consistent with the diagnosis of anxiety, it's important to delve into the relationship between anxiety and sleep disturbances. Anxiety disorders involve excessive and persistent worry, fear, or nervousness. These intense feelings of anxiety can activate the body's stress response, often termed as the 'fight or flight' response, which prepares the body to either confront or flee from perceived threats. This response is associated with a variety of physiological changes including increased heart rate, heightened senses, and a surge in adrenaline.

These physiological changes can significantly impact an individual's ability to initiate sleep. When the brain is in a heightened state of alertness due to anxiety, it becomes difficult for it to transition into the calm and relaxed state necessary for sleep onset. This is why difficulty initiating sleep is commonly reported among individuals with anxiety disorders. The mind continues to race with thoughts, often worrying or ruminating about past events or anticipating future problems, which can prevent the relaxation needed for sleep.

While other symptoms such as nausea or consistent early morning awakening may also occur in individuals with anxiety, they are not as directly linked to the disorder as difficulty initiating sleep. Nausea can be a symptom of many conditions including anxiety, but it is also commonly associated with gastrointestinal disorders, medications, or other illnesses. Consistent early morning awakening could suggest other sleep-related disorders like insomnia or could be influenced by depression, another condition often comorbid with anxiety but distinct in its sleep disturbance patterns.

In summary, while anxiety can manifest in various physical and psychological symptoms, difficulty initiating sleep is particularly illustrative of the disorder due to the direct interference of anxiety's physiological and cognitive effects with the mechanisms of sleep initiation. This makes it a key symptom for clinicians to consider when diagnosing anxiety. The heightened state of alertness and the inability to relax, both characteristic of anxiety, are what primarily contribute to this sleep initiation difficulty.

NEW QUESTION # 13

When evaluating a 56-year-old Caucasian female for menopause, the ACNS has knowledge that the primary function of FSH is:

- A. milk secretion
- **B. stimulation of maturation of ovarian follicles**
- C. inhibiting release of LH from the pituitary gland
- D. triggering ovulation

Answer: B

Explanation:

When evaluating a menopausal condition in a 56-year-old Caucasian female, understanding the role of follicle-stimulating hormone (FSH) is crucial. FSH, a gonadotropin released by the anterior pituitary gland, primarily stimulates the maturation of ovarian follicles in women. Here's an expanded explanation of how FSH functions and why the correct answer is "stimulation of maturation of ovarian follicles":

FSH plays a pivotal role in the female reproductive system. During the follicular phase of the menstrual cycle, FSH is secreted and initiates the growth and maturation of immature ovarian follicles in the ovary. Each follicle contains an egg, and under the influence of FSH, these follicles start to grow and produce estrogen.

As the follicles mature, one of them will become the dominant follicle, which will eventually be ready for ovulation. The increase in estrogen levels from the maturing follicles feeds back to regulate FSH production, ensuring that hormone levels are appropriate for healthy cycle progression.

It's important to note that FSH alone does not trigger ovulation. That role is primarily handled by luteinizing hormone (LH), another gonadotropin released by the anterior pituitary. While FSH is responsible for the growth and maturation of the follicles, LH is the hormone that ultimately triggers the release of a mature egg from the dominant follicle during ovulation.

Also, FSH is not directly involved in the inhibition of LH release. The regulation of LH is more closely tied to the levels of estrogen and other hormones in the body. As estrogen levels rise, they can exert negative feedback on the pituitary gland, which can modulate the release of LH depending on the phase of the menstrual cycle.

Lastly, FSH does not play a direct role in milk secretion; this process is primarily controlled by prolactin, another hormone produced by the anterior pituitary gland. Prolactin levels increase during pregnancy and after childbirth to stimulate milk production in the mammary glands.

In summary, for a 56-year-old woman undergoing menopause, the primary function of FSH to remember is its role in stimulating the maturation of ovarian follicles. This understanding is crucial as it impacts the hormonal changes and symptoms associated with menopause, including the eventual decline in FSH levels as the ovaries cease follicle development.

NEW QUESTION # 14

The CNS understands that the primary purpose of a pre-employment physical examination is:

- A. to determine the mental status of the applicant
- B. to document any existing disabilities and recommend accommodations
- C. to identify existing health problems that might adversely affect the company's insurance rates
- **D. to determine if the applicant is physically capable of doing the job**

Answer: D

Explanation:

Pre-employment physical examinations are conducted by employers to assess whether a potential employee is physically capable of performing the duties required in a job role. This evaluation is crucial in ensuring that the applicant can safely and effectively handle the physical demands of the position, which may include lifting, standing for extended periods, or operating machinery.

While mental status may also be evaluated during a pre-employment screening, it is not the primary focus of the physical examination. The main goal is to ascertain physical capabilities rather than mental health conditions. However, if the job requires specific mental or cognitive abilities, separate assessments might be conducted to evaluate these aspects.

It is important to note that the purpose of the pre-employment physical is not to screen out individuals with health problems or disabilities. Such practices could be considered discriminatory under laws such as the Americans with Disabilities Act (ADA), which protects job applicants and employees from discrimination based on disabilities. The ADA also requires employers to provide reasonable accommodations to qualified individuals with disabilities, unless doing so would cause undue hardship to the business.

Furthermore, the examination should not be used to identify existing health problems solely for the purpose of influencing health insurance rates or to discriminate against applicants with higher health risks. The primary and legally sound objective of the pre-employment physical examination is to ensure that the applicant is physically capable of performing the job duties safely and effectively, thereby promoting a productive and safe workplace.

NEW QUESTION # 15

After an 1 mg overnight dexamethasone suppression test, when should cortisol be tested?

- A. Noon.
- B. 3:00 PM
- C. 8:00 AM
- D. Midnight.

Answer: C

Explanation:

The optimal timing for testing cortisol after an overnight 1 mg dexamethasone suppression test is at 8:00 AM. This timing is chosen because cortisol levels exhibit a diurnal rhythm, with their peak naturally occurring in the early morning hours, typically around 8:00 AM. The purpose of testing at this time is to assess how effectively dexamethasone has suppressed the cortisol production, which is especially relevant in the diagnosis and assessment of conditions like Cushing's syndrome.

In the context of the dexamethasone suppression test, a patient is given a dose of dexamethasone, which is a potent synthetic glucocorticoid, at night. Dexamethasone acts similarly to cortisol but has a much stronger effect. It is expected to suppress the secretion of cortisol by acting on the hypothalamus and pituitary gland, which in turn should reduce the production of adrenocorticotropic hormone (ACTH) and subsequently cortisol by the adrenal glands.

Testing cortisol levels at 8:00 AM after the administration of dexamethasone provides critical information. If the cortisol levels are not adequately suppressed (typically less than 1.8 µg/dL or 50 nmol/L), this suggests that the negative feedback mechanism controlling cortisol release is not functioning properly, which is a hallmark of Cushing's syndrome. In cases where the cortisol level is higher than 5 µg/dL, it strongly points towards a diagnosis of Cushing's syndrome, requiring further investigation and confirmation through additional tests.

Therefore, testing at 8:00 AM maximizes the diagnostic accuracy of the test under the influence of the physiological peak of cortisol. Testing at any other time could yield misleading results as the natural fluctuation in cortisol levels throughout the day might interfere with the interpretation of the suppression test outcomes. Thus, adherence to the 8:00 AM testing time is crucial for correct diagnosis and management of diseases related to cortisol dysfunction.

NEW QUESTION # 16

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