

# ACNS Valid Real Test & Reliable ACNS Test Simulator

Major modifiers									Minor modifiers			
Prevalence	Duration	Frequency	Phases <sup>1</sup>	Sharpness <sup>1</sup>	Absolute Amplitude	Relative Amplitude <sup>2</sup>	Stimulus Induced or Stimulus Terminated	Evolution <sup>4</sup>	Onset	Triphasic <sup>5</sup>	Lag	Polarity <sup>3</sup>
Continuous ≥90%	Very long ≥1 h	4/s 3.5/s	>3	Spiky <70 ms	High ≥150 μV	>2	SI Stimulus Induced	Evolving	Sudden <3 s	Yes	A-P Anterior- Posterior	Negative
Abundant 50-89%	Long 10-59 min	3/s 2.5/s	3 2	Sharp 70-200 ms	Medium 50-149 μV	<2	ST Stimulus Terminated	Fluctuating	Gradual >3 s	No	P-A Posterior- Anterior	Positive
Frequent 10-49%	Intermediate duration 1-9.9 min	2/s 1.5/s	1	Sharply contoured >200 ms	Low 20-49 μV		Spontaneous only	Static			No	Dipole
Occasional 1-9%	Brief 10-59 s	1/s 0.5/s		Blunt >200 ms	Very low <20 μV		Unknown				No	Unclear
Rare <1%	Very brief <10 s											

  

Plus (+) Modifiers	
No +	
+F	Superimposed fast activity – applies to PD or RDA only
EDB (Extreme Delta Burst)	A specific subtype of +F
+R	Superimposed rhythmic activity – applies to PD only
+S	Superimposed sharp waves or spikes, or sharply contoured – applies to RDA only
+FR	If both subtypes apply – applies to PD only
+RS	If both subtypes apply – applies to RDA only

  

NOTE 1: Phases: Applies to PD and SW only, including the slow wave of the SW complex  
 NOTE 2: Sharpness and Polarity: Applies to the predominant phase of PD and the spike or sharp component of SW only  
 NOTE 3: Relative amplitude: Applies to PD only  
 NOTE 4: Evolution: Refers to frequency, location or morphology  
 NOTE 5: Triphasic: Applies to PD or SW only

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>> ACNS Valid Real Test <<

## Reliable ACNS Test Simulator - Latest ACNS Braindumps Questions

The web-based Nursing ACNS practice test software is designed explicitly for the ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) exam. It is a well-known self-preparation tool that contains ACNS Exam Questions approved by Nursing Certified Professionals. Our Nursing ACNS exam questions are periodically updated and are similar to the real ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) exam questions. The Nursing ACNS Practice Test has a close resemblance with the actual Nursing ACNS exam. Multiple This Nursing certification exam needs to be finished in a certain time duration, therefore Nursing ACNS practice test allows candidates to practice in the allocated time set according to their own needs.

## Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q24-Q29):

### NEW QUESTION # 24

You are assessing a 52-year old woman with chronic obstructive pulmonary disease (COPD). When discussing immunizations, what should you advise this client?

- A. She must take an antiviral during the influenza season due to her age and diagnosis.
- B. She would benefit from the live attenuated influenza virus vaccine.
- C. Nothing is needed for her disease and age group.
- **D. She needs an inactivated influenza virus vaccine.**

**Answer: D**

Explanation:

The correct answer is that the 52-year-old woman with chronic obstructive pulmonary disease (COPD) should receive an inactivated influenza virus vaccine. This recommendation is based on the increased risk that patients with COPD face with regard to contracting respiratory infections like influenza. Influenza can exacerbate the symptoms of COPD, leading to more severe health

complications, including respiratory failure, the need for hospitalization, and even death.

Influenza is a highly contagious viral infection that affects the respiratory system and can be particularly severe in individuals with pre-existing health conditions such as COPD. The inactivated influenza vaccine, which does not contain live virus, is given to provide protection against the strains of flu virus that research indicates will be most common during the upcoming flu season. The vaccine works by stimulating the body's immune system to produce antibodies against the influenza virus, thereby offering protection against the disease.

It is important to note that patients with COPD should specifically receive the inactivated influenza vaccine, rather than the live attenuated influenza vaccine (LAIV). The LAIV is generally given as a nasal spray and contains a weakened but still live version of the virus, which could potentially cause complications in individuals with compromised respiratory systems.

Annual vaccination is recommended because the influenza virus rapidly changes and different strains circulate each year. The composition of the influenza vaccine is reviewed annually and updated to match the circulating viruses. Ensuring that the vaccine administration occurs every year before the onset of the influenza season maximizes the patient's protection during the peak viral periods.

In addition to the annual influenza vaccine, it is also advisable for individuals with COPD to stay updated with other vaccinations, such as the pneumococcal vaccine, as recommended by healthcare providers. These vaccines provide protection against other respiratory pathogens that can cause serious complications in patients with COPD.

In summary, advising a patient with COPD to receive an annual inactivated influenza vaccine is crucial for preventing serious complications associated with influenza infections. This preventive measure is part of comprehensive care for individuals with chronic respiratory conditions and is supported by various health guidelines and studies.

### NEW QUESTION # 25

A 52-year old female is in the office with a new-onset of reflux esophagitis. You are assessing her and asking pertinent questions. What do you expect to find with her that would support this diagnosis?

- A. recent initiation of estrogen-progestin hormonal therapy
- B. recent weight loss and fatigue
- C. a report of melena
- D. active H. pylori infection

**Answer: A**

Explanation:

When assessing a 52-year-old female patient presenting with new-onset reflux esophagitis, certain findings in her medical history and symptoms can support the diagnosis. Here are the pertinent factors to consider:

**\*\*Recent Initiation of Estrogen-Progestin Hormonal Therapy\*\***: This is a significant factor to explore. Medications can impact the function of the gastrointestinal system, particularly the lower esophageal sphincter (LES). The LES is a critical barrier preventing the backflow of stomach contents, including acid, into the esophagus. Estrogen and progestin, components of many hormonal therapies, are known to potentially decrease LES pressure. This reduction in pressure can lead to or exacerbate gastroesophageal reflux disease (GERD), presenting as reflux esophagitis. Asking about the timing of hormonal therapy initiation and correlating it with the onset of reflux symptoms can provide valuable diagnostic insight.

**\*\*Symptoms Consistent with Reflux Esophagitis\*\***: The patient may report classic symptoms such as heartburn, regurgitation of food or sour liquid, and chest pain. Additionally, symptoms like difficulty swallowing (dysphagia), a sensation of a lump in the throat, and chronic cough might also be present. These symptoms often worsen after eating, when lying down, or bending over.

**\*\*Lifestyle and Dietary Factors\*\***: Inquiring about recent changes in diet, alcohol consumption, smoking habits, and body weight can be helpful. Increased intake of fatty foods, alcohol, caffeine, and smoking are known risk factors for GERD. Obesity also contributes to increased abdominal pressure, which can promote the reflux of acid into the esophagus.

**\*\*Active H. pylori Infection\*\***: While *Helicobacter pylori* infection is primarily associated with gastritis and peptic ulcer disease, it can indirectly influence the development of reflux esophagitis. The infection can lead to changes in the stomach lining and potentially affect acid production and gastric emptying, which might exacerbate reflux symptoms.

**\*\*Exclusion of Other Causes\*\***: It is also crucial to rule out other potential causes of the patient's symptoms. For instance, a report of melena (black, tarry stools) might suggest gastrointestinal bleeding, which requires immediate attention and a different diagnostic pathway. Similarly, symptoms like recent weight loss and fatigue might necessitate a broader investigation to rule out other systemic conditions. By exploring these aspects during the patient interview and examination, a more comprehensive understanding of the potential cause of the reflux esophagitis can be achieved, guiding appropriate management and treatment strategies.

### NEW QUESTION # 26

What is the best measure the Adult Clinical Nurse Specialist can take when communicating with a culturally diverse patient who speaks a different language?

- A. Use gestures and pictures that are available.
- **B. Arrange for an interpreter.**
- C. Speak to the patient and family together in hopes that some communication will occur.
- D. Speak slowly and loudly.

**Answer: B**

Explanation:

When an Adult Clinical Nurse Specialist encounters a patient who speaks a different language, ensuring effective communication is crucial for accurate assessment and providing quality care. The most effective strategy in this scenario is to arrange for an interpreter. This approach respects the patient's cultural and linguistic background and facilitates accurate and efficient communication between the nurse and the patient.

Using an interpreter helps to overcome language barriers that can lead to misunderstandings or misinterpretations of medical information. It ensures that the patient fully understands the health information, diagnoses, and treatment options being discussed. This is vital for gaining informed consent and for the patient's active participation in their care plan.

It is important to note that speaking slowly and loudly to someone who does not understand the language does not improve understanding. Instead, it can cause frustration and may be perceived as patronizing or disrespectful. Similarly, relying on family members to translate can lead to incomplete or incorrect translations due to lack of medical knowledge or emotional bias.

In contrast, professional interpreters are trained to handle medical terminology and sensitive information, maintaining confidentiality and accuracy. They can also help navigate cultural nuances that may impact patient care. Therefore, arranging for an interpreter is not just about language translation but also about ensuring cultural competence in healthcare provision.

Additionally, while using gestures and pictures can be helpful in some situations, they cannot substitute for comprehensive verbal communication facilitated by an interpreter. Visual aids are supplementary tools and should not be the primary method of communication in complex and nuanced medical discussions.

In conclusion, arranging for an interpreter is the best and most respectful approach when dealing with culturally diverse patients who speak a different language. This practice promotes understanding, patient safety, and quality of care, and it upholds the principles of equity and dignity in healthcare settings.

#### NEW QUESTION # 27

How often should a patient flush the toilet after being given radioactive iodine?

- A. 3 times.
- B. Once.
- C. 4 times.
- **D. Twice.**

**Answer: D**

Explanation:

Radioactive iodine therapy is commonly used for the treatment of hyperthyroidism and certain types of thyroid cancer. This treatment involves the administration of radioactive iodine, usually in a capsule or liquid form, which is specifically taken up by the thyroid gland. The radioactive iodine destroys thyroid cells, including cancerous ones, without necessitating invasive surgical procedures. However, because the iodine used in this treatment is radioactive, it poses a risk not only to the patient but also to others around them. After the treatment, the body expels the excess radioactive iodine through urine, saliva, and sweat. Consequently, special precautions are necessary to minimize radiation exposure to family members and the public.

One of the key safety measures is related to the use of the toilet. After receiving radioactive iodine therapy, patients are advised to flush the toilet twice after each use. The reason for this double-flushing protocol is to ensure that traces of radioactive iodine are effectively removed and diluted, reducing the risk of radiation exposure to others who might use the same bathroom.

Flushing the toilet twice helps in significantly lowering the concentration of radioactive material in the wastewater system. This practice, coupled with other precautionary measures such as frequent hand washing, using separate towels, and avoiding close physical contact, forms part of a broader strategy aimed at safety and radiation containment after thyroid treatment with radioactive iodine.

Adhering to these guidelines is crucial for patient safety, the safety of their immediate family, and the public. It helps in mitigating the potential hazards associated with radioactive exposure, ensuring that the treatment's benefits far outweigh the risks.

#### NEW QUESTION # 28

There are several stages in the Trans-Theoretical Model of Change proposed by Prochaska and DiClemente, 1984. Which of the following is NOT one of the stages of change?

- A. Preparation
- B. Pre-contemplation
- C. Self-actualization
- D. Action

**Answer: C**

Explanation:

The Trans-Theoretical Model of Change, developed by Prochaska and DiClemente in 1984, is a framework for understanding how individuals progress through different stages of behavioral change. This model is particularly useful in the field of psychology and health promotion, as it provides insights into the complex process of changing entrenched behaviors.

The stages included in the Trans-Theoretical Model are as follows: 1. Pre-contemplation: At this initial stage, the individual is not yet considering change. They may be unaware of the need to change or may be in denial about the consequences of their current behavior. 2. Contemplation: In this stage, the person becomes aware of the potential benefits of making a change but may still be ambivalent about taking action. They are weighing the pros and cons and considering the possibility of changing. 3. Preparation: During preparation, the individual starts to get ready to make a change. This might involve making small adjustments, gathering information, or setting a date to begin a significant change. 4. Action: This is the stage where the individual actively implements changes in their behavior. Efforts are made to overcome the problem by adopting new ways of behaving. 5. Maintenance: After action, the maintenance stage involves continuing the new behavior over the long term to avoid relapse. It's about consolidating the gains made during the action stage. 6. Termination: In this final stage, the individual has completely overcome their behavior and no longer feels tempted to revert to the old behavior. Not all models include this stage, and often maintenance is considered the last stage.

The option "Self-actualization" mentioned in the question does not belong to the Trans-Theoretical Model of Change. Instead, self-actualization is a concept from Abraham Maslow's Hierarchy of Needs. It represents the highest level of psychological development where a person achieves their fullest potential. Maslow described this stage as the desire to accomplish everything that one can, to become the most that one can be. In his hierarchy, self-actualization sits at the top, following physiological needs, safety, love and belonging, and esteem needs.

Therefore, when asked which of the listed options is NOT one of the stages of change according to the Trans-Theoretical Model, the correct answer is "self-actualization." This term does not appear in the model proposed by Prochaska and DiClemente but is instead a crucial concept in Maslow's theory of psychological health predicated on fulfilling innate human needs.

## NEW QUESTION # 29

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