

ACNS Examengine - ACNS Fragenkatalog

ACNS Standardized Critical Care EEG Terminology 2021:
Reference Chart

| A. EEG Background | | | | | | | | | |
|------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------|-----------------------------------------------------|---------------------|-------------|---------------|
| Symmetry | Background EEG frequency | POB | Continuity | Reactivity | State changes | Cyclic Alternating Pattern of Encephalopathy (CAPE) | Voltage | AP Gradient | Breach effect |
| Symmetric | Delta | Present Specify frequency | Continuous: ≥1% periods of suppression (<10 µV) or attenuation (>10 µV but <50% of background voltage) | Present | Present with normal stage N2 sleep transients | Present | Normal ≥20 µV | Present | Present |
| Mild asymmetry <50% Amp. 0.5-1.5/Freq. | Theta | Absent | Nearly continuous: 1-9% periods of suppression or attenuation | SOPDs only | Present but with abnormal stage N2 sleep transients | Absent | Low 10 to <20 µV | Absent | Absent |
| Marked asymmetry ≥50% Amp. >1.5/Freq. | ≥Alpha | Discontinuous: 10-49% periods of suppression or attenuation | | | | | | | |
| Highly epileptiform Bursts (Present or Absent) | if burst-suppression or burst-attenuation then specify if | | Burst-suppression or Burst-attenuation: 50-99% periods of suppression or attenuation | Unclear | Absent | | | | |
| Identical Bursts (Present or Absent) | | | Suppression: >99% periods of suppression or attenuation | | | | | | |

| B. Sporadic Epileptiform Discharges | | C. Rhythmic and Periodic Patterns (RPPs) | |
|-------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Prevalence | Abundance | Main term 1 | Main term 2 |
| Abundant ≥1/30s | | G Generalized - Optional: Specify frontally, midline or occipitally predominant, or generalized, not otherwise specified. | PD Periodic Discharges |
| Frequent ≥1/min but <1/30s | | L Lateralized - Optional: Specify unilateral or bilateral asymmetric - Optional: Specify lobe(s) most involved or hemispheric | RDA Rhythmic Delta Activity |
| Occasional ≥1/h but <1/min | | BI Bilateral independent - Optional: Specify symmetric or asymmetric - Optional: Specify lobe(s) most involved or hemispheric | SW Spike and wave OR Polyspike and wave OR Sharp and wave |
| Rare <1/h | | UI Unilateral independent - Optional: Specify unilateral or bilateral asymmetric for each pattern - Optional: Specify lobe(s) most involved | |
| | | MI Multifocal - Optional: Specify symmetric or asymmetric - Optional: Specify lobe(s) most involved or hemispheric | |

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Wofür zögern Sie noch? Sie haben nur eine Chance. Jetzt können Sie die vollständige Version zur Nursing ACNS Zertifizierungsprüfung bekommen. Sobald Sie die It-Pruefung klicken, wird Ihr kleiner Traum verwirklicht werden. Sie haben die besten Schulungsunterlagen zur Nursing ACNS Zertifizierungsprüfung gekriegen. Benutzen Sie beruhigt unsere Nursing ACNS Prüfungsfragen und Antworten, werden Sie sicher die Nursing ACNS Prüfung bestehen.

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ACNS Fragenkatalog - ACNS Schulungsangebot

Durch die Nursing ACNS Zertifizierungsprüfung werden Ihre Berufsaussichten sicher verbessert werden. Denn die Nursing ACNS Zertifizierungsprüfung ist eine sehr beliebte IT-Prüfung. Wenn Sie die Prüfung bestehen, heißt das eben, dass Sie gute Fachkenntnisse und Fähigkeiten besitzen und geeignet für die Arbeit sind.

Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) ACNS Prüfungsfragen mit Lösungen (Q125-Q130):

125. Frage

The Adult Clinical Nurse Specialist is working in a primary care clinic and sees a 28-year old patient with a "pimple" on her left eyelid. Upon examination, the ACNS finds that a 2-mm pustule on the lateral boarder of the left eyelid margin. What is this most consistent with?

- A. a hordeolum
- B. blepharitis
- C. acute cellulitis
- D. a chalazion

Antwort: A

Begründung:

The correct diagnosis for a 28-year old patient with a "pimple" on her left eyelid, which presents as a 2-mm pustule on the lateral border of the eyelid margin, is most consistent with a hordeolum, commonly referred to as a sty. A hordeolum is an acute, localized infection or inflammation of the sebaceous glands or hair follicles of the eyelid. The primary causative agent is typically *Staphylococcus aureus*, a type of bacteria. This condition results in a painful, red, and swollen area on the eyelid, which may look similar to a pimple.

Choice A, a chalazion, differs from a hordeolum in several ways. A chalazion represents a chronic granulomatous inflammation of a meibomian gland (a type of sebaceous gland in the eyelid), leading to a painless, firm, and nontender nodule. It develops more internally within the eyelid rather than at the margin. Unlike a hordeolum, a chalazion is not primarily caused by an acute bacterial infection and tends to be less painful.

Choice C, blepharitis, is a chronic inflammation of the eyelid margin that involves the hair follicles and glands. It is characterized by scaling, redness, and itching of the eyelid margins, and does not present as a localized pustule or "pimple" like formation. Blepharitis tends to have a more prolonged course and requires different management compared to a hordeolum.

Lastly, choice D, acute cellulitis, refers to a diffuse, acute infection of the skin and subcutaneous tissues typically accompanied by signs of systemic infection such as fever. When it affects the eyelids, it often presents with more generalized eyelid swelling, redness, and pain, significantly more extensive than the localized presentation of a hordeolum.

In summary, the description of a 2-mm pustule at the eyelid margin in a young adult aligns best with a hordeolum, due to its characteristic appearance and underlying pathophysiology involving a localized bacterial infection of the eyelid's hair follicles.

126. Frage

Which of the following would you classify as a high risk patient for infection.?

- A. Alcoholic.
- B. Immuno compromised.
- C. Full time employee.
- D. Part time employee.

Antwort: B

Begründung:

In assessing the risk of infection among patients, certain conditions and states of health are particularly significant. Immuno compromised individuals are considered high-risk patients for infections. This classification is due to their weakened immune systems, which are less capable of fighting off pathogens such as bacteria, viruses, and fungi.

An immuno compromised state can result from various conditions including, but not limited to, HIV/AIDS, cancer treatments such as chemotherapy, certain chronic diseases, or the use of immunosuppressive medications associated with organ transplants. These conditions reduce the effectiveness of the immune system, making it easier for infections to develop and potentially leading to more severe health complications.

In contrast, being an alcoholic, part-time employee, or full-time employee does not inherently affect one's immune system to the extent that it significantly alters infection risk compared to immuno compromised patients. While chronic alcoholism can eventually weaken the immune system and increase infection risks, it does not have as immediate or profound an impact as conditions that directly cause immuno suppression.

Therefore, among the options provided, an immuno compromised patient is correctly identified as high-risk for infections. Healthcare professionals prioritize these patients for preventative measures and may implement more aggressive treatments if an infection occurs, reflecting the elevated risk and need for careful management in this group.

127. Frage

A patient comes into the emergency room with severe asthmatic exacerbation. The ACCRN knows that the first-line treatment for

this is which of the following?

- A. low - medium dose steroid metered dose inhaler
- B. nebulizer treatment
- C. adrenaline injection
- **D. Albuterol metered dose inhaler**

Antwort: D

Begründung:

When a patient presents to the emergency room with severe asthmatic exacerbation, it is critical for healthcare providers to initiate appropriate and effective treatment immediately. The question posed regards the first-line treatment for such a situation, and the correct answer is the use of an albuterol metered dose inhaler (MDI).

Albuterol is a fast-acting bronchodilator that works by relaxing the muscles around the airways, which helps to open them up quickly and ease the breathing process. It is typically administered through an inhaler, which allows the medication to go directly into the lungs where it is needed most. This direct route ensures that the medication acts quickly, which is crucial in a severe asthma attack where every second counts.

The symptoms of a severe asthmatic exacerbation can include tachypnea (rapid breathing), disappearance or lack of wheezing due to severe airway narrowing, use of accessory muscles to breathe, diaphoresis (sweating), and exhaustion. These signs indicate that the patient is struggling to get enough air and requires immediate intervention to prevent further respiratory distress or potential respiratory failure.

While there are other treatments available, such as adrenaline injection and nebulizer treatments, these are generally considered in specific circumstances or when initial treatments with a metered dose inhaler are not sufficient. Adrenaline injections are typically reserved for life-threatening reactions such as anaphylaxis and are not the standard first-line therapy for asthma exacerbations. Nebulizer treatments, which convert liquid medication into a mist that can be inhaled, are another option but may not be the most immediate choice for emergency response, depending on the situation and resources available.

Low to medium dose steroids are also used in the management of asthma, mainly to reduce inflammation and prevent future exacerbations. However, these are not typically used as the first-line treatment in acute, severe exacerbations as their action is not as fast as bronchodilators like albuterol.

In summary, the first-line treatment for a severe asthmatic exacerbation in an emergency setting is an albuterol metered dose inhaler. This treatment choice is preferred for its rapid action and effectiveness in opening the airways, thereby providing quick relief to the patient experiencing severe respiratory distress.

128. Frage

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 had a 3 day history of a unilateral throbbing headache. She cannot chew because it increases the pain. Her physical exam is unremarkable except for a tender, incompressible right temporal artery. Her vital signs are normal. What is her diagnosis?

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

Antwort: D

Begründung:

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.

129. Frage

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

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

Antwort: D

Begründung:

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.

130. Frage

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ACNS Fragenkatalog: <https://www.it-pruefung.com/ACNS.html>

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