

ACNS Detail Explanation, Test ACNS Dates

Major modifiers									Minor modifiers			
Prevalence	Duration	Frequency	Phases ¹	Sharpness ²	Absolute Amplitude	Relative Amplitude ³	Stimulus Induced or Stimulus Terminated	Evolution ⁴	Onset	Triphasic ⁵	Lag	Polarity ²
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 Brush): 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
+FS 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 Detail Explanation <<

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More and more people hope to enhance their professional competitiveness by obtaining ACNS certification. However, under the premise that the pass rate is strictly controlled, fierce competition makes it more and more difficult to pass the ACNS examination. In order to guarantee the gold content of the ACNS Certification, the official must also do so. However, it is an indisputable fact that a large number of people fail to pass the ACNS examination each year, some of them may choose to give it up while others may still choose to insist.

Nursing ANCC Adult Health Clinical Nurse Specialist Certification (ACNS) Sample Questions (Q42-Q47):

NEW QUESTION # 42

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

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

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 # 43

At what point should a chest tube be removed?

- A. maximal inspiration.
- B. mid expiration.
- C. beginning of expiration.
- D. end of expiration.

Answer: A

Explanation:

A chest tube, which is typically used to remove air, fluids, or pus from the intrathoracic space, should be removed at a specific point in the respiratory cycle to minimize the risk of complications, such as a pneumothorax (air trapped in the pleural space). The optimal time for chest tube removal is generally considered to be during maximal inspiration.

Maximal inspiration refers to the point in the breathing cycle where the lungs are fully expanded. At this stage, the intrapleural pressure is at its highest, which helps in reducing the potential space between the lung and the chest wall. By removing the chest tube during this phase, the likelihood of air entering the pleural space (which could lead to a pneumothorax) is minimized. Essentially, the lungs are in their most expanded state and better able to seal any potential pathways that could allow air to enter the pleural cavity once the tube is removed.

The technique typically involves instructing the patient to take a deep breath and hold it (if the patient is cooperative and able to follow commands) or coordinating with mechanical ventilation in sedated or unconscious patients. During this held breath, the chest tube is clamped, cut, and quickly sealed with an occlusive dressing. This method aims to maintain the negative pressure in the pleural space that exists naturally during inspiration, thereby preventing the reintroduction of air.

It is crucial for healthcare providers to follow specific protocols and use careful technique when removing a chest tube to ensure patient safety and the best possible outcomes. Monitoring after the removal is equally important to ensure that complications do not develop, such as re-accumulation of air or fluid, which could necessitate reinsertion of the chest tube.

NEW QUESTION # 44

You are managing a patient who has irritable bowel syndrome (IBS). Altering the gut pain threshold in IBS is a possible therapeutic outcome with the use of:

- A. amitriptyline (Elavil)
- B. dicyclomine (Bentyl)
- C. loperamide (Immodium)
- D. metronidazole (Flagyl)

Answer: A

Explanation:

In managing a patient with irritable bowel syndrome (IBS), one of the therapeutic goals can be to alter the gut pain threshold, which

is the level at which pain is perceived in the gastrointestinal tract. This alteration can help in reducing the discomfort experienced by patients due to abdominal pain, which is a common symptom in IBS.

Amitriptyline (Elavil), a low-dose tricyclic antidepressant (TCA), is an effective option for this purpose. TCAs, including amitriptyline, work by modulating neurotransmitters in the central nervous system, which in turn can help to increase the pain threshold in the gut. This modulation involves the blocking of the reuptake of serotonin and norepinephrine, enhancing their availability, and thereby potentially alleviating pain by reducing the sensitivity of the gut nerves. The effectiveness of amitriptyline in IBS may be attributed to its properties of altering central and peripheral pain mechanisms and its anticholinergic effects, which can relax smooth muscle spasms and reduce bowel overactivity.

Other medications such as loperamide (Imodium) and dicyclomine (Bentyl) are also used in the management of IBS but serve different purposes. Loperamide is primarily used to manage diarrhea by slowing intestinal motility and increasing the absorption of fluid in the intestines. Dicyclomine is an antispasmodic that helps in relieving muscle spasms in the gastrointestinal tract, thereby reducing abdominal pain associated with IBS, but it does not alter the pain threshold like amitriptyline.

Metronidazole (Flagyl), another medication mentioned, is not typically used in the treatment of IBS. Instead, it is an antibiotic used for treating certain types of infectious colitis and other bacterial infections. It does not have a role in altering the gut pain threshold or managing the primary symptoms of IBS.

In summary, amitriptyline (Elavil) is particularly noted for its ability to alter the gut pain threshold in patients with IBS, which can lead to significant relief from abdominal pain. This makes it a valuable option in the therapeutic regimen for IBS, especially in cases where pain is a predominant and debilitating symptom.

NEW QUESTION # 45

Which of the following is the most common cause of blockages in the small intestine?

- A. Scar tissue.
- B. Crohn's disease.
- C. Cancer.
- D. Inflammatory bowel disease.

Answer: A

Explanation:

The most common cause of blockages in the small intestine is scar tissue. Scar tissue, also known as adhesions, often forms as a result of surgery or following an infection, inflammation, or injury within the abdominal cavity. These adhesions can create bands of fibrous tissue that connect different surfaces and organs within the abdominal area, potentially leading to an obstruction in the small intestine.

In addition to scar tissue, other conditions can also cause obstructions in the small intestine. For instance, Crohn's disease, which is a type of inflammatory bowel disease (IBD), can lead to swelling and thickening of the intestinal wall, narrowing the passageway and possibly causing blockages. Hernias, where part of the intestine protrudes through a weak spot in the abdominal wall, can also lead to obstructions if the protruding intestine becomes trapped or pinched.

It is important to differentiate the common causes of obstruction in the small intestine from those in the large intestine. While scar tissue is the most frequent cause of blockages in the small intestine, in the large intestine, cancer is typically the most common cause of obstruction. This distinction is crucial for appropriate diagnosis and treatment planning.

Understanding these causes and their mechanisms is vital for medical professionals to diagnose, manage, and treat intestinal obstructions effectively. Preventive measures, timely surgical interventions, and managing underlying conditions like Crohn's disease are critical components of care for patients at risk of developing intestinal blockages.

NEW QUESTION # 46

You are conducting an assessment with a patient and notice several flat, colored areas on the skin. These are not large, nor are they raised or textured. These should be charted as which of the following?

- A. Macules.
- B. Papules.
- C. Plaques.
- D. Pustules.

Answer: A

Explanation:

When observing skin conditions, it is essential to correctly identify and chart the types of lesions present. In the scenario described, the skin features observed are flat, colored areas that are not raised or textured. These characteristics fit the description of macules.

Macules are defined as flat spots on the skin that are distinctly different in color from the surrounding skin. They are usually less than 1 centimeter in diameter and can be of any color. Macules are a common type of skin lesion and can be a result of various factors, including genetic conditions, pigmentary disorders, infections, or inflammatory processes.

It is crucial to differentiate macules from other types of skin lesions such as papules, plaques, and pustules. Papules are small, raised lesions that are usually less than 1 centimeter in diameter. Unlike macules, papules are palpable above the surface of the skin.

Plaques are larger than 1 centimeter and are also raised, often forming from a confluence of papules. Pustules are similar to papules but contain pus.

Given these descriptions, the correct way to chart the observed skin features in the question is as macules. This is because they match the definition of being small, flat, and colored without any elevation or textural change. Accurate documentation of such findings is crucial in the medical field for proper diagnosis, treatment, and monitoring of skin conditions.

NEW QUESTION # 47

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