

Nursing

*ANCC-AGACNP-BC
Adult-Gerontology Acute Care Nurse Practitioner Certification*



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Question: 1

If a 73-year-old patient is admitted from a residential care facility with a coccygeal pressure ulcer that is 6 cm by 4 cm and extends to the muscle and is partially covered with black necrotic tissue, the NP would classify the pressure ulcer with National Pressure Injury Advisory Panel (NPIAP) staging as:

- A. Stage I
- B. Stage II
- C. Stage III
- D. Stage IV

Answer: D

Explanation:

If a 73-year-old patient has a 6 cm by 4 cm coccygeal pressure ulcer that extends to the muscle and is partially covered with black necrotic tissue, the NP would classify the pressure ulcer as stage IV. The National Pressure Injury Advisory Panel (NPIAP) stages are classified as follows:

Suspected	Blood blister, discolored skin, pain, texture change, or temperature change.
Stage I	Localized nonblanching reddened area.
Stage II	Partial-thickness skin loss involving epidermis and dermis. Abrasion/Blistered appearance.
Stage III	Exposure of subcutaneous tissue, but not of muscle or bone.
Stage IV	Extends to muscle, bone, tendons, or joints with extensive damage and necrosis.
Unstageable	Slough and/or eschar in wound makes staging impossible until debridement.

Question: 2

The NP intends to implement a new procedure in the delivery of patient care, understanding that the biggest threat to implementation of change is usually:

- A. Staff resistance
- B. Lack of adequate preparation
- C. Poor change design
- D. Insufficient supporting data

Answer: A

Explanation:

If the NP intends to implement a new procedure in the delivery of patient care, the NP should

understand that the biggest threat to implementation of change is usually staff resistance. For this reason, it's important for the NP to obtain "buy in" as part of preparation and to identify and recruit key individuals who are likely to influence others to promote change. Staff resistance can be passive (lack of enthusiasm, complaining) or active (refusing to participate, undermining efforts).

Question: 3

The NP overhears another nurse complaining that an adult female Hmong patient is subservient and dependent because she allows her father to make decisions about her health care and that the nurse tried without success to convince the patient to make her own decisions. This type of intervention would best be described as:

- A. Ethnocentrism
- B. Cultural imposition
- C. Stereotyping
- D. Cultural competence

Answer: B

Explanation:

This type of intervention would best be described as cultural imposition. The nurse is trying to impose a cultural norm that is different from that of the patient. In the Hmong community, the eldest male in the family is usually the one to make decisions, and this is a respected tradition.

Question: 4

A 21-year-old African-American female presents with a malar rash, Raynaud's phenomenon, joint pain and stiffness, positive antinuclear antibody (ANA), and thrombocytopenia of 90,000/mcL. Based on these findings, the probable diagnosis is:

- A. Systemic lupus erythematosus
- B. Rheumatoid arthritis
- C. Adult Still disease
- D. Scleroderma

Answer: A

Explanation:

The probable diagnosis is systemic lupus erythematosus (SLE), which is an inflammatory autoimmune disorder. About 85% of cases occur in females, and African-Americans have a rate about 4 times higher than Caucasians. The malar "butterfly/" rash occurs in fewer than 50% of patients, but other cutaneous manifestations, such as splinter hemorrhages, may be present.

Question: 5

When the NP is assessing a patient with neurological injury, which of the following indicates an upper motor neuron lesion?

- A. Muscle spasticity
- B. Muscle flaccidity
- C. Muscle atrophy
- D. Absent reflexes

Answer: A

Explanation:

When the NP is assessing a patient with neurological injury, an upper motor neuron lesion is indicated by muscle spasticity. Other indications include hyperactive reflexes, loss of voluntary muscle control, and increased muscle tone but no evidence of muscle atrophy. However, with a lower motor neuron lesion, although the patient also lacks voluntary muscle control, he or she exhibits decreased muscle tone and muscle flaccidity as well as decreased or absent reflexes and atrophy of muscles.

Question: 6

A 66-year-old patient with a history of alcoholic cirrhosis has developed small esophageal varices but no bleeding. Which of the following preventive treatments is most appropriate?

- A. Shunt surgery
- B. Nitrate
- C. Sclerotherapy
- D. Nonselective beta-blocker

Answer: D

Explanation:

The most appropriate preventive treatment is a nonselective beta-blocker, such as propranolol. The goal of this treatment is to reduce the hepatic venous pressure gradient to less than 12 mmHg because higher pressure increases the risk of bleeding. Endoscopic band ligation is as effective in preventing bleeding as nonselective beta-blockers but poses more risks of complications, so it is usually reserved as a second-line treatment.

Question: 7

If a 25-year-old patient's body mass index (BMI) is 17.5 and the albumin level is normal at 3.8 g/dL (normal is 3.5-5.5 g/dL) but prealbumin shows moderate deficiency of 6 mg/dL (normal is 16-40 mg/dL), these findings suggest:

- A. Long-term protein malnutrition
- B. Short-term protein malnutrition
- C. Adequate protein but inadequate calories

D. Adequate calories but inadequate protein

Answer: B

Explanation:

If a 25-year-old patient's body mass index (BMI) is 17.5 (normal is 18.5-24.9), the patient is underweight and likely lacks adequate caloric intake. The patient's albumin level is within normal limits at 3.8 g/dL, reflecting adequate long-term protein intake; however, the prealbumin level is low at 6 mg/dL (normal is 16-40 mg/dL). Prealbumin has a half-life of 2-3 days (compared to 18-20 days for albumin), so the findings reflect acute (short-term) protein malnutrition.

Question: 8

The NP has proposed use of the Situation-background-Assessment-Recommendation (SBAR) format for hand-off communication but is encountering resistance from long-time staff members who dislike change. The best method of dealing with resistance is to:

- A. Ignore the complaints.
- B. Inform resistant staff members that they are impeding the process.
- C. Encourage staff to express opinions and discuss concerns.
- D. Propose a vote regarding the use of SEAR.

Answer: C

Explanation:

If the NP has proposed use of the Situation-Background-Assessment-Recommendation (SBAR) format for hand-off communication but is encountering resistance from long-time staff members who dislike change, the best method of dealing with resistance is to encourage staff members to express opinions and discuss concerns. The NP should answer any questions, provide evidence of benefits, and respond to misperceptions. When change is evidence-based and in the best interests of the patients, leadership may require change without voting.

Question: 9

If the NP hears a patient's physician complaining that a patient is "difficult and impatient," and the NP tells the physician that the patient is very frightened and acting defensively, the aspect of care that the NP is exhibiting is:

- A. Advocacy
- B. Patient equality
- C. Human dignity preservation
- D. Caring practice

Answer: A

Explanation:

If the NP hears a patient's physician complaining that a patient is "difficult and impatient," and the NP tells the physician that the patient is very frightened and acting defensively, the aspect of care that the nurse is exhibiting is advocacy. The NP is speaking up in defense of the patient and acting for the patients benefit in trying to help the physician have a more balanced view of the patients behavior.

Question: 10

In the event of a disaster, which initial strategy could be employed to increase a hospital's surge capacity?

- A. Identify clients safely eligible for early discharge.
- B. Place extra beds in private rooms.
- C. Recommend closing the emergency department to non-disaster-related clients.
- D. Transfer clients so that open rooms are in close proximity.

Answer: A

Explanation:

In the event of a disaster, increasing surge capacity allows for admission of a large number of injured clients. The initial strategy is to identify clients safely eligible for early discharge. This may also include canceling scheduled procedures, such as elective surgeries. Extra beds can be placed in outpatient areas and in hallways because this is more time-effective than attempting to transfer existing patients to different rooms and cleaning and preparing the rooms. In some cases, non-disaster-related clients may be diverted to other hospitals; but in most cases, other facilities will also be impacted by the disaster.

Question: 11

Which of the following is a correct presentation of a medication order in an electronic health record (EHR) with a medication order set?

- A. Penicillin G 6,000,000 U I.V. every 4 hours
- B. ASA 325 mg qd
- C. 112 gg levothyroxine daily
- D. Paroxetine hydrochloride 20 mg P.O. daily in AM

Answer: D

Explanation:

Paroxetine hydrochloride 20 mg P.O. daily in AM is a correct representation of an order in an electronic health record (EHR) with a medication order set. Large doses (in the millions) should be ordered in words, "6 million units" rather than 6,000,000, and the word "units" should be spelled out. Order sets should not use abbreviations for medications, such as "ASA" for aspirin. Micrograms should be abbreviated as mcg rather than gg- and the medication dosage should not precede the

name of the medication.

Question: 12

When confidential patient data are contained on mobile devices, such as smartphones or personal digital assistants (PDAs), these devices should:

- A. Contain locking and tracking software
- B. Not leave a secure facility
- C. Be used by only one person
- D. Contain only de-identified health information

Answer: A

Explanation:

When confidential patient data are contained on mobile devices, such as smart phones or personal digital assistants (PDAs), these devices should contain locking and tracking software so that the data cannot be accessed and the device can be located. Some software is also available that allows distance deletion of data if the device is misplaced or stolen. The organization should have clear policies in place for handling the loss of mobile devices or misuse in order to protect patient confidentiality.

Question: 13

If a patient has been diagnosed with tuberculosis (TB), how long does the first-line drug susceptibility testing (liquid medium) take before results are available?

- A. <24 hours
- B. 24—48
- C. 1-2 weeks
- D. Weeks

Answer: C

Explanation:

If a patient has been diagnosed with tuberculosis (T B), the first-line drug susceptibility testing (liquid medium) takes 1-2 weeks before results are available. This test should routinely be carried out on the original isolate to ensure that the medication selected is effective. The goal of treatment is to destroy all tubercle bacilli and prevent the emergence of clinically significant drug resistance. Patients must be well educated about the importance of adherence because nonadherence is a primary cause of treatment failure, transmission of TB, and drug resistance.

Question: 14

Under the Joint Commission's National Patient Safety Goals, which of the following is generally acceptable as one of two required identifiers?

- A. Place of birth
- B. Date of birth
- C. Place of employment
- D. Verifying patient's name from armband taped to bedside stand

Answer: B

Explanation:

The Joint Commission requires two identifiers to ensure that the correct individual is receiving care and that the care is intended for that individual. Identifiers must be specific to the patient. The first identifier is usually the patient's name, often found on the wristband, and the second can be the birthdate, patient ID number, or telephone number. Birthplace is usually too nonspecific as is place of employment. If an armband is used as an identifier, it must be on the patient's body and cannot be simply placed at the bedside or taped to a bedside stand.

Question: 15

When an insurance plan negotiates a specific fee for a procedure (including all charges) and pays one bill, this is referred to as:

- A. Unbundling
- B. Bundling
- C. Fee-for-service
- D. Discounted fee-for-service

Answer: B

Explanation:

Bundling occurs when an insurance plan negotiates a specific fee for a procedure, including all associated costs, and pays one bill. Unbundling occurs when a bundled agreement is dissolved, and the insurance plan pays separate bills (hospital, anesthesiologist, surgeon, etc.). Fee-for-service is the traditional billing method in which services are billed for separately. Discounted fee-for-service is similar to fee-for-service except that reimbursements are discounted.

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