Canadian

Canadian-CCN

Canadian Cardiac Vascular Nursing (CCN)

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Question: 1

Prevention of unnecessary bleeding after thrombolytic therapy includes which of the following?

A. Applying pressure to oozing puncture sites for 5 - 10 minutes.
B. Using large-gauge cannulae and needles.
C. Removing femoral arterial sheaths immediately.
D. Removing disused cannulae immediately.

Answer: A

Explanation:
To prevent unnecessary bleeding after thrombolytic therapy, several measures can be taken. One effective method is the application of pressure to oozing puncture sites for a duration of 5 to 10 minutes. This is a crucial step because thrombolytic therapy works by dissolving blood clots, which can significantly increase the risk of bleeding. By applying direct pressure to the site of any puncture, such as where an IV line was inserted or blood was drawn, the small blood vessels are allowed to close, which helps stop the bleeding.
Other methods listed, such as using large-gauge cannulae and needles, removing femoral arterial sheaths immediately, and removing disused cannulae immediately, can actually increase the risk of bleeding rather than reduce it. Large-gauge cannulae and needles create larger puncture sites in the skin and vessels, which can be more difficult to seal and more likely to bleed. Similarly, immediate removal of femoral arterial sheaths or disused cannulae can lead to open channels that might bleed if the vessel walls have not yet healed sufficiently post-procedure.
Thus, while these actions are sometimes necessary parts of medical procedures, they are not specifically geared towards the prevention of bleeding post-thrombolytic therapy. Applying pressure to oozing puncture sites is the most direct and effective way to address bleeding risks associated with thrombolytic therapy. This action helps manage and minimize bleeding without complicating the patient's condition further.

Question: 2

A cardiac staff prepares a series of classes over a two year period on cardiovascular disease management. Each class session will build on the preceding and guest speakers from the health community will facilitate the sessions. This approach supports which concept?

A. Patients learn from observing.
B. Learning is a process, not a singular task.
C. Feedback is essential to change.
D. Patient individual needs are important.

Answer: B

Explanation:
The correct answer to the question "A cardiac staff prepares a series of classes over a two year period on cardiovascular disease management. Each class session will build on the preceding and guest speakers from the health community will facilitate the sessions. This approach supports which concept?" is "Learning is a process, not a singular task."
This response is justified by the very design and structure of the educational program laid out by the cardiac staff. By choosing to spread the classes over a two-year span, the program designers inherently acknowledge that learning, especially about complex subjects like cardiovascular disease management, requires time and continuous effort. It is not something that can be fully grasped in a single session or through a one-time exposure to information.
Moreover, the format of building each session on the preceding one further underscores the notion of cumulative learning. This method ensures that each new piece of information or skill is added to a growing foundation, reinforcing previous lessons and integrating new knowledge in a coherent manner. This step-by-step progression embodies the idea that learning is a dynamic, ongoing process.
The inclusion of guest speakers from the health community not only brings varied expertise and perspectives into the learning environment but also demonstrates the program's recognition of the importance of community and collaborative learning. Engaging different professionals helps in illustrating the multifaceted nature of cardiovascular disease management and emphasizes that learning in such a field is continuously evolving, influenced by the latest research and shared clinical experiences.
Thus, the cardiac staff's approach to structuring these educational sessions over an extended period, with each session building upon the last and involving community experts, is a practical application of the educational principle that "learning is a process, not a singular task." This approach not only facilitates deeper understanding and retention of the complex subject matter but also prepares the participants for practical, real-world application of their new knowledge.

Question: 3

You are taking the vital signs of a patient who has presented with shortness of breath, dizziness, and mild chest pain. She states that she is an athlete who runs several miles a week; she doesn't understand why she might be experiencing heart problems. Given her overall health and exercise habits, which of the following might you expect to find on taking her pulse?

A. Very rapid heartrate.
B. Resting pulse of between 45-60bpm.
C. Resting pulse of 75bpm.
D. Resting pulse of 100bpm.

Answer: B

Explanation:
In evaluating the vital signs of a patient who is an athlete and presents with shortness of breath, dizziness, and mild chest pain, understanding how athletic training affects the body is crucial, particularly in terms of heart rate. Given the patient's description of her regular exercise regimen, which includes running several miles a week, a key observation might be her resting pulse rate.
Typically, well-trained athletes exhibit a lower resting heart rate than non-athletes. This phenomenon is due to the heart muscle becoming more efficient through regular exercise. A stronger heart can pump a

greater volume of blood with each beat, allowing it to beat fewer times per minute while still meeting the body's demands for blood and oxygen. It is not uncommon for the resting heart rate of an athlete to be between 45-60 beats per minute (bpm), which might be considered bradycardia (abnormally low heart rate) in the general population.
However, the symptoms this patient is experiencing—shortness of breath, dizziness, and mild chest pain—are not typical for a healthy athlete and should be approached with careful assessment. While a resting pulse of 45-60 bpm might be normal for her given her athletic background, these symptoms could indicate underlying issues not immediately apparent and unrelated to her exercise habits. For example, they could be signs of cardiac conditions that warrant further investigation, such as arrhythmias, or non-cardiac issues like dehydration or electrolyte imbalance.
Therefore, when taking the pulse of an athletic patient presenting with such symptoms, it's essential to not only note the pulse rate but also consider the rhythm, strength, and regularity of the heartbeat. Any irregularities, coupled with her symptoms, would suggest the need for additional diagnostic tests to rule out more serious conditions.
In conclusion, while you might expect to find a resting pulse of between 45-60 bpm in a healthy, well-trained athlete like the patient described, the presence of symptoms such as shortness of breath, dizziness, and chest pain requires a thorough evaluation to ensure that the low heart rate is a normal physiological adaptation to exercise and not a sign of a potentially serious health issue.

Question: 4

The nurse is teaching a patient how to self-monitor his at-home care. Which activity would not promote self-monitoring?

A. Patient records eating habits.
B. Patient analyzes exercise records and makes changes.
C. Provider sets goals to encourage smoking cessation.
D. Provider reinforces progress shown on the patient's behavior record.

Answer: C

Explanation:
The correct answer to the question of which activity would not promote self-monitoring is: Provider sets goals to encourage smoking cessation.
Self-monitoring is a technique used in various health and wellness areas, including chronic disease management, mental health, and lifestyle changes such as diet and exercise. The essence of self-monitoring lies in the patient actively participating in their own health management by consistently recording their behaviors, symptoms, or habits. Through this process, the patient can observe trends and patterns, which can be critical for making informed decisions about how to adjust behaviors to achieve desired health outcomes.
For example, when a patient records their eating habits, they are engaging in self-monitoring because they are collecting data that can later be analyzed to understand how their diet affects their health. Similarly, if a patient analyzes their exercise records and makes changes based on their observations, they are utilizing the self-monitoring information to directly influence their physical activity levels.
However, when a provider sets goals for smoking cessation, the activity primarily involves the provider's input rather than the patient's active engagement in monitoring their own behavior. While goal-setting is undoubtedly important in the management of health behaviors and can be motivational, it does not

constitute self-monitoring unless it directly involves the patient tracking and recording their progress towards those goals. Setting goals is more about establishing desired outcomes, whereas self-monitoring is about the patient taking an active role in recording and analyzing personal data to inform behavior change.
Therefore, while both self-monitoring and provider-directed goal setting are important in healthcare, they serve different purposes. Self-monitoring empowers patients by making them active participants in their health care processes, enhancing their autonomy and potential to make sustainable changes. On the other hand, provider-set goals are more about providing direction and targets for the patient to aim for, which ideally should be supported by self-monitoring activities for maximum effectiveness.

Question: 5

Warfarin antagonizes which substance required for clot formation?

A. Factor V.
B. Factor VI.
C. Vitamin K.
D. Calcium.

Answer: C

Explanation:
Warfarin is a widely used anticoagulant that functions primarily by antagonizing vitamin K. Vitamin K is essential for the synthesis of several proteins involved in blood clotting, specifically factors II, VII, IX, and X, which are collectively known as the vitamin K-dependent clotting factors. By inhibiting the regeneration of vitamin K from its epoxide form (vitamin K epoxide), warfarin effectively reduces the body's ability to produce these clotting factors in their active forms.
The way warfarin works is complex and involves interference with the vitamin K cycle. Vitamin K is necessary for the post-translational modification of certain glutamate residues to gamma-carboxyglutamate (Gla) residues on the prothrombin factors, which is required for them to bind calcium ions. This calcium binding is crucial for the clotting factors' proper positioning on the cell membranes where clot formation is initiated. Without active forms of these factors, the blood's ability to clot is significantly reduced, thus preventing the formation of dangerous clots that can lead to conditions like strokes and heart attacks.
Warfarin is typically prescribed for people at risk of forming blood clots, including those with conditions such as atrial fibrillation, thrombosis, or those who have had mechanical valve replacement surgery. It is a particularly effective medication for long-term management of these conditions due to its mode of action. However, managing warfarin therapy can be challenging due to its narrow therapeutic index and the variability in dose response among individuals, influenced by genetic factors, diet, and interactions with other medications.
It's important to note that while warfarin is effective in preventing clot formation, it does not dissolve existing clots. Instead, it helps to prevent the extension of clots already formed and reduces the risk of new clot formation. Regular monitoring of blood coagulation levels, typically measured by the International Normalized Ratio (INR), is critical in patients taking warfarin to ensure that the levels remain within a safe and effective range. Adjustments in dosage may be necessary based on these test results, dietary vitamin K intake, and other factors.

Question: 6

Which of the following statements about informed consent is incorrect?

A. A patient has a right to consent to the care being given as well as a right to refuse care that is offered.
B. The law of informed consent is physician oriented, so the doctrine is not upheld when an FNP is the caregiver.
C. Informed consent requires that a patient be competent to understand the risks and make a judgment about accepting care.
D. Informed consent involves disclosure of material risks of care.

Answer: B

Explanation:
The incorrect statement in the question provided is: "The law of informed consent is physician-oriented, so the doctrine is not upheld when an FNP is the caregiver."
To clarify why this statement is incorrect, it is important to understand the broader concept of informed consent in the healthcare context. Informed consent is a fundamental principle in both medical ethics and international human rights law. It requires that patients be informed adequately about their medical treatment options, including the potential risks and benefits, so they can make well-informed decisions about their own healthcare.
While it is true that the modern doctrine of informed consent originally developed in the context of physician-patient relationships, its application has broadened significantly. Today, it encompasses all healthcare providers, including nurses, Family Nurse Practitioners (FNPs), and other allied health professionals. This expansion recognizes that many healthcare professionals beyond physicians now play significant roles in patient care and decision-making processes.
Therefore, the statement suggesting that the doctrine of informed consent does not apply when an FNP is the caregiver is fundamentally incorrect. FNPs, like physicians, are required to obtain informed consent from their patients before proceeding with any treatment or procedure. This involves explaining the nature of the proposed care, alternatives available, and the risks and benefits associated with each option.
FNPs are trained professionals who often serve as primary caregivers, particularly in communities or settings where physicians may not be readily available. They are held to the same legal and ethical standards as physicians concerning patient rights and informed consent.
Thus, irrespective of whether the caregiver is a physician, an FNP, or any other medical professional, the principles of informed consent apply universally across the healthcare spectrum. All patients have the right to receive sufficient information to make knowledgeable decisions about their healthcare, and all healthcare providers have a duty to ensure that this information is provided and understood.

Question: 7

What is Reiki?

A. bodywork technique used to promote relaxation
B. a form of exercise

C. a drug used to relax
D. a mushroom used for immunity

Answer: A

Explanation:
Reiki is a holistic healing practice originating from Japan. The word "Reiki" itself comes from two Japanese words - 'rei' (universal) and 'ki' (life energy). This practice is based on the idea that a life force energy flows through us and is what causes us to be alive. If one's life force energy is low, then we are more likely to get sick or feel stress, and if it is high, we are more capable of being happy and healthy. The technique involves a practitioner placing their hands lightly on or over a person's body to facilitate the person's process of healing. The belief is that the practitioner can channel energy into the patient by means of touch, to activate the natural healing processes of the patient's body and restore physical and emotional well-being. Hence, it is often categorized as an energy healing modality.
Reiki is commonly used to lessen stress and promote relaxation. Many who receive Reiki treatments report feelings of peace, relaxation, and a general sense of health and well-being. It is also used as a complementary therapy in conjunction with other medical or therapeutic techniques to help relieve side effects and promote recovery.
It's important to note that while Reiki is spiritual in nature, it is not a religion. There are no specific beliefs one must have to participate in Reiki, making it accessible to people of all religions and backgrounds. Practitioners and clients simply believe in the ability of Reiki to heal and promote a balanced state of health.
Reiki should not be confused with "Reishi," which is an entirely different entity. Reishi is a type of mushroom valued in traditional Asian medicine for its immune-boosting properties. Although both Reiki and Reishi are used to promote overall health and well-being, they do so in vastly different ways – Reiki through energy healing and Reishi through medicinal properties derived from the mushroom itself.

Question: 8

Two concerns that must also be considered when discharging elderly patients are what?

A. Work and travel restrictions.
B. Work restrictions and type of re-hab.
C. Social issues and comorbid conditions.
D. Social and work issues.

Answer: C

Explanation:
When considering the discharge of elderly patients from a hospital or care facility, two primary concerns need to be addressed: social issues and comorbid conditions. These factors play a critical role in determining the patient's ability to manage their health and maintain quality of life once they return home.
Social Issues: Social factors include the level of family support, social isolation, and community resources available to the patient. Elderly individuals often rely on family members for assistance with daily activities such as bathing, dressing, cooking, and transportation to follow-up medical

appointments. A lack of social support can lead to increased rates of readmission to hospitals and can complicate the recovery process. Social workers and discharge planners need to evaluate the patient's living situation to ensure that adequate support systems are in place. This may involve arranging for home health care services, meal delivery, or transportation services.
Comorbid Conditions: Comorbid conditions refer to the presence of two or more disorders or illnesses occurring in the same person, simultaneously or sequentially. These can include chronic diseases such as diabetes, heart disease, arthritis, or cognitive impairments such as dementia. The presence of comorbid conditions can complicate treatment plans and the overall management of health after discharge. It is crucial for healthcare providers to consider these additional health challenges when planning for discharge. This might involve coordinating with various specialists and ensuring that the patient has access to necessary medications and therapies.
In contrast to concerns like work and travel restrictions, which might be more relevant to a younger demographic, social issues and comorbid conditions are particularly pertinent to elderly patients. While work restrictions might apply to some older adults, they generally do not have the same impact as the need for social support and the management of multiple health conditions. Therefore, tailored discharge planning that addresses these specific needs is vital to ensure the safety and well-being of elderly patients as they transition back to their home environment.

Question: 9

Which of the following is the major complication of aortic regurgitation?

A. Aortic dissection.
B. Aortic rupture.
C. Congestive heart failure.
D. Myocardial infarction.

Answer: C

Explanation:
Congestive heart failure (CHF) is recognized as the primary major complication associated with aortic regurgitation. Aortic regurgitation involves the leaking of the aortic valve, which allows blood to flow back from the aorta into the left ventricle during diastole, the heart's relaxation phase. This backflow forces the left ventricle to work harder to pump sufficient blood to meet the body’s needs, leading to progressive heart enlargement and eventually heart muscle weakness.
Over time, as the left ventricle dilates, it loses elasticity and efficiency in pumping blood. This inefficiency can culminate in left ventricular failure. The increased volume load on the left ventricle also increases the pressure in the left atrium and subsequently in the pulmonary veins and capillaries. This elevated pulmonary pressure can result in pulmonary congestion, one of the hallmarks of congestive heart failure.
Patients with aortic regurgitation might remain asymptomatic for years, even while their heart function is declining. Symptoms such as shortness of breath, fatigue, and edema (swelling due to fluid retention), which are indicative of CHF, may eventually manifest. These symptoms often first appear during exertion but can become present at rest as the condition progresses.
Congestive heart failure from aortic regurgitation is distinct from other acute complications such as aortic dissection or myocardial infarction, which involve different pathophysiological mechanisms. While aortic dissection involves a tear in the aorta's wall and myocardial infarction relates to the obstruction of

coronary blood flow, congestive heart failure due to aortic regurgitation is a chronic condition resulting from the volumetric overload of the left ventricle and ensuing cardiac remodeling and dysfunction. Management of aortic regurgitation aims to delay the progression of heart failure with medications like diuretics, ACE inhibitors, or beta-blockers, which help reduce the workload on the heart and control blood pressure. In severe cases or when symptomatic heart failure develops, surgical intervention such as valve repair or replacement may be necessary to restore normal heart function and prevent further complications. Regular monitoring and early detection through echocardiography and other diagnostic measures are crucial for preventing the onset of congestive heart failure in patients with aortic regurgitation.

Question: 10

How are primary care providers (PCPs) reimbursed by MCOs for services rendered?

A. exclusively fee-for-service
B. exclusively capitation
C. combination of fee-for-service and capitation
D. all of the above

Answer: D

Explanation:
Managed Care Organizations (MCOs) are systems that integrate the financing and delivery of appropriate health care services to covered individuals by arrangements with selected providers. These providers, such as primary care providers (PCPs), are reimbursed for the services they provide to members of MCOs in several ways. The reimbursement model affects both how the providers manage care and how they are paid.
One common reimbursement method is the **fee-for-service** model, where PCPs are paid based on each service they perform. This means each consultation, procedure, or treatment provided to a patient is billed separately. This model encourages providers to offer more services, as payment is tied directly to the volume of care delivered.
Another prevalent model is **capitation**, where PCPs are paid a set amount for each enrolled patient per period of time, regardless of how many services that patient receives. Under this model, providers are incentivized to keep patients healthy and reduce unnecessary procedures, as their payment does not change based on the quantity of care provided.
Some MCOs combine both models into a **hybrid** approach, where part of the provider's compensation is based on a capitated rate, and another part may be based on a fee-for-service or performance-based incentives. This method aims to balance the incentive for providing necessary care while discouraging excessive use of medical resources.
Each MCO negotiates specific payment arrangements with PCPs, which can vary widely. These negotiations determine the exact mix of payment methods and any additional incentives or penalties related to the quality or efficiency of care. This flexibility allows MCOs to tailor their strategies to local market conditions and healthcare needs, influencing how care is administered across different regions and populations.
Ultimately, the choice of reimbursement method (whether fee-for-service, capitation, or a combination) affects how healthcare is delivered. Each model has its benefits and challenges, impacting patient care, provider behavior, and overall healthcare costs. The term "all of the above" in the context of the

question reflects that MCOs are versatile in their approach to reimbursement, employing any or all of these methods as deemed suitable through their negotiations with PCPs.

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