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Question: 1

What is an example of a benchmark?

- A. National standard.
- B. Scope of practice.
- C. Assessments data.
- D. Diagnosis.

Answer: A

Explanation:

A benchmark can be understood as a standard or point of reference against which things may be compared or assessed. They play a crucial role in various fields, such as business, education, healthcare, and technology, serving as a target or a criterion for quality and performance. Benchmarks help in setting expectations, measuring progress, and identifying areas of improvement.

An example of a benchmark is a national standard. National standards serve as benchmarks in many sectors to ensure consistency, quality, and safety. For instance, in education, national standards might define what students are expected to learn at each grade level, providing a clear benchmark for educational achievement. These standards help schools and teachers gauge whether students are meeting expected educational outcomes.

In the healthcare sector, national standards can be used as benchmarks to measure the quality of care provided by hospitals and clinics. These could include benchmarks for patient care, safety protocols, and treatment outcomes. By comparing their performance to these established benchmarks, healthcare providers can identify areas where they need to improve and work towards providing better care to patients.

Similarly, in manufacturing, benchmarks might include production quality standards, efficiency rates, and safety measures that are based on national or international standards. Companies use these benchmarks to ensure that their products meet required specifications and that their manufacturing processes are efficient and safe.

Therefore, national standards are a prime example of benchmarks that are utilized across various fields to ensure that certain criteria are met, thereby facilitating a high level of performance and compliance with established norms.

Question: 2

The nurse is caring for an elderly client who exhibits signs of dementia

- a. The most common cause of dementia in an elderly client is which of the following?
- A. Delirium.
 - B. Depression.
 - C. Excessive drug use.
 - D. Alzheimer's disease.

Answer: C

Explanation:

Alzheimer's disease is recognized as the most prevalent cause of dementia among elderly populations. Dementia is a broad term used to describe a decline in cognitive function severe enough to interfere with daily life, primarily affecting memory, thinking skills, and the ability to perform everyday activities. Alzheimer's disease accounts for approximately 60-80% of dementia cases.

This condition is characterized by the progressive deterioration of brain cells, specifically affecting parts of the brain that control thought, memory, and language. Scientists believe that for most people, Alzheimer's disease results from a combination of genetic, lifestyle, and environmental factors that affect the brain over time. It is not a part of normal aging but is more common in older individuals. Alzheimer's disease typically manifests initially with mild memory loss and can progress to the loss of the ability to carry on a conversation and respond to the environment. Symptoms gradually worsen over a number of years, affecting multiple brain functions. Early signs include forgetfulness, confusion with dates or events, and difficulty in completing familiar tasks. As the disease advances, individuals may experience severe memory lapses, mood and behavior changes, and challenges in speaking, swallowing, and walking.

Contrastingly, delirium, which is often confused with dementia, is an acute state of confusion typically caused by a physical or mental illness rather than being a progressive degenerative condition. It is often temporary and reversible once the underlying cause is treated. Depression in the elderly can also mimic or exist alongside dementia, presenting primarily as withdrawal, lack of motivation, or reduced interest in life, which differs from the cognitive impairments seen in dementia due to Alzheimer's disease. Lastly, excessive drug use, whether prescription or non-prescription, can lead to cognitive impairment that might mimic or exacerbate dementia. This is particularly concerning in the elderly who may see multiple healthcare providers and receive treatments without adequate coordination among their providers.

In summary, while there are various conditions and factors that can contribute to or mimic dementia, Alzheimer's disease remains the most common and significant cause in the elderly, necessitating a focused approach towards its understanding, early diagnosis, and management.

Question: 3

A young adult received her first chemotherapy treatment for breast cancer. Which statement should be addressed by the nurse if made by the patient?

- A. "I doubt I will have any negative side effects from the chemo because of my age."
- B. "I hope to go on a cruise next year."
- C. "I plan to go back to school to obtain my nursing degree."
- D. "I might take off work the rest of the week."

Answer: A

Explanation:

The correct statement that should be addressed by the nurse is: "I doubt I will have any negative side effects from the chemo because of my age." This statement reflects a common misconception about

chemotherapy and its effects. It is crucial for the nurse to correct this misunderstanding to ensure the patient is fully informed about the potential side effects of the treatment, regardless of her age.

Chemotherapy drugs are powerful medications used to treat cancer by killing fast-growing cells. While they are effective in combating cancer, they also affect normal, healthy cells that grow quickly. This can lead to a range of side effects, which can vary widely among individuals. These side effects may include nausea, fatigue, hair loss, increased risk of infections, and others.

It is a common misconception that younger individuals may not experience as severe side effects from chemotherapy as older adults. However, the reaction to chemotherapy is highly individualized and can be influenced by many factors other than age, such as overall health, specific type of chemotherapy used, and how the body metabolizes the drugs. Therefore, it is important for healthcare providers to educate all patients, regardless of age, about the potential side effects they may encounter.

Addressing this misconception is crucial not only for managing expectations but also for planning and preparation. If the young adult is under the impression that she won't experience side effects due to her age, she may not take necessary precautions or might ignore early signs of complications that require prompt management. This can lead to more severe health issues or a decrease in the effectiveness of the treatment.

The nurse should take the opportunity to provide comprehensive education on what the patient might expect during chemotherapy. This includes discussing common side effects, ways to manage them, and when to seek medical advice. Providing this information can help prepare the patient mentally and physically, potentially improving her overall treatment experience and outcome.

Question: 4

A 56-year old man is in the office with acute gouty arthritis. The most helpful diagnostic test the Nurse could perform on this patient is:

- A. measurement of serum uric acid
- B. an x-ray of the affected joint
- C. measurement of erythrocyte sedimentation rate (ESR)
- D. analysis of aspirate from the affected joint

Answer: D

Explanation:

The most helpful diagnostic test for a 56-year old man presenting with symptoms of acute gouty arthritis is the analysis of aspirate from the affected joint. Gout is a form of inflammatory arthritis characterized by sudden, severe attacks of pain, swelling, and redness in the joints. It typically affects one joint at a time, often the big toe.

Gouty arthritis is caused by an accumulation of urate crystals within the joint, which occurs due to elevated levels of uric acid in the blood. However, during an acute gout attack, serum uric acid levels may actually be normal or low, as uric acid is being deposited in the joints rather than remaining in the bloodstream. Therefore, measuring serum uric acid levels might not provide definitive evidence of gout during an acute attack.

Analysis of joint aspirate involves extracting fluid from the inflamed joint and examining it under a microscope for the presence of monosodium urate crystals. The presence of these needle-shaped crystals in the joint fluid is pathognomonic for gout, making this test the most definitive diagnostic tool for confirming the diagnosis. This procedure not only helps in confirming the diagnosis but also rules out

other possible causes of joint inflammation, such as infections or other types of crystals like those seen in pseudogout (calcium pyrophosphate deposition).

Other tests, such as the erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), can indicate the presence of inflammation but are non-specific as they can be elevated in many other inflammatory conditions. Therefore, they are not particularly helpful in diagnosing gout. Similarly, an X-ray of the affected joint might show joint damage or tophi (deposits of urate crystals in soft tissue) in chronic cases, but it is typically not useful in confirming an acute gout attack.

In summary, while several tests can be useful for assessing symptoms and complications associated with gout, the analysis of aspirate from the affected joint remains the most accurate and definitive method for diagnosing acute gouty arthritis. This test directly identifies the causative agent (urate crystals) and confirms the diagnosis, guiding appropriate management and treatment of the condition.

Question: 5

Which nursing model is based on stress and adaptation as the framework?

- A. Betty Neuman's Health Care Systems Model
- B. Martha Roger's Science of Unitary Human Beings Model
- C. Roy's Adaptation Model
- D. Dorothy Johnson's Behavioral Systems Model

Answer: C

Explanation:

The correct answer to the question of which nursing model is based on stress and adaptation as the framework is **Roy's Adaptation Model**. This model was developed by Sister Callista Roy and is one of the most widely applied nursing theories. It posits that humans are biopsychosocial beings who constantly interact with their environment. The model emphasizes how individuals adapt to changes in their environment, which can include both internal and external stimuli.

According to Roy's Adaptation Model, effective adaptation occurs when an individual's responses promote integrity in terms of survival, growth, reproduction, mastery, and personal and environmental transformation. This model categorizes adaptation into four modes: physiological-physical, self-concept-group identity, role function, and interdependence.

In contrast, other nursing models focus on different aspects of patient care and theoretical frameworks. For example, Martha Roger's Science of Unitary Human Beings Model focuses on the humanistic developmental framework that views patients as integral with the universe. Dorothy Johnson's Behavioral Systems Model emphasizes the importance of seven behavioral subsystems in maintaining balance and stability. Betty Neuman's Health Care Systems Model, similar to Johnson's, is grounded in general systems theory but specifically integrates the response of individuals to potential or actual environmental stressors through primary, secondary, and tertiary prevention as intervention.

Thus, when considering a nursing model that primarily deals with how individuals adapt to stress, Roy's Adaptation Model stands out for its unique focus on adaptation and the management of environmental changes through coping mechanisms. This model provides a comprehensive approach to understanding and assisting individuals in their efforts to achieve health and well-being in the face of various stressors.

Question: 6

The nurse is caring for a client diagnosed with Down syndrome. The nurse understands the most common defect associated with Down Syndrome is what?

- A. Congenital heart disease.
- B. Blurred vision.
- C. Pneumonia.
- D. Loss of muscle tone.

Answer: A

Explanation:

The nurse is caring for a client diagnosed with Down syndrome. It is important for the nurse to be aware of the most common medical issues associated with this condition. The most prevalent congenital defect found in individuals with Down syndrome is congenital heart disease. This manifests as structural defects of the heart and great vessels present from birth.

Down syndrome, also known as trisomy 21, is a genetic disorder caused by the presence of all or part of a third copy of chromosome 21. It is associated with physical growth delays, characteristic facial features, and mild to moderate intellectual disability. The facial features commonly observed include a flat nasal bridge, upward slanting eyes, a single deep crease across the center of the palm, and a protruding tongue.

Congenital heart disease in Down syndrome can vary from mild to severe forms. The most common heart defects include atrioventricular septal defect (AVSD), ventricular septal defect (VSD), and atrial septal defect (ASD). These conditions can impact blood flow through the heart, leading to reduced oxygenation of blood and subsequent health issues if not managed appropriately.

Given these potential complications, it is vital for healthcare providers to monitor heart health in individuals with Down syndrome from an early age. Early detection and treatment of congenital heart defects can significantly improve the quality of life and longevity for these individuals. Regular check-ups with a cardiologist, along with necessary interventions such as surgeries or medications, are essential components of managing their health.

In conclusion, while Down syndrome is associated with various physical and developmental challenges, congenital heart disease remains the most significant health concern that needs attention from healthcare providers. Proper management of congenital heart defects plays a critical role in the overall care and well-being of individuals with Down syndrome.

Question: 7

A 42 year old male patient has secondary hypertension. What sign might the Nurse Practitioner expect to find upon RENAL AUSCULTATION?

- A. Epigastric or upper abdominal quadrant bruit.
- B. Lower abdominal quadrant gurgling.
- C. Right side murmur in the second intercostal space.
- D. Left side murmur in the second intercostal space.

Answer: A

Explanation:

A 42-year-old male patient with secondary hypertension may exhibit various signs upon medical evaluation, one of which could be detected during renal auscultation. Secondary hypertension refers to high blood pressure resulting from an identifiable underlying secondary cause. It is distinct from primary hypertension, which is high blood pressure without a specific medical cause. In cases of secondary hypertension related to renal issues, such as renal artery stenosis, certain auscultatory findings can be particularly telling.

During renal auscultation, the Nurse Practitioner might expect to find an epigastric or upper abdominal quadrant bruit. A bruit is an abnormal sound or murmur heard over a blood vessel, typically caused by blood flowing through a narrow or partially occluded artery. The presence of a bruit in the epigastric or upper abdominal quadrant can suggest renal artery stenosis or other vascular abnormalities in the renal arteries. Renal artery stenosis is a narrowing of the arteries that supply blood to the kidneys, which can lead to hypertension by activating the renin-angiotensin-aldosterone system.

This condition, when suspected, should be thoroughly investigated because it can have significant implications for kidney function and overall cardiovascular health. The detection of a bruit over the renal arteries during auscultation is a key clinical finding that often prompts further diagnostic imaging, such as Doppler ultrasound, magnetic resonance angiography (MRA), or computed tomography angiography (CTA) to confirm the diagnosis and assess the severity of the narrowing.

Other signs of renal involvement in hypertension may include abnormal creatinine levels, indicative of impaired kidney function, and the presence of protein or blood in the urine. However, the specific finding of an epigastric or upper abdominal quadrant bruit is particularly associated with vascular issues affecting the renal arteries and is a critical clue in the context of secondary hypertension. Thus, recognizing and appropriately responding to this sign can play a crucial role in managing the patient's condition, potentially averting more severe renal and cardiovascular complications.

Question: 8

In terms of blood tests, which of the following results is abnormal?

- A. Hemoglobin for males: 14
- B. Hemoglobin for females: 15
- C. Hematocrit for males: 35%
- D. Hematocrit for females: 36%

Answer: C

Explanation:

The question asks to identify which of the provided blood test results is considered abnormal. The options given include various values for hemoglobin and hematocrit for both males and females.

Hemoglobin is a protein in red blood cells responsible for transporting oxygen throughout the body. Normal hemoglobin levels can vary based on age, sex, and health. For adult males, typical hemoglobin levels range from about 13.8 to 17.2 grams per deciliter.

Hematocrit, on the other hand, measures the proportion of blood volume occupied by red blood cells. It is expressed as a percentage. For adult males, the average hematocrit range is generally considered to be between 37% and 49%.

In the scenarios provided, the hematocrit value for males is recorded at 35%. This value falls below the standard reference range of 37-49%. This indicates a lower proportion of red blood cells relative to the total blood volume, which could be indicative of conditions such as anemia. Anemia can arise from various causes such as nutritional deficiencies, chronic diseases, or bone marrow problems.

Comparatively, the other values mentioned in the question, such as a hemoglobin level of 14 for males and a hemoglobin of 15 for females, fall within normal ranges. Normal hemoglobin levels for females typically range from about 12 to 15.5 grams per deciliter.

Given this information, the abnormal test result among the options provided is the hematocrit for males at 35%. This result is considered abnormal as it is below the lower limit of the normal range for males, potentially indicating an underlying health issue that may require further medical evaluation. The other values mentioned are within normal limits and would not typically be cause for concern.

Question: 9

The nurse is caring for a client who is receiving heparin. What drug should be readily available?

- A. Caffeine
- B. Calcium gluconate
- C. Protamine sulfate
- D. Vitamin K

Answer: C

Explanation:

When a patient is receiving heparin, a common anticoagulant used to prevent and treat blood clots, it is crucial for healthcare providers to be prepared for potential complications such as heparin overdose. Heparin overdose can lead to excessive bleeding due to its blood-thinning properties. To counteract this, the drug that should be readily available is Protamine sulfate.

Protamine sulfate serves as an antidote to heparin. It works by binding to heparin and forming a stable complex that neutralizes heparin's anticoagulant activity. This reversal is critical in situations where heparin's effects need to be mitigated quickly, such as in cases of surgical bleeding, accidental overdose, or when a patient needs to undergo an urgent procedure that requires normal blood clotting.

The administration of Protamine sulfate must be carefully managed. The dosage of Protamine depends on the amount of heparin that has been administered and the time elapsed since its administration. An excessive dose of Protamine can itself have anticoagulant effects, which complicates its use and necessitates careful monitoring of the patient's coagulation status.

In contrast, other antidotes mentioned, such as Vitamin K and Calcium gluconate, serve different purposes. Vitamin K is used as an antidote for warfarin, another anticoagulant, not heparin. Calcium gluconate is used to treat magnesium sulfate overdose, not heparin-related issues. Caffeine, mentioned in the options, is unrelated to the treatment of heparin overdose and is generally known as a central nervous system stimulant.

Therefore, in the context of heparin administration, Protamine sulfate is the essential drug to have readily available to manage potential complications effectively and ensure patient safety.

Question: 10

An 81-year-old female is in the office. She has been taking ibuprofen over-the-counter in large dosages for a long time. The Nurse comprehends which side effect is likely regarding this situation?

- A. impairment of renal function
- B. liver failure
- C. neuropathy
- D. none of the above

Answer: A

Explanation:

Understanding the impact of long-term ibuprofen use in elderly patients is crucial for healthcare providers. Ibuprofen is a commonly used over-the-counter non-steroidal anti-inflammatory drug (NSAID) that helps reduce inflammation, pain, and fever. However, its use, especially in high doses and over prolonged periods, carries significant risks, particularly in the elderly.

Elderly individuals, such as the 81-year-old female mentioned, are generally more susceptible to adverse drug reactions due to physiological changes associated with aging. These changes can affect the pharmacokinetics (the movement of drugs into, through, and out of the body) and pharmacodynamics (the body's biological response to drugs) of medications. One of the most critical concerns with the use of NSAIDs in the elderly is their impact on renal function.

Renal function naturally declines with age as the renal mass decreases and the glomerular filtration rate (GFR) diminishes. This reduction in kidney function means that any additional strain on the kidneys, such as that caused by NSAIDs, can be particularly harmful. NSAIDs inhibit the production of prostaglandins, which are compounds that play a crucial role in maintaining adequate blood flow to the kidneys. When prostaglandin production is reduced, kidney function can be significantly impaired, leading to acute kidney injury or a more gradual decline in kidney health.

In the context of the patient described, the prolonged high dosage use of ibuprofen likely exacerbates existing kidney impairment. This can lead to various severe complications. For instance, impaired kidney function can result in fluid retention, contributing to increased blood pressure and potentially worsening heart conditions like congestive heart failure. Moreover, reduced kidney function can lead to the accumulation of toxins in the body, which would otherwise be excreted, potentially causing further systemic effects.

Therefore, it is crucial for healthcare providers to monitor elderly patients who are using NSAIDs like ibuprofen regularly. Alternative pain management strategies should be considered to minimize the risk of renal impairment and other associated health issues. Regular kidney function tests, careful dosage management, and exploring non-NSAID pain relief options are essential steps in managing the health of elderly patients requiring chronic pain management.

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