Healthcare

ACCNS-A

AACN Adult Acute Care Clinical Nurse Specialist Certification (ACCNS-A)

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Question: 1

What is the usual initial adult oral dose and frequency of lisinopril for treatment of uncomplicated hypertension?

A. 2.5 - 5 mg once daily
B. 10 mg twice daily
C. 20 mg once daily
D. 10 mg once daily

Answer: D

Explanation:
Stepwise rationale:
For most adults with uncomplicated hypertension, the usual recommended initial oral dose of lisinopril is 10 mg once daily.
The dose is titrated based on blood pressure response and tolerability, with common maintenance doses ranging from 10 mg to 40 mg once daily.
Certain patient populations require lower starting doses (for example, 2.5–5 mg once daily) — patients who are volume-depleted, on diuretics, or have significant renal impairment — to reduce risk of symptomatic hypotension.
Lisinopril has a duration of action that supports once-daily dosing; there is no routine indication to give it twice daily for initial therapy in hypertension.
Why the other options are incorrect:
2.5 - 5 mg once daily: Too low for the usual initial dose in uncomplicated hypertension; appropriate for volume-depleted or diuretic-treated patients or some heart failure starts, not the general hypertensive population.
10 mg twice daily: Incorrect frequency—lisinopril is typically dosed once daily because of its pharmacokinetic profile; twice-daily dosing is unnecessary for routine hypertension therapy.
20 mg once daily: This is a plausible maintenance dose but higher than the usual initial starting dose; starting at 20 mg increases risk of hypotension in many patients.
Clinical note: Always individualize the starting dose based on comorbidities (renal function, volume status), concomitant medications (diuretics, other antihypertensives), and patient age. Monitor blood pressure, renal function, and electrolytes after initiation or dose changes.

Question: 2

A patient is brought into the unit soon after being diagnosed with an inoperable brain tumor. At this stage, what technique can the nurse specialist perform to assist in her patient's care?

A. Encourage the patient to cheer up and stay positive.
B. Ask if the patient would like to be alone for a while.

C. Ask if there is something you can do for him or his family.
D. Provide accurate information about the disease and treatment options.

Answer: D

Explanation:
When a patient is diagnosed with an inoperable brain tumor, this can be a profoundly distressing time for them and their families. It is crucial for healthcare providers, including nurses, to adopt an approach that not only addresses the medical aspects of the condition but also supports the emotional and psychological needs of the patient. One effective technique a nurse can use is to provide accurate information about the disease and treatment options.
Providing accurate and current information helps in multiple ways. First, it empowers the patient by giving them a clearer understanding of what they are facing. This knowledge can help reduce feelings of uncertainty and helplessness, which are common in patients after receiving such significant diagnoses. Knowing the specifics of their condition, the progression of the disease, what to expect in terms of symptoms, and the details of any possible palliative treatments can help patients feel more in control of their situation.
Secondly, offering information about treatment options, even when the options may be limited to palliative care, helps set realistic expectations for the course of the disease and management of symptoms. This includes discussing potential side effects of treatments, the goals of care (such as symptom relief rather than cure), and the support services available, including psychological support and hospice care.
It is also important for the nurse to facilitate an open dialogue. Encouraging the patient to ask questions and express their fears or concerns can help in tailoring the information provided to their specific needs and ensuring that they fully understand their situation. This approach not only aids in building trust between the patient and healthcare provider but also assists in the emotional adjustment to their diagnosis.
Beyond providing information, the nurse should assess the patient's emotional and social support systems. Asking if there is something specific the patient or their family needs can help in providing comprehensive care that includes the patient's psychological and social well-being. This might involve coordinating with social workers, counselors, or spiritual care providers, as per the patient's desires.
In summary, while encouraging positivity is beneficial, it is paramount that this encouragement does not overshadow the necessity for honest and clear communication about the patient's health status and care options. By focusing on providing accurate information and supporting the patient through understanding and compassionate communication, a nurse can significantly aid in the patient's overall care and quality of life during this challenging time.

Question: 3

Which of the following is NOT one of the substances tested for in the triple marker test?

A. cholesterol
B. human chorionic gonadotropin (hCG).
C. unconjugated estridol (uE3)
D. alpha-fetoprotein (AFP)

Answer: A

Explanation:
The triple marker test, often referred to as the maternal serum screening test, is a prenatal test typically performed between the 14th and 18th weeks of pregnancy. This test measures specific substances in the mother's blood to assess the likelihood of certain genetic abnormalities in the fetus. The three primary substances tested are alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), and unconjugated estriol (uE3).
AFP is a protein produced by the fetus's liver. Abnormally high levels of AFP can suggest neural tube defects such as spina bifida, whereas low levels might indicate chromosomal abnormalities like Down syndrome. hCG is a hormone produced within the placenta; its levels can also indicate various conditions depending on whether they are higher or lower than normal at certain points during pregnancy. Unconjugated estriol (uE3) is an estrogen produced by both the fetus and the placenta, and its levels can provide additional clues about the health of the pregnancy.
Cholesterol, despite being a significant biomarker in many health screenings, is not measured in the triple marker test. Cholesterol levels are typically assessed in cardiovascular screenings and are not directly related to the genetic conditions that the triple marker test aims to detect. Thus, cholesterol is not one of the substances tested for in the triple marker test, focusing instead on AFP, hCG, and uE3 to evaluate the risk of genetic abnormalities in the developing fetus.

Question: 4

The CCNS is instructed to honor his patient's DNR order. What is DNR?

A. Do not resuscitate.
B. Do not read.
C. Do not recommend.
D. Do not risk.

Answer: A

Explanation:
"Do Not Resuscitate" (DNR) is a medical order written by a doctor which instructs healthcare providers not to perform cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating. It is a critical decision made by the patient or the patient's health care proxy (someone legally appointed to make health care decisions for the patient) based on the patient's medical condition and personal wishes.
A DNR order is often established under circumstances where the patient is critically ill and is unlikely to benefit from the aggressive interventions involved in CPR, or when recovery from their condition is considered impossible and CPR would only prolong the dying process. This decision is typically made in consultation with the patient's healthcare providers, considering factors such as the likelihood of a meaningful recovery and the patient's quality of life expectations.
It is important to note that a DNR order specifically relates to CPR, which includes chest compressions, artificial ventilation, and advanced cardiac life support measures. It does not apply to other medical interventions, such as pain relief, nutrition, hydration, or other forms of medical care that might be

necessary to keep a patient comfortable and support their basic needs. Therefore, having a DNR order does not mean that the patient will be denied other types of medical assistance.
In some cases, the terminology "no code" might also be used interchangeably with DNR. This term also indicates that no attempts to restart breathing or cardiac function will be made. However, the terminology can vary between different hospitals or regions, so it is crucial for patients and families to clarify these terms with their healthcare providers to ensure that their specific wishes are understood and carried out.
Ultimately, the decision to have a DNR order should be made after thorough discussions with healthcare professionals, considering all possible outcomes and the patient's personal values and beliefs. It should also be revisited periodically, as conditions and perspectives can change over time.

Question: 5

What is the correct procedure if a PEG develops cellutitis?

A. wound care and antibiotics
B. wound care
C. antibiotics
D. corticosteroids

Answer: A

Explanation:
A percutaneous endoscopic gastrostomy (PEG) tube is a common medical device used for long-term nutritional support for patients who cannot eat by mouth. While PEG tubes are beneficial, they can sometimes lead to complications, including infections such as cellulitis. Cellulitis is an infection of the skin and soft tissue around the PEG site, characterized by redness, swelling, pain, and possibly fever.
When cellulitis develops at a PEG site, the correct management involves a two-fold approach: meticulous wound care and appropriate antibiotic therapy. Wound care is critical to manage and prevent further infection. This typically involves cleaning the area around the PEG tube regularly with sterile saline or a prescribed cleaning solution. It's important to keep the area dry and covered with a clean, dry dressing. Frequent monitoring of the PEG site for signs of worsening infection or other complications is essential.
Alongside rigorous wound care, the use of antibiotics plays a crucial role in treating cellulitis. The choice of antibiotic can depend on the severity of the infection and the specific bacteria suspected or cultured from the infection site. Typically, a broad-spectrum antibiotic is started initially, which may be adjusted based on the culture results and clinical response.
It is important for healthcare providers to assess the severity of the infection and consider if oral antibiotics are sufficient or if intravenous antibiotics are needed. In cases where the infection does not improve with initial treatment, or if there are signs of systemic infection like fever or increased white blood cell count, more aggressive treatment and possibly hospitalization may be required.
Regular follow-up with a healthcare provider is crucial to monitor the response to treatment and to adjust the treatment plan as necessary. If the cellulitis does not respond to standard therapies, further investigations should be conducted to rule out other complications such as abscess formation or deeper tissue infection.

Preventative measures should also be discussed and implemented to reduce the risk of recurrent infections. This can include proper hand hygiene, regular changing of dressings using sterile techniques, and perhaps reviewing the technique for feeding and medication administration through the PEG tube. In conclusion, managing cellulitis in a patient with a PEG tube involves a combination of careful wound care and appropriate antibiotic therapy. Prompt and effective treatment is necessary to resolve the infection and prevent more serious complications. Regular monitoring and preventive measures are also crucial to ensure the long-term safety and efficacy of PEG tube feeding.

Question: 6

Hematocrit is also known as what?

A. MVC.(mean value of cells)
B. PVC. (premature ventricular contraction)
C. PCV. (packed cell volume)
D. MCV. (mean cell volume)

Answer: C

Explanation:
The correct answer to the question "Hematocrit is also known as what?" is PCV, which stands for Packed Cell Volume. Hematocrit, or PCV, is a crucial blood test that measures the proportion of red blood cells (RBCs) in the blood. This measurement is expressed as a percentage. For example, a hematocrit of 40% means that there are 40 milliliters of red blood cells in 100 milliliters of blood.
Understanding hematocrit is important in diagnosing and managing various medical conditions. A high hematocrit level may indicate dehydration, polycythemia vera (a bone marrow disorder that causes excessive production of red blood cells), or other conditions. Conversely, a low hematocrit level might suggest anemia, blood loss, vitamin or mineral deficiencies, or other medical issues.
The hematocrit test is often part of a complete blood count (CBC) and is performed via a simple blood draw. The blood sample is then processed in a centrifuge to separate the red blood cells from the plasma. The percentage of the blood volume occupied by red blood cells is then calculated, providing the hematocrit value.
It is important to note that while PCV and hematocrit are often used interchangeably, the terms MVC (Mean Cell Volume) and PVC (Premature Ventricular Contraction) refer to different aspects. MCV measures the average size of red blood cells and is also part of a CBC, helping in the diagnosis of different types of anemia. PVC, on the other hand, is a term used in cardiology referring to extra heartbeats that originate in one of the ventricles of the heart.
In summary, hematocrit or packed cell volume (PCV) is a vital diagnostic tool in the medical field, helping clinicians assess the proportion of red blood cells in the blood, which is crucial for diagnosing and monitoring various health conditions.

Question: 7

The CCNS is examining a patient in the office and notices her skin is very dry. During her visit the patient also continues to complain of excessive thirst. What would an appropriate nursing diagnosis be?

A. impaired skin integrity due to climate
B. impaired skin integrity due to dehydration
C. impaired skin integrity due to body temperature
D. impaired skin integrity due to dry soap

Answer: B

Explanation:
The most appropriate nursing diagnosis for a patient exhibiting very dry skin and excessive thirst is "impaired skin integrity due to dehydration." This diagnosis is based on the patient's clinical symptoms, which strongly suggest that dehydration is a key underlying factor affecting her skin's health and integrity.
Dehydration occurs when the body loses more fluids than it takes in, leading to an insufficient amount of water to maintain normal physiological processes. One of the primary indicators of dehydration is excessive thirst, which signifies the body's natural response to replenish lost fluids. Another common sign, dry skin, results from the body's decreased ability to maintain moisture levels, which is directly impacted by the reduced availability of water from dehydration.
The skin, being the largest organ of the body, requires adequate hydration to remain healthy, supple, and intact. When the body is dehydrated, the skin can become dry, less elastic, and more prone to cracking and other forms of damage, hence impairing its integrity. This impairment not only affects the skin's appearance but also its function as a protective barrier against infections and environmental elements.
It is essential for healthcare providers, such as the Certified Clinical Nurse Specialist (CCNS) in this scenario, to correctly identify these signs and understand their etiological factors—such as dehydration—to provide appropriate care. Management of this condition would involve interventions aimed at increasing fluid intake to restore hydration levels, thereby improving both thirst and skin condition.
In conclusion, the nursing diagnosis of "impaired skin integrity due to dehydration" is substantiated by the patient's symptoms of dry skin and excessive thirst. Addressing the underlying dehydration is crucial in reversing the impaired skin integrity and promoting overall health and well-being.

Question: 8

A CCNS's patient has been determined to be suffering from anxiety. Which of the following is a cognitive manifestation of this disorder?

A. apprehension
B. fidgeting
C. chest pain
D. refusal of medical treatment

Answer: A

Explanation:
The correct answer to the question regarding a cognitive manifestation of anxiety in a patient is "apprehension."

To understand why "apprehension" is the correct answer, it is important to differentiate between cognitive, behavioral, and physiological manifestations of anxiety. Cognitive manifestations refer to the mental processes affected by anxiety, such as thoughts, perceptions, and attention. Behavioral manifestations involve actions or reactions that are observable, while physiological manifestations are related to physical symptoms that occur in the body.
Apprehension is a cognitive manifestation because it involves the anticipation of future danger or problems, leading to feelings of dread. This is a mental process and directly involves the way an individual thinks and processes information. In the context of anxiety, apprehension is characterized by persistent worry and fearfulness, which can dominate the person's thoughts.
On the other hand, fidgeting and refusal of medical treatment are examples of behavioral manifestations. Fidgeting can be seen as a physical expression of nervous energy, often observed in anxious individuals. Refusal of medical treatment may stem from an irrational fear or distrust regarding the treatment process, which is influenced by the anxiety but manifests behaviorally through the action of refusing help.
Chest pain, mentioned in the question, is a physiological sign of anxiety. It is a physical symptom that can be directly linked to the physiological effects of anxiety on the body, such as increased heart rate and muscle tension. Chest pain in the context of anxiety is not related to cognitive processing but rather to the body's physical response to stress or fear.
Therefore, among the options provided, "apprehension" is the only one that directly relates to the cognitive aspects of anxiety, making it the correct choice for identifying a cognitive manifestation of this disorder.

Question: 9

A 16-year-old female returns to the clinic for a 6-month follow-up after counseling on diet and exercise for elevated cholesterol. She reports adherence to lifestyle changes. A fasting lipid panel shows LDL 175 mg/dL. What is the most appropriate next step for the clinical nurse specialist?

A. Begin statin therapy and obtain baseline liver enzymes, counsel regarding risks/benefits and pregnancy prevention, and plan lipid monitoring.
B. Continue diet and exercise alone for another 6 months without initiating medication.
C. Stop the lifestyle interventions to determine whether cholesterol improves spontaneously.
D. Advise adding an over-the-counter fiber supplement only and recheck lipids in 6 months.

Answer: A

Explanation:
For adolescents aged ≥10 years who have persistent elevated LDL despite an adequate trial of lifestyle modification, guideline-based care supports initiation of statin therapy when LDL remains significantly elevated (commonly considered for LDL ≥160 mg/dL with additional risk factors or ≥190 mg/dL for severe elevations). This patient is 16 with LDL 175 mg/dL after 6 months of adherence to lifestyle change, making statin therapy the appropriate next step after a clinical assessment. Before starting a statin, obtain baseline liver function tests, discuss benefits and possible adverse effects, review potential drug interactions, and counsel females of childbearing potential about contraception and teratogenic risk. Plan follow-up lipid testing 6–12 weeks after initiation to assess response and then periodic monitoring thereafter.
Why the other options are incorrect:

Continue diet and exercise: While lifestyle modification is first-line, repeat conservative management is inappropriate when LDL remains substantially elevated despite adherence; delaying effective pharmacotherapy may prolong atherogenic exposure.
Stop lifestyle interventions: Discontinuing diet and exercise is counterproductive; these measures should be continued alongside any medication.
Add fiber only: Dietary fiber can modestly lower LDL but is unlikely to reduce LDL from 175 mg/dL to target levels in an adolescent already adherent to lifestyle changes; monotherapy with fiber would likely delay needed pharmacologic therapy.

Question: 10

A patient complains that her stools have been liquid or semi-liquid in form for several days. She also reports a drop in appetite. The CCNS can safely diagnosis her symptoms as indicating what?

A. regular constipation
B. common diarrhea
C. fecal impaction
D. stomach virus

Answer: C

Explanation:
The question provided describes a patient with symptoms of liquid or semi-liquid stools persisting for several days, accompanied by a decreased appetite. The most likely diagnosis among the options given is fecal impaction. Here's why:
Fecal impaction occurs when a hard mass of stool becomes stuck in the colon or rectum. When this happens, it becomes difficult for the solid waste to pass through the blocked area. Despite the impaction, the bowel continues to work, creating new stool. Since the solid mass blocks the passage, only liquid or softer, unformed stool can move past the blockage. This results in the patient experiencing liquid or semi-liquid stools, as described in the question.
Furthermore, the presence of an impaction can trigger discomfort and pain, which can lead to a loss of appetite. The body's response to the discomfort and the effort to avoid exacerbating the pain can reduce the desire to eat.
It is also relevant to clarify why other diagnoses might be considered but are less likely: 1. **Regular constipation** generally involves infrequent or hard, difficult-to-pass stools, not liquid or semi-liquid stools. 2. **Common diarrhea** would not typically cause liquid stools to be semi-liquid unless there was an underlying issue. Diarrhea is characterized by frequent, loose, watery stools, often without the presence of a solid impaction. 3. **Stomach virus** could cause diarrhea and loss of appetite but would likely include other systemic symptoms such as fever, nausea, or vomiting, which are not mentioned in the question.
Therefore, given the symptoms described — persistent liquid or semi-liquid stools and reduced appetite — the most accurate diagnosis provided in the options is fecal impaction. Fecal impaction is unique in that it explains the presence of liquid stools due to leakage around the impaction, and is consistent with a decreased appetite due to discomfort or pain in the gastrointestinal tract.

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