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Question: 1

Which of the following is the most appropriate approach when educating a patient with poor vision?

- A. Read all written information to the patient as it is presented
- B. Treat visual deficits prior to attempting to provide education
- C. Provide large print materials and verbal instructions
- D. Only use verbal or audio recorded instructions

Answer: C

Explanation:

Providing large print materials and verbal instructions is the most appropriate approach when educating a patient with poor vision. This combination ensures the patient can access information in a format they can read more easily while also receiving verbal instructions to reinforce and clarify the content. Treating visual deficits before attempting education may not be feasible or timely and could delay necessary education. Relying only on verbal or audio-recorded instructions might exclude patients who benefit from some form of visual reinforcement, such as large print materials. Reading all written information to the patient as it is presented may not be sufficient if the patient also needs materials they can reference independently later.

Question: 2

In care coordination, which of the following should be prioritized for a patient with frequent hospital readmissions due to COPD exacerbations?

- A. Addressing social determinants of health
- B. Monitoring oxygen saturation at home
- C. Scheduling regular pulmonary function tests
- D. Ensuring the patient uses inhalers correctly

Answer: A

Explanation:

Addressing social determinants of health should be prioritized in care coordination for a patient with frequent hospital readmissions due to COPD exacerbations. Social determinants, such as access to healthcare, living conditions, and socioeconomic status, significantly impact a patient's ability to manage their condition effectively. By addressing these factors, care coordinators can help reduce the frequency of exacerbations and hospital readmissions.

Ensuring the patient uses inhalers correctly is important but does not address the broader social issues that may contribute to frequent readmissions. Scheduling regular pulmonary function tests is a standard part of COPD management but does not directly prevent exacerbations. Monitoring oxygen saturation at

home can help manage symptoms but does not address underlying social determinants that may contribute to poor health outcomes and is less likely to reduce the risk of hospitalization.

Question: 3

A nurse is responsible for updating the clinic's disaster preparedness plan. What is the first step in this process?

- A. Review current best practices and guidelines for disaster preparedness
- B. Schedule a drill to assess the clinic's current disaster readiness
- C. Distribute the existing plan to staff for feedback
- D. Identify key personnel responsible for implementing the plan

Answer: A

Explanation:

Reviewing current best practices and guidelines for disaster preparedness is the most effective first step. Understanding up-to-date practices ensures the plan is aligned with national standards and the latest evidence-based approaches, which is essential for creating a comprehensive and effective preparedness plan.

Scheduling a drill is important for assessing readiness, but it should happen after updating the plan.

Distributing the existing plan to staff for feedback is useful later in the process but is premature before the plan is updated. Identifying key personnel is also important, but it should be done once the plan's framework is in place.

Question: 4

A 70-year-old patient with a history of hypertension and dyslipidemia presents with a new onset of confusion and right-sided weakness. Which of the following conditions should the nurse suspect?

- A. Ischemic stroke
- B. Hypoglycemia
- C. Transient ischemic attack
- D. Hemorrhagic stroke

Answer: A

Explanation:

In an elderly patient with a history of hypertension and dyslipidemia presenting with new-onset confusion and right-sided weakness, ischemic stroke is the most likely diagnosis. These symptoms suggest a sudden loss of blood flow to a part of the brain, consistent with an ischemic stroke. The patient's history of hypertension and dyslipidemia are significant risk factors for stroke, further supporting this diagnosis.

While transient ischemic attack (TIA) could present with similar symptoms, it typically resolves quickly without permanent deficits, making it less likely in this scenario. While TIA is a potential answer, it is less common than ischemic stroke when these symptoms present.

Hemorrhagic stroke can also cause confusion and weakness but often involves a severe headache and rapid deterioration, which are not specified here. Ischemic stroke is also far more common than hemorrhagic stroke. Hypoglycemia can lead to confusion and weakness but does not typically cause unilateral weakness.

Question: 5

When educating a patient from a culture that values family decision-making, which approach would be most appropriate?

- A. Educate the patient's family on the importance of patient autonomy
- B. Involve the entire family in the education process
- C. Provide education to each family member individually
- D. Encourage the patient to make decisions independently

Answer: B

Explanation:

Involving the entire family in the education process is the most appropriate approach. By including family members, healthcare providers can ensure the patient feels supported, and the information is understood and agreed upon by all who are involved in the decision-making process.

Educating the patient's family on the importance of patient autonomy might not align with their cultural values and could create tension. Providing education to each family member individually may not address the collective decision-making process. Encouraging the patient to make decisions independently disregards the cultural context and may not be effective.

Question: 6

Which strategy would best enhance care coordination for a patient recently diagnosed with a mental health disorder?

- A. Referring the patient to a psychiatrist
- B. Establishing a multidisciplinary care team
- C. Scheduling frequent follow-up visits
- D. Providing educational materials on the disorder

Answer: B

Explanation:

Establishing a multidisciplinary care team is the best strategy to enhance care coordination for a patient recently diagnosed with a mental health disorder. A multidisciplinary team approach ensures that all aspects of the patient's care are addressed. This comprehensive approach is crucial for effective management and improving outcomes in mental health care.

Referring the patient to a psychiatrist is likely necessary but does not encompass the full range of care needs. Providing educational materials is helpful but insufficient without coordinated care. Scheduling

frequent follow-up visits is important, but without a multidisciplinary approach, the patient is not likely to receive the holistic care they need.

Question: 7

To improve the clinic's resource allocation, a clinic's nurse manager should prioritize which of the following actions?

- A. Adjust staffing levels according to patient volume fluctuations
- B. Increase patient co-pays for all services
- C. Invest in the latest medical technology
- D. Schedule patient appointments for longer intervals to reduce resource strain

Answer: A

Explanation:

Adjusting staffing levels according to patient volume fluctuations should be the priority for improving the clinic's resource allocation. By aligning staffing with actual patient demand, the clinic can operate more efficiently, ensuring that resources are used optimally without overstaffing during slow periods or understaffing during busy times.

Investing in the latest medical technology can improve care quality but might not directly address resource allocation issues and could result in higher costs. Scheduling patient appointments for longer intervals may reduce the number of patients seen and ultimately lower revenue, which does not improve resource allocation. Increasing patient co-pays for all services can reduce patient access to care and negatively impact satisfaction without directly addressing resource efficiency. Additionally, patient copays are often not set by the clinic, but by insurers.

Question: 8

A patient with peptic ulcer disease is found to be positive for H. pylori. What is the most appropriate intervention?

- A. Recommend surgical intervention
- B. Start on a proton pump inhibitor and two antibiotics
- C. Begin a regimen of IV vancomycin
- D. Increase calcium supplementation

Answer: B

Explanation:

Starting on a proton pump inhibitor and two antibiotics is the most appropriate intervention for a patient with peptic ulcer disease and a positive H. pylori test. This combination therapy, known as triple therapy, is effective in eradicating H. pylori, healing the ulcer, and reducing the risk of recurrence. The proton pump inhibitor reduces stomach acid, allowing the antibiotics to work more effectively against the bacteria.

Recommending surgical intervention is not the first-line treatment for H. pylori-associated peptic ulcers unless complications arise. Increasing calcium supplementation has no direct effect on H. pylori or peptic ulcer healing. Beginning IV vancomycin is inappropriate as vancomycin is not effective against H. pylori and is typically used for different bacterial infections.

Question: 9

Which symptom is most commonly associated with hyperthyroidism?

- A. Bradycardia
- B. Weight gain
- C. Cold intolerance
- D. Tremors

Answer: D

Explanation:

Of these symptoms, tremors are most commonly associated with hyperthyroidism and are caused by increased metabolic activity and sympathetic nervous system stimulation. Patients with hyperthyroidism often experience fine tremors, particularly in the hands, as a result of heightened adrenergic activity. Cold intolerance is typically seen in hypothyroidism when decreased metabolic activity causes increased sensitivity to cold temperatures. Weight gain is also more aligned with hypothyroidism due to reduced metabolism; hyperthyroidism often leads to weight loss despite increased appetite. Bradycardia is not a feature of hyperthyroidism, which instead causes tachycardia due to increased heart rate and metabolism.

Question: 10

A record of a patient's blood glucose readings shows frequent episodes of hypoglycemia

- a. Which of the following is most important for the nurse to assess?
- A. Insulin dosage and administration times
 - B. Recent hemoglobin A1C levels
 - C. Physical activity levels
 - D. Dietary carbohydrate intake

Answer: A

Explanation:

When a patient experiences frequent episodes of hypoglycemia, the most important factor to assess is insulin dosage and administration times. Hypoglycemia is often a result of incorrect insulin dosing or timing, so reviewing the patient's insulin regimen is essential to prevent further low blood sugar events. Adjusting the insulin dose or administration times based on this assessment can improve blood glucose control and reduce the risk of hypoglycemia.

Dietary carbohydrate intake should also be considered, but is not an intervention that will assist in preventing hypoglycemia. While physical activity levels can impact blood sugar, they are not directly linked to frequent hypoglycemia like insulin dosing errors. Hemoglobin A1C provides an overview of

long-term glucose control but does not address the immediate causes of low blood sugar, making it less relevant for preventing future episodes.

Question: 11

When a patient becomes defensive during a conversation about lifestyle changes, what is the most appropriate response by the nurse?

- A. Suggest the patient take some time to consider the changes on their own
- B. Avoid further discussion to prevent escalating the situation
- C. Continue discussing the lifestyle changes without addressing the defensiveness
- D. Acknowledge the patient's feelings and explore the reasons for their defensiveness

Answer: D

Explanation:

The most appropriate response is to acknowledge the patient's feelings and explore the reasons for their defensiveness. This approach shows the nurse is listening and values the patient's perspective, which can help de-escalate the situation and open up a more productive dialogue about the lifestyle changes.

Continuing the discussion without addressing the defensiveness may lead to further resistance and reduce the effectiveness of the conversation. Suggesting the patient take time to consider the changes on their own could be helpful later, but at the moment, addressing the defensiveness is more important. Avoiding further discussion to prevent escalation may miss an opportunity to resolve the underlying concerns and build trust.

Question: 12

A telehealth patient describes new-onset palpitations and lightheadedness. Which of the following should be the nurse's primary concern?

- A. Stroke
- B. Meningitis
- C. Cardiac arrhythmia
- D. Dehydration

Answer: C

Explanation:

Cardiac arrhythmia is the primary concern for a patient presenting with new-onset palpitations and lightheadedness because these symptoms together suggest an irregular heart rhythm. This condition requires immediate evaluation to prevent potentially life-threatening complications and to manage the arrhythmia effectively.

Meningitis, which typically presents with fever, headache, and neck stiffness, does not fit the symptoms of palpitations and lightheadedness, making it an unlikely cause in this scenario. Dehydration could potentially explain the lightheadedness, but it is less likely to be responsible for the palpitations. Stroke

generally involves neurological deficits rather than palpitations and lightheadedness, making it less likely in this context.

Question: 13

A patient is concerned about osteoporosis prevention. Which dietary supplement is most important in maintaining bone health?

- A. Iron
- B. Vitamin C
- C. Calcium
- D. Magnesium

Answer: C

Explanation:

Calcium is the most important dietary supplement for maintaining bone health and preventing osteoporosis. Adequate calcium intake is crucial for supporting bone density and strength, as it provides the necessary minerals for bone formation and maintenance. Adequate calcium levels help reduce the risk of fractures and bone loss, particularly in postmenopausal women and older adults, who are at higher risk for osteoporosis.

Iron is essential for preventing anemia but does not directly contribute to bone health or osteoporosis prevention. Vitamin C is important for collagen synthesis and immune function but does not have a direct role in bone health or significantly impact osteoporosis prevention. Magnesium, while important for overall health and bone metabolism, is not as directly linked to osteoporosis prevention as calcium is.

Question: 14

During a routine visit, a patient expresses difficulty in managing their asthma

- a. What is the first step the nurse should take?
- A. Adjust the patient's medication regimen
 - B. Review the patient's understanding of asthma triggers
 - C. Review the patient's inhaler technique
 - D. Refer the patient to a pulmonologist

Answer: C

Explanation:

Reviewing the patient's inhaler technique is the first step the nurse should take when a patient expresses difficulty managing their asthma. Improper inhaler technique is a common issue that can lead to poor asthma control, so ensuring the patient is using their inhaler correctly is crucial before considering other interventions. By correcting the technique, the nurse may resolve the patient's difficulties without needing to escalate care.

Adjusting the patient's medication regimen should only be considered after confirming proper inhaler use, as improper technique may mimic the need for stronger medication. Referring the patient to a

pulmonologist is not the first step and should only be done if issues persist after initial interventions. Reviewing the patient's understanding of asthma triggers is important but secondary to ensuring they are using their inhaler correctly.

Question: 15

A 45-year-old patient presents with shortness of breath and a history of hypertension. On physical examination, you note bilateral pitting edema in the lower extremities. Which of the following conditions is most likely?

- A. Pulmonary embolism
- B. Liver disease
- C. Deep vein thrombosis
- D. Congestive heart failure

Answer: D

Explanation:

Congestive heart failure is the most likely diagnosis in a 45-year-old patient presenting with shortness of breath and bilateral pitting edema. These symptoms are indicative of fluid retention, a hallmark of heart failure; the patient's history of hypertension further increases the likelihood of this diagnosis.

Hypertension is a major risk factor for heart failure, and the combination of symptoms suggests the patient is experiencing fluid overload due to decreased heart function.

Deep vein thrombosis typically causes unilateral swelling rather than the bilateral pitting edema observed in this patient, making it a less likely diagnosis. Liver disease can lead to edema, but it usually presents with additional symptoms such as jaundice or ascites, which are not mentioned here.

Pulmonary embolism is another serious condition that can cause shortness of breath, but it generally does not result in bilateral pitting edema.

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