

Boost up Your Certification Score

Nursing

ACNP-AG

**Adult-Gerontology Acute Care Nurse Practitioner
(ACNP-AG) Exam**



For More Information – Visit link below:

<https://www.examsboost.com/>

Product Version

- ✓ Up to Date products, reliable and verified.
- ✓ Questions and Answers in PDF Format.

Latest Version: 6.0

Question: 1

In patients taking valproic acid for seizure disorder, serum levels should be maintained at:

- A. 50 to 100 mcg/mL
- B. 20 to 80 mcg/mL
- C. 10 to 20 mcg/mL
- D. 4 to 12 mcg/mL

Answer: A

Explanation:

The therapeutic serum levels for valproic acid is between 50 and 100 mcg/mL. Clonazepam therapeutic serum levels are between 20 and 80 ng/mL. Carbamazepine should be maintained at serum levels of 4 to 12 mcg/mL. and phenytoin should be maintained at serum levels of 10 to 20 mcg/mL.

Question: 2

When the nurse practitioner is conducting medication reconciliation, the patient's list of current medications includes the following: Lasix®, metolazone, aminophylline, and doxapram. The nurse believes this list probably indicates:

- A. Polypharmacy
- B. Inaccurate reporting
- C. Accurate reporting
- D. Poor medical management

Answer: A

Explanation:

Since Lasix® and metolazone are both diuretics and aminophylline and doxapram are both methylxanthines, this list probably indicates polypharmacy. Older adults are especially at risk for polypharmacy—taking too many drugs—because of taking the same drug under generic and brand names, taking drugs for one condition but contraindicated for another, and taking drugs that are not compatible. Reasons for polypharmacy include multiple prescriptions from different doctors; forgetfulness; confusion; failure to report current medications; the use of supplemental, over-the-counter, and herbal preparations in addition to prescribed medications; and failure of healthcare providers to adequately educate the patient.

Question: 3

A patient is hospitalized for a myocardial infarction and exhibits increased preload, increased

afterload, and decreased contractility with decreased cardiac output and increased systemic vascular resistance. BP is 84/40 and pulse 124 bpm, thready, and irregular. The patient has tachypnea, chest pain, basilar rales, and pallor. The most likely diagnosis is:

- A. Cardiogenic shock
- B. Pulmonary embolism
- C. Heart failure
- D. Atrial fibrillation

Answer: A

Explanation:

These symptoms are consistent with cardiogenic shock. Cardiogenic shock has 3 characteristics: Increased preload, increased afterload, and decreased contractility. Together these result in a decreased cardiac output and an increase in systemic vascular resistance (SVR) to compensate and protect vital organs. This results in an increase of afterload in the left ventricle with increased need for oxygen. As the cardiac output continues to decrease, tissue perfusion decreases, coronary artery perfusion decreases, fluid backs up, and the left ventricle fails to adequately pump the blood, resulting in pulmonary edema and right ventricular failure.

Question: 4

Which of the following sensory changes associated with aging has the most impact on older adults?

- A. Hearing deficit
- B. Vision deficit
- C. Decreased taste and smell
- D. Decreased sense of touch (vibration, temperature, pain)

Answer: B

Explanation:

Older adults are most impacted by deteriorating vision (presbyopia, cataracts), which prevents them from reading and navigating safely. Most people older than 60 require glasses. People may be less sensitive to color differences (particularly blues and greens), and night vision decreases. Hearing impairment (impacted cerumen, presbycusis) may require periodic cleaning of the ears or hearing aids. Taste and smell usually remain fairly intact although smell of airborne chemicals may be less acute, and taste buds begin to atrophy around age 60, affecting the ability to taste sweet and salt especially. The sense of touch is usually somewhat reduced in older adults.

Question: 5

An HIV-positive patient has experienced a recent drop in CD4 count to 190. She has developed a fever with general malaise and abdominal pain, and examination shows hepatosplenomegaly. Differential diagnoses should include:

- A. Pneumocystis jiroveci pneumonia, bacterial pneumonia, and TB
- B. Toxoplasmosis, herpes encephalitis, and CNS lymphoma
- C. Histoplasmosis, *Mycobacterium avium* complex, and bacillary peliosis
- D. T B, non-Hodgkin's lymphoma, and bacillary angiomatosis

Answer: C

Explanation:

Fever, malaise, abdominal pain, and hepatosplenomegaly in an HIV-positive patient with CD4 count <200 may result from histoplasmosis, *Mycobacterium avium* complex, and bacillary peliosis. Fever, cough, and dyspnea may indicate Pneumocystis jiroveci pneumonia, bacterial pneumonia, and T B. Fever, headache, neck pain, and altered mental status may indicate toxoplasmosis, herpes encephalitis, and CNS lymphoma. Fever with asymmetric or unilateral lymphadenopathy may indicate TB, non-Hodgkin's lymphoma, and bacillary angiomatosis.

Question: 6

With the Braden scale to assess risk for developing pressure sores, the patient scores 1 to 3 in all six assessment areas with a total score of 14. What is the patient's risk?

- A. High risk, poor prognosis
- B. Breakpoint for risk, moderate prognosis
- C. Minimal risk, excellent prognosis
- D. No risk

Answer: B

Explanation:

Breakpoint for risk, moderate prognosis. Six assessment areas include sensory perception, moisture, activity, mobility, usual nutrition pattern, and friction and sheer. The first four categories are scored from 1 (worst) to 4 (best) and the last category (friction and sheer) is scored from 1 to 3. The scores for all six items are totaled and a risk assigned according to the number.

23: (Best score) excellent prognosis, very minimal risk

SIC: Breakpoint for risk of pressure ulcer (will vary somewhat for different populations)

6: (Worst score) prognosis very poor, strong likelihood of developing pressure ulcers

Question: 7

An 80-year-old male has had post-herpetic neuralgia for 11 months, but pain is increasingly intractable despite his taking 10 hydrocodone tablets daily. He has coronary stents in place and takes warfarin. The patient is weak, somnolent, and lethargic, and eats and sleeps poorly. Modifying his pain management should include:

- A. Weaning patient from hydrocodone and starting gabapentin in slowly increasing doses
- B. Discontinuing hydrocodone and starting morphine pump
- C. Weaning patient from hydrocodone and starting biofeedback

D. Lowering the dose of hydrocodone and supplementing with NSAIDs

Answer: A

Explanation:

Post-herpetic neuralgia is a chronic pain condition that responds poorly to opioids and is better treated with anticonvulsants, such as gabapentin. Tricyclic antidepressants are also used but may have severe side effects in the elderly. Because the patient has been on high doses of hydrocodone, he may experience withdrawal with abrupt discontinuation of the drug, so the dose should be decreased by one tablet every 2 to 3 days while gabapentin is started at a low dose and slowly increased to reduce incidence of side effects. Morphine pumps and NSAIDs are usually avoided with warfarin and are often ineffective.

Question: 8

A 76-year-old male is recovering from surgery but exhibits sudden onset of confusion with fluctuating inattention, disorganized thinking, and altered level of consciousness. Which of the following assessment tools is most indicated?

- A. Mini-mental state exam (MMSE)
- B. Mini-Cog
- C. Confusion assessment method (CAM)
- D. Geriatric depression scale (GDS)

Answer: C

Explanation:

CAM: Assesses development of delirium. Factors indicative of delirium include:

Onset: Acute change in mental status.

Attention: Inattentive, stable, or fluctuating.

Thinking: Disorganized, rambling conversation, switching topics, illogical.

Level of consciousness: Altered, ranging from alert to coma.

Orientation: Disoriented (person, place, time).

Memory: Impaired.

Perceptual disturbances: Hallucinations, illusions.

Psychomotor abnormalities: Agitation (tapping, picking, moving) or retardation (staring, not moving).

Sleep-wake cycle: Awake at night and sleepy in the daytime.

MMSE and Mini-Cog are used to assess evidence of dementia or short-term memory loss, often associated with Alzheimer's disease. GDS is a self-assessment tool to identify older adults with depression.

Question: 9

When forced expiratory volume in one second (FEV1) is markedly more reduced than the reduction in forced vital capacity (FVC), the patient is probably experiencing:

- A. Restriction of maximal lung expansion
- B. Airway obstruction

- C. Depressed respiratory center
- D. Limitation in neurological impulses to the muscles of respiration

Answer: B

Explanation:

Airway obstruction often results in FEV₁ that is more reduced than FVC because the air is trapped and cannot be readily expelled in one second. Normally, FEV₁ is about 80% of vital capacity with most of the remaining air expelled by 3 seconds (FEV₃). Proportional reduction of both FEV₁ and FVC indicate reduced lung expansion. Depression of respiratory centers results from anesthesia or sedation. Limitation in neurological impulses results from damage to the brain or spinal cord.

Question: 10

A 70-year-old female with Alzheimer's and a history of falls is admitted to the unit with pneumonitis after a seven-hour wait in the emergency department. The patient is agitated, restless, and repeatedly says "I'm hungry." The nurse's first priority should be to:

- A. Assess diet needs and order food.
- B. Institute a fall-prevention program.
- C. Review all medications.
- D. Assess cognitive abilities.

Answer: A

Explanation:

The first priority should be to attend to the patient's comfort needs by assessing diet needs, including food allergies, and ordering food. Because the patient has a history of falls, the nurse practitioner should institute a program of fall prevention, assessing the best methods to prevent injury to the patient. The nurse should then review all medications to ensure that no ongoing medical needs are overlooked, as patients may not provide full information in the emergency department. Cognitive abilities are best assessed when the patient is comfortable and rested.

Question: 11

A patient with a score of 10 on the Glasgow coma scale is classified as:

- A. Comatose
- B. Severe head injury
- C. Moderate head injury
- D. Mild head injury

Answer: C

Explanation:

A score of 10 on the Glasgow Coma Scale (GCS) indicates a moderate head injury. GCS measures the depth and duration of coma or impaired level of consciousness and is used for postoperative/brain injury assessment. The GCS measures three parameters—best eye response, best verbal response, and best motor response—with a total possible score that ranges from 3 to 15. Injuries/conditions are classified according to the total score:

- 3-8 coma
- 28 severe head injury
- 9-12 moderate head injury
- 13-15 mild head injury

Question: 12

A patient's laboratory tests show that the TSH is 14 mU/mL, free T4 is 3.5 ng/dL and free T 3 is 100 ng/dL These findings indicate:

- A. Normal values
- B. Hypothyroidism
- C. Hyperthyroidism
- D. Hashimoto's thyroiditis

Answer: B

Explanation:

These laboratory findings indicate hypothyroidism, which is characterized by increased TSH, decreased free T4, and normal free T 3. Normal values for an older adult:

TSH: 0.32-5.0 mIU/mL.

FreeT4: 4.5-12 ng/dL

Free T3: 75-200 ng/dL.

Hyperthyroidism is characterized by decreased TSH (<0.30), increased free T4 and increased T 3. Additional tests may be indicated for those with comorbidities and multiple medications. Thyroid autoantibody tests are used to help diagnose Hashimoto's thyroiditis.

Thank You for Trying Our Product

For More Information – **Visit link below:**

<https://www.examsboost.com/>

15 USD Discount Coupon Code:

G74JA8UF

FEATURES

- ✓ **90 Days Free Updates**
- ✓ **Money Back Pass Guarantee**
- ✓ **Instant Download or Email Attachment**
- ✓ **24/7 Live Chat Support**
- ✓ **PDF file could be used at any Platform**
- ✓ **50,000 Happy Customer**

