

AACN ACNPC-AG

Adult-Gero. - Acute Care NP

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Questions**

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Question: 1

A 25-year-old woman developed classic Guillain-Barré syndrome (acute inflammatory demyelinating polyneuropathy), characterized by rapidly ascending paralysis, progressive weakness, and pain in the buttocks and hips. Which of the following treatments is most appropriate to reduce symptoms and the duration of illness?

- A. Corticosteroids
- B. Analgesics
- C. Intravenous immunoglobulin or plasmapheresis
- D. Physical therapy

Answer: C

Explanation:

Intravenous immunoglobulin (IVIg) and plasmapheresis are the only treatments that have been proven to be effective for Guillain-Barré syndrome, which is a group of immune disorders, primarily involving the peripheral nervous system and resulting in paralysis and weakness. IVIg tends to have fewer complications and is easier to use than plasmapheresis: there is no advantage in combining the two treatments. Corticosteroids do not have an effect on the disease's progress. Analgesics may be used to maintain comfort, but they are not the primary treatment. Physical therapy may be useful after the acute stage of the disease if the patient has residual weakness.

Question: 2

An male patient presents with status epilepticus that has persisted for 15 minutes. Which of the following treatments should the nurse practitioner initiate?

- A. Gabapentin, levetiracetam, or topiramate
- B. Ethosuximide, valproic acid, or lamotrigine
- C. Carbamazepine, oxcarbazepine, or lamotrigine
- D. Diazepam, lorazepam, or fosphenytoin

Answer: D

Explanation:

Status epilepticus is treated with benzodiazepines, such as diazepam, lorazepam, or fosphenytoin. Phenytoin and phenobarbital are used if there is no response from a benzodiazepine. A patent airway must be established (i.e., jaw thrust may reduce obstruction from muscle rigidity). An intravenous line must be established, and electrolytes, blood gases, and glucose levels are monitored with glucose administration for hypoglycemia. A nasogastric tube may be inserted. Generalized seizures are treated with gabapentin, levetiracetam, or topiramate. Absence seizures are treated with ethosuximide, valproic

acid, or lamotrigine. Partial seizures are treated with carbamazepine, oxcarbazepine, or lamotrigine.

Question: 3

A male Hispanic patient is admitted to the unit, and the nurse practitioner is doing the admission history; however, the patient speaks very little English. What should the nurse practitioner do next?

- A. Ask the patient's 12-year old son, who is fluent in English, to translate.
- B. Use sign language and pictures to supplement questions.
- C. Arrange for a translator.
- D. Ask the patient's wife, who speaks fair English, to answer the questions for her husband.

Answer: C

Explanation:

The nurse should arrange for a translator. Children should never be used as translators as they lack the vocabulary and understanding about health matters and may not interpret correctly. Other adult family members, such as the wife, should not be asked to answer questions for the patient unless the patient is unable to answer questions because of a health condition because they may not understand medical terms and may not translate correctly. Additionally, the patient may have kept information from the family.

Question: 4

A patient with a history of narcotics abuse has been taking lorazepam for anxiety but presents with lethargy, dizziness, headache, marked alternations in consciousness, respiratory depression, and ataxia.

a. Her friend states that the patient was found 2 hours earlier with an empty prescription bottle.

Which of the following treatments should the nurse practitioner initiate?

- A. Gastric emptying and charcoal
- B. Charcoal, concentrated dextrose, thiamine, and naloxone
- C. Charcoal, concentrated dextrose, and flumazenil
- D. Gastric emptying, charcoal, and naloxone

Answer: B

Explanation:

Because the patient has been taking lorazepam and has a history of narcotic use, the nurse practitioner should suspect co-ingestion, especially since the patient is exhibiting alternations in consciousness and respiratory depression. In this case charcoal, concentrated dextrose, thiamine, and naloxone are indicated. Gastric emptying is indicated only if ingestion occurred less than 1 hour ago. Flumazenil (antagonist), 0.2 mg each minute to a total of 3 mg, may be used in some cases but is not routinely advised because of complications related to benzodiazepine dependency or co-ingestion of cyclic antidepressants. Flumazenil is contraindicated in the presence of increased intracranial pressure.

Question: 5

A trauma victim has fractures of the upper two ribs on the right side. The patient should be carefully assessed for which secondary injury or injuries?

- A. Liver trauma
- B. Splenic trauma
- C. Tracheal, bronchial, or great vessel trauma
- D. Cardiac and splenic trauma

Answer: C

Explanation:

Underlying injuries should be expected, according to the area of fractures:

- Upper 2 ribs: injury to the trachea, bronchi, or great vessels
- Right-sided rib 8 or above: trauma to the liver
- Left-sided rib 8 or above: trauma to the spleen

Pain, often localized or experienced with respirations or compression of the chest, maybe the primary symptom of rib fractures, resulting in shallow breathing that can lead to atelectasis or pneumonia.

Fractured ribs are usually the result of severe trauma, such as blunt force from a motor vehicle accident or physical abuse.

Question: 6

Which of the following symptoms are consistent with peripheral arterial insufficiency?

- A. Pale, shiny, cool skin on the lower extremities
- B. Brownish discoloration around the ankles and anterior tibial area
- C. Moderate-to-severe peripheral edema
- D. Aching and cramping pain

Answer: A

Explanation:

Pale, shiny, cool skin on the lower extremities is consistent with peripheral arterial insufficiency.

Characteristic	Arterial Insufficiency	Venous Insufficiency
Pain	Ranges from intermittent claudication to severe and constant	Aching/cramping
Pulses	Weak or absent	Present
Characteristic	Arterial Insufficiency	Venous Insufficiency
Skin	Rubor on dependency but pallor of foot on elevation	Brownish discoloration around ankles and anterior tibial area
	Pale, shiny, cool skin with loss of hair on toes and foot	
	Thick and ridged nails	
Ulcers	Painful, deep, circular, often necrotic ulcers on toe tips, toe webs, heels, or other pressure areas	Varying degrees of pain in superficial, irregular ulcers on medial or lateral malleolus and sometimes the anterior tibial area
Edema	Minimal	Moderate to severe

Question: 7

The cost-containment committee has decided to limit the types of catheter products to cut costs because of reduced reimbursements by Medicare, Medicaid, and insurance companies. This is an example of the delivery of care impacted by

- A. social forces,
- B. political forces.
- C. regulatory forces.
- D. economic forces.

Answer: D

Explanation:

Economic forces, such as managed care or cost-containment committees, try to contain costs to insurers and facilities by controlling access to and duration of treatment and limiting products, Social forces, such as increased demand for access to treatment and medical services, include both traditional and complementary medicine. Political forces affect medical care as the federal and state governments increasingly become purchasers of medical care, imposing their guidelines and limitations on the medical system, Regulatory forces, which may be local, state, or federal, can have a profound effect on delivery of care and services, differing from one state or region to another.

Question: 8

Which of the following teaching tools is most effective for patients with low literacy skills?

- A. Posters
- B. Videos
- C. Materials written at a fourth-grade level

D. Slide show presentations

Answer: B

Explanation:

Videos are more effective than written materials for those with low literacy or poor English skills. Focused viewing in which the nurse discusses the purpose of the video presentation before viewing and then is available for discussion after viewing can be very effective. Patients and families are often nervous about learning patient care and are unsure of their abilities. Allowing the patients and families to watch a video demonstration or explanation first and allowing them to stop or review the video presentation can help them to grasp the fundamentals before they have to apply them.

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