

Healthcare ACCNS-P

AACN Pediatric Clinical Nurse Specialists (ACCNS-P)

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Question: 1

A 17-year old is seeing you today because she has had no menses in 4 months. You have previously diagnosed her with polycystic ovarian syndrome (PCOS). What else would be expected by the CNS?

- A. A positive pregnancy test.
- B. Obesity.
- C. Elevated blood pressure.
- D. An elevated fasting insulin level.

Answer: D

Explanation:

Polycystic Ovarian Syndrome (PCOS) is a hormonal disorder common among women of reproductive age. Women with PCOS may have infrequent or prolonged menstrual periods or excess male hormone (androgen) levels. The ovaries may develop numerous small collections of fluid (follicles) and fail to regularly release eggs. ****Expected Findings in PCOS****

One key aspect often associated with PCOS is insulin resistance, where the body's cells do not respond normally to insulin. As a result, insulin levels become elevated as the body tries to compensate by producing more insulin. This condition is important to monitor because it can lead to Type 2 diabetes and other metabolic issues. Therefore, an elevated fasting insulin level is commonly expected in a patient suffering from PCOS.

Another common issue in PCOS patients is weight management challenges. While the text mentions that overweight states are common but not obesity, it's important to note that many women with PCOS do struggle with obesity. This can exacerbate symptoms of PCOS, as excess fat can lead to higher androgen and insulin levels.

Regarding blood pressure, while PCOS itself does not directly cause high blood pressure, the associated weight issues can lead to elevated blood pressure over time. Thus, regular monitoring of blood pressure in PCOS patients is advised, though an immediate elevation in blood pressure is not typically a direct symptom of PCOS. ****Pregnancy Considerations in PCOS****

The possibility of a positive pregnancy test in a PCOS patient exists only if the patient is indeed pregnant. PCOS often leads to irregular ovulation, which can make conceiving more challenging, but not impossible. Thus, a pregnancy test might be considered if there is a chance of pregnancy, despite the irregular menstrual cycle. ****Summary****

In summary, for a 17-year-old diagnosed with PCOS who has had no menses in four months, an elevated fasting insulin level would be an expected finding alongside the need to monitor aspects like weight and blood pressure. Pregnancy should be ruled out through appropriate testing if there is any likelihood of pregnancy. Managing PCOS typically involves addressing symptoms individually, including lifestyle modifications and possibly medication to manage insulin levels and menstrual regularity.

Question: 2

A CNS wants to make a change in the state's law concerning the dispensing of prescription medications by certified pediatric nurses. Who would this case need to be taken to?

- A. State board of nursing.
- B. State board of pharmacy.
- C. Nursing specialty organization.
- D. State legislature.

Answer: D

Explanation:

To address the question regarding who a Clinical Nurse Specialist (CNS) should approach to make a change in the state's law concerning the dispensing of prescription medications by certified pediatric nurses, the correct entity to approach is the State Legislature.

Health care policy, including laws related to the dispensing of prescription medications, is typically established at the state level. In the United States, each state has its own legislature, which is responsible for creating and enacting laws. Therefore, any changes or amendments to these laws must be approved and passed by the state legislature. This body has the authority to revise existing laws or introduce new legislation that can impact various aspects of health care, including the roles and responsibilities of nursing professionals.

While the State Board of Nursing, the State Board of Pharmacy, and Nursing Specialty Organizations play crucial roles in the healthcare system, their primary functions are not legislative but rather regulatory and advisory. The State Board of Nursing regulates nurses, ensures standards of practice, and provides licenses. The State Board of Pharmacy oversees the dispensing of medications and ensures that pharmacies comply with federal and state regulations. Nursing Specialty Organizations, on the other hand, provide guidance, education, and support to nurses within specific specialties.

These boards and organizations can influence legislation by providing expert testimony, research data, and recommendations to legislators. They help in shaping policy by ensuring that the legislative members are well-informed about the implications of various healthcare policies from a clinical and operational perspective. However, the actual power to enact laws rests solely with the state legislature. Therefore, if a CNS wishes to initiate changes in the law concerning the dispensing of prescription medications by certified pediatric nurses, the appropriate course of action would be to approach the state legislature. This would typically involve presenting a proposal or supporting an existing bill, possibly in collaboration with professional boards and organizations who can lend their expertise and authority to the cause. Through this collaborative effort, the CNS can help ensure that the legislative process is informed by the best available medical and regulatory knowledge, ultimately leading to effective and appropriate healthcare legislation.

Question: 3

An option to the injectable influenza vaccination is the nasal spray vaccine. It is important that the CNS understands to advise that:

- A. Its use is limited to children younger than 6 years.
- B. This is the preferred method of immunization for persons who are allergic to eggs or egg products.
- C. It contains a live, attenuated virus.
- D. It is acceptable to use during pregnancy.

Answer: C

Explanation:

The correct answer to the given question is that the nasal spray vaccine contains a live, attenuated virus. This is a crucial piece of information that a Clinical Nurse Specialist (CNS) should convey to patients considering this form of influenza vaccination. The term "live, attenuated" refers to the virus within the vaccine having been weakened under laboratory conditions. It is still alive but has been modified so that it cannot cause disease in healthy individuals.

Live, attenuated vaccines, such as the nasal spray flu vaccine, are designed to stimulate an immune response that is similar to the natural infection but without causing the full-blown disease. This type of vaccine trains the immune system to recognize and fight the virus more effectively than inactivated or killed vaccines. However, because the virus is still live, albeit weakened, there are specific considerations and restrictions on its use.

The nasal spray flu vaccine is generally indicated for use in individuals between the ages of 2 and 49 years. It is particularly recommended for healthy individuals within this age range who do not have any underlying chronic health conditions that might compromise their immune systems. This form of vaccination is contraindicated for certain groups, including pregnant women, individuals with weakened immune systems, and those with a history of severe allergic reactions to any component of the vaccine, including egg proteins.

It is important to note that while some formulations of injectable flu vaccines are manufactured using egg-based technology, leading to potential concerns for those with egg allergies, the nasal spray vaccine may still contain trace amounts of egg proteins. Therefore, it is also contraindicated in individuals with a severe egg allergy.

The CNS should ensure that patients are well-informed about the nature of the nasal spray vaccine and its appropriate use, including age restrictions and health condition considerations. This helps ensure that the vaccine is administered safely and effectively, maximizing public health benefits while minimizing risks associated with vaccination.

Question: 4

For which of the following reasons would serial chest radiographs be performed on the intubated pediatric patient?

- A. To determine if the patient is a diabetic.
- B. To help determine if the patient is intubated with the correct size tube.
- C. To verify ETT position
- D. None of the above

Answer: C

Explanation:

Serial chest radiographs are crucial in the management of intubated pediatric patients for several important reasons. Primarily, they are used to verify the position of the endotracheal tube (ETT). Correct placement of the ETT is essential to ensure that the patient is receiving adequate ventilation and to prevent complications such as accidental extubation or tube displacement. The chest radiograph helps

clinicians confirm that the ETT is positioned in the trachea, just above the carina, which is the point where the trachea divides into the left and right bronchi.

In addition to verifying ETT position, serial chest radiographs are used to evaluate the patient's pulmonary processes. This includes monitoring for conditions such as pneumonia, atelectasis (collapse of part of the lung), pneumothorax (air in the pleural space), and other pulmonary complications that can arise during mechanical ventilation and critical illness. Regular imaging allows healthcare providers to assess the progression or resolution of these conditions and adjust treatment plans accordingly. Furthermore, chest radiographs can help in determining if the intubated patient is using the correct size endotracheal tube. Particularly in pediatric patients, where airway dimensions are smaller and more variable than in adults, choosing the appropriate tube size is critical to ensure effective ventilation without causing trauma to the airway.

It is important to note that the use of serial chest radiographs is not related to determining if a patient is diabetic. Diabetes management involves blood tests and monitoring blood sugar levels, not imaging studies like chest radiographs. Hence, the reason for performing serial chest radiographs in intubated pediatric patients revolves around respiratory management and ensuring the safety and effectiveness of airway support provided by the ETT.

Question: 5

Which of the following is when the blood supply to the bones is blocked by malformed blood cells that block the small blood vessels?

- A. Sickle cell crisis
- B. Leukopenia
- C. Paraneoplastic syndrome
- D. Oncologic complications

Answer: A

Explanation:

The answer to the question is "Sickle cell crisis." This condition is specifically related to sickle cell anemia, a genetic blood disorder that affects the shape and function of the hemoglobin in red blood cells.

Sickle cell anemia causes red blood cells to assume a rigid, sickle-like shape under certain conditions such as low oxygen levels, dehydration, or cold temperatures. These abnormally shaped cells are not only less efficient in carrying oxygen throughout the body, but they also have a tendency to clump together and block small blood vessels. This blockage disrupts the normal blood flow, which can lead to tissue and organ damage.

During a sickle cell crisis, these blockages occur in the small blood vessels that supply blood to the bones. This interruption in blood flow, known as a vaso-occlusive crisis, leads to severe pain often referred to as sickle cell pain episodes or crises. The pain is typically acute and can occur in various parts of the body, depending on which blood vessels are blocked. The most common areas affected include bones, lungs, abdomen, and joints.

The pain during a sickle cell crisis can last from a few hours to several days, varying greatly in intensity. Managing these pain episodes often requires medical intervention, including hydration, oxygen therapy, pain management with medications, and sometimes blood transfusions. These treatments help to restore normal blood flow and relieve symptoms.

It is important to distinguish sickle cell crisis from other medical conditions like leukopenia (a decrease in white blood cell count), paraneoplastic syndrome (disorders associated with cancer but not directly related to tumor invasion), and oncologic complications (complications arising from cancer or its treatment). Sickle cell crisis is specifically associated with the mechanical blockage of blood flow due to abnormally shaped red blood cells, unique to sickle cell disease.

Question: 6

The expectation that one's personal information, including health information, will not be disclosed, is known as which of the following?

- A. Privilege.
- B. Privacy.
- C. Confidence.
- D. Confidentiality.

Answer: D

Explanation:

The expectation that one's personal information, including health information, will not be disclosed, is known as confidentiality.

****Confidentiality**** refers to the ethical and legal duty of professionals who have access to personal information, such as medical or legal records, to keep this information private. It is a fundamental part of the trust-based relationship between a patient and a healthcare provider, as well as between a client and a lawyer. This principle ensures that sensitive information is not shared without the consent of the individual unless required by law.

The concept of ****confidentiality**** is distinct from ****privacy**** and ****privilege****: - ****Privacy**** involves the right of the individual to be left alone and control over their personal information. This includes the ability to determine when, how, and to what extent their personal information is shared with others. - ****Privilege**** is a legal term that protects all communications between a professional and their client from being disclosed without the permission of the client. The most common forms of privilege are attorney-client privilege and doctor-patient privilege.

In healthcare, confidentiality is crucial not only for protecting patient information but also for maintaining trust between patients and medical practitioners. Breaches of confidentiality can lead to a loss of trust, reluctance to disclose necessary personal information, and overall negative impact on healthcare quality and patient safety.

Therefore, in the context of ensuring that personal information is not disclosed, the correct term to use is ****confidentiality****. This encompasses the broader ethical obligation to protect personal information from unauthorized disclosure, regardless of the specific nature of the relationship.

Question: 7

What should be done before applying electrodes for transcutaneous pacing?

- A. Turn on the highest setting.
- B. Sedate child.

- C. Turn on the lowest setting.
- D. Turn on the pacer.

Answer: B

Explanation:

Before applying electrodes for transcutaneous pacing, the first and crucial step is to sedate the patient, particularly if the patient is a child. Transcutaneous pacing, a procedure used to maintain adequate heart rate when the patient's natural pacemaker fails, can be quite uncomfortable or even painful due to the electrical impulses sent through the body's tissues to the heart. Sedation is advised to help alleviate anxiety, minimize discomfort, and prevent any potential pain during the procedure.

Sedation helps in stabilizing the patient and ensuring that they remain still, which is essential for the accurate placement and effective adherence of the pacing electrodes. Movement can dislodge the electrodes or alter their position, which might decrease the efficacy of the pacing or necessitate reapplication, thereby increasing the patient's discomfort and prolonging the procedure.

Moreover, the process of sedation should be handled by a qualified healthcare professional who can assess the appropriate level of sedation needed based on the patient's age, health condition, and the specific requirements of the pacing procedure. Proper monitoring of the patient's vital signs and overall condition during sedation is critical to ensure safety throughout the transcutaneous pacing process.

Once the patient is adequately sedated and monitored, the healthcare team can proceed with the application of the pacing electrodes. The electrodes are typically placed on the chest, with one positioned near the right shoulder and the other near the apex of the heart on the left side. Ensuring correct placement is crucial for the effective delivery of pacing stimuli to the heart.

After the electrodes are securely attached and their placement verified, the pacing device can be turned on and set to the appropriate pacing mode and rate based on the patient's cardiac needs. The settings should initially be at a lower output, increasing gradually as needed to achieve effective pacing without causing undue discomfort or harm, even though the patient is sedated.

In summary, sedation is a fundamental step before applying electrodes for transcutaneous pacing, especially in children, to ensure the procedure is as comfortable and effective as possible. It not only helps in reducing the patient's discomfort but also facilitates the smooth execution of the pacing process by keeping the patient calm and still.

Question: 8

You are assessing a 3-year old boy and suspect lead poisoning, or plumbism. What type of anemia do these patients typically present with?

- A. Macrocytic, hyperchromic.
- B. Normocytic, normochromic.
- C. Microcytic, hypochromic.
- D. Hemolytic.

Answer: C

Explanation:

Lead poisoning, also known as plumbism, is a significant health concern, particularly in young children. It most commonly results from the ingestion of lead-containing substances, of which lead-based paint is a major source. Children may ingest lead dust from deteriorating paint or soil that is contaminated by old leaded paints. This exposure can lead to various health issues, including neurological damage and anemia.

The type of anemia commonly associated with lead poisoning is microcytic, hypochromic anemia. This classification refers to the appearance and size of red blood cells (RBCs). In microcytic anemia, the RBCs are smaller than normal (microcytic), and in hypochromic anemia, the RBCs have reduced hemoglobin content, making them paler than usual (hypochromic).

The pathophysiology behind the development of microcytic, hypochromic anemia in lead poisoning involves the disruption of heme synthesis. Lead interferes with several enzymes that are crucial for the synthesis of heme, the oxygen-carrying component of hemoglobin. Specifically, lead inhibits the enzyme ferrochelatase, which is responsible for incorporating iron into protoporphyrin IX to form heme. When this process is inhibited, iron cannot be effectively utilized, leading to iron accumulating in the bloodstream without being incorporated into hemoglobin. This results in the production of smaller, pale RBCs deficient in hemoglobin.

Additionally, lead poisoning is characterized by the presence of basophilic stippling in RBCs. This stippling represents aggregated ribosomal RNA, which appears as fine blue granules on stained blood smears. Basophilic stippling is a hallmark feature in the peripheral blood smear of individuals with lead poisoning and serves as a clue for diagnosis in the setting of suggestive clinical features and exposure history.

Recognition of the signs and symptoms of lead poisoning, along with the associated microcytic, hypochromic anemia and basophilic stippling, is crucial for timely diagnosis and management.

Treatment involves removing the source of lead exposure and initiating chelation therapy if blood lead levels are significantly elevated. This approach helps to bind the lead so it can be excreted from the body, thereby reducing its toxic effects, including its impact on red blood cell production.

Question: 9

Any major blow to the head will result in

- A. Permanent memory loss.
- B. A shattered skull.
- C. Body numbness.
- D. Concussion.

Answer: D

Explanation:

Any major blow to the head will result in a concussion. A concussion is a type of traumatic brain injury that is caused by a bump, blow, or jolt to the head. This force causes the brain to move rapidly back and forth within the skull, potentially leading to brain tissue changes and an accumulation of harmful proteins. Concussions can also occur from a hit to the body that transmits force to the head.

Symptoms of a concussion can vary widely but often include headaches, confusion, dizziness, ringing in the ears, nausea, vomiting, fatigue, or issues with sleeping. Some people may also experience temporary loss of consciousness, although this is not always the case. Symptoms can last for days, weeks, or even longer.

While concussions are generally not life-threatening, their effects can be serious. Therefore, anyone suspected of having a concussion should seek medical attention. A healthcare professional can assess the situation, usually through a physical exam and sometimes with imaging tests, to determine the extent of the injury and recommend appropriate treatment steps.

It's also important to note that not all blows to the head result in a concussion. The outcome can depend on various factors including the force of the impact and the individual's health condition. However, it is always best to err on the side of caution and get a thorough evaluation after any significant impact to the head.

Question: 10

When acids called ketones build up in the blood because the body is burning fat instead of sugar for energy, it is called which of the following terms?

- A. Hyperglycemia
- B. Diabetes insipidus
- C. Preload
- D. Diabetic ketoacidosis

Answer: D

Explanation:

The correct answer to the question is Diabetic ketoacidosis (DKA).

Diabetic ketoacidosis is a serious complication of diabetes that occurs when your body produces high levels of blood acids called ketones. This condition develops when your body is unable to produce enough insulin. Insulin normally plays a key role in helping sugar (glucose) — a major source of energy for your muscles and other tissues — enter your cells. Without enough insulin, your body begins to break down fat as an alternative fuel, producing a buildup of acids in the bloodstream called ketones, leading to diabetic ketoacidosis if untreated.

The process leading to the high levels of ketones in the bloodstream starts with the body not being able to use glucose as a fuel source. Glucose requires insulin to help it enter the cells. In the absence of sufficient insulin, as typically seen in type 1 diabetes and sometimes in type 2 diabetes, the body starts breaking down fats for energy at a rapid rate. This fat breakdown results in the production of ketones. Ketones themselves are acidic, and high levels in your blood can lead to ketoacidosis. If left untreated, diabetic ketoacidosis can lead to potentially fatal complications such as severe dehydration, coma, and swelling of the brain.

Risk factors for diabetic ketoacidosis include poor management of diabetes, not taking insulin correctly, infections, significant stress, and other medical emergencies. Symptoms of diabetic ketoacidosis may include frequent urination, extreme thirst, high blood glucose levels, high ketone levels in the urine, nausea or vomiting, abdominal pain, confusion, and fruity-smelling breath.

Immediate medical treatment is critical for those suspected of having diabetic ketoacidosis. Treatment typically involves fluid replacement, electrolyte replacement, and insulin therapy, all administered under medical supervision to help gradually lower blood sugar levels safely and restore the body's chemical balance.

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