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Question: 1

Which of the following best explains the rationale for redefining transient ischemic attack (TIA) from a time-based to a tissue-based definition?

- A. The shift was made to simplify clinical guidelines for emergency departments.
- B. Patient-reported symptom duration is unreliable for diagnosis.
- C. The 24-hour time frame was insufficient for capturing all stroke events.
- D. Advanced imaging techniques have revealed that some brief neurological events previously classified as TIAs actually result in detectable brain infarction.

Answer: D

Explanation:

Historically, TIAs were defined by the resolution of neurological symptoms within 24 hours, under the assumption that such events did not cause permanent brain damage. However, with the advent of sensitive imaging modalities like diffusion-weighted magnetic resonance imaging (MRI), clinicians have discovered that even short-lived symptoms can be associated with permanent cerebral infarction. This finding prompted a shift to a tissue-based definition, where a TIA is characterized by transient neurological dysfunction without evidence of acute infarction on imaging. This redefinition enhances diagnostic accuracy and ensures that patients with actual brain injury receive appropriate treatment and secondary prevention strategies.

That the 24-hour time frame was found to be insufficient for capturing all stroke events is misleading; the issue was not the duration but the presence of tissue damage irrespective of symptom resolution time.

Patient-reported symptom duration being unreliable for diagnosis is not the primary reason for the definition change; while patient history is important, the shift was driven by imaging findings.

The shift being made to simplify clinical guidelines for emergency departments is incorrect; the change actually adds complexity but improves diagnostic precision and patient care.

Question: 2

A patient recovering from a cerebellar stroke is noted to have an unsteady gait and poor coordination. The nurse is developing a fall prevention plan.

Which component is most essential to include in the care plan?

- A. Position furniture close together to provide environmental support during mobility
- B. Use bilateral side rails and a bed alarm system to prevent unassisted bed exits
- C. Supervise all ambulation activities and provide assistive devices as needed
- D. Support independent ambulation for short distances within the room to promote recovery

Answer: C

Explanation:

Patients recovering from cerebellar strokes often present with ataxia and impaired balance, placing them at high risk for falls. Nursing interventions should focus on supervised mobility, ideally incorporating gait belts or walkers, to allow safe physical engagement without increasing injury risk. Promoting structured and monitored activity is critical to rehabilitation while ensuring patient safety. Clustering furniture may seem helpful for support but can increase the risk of tripping and limit the patient's clear path for safe movement.

While fostering independence is important, even short unassisted ambulation attempts can lead to falls if coordination is compromised.

Relying on side rails and bed alarms may provide temporary physical barriers, but they are not a substitute for active fall prevention and could be misused as restraints.

Question: 3

A 64-year-old female with a history of atrial fibrillation and hypertension is admitted with an acute ischemic stroke. She received intravenous alteplase (tissue plasminogen activator) one hour after symptom onset. Four hours post-administration, she develops a severe headache, nausea, and vomiting. Her blood pressure is 185/105 mmHg.

What is the most appropriate immediate nursing action?

- A. Obtain a stat non-contrast CT scan (NCHCT)
- B. Administer intravenous nicardipine to slowly reduce blood pressure
- C. Continue frequent neurological assessments and notify the stroke team
- D. Assess for electrolyte imbalance due to possible gastrointestinal loss

Answer: A

Explanation:

This patient's presentation is highly suggestive of a potentially life-threatening complication of thrombolytic therapy - intracerebral hemorrhage. Symptoms such as a sudden, severe headache, nausea, vomiting, and elevated blood pressure after tissue plasminogen activator administration warrant immediate imaging. A stat NCHCT is the standard diagnostic tool to confirm or exclude hemorrhagic transformation and must be performed without delay.

Administering intravenous nicardipine to reduce blood pressure could be considered once hemorrhage is ruled out, but immediate imaging must precede any antihypertensive therapy to avoid worsening potential bleeding.

Continuing frequent neurological assessments and notifying the stroke team is a prudent step, but alone, it does not adequately address the acute need for diagnostic imaging.

Assessing for electrolyte imbalance may be appropriate in patients with ongoing vomiting, but in this scenario, the urgency lies in ruling out intracerebral bleeding rather than metabolic causes.

Question: 4

A 70-year-old male is recovering at home following hospitalization for an ischemic stroke. He exhibits right-sided weakness and requires assistance with ambulation. The healthcare team is considering initiating home health services.

Which condition must the patient meet to qualify for home healthcare under Medicare guidelines?

- A. The patient must require skilled therapy services such as physical or occupational therapy.
- B. The patient must be homebound, meaning leaving home requires considerable effort or assistance.
- C. The patient must be enrolled in a Medicare Advantage Plan.
- D. The patient must require continuous 24-hour skilled nursing care.

Answer: B

Explanation:

To qualify for home healthcare services under Medicare, the patient must be considered homebound. This means leaving the home requires considerable and taxing effort, assistance from another person, or the use of a supportive device like a wheelchair or walker. Additionally, the patient must require skilled services (such as skilled nursing or therapy), but homebound status is the primary eligibility requirement. Without being classified as homebound, a patient does not qualify for Medicare home health benefits even if skilled services are needed.

Enrollment in a Medicare Advantage Plan is not necessary to access home health services. Patients with traditional Medicare coverage are also eligible if the criteria are met.

Medicare covers patients needing part-time or intermittent skilled nursing or therapy services. Patients requiring full 24-hour skilled care would need a different care setting, such as a nursing facility.

While needing skilled therapy services is a component of home health eligibility, it alone is insufficient. The patient must also be homebound to qualify for services under Medicare regulations.

Question: 5

A 63-year-old female, three weeks post-stroke, is undergoing rehabilitation. She demonstrates significant spasticity in her lower limbs, affecting her gait and balance. The rehabilitation team is considering intrathecal baclofen therapy.

What factors should be analyzed before proceeding with this intervention?

- A. Assessment of the patient's overall medical condition and potential surgical risks
- B. Patient's preference for non-invasive treatments
- C. Previous use of oral muscle relaxants
- D. Availability of outpatient physical therapy services

Answer: A

Explanation:

Intrathecal baclofen therapy involves the surgical implantation of a pump to deliver medication directly into the spinal fluid. Before proceeding, it's crucial to evaluate the patient's overall health status, including any comorbidities that may increase surgical risks. This comprehensive assessment ensures that the benefits of the intervention outweigh the potential complications.

While patient preferences are important, they do not replace the need for a thorough medical evaluation.

The availability of outpatient services is not directly relevant to the decision for an implanted device. Previous use of oral muscle relaxants may inform treatment history, but it does not determine suitability for intrathecal therapy.

Question: 6

A 69-year-old female with a history of transient ischemic attacks (TIAs) undergoes evaluation for suspected intracranial stenosis. The neurology team reviews imaging options to confirm the diagnosis. Which vascular imaging technique is considered the "gold standard" for detecting and characterizing cerebrovascular abnormalities?

- A. Magnetic resonance angiography (MRA)
- B. Carotid duplex ultrasound
- C. Computed tomography angiography (CTA)
- D. Digital subtraction angiography (DSA)

Answer: D

Explanation:

Digital subtraction angiography (DSA), also known as cerebral angiography, is the definitive imaging technique used to visualize cerebrovascular structures with unparalleled resolution and clarity. It involves catheterization of the arterial system, typically via the femoral or radial artery, followed by the injection of contrast media directly into the cerebral circulation. Real-time fluoroscopy captures images of the blood vessels, and pre-contrast "mask" images are subtracted from contrast-enhanced images, providing clear visualization of even small vessel abnormalities. DSA allows for the precise measurement of stenosis, detection of aneurysms, arteriovenous malformations, and embolic sources; it also enables concurrent therapeutic interventions, such as angioplasty or stenting. Its high spatial and temporal resolution make it the standard by which all other vascular imaging tests are measured.

CTA offers a non-invasive, rapid imaging alternative that provides detailed views of blood vessels using contrast-enhanced computed tomography. However, it lacks the dynamic resolution and therapeutic capability of DSA, and can be limited by artifacts from calcified plaques or patient movement.

MRA is another non-invasive option that utilizes magnetic fields and radio waves. It is particularly useful for patients with contraindications to iodinated contrast. However, its image resolution and reliability for evaluating small or distal vessels are inferior to DSA, particularly in complex cerebrovascular pathologies.

Carotid duplex ultrasound is useful for evaluating extracranial carotid stenosis using a combination of B-mode and Doppler imaging. Although it is non-invasive and cost-effective, it is limited in scope, cannot assess intracranial vessels, and lacks the spatial resolution needed for definitive diagnosis in complex vascular cases.

Question: 7

A 65-year-old female is brought to the emergency department by her son due to sudden onset of slurred speech and right-sided weakness that began 45 minutes ago. Her blood glucose level is 42 mg/dL.

What is the most appropriate next step in the initial triage of this patient?

- A. Notify neurology for immediate bedside evaluation
- B. Correct the hypoglycemia and reassess neurological status
- C. Start oxygen via nasal cannula and insert two large-bore IVs
- D. Initiate a stroke alert and proceed to head CT

Answer: B

Explanation:

Hypoglycemia is a well-known stroke mimic. In this case, glucose correction is a priority and may fully reverse symptoms, confirming they are metabolic rather than neurologic in origin. This reassessment helps prevent unnecessary treatments such as thrombolytics, which carry risks if used inappropriately. While initiating a stroke alert and proceeding to head CT is standard for stroke triage, in the presence of severe hypoglycemia, the priority is correcting glucose first. If symptoms persist after normalization, then a stroke alert would be appropriate.

Starting oxygen via nasal cannula and inserting two large-bore IVs are supportive measures but are not the most immediate priority in this specific context. There's no indication that the patient is hypoxic or needs fluid resuscitation.

Neurology involvement is important, but the acute correction of a reversible cause (hypoglycemia) is a more time-sensitive and practical first step.

Question: 8

A 60-year-old male patient with a history of hypertension and hyperlipidemia presents with an acute ischemic stroke. After initial stabilization, the physician orders atorvastatin 80 mg daily. The patient questions the need for this medication, stating his cholesterol levels were previously normal. How should the nurse respond?

- A. "You should ask your primary doctor if it's still necessary at discharge."
- B. "This medication helps reduce the risk of another stroke by stabilizing plaque in your arteries."
- C. "Since your cholesterol levels are normal, this medication may not be necessary right now."
- D. "This is for long-term management of cholesterol to prevent heart attacks."

Answer: B

Explanation:

High-intensity statin therapy, such as atorvastatin 80 mg, is recommended for secondary prevention of stroke regardless of initial lipid levels. These medications not only lower cholesterol but also stabilize atherosclerotic plaques, reduce vascular inflammation, and improve endothelial function, thereby decreasing the risk of recurrent events.

Telling the patient to wait until follow-up to determine the need for the medication delays crucial secondary prevention. Suggesting it's unnecessary due to normal labs fails to reflect current evidence-

based guidelines for post-stroke care. Assuming it is only for cholesterol is incorrect; its role in stroke recovery is well established.

Question: 9

A 41-year-old female presents with sudden-onset right-sided numbness and weakness, accompanied by expressive aphasia

a. She reports a history of similar episodes over the past year, each resolving within hours. She also notes experiencing severe headaches with visual disturbances, such as flashing lights, preceding these episodes. Neurological examination reveals mild right-sided weakness and difficulty finding words. Non-contrast head computed tomography (CT) is unremarkable.

What is the most appropriate next step in management?

- A. Refer for electroencephalography (EEG)
- B. Administer thrombolytic therapy
- C. Schedule carotid Doppler ultrasonography
- D. Initiate migraine prophylactic therapy and provide patient education

Answer: D

Explanation:

The patient's recurrent episodes of unilateral numbness, weakness, expressive aphasia, and visual disturbances preceding severe headaches are indicative of hemiplegic migraine, a subtype of migraine with aura that can mimic a stroke. Given the frequency and severity of her episodes, initiating prophylactic therapy to reduce the frequency and severity of attacks is appropriate. Patient education regarding migraine triggers and symptom management is also essential.

Administering thrombolytic therapy is contraindicated without evidence of acute ischemic stroke, especially given the patient's history of similar transient episodes and unremarkable imaging. Scheduling carotid Doppler ultrasonography may be considered if there is suspicion of carotid artery disease, but the patient's symptoms are more consistent with hemiplegic migraine.

A referral for electroencephalography (EEG) could be useful if seizures are suspected, but the clinical presentation aligns more closely with hemiplegic migraine.

Question: 10

A 77-year-old male recovering from an ischemic stroke is working with a multidisciplinary team to regain independence. The occupational therapist is focusing on activities of daily living (ADLs).

Which intervention would be most appropriate for this therapy session?

- A. Providing education on energy conservation techniques for daily activities
- B. Teaching the patient how to use adaptive equipment for dressing and grooming
- C. Assessing the patient's fine motor skills to determine grip strength
- D. Conducting gait training exercises to improve balance and coordination

Answer: B

Explanation:

Occupational therapy focuses on helping stroke survivors regain independence in daily tasks such as dressing, grooming, and bathing. Adaptive equipment, such as button hooks, long-handled sponges, or one-handed dressing techniques, can enhance a patient's ability to perform these tasks despite motor impairments. Occupational therapy is a crucial part of stroke rehabilitation, particularly in promoting self-care and functional independence.

Gait training exercises fall under the scope of physical therapy, which specializes in mobility, balance, and walking rather than fine motor tasks or ADLs.

Energy conservation techniques are often addressed in occupational therapy for patients with conditions like multiple sclerosis or chronic fatigue syndrome; in stroke rehabilitation, the primary focus is on skill retraining for ADLs rather than energy management.

Assessing grip strength is useful but does not directly teach the patient how to complete ADLs. While grip strength influences dexterity, the goal of occupational therapy is to develop compensatory strategies to perform tasks effectively, even with weakness.

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