

Nursing

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Question: 1

During a routine assessment, the AGCNS notices a patient has some dryness of his conjunctivae with white patches present there. This is indicative of a deficiency in which vitamin?

- a. A
- b. B₁₂
- c. D
- d. Niacin

Answer: A

Explanation:

A deficiency in vitamin A can cause xerosis, or dry conjunctivae, and the white patches are called Bitot's spots. The patient will often have problems with decreased vision at night. Vitamin A is found in foods rich in beta carotene, such as carrots.

Question: 2

A 54-year-old female is taking levothyroxine 0.125 mg daily. Her most recent labs show TSH increased at 8.1 and T4 decreased at 4.2. What is the most appropriate step to take next?

- A. Continue the levothyroxine at the current dosage and recheck labs at her next follow-up.
- B. Decrease the levothyroxine dosage to 0.1 mg daily and recheck labs in 6-8 weeks.
- C. Increase the levothyroxine dosage to 0.137 mg daily and recheck labs in 6-8 weeks.
- D. Increase the levothyroxine dosage to 0.3 mg daily and recheck labs in 6-8 weeks.

Answer: C

Explanation:

An increased TSH level and decreased T4 level would indicate mild hypothyroidism and her medication dosage should be increased. It is recommended that levothyroxine be increased in increments of 0.0125 to 0.025 mg and then have labs rechecked before adjusting the medication again.

Question: 3

Of the following, the illness that requires airborne precautions be followed is:

- A. Influenza
- B. Rubella (German measles)
- C. Varicella (chickenpox)
- D. Pertussis (whooping cough)

Answer: C

Explanation:

An illness that requires airborne precautions be followed means that the virus or bacteria will suspend in the air to be breathed in by another person. Varicella is one of these illnesses, along with SARS, anthrax, and tuberculosis.

Question: 4

In order for a patient with congestive heart failure to qualify for Hospice care, which of the following requirements must be met?

- A. One or more hospitalizations for a CHF-related flare-up within the past year.
- B. Symptoms are well-controlled with medications, but the patient is noncompliant and suffers frequent exacerbations because of the disease.
- C. Along with CHF, there is a concomitant diagnosis of coronary artery disease or COPD.
- D. The patient's ejection fraction is measured at and there are symptoms at rest despite maximum medical treatment.

Answer: D

Explanation:

In order for a CHF patient to qualify for hospice care, they must be suffering from chronic, debilitating symptoms of the disease despite being on maximum medical treatment. In addition to this, the ejection fraction should be less than or equal to 20%. Once these conditions are met, the patient is considered a candidate for hospice care,

Question: 5

A 65-year-old male with a history of coronary artery disease and hypertension presents with altered mental status for the past 2 hours. On exam, his BP is 220/120 mmHg and papilledema is seen on fundoscopic exam. Which of the following should be started immediately?

- A. Enalapril
- B. Hydralazine
- C. Labetalol
- D. Nitroglycerin

Answer: C

Explanation:

Labetalol functions as a beta and alpha-blocker and is the most effective at lowering blood pressure quickly. Enalapril and hydralazine will lower blood pressure, but not as quickly or effectively as the labetalol in this situation. Nitroglycerin is used for patients with chest pain.

Question: 6

A 75-year-old man is seen with complaints of dyspnea on exertion and bilateral ankle swelling. He has a history of hypertension and COPD, both of which have been well-controlled. On exam, he has 2 cm of JVD and 2+ pitting edema at the ankles. Which abnormal sound would the AGCNS expect to hear during his cardiac exam?

- a. An ejection click
- b. A thrill
- c. S₃
- d. S₄

Answer: C

Explanation:

An S₃ is present when there is increased resistance in the ventricle as the atria are emptying. It is present with congestive heart failure. An S₄ is the extra heart sound heard when there is increased resistance in the ventricle as the atria are contracting. An ejection click is heard with mitral valve prolapse or aortic stenosis. A thrill is felt when a harsh murmur is present.

Question: 7

Which of the following is indicative of right-sided heart failure?

- A. Elevated jugular venous pressure
- B. Hypotension
- C. Interstitial edema on chest x-ray
- D. Significant orthopnea

Answer: A

Explanation:

Of these symptoms, only the elevated jugular venous pressure is seen in right-sided heart failure. All of the other symptoms listed are present with left-sided heart failure.

Question: 8

An AGCNS is seeing a gentleman who underwent a total hip replacement 2 weeks ago. He has complaints of shortness of breath and pain in the lower leg in which he had the hip surgery. Which of the following studies is the best for confirming the suspected diagnosis?

- A. D-dimer serum test
- B. P/V scintigraphy
- C. Pulmonary angiogram
- D. Spiral CT of the chest

Answer: D

Explanation:

A spiral CT of the chest is the most accurate, non-invasive assessment for a pulmonary embolism. The pulmonary angiogram is considered the gold standard to definitively diagnose, but it is invasive and has its

risks. If there is a low probability of a pulmonary embolism, a D-dimer can be performed, and if it is negative, it will rule out the presence of an embolus.

Question: 9

An AGCNS sees a patient who would like to have a skin lesion removed. The lesion is on her upper arm, is 4 mm round with well-defined margins. She had noticed that it was black, but she thinks it has developed some purple discoloration recently. The best way to assess this would be:

- A. Excisional biopsy
- B. KOH prep
- C. Punch biopsy
- D. Wood's lamp assessment

Answer: A

Explanation:

With the discoloration present in this skin lesion, there is some concern for malignant melanoma. Excisional biopsy with clean margins is the preferred method for removing this lesion for it to be fully assessed. Though the ABCDs are always assessed with skin lesions, not all of the factors need to have negative findings in order for the skin lesion to be concerning.

Question: 10

A 65-year-old female has a long history of untreated hypercalcemia

a. The finding that the AGCNS would also be expected to find is:

- A. A DEXA score of 2.0
- B. Decreased thirst
- C. Shortness of breath
- D. Nephrolithiasis

Answer: D

Explanation:

Hypercalcemia is due to hyperparathyroidism and can cause kidney stones. Most patients are asymptomatic, but some may have polyuria and polydipsia due to diabetes insipidus. With the elevated serum calcium level, there is decreased calcium in the bones which will affect the DEXA scan score, but this is usually less than -0.1.

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