AACN

CCNS-Adult
Certified Clinical Nurse Specialist Certification Exam

Questions And Answers PDF Format:

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Version = **Product**

Latest Version: 6.0

Question: 1

One of the first signs of a urinary tract infection in an 86-year-old female patient is:

A. Dysuria
B. Confusion
C. Urinary frequency
D. Polydipsia

Answer: B

Explanation:
A urinary tract infection will usually cause dysuria, urinary frequency, and urinary urgency. These classic symptoms are usually not very pronounced, though, in the elderly population. Confusion is very common, especially for those with underlying dementia, along with other behavior changes.

Question: 2

Which of the following patients is at most risk for developing an abdominal aortic aneurysm?

A. A 75-year-old female smoker with hypertension, well-controlled with medication
B. A 51-year-old male, non-smoker, with elevated LDL cholesterol
C. A 7 g-year-old male smoker with hypertension. hypercholesterolemia. and COPD
D. A 62-year-old male smoker with no chronic medical problems

Answer: C

Explanation:
The 79-year-old male smoker with hypertension, hypercholesterolemia, and COPD is at highest risk for developing an abdominal aortic aneurysm. Being of older age and male are the biggest risk factors to developing an abdominal aortic aneurysm. Other risk factors include hypertension, COPD. smoking, and peripheral arterial disease.

Question: 3

A 65-year-old man has had chest pain that was diagnosed as angina. When taking his history, he tells his AGCNS that he is a heavy smoker, drinks alcohol daily, has a very poor diet, drinks a lot of caffeine every day, and does not exercise. What is the most important lifestyle change he should make?

A. Quit drinking alcohol
B. Quit smoking

C. Improve his diet
D. Start a regular exercise routine

Answer: B

Explanation:
All of the choices are modifications that should be made to improve his general overall health, but smoking is the leading cause of cardiovascular death. He should work on all of these habits, but the smoking should go first.

Question: 4

A definitive diagnosis of Parkinson's disease is made with:

A. The presence of neurofibrillary tangles on brain MRI
B. The development of hallucinations and dementia-type symptoms
C. Frequent falls due to shuffling gait
D. The presence of at least two of the four main symptoms of Parkinson's disease

Answer: D

Explanation:
The four main symptoms of Parkinson's disease are a tremor, bradykinesia. stiffness of the extremities or trunk, and postural instability causing frequent falls. At least two of these symptoms must be present in order to make a diagnosis of Parkinson's disease. There is not one, definitive test for Parkinson's disease. Rather, the diagnosis is made based on these clinical findings,

Question: 5

A 52 -year-old male is seen in the office for complaints of left great toe pain. He woke up this morning with the pain and rates his pain level as a 10/10. He denies any trauma. On exam, the left great toe is erythematous and edematous with significant pain with movement or palpation. The lab test that would be most appropriate at this time is:

A. A uric acid level
B. A chemistry panel
C. A CBC
D. No lab tests are available to diagnose this condition.

Answer: A

Explanation:
Acute gout occurs when the body does not excrete enough uric acid and it accumulates within a joint space. A serum uric acid level is usually elevated with this condition. One way to prevent gout flare-ups is to eat a low-purine diet.

Question: 6

All of the following are early signs/symptoms of temporal arteritis EXCEPT:

A. Headache
B. Jaw pain
C. Loss of vision
D. Tenderness of the scalp

Answer: C

Explanation:
Temporal arteritis is the inflammation of the temporal artery. This inflammation initially causes headaches. pain in the jaw, tenderness of the scalp and changes in vision. If left untreated. a late onset symptom of temporal arteritis is vision loss, therefore it is important to identify and treat this condition based on the early signs and symptoms noted.

Question: 7

The EKG changes that are seen with severe hyperkalemia include:

A. Absent P waves, A prolonged PR segment, ST depression, and inverted T waves
B. Prolonged QRS, a bundle branch block, sinus bradycardia, and a sine wave
C. Sinus tachycardia rhythm with ST segment elevation
D. Irregular rhythm with rate usually >120 and inverted T waves

Answer: B

Explanation:
Severe hyperkalemia is classified as a serum potassium level >7 mEq/L When the potassium level is slightly elevated, tall and peaked T waves can be seen on EKG. As this worsens, the PR segment becomes longer, and the P waves eventually disappear. Once severe, the changes listed (prolonged QRS, a bundle branch block, sinus bradycardia, and a sine wave) are present on EKG. If this continues to worsen. it will result in cardiac arrest.

Question: 8

An elderly female patient has a nasogastric drain. The results of her arterial blood gases are as follows: pH 7.5, HCO_3 31, pCO_2 37. Based on these values, which acid-base disorder has this patient developed?

A. Respiratory alkalosis
B. Respiratory acidosis
C. Metabolic alkalosis

D. Metabolic acidosis

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Answer: C

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Explanation:
Metabolic alkalosis will cause the arterial blood pH and bicarbonate levels to increase (normal bicarbonate range is 22-30 mEq/L). Conversely, metabolic acidosis will cause arterial pH and bicarbonate levels to decrease. Respiratory acidosis will increase the arterial carbon dioxide level while decreasing the PH, and respiratory alkalosis will have the opposite results with a decrease in CO2 level and an increased PH.

Question: 9

The T-score the AGCNS would expect to see on the DEXA scan of an osteopenic female is:

A. Less than -2.5
B. -2.5 to -1.0
C. -1.0 to 1.0
D. 1.0 to 2.0

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Answer: B

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Explanation:
The T-score is the measure used with bone densitometry, or DEXA scans to determine whether someone has adequate bone density, if they are osteopenic, or if they have osteoporosis. A T-score -1.0 or higher is considered normal. A T-score of -2.5 through -1.0 indicates osteopenia is present. A T-score below -2.5 indicates osteoporosis.

Question: 10

An AGCNS would expect the results of a pulmonary function test (PFT) in an asthmatic patient to be:

A. FEV_1 90%, FVC 92%, FEV_1/FVC 97%
B. FEV_1 70%, FVC 83%, FEV_1/FVC 84%
C. FEV_1 94%, FVC 90%, FEV_1/FVC 100%
D. FEV_1 89%, FVC 84%, FEV_1/FVC 104%

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Answer: B

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Explanation:
FEV_1 70%, FVC 83%, and FEV_1/FVC 84% indicates asthma. The FEV_1 is the amount of air that can be exhaled within the first second after inhaling the maximum amount of air a person can inhale (the FVC). The normal range for the FEV_1 and the FVC is 80-120%. The FEV_1/FVC ratio is calculated and should be about 85%. A decrease in FEV_1 and the FEV_1/FVC ratio indicates asthma as a diagnosis.

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