

## *College Admission*

*Gerontological-Nurse  
Gerontological Nurse Certification Exam*

**Questions And Answers PDF Format:**

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# Latest Version: 6.0

## Question: 1

Phase I of becoming bedridden (Zegelin) begins with:

- A. A fall
- B. Unstable gait/imbalance
- C. Prolonged prescribed bedrest and chair
- D. Prolonged continuous bedrest

**Answer: B**

Explanation:

The five phases of becoming bedridden (Zegelin) include:

Phase I: Unstable gait/imbalance, beginning difficulty with ambulation.

Phase II: Fall or hospital stay that limits mobility because of injury or lack of assistance.

Phase III: Prescribed bedrest and chair. Patients are often up for limited periods by choice even if ambulation is not restricted.

Phase IV: Ability to transfer from bed to chair independently is lost. Patients completely dependent on others.

Phase V: 24-hour-a day bedrest with no transfers for elimination or other needs.

## Question: 2

Drug absorption may be impaired in gerontology patients because of:

- A. Decreased splanchnic blood flow
- B. Body water volume fluctuations
- C. Decreased renal blood flow
- D. Changed hepatic volume

**Answer: A**

Explanation:

Drug absorption may be impaired in older adults because of decreased splanchnic (visceral) blood flow.

Gastric acids tend to decrease, and pH tends to become more acidic. Combined with decreased blood flow to the stomach, this can reduce absorption. Slower gastric emptying can also affect absorption. The degree to which drug absorption may be affected can be difficult to predict although blood levels of some drugs can be monitored.

## Question: 3

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An alert 70-year-old female patient hospitalized with a vertebral fracture and no previous history of incontinence has started having both urinary and fecal leakage. The gerontological nurse's initial response is to examine the patient for:

- A. Urinary infection
- B. Medication reaction
- C. Fecal impaction
- D. Psychological factors

**Answer: C**

Explanation:

If an alert 70-year-old female patient hospitalized with a vertebral fracture and no previous history of incontinence has started having both urinary and fecal leakage, the adult gerontology acute care nurse practitioner's initial response should be to examine the patient for a fecal impaction. Fecal impaction is a common cause of both urinary and fecal incontinence in patients who are hospitalized or immobile, especially if they are receiving opioids.

### Question: 4

Absorption of nutrients from the small bowel is often impaired in older adults because of:

- A. Age-related cellular mutations
- B. Decreased muscular contractility
- C. Narrowing and lengthening of villi
- D. Broadening and shortening of villi

**Answer: D**

Explanation:

Absorption of nutrients from the small bowel is often impaired in older adults because of broadening and shortening of villi, which decreases the surface area available. Additionally, levels of some enzymes decrease. For example, lactase levels may fall, and this can cause increased lactose intolerance. When fecal material moves slowly through the bowels, bacterial overgrowth may occur, and this can affect absorption of nutrients because the bacteria require nutrients and can also cause diarrhea, which interferes with absorption.

### Question: 5

In order to optimize venous return and prevent pressure areas for a patient who is bedridden or has limited activity, as much as possible, the head of the patient's bed should be maintained at:

- A.  $\leq 90$  degrees
- B.  $\leq 60$  degrees
- C.  $\leq 45$  degrees

D. ≤30 degrees

**Answer: D**

Explanation:

In order to optimize venous return and prevent pressure areas for a patient who is bedridden or has limited activity, as much as possible, the head of the patient's bed should be maintained at 30 degrees or lower.

Other measures include turning patients every 2 hours or more, avoiding friction and shear, using positioning devices, shifting weight for chair-bound patients every 15 minutes, managing incontinence, and keeping skin clean and dry, utilizing pressure relief devices/mattresses, and ensuring adequate fluid and nutrition.

### Question: 6

A patient has a long-leg cast and requires assessment to ensure the cast is not restrictive. The 5 Ps of neurovascular assessment include (1) Pain, (2) Pallor, (3) Pulselessness, (4) Paresthesia, and (5):

- A. Paraplegia
- B. Pallesthesia
- C. Paralysis
- D. Pathology

**Answer: C**

Explanation:

The 5 Ps of neurovascular assessment include:

<b>Pain</b>	Determine site, extent, duration, changes.
<b>Pallor</b>	Evaluate overall color and color distal to injuries, casts. Pallor or cyanosis indicates impaired circulation or venous stasis.
<b>Pulselessness</b>	Assess distal pulses and compare to other pulses. Weak or absent pulse may indicate impaired circulation.
<b>Paresthesia</b>	Assess for tingling, numbness, or other abnormal sensations as these many indicate nerve damage or compartment syndrome.
<b>Paralysis</b>	Assess for motion distal and proximal to cast as inability to move may also indicate nerve damage or compartment syndrome.

### Question: 7

If a patient's nursing diagnosis is "ineffective airway clearance associated with edema and effects of smoke inhalation," the goal should be to:

- A. Restore perfusion to lungs and vital organs.
- B. Reduce the risk of respiratory complications.
- C. Maintain patent airway and adequate airway clearance.
- D. Achieve rapid reduction of airway edema.

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**Answer: C**

Explanation:

If a patient's nursing diagnosis is "ineffective airway clearance associated with edema and the effects of smoke inhalation," the goal should be to maintain patent airway and adequate airway clearance. As much as possible, the goal should reflect the issues outlined in the nursing diagnosis as well as the expected outcomes. The interventions should be those that help to achieve the goals, such as proper positioning, use of incentive spirometer, providing humidified oxygen, and encouraging the patient to breathe deeply and cough.

### Question: 8

Distribution of drugs is often impaired in gerontological patients because of:

- A. Changes in body water volume
- B. b, Increased gastric pH
- C. Changes in hepatic volume
- D. Reduced renal blood flow

**Answer: A**

Explanation:

Distribution of drugs is often impaired in gerontological patients because of changes in body water volume. Body water volume tends to decrease at the same time that fat deposits increase and are distributed differently. These changes especially effect the distribution of lipophilic drugs and may also increase their half-lives. Distribution may also be affected by decreased levels of albumin, which decrease plasma protein binding.

If a patient's nursing diagnosis is "ineffective airway clearance associated with edema and the effects of smoke inhalation," the goal should be to maintain patent airway and adequate airway clearance. As much as possible, the goal should reflect the issues outlined in the nursing diagnosis as well as the expected outcomes. The interventions should be those that help to achieve the goals, such as proper positioning, use of incentive spirometer, providing humidified oxygen, and encouraging the patient to breathe deeply and cough.

### Question: 9

Oxygen exchange in the lungs decreases with age because of:

- A. Atrophy of alveoli and alveolar ducts
- B. Enlargement of alveoli and alveolar ducts
- C. Increased mucous production in alveoli and alveolar ducts
- D. Decrease in the number of alveoli and alveolar ducts

**Answer: B**

Explanation:

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Oxygen exchange in the lungs decreases with age because of enlargement of alveoli and alveolar ducts. Although the number of alveoli usually stays about the same, the enlargement results from loss of elastic fibers around the alveoli and ducts. While these changes usually result in no overt symptoms, the decrease in air exchange may make older adults less tolerant to exercise, and some may find that they become "winded" more easily. Other changes include decreased glandular epithelial cells (reducing production of mucus), and loss of elastin and collagen (allowing airways to collapse during expiration).

### Question: 10

The government entity that requires that personal protective equipment be readily available at the worksite and in appropriate sizes is:

- A. CDC
- B. FDA
- C. OSHA
- D. CMS

**Answer: C**

Explanation:

OSHA sets and enforces regulations related to workplace safety. In healthcare, this encompasses bloodborne pathogens, hazardous materials and hazardous wastes, and compressed gases and air equipment. OSHA also establishes lifting limits and ergonomic guidelines to minimize the risk of injury. Compliance officers can take complaints and issue citations for those out of compliance.

### Question: 11

Considering human subject protection, once a subject has agreed to participate in research, which of the following is an accurate statement?

- A. The subject may discontinue participation at any time.
- B. The subject must complete the research project.
- C. The subject must petition the Office of Human Research Protection to withdraw,
- D. The subject must give two weeks' notice to withdraw.

**Answer: A**

Explanation:

Participation is voluntary, and the subject can discontinue participation at any time without penalty. Risks should be minimal, and selection of subjects should be equitable. Any researcher involving patients in research must obtain informed consent, in language understandable to the patient or the patient's agent. The elements of this informed consent must include an explanation of the research, the purpose, and the expected duration, as well as a description of any potential risks. Potential benefits must be described, and possible alternative treatments. Any compensation to be provided must be outlined. The extent of confidentiality should be clarified.

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## Question: 12

A patient who is malnourished has the following nursing diagnosis: imbalanced nutrition—less than body requirements. Which of the following is an appropriate desired outcome?

- A. Provide supplements if diet remains insufficient.
- B. Patient will improve activity level and show increased energy.
- C. Ensure well-balanced healthy diet.
- D. Patient will maintain adequate nutrition evidenced by weight within normal range.

<b>Answer: D</b>
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Explanation:

A desired outcome for a patient should clearly reflect the nursing diagnosis. Therefore, if the nursing diagnosis is, "imbalanced nutrition—less than body requirements," the appropriate desired outcome is "Patient will maintain adequate nutrition evidenced by weight within normal range." A number of different outcomes may be listed under "evidenced by." Nursing interventions, such as "provide supplements..." are part of the plan of care and distinct from desired outcomes.

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