Nursing

ACCNS-AG
Adult-Gerontology Clinical Nurse Specialist (ACCNS-AG) Exam

Questions And Answers PDF Format:

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Question: 1

Which of the following clinical findings may be seen on chest radiograph for a patient with a suspected pulmonary embolism?

A. Atelectasis.
B. Normal chest radiograph.
C. Cardiomegaly.
D. All of the above.

Answer: D

Explanation:
Cardiomegaly may be seen on chest x-ray in up to 50% of patients with a diagnosis of pulmonary embolism. Atelectasis is another common finding. with up to 69% of patients with a pulmonary embolism showing atelectasis on chest x-ray. Up to 22% of patients with pulmonary embolism will have a normal chest x-ray.

Question: 2

Which of the following diagnostic tests would be most appropriate to utilize to differentiate asthma from other respiratory illnesses such as chronic obstructive pulmonary disease?

A. Chest x-ray.
B. Pulmonary function tests.
C. Electrocardiography.
D. Computed tomography scan of chest.

Answer: B

Explanation:
While chest x-ray, pulmonary function tests, electrocardiography, and a complete blood cell count may be used to confirm a diagnosis of asthma in the older adult patient, pulmonary function tests are the most useful diagnostic test in confirming a diagnosis of asthma and differentiating between other respiratory diagnoses such as chronic obstructive pulmonary disease. Chest x-ray usually results in negative findings for the asthmatic patient: however, other abnormalities may be detected. Electrocardiography may be utilized to determine the presence of underlying cardiac disease and assist the healthcare practitioner with ordering the appropriate medication if a diagnosis of asthma is made. Computed tomography (CT) scanning may be useful for patients with recurring symptoms or chronic disease.

Question: 3

The CNS is seeing a 72-year-old patient in their primary care office. The patient was diagnosed with asthma 1 year ago and is now presenting with wheezing, chest tightness, and cough. Upon interviewing the patient, she mentions that she recently started a "few new medications." Which of the following new medications that the patient is taking may be contributing to the exacerbation of her asthma symptoms?

A. Lisinopril.
B. Doxepin.
C. Pantoprazole.
D. Losartan.

Answer: A

Explanation:
Angiotensin-converting enzyme (ACE) inhibitors, such as Lisinopril, may exacerbate asthma symptoms, most commonly producing cough. Monoamine oxidase inhibitors and tricyclic antidepressants used in the treatment of depression have the potential to interact with corticosteroids and worsen depression. Angiotensin II receptor blockers do not have the same effect as ACE inhibitors on asthma symptoms and are the preferred treatment option along with calcium channel blockers for asthmatic patients with hypertension. Pantoprazole does not produce or contribute to the exacerbation of asthma symptoms.

Question: 4

The CNS is performing a history and physical on a 70-year-old patient who is experiencing dyspnea on exertion. The patient states that in addition to her shortness of breath, she has been experiencing heart palpitations, fatigue, and heat intolerance. Which of the following potential diagnoses could be a contributing factor in the patient's dyspnea?

A. Anemia.
B. Psychogenic dyspnea.
C. Aortic stenosis.
D. Thyroid disease.

Answer: D

Explanation:
There are multiple diseases and conditions that can cause dyspnea to occur, including cardiac and pulmonary diseases, anemia, thyroid disease, and psychogenic causes. Palpitations, generalized fatigue, and heat intolerance are symptoms that are indicative of thyrotoxicosis. Pallor, fatigue, and evidence of blood loss indicate anemia. Chest pain, syncope, and fatigue may indicate aortic stenosis. Psychogenic dyspnea usually occurs at rest and may be accompanied by peripheral and periorbital paresthesias.

Question: 5

The World Health Organization (WHO) classifies patients with pulmonary hypertension (PH) into 5 groups based upon etiology. Patients in group 1 have which of the following types of pulmonary hypertension?

A. Patients with pulmonary hypertension secondary to hypoxemia.
B. Patients with pulmonary hypertension secondary to left-sided heart disease.
C. Patients with idiopathic arterial hypertension.
D. Patients with pulmonary hypertension secondary to thromboembolic occlusion of the pulmonary vasculature.

Answer: C

Explanation:
WHO group 1 patients are defined as patients with idiopathic arterial hypertension. Group 2 patients are defined as patients with pulmonary hypertension secondary to left-sided heart disease. Group 3 patients are defined as patients with pulmonary hypertension secondary to hypoxemia or chronic lung disease. Patients with group 4 pulmonary hypertension have pulmonary hypertension secondary to thromboembolic occlusion of the pulmonary vasculature. Patients in group 5 have pulmonary hypertension due to unknown or unclear mechanisms.

Question: 6

The most common risk factor for obstructive sleep apnea is:

A. male gender.
B. obesity.
C. smoking.
D. craniofacial abnormalities.

Answer: B

Explanation:
There are multiple risk factors that may increase the likelihood of developing obstructive sleep apnea. Obesity is the most common risk factor for obstructive sleep apnea in both males and females. Male gender, smoking craniofacial and upper airway abnormalities, increasing age, and menopause are other risk factors. In addition, there are medical conditions that may also increase risk, including heart failure, hypothyroidism, and renal disease.

Question: 7

The CNS is rounding on a medical surgical unit and is seeing a 74-year-old male patient who was recently diagnosed with aspiration pneumoni

a. An anaerobic bacterium is the suspected pathogen. Which of the following treatment options would NOT be considered?
A. Clindamycin.
B. Amoxicillin-clavulanate.
C. Metronidazole plus amoxicillin.
D. Moxifloxacin.

Answer: D

Explanation:
Clindamycin is the drug of choice for first-line therapy in the treatment of aspiration pneumonia caused by anaerobic bacteria. Other alternate treatment options include Amoxicillin-clavulanate or metronidazole plus amoxicillin or penicillin G. Moxifloxacin may be an effective treatment} however, it is an agent that is not preferred as first-line therapy in the treatment of aspiration pneumonia caused by anaerobic bacteria.

Question: 8

The most common site of aspiration offoreign bodies is the:

A. right main stem bronchus.
B. oropharynx.
C. trachea.
D. left main stem bro

Answer: A

Explanation:
Treatment of aspiration of foreign bodies is highly dependent on the size of the foreign body its location. The right main stem bronchus is the most common site of foreign body aspiration. Foreign bodies lodged in the oropharynx or trachea are likely to cause acute asphyxiation, depending on the size of the foreign body. Foreign bodies are more likely to be aspirated in the lower lobes, causing distal bronchial obstruction.

Question: 9

Which of the following is an indication for lung volume reduction surgery for a patient with emphysema?

A. Age 65 years and younger.
B. Longer than 12 months of smoking cessation.
C. Inability to complete a 6- to 10-week pulmonary rehabilitation program.
D. Marked airflow obstruction on spirometry.

Answer: D

Explanation:
Indications for lung volume reduction surgery for patients with emphysema include (but are not limited to) age younger than 7 5 years, severe dyspnea that persists after medical therapy and maximal pulmonary rehabilitation, and marked airflow obstruction on spirometry. Inability to complete a 6- to 10-week pulmonary rehabilitation program is a contraindication for lung volume reduction surgery in patients with emphysema.

Question: 10

Which of the following is a treatment-related predictor of mortality in acute respiratory distress syndrome (ARDS)?

A. Negative fluid balance.
B. Early intubation.
C. Platelet transfusion.
D. Treatment with glucocorticoids prior to development of ARDS.

Answer: D

Explanation:
Treatment-related predictors of mortality in acute respiratory distress syndrome include a positive fluid balance, late intubation, packed red blood cell transfusion, and glucocorticoid treatment prior to the development of acute respiratory distress syndrome. In addition, patients with acute respiratory distress syndrome admitted to intensive care units without mandated care by an intensivist has shown to increase mortality risk.

Question: 11

Pulmonary interstitial emphysema is most likely to occur in patients with which condition?

A. Interstitial pneumonia.
B. Chronic obstructive pulmonary disease.
C. Non-small cell lung cancer.
D. Prior intubation/mechanical ventilation.

Answer: A

Explanation:
Pulmonary interstitial emphysema (PIE) may occur in patients with acute respiratory distress syndrome or mechanically ventilated patients. PIE is characterized by the dissection of air through the alveolar walls into the interstitial tissues, causing inflammation. Pulmonary interstitial emphysema is most commonly seen in patients with usual interstitial pneumonia. There may also be a correlation with prior ventilation and/or lung biopsy and the development of PIE.

Question: 12

The CNS is working in the emergency department when a 60-year-old patient arrives after a motor vehicle accident. The patient experienced blunt thoracic trauma as a result of the accident and undergoes a CT scan of the chest. A diagnosis of occult pneumothorax (6 mm in length) is made based on the CT scan results. The patient is hemodynamically stable and is not experiencing any type of respiratory distress or compromise. Which of the following treatment options is most appropriate for this patient?

A. Placement of chest tube.
B. Observation.
C. Positive pressure ventilation.
D. Surgical thoracotomy.

Answer: B

Explanation:
Research supports treating asymptomatic patients with occult pneumothorax less than 8 mm in length with observation alone. In the event that the patient becomes symptomatic or the pneumothorax enlarges, placement of a chest tube would be indicated. Positive-pressure ventilation may contribute to the expansion of the pneumothorax and should only be initiated in patients with traumatic pneumothorax with a chest tube in place.

Question: 13

Which of the following anatomic changes would be expected for a patient who has undergone a pneumonectomy?

A. Rapid accumulation of fluid into the post-pneumonectomy space.
B. Obliteration of the post-pneumonectomy space.
C. Shifting of the mediastinum away from the post-pneumonectomy space.
D. Elevation of the hemidiaphragm.

Answer: D

Explanation:
Anatomical changes for patients undergoing a pneumonectomy include elevation of the hemidiaphragm, shifting of the mediastinum towards the post-pneumonectomy and hyperinflation ofthe remaining lung. Rapid accumulation of fluid into the post-pneumonectomy space may indicate hemorrhage or infection. Obliteration of the post-pneumonectomy space rarely occurs with most patients having residual fluid or air within the space.

Question: 14

Which of the following conditions develops in patients with chronic obstructive pulmonary disease and causes development of cyanosis?

A. Cor pulmonale.
B. Secondary polycythemia.
C. Fibrosis.
D. Mucous hypersecretion.

Answer: B

Explanation:
As compensation for the decreased amount of oxygen in chronic obstructive pulmonary disease, the body makes extra red blood cells. This is known as secondary polycythemia and results in an excess number of circulating red blood cells. The excess red blood cells thicken the blood and clog small blood vessels. This results in the development of cyanosis. Cor pulmonale occurs when the right ventricle enlarges and thickens. Mucus hypersecretion and tissue destruction in chronic obstructive pulmonary disease cause airway inflammation and fibrosis.

Question: 15

Which of the following familial/congenital conditions is not associated with the development of central diabetes insipidus (CDI)?

A. Wolfram syndrome.
B. Congenital hypopituitarism.
C. Familial central diabetes insipidus.
D. Bartter syndrome.

Answer: D

Explanation:
There are several familial/congenital conditions that are associated with the development of central diabetes insipidus (CDI). They include familial central diabetes insipidus, Wolfram syndrome, congenital hypopituitarism, and septo-optic dysplasia. Bartter syndrome is a congenital condition that is associated with the development of nephrogenic diabetes insipidus.

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