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Question: 1

A patient with herpes zoster is newly admitted to the hospital. Based on your nursing knowledge of this disease, which statement is correct?

- A. If a person has not had chickenpox, they could contract herpes zoster
- B. Herpes zoster can appear in a healthy person at anytime
- C. Herpes zoster can only be diagnosed by skin stains
- D. The virus is located in the basement membrane zone of the skin

Answer: A

Explanation:

Herpes zoster (shingles) is caused by the reactivation of varicella virus which has remained dormant in nerve root ganglion, not in the basement membrane zone of the skin until reactivated. However, the herpes zoster virus can be spread from a person with the virus to someone who has never had chickenpox.

Skin cultures and antinuclear antibody tests can also diagnose shingles (not just skin stains). The risk of contracting herpes zoster tends to increase with age and immunosuppression, and is more likely to appear in individuals who have had a history of chickenpox; rarely in a healthy person.

Question: 2

A nurse is caring for a patient with severe rheumatoid arthritis who is having trouble performing activities of daily living (ADLs). Which interdisciplinary team member is MOST important for the nurse to involve?

- A. Physical therapist
- B. Rheumatologist
- C. Occupational therapist
- D. Social worker

Answer: C

Explanation:

An occupational therapist specializes in helping patients with daily activities, making them an essential resource for patients struggling with ADLs due to severe rheumatoid arthritis. They provide adaptive strategies and tools that enable patients to maintain independence.

A physical therapist focuses on improving physical function and mobility, but they do not specialize in ADLs like occupational therapists do.

A social worker assists with emotional, social, and financial issues but does not provide direct assistance with ADLs.

A rheumatologist specializes in treating arthritis but does not provide practical help with ADLs like an occupational therapist would.

Question: 3

During a follow-up visit, a patient with newly diagnosed type 2 diabetes expresses difficulty in adhering to the prescribed diet plan. What should the nurse do first to address this issue?

- A. Review the patient's dietary log
- B. Provide additional teaching about the prescribed diet plan
- C. Refer the patient to a dietitian
- D. Provide educational materials about diabetes

Answer: A

Explanation:

Reviewing the patient's dietary log allows the nurse to identify specific challenges and patterns in the patient's eating habits. This personalized approach helps tailor the subsequent education and interventions to address the patient's unique needs.

Referring to a dietitian should follow an initial assessment of the patient's current adherence and challenges. Providing educational materials does not address the immediate need to understand the patient's specific difficulties. Additional teaching may be necessary, but understanding the patient's current adherence through reviewing their dietary log is more important.

Question: 4

A nurse is educating a patient with heart failure about dietary modifications. Which of the following is the MOST important advice?

- A. Limiting sodium intake
- B. Avoiding large meals
- C. Limiting sugar intake
- D. Increasing vegetable intake

Answer: A

Explanation:

Limiting sodium intake is crucial because excessive sodium can lead to fluid retention, worsening heart failure symptoms, and increasing the risk of hospitalization. Reducing sodium helps manage blood pressure and prevent fluid overload.

Limiting sugar intake, while a healthy intervention, is not the primary focus of heart failure management. Avoiding large meals is less critical when compared to sodium restriction. While smaller meals may be beneficial, sodium intake has a more significant impact on heart failure management.

Increasing vegetable intake is beneficial for overall health, but it is not as important as limiting sodium for heart failure management.

Question: 5

A patient requests to see their medical records, but the nurse notices that some information may cause the patient distress. What should the nurse do?

- A. Discuss the records with the patient and provide support as needed
- B. Allow the patient to see their records as requested
- C. Allow the patient to access the parts of the records that don't include potentially distressing information
- D. Refuse the patient's request to access their records

Answer: A

Explanation:

Discussing the records with the patient and providing support ensures the patient has access to their information and receives the necessary emotional and informational support to process it. This approach respects the patient's rights while providing professional guidance.

Allowing the patient to see their records without support may lead to distress without the benefit of professional guidance. Providing access only to non-distressing parts of the records does not fully respect the patient's right to information. Refusing access altogether violates the patient's right to information and informed decision-making.

Question: 6

Which of the following best describes the locations that a nurse would expect to find Crohn's disease?

- A. Crohn's disease can occur anywhere in the gastrointestinal tract.
- B. Crohn's disease only occurs in the small intestines.
- C. Crohn's disease occurs anywhere in the large or small intestines.
- D. Crohn's disease only occurs in the large intestines.

Answer: A

Explanation:

While Crohn's disease is mostly likely to occur in the right colon, it can occur anywhere in the Gastrointestinal (GI) tract, even in the upper GI tract. Ulcerative colitis, however, does only occur in the large intestines.

Question: 7

Which of the following best describes meningitis?

- A. An infection that causes headaches and confusion
- B. A type of infectious bacteria
- C. An inflammation of the tissues that line the brain and spinal cord
- D. Any infection that affects the tissues of the brain

Answer: C

Explanation:

Meningitis is an inflammation of the meninges, the tissues that line the brain and spinal cord.

The inflammation that causes meningitis is almost always an infection but can be caused by other irritants as well. Meningitis is not a bacteria. While it is often an infection that can cause headaches and confusion, this is not the best description of meningitis. While meningitis does affect the tissues lining the brain, it is not always an infection.

Question: 8

You are caring for a patient who is on 6 LPM of O₂ via nasal cannula and has an O₂ sat of 93%. While trying to reach the ordered goal of a 95% O₂ sat, which of the following is important to keep in mind?

- A. A non-rebreather is necessary for this patient to reach a goal of 95%
- B. The next step for this patient must be either CPAP or BiPAP
- C. The patient will like be okay with an O₂ sat of 93%
- D. O₂ that is given via nasal cannula should be humidified if the flow rate is over 6 LPM

Answer: D

Explanation:

When oxygen is given at a rate that is over 6 liters per minute via nasal cannula, a patient may experience dehydration of the mucous membranes, causing epistaxis or congestion. Oxygen given at a rate that is over 6 liters per minute via nasal cannula should be humidified.

CPAP or BiPAP does not have to be the next step for this patient. They are close to their oxygenation goal, and an adjustment of their oxygen flow or other means of oxygen delivery may also be considered. A non-rebreather may be indicated, but there is nothing to indicate that the non-rebreather is necessary to reach the patient's oxygenation goals; the information provided is not sufficient to infer that. The patient has an ordered goal of a sat of 95%; they should not be left at 93% if the ordered goal is higher.

Question: 9

Reliable and appropriate methods of evaluating aspiration risk for patients who are receiving enteral feedings (tube feedings) include all of the following except:

- A. Addition of blue dye to formula to detect for aspiration
- B. Monitor patient's management of oral secretions
- C. Monitor patient's level of consciousness
- D. Evaluate the patient's cough or gag reflex

Answer: A

Explanation:

When caring for an enterally fed patient, risk factors for aspiration include decreased level of consciousness, decreased cough and/or gag reflex, and inability to manage oral secretions (presence of drooling). Most aspiration is of oral-pharyngeal secretions, although GI content aspiration can occur. Other risk factors include the patient positioned with head of bed less than 30-45 degrees Fowler's position, incompetent lower esophageal sphincter (LES); history of hiatal hernia, reflux, tube traversing the LES, and decreased gastric emptying. The nurse should be aware of all potential risks of aspiration to deliver the highest quality of care.

The addition of blue dye to formula to detect for aspiration is no longer considered a safe, standard practice. Several potential deaths may have been associated with the systemic absorption of blue dye in patients who were acutely ill or septic.

Question: 10

Which of the following is least likely to contribute to the development of nephrolithiasis?

- A. Gender
- B. Diet
- C. Sedentary lifestyle
- D. Infections

Answer: A

Explanation:

Gender may influence what type of kidney stone is likely to develop, but will not normally significantly influence the development of nephrolithiasis. Risk factors for developing nephrolithiasis include a diet high in calcium, oxalates, or purines; a sedentary lifestyle; and frequent or severe infections, especially infections affecting the urinary tract.

Question: 11

Which of the following diagnostic studies is the most accurate measure of glomerular filtration rate (GFR)?

- A. Urine sediment test
- B. Urine creatinine clearance test
- C. Urine osmolality test
- D. Urinalysis

Answer: B

Explanation:

A urine creatinine clearance test measures a patient's urine over a 24-hour period, determining glomerular filtration rate as creatinine normally filters out in the glomerulus and is passed out of the system unchanged. If renal function decreases, clearance of creatinine decreases; overall, it is an excellent indicator of renal function.

Urine sediment test is a microscopic examination for the presence of cells, casts, and bacteria. A urinalysis is a screening tool that provides clues to homeostasis and fluid volume. Urine osmolality is used to measure the number of dissolved particles per unit of water in the urine and is useful in diagnosing disorders of urinary concentration such as diabetes insipidus and in assessing hydration status.

Question: 12

Which of the following would be the best intervention for a patient who is actively in status epilepticus?

- A. Establish IV access
- B. Provide PO Ativan (lorazepam)
- C. Wait for the seizure to pass before beginning treatments
- D. Consult a neurologist

Answer: A

Explanation:

Status epilepticus is a state of prolonged seizures that do not break. This condition is a medical emergency and requires immediate treatment. Treatment will initially consist of IV benzodiazepines and airway management. Establishing IV access will be necessary to provide IV benzodiazepines and other IV medications.

Status epilepticus seizures will not resolve on their own, and treatment during the seizure will be necessary. PO benzodiazepines will not be indicated while the patient is seizing, these medications will need to be given IV. A neurologist will need to be consulted, but treating the patient will be the priority.

Question: 13

A nurse is educating a patient with type 2 diabetes about a lifestyle change needed for health improvement, but the patient is resistant to making the change. What is the MOST effective approach?

- A. Explore alternative lifestyle changes that could accomplish the same effect
- B. Explain the potential negative consequences of failing to make the lifestyle change
- C. Respect the patient's autonomy and accept their decision
- D. Explore the patient's reasons for resistance

Answer: D

Explanation:

Exploring the patient's reasons for resistance helps the nurse understand the patient's perspective and address their concerns. This approach can lead to finding mutually acceptable solutions that the patient is more likely to follow.

Explaining the potential negative consequences of failing to make the lifestyle change may feel coercive and can increase the patient's resistance.

Simply respecting the patient's autonomy and accepting their decision does not address the underlying reasons for their resistance or help them improve their health.

Exploring alternative lifestyle changes that could accomplish the same effect might be helpful, but it is more effective to first understand the patient's specific reasons for resistance.

Question: 14

A patient taking both clopidogrel and omeprazole is at risk for which potential issue due to the drug interaction?

- A. Increased bleeding risk
- B. Increased gastric pH
- C. Enhanced risk of gastric ulcers
- D. Reduced antiplatelet effect of clopidogrel

Answer: D

Explanation:

Omeprazole can reduce the antiplatelet effect of clopidogrel by inhibiting the enzyme CYP2C19, which is necessary for the activation of clopidogrel. This interaction can decrease the efficacy of clopidogrel in preventing thrombotic events.

The interaction between clopidogrel and omeprazole does not increase bleeding risk; instead, it reduces the effectiveness of clopidogrel, which could potentially increase the risk of thrombotic events.

Omeprazole decreases the risk of gastric ulcers by reducing stomach acid production, which is one of its therapeutic effects. This is not related to the interaction with clopidogrel.

While omeprazole increases gastric pH by reducing acid production, this effect is not related to the interaction with clopidogrel.

Question: 15

Which of the following conditions could be diagnosed using cystoscopy?

- A. Prostate cancer
- B. Pyelonephritis
- C. Kidney stones
- D. Bladder stones

Answer: D

Explanation:

A cystoscopy involves using an endoscope to visualize the bladder and urethra. Bladder stones can be visualized and diagnosed using cystoscopy.

Ureteroscopy is needed to visualize anything proximal to the bladder, such as the ureters or kidneys.

Kidney stones and pyelonephritis cannot be diagnosed using a cystoscopy. While a cystoscopy can

identify an enlarged prostate, this would not be sufficient to diagnose prostate cancer, and a prostate biopsy is necessary to diagnose this.



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