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Question: 1

A patient complains of inability to sleep because of persistent severe restless legs syndrome. Which of the following medications is most indicated?

- A. Pramipexole.
- B. Levo-dopa.
- C. Cabergoline.
- D. Gabapentin.

Answer: A

Explanation:

While various drugs have been used to treat restless legs syndrome, drugs that are FDA-approved for RLS and that are usually well-tolerated are pramipexole (Mirapex®) and Ropinirole (Requip®). The initial dose of pramipexole is usually 0.25 mg PO 2-3 hours before bedtime with dosage increased in 4-7 days if needed. Levo-dopa sometimes causes worsening of symptoms over time. Cabergoline is associated with severe adverse effects, and gabapentin may provide some relief of mild to moderate RLS but is associated with numerous adverse effects as well.

Question: 2

According to staging of tissue damage resulting from radiation, if the area is painful because of exposed nerves and the skin is moist and blistering with epidermal tissue having sloughed off and serous drainage is present, the damage would be classified as

- A. stage I.
- B. stage II.
- C. stage III.
- D. stage IV.

Answer: C

Explanation:

Stage III. Skin damage from radiation is common but usually begins to heal after radiation is completed and usually completes healing within 3 months.

Stage I	Slight edema, inflammation, erythema, itching, burning, or pain.
Stage II	Dry, itching, and scaly skin, and epidermis beginning to slough.
Stage III	Moist, blistering skin, epidermis sloughed off, serous drainage, and increased pain (exposed nerves).
Stage IV	Permanent hair loss, atrophy, pigment changes, and ulcerations.

Question: 3

A COPD patient on corticosteroids has friable skin and has developed a skin tear with complete loss of tissue. This would be categorized according to the International Skin Tear Advisory Panel (ISTAP) Skin Tear Classification as

- A. type 1.
- B. type 2.
- C. type 3.
- D. type 4.

Answer: C

Explanation:

If a COPD patient on corticosteroids has friable skin and has developed a skin tear with complete loss of tissue, this would be categorized according to the International Skin Tear Advisory Panel (ISTAP) Skin Tear Classification as type 3:

- Type 1: Linear tear with skin flap that can be positioned to cover the open area.
- Type 2: Tear with partial loss of flap leaving some tissue exposed.
- Type 3: Tear with complete loss of flap leaving the entire wound surface exposed.

Preventive methods include wearing long sleeves to protect the arms and applying emollients to skin.

Question: 4

According to the American Pain Society's guideline for the use of chronic opioid therapy for chronic non-cancer pain, the factor that most indicates a risk of drug abuse or misuse after beginning chronic opioid therapy is

- A. severe pain.
- B. older age
- C. preexisting cognitive impairment.
- D. personal/family history of substance abuse.

Answer: D

Explanation:

According to the American Pain Society's guideline for the use of chronic opioid therapy for chronic non-cancer pain, the factor that most indicates a risk of drug abuse or misuse after beginning chronic opioid therapy is personal/family history of substance abuse. Patients with this history should be educated thoroughly about risks and monitored carefully. Other risk factors for abuse or misuse include a younger age and psychiatric comorbidity.

Question: 5

For which of the following diagnoses may a patient be eligible for hospice care on diagnosis if the patient chooses to forego treatment?

- A. Leukemia.
- B. Small cell lung cancer.
- C. Amyotrophic lateral sclerosis.
- D. Multiple myeloma.

Answer: B

Explanation:

A patient may be eligible for hospice care on diagnosis of small cell lung cancer if the patient chooses to forego treatment because the prognosis is so poor and the average life expectancy is about 2-3 months. Other diagnoses that also may make a patient foregoing treatment eligible include pancreatic cancer, which results in a life expectancy of 4-8 months, and brain tumor (such as glioblastoma multiforme) with a life expectancy of about 6-8 months

Question: 6

An 80-year-old non-diabetic patient with renal failure who has refused hemodialysis and is not a candidate for kidney transplantation has requested hospice services. Which of the following laboratory findings supports admission to hospice?

- A. Creatinine clearance <10 mL/min and serum creatinine >8.0 mg/dL.
- B. d. Creatinine clearance <10 mL/min and serum creatinine >4 mg/dL.
- C. Creatinine clearance <15 mL/min and serum creatinine >7.0 mg/dL.
- D. Creatinine clearance <15 mL/min and serum creatinine >6.0 mg/dL.

Answer: A

Explanation:

If an 80-year-old non-diabetic patient with renal failure who has refused hemodialysis and is not a candidate for kidney transplantation has requested hospice services, the laboratory findings that support admission to hospice are creatinine clearance < 10 mL/min and serum creatinine >8.0 mg/dL. Requirements for diabetic patients with renal failure are slightly different: creatinine clearance <15 mL/min and serum creatinine >6.0 mg/dL. The patient must also have documentation that outlines signs and symptoms consistent with chronic or acute renal failure.

Question: 7

A patient with AIDS has a CD4+ count of 24, a viral load of 110,000, and a 35% drop in lean body mass. The Karnofsky Performance Scale score needed to qualify the patient for hospice care is

- A. <70.
- B. <60.
- C. <50.
- D. <40.

Answer: C

Explanation:

If a patient with AIDS has a CD4+ count of 24, a viral load of 110,000, and a 35% drop in weight, the Karnofsky Performance Scale score needed to qualify the patient for hospice care is less than 50, which indicates that the patient is in need of assistance with activities of daily living and requires frequent medical care. The KPS classifies patients according to their functional ability, and a low score indicates a low chance of survival.

Question: 8

When the advanced practice registered nurse stays with a patient and holds the patient's hand when the physician delivers bad news about the patient's prognosis, the APRN is acting on the ethical principle of

- A. nonmaleficence.
- B. beneficence.
- C. autonomy.
- D. veracity.

Answer: B

Explanation:

When the advanced practice registered nurse stays with a patient and holds the patient's hand when the physician delivers bad news about the patient's prognosis, the APRN is acting on the ethical principle of beneficence. Beneficence is acting to benefit another person, and this can include providing comfort in times of distress as well as ensuring that treatments should ultimately benefit the patient even though they may result in adverse effects.

Question: 9

If the advanced practice registered nurse is using the Palliative Performance Scale (PPS) to assess a patient with severe heart disease and finds the patient is now completely bedridden, requires total care, oral intake of both food and fluids is reduced, and the patient is responsive but very drowsy, the PPS score would be

- A. 60.
- B. 50.
- C. 40.
- D. 30.

Answer: D

Explanation:

If the advanced practice registered nurse is using the Palliative Performance Scale to assess a patient with severe heart disease and finds the patient is now completely bedridden, requires total care, oral intake of both food and fluids is reduced, and the patient is responsive but very drowsy, the PPS would be 30. Once a patient becomes bedridden, the highest possible score is 30. Scores of 50 and below indicate that disease is extensive and condition deteriorating.

Question: 10

A 46-year-old male with HIV/AIDS has anorexia and marked weight loss. Which of the following drugs may be indicated to relieve nausea and improve appetite?

- A. Dronabinol.
- B. Haloperidol.
- C. Compazine.
- D. Metoclopramide.

Answer: A

Explanation:

If a 46-year-old male with HIV/AIDS has anorexia and marked weight loss, the drug that is indicated to relieve nausea and improve appetite is dronabinol. The usual initial dosage for adults is 2.5 mg PO before lunch and dinner or 2.5 mg PO in a single dose in the evening. The dosage may be gradually increased to 20 mg daily in divided doses if necessary. Dronabinol is a cannabinoid and is also used to relieve chemotherapy-associated nausea and vomiting.

Question: 11

Following a stroke, a patient had progressed well but has become increasingly unwilling to carry out exercises or participate in activities of daily living. The patient has not joined in any activities in the unit and increasingly stays in her room with the blinds drawn. These observations are probably an indication of

- A. small strokes.
- B. dementia.
- C. depression.

D. boredom.

Answer: C

Explanation:

If, following a stroke, a patient had progressed well but has become increasingly unwilling to carry out exercises or participate in activities of daily living, and the patient has not joined in any activities in the unit and increasingly stays in her room with the blinds drawn, these observations may likely be an indication of depression. Depression is common in those with chronic disease, especially if the disease involves disabilities that limit mobility.

Question: 12

If a patient with metastatic breast cancer has informed healthcare providers that she wants a DNR order and no heroic measures to prolong life but the patient's son and daughter insist that all life-prolonging measures be carried out, the best response is to

- A. tell the son and daughter that the patient has a right to make this decision.
- B. arrange a family meeting so that the patient and children can discuss this issue.
- C. tell the son and daughter that they have no legal standing since the patient is alert.
- D. urge the patient to tell her children not to interfere.

Answer: B

Explanation:

If a patient with metastatic breast cancer has informed healthcare providers that she wants a DNR order and no heroic measures to prolong life but the patient's son and daughter insist that all life-prolonging measures be carried out, the best response is to arrange a family meeting so that the patient and children can discuss this issue. Both the patient and her children need to express their reasoning and their feelings about the patient's condition and treatment.

Question: 13

If using the ask-tell-ask framework to educate a patient about self-care, the advanced practice registered nurse would begin by

- A. waiting for the patient to ask a question.
- B. providing information and asking the patient to repeat it back.
- C. asking the patient to write down a number of questions.
- D. asking the patient what he/she knows and wants to know.

Answer: D

Explanation:

If using the ask-tell-ask framework to educate a patient about self-care, the advanced practice registered nurse would begin by asking the patient what the patient already knows about the condition and needs and what the patient wants to know. When the patient responds, the APRN tells the patient the information needed or wanted and then asks if the patient still has more questions or needs more information, continuing the cycle of ask-tell-ask.

Question: 14

The advanced practice registered nurse has completed a history and exam of a palliative care patient and produced a problem list of nursing diagnoses that includes:

- Latex allergy response.
- Deficient fluid volume.
- Spiritual distress.
- Defensive coping.
- Anxiety.

When applying Maslow's Hierarchy of Needs, which order of priority (first to last) should be assigned to each problem?

- A. (1) Deficient fluid volume, (2) latex allergy response, (3) anxiety, (4) defensive coping, (5) spiritual distress.
- B. (1) Anxiety, (2) deficient fluid volume, (3) latex allergy response, (4) spiritual distress, (5) defensive coping.
- C. (1) Latex allergy response, (2) deficient fluid volume, (3) spiritual distress, (4) defensive coping, (5) anxiety.
- D. (1) Deficient fluid volume, (2) anxiety, (3) latex allergy response, (4) defensive coping, (5) spiritual distress.

Answer: A

Explanation:

If the advanced practice nurse has completed a history and exam of a palliative care patient and produced a problem list, when applying Maslow's Hierarchy of Needs, the order of priority is:

1	Physiological (Basic life-sustaining needs)	Deficient fluid volume
2	Safety and security (Physiological/Psychological threats)	Latex allergy response
3	Love/Belonging (Support, caring, intimacy)	Anxiety
4	Self-esteem (Sense of worth, respect, independence)	Defensive coping
5	Self-actualization	Spiritual distress

Question: 15

A hospice patient has increasing episodes of dyspnea, especially after exertion. The position of comfort that is most likely to reduce the dyspnea is

- A. lying in bed with head of bed elevated to 45°.
- B. sitting upright in chair with arms hanging loosely to the sides.

- C. leaning slightly forward in a chair with arms supported.
- D. leaning back in a recliner chair.

Answer: C

Explanation:

If a hospice patient has increasing episodes of dyspnea, especially after exertion, the position of comfort that is most likely to reduce the dyspnea is sitting in a chair and leaning slightly forward with the arms supported. The patient should be encouraged to take slow even breaths. Relaxation exercises may help the patient to breathe more slowly. A fan directed at the patient's face may help the patient to feel less anxious. Some patients may need oxygen for exertion if dyspnea is severe.



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