

Practice Exam Questions



ACHPN

Advanced Certified Hospice and Palliative Nurse



EXAMAIDES

PASS YOUR EXAM AT FIRST TRY

Total Question: 175 QAs

Question No: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. Gaba pen tin.

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 to 3 hours before bedtime with dosage increased in 4 to 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 No: 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 No: 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 No: 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 No: 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 to 3 months. Other diagnoses that also may make a patient foregoing treatment eligible include pancreatic cancer, which results in a life expectancy of 4 to 8 months, and brain tumor (such as glioblastoma multiforme) with a life expectancy of about 6 to 8 months.

Question No: 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. Creatinine clearance <15 mL/ min and serum creatinine >7.0 mg/dL.
- C. Creatinine clearance <10 mL/min and serum creatinine >4 mg/ dL.
- D. Creatinine clearance <15 mL/ min and serum creatinine >8.0 mg/dL.

C. 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 No: 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 No: 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 No: 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 No: 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 No: 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 No: 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 No: 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 No: 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 No: 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.

Question No: 16

A patient with peripheral edema and venous ulcers may benefit from an Unna's boot.

Which of the following is a contraindication for application of the Unna's boot?

- A. Diabetes mellitus.
- B. Peripheral arterial disease.
- C. Ambulatory status.
- D. Bedbound status.

Answer: D

Explanation: A contraindication to application of the Unna's boot, which is a compression therapy, is bed bound status because the purpose of the boot is to apply support to the muscles of the calf when the patient ambulates. Unna's boot may be used if the patient has peripheral arterial disease and/or diabetes. Impregnated gauze (commonly zinc oxide or glycerin) is wrapped around the foot and lower leg and allowed to dry and covered with a self-adherent wrapping.

Question No: 17

The 5 key elements of the pain assessment include (1) words, (2) intensity, (3) location, (4) duration, and (5)

- A. method/administration.
- B. aggravating/alleviating factors.
- C. frequency.
- D. quality.

Answer: B

Explanation: The 5 key elements of pain assessment include:

- Words: Used to describe pain, such as burning, stabbing, deep, shooting, and sharp. Some may complain of pressure, squeezing, and discomfort rather than pain.
- Intensity: Use of 0-10 scale or other appropriate scale to quantify the degree of pain.
- Location: Where patient indicates pain is located.
- Duration: Constant or comes and goes, breakthrough pain.
- Aggravating/alleviating factors: Those things that increase the intensity of pain and those that relieve the pain.

Question No: 18

A 69-year-old patient with severe cognitive impairment has fallen and fractured her elbow. Which of the following pain assessment methods is most appropriate?

- A. PAINAD.
- B. FACES.
- C. 1-10 scale.
- D. LANSS.

Answer: A

Explanation: If a 69-year-old patient with severe cognitive impairment has fallen and fractured her elbow, the pain assessment method that is most appropriate is PAINAD (Pain Assessment in Advanced Dementia).

This scale assesses 5 elements:

respirations (hyperventilation, tachypnea, Cheyne-Stokes)

vocalization (silence, moan, groan, cry)

facial expression (sad, frightened, grimacing)

body language (tense, fidgeting, fist clinched, fetal position, combative)

consolability (inability to distract or console)

Question No: 19

The advanced practice registered nurse is conducting the timed-up-and-go test as part of gait assessment of a patient. The patient is able to stand from a chair with armrests, walk 3 meters, and turn and sit down. Which of the following times required to carry out these activities first indicates an increased risk for falls?

- A. 7 seconds.
- B. 10 seconds.
- C. 14 seconds.
- D. 16 seconds.

Answer: C

Explanation: If the advanced practice registered nurse is conducting the timed-up-and-go test as part of gait assessment of a patient and the patient is able to stand from a chair with armrests, walk 3 meters, and turn and sit down, the time that indicates a risk for falls is equal to or greater than 14 seconds. The normal time needed to carry out the activities ranges from 7 to 10 seconds. Gait speed is also a consideration with gait speed of less than 0.6 m/second when walking 5 meters predicting limitations in mobility.

Question No: 20

A male patient is being admitted for advanced cirrhosis of the liver and is hostile and angry, lashing out verbally at caregivers and refusing to cooperate. The best approach when conducting the history and physical exam is to

- A. ask the patient to lower the voice and cooperate.
- B. tell the patient that he cannot receive care unless he cooperates.
- C. ask security personnel to stand by during the examination.
- D. remain calm and patient, responding to the patient as appropriate.

Answer: D

Explanation: If a male patient is being admitted for advanced cirrhosis of the liver and is hostile and angry, lashing out verbally at caregivers and refusing to cooperate, the best approach when conducting the history

and physical exam is to remain calm and patient, responding to the patient as appropriate.

Cirrhosis is often associated with some degree of confusion, and the patient may be frightened and anxious, so speaking calmly and remaining empathetic and supportive is important.

Question No: 21

The advanced practice registered nurse has begun to overly identify with the pain and suffering of patients and frequently finds that concerns about patients are interfering with personal life. The APRN often skips lunch and breaks in order to spend more time with patients and is beginning to have nightmares and trouble concentrating. The APRN is likely

experiencing

- A. depression.
- B. compassion fatigue.
- C. anxiety.
- D. empathy.

Answer: B

Explanation: If the advanced practice registered nurse has begun to overly identify with the pain and suffering of patients and frequently finds that concerns about patients are interfering with personal life, and the APRN often skips lunch and breaks in order to spend more time with patients and is beginning to have nightmares and trouble concentrating, the APRN is likely experiencing compassion fatigue. The APRN may need to take a break from work and participate in a stress management program.

Question No: 22

If a patient with chronic bowel disease has developed persistent diarrhea, the treatment most indicated to control the diarrhea is

- A. loperamide.
- B. codeine.
- C. diphenoxylate.
- D. methylcellulose.

Answer: A

Explanation: If a patient with chronic bowel disease has developed persistent diarrhea, the treatment most indicated to control the diarrhea is loperamide, which is indicated for nonspecific diarrhea but should be avoided if the patient has grossly bloody stool or temperature above 38° C (101 ° F) or if infection with *C. difficile* or *Shigella* is suspected. Loperamide is usually given at 4 mg initially followed by 2 mg after each loose stool to a total of 16 mg per day.

Question No: 23

When utilizing the SPIRIT (Maugen) mnemonic (Spirit, Personal, Integration, Ritual, Implication, and Terminal events) as a spiritual assessment tool for a patient in hospice care, the first question to ask for the "S" or "spirit" part of the assessment is

- A. "Does spirituality play a part in your personal life?"
- B. "Are there any restriction in your religious convictions that affect your healthcare decisions?"
- C. "How does your faith affect how you feel about death?"
- D. "Do you have a formal religious affiliation?"

Answer: D

Explanation: The SPIRIT mnemonic (Maugen):

S	Spiritual	Formal religious affiliation?
P	Personal	Practices and beliefs? Spirituality in daily life?
I	Integration	Participation in a spiritual community and receive support?
R	Ritual	Specific practices and restrictions that affect healthcare choices?
I	Implication	Aspects of your spirituality you would like caregivers to keep in mind during care?
T	Terminal events	Faith affects decisions or feelings about death?

Question No: 24

An obese patient with diabetes mellitus who underwent surgery for bowel obstruction 6 days previously and has had persistent abdominal distention and episodes of nausea and vomiting indicates a desire for palliative care. The patient complains of feeling a "popping" sensation at the incision site, and the advanced practice registered nurse notes a large amount of serosanguinous drainage on the dressing and separation at the center of the incision line with beginning intestinal evisceration. The initial response should be to

- A. administer an opioid and keep patient comfortable with no further intervention.
- B. place patient in semi-Fowler's position with knees elevated and notify surgeon.
- C. explain to the patient what is happening and ask for guidance.
- D. place the patient in supine position and cover the wound with dry sterile gauze.

Answer: B

Explanation: If a patient who has indicates a desire for palliative care complains of feeling a "popping" sensation at an abdominal incision site, and the advanced practice registered nurse notes a large amount of serosanguinous drainage on the dressing and separation at the center of the incision line with beginning intestinal evisceration, the initial response should be to place the patient in semi-Fowler's position, notify the surgeon, cover the wound with sterile saline soaked gauze, start an IV line, and administer oxygen. Palliative care does not preclude responding to emergent changes in condition.

Question No: 25

A 76-year-old female patient who has generally been in good health has suffered a pathological fracture of the proximal femur. The patient states it occurred while walking, resulting in a fall. The most likely cause is

- A. abuse.
- B. multiple myeloma.
- C. osteoporosis.
- D. bone cyst.

Answer: C

Explanation: If a 76-year-old female patient who has generally been in good health has suffered a pathological fracture of the proximal femur while walking, resulting in a fall, the most likely cause is osteoporosis. All women age 65 and older should be routinely screened for osteoporosis. Bone loss often exceeds 35% before the patient experiences symptoms. The DEXA scan is the imaging method of choice with results expressed as T scores. A T score of minus 2 (-2) is diagnostic of osteoporosis and indicates bone mass is 20% less than normal.

Question No: 26

When collaborating with a patient and family in developing the plan of care, it's important for the patient and

family to understand

- A. their rights and responsibilities.
- B. their limitations.
- C. the organization's philosophy.
- D. the difference between goals and objectives.

Answer: A

Explanation: When collaborating with a patient and family in developing the plan of care, it's important for the patient and family to understand their rights and responsibilities. The advanced practice registered nurse should ask them what their goals and expectation are and what is most important to them. The APRN may ask the patient and family members to separately list those things that are important to them and then compare and discuss the lists because they may not always be in agreement.

Question No: 27

A Native American patient has stage IV multiple myeloma and is under hospice care in an extended care facility. A staff nurse tells the advanced care registered nurse that, despite the diagnosis, the patient seems to have little pain. The patient does not complain or request pain medication although the patient has been lying in fetal position and refusing most food and drink. The advanced care registered nurse should advise the staff nurse that

- A. the patient is probably comfortable without pain medication.
- B. the patient may avoid outward expressions of pain.
- C. the staff nurse should be more aware of patient needs.
- D. the patient probably prefers to suffer rather than take pain medication.

Answer: B

Explanation: If a Native American patient has stage IV multiple myeloma and is under hospice care in an extended care facility and a staff nurse tells the advanced care registered nurse that, despite the diagnosis, the patient seems to have little pain; and the patient does not complain or request pain medication although the patient has been lying in fetal position and refusing most food and drink, the advanced care registered nurse should advise the staff nurse that Native Americans often avoid an outward expression of pain. However, the patient's body language indicates discomfort.

Question No: 28

A Middle Eastern hospice patient is being cared for in the home by the patient's sisters and daughters. During a home visit, the advanced care registered nurse notes that the patient has rows of circular slightly reddened areas up and down the back. The most appropriate response is to

- A. notify adult protective services of physical abuse.
- B. tell the family that hospice patients cannot receive cupping.
- C. acknowledge the use of cupping on the patient.
- D. provide supportive care for pressure sores.

Answer: C

Explanation: If a Middle Eastern hospice patient is being care for in the home by the patient's sisters and daughters and during a home visit the advanced care registered nurse notes that the patient has rows of circular slightly reddened areas up and down the back, the most appropriate response is to acknowledge the use of cupping on the patient. Cupping is an ancient form of healing believed to rid the body of toxins and poses little danger to the patient if done correctly.

Question No: 29

A patient with progressive onset multiple sclerosis has chronic bladder dysfunction with bladder spasms, urgency, frequency, and stress incontinence. The patient takes extended release oxybutynin, which helps to reduce symptoms but not completely eliminate them.

Which dietary/ substance restrictions should the advanced practice registered nurse advise?

- A. Simple carbohydrates (sugar, white bread).
- B. Citrus fruits.
- C. Apples and apple juice.
- D. Caffeine and alcohol.

Answer: D

Explanation: If a patient with multiple sclerosis has chronic bladder dysfunction with bladder spasms, urgency, frequency, and stress incontinence and takes extended release oxybutynin, which helps to reduce symptoms but not completely eliminate them, the patient should be advised to avoid caffeine and alcohol because they are bladder irritants and also promote diuresis. The patient should drink adequate water during the day but limit intake in the evening in order to decrease nocturia.

Question No: 30

A family reports that the patient who raised Catholic has not attended Mass for 50 years. The patient is nearing death but remains responsive and has not requested a priest. The advanced care registered nurse should

- A. assume the patient will not want to see a priest.
- B. ask the priest on call to visit the patient.
- C. ask the patient if he or she wants to see a priest.
- D. ask the family if a priest should be called.

Answer: C

Explanation: If a patient was raised Catholic but has not attended Mass for 50 years and is nearing death but remains responsive, the advanced care registered nurse should ask the patient directly if the patient wants to see a priest. Even lapsed Catholics who have not been active in the church may obtain spiritual comfort from the sacraments commonly referred to as last rites. The advanced care registered nurse should never make assumptions about a patient's spirituality.

Question No: 31

When educating a patient or family about disease and treatment, the first step is to begin by assessing the patient's

- A. emotional status.
- B. knowledge base.
- C. experience.
- D. physical condition.

Answer: B

Explanation: When educating a patient or family about disease and treatment, the first step is to begin by assessing the patient's knowledge base and health literacy. Informed patients may already have a good understanding and may understand basic medical terminology while others may have little or no knowledge of health matters and may require much more intensive education geared toward their levels of literacy. The initial question may be, "Can you tell me what you know about your illness?"

Question No: 32

Indications that the spouse of a patient who died is suffering from traumatic grief include prolonged period (≥ 60 days) of

- A. expressing anger, bitterness, and blame regarding the death.
- B. decrying negative habits of deceased (smoking, drinking).
- C. focusing on occupational role.
- D. talking frequently about the deceased.

Answer: A

Explanation: Indications that the spouse of a patient who died is suffering from traumatic grief include prolonged period (at least 60 days) of expressing anger, bitterness and blame regarding the death.

Other indications include avoiding talking about the deceased, avoiding social and occupational roles, showing signs of depressing, assuming some of the negative behaviors of the deceased (such as smoking and drinking), feeling and acting numb and dazed, and showing signs of impaired functioning (cluttered home, careless dress, poor hygiene).

Question No: 33

A family member is concerned about the "death rattle" exhibited by a patient. When discussing administration of antimuscarinic agents, such as glycopyrrolate, what possible adverse effects should the advanced practice registered nurse consider?

- A. Increased sedation, delirium, xerostomia.
- B. Prolonged suffering, inability to communicate.
- C. Insomnia, depression, anxiety.
- D. Excessive sedation, respiratory depression, and itching.

Answer: A

Explanation: If a family member is concerned about the "death rattle" exhibited by a patient, when discussing administration of antimuscarinic agents, such as glycopyrrolate (which can help to reduce the death rattle by drying up secretions), the possible adverse effects the advanced practice registered nurse should consider include xerostomia, increased sedation, and increased delirium. The nurse must balance these concerns against the stress the rattle may cause family members.

Question No: 34

When conducting a review of the literature as part of evidence-based research, the level of evidence that is based on a quasi-experimental study, such as a matched case-control study, would be categorized as

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

Answer: C

Explanation: When conducting a review of the literature as part of evidence-based research, the level of evidence based on a quasi-experimental study, such as a matched case-control study, would be categorized as level III:

- Level I: Meta-analysis, randomized controlled studies.
- Level II: One or more well-designed study, may or not be randomized.

- Level III: As above.
- Level IV: Comparative non-experimental studies.
- Level V: Case reports and clinical examples but without empirical evidence.

Question No: 35

A patient has osteomyelitis and an open draining wound in the proximal anterior thigh with copious amounts of purulent drainage. The wound has been requiring dressing changes 4 to 5 times a day. The most effective method of managing the wound care is

- A. apply alginate packing.
- B. apply a pouch (such as Hollister® Wound Manager).
- C. utilize negative pressure wound therapy.
- D. applying absorptive dressings with cellulose fibers.

Answer: B

Explanation: If a patient has osteomyelitis and an opening draining wound in the proximal anterior thigh with copious amounts of purulent drainage requiring dressing changes 4 to 5 times daily, the most effective method of managing the wound care is to apply a pouch, such as the Hollister® Wound Manager. A skin barrier is applied around the wound and the bag is attached and has a drain that can be opened. The pouch is usually changed about every 4 to 7 days.

Question No: 36

A female patient who has undergone surgery, radiotherapy, and chemotherapy for breast cancer has lost her hair but states she cannot afford to buy a wig. Which organization can the advanced care registered nurse refer the patient to for financial assistance for a hair replacement wig?

- A. Songs of Love roundation.
- B. Association of Cancer Online Resources.
- C. Cancer Care.
- D. American Cancer Society.

Answer: D

Explanation: If a female patient who has undergone surgery, radiotherapy, and chemotherapy for breast cancer has lost her hair but states she cannot afford to buy a wig, the organization that the advanced care registered nurse can refer the patient to for financial assistance for a hair replacement is the American Cancer Society. ACS also provides financial assistance for durable medical equipment and transportation costs. The "Look Good, Feel Better" program provides assistance with techniques to minimize physical changes caused by treatment.

Question No: 37

According to the American Geriatrics Society Guideline for the Prevention of Falls in Older Persons, if a patient has had one fall in the previous year

- A. the patient should be assessed for gait and balance.
- B. no further assessment is needed.
- C. a full assessment, including vision, joint function, mental status, and neurological status, should be carried out.
- D. the patient should be referred to a geriatric specialist.

Answer: A

Explanation: According to the American Geriatrics Society Guideline for the Prevention of Falls in Older Persons, if a patient has had one fall in the previous year, the patient should be assessed for gait and balance, including the get-up-and-go test. If the patient is steady, no further assessment is needed.

If the patient demonstrates unsteadiness, further assessment to determine the cause is necessary. With multiple falls, a full assessment including history, vision, joint function, mental status, muscle strength, reflexes, neurological status, and cardiovascular status, should be carried out.

Question No: 38

If a patient receiving abdominal radiation has 7 to 9 loose stools daily with severe cramping and some incontinence, according to the National Cancer Institute Scale of Severity of Diarrhea, the patient's score would be

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

Answer: C

Explanation: If a patient receiving abdominal radiation has 7 to 9 loose stools daily with severe cramping and some incontinence, according to the National Cancer Institute Scale of Severity of Diarrhea, the patient's score would be 3. Scale:

Score	#of stools above normal	Description
0	Normal stools	--
1	2 to 3	No other symptoms
2	4 to 6	Nocturnal stools and/or abdominal cramping
3	7 to 9	Severe cramping and some incontinence
4	10 or more	Grossly bloody stools and/or need for parenteral support

Question No: 39

A palliative care patient with multiple sclerosis is increasingly immobile and spends most of the time in bed. Which of the following scores (range 6 to 23) on the Braden Scale is the breakpoint for risk of pressure ulcer?

- A. ≤ 8 .
- B. ≤ 12 .
- C. ≤ 16 .
- D. ≤ 18 .

Answer: C

Explanation: If a palliative care patient with multiple sclerosis is increasingly immobile and spends most of the time in bed. The score on the Braden Scale that is the breakpoint for risk of pressure ulcer is equal to or less than 16. The Braden Scale scores 5 areas with 1 to 4 points: sensory perception, moisture, activity, mobility, and usual nutrition pattern. The 6th area, friction and shear, is scored with 1 to 3 points. A score of 23 indicates minimal risk and 6 indicates a strong likelihood of developing pressure ulcers.

Question No: 40

A 68-year-old patient has appeared depressed, so the advance practice registered nurse assesses the patient with the Geriatric Depression Scale, which comprises 15 questions.

How many "yes" answers are needed to indicate depression?