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## Question: 1

For patients with diabetes mellitus, the first indication of diabetic nephropathy is usually:

- A. Increased creatinine
- B. Increased blood urea nitrogen (BUN)
- C. Microalbuminuria
- D. Microalbuminuria

**Answer: C**

Explanation:

For patients with diabetes mellitus, the first indication of diabetic nephropathy, the most common cause of end-stage renal disease, is usually Microalbuminuria. Microalbuminuria is usually detectable before a decrease in the glomerular filtration rate (GFR) and occurs 10-15 years after the onset of diabetes. With the onset of Microalbuminuria, the patient should be maintained on strict glycemic control and treatment of hypertension to slow the progression. Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) have been shown to slow progression by reducing pressure within the glomerular.

## Question: 2

A 36-year-old male patient has acute sexually transmitted epididymitis. In addition to antibiotics during the acute phase of the disease, the treatment regimen should include:

- A. Warm compresses
- B. Ice compresses
- C. Scrotal support
- D. Bed rest and scrotal elevation

**Answer: D**

Explanation:

If a 36-year-old male patient has acute sexually transmitted epididymitis, in addition to antibiotics during the acute phase of the disease, the treatment regimen should include bed rest and scrotal elevation, which may help to alleviate some of the pain. Treatment usually continues for 10-21 days. Sexually transmitted epididymitis is most common in males younger than age 40. Laboratory findings include elevated white blood cell (WBC) count and left shift. Gram stain may be done to isolate the pathogen for sexually transmitted disease.

## Question: 3

A patient with burns is placed on an air-fluidized bed to relieve pressure. It is especially important to carefully monitor this patient for:

- A. Vital signs
- B. Fluid balance
- C. Temperature
- D. Pain level

**Answer: B**

Explanation:

When a patient, such as a burn patient, is placed on an air-fluidized bed, it is especially important to monitor fluid balance because he or she can easily become dehydrated. Air-fluidized beds contain a mass of fine ceramic microspheres through which warm air flows. The patient is placed on a special polyester filter sheet that allows air to pass through it. The warmth causes perspiration, which is quickly absorbed, so diaphoresis may not be evident.

**Question: 4**

At what body mass index (BMI) are patients considered obese and should be counseled regarding diet, lifestyle choices, and weight loss goals?

- A. ≥30
- B. ≥28
- C. ≥26
- D. ≥25

**Answer: A**

Explanation:

At a body mass index (BMO of ≥30, patients are considered obese and should be counseled regarding diet lifestyle choice, and weight loss goals. The body mass index (BMI) is based on weight and height:

$$\text{BMI} = \frac{\text{Weight in kilograms}}{(\text{Height in meters})^2} = \frac{\text{Weight in pounds}}{(\text{Height in inches})^2} \times 703$$

BMI	Weight status
<18.5	Underweight
18.5–24.9	Normal
25.0–29.9	Overweight
30.0–34.9	Obese
35.0–39.9	Severe obesity
≥40	Morbid obesity

**Question: 5**

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A 68-year-old patient has been treated for renal disease but has exhibited a sudden change in her condition. The primary indications for renal replacement therapy (RRT) for acute renal failure are:

- A. Hypovolemia, metabolic alkalosis, and hypokalemia
- B. Initial signs of oliguria
- C. Increasing levels of serum creatinine
- D. Fluid overload, metabolic acidosis, and hypokalemia

**Answer: D**

Explanation:

The primary indications for renal replacement therapy (RRT) include fluid overload, metabolic acidosis, and hypokalemia. Other indications include increased confusion, pericarditis, or gastrointestinal (GI) bleeding. Increasing oliguria and increasing serum creatinine require further evaluation and may trigger RRT to prevent further kidney damage. Intermittent hemodialysis (administered over 3—4 hours about three times weekly) and continuous venovenous hem filtration are commonly used after cardiac surgery for patients requiring RRT. Continuous venovenous systems include slow continuous ultra filtration (SCUP), continuous venovenous hem filtration CCVH), and continuous venovenous hemodiafiltration (CVVHD).

### Question: 6

After removal of a chest tube, a 48-year-old patient complains of retrosternal and neck pain, is dyspneic, and has slight neck edema. Hamman's sign is positive (primordial systolic credits). The probable diagnosis is:

- A. Pneumothorax
- B. Cardiac tamponade
- C. Pneumomediastinum
- D. Pneumopericardium

**Answer: C**

Explanation:

Retrosternal and neck pain, dyspnea, and slight neck edema indicate pneumomediastinum. Hamman's sign—a pericardial rasping sound heard on auscultation during heartbeat as the heart moves against tissues filled with air—is an indication of both pneumomediastinum and pneumopericardium but is not generally present with pneumothorax or cardiac tamponade. However, neck edema can occur with pneumomediastinum. Air leaks can occur from damage to the pleura during surgery or (less commonly) from obstructed chest tubes. Air leaks usually resolve within a few days but may require reinsertion of a chest tube.

### Question: 7

Phase I of becoming bedridden (Zegelin, 2008) begins with:

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

**Answer: B**

Explanation:

The five phases of becoming bedridden (Zegelin, 2008) include the following:

- 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 bed rest 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. Patient is completely dependent on others
- Phase V: 24-hour-a-day bed rest with no transfers for elimination or other needs

### Question: 8

Which of the following antidysrhythmic drugs is most likely to result in bradycardia, hypotension, heart failure, PR prolongation, and/or constipation?

- A. Lidocaine
- B. Ibutilide
- C. Amiodarone
- D. Diltiazem

**Answer: D**

Explanation:

Common adverse effects of calcium channel blockers, such as diltiazem or verapamil, include bradycardia, hypotension, heart failure, PR prolongation, and/or constipation. Bradycardia results from decreased sinoatrial (SA) nodal output and PR prolongations from delays in atrioventricular (AV) conduction. These drugs may cause marked hypotension and worsening of existing heart failure. Calcium channel blockers, used to treat tachycardia, block the influx of calcium ions across membranes of cardiac and arterial muscle cells, slowing the AV node conduction of impulses into the ventricles, thereby slowing the ventricular rate.

### Question: 9

Which of the following best describes Kolb's model of experiential learning?

- A. Knowledge develops from experience interacting with cognition and perception.
- B. Knowledge and experience are equally important.
- C. Experience precedes knowledge in learning.

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D. Learning cannot be acquired without experience and perception.

**Answer: A**

Explanation:

Kolb's model of experiential learning is based on acquiring knowledge through grasping experience and transforming that experience into knowledge through cognitive processes and perception. Experience may be transformed into knowledge through abstract conceptualizing (analyzing thinking), observing others, or actively experimenting. This model stresses that the individual makes choices between the concrete and the abstract, and this is reflected in learning styles:

- Diverging: Concrete experience and reflective observation
- Assimilating: Abstract conceptualization and reflective observation
- Converging: Abstract conceptualization and active experimentation
- Accommodating: Concrete experience and reflective observation

### Question: 10

If a patient reports that injuries resulted from domestic violence, when documenting the abuse in the patient's health record, the NP should:

- A. Summarize the patients statements.
- B. Indicate only that abuse occurred.
- C. Use direct quotations to document the patient's statements.
- D. Record no information but fill out an incident report.

**Answer: C**

Explanation:

If a patient reports that injuries resulted from domestic violence, the NP should use direct quotations to document the patient's statements. The NP should make notes that are as detailed and accurate as possible, including descriptions of all injuries (size, location, extent) and any interventions because the health record may become part of a criminal proceeding.

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