

NRNP 6550 Midterm Exam

Questions with 100% Correct Answers

Question 1

1 out of 1 points

The AGACNP is caring for a patient who is quite ill and has developed, among other things, a large right sided pleural effusion. Thoracentesis is sent for pleural fluid analysis. While evaluating the fluid analysis, the AGACNP knows that a fluid identified as a(n) _____ is the least worrisome type.

Response
Feedback:

“A” is the correct answer. A transudate is essentially just water and can occur as a consequence of increased hydrostatic pressure in the pulmonary vessels. It typically implies that the some condition has produced an imbalance in colloid-hydrostatic pressures, such as CHF or hypoalbuminemia. While it can represent a serious problem, it may also represent a transient imbalance. Conversely, “B” is not correct as an exudate has more protein in it and implies a condition characterized by protein leaking from vessels, such as a malignancy or some serious systemic stressor. “C” is not correct—a chyloform effusion is characterized by fat and indicates a pathology causing massive triglyceride degradation. “D” is not correct as a hemorrhagic effusion is blood and typically means traumatic injury.

Question 2

1 out of 1 points

Differentiating vertigo from near-syncope and ataxia is one of the goals of history-taking when a patient presents as “dizzy.” The AGACP knows that vertigo is the problem when the patient reports the primary symptom as:

Response
Feedback:

“A” is the correct answer. Dizzy is a layperson’s term and can mean many different things to patients and health care providers. When the patient identifies the primary symptom as a sense of spinning this supports vertigo, which is usually an inner ear problem. This versus ataxia which is neurologic or near-syncope which may be cardiac, neurological, or neurocardiogenic. “B” is not correct—this may occur with vertigo, but when it is the primary symptom it is most likely ataxia and neurological causes should be considered. “C” is not correct as coincident nausea is not specific and can occur with any of these complaints. “D” is not correct as it is also not specific; while ataxia cannot occur when supine near-syncope can.

Question 3

1 out of 1 points

Mr. Banks has been admitted for surgical resection of a metastatic tumor, during surgery it is discovered that he has widespread, diffuse metastasis throughout the abdomen.

Surgery is no longer an option, and his oncologist says that chemotherapy is unlikely to produce any meaningful benefit. Mr. Banks is concerned that his sons will not support a transfer to comfort care. The AGACNP advises that he:

Response
Feedback:

“B” is the correct answer. If there is any concern about disagreement among family members, or any concern at all that a patient’s wishes will not be carried out, the best action is to ensure that there is a clearly defined legally executed document. “A” is not correct. Living wills are not legally enforceable documents and when dissension arises among family members they may not be carried out. “C” is not correct - while the patient should arrange for his care as long as he is capable of doing so, if questions arise at such a time that he is not capable of answering his next of kin will need to do so. “D” is not correct -- identifying the proxy is not enough without assigning legal rights and responsibilities. While “A,” “C,” and “D” should all be done and will support his care, the only way to ensure that one’s wishes are carried out is to ensure that a legally enforceable direction is in place.

Question 4

1 out of 1 points

Mr. Wilkerson is a 77-year-old male who is being evaluated and treated for his cardiogenic pain. His vital signs are as follows: Temperature of 99.1° F, pulse of 100 bpm, respirations of 22 bpm, and blood pressure of 168/100 mm Hg. A 12-lead ECG

reveals deep ST segment depression in leads V₃-V₆. The AGACNP recognizes which of the following as a contraindication to rTPA therapy?

Response
Feedback:

“D” is the correct answer. rTPA is not indicated in patients with ST segment depression; this is not a ST elevation MI. “A” is not correct as age > 80 is a relative contraindication. “B” is not correct as a temperature of 99.1° F is an expected response to myocardial necrosis, and “C” is not correct—the blood pressure is not prohibitive until > 180/110 mm hg.

Question 5

A 71-year-old patient is recovering from a particularly severe exacerbation of chronic obstructive pulmonary disease. He has been in the hospital for almost two weeks and was on mechanical ventilation for 7 days. While discussing his discharge plan he tells

1 out of 1 points

you that he is really going to quit smoking this time. He acknowledges that he has been "sneaking" cigarettes in the hospital for two days, but he has established a timeline to decrease the number of cigarettes daily. According to his plan his last cigarette will be the last day of the month. This patient's behavior is consistent with which stage of the Transtheoretical Model of Change?

Response Feedback: "C" is the correct answer. The Transtheoretical model of change is characterized by 5 stages. "A" is when the patient has no intention to make a change. "B" is when the patient is intending to make a change in the next 6 months. "C" is when the patient is ready to take action or has already taken some action, as this patient has in establishing his plan to quit by the end of the month. "D" is the overt action that attains a criterion sufficient to reduce disease risk—in this patient the action stage would be characterized by actual smoking cessation. The final phase, not presented in the answer choices here, is maintenance.

Question 6

1 out of 1 points

Certain subgroups of the elderly population are at an increased risk for rapid deterioration and long-term care placement. Which of the following is not considered a high risk factor for long term care placement?

Response Feedback: "A" is the correct answer; men are at higher risk for long-term care placement than women. In addition to male gender, other risk factors include age over 80, living alone, bowel or bladder incontinence, history of falls, dysfunctional coping, and intellectual impairment.

Question 7

1 out of 1 points

P.M. is a 71-year-old gay male patient who presents as an outpatient for evaluation of increasing shortness of breath. The diagnostic evaluation ultimately supports a diagnosis of community acquired pneumonia. The AGACNP appreciates right middle lobe consolidation on chest radiography. Pending sputum cultures, empiric antibiotic therapy must be initiated to cover which organism?

Response Feedback: "D" is the correct answer. This patient presents from the outpatient population where the most common cause of pneumonia