

Nursing

ANCC-CV-BC
Cardiac-Vascular Nursing Certification (CV-BC)

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Question: 1

Persistent atrial fibrillation is defined as fibrillation that:

- A. ends spontaneously or with treatment within 1 week.
- B. continues for more than 1 week.
- C. continues for more than 1 year.
- D. cannot be converted to sinus rhythm.

Answer: B

Explanation:

Atrial fibrillation is defined in terms of duration and response to treatment. Definitions of atrial fibrillation include:

- Paroxysmal: ends spontaneously or with treatment within 1 week.
- Persistent: continues for more than 1 week.
- Longstanding: continues for more than 1 year.
- Permanent: has not responded to treatment, and patient and clinician agree to stop further attempts—at least for the present—to convert the fibrillation to sinus rhythm.

Question: 2

The PQRST method of angina assessment includes (P) precipitating factors, (Q) quality of pain, (R) radiation of pain, (S) severity of pain, and (T):

- A. trend.
- B. tolerance.
- C. tiredness.
- D. timing.

Answer: D

Explanation:

The PQRST method of angina assessment includes:

- (P) Precipitating factors: events that preceded the episode of pain, such as exercise, eating, or arguing.
- (Q) Quality of pain: dull, aching, sharp, tight, heavy, or squeezing.
- (R) Radiation of pain: location of pain and radiation to outside of the chest (neck, arms, back, jaw, or shoulder).
- (T) Timing: onset of pain, persistence, first-time pain or recurrent.

Question: 3

When teaching a patient with coronary artery disease to control angina, the first step is to:

- A. determine what precipitates episodes.
- B. stress the importance of taking medications correctly.
- C. encourage patient to maintain a healthy diet.
- D. advise patient to engage in regular exercise to tolerance.

Answer: A

Explanation:

When teaching a patient with coronary artery disease to control angina, the first step is to determine what precipitates episodes because patients may not have made a correlation between activity and pain, and in some cases, patients need to modify their work or lifestyle in order to prevent angina from occurring. Other important things to discuss include coping mechanisms, taking medications correctly, maintaining a healthy diet, and engaging in regular exercises to tolerance (under the guidance of a physician).

Question: 4

Which of the following activities would be classified as a moderate-energy activity (3 to 6 metabolic equivalents [METs])?

- A. Washing the face and hands.
- B. Ascending a flight of stairs.
- C. Using a bedside commode.
- D. Eating.

Answer: C

Explanation:

Using a bedside commode is a moderate-energy activity (3 to 6 METs). Activity classifications:

- Low energy (<3 METs): simple activities such as eating and washing the face and hands or resting.
- Moderate energy (3-6 METs): using a bedside commode, taking a shower, walking at 3-4 miles per hour, and using a bedpan.
- High energy (6-8 METs): walking 5 miles per hour and ascending a flight of stairs.
- Very high energy (9 METs): running or other strenuous physical activity.

Question: 5

If percutaneous coronary intervention (PCI), such as coronary angioplasty, is to be used to treat a patient with an acute MI with an occluded coronary artery, the PCI should

performed within:

- A. 10 hours.
- B. 6 hours.
- C. 3 hours.
- D. 90 minutes.

Answer: D

Explanation:

If PCI, such as coronary angioplasty, is to be used to treat a patient with an acute MI with occluded coronary artery, the PCI should be performed within 90 minutes. If PCI is carried out within a short period of time after the cardiac event by experienced clinicians, the results are comparable with results achieved with thrombolysis. Complications can include subacute occlusion of stents, restenosis (usually late-occurring), hematoma formation at catheter insertion site, arterial thrombosis, and local and/or systemic infection.

Question: 6

If telemetry shows a regular heart rate of 64 bpm With normal P -wave, normal QRS complex, and PR interval Of 0.25 seconds, the heart rhythm would be classified as exhibiting:

- A. normal sinus rhythm.
- B. first-degree AV block.
- C. sinus bradycardia.
- D. second-degree AV block, type II.

Answer: B

Explanation:

If telemetry shows a regular heart rate of 64 with normal P wave, normal QRS complex, and PR interval of 0.25 seconds, the heart rhythm would be classified as exhibiting first-degree AV block because of the prolonged PR interval (>0.2 second). With first-degree AV block, all impulses are transmitted to the ventricles, but the duration of the conduction is longer than normal. No treatment other than monitoring or adjusting causative agents (such as medications) is indicated.

Question: 7

A patient who has been hospitalized for heart failure has been encouraged to ambulate and complains of discomfort in the right posterior thigh area with tenderness to palpation but no visible erythema

- a. What change in the plan of care is immediately indicated?
- A. Bedrest.
 - B. Fluid restriction.
 - C. Low-sodium diet.
 - D. Physical therapy.

Answer: A

Explanation:

Because the patient's symptoms (pain and tenderness in the right posterior thigh) are consistent with deep vein thrombosis (DVT) (probably provoked by hospitalization), the patient should immediately be placed on bedrest and the leg elevated until radiologic diagnostic tests are completed. Treatment usually includes warm, moist compresses as well as rest and elevation, but the primary treatment is anticoagulation, especially for proximal DVT of the upper leg because proximal DVTs carry higher mortality rates than distal.

Question: 8

As part of the US Department of Health and Human Services' 5 A's (ask, advise, assess, assist, and arrange follow-up) Guidelines for Smoking Cessation, during the "assist" stage, patients should be asked to establish a target date for quitting that is within:

- A. 4 days.
- B. 7 days.
- C. 14 days.
- D. 21 days.

Answer: C

Explanation:

As part of the US Department of Health and Human Services' 5 A's (ask, advise, assess, assist, and arrange follow-up) guidelines for smoking cessation, during the "assist" stage, patients should be asked to establish a target date for quitting that is within 14 days because if the target date is further away, the patient is less likely to follow through. The cardiac/vascular nurse should assist the patient to make a plan for quitting that includes removing all cigarettes and asking family and friends to assist. The need for abstinence rather than trying to slowly withdraw cigarettes should be stressed.

Question: 9

The intensity of a heart murmur that is loud and accompanied by a thrill would be classified as grade:

- A. I/VL
- B. II/II.
- C. III/V1.
- D. IV/VI.

Answer: C

Explanation:

The intensity of a heart murmur that is loud and accompanied by a thrill would be classified as grade III/VI. Grades range from I to VI (always expressed in Roman numerals) and notation is written as "(finding)/VI." Grades:

- Barely detectible.
- Soft and quiet.
- Loud with a thrill.
- Very loud with thrust or thrill.
- Extremely loud and detectible before the stethoscope makes contact with the skin.

Question: 10

Which of the following tests is the best marker for ventricular dysfunction and heart failure?

- A. Atrial natriuretic peptide.
- B. C-reactive protein.
- C. B-type natriuretic peptide.
- D. Homocysteine.

Answer: C

Explanation:

B-type natriuretic peptide (BNP) is the best marker for ventricular dysfunction and heart failure. BNP is a hormone secreted by the ventricular tissues in response to increased pressure in the ventricles and increased volume, such as may occur with heart failure. BNP promotes vasodilation and sodium excretion and may attenuate sympathetic activation, which stimulates the release of catecholamines and results in vasoconstriction. Normal values are <100 pg/mL; levels of 100 to 300 pg/mL indicate beginning heart failure. The level for mild heart failure is >300 pg/mL; moderate, >600 pg/mL; and severe, >900 pg/mL.

Question: 11

When using the SMART format to develop targeted goals. these goals should be (S) specific, (M) measurable, (A) attainable, (R) realistic, and (T):

- A. timely.
- B. temporary.
- C. topical.
- D. tested.

Answer: A

Explanation:

When using the SMART format to develop targeted goals, these goals should be:

- (S) Specific: should clearly outline what is to be accomplished, by whom, and the timeline.
- (M) Measurable: should include concrete measurements that help the patient to stay

focused on the goal and to observe progress.

- Attainable: should be reasonable and within the capacity of the patient.
- (R) Realistic: should represent a goal that the patient is willing to work toward.
- (T) Timely: should include a firm time frame so that the patient can measure achievement against time.

Question: 12

When a patient is faced with a serious illness, the most effective initial intervention to assist the patient with coping skills is to:

- A. provide a list of coping strategies.
- B. use a calm and reassuring approach.
- C. ask the patient about past coping behavior.
- D. provide factual information about the disease.

Answer: B

Explanation:

When a patient is faced with a serious illness, the most effective initial intervention to assist the patient with coping skills is to use a calm and reassuring approach as this can help the patient to stay focused and to avoid panic. When the patient is receptive, the nurse can ask about past coping skills and discuss techniques for coping, such as relaxation exercises. Providing factual information about the disease can often help allay concerns.

Question: 13

The cardiac care supervisor is considering switching from 8-hour work schedules to 12-hour, with some staff members adamantly in favor and some adamantly opposed. During a meeting called to discuss the issue, the first step in resolving the conflict should be to:

- A. allow both sides to present their opinions.
- B. encourage cooperation.
- C. provide reasons for the change.
- D. state that the supervisor will make the decision.

Answer: A

Explanation:

If a unit supervisor is considering a switch in policy that affects staff members and a meeting is called to discuss the issues, the first step in resolving the conflict should be to allow both sides to present their opinions about the issue, keeping the focus on the issue rather than individuals. The discussion should generate pro and con lists so that each side of the conflict has a clear understanding of the issues involved to determine if a consensus can be reached.

Question: 14

Which of the following troponin I levels indicate cardiac injury?

- A. <0.35 mg/L.
- B. >0.35 mg/L.
- C. <1 mg/L.
- D. >2 mg/L.

Answer: D

Explanation:

The troponin I level that indicates cardiac injury is >2 mcg/L. The normal level is 0 to 0.35 mcg/L (may vary according to reference lab). Troponin I levels increase about 3 to 6 hours after damage to the myocardium and peak in 14 to 20 hours, returning to the baseline rate within about 7 to 10 days. Troponin T, which is less specific, remains elevated for longer periods, up to about 2 weeks, so the troponins are preferred for early detection of MI as well as late detection.

Question: 15

According to the ACCF/AHA heart failure guideline, the most important intervention for treatment of stage A heart failure is:

- A. reduction in obesity.
- B. treatment of dyslipidemia.
- C. control of hypertension.
- D. control of hyperglycemia.

Answer: C

Explanation:

According to the American College of Cardiology' Foundation (ACCF)/American Heart Association (AHA) heart failure guideline, the most important intervention for the treatment of stage A heart failure is control of hypertension with long-term treatment of both systolic and diastolic hypertension cutting the risk of heart failure in half. First-line treatment is diuretics, which are well tolerated by most patients. Other acceptable treatments, depending on the patient's condition, include beta-blockers, ACE inhibitors, and ARBs. Treatment of dyslipidemia is also considered of primary importance. Other recommendations include reduction in obesity and control of hyperglycemia in diabetic patients

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