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Gerontological Nursing Board Certification

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Question: 1

An 80-year-old patient is experiencing increasing weakness, so the gerontological nurse is conducting a timed up-and-go (TUG) test to assess the patient's risk of falls. The patient is able to stand up without assistance, walk 10 feet, turn, return to the chair, and sit down in 14 seconds. The nurse practitioner notes that the patient has a short stride and little or no arm swinging. The patient's risk for falls is:

- A. No risk
- B. Low
- C. Moderate
- D. High

Answer: D

Explanation:

If an 80-year-old patient is experiencing increasing weakness and is able to stand up without assistance, walk 10 feet, turn, return to the chair, and sit down in 14 seconds but has a short stride and little or no arm swinging, the patient's risk for falls is high. Completing the TUG test in more than 12 seconds is an indication that the patient is high risk. Any abnormality of stride (shuffling, short stride) or instability during the test increases risk of falls.

Question: 2

Which of the following symptoms are common atypical presentations for an older patient with a silent myocardial infarction?

- A. Chest pain radiating to neck and arms
- B. Shortness of breath, fatigue, and nausea
- C. Back pain radiating around to chest
- D. Severe nausea and vomiting

Answer: B

Explanation:

The symptoms that are common atypical presentations for an older patient with a silent myocardial infarction include shortness of breath (much more common than chest pain), fatigue, and nausea. Those who experience chest pain often have only mild pain rather than the crushing pain that is common in younger adults.) Symptoms are often very nonspecific although the patient may experience a change in functioning as well.

Question: 3

Which of the following drugs can safely be discontinued abruptly without tapering?

- A. Beta blockers
- B. Antidepressants
- C. Thiazide diuretics
- D. Anticonvulsants

Answer: C

Explanation:

Diuretics can safely be discontinued without tapering. However, any drug that requires titrating to reach a therapeutic dose generally requires tapering when discontinuing the drug because abrupt discontinuation may result in adverse effects. Drugs that typically must be tapered for withdrawal include antidepressants (such as venlafaxine and paroxetine), benzodiazepines (alprazolam, diazepam, lorazepam), anticonvulsants (such as gabapentin and topiramate), steroids (such as prednisone), opioids, clonidine, and baclofen.

Question: 4

During the pulmonary assessment of a patient, the gerontological nurse notes bilateral late inspiratory crackles. This finding is most consistent with:

- A. Bronchospasm
- B. Pleural effusion
- C. Lung cancer
- D. Atelectasis

Answer: D

Explanation:

If, during the pulmonary assessment of a patient, the gerontological nurse notes bilateral late inspiratory crackles, this finding is most consistent with atelectasis. Atelectasis is often associated with weakness and lack of activity that prevent the lungs from adequately expanding. The patient should be coached to carry out deep breathing and coughing exercises independently and with an incentive spirometer and encouraged to exercise to tolerance. In some cases, IPPB treatments may be indicated.

Question: 5

The primary purpose of the Joint Commission's National Patient Safety Goals is to:

- A. Decrease incidence of falls
- B. Reduce medical errors
- C. Identify incompetent staff

D. Rank healthcare organizations

Answer: B

Explanation:

The primary purpose of the Joint Commission's National Patient Safety Goals (NPSGs) is to reduce medical errors, thereby increasing patient safety. The Joint Commission has established NPSGs for ambulatory health care, behavioral health care, critical access hospital, home care, hospital, laboratory services, nursing care center, and office-based surgery. NPSGs include using 2 identifiers for patients, improving staff communication, correct labeling of medications, using audible alarms, and following handwashing and infection prevention protocols.

Question: 6

Screening for abdominal aortic aneurysm should be carried out:

- A. One time on males 65-75 years with a history of smoking
- B. One time on males and females 65-75 years with a history of smoking
- C. On all males every 5 years
- D. On all males and females every 5 years

Answer: A

Explanation:

Screening for abdominal aortic aneurysm should be carried out one time on males 65-75 years with a history of smoking. Screening is carried out by ultrasound to identify aneurysms with a diameter of 5.5 cm or greater as these aneurysms have increased risk of rupture. However, surgical repair carries significant risk of mortality and comorbidity, so the need for surgical repair must be balanced against risks when determining whether surgery is indicated.

Question: 7

A 78-year-old patient with moderate Alzheimer's disease is admitted to the medical-surgical unit from a residential care facility. The patient exhibits repetitive movements, including grimacing, sticking out her tongue, and pulling at her hair. Which of the following medications that has been routinely administered to the patient is likely the cause of these symptoms?

- A. Hydrochlorothiazide
- B. Haloperidol
- C. Memantine
- D. Docusate

Answer: B

Explanation:

If a 78-year-old patient with moderate Alzheimer's disease is admitted to the medical-surgical unit from a residential care facility and exhibits repetitive movements, including grimacing, sticking out her tongue, and pulling at her hair, the medication routinely administered to the patient and most likely the cause of these symptoms is haloperidol. Patients with Alzheimer's disease should not be treated with antipsychotics to control behavior because it is generally ineffective and increases risk of tardive dyskinesia and risk of death.

Question: 8

A 66-year-old patient complains of increasing numbness and pain in feet and lower legs. The gerontological nurse measures the patient's ankle-brachial index and finds the ABI is 0.6. This finding is consistent with:

- A. Normal circulation
- B. Moderate disease
- C. Severe disease
- D. Limb-threatening condition

Answer: B

Explanation:

If a 66-year-old patient complains of increasing numbness and pain in feet and lower legs and the ankle-brachial index is 0.6 this finding is consistent with moderate peripheral artery disease. ABI indications are as follows:

> 1.4: Abnormally high, may indicate calcification of vessel wall

1-1.4: Normal reading, asymptomatic

0.9-1.0: Low, but acceptable unless there are other indications of PAD

0.8-0.9: Likely some arterial disease is present

0.5-0.8: Moderate arterial disease

<0.5: Severe arterial disease

Question: 9

A new patient has a diagnosis of right-sided heart failure. The signs and symptoms that the gerontological nurse anticipates documenting include:

- A. Dyspnea on exertion, cough, tachycardia
- B. Paroxysmal nocturnal dyspnea and basilar crackles
- C. Cool and clammy skin, basilar crackles, and moist cough
- D. Jugular venous distention, peripheral edema, and hepatomegaly

Answer: D

Explanation:

If A new patient has a diagnosis of right-sided heart failure, the signs and symptoms that the Adult gerontological nurse anticipates documenting include jugular venous distention, peripheral edema, and

hepatomegaly. With right sided heart failure, the blood tends to back up first in the venous system because return of blood is slowed. With left-sided heart failure, blood tends to back up first in the lungs, resulting in increasing dyspnea, cough, and crackles. In most cases, left-sided heart failure leads to right-sided, so patients have a mixed presentation.

Question: 10

An 81-year-old female is starting treatment for hypertension with a thiazide diuretic (hydrochlorothiazide) and a calcium channel blocker (felodipine). Antihypertensive drugs place older patients especially at risk for which of the following?

- A. Falls
- B. Heart attacks
- C. Dementia
- D. Weight loss

Answer: A

Explanation:

Antihypertensive drugs, such as a thiazide diuretic (hydrochlorothiazide) and a calcium channel blocker (felodipine), place older patients at increased risk of falls with risk almost 70% higher in the first 6 weeks of treatment, especially in those who are over 80 years old and frail, because the medications tend to cause orthostatic hypotension. This, in turn, causes dizziness and instability. Polypharmacy, also common in older patients, also increases risk of falls.

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