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**Nursing**

# AGCNS-BC

*Adult-Gerontology Clinical Nurse Specialist*

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### Question: 1

A 35-year-old patient presents with painless gross hematuria. Urinalysis reveals the presence of red blood cells without casts. The most likely diagnosis is:

- A. urinary tract infection.
- B. bladder cancer.
- C. renal calculi.
- D. glomerulonephritis.

Answer: B

Explanation: Painless gross hematuria, especially in an adult, should raise suspicion for bladder cancer. Urinary tract infection typically presents with dysuria, urgency, frequency, and pyuria. Glomerulonephritis often presents with hematuria along with proteinuria, hypertension, and edema. Renal calculi may cause hematuria but are often associated with flank pain and renal colic.

### Question: 2

A 45-year-old patient with type 2 diabetes mellitus presents with polyuria, polydipsia, and unexplained weight loss. On physical examination, the patient appears thin and dehydrated. Laboratory findings reveal hyperglycemia, ketonemia, and metabolic acidosis. The most likely diagnosis is:

- A. hypoglycemia.
- B. hyperosmolar hyperglycemic state.
- C. diabetic ketoacidosis.
- D. hyperthyroidism.

Answer: C

Explanation: The symptoms of polyuria, polydipsia, unexplained weight loss, hyperglycemia, ketonemia, and metabolic acidosis are indicative of diabetic ketoacidosis (DKA), which is a severe complication of uncontrolled diabetes. Hyperosmolar hyperglycemic state presents with similar symptoms but typically occurs in type 2 diabetes and is characterized by extreme hyperglycemia without significant ketosis. Hypoglycemia would present with symptoms like shakiness, diaphoresis, confusion, and relief with glucose administration. Hyperthyroidism presents with symptoms such as weight loss, heat intolerance, palpitations, and tremor.

### Question: 3

A 42-year-old patient presents with recurrent episodes of epistaxis, easy bruising, and bleeding gums. Laboratory findings reveal a prolonged bleeding time and a normal platelet count. The most likely diagnosis is:

- A. von Willebrand disease.
- B. immune thrombocytopenic purpura.
- C. hemophilia A.
- D. disseminated intravascular coagulation.

Answer: A

Explanation: The recurrent episodes of epistaxis, easy bruising, bleeding gums, prolonged bleeding time, and normal platelet count are consistent with von Willebrand disease, which is an inherited bleeding disorder characterized by a deficiency or dysfunction of von Willebrand factor. Immune thrombocytopenic purpura typically presents with a low platelet count and mucocutaneous bleeding. Hemophilia A is an X-linked recessive disorder characterized by a deficiency of factor VIII, resulting in prolonged bleeding. Disseminated intravascular coagulation is a condition characterized by widespread activation of coagulation leading to both bleeding and thrombosis.

#### Question: 4

A 64-year-old patient presents with dyspnea, orthopnea, and bilateral ankle edema. Physical examination reveals jugular venous distention, hepatojugular reflux, and a displaced apical impulse. The most likely diagnosis is:

- A. pneumonia.
- B. chronic obstructive pulmonary disease.
- C. congestive heart failure.
- D. pulmonary embolism.

Answer: C

Explanation: The combination of dyspnea, orthopnea, bilateral ankle edema, jugular venous distention, hepatojugular reflux, and displaced apical impulse is highly suggestive of congestive heart failure. Chronic obstructive pulmonary disease primarily presents with respiratory symptoms and signs such as cough, wheezing, and decreased breath sounds. Pneumonia typically presents with fever, productive cough, and focal chest findings. Pulmonary embolism classically presents with sudden-onset pleuritic chest pain, dyspnea, and tachycardia.

#### Question: 5

A patient with a history of major depressive disorder is experiencing persistent feelings of sadness, loss of interest, and difficulty sleeping. Which medication is commonly prescribed as a first-line treatment for depression?

- A. Methylphenidate (Ritalin).
- B. Alprazolam (Xanax).
- C. Quetiapine (Seroquel).

D. Fluoxetine (Prozac).

Answer: D

Explanation: Fluoxetine (Prozac) is a selective serotonin reuptake inhibitor (SSRI) commonly prescribed as a first-line treatment for depression. It helps increase the availability of serotonin in the brain, which can improve mood, reduce feelings of sadness, and alleviate other symptoms of depression.

### Question: 6

A patient with rheumatoid arthritis presents with joint pain, swelling, and morning stiffness lasting more than an hour. Which medication is commonly prescribed to manage the symptoms of rheumatoid arthritis?

- A. Acetaminophen (Tylenol).
- B. Ibuprofen (Advil).
- C. Prednisone (Deltasone).
- D. Methotrexate (Trexall).

Answer: D

Explanation: Methotrexate (Trexall) is a disease-modifying antirheumatic drug (DMARD) commonly prescribed to manage the symptoms of rheumatoid arthritis. It helps reduce joint inflammation, pain, and swelling, and can also slow the progression of the disease.

### Question: 7

A 50-year-old patient presents with a non-healing ulcer on the lower extremity. Physical examination reveals a punched-out ulcer with a necrotic base and surrounding erythema. The most likely diagnosis is:



- A. venous stasis ulcer.
- B. pressure ulcer.
- C. diabetic foot ulcer.
- D. arterial ulcer.

Answer: D

Explanation: The non-healing ulcer on the lower extremity with a punched-out appearance, necrotic base, and surrounding erythema is highly suggestive of an arterial ulcer. Venous stasis ulcers typically present with a shallow, irregularly shaped ulcer with a granulating base and surrounding hemosiderin staining. Diabetic foot ulcers often occur in patients with diabetes and are typically located on the plantar surface of the foot. Pressure ulcers develop over bony prominences due to prolonged pressure and typically have an overlying eschar or granulation tissue.

### Question: 8

A patient with human immunodeficiency virus (HIV) infection is scheduled to receive a vaccine to prevent pneumococcal infections. Which type of vaccine should the nurse administer to the patient?

- A. Live attenuated vaccine.
- B. Inactivated vaccine.
- C. Toxoid vaccine.
- D. Recombinant vaccine.

Answer: B

Explanation: In patients with HIV infection, inactivated vaccines are generally recommended over live attenuated vaccines due to the risk of vaccine-induced disease in individuals with compromised immune systems.

### Question: 9

A patient with a diagnosis of chronic lymphocytic leukemia (CLL) presents with fatigue, pallor, and increased susceptibility to infections. Which laboratory finding is consistent with the patient's diagnosis?

- A. Decreased platelet count.
- B. Elevated hemoglobin level.
- C. Increased lymphocyte count.
- D. Decreased erythrocyte sedimentation rate (ESR).

Answer: C

Explanation: Chronic lymphocytic leukemia (CLL) is characterized by the accumulation of mature lymphocytes in the bone marrow, peripheral blood, and lymphoid tissues. Therefore, an increased lymphocyte count is consistent with the diagnosis of CLL.

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