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ANCC Certified Clinical Nurse Specialist, Core (CNS-BC)

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Question: 1

Which of the following is a key characteristic of the nurse specialist role in the context of healthcare systems?

- A. Focusing on individual patient care
- B. Participating in organizational decision-making
- C. Providing direct supervision of nursing staff
- D. Conducting independent nursing research

Answer: B

Explanation: The CNS role involves participating in organizational decision-making to influence nursing practice and healthcare systems, which is a key characteristic of the CNS role.

Question: 2

A 55-year-old man with a history of chronic obstructive pulmonary disease (COPD) presents with a 2-week history of progressive dyspnea, cough, and increased sputum production. He reports feeling more tired than usual and has had a fever for the past 3 days. Physical examination reveals increased respiratory rate, decreased breath sounds, and wheezing. Chest X-ray shows hyperinflated lungs with flattened diaphragms. Which of the following is the most appropriate next step in management?

- A. Initiate intravenous corticosteroids
- B. Initiate non-invasive positive pressure ventilation
- C. Obtain a chest CT scan
- D. Start empiric antibiotic therapy

Answer: D

Explanation: The patient's presentation with worsening dyspnea, increased sputum production, fever, and physical examination findings consistent with a COPD exacerbation warrants the initiation of empiric antibiotic therapy as the most appropriate next step. Antibiotics are a key component of the management of acute COPD exacerbations.

Question: 3

A Nurse Specialist is developing a discharge plan for a patient with a recent myocardial infarction. Which of the following topics should be included in the patient education?

- A. Importance of maintaining a low-fat diet
- B. Strategies for managing stress and anxiety
- C. Techniques for adjusting to a sedentary lifestyle
- D. All of the above

Answer: D

Explanation: The discharge plan for a patient with a recent myocardial infarction should include education on the importance of maintaining a low-fat diet, strategies for managing stress and anxiety, and techniques for adjusting to a less active lifestyle, as all of these factors are crucial for the patient's recovery and long-term management of their cardiac condition.

Question: 4

A 72-year-old client is admitted to the hospital with a recent fall and new-onset confusion. The clinical nurse specialist recognizes that the client is at high risk for which of the following complications?

- A. Pressure ulcer development
- B. Delirium
- C. Electrolyte imbalances
- D. Urinary tract infection

Answer: B

Explanation: An older adult client with a recent fall and new-onset confusion is at high risk for developing delirium, an acute and fluctuating change in mental status. The other options, while important, are not the highest risk for this specific client presentation.

Question: 5

A 68-year-old woman with a history of osteoarthritis presents to the clinic with worsening knee pain. Her current medications include acetaminophen and a topical diclofenac gel. Physical examination reveals tenderness and crepitus in the affected knee, with limited range of motion. Radiographic imaging shows moderate osteoarthritic changes. Which of the following would be the most appropriate next step in her management?

- A. Increase the dose of acetaminophen
- B. Add an oral NSAID
- C. Refer the patient for intra-articular corticosteroid injection
- D. Recommend total knee replacement surgery

Answer: C

Explanation: The most appropriate next step in the management of this 68-year-old woman with worsening osteoarthritis of the knee would be to refer her for an intra-articular corticosteroid injection. Intra-articular corticosteroid injections can provide significant and relatively rapid relief of osteoarthritic joint pain and inflammation, and are a well-established treatment option for this condition. Increasing the dose of acetaminophen or adding an oral NSAID may provide some additional pain relief, but would not address the underlying joint pathology as effectively as a corticosteroid injection. Recommending total knee replacement surgery would not be the most appropriate next step, as this is typically reserved for more advanced, debilitating cases of osteoarthritis that have not responded to more conservative treatments.

Question: 6

A Nurse Specialist is caring for a patient with a newly diagnosed spinal cord injury. Which of the following nursing diagnoses would be the highest priority for this patient?

- A. Impaired physical mobility
- B. Impaired skin integrity

- C. Impaired urinary elimination
- D. Risk for falls

Answer: A

Explanation: The highest priority nursing diagnosis for a patient with a newly diagnosed spinal cord injury is impaired physical mobility, as the injury can significantly impact the patient's ability to move and perform activities of daily living.

Question: 7

A Nurse Specialist is working to improve discharge planning for patients with heart failure. Which of the following actions would be most appropriate for the Nurse Specialist to take?

- A. Developing a new discharge checklist for nursing staff
- B. Providing one-on-one education to patients and families
- C. Conducting a root cause analysis of readmission rates
- D. Advocating for increased staffing on the heart failure unit

Answer: C

Explanation: As a system-level leader, the Nurse Specialist should focus on conducting a root cause analysis to identify the key drivers of readmission rates for heart failure patients. This data-driven approach will allow the Nurse Specialist to develop targeted interventions to improve the discharge process and reduce readmissions.

Question: 8

An older adult patient with a history of falls reports fear of falling. The nurse should:

- A. Recommend the patient use a wheelchair for mobility
- B. Encourage the patient to limit physical activity
- C. Assess the patient's fall risk and implement fall prevention strategies
- D. Refer the patient to a physical therapist

Answer: C

Explanation: The appropriate nursing response is to assess the patient's fall risk and implement targeted fall prevention strategies. Recommending a wheelchair or limiting physical activity could actually increase the patient's fall risk and functional decline. Referring the patient to a physical therapist is also a reasonable intervention, but should be in addition to the nurse's own fall risk assessment and prevention efforts.

Question: 9

A nurse is caring for a patient with a newly diagnosed chronic obstructive pulmonary disease (COPD) exacerbation. Which of the following nursing interventions should be the highest priority?

- A. Administering bronchodilator medication
- B. Encouraging the patient to perform pursed-lip breathing
- C. Assessing the patient's respiratory status and oxygen needs
- D. Providing education on COPD management and exacerbation prevention

Answer: C

Explanation: The highest priority nursing intervention for a patient with a COPD exacerbation should be assessing the patient's respiratory status and oxygen needs, as this will guide the administration of appropriate treatments and interventions to stabilize the patient's condition.

Question: 10

A 72-year-old man with a history of type 2 diabetes mellitus and hypertension presents to the clinic for a routine follow-up visit. His medications include metformin, lisinopril, and a thiazide diuretic. During the visit, his blood pressure is noted to be 128/82 mmHg, and his HbA1c is 7.2%. Which of the following would be the most appropriate next step in his management?

- A. Increase the dose of metformin
- B. Add a GLP-1 agonist
- C. Add a calcium channel blocker

D. Continue current medications and follow up in 6 months

Answer: D

Explanation: The most appropriate next step in the management of this 72-year-old man with type 2 diabetes and hypertension would be to continue his current medications (metformin, lisinopril, and thiazide diuretic) and follow up in 6 months. His blood pressure and HbA1c values are within the recommended targets for this patient population, so no medication changes are necessary at this time. Increasing the dose of metformin or adding a GLP-1 agonist would not be indicated, as his HbA1c is already well-controlled. Adding a calcium channel blocker would not be the most appropriate next step, as his blood pressure is already at goal with the current regimen.

Question: 11

A nurse is caring for a patient with a newly diagnosed heart failure. Which of the following nursing diagnoses would be the highest priority for this patient?

- A. Impaired fluid volume
- B. Impaired cardiac output
- C. Impaired physical mobility
- D. Risk for falls

Answer: B

Explanation: The highest priority nursing diagnosis for a patient with newly diagnosed heart failure would be impaired cardiac output, as this is the underlying physiological issue that must be addressed to stabilize the patient's condition.

Question: 12

Which of the following is the primary goal of the Clinical Nurse Specialist (Nurse Specialist) role?

- A. Improving patient outcomes
- B. Enhancing nursing practice

- C. Expanding the scope of nursing practice
- D. All of the above

Answer: D

Explanation: The primary goal of the Nurse Specialist role is to improve patient outcomes, enhance nursing practice, and expand the scope of nursing practice. CNSs work to improve healthcare at the patient, nurse, and system levels.

Question: 13

A nursing specialist is developing a new graduate nurse residency program for the organization. Which of the following learning theories would be most appropriate to guide the program's curriculum and instructional design?

- A. Constructivism
- B. Behaviorism
- C. Cognitivism
- D. Transformative learning

Answer: A

Explanation: Constructivism would be the most appropriate learning theory to guide the development of the new graduate nurse residency program. Constructivism emphasizes the active construction of knowledge and meaning through hands-on experiences, problem-solving, and reflection, which aligns well with the goals of a nurse residency program to facilitate the transition from student to competent, confident practitioner.

Question: 14

A 75-year-old client with a history of Alzheimer's disease is admitted to the hospital with a urinary tract infection. The clinical nurse specialist recognizes the need to address potential delirium. Which nursing intervention would be most effective in preventing and managing delirium in this client?

- A. Provide frequent reorientation and maintain a predictable daily routine

- B. Administer antipsychotic medications to manage agitation and confusion
- C. Encourage family members to stay with the client at all times
- D. Minimize use of indwelling urinary catheters and promote early mobility

Answer: A

Explanation: Providing frequent reorientation and maintaining a predictable daily routine are the most effective nursing interventions for preventing and managing delirium in clients with Alzheimer's disease. Antipsychotics should be avoided due to the increased risk of adverse effects in this population. While family involvement and minimizing invasive devices are also important, maintaining a stable environment and routine is the key to managing delirium in clients with cognitive impairment.

Question: 15

A 45-year-old woman with a history of systemic lupus erythematosus (SLE) presents with a 1-week history of fever, fatigue, and a new-onset rash on her face, upper trunk, and extremities. Physical examination reveals a butterfly-shaped erythematous rash on the face and a maculopapular rash on the trunk and extremities. Which of the following is the most likely diagnosis?

- A. Acute lupus flare
- B. Drug reaction
- C. Erythema multiforme
- D. Parvovirus B19 infection

Answer: A

Explanation: The patient's presentation with fever, fatigue, and characteristic butterfly-shaped facial rash, along with a maculopapular rash on the trunk and extremities, is most consistent with an acute lupus flare in a patient with known systemic lupus erythematosus.



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