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Nursing

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AACN Acute Care Nurse Practitioner (Adult-Gerontology)









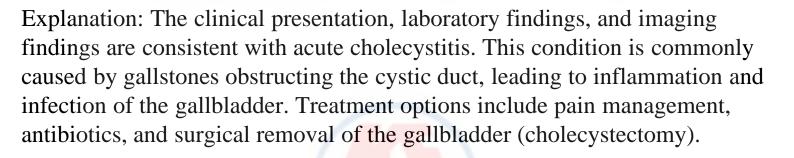


Question: 1

A 55-year-old patient presents with right upper quadrant abdominal pain, fever, and jaundice. Laboratory tests reveal elevated liver enzymes and a total bilirubin level of 3.5 mg/dL. Imaging shows gallstones within the gallbladder. Which of the following conditions is the most likely diagnosis?

- A. Acute pancreatitis
- B. Choledocholithiasis
- C. Cholecystitis
- D. Liver abscess

Answer: C



Question: 2

A 60-year-old patient presents with sudden onset of bright red blood per rectum. Hemodynamic stability is maintained. Which of the following is the most appropriate initial management for this patient?

- A. Upper endoscopy
- B. Colonoscopy
- C. Angiography
- D. Exploratory laparotomy

Answer: B

Explanation: The presentation of bright red blood per rectum suggests a lower gastrointestinal (GI) bleed. The most appropriate initial management is colonoscopy, which can help identify the source of bleeding and potentially provide interventions such as hemostasis or sclerotherapy. Upper endoscopy is indicated for an upper GI bleed, while angiography and exploratory laparotomy are reserved for cases of severe bleeding or hemodynamic instability.

Question: 3

A 72-year-old patient presents with severe abdominal pain, nausea, and vomiting. Physical examination reveals abdominal distention and absent bowel sounds. Imaging shows dilated loops of small bowel with air-fluid levels. Which of the following conditions is the most likely diagnosis?

- A. Bowel infarction
- B. Bowel perforation
- C. Bowel obstruction
- D. Pancreatitis

Answer: C



Explanation: The clinical presentation, physical examination findings, and imaging findings are consistent with bowel obstruction. This can occur due to various causes such as adhesions, hernias, tumors, or volvulus. Treatment options include bowel decompression, fluid resuscitation, and surgical intervention if necessary.

Question: 4

A 45-year-old patient with a history of chronic gastroparesis presents with

recurrent episodes of abdominal pain, bloating, and early satiety. Medical management with prokinetic agentssuch as metoclopramide and dietary modifications have been ineffective. Which of the following surgical procedures is the most appropriate treatment option for this patient?

- A. Gastric pacemaker placement
- B. Gastric sleeve surgery
- C. Gastric bypass surgery
- D. Gastrectomy

Answer: A

Explanation: In patients with refractory gastroparesis, gastric pacemaker placement (also known as gastric electrical stimulation) can be considered. This procedure involves the placement of a device that delivers electrical stimulation to the stomach, promoting gastric motility. Surgical options such as gastric bypass or gastrectomy are typically reserved for patients with severe complications or those who have failed other treatments.

Question: 5

A 65-year-old patient presents to the emergency department with severe abdominal pain, distention, and tenderness. Imaging reveals free air under the diaphragm. Which of the following conditions is the most likely cause?

- A. Abdominal aortic aneurysm
- B. Acute appendicitis
- C. Bowel perforation
- D. Pancreatic pseudocyst

Answer: C

Explanation: The presence of free air under the diaphragm on imaging is highly suggestive of bowel perforation. This can occur due to various causes such as trauma, inflammatory bowel disease, or perforated diverticulitis. Prompt surgical intervention is necessary to repair the perforation and prevent further complications.

Question: 6

A 40-year-old patient with a history of chronic hepatitis C infection presents with jaundice, ascites, and hepatic encephalopathy. Laboratory tests reveal severely elevated liver enzymes and prolonged prothrombin time. Imaging shows evidence of cirrhosis. Which of the following conditions is the most likely diagnosis?

- A. Acute liver failure
- B. Alcoholic hepatitis
- C. Hepatocellular carcinoma
- D. Decompensated cirrhosis

Answer: D

Explanation: The clinical presentation, laboratory findings, and imaging findings are consistent with decompensated cirrhosis. Decompensated cirrhosis refers to the advanced stage of liver disease characterized by the development of significant complications such as ascites, hepatic encephalopathy, and jaundice. Treatment options include lifestyle modifications, medical management, and, in some cases, liver transplantation.

Question: 7

A 60-year-old patient with decompensated cirrhosis develops progressive renal impairment, characterized by elevated serum creatinine, decreased urine output,

and sodium retention. Which of the following conditions is the most likely diagnosis?

- A. Renal calculi
- B. Acute kidney injury
- C. Urinary tract infection
- D. Hepatorenal syndrome

Answer: D

Explanation: The clinical presentation and laboratory findings are consistent with hepatorenal syndrome. This condition is a functional renal impairment that occurs as a complication of advanced liver disease, particularly cirrhosis. It is characterized by renal vasoconstriction and decreased renal blood flow. Prompt recognition and treatment are important to prevent further renal deterioration.

Question: 8

A 75-year-old patient with a history of chronic constipation presents with abdominal distention, pain, and absence of bowel movements for the past three days. Physical examination reveals a tympanic abdomen and high-pitched bowel sounds. Imaging shows dilated loops of small bowel without evidence of obstruction. Which of the following conditions is the most likely diagnosis?

- A. Mechanical bowel obstruction
- B. Paralytic ileus
- C. Diverticulitis
- D. Intestinal pseudo-obstruction

Answer: D

Explanation: The clinical presentation, physical examination findings, and imaging findings are consistent with intestinal pseudo-obstruction (also known

as Ogilvie's syndrome). This condition is characterized by non-mechanical dilation of the large bowel without evidence of mechanical obstruction. It is typically associated with underlying medical conditions, such as neurologic disorders or medication use. Treatment options include bowel decompression, correction of underlying causes, and supportive care.

Question: 9

A 30-year-old patient presents with watery diarrhea, abdominal cramping, and low-grade fever. Stool studies reveal the presence of Clostridium difficile toxins. Which of the following medications is the most appropriate treatment for this patient?

- A. Ciprofloxacin
- B. Vancomycin
- C. Azithromycin
- D. Metronidazole

Answer: B

Explanation: Clostridium difficile infection is a common cause of infectious diarrhea, especially in healthcare settings. The most appropriate treatment for this infection is oral vancomycin or fidaxomicin. Metronidazole can be used as an alternative, but it is less effective in severe cases. Ciprofloxacin and azithromycin are not effective against Clostridium difficile.

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