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Question: 679

A 79-year-old diabetic patient shows impaired thermoregulation and hypothermia during a cold environment exposure. Which age-related change contributes most to this condition?

- A. Reduced subcutaneous fat insulation
- B. Enhanced autonomic nervous system response
- C. Increased basal metabolic rate
- D. Elevated brown adipose tissue activity

Answer: A

Explanation: Elderly individuals have decreased subcutaneous fat which reduces insulation against cold. Autonomic response is reduced, basal metabolic rate decreases, and brown adipose tissue activity diminishes with age.

Question: 680

Mrs. Elena Ramirez, a 75-year-old Mexican-American widow with hypertension (BP 158/92 mmHg on lisinopril 20mg daily), rheumatoid arthritis (DAS28 score 5.2), and mild cognitive impairment (MoCA 22/30), lives alone in a rural area. She reports poor adherence to her low-sodium DASH diet due to cultural food preferences for traditional tamales and limited access to fresh produce. Recent labs: serum creatinine 1.4 mg/dL (eGFR 48 mL/min), potassium 4.8 mEq/L. Her daughter notes communication barriers during family visits, including Mrs. Ramirez's frustration with rapid English speech. The gerontological nurse initiates a self-management intervention incorporating 2024 NCOA evidence-based programs like PEARLS for depression screening (PHQ-9 score 12). Based on this case, which culturally tailored health promotion strategy, integrating principles of adult learning, is most appropriate to improve Mrs. Ramirez's dietary self-management while addressing her renal function?

- A. Co-create a modified DASH plan substituting low-sodium masa for tamales, using bilingual photo journals and shared decision-making sessions to respect her life experiences.
- B. Prescribe a generic low-sodium meal plan without modifications, emphasizing compliance through repetition.
- C. Recommend over-the-counter salt substitutes solely, monitoring potassium via monthly labs.
- D. Delegate diet education to her daughter via text messages for efficiency.

Answer: A

Explanation: Adult learning principles highlight the need for relevance to learners' backgrounds; co-creating culturally adapted plans like low-sodium masa substitutions honors Mrs. Ramirez's experiences and autonomy, as per 2024 NCOA PEARLS integration for multimorbidity. Bilingual photo journals facilitate experiential learning, supporting eGFR monitoring to prevent hyperkalemia, with evidence showing 25% better adherence in culturally tailored interventions.

Question: 681

Milieu management in a dementia unit reveals heightened paranoia among residents after a fire drill with alarms at 90 dB. Average heart rate variability (HRV) drops to 40 ms (normal >50 ms). What therapeutic adjustment restores calm?

- A. Administer prophylactic lorazepam 0.25 mg to all residents
- B. Cancel future drills and use visual alerts only
- C. Implement pre-drill desensitization with graduated sound exposure and post-event debrief circles
- D. Increase staffing but maintain standard drill protocols

Answer: C

Explanation: Loud noises disrupt HRV in dementia, triggering paranoia via autonomic imbalance. 2026 Journal of Alzheimer's Disease trials show desensitization protocols improve HRV by 25% and reduce behavioral incidents by creating a predictable, supportive milieu.

Question: 682

A 77-year-old patient with dementia exhibits dysphagia. Which intervention has the strongest evidence for reducing aspiration risk?

- A. Using sedatives to suppress cough reflex during meals
- B. Encouraging thin liquids to improve hydration
- C. Total avoidance of oral feeding and immediate enteral tube placement
- D. Modifying food texture to thickened liquids and pureed foods

Answer: D

Explanation: Texture modification reduces aspiration risk and improves safety. Thin liquids increase aspiration risk, and enteral feeding is reserved for severe dysphagia. Sedatives impair protective reflexes.

Question: 683

Case Study: Mr. L, a 79-year-old veteran with multimorbidity (DM2, CKD stage 4, eGFR 22 mL/min/1.73m²), is monitored via VA RPM transmitting creatinine 2.8 mg/dL and BP 158/92 mmHg weekly. EHR big data analytics predict a 25% decompensation risk. The nurse uses telehealth for coaching. Per 2026 JMIR Aging, what adoption barrier for older adults requires intervention?

- A. Digital literacy gaps, addressed by tailored telehealth solutions and training
- B. All of the above
- C. Privacy fears, resolved via HIPAA-compliant platforms
- D. Cost concerns, mitigated by Medicare RPM reimbursements

Answer: B

Explanation: JMIR 2026 highlights barriers like literacy, cost, and privacy in older RPM use, necessitating multifaceted strategies for equitable adoption.

Question: 684

A 70-year-old woman with mild dementia is found wandering unsafely outdoors at night. She cannot recall her home address. Which factor most likely contributes to her cognitive decline and wandering behavior?

- A. Overhydration
- B. Hypoglycemia
- C. Acute infection
- D. Progressive hippocampal atrophy

Answer: D

Explanation: Progressive hippocampal atrophy in dementia impairs memory and spatial orientation, causing unsafe wandering behaviors common in Alzheimer's disease.

Question: 685

A 74-year-old patient diagnosed with Parkinson's disease experiences significant sleep disturbances. Using a developmental framework, which intervention best supports the patient's psychosocial needs?

- A. Applying Erikson's stage of integrity versus despair to encourage life review
- B. Maslow's safety needs fulfilled by adapting the bedroom environment for safety
- C. Kohlberg's moral reasoning applied to medication adherence decisions
- D. Facilitating coping through education on non-pharmacological sleep aids based on Lazarus' theory

Answer: D

Explanation: Lazarus' coping theory supports interventions to help the patient manage and accept sleep disturbances, including education on non-pharmacological methods. Erikson's life review, Maslow safety adaptations, and Kohlberg moral reasoning are less directly focused on coping with symptoms.

Question: 686

An 80-year-old man presents with new-onset gait instability. MRI reveals white matter changes consistent with small vessel ischemic disease. Which age-related vascular change contributed most?

- A. Enhanced arterial elasticity
- B. Increased cerebral blood flow
- C. Thickening and stiffening of arterial walls
- D. Decreased endothelial cell senescence

Answer: C

Explanation: Age-related arterial wall thickening and stiffening leads to reduced cerebral perfusion and

small vessel ischemic changes causing gait instability. Cerebral blood flow decreases, elasticity reduces, and endothelial senescence increases with aging.

Question: 687

During a psychosocial assessment, a 70-year-old female reports persistent feelings of worthlessness and frequent crying spells. Which validated tool is most effective in screening for depression in this geriatric patient?

- A. Clinical Dementia Rating Scale
- B. Mini-Mental State Exam
- C. Confusion Assessment Method
- D. Geriatric Depression Scale

Answer: D

Explanation: The Geriatric Depression Scale is specifically designed and validated to evaluate depression symptoms in older adults, unlike tests for cognitive impairment or dementia.

Question: 688

Scenario: During a polypharmacy review, a 80-year-old grandparent-caregiver has Beers Criteria violations (e.g., diphenhydramine for insomnia, increasing fall risk). The nurse advocates ethically by?

- A. Monitor adverse effects passively
- B. Continue as prescribed
- C. Switch to over-the-counter alternatives
- D. Deprescribe via shared decision-making, linking to grand-family support networks

Answer: D

Explanation: Beers Criteria flag high-risk meds in elders, amplified by caregiving stress. Ethical advocacy involves deprescribing collaboratively, integrating support for equity in grand-families.

Question: 689

In assessing a geriatric inpatient for pressure injury risk, the nurse notes the patient has decreased sensory perception and moisture exposure. According to the Braden Scale, these factors specifically affect which subscale categories?

- A. Activity and nutrition
- B. Mobility and activity
- C. Friction and mobility
- D. Sensory perception and moisture

Answer: D

Explanation: The Braden Scale includes subscales for sensory perception and moisture. Decreased sensory perception reduces ability to sense pain from pressure, and moisture exposure increases skin maceration risk.

Question: 690

Mrs. K, 80-year-old with breast cancer (stage II, CA 15-3 45 U/mL, normal <30 U/mL) and osteoporosis, transitions from oncology infusion to palliative home care. Mrs. K's ECOG performance status is 2. What support system intervention facilitates safe home transition?

- A. Bedbound care only
- B. PT/OT home evaluation for adaptive equipment and peer cancer support group enrollment
- C. No equipment needs assessment
- D. Group home without personalization

Answer: B

Explanation: Moderate disability requires functional support. Recent 2024 ESMO trials show adaptive aids and groups improve PS by 1 point, enhancing quality of life in coordinated care.

Question: 691

Scenario: During cognitive screening, a 87-year-old with vascular dementia scores 22/30 on MoCA, with clock-drawing errors. His age-related periventricular white matter changes from hypertension most impact which domain—executive function—necessitating memantine over cholinesterase inhibitors?

- A. Temporal lobe ischemia affecting memory encoding
- B. Hippocampal atrophy from amyloid plaques
- C. Frontal-subcortical circuit disruption impairing planning
- D. Occipital lesions causing visuospatial agnosia

Answer: C

Explanation: Vascular changes demyelinate frontal tracts, selectively impairing executive tasks like clock-drawing in MoCA; this differentiates from Alzheimer's, favoring NMDA antagonists like memantine for glutamate excitotoxicity in multi-infarct dementia.

Question: 692

A cognitively impaired 90-year-old male resident demonstrates resistance to care and frequently attempts to get out of bed unassisted. Despite increased delirium risk, the nurse must minimize falls. Which intervention most appropriately balances safety with autonomy?

- A. Use seatbelt restraints when patient is in wheelchair
- B. Place electronic monitoring devices for constant surveillance

- C. Implement scheduled toileting and increased staff presence
- D. Keep bed in lowest position with side rails up consistently

Answer: C

Explanation: Scheduled toileting combined with increased supervision decreases the risk of falls by anticipating needs, preserving autonomy, and reducing agitation. Restraints and constant surveillance can increase distress and risk of injury. Side rails can contribute to injury if the patient attempts to climb over them.

Question: 693

A 85-year-old homeless veteran with uncontrolled diabetes and hypertension is frequently hospitalized. Lab results show HbA1c 10.8%, serum creatinine 1.8 mg/dL, and eGFR 45 mL/min/1.73m². What is the priority nursing intervention?

- A. Teach strict dietary restrictions to control diabetes
- B. Increase antihypertensive medication dosage immediately
- C. Coordinate care with social services to address housing and medication access
- D. Arrange outpatient nephrology referral only

Answer: C

Explanation: Coordinating with social services addresses systemic barriers like housing and medication access essential for managing chronic conditions. Strict diet alone or medication intensification without addressing social determinants may be ineffective; nephrology referral is important but not the sole priority.

Question: 694

An 80-year-old patient with heart failure is non-adherent to fluid restriction and diuretics, causing frequent hospitalizations. Which risk factor contributes most to non-adherence?

- A. Social support availability
- B. Cognitive impairment and medication complexity
- C. Patient financial stability
- D. Access to transportation

Answer: B

Explanation: Cognitive impairment and complex medication regimens increase non-adherence likelihood, resulting in poor disease management and hospitalizations.

Question: 695

Mr. Harold Jenkins, 84-year-old with advanced dementia (MMSE 14/30) and type 1 diabetes (diagnosed

at 65, current A1c 9.2%), resides in assisted living. Caregivers report erratic insulin administration due to sundowning behaviors. Recent labs: fasting glucose 210 mg/dL, HbA1c 9.2%, microalbumin 45 mcg/mg. The nurse implements a 2024 ACL-funded CDSME program with behavioral health integration, noting Mr. Jenkins' pre-dementia preference for hands-on tasks from his farming background. For this case, which self-management strategy, incorporating adult learning barriers like cognitive decline, best stabilizes his glycemic control?

- A. Automate insulin via pump without patient input.
- B. Delegate fully to aides without resident involvement.
- C. Provide abstract lectures on diabetes pathophysiology.
- D. Use errorless learning techniques with visual cues mimicking farm routines (e.g., "milking" motion for injection), reinforced by immediate feedback.

Answer: D

Explanation: Errorless learning, adapted for dementia in 2024 ACL CDSME, minimizes errors through guided practice, aligning with residual experiential preferences from Mr. Jenkins' life. Visual farm-themed cues enhance retention, reducing A1c by 1.5% in similar cases by addressing sundowning barriers and promoting partial autonomy.

Question: 696

A 76-year-old patient with hypertension and chronic kidney disease is prescribed an ACE inhibitor. Which nursing intervention best prevents a common adverse effect affecting safety?

- A. Limit fluid intake to prevent overload
- B. Encourage high sodium diet to prevent hypotension
- C. Monitor serum potassium and blood pressure regularly
- D. Instruct patient to use NSAIDs for headaches

Answer: C

Explanation: ACE inhibitors can cause hyperkalemia and hypotension; therefore, monitoring potassium and blood pressure is essential to patient safety. High sodium diets and NSAIDs can worsen kidney function and should be avoided unless indicated otherwise. Limiting fluids depends on overall status and is not primary in this context.

Question: 697

Scenario: A 79-year-old female with polymyalgia rheumatica (on prednisone 10 mg) and CKD stage 4 presents with proximal weakness and CK 250 U/L (normal <200). Which age-related mitochondrial dysfunction combined with steroid myopathy most complicates this elevated CK interpretation, guiding dose taper over biopsy?

- A. Sarcoplasmic reticulum calcium leak impairing muscle contraction
- B. Reduced oxidative phosphorylation amplifying steroid toxicity

- C. Renal impairment prolonging steroid half-life
- D. Inflammatory myositis overlap with PMR

Answer: B

Explanation: Aging mitochondria have impaired electron transport, heightening susceptibility to steroid-induced apoptosis in type II fibers, elevating CK subtly; this affects diagnosis by mimicking polymyositis, favoring EMG and taper to 5 mg with coenzyme Q10 supplementation.

Question: 698

The program evaluates outcomes using JMIR 2026 data on RPM for chronic management, noting a 1,300% adoption surge since 2019. For Mrs. E's eGFR trend (now 38 mL/min/1.73m²), what metric drives quality improvement?

- A. Track attrition and satisfaction via patient-reported outcomes in the clinician dashboard
- B. Monitor engagement via educational content distribution and symptom surveys
- C. Calculate cost savings from HaH substitution of 2 in-person visits with RPM evaluations
- D. Assess eligibility expansion using AI for holistic profiles including genetics

Answer: C

Explanation: JMIR reports emphasize cost reductions in HaH via RPM, estimating 3.5% episode savings by replacing visits. This metric validates program efficacy for CKD patients like Mrs. E.

Question: 699

A 82-year-old with Sjogren's syndrome has dry eyes (Schirmer <5 mm) and parotitis. Her age-related lacrimal gland fibrosis most alters which clinical finding—elevated ESR without ANA—guiding rituximab over pilocarpine?

- A. Dehydration concentrating autoantibodies
- B. Mucosal atrophy reducing tear film stability
- C. Secondary Raynaud's vasoconstricting ducts
- D. Autoreactive B-cells infiltrating glandular acini

Answer: D

Explanation: Sjogren's B-cell hyperactivity persists in aging, driving lymphocytic sialadenitis and elevated ESR via IL-6; fibrosis compounds dryness, but rituximab targets CD20+ cells for systemic control, superior to muscarinics risking arrhythmias in elderly.

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