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Question: 1

A patient presents with palpitations, dizziness, nausea, and chest discomfort. The patient is quickly placed on a cardiac monitor, which reveals a polymorphic ventricular tachycardia that is identified as torsade de pointes. Which of the following electrolyte imbalances is a risk factor for developing torsade de pointes?

- A. Hypercalcemia
- B. Hypomagnesemia
- C. Hyperkalemia
- D. Hypochloremia

Answer: B

Explanation:

Risk factors for developing torsade de pointes include certain electrolyte disturbances, especially hypomagnesemia and hypokalemia. Less often hypocalcemia is found to be a cause. A first-line therapy for the treatment of torsade de pointes is intravenous magnesium sulfate. It is effective for both the treatment and prevention of the long QT-related arrhythmia. These treatments have been shown to be beneficial even in patients with normal baseline serum magnesium concentrations.

Question: 2

Permanent cardiac pacing is a beneficial option with all of the following clinical conditions EXCEPT

- A. symptomatic sinus bradycardia.
- B. torsade de pointes associated with hypokalemia.
- C. second-degree atrioventricular Mobitz II block.
- D. significant carotid sinus hypersensitivity.

Answer: B

Explanation:

Torsade de pointes associated with hypokalemia is likely reversible once the electrolyte imbalances are corrected. Permanent pacing is considered definitely beneficial and effective in patients with symptomatic sinus bradycardia, second-degree atrioventricular Mobitz II block (especially if symptomatic), or significant carotid sinus hypersensitivity.

Question: 3

A patient with a history of congestive heart failure presents with dyspnea, cough, and peripheral edema. On physical examination, the patient is found to be hypotensive with diminished distal pulses. Crackles in the lungs and chest x-ray findings indicate the presence of pulmonary congestion. Laboratory testing reveals that renal insufficiency is also present. What initial treatment should the nurse give the patient?

- A. Loop diuretics
- B. Thiazide diuretics
- C. Angiotensin-converting enzyme inhibitors
- D. Vasodilators

Answer: D

Explanation:

The patient described in the question has inadequate perfusion along with signs and symptoms of volume overload. Cardiac output should be improved first, before excess volume is removed. Cardiac output can be increased by using intravenous vasodilators, inotropes, or both. After cardiac output is improved, diuretics can be used to address volume overload. Angiotensin-converting enzyme inhibitors will not address the patient's acute symptoms.

Question: 4

A patient presents to the hospital with atrial fibrillation. It is unknown how long the patient has been in atrial fibrillation. The patient did not convert to a regular sinus rhythm with medical treatment, so it is decided to continue the patient on medication for rate control and anticoagulation. It is also decided that cardioversion should be attempted. Ideally cardioversion should be attempted

- A. immediately to eradicate the arrhythmia.
- B. after the patient has had 3—5 days of anticoagulation.
- C. after the patient has had 3-4 weeks of anticoagulation.
- D. after the patient has had 3-4 months of anticoagulation.

Answer: C

Explanation:

In some patients with persistent atrial fibrillation, cardioversion to sinus rhythm is a treatment option. It is recommended that a patient be anticoagulated for 3—4 weeks before and after cardioversion to reduce the risk of thromboembolism. If it is decided that cardioversion should be done sooner, before therapeutic anticoagulation is achieved, then a transesophageal echocardiogram should be done before cardioversion to exclude the presence of an existing intracardiac thrombus.

Question: 5

A patient presents with complaints of dyspnea, a feeling of chest fullness, and fatigue. On physical examination, the patient is found to have elevated jugular venous pressure, hypotension, pulsus paradoxus, and tachycardia

a. An electrocardiogram shows sinus tachycardia, low voltage, and beat-to-beat alterations in the QRS complexes. What is the most likely diagnosis?

- A. Acute myocardial infarction
- B. Pulmonary embolus
- C. Aortic dissection
- D. Cardiac tamponade

Answer: D

Explanation:

Characteristic symptoms of cardiac tamponade include sinus tachycardia, hypotension, elevated jugular venous pressure (JVP), and pulsus paradoxus. Beat-to-beat alterations in the QRS complex seen on electrocardiogram (ECG), otherwise known as electrical alternans, are a relatively specific finding for cardiac tamponade. Hypotension and elevated JVP can be seen in cases of acute myocardial infarction (MI) and large pulmonary emboli; however, these disorders are not associated with pulsus paradoxus. In addition, acute MI is associated with characteristic ECG changes of infarction. Although aortic dissection may lead to the development of cardiac tamponade, aortic dissection in the absence of cardiac tamponade should not cause an increase in JVP.

Question: 6

Several hours after undergoing a cardiac catheterization procedure a patient complains of severe, diffuse, abdominal pain. He then has an episode of bloody diarrhea

a. What does the nurse suspect may be the cause of his symptoms?

- A. Mesenteric ischemia
- B. Cholecystitis
- C. Acute renal failure
- D. Gastric ulceration

Answer: A

Explanation:

The patient described in the question has experienced occlusion of his mesenteric artery with resultant intestinal ischemia. This complication is caused by trauma to a blood vessel or by dislodging an atherosclerotic plaque in the vessel. Systemic embolization caused by cardiac catheterization can cause cutaneous, renal, retinal, cerebral, or gastrointestinal emboli, which may or may not be clinically significant. Although renal dysfunction may be caused by a renal embolus, the bloody diarrhea and sudden onset of diffuse abdominal pain in this case make it more likely that mesenteric ischemia is the cause. Cholecystitis and gastric ulceration are not complications related to cardiac catheterization.

Question: 7

Cor pulmonale is a common complication of what disease state?

- A. Chronic atrial fibrillation
- B. Pulmonary hypertension
- C. Pneumonia
- D. Coronary artery disease

Answer: B

Explanation:

Cor pulmonale refers to the altered structure and function of the right ventricle of the heart. This dysfunction can result from any cause of pulmonary hypertension. Typically, cor pulmonale is slowly progressive, but in some cases, it can be acute. Symptoms include dyspnea on exertion, fatigue, exertional angina, and syncope.



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