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Questions & Answers PDF

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Question: 1

A 92-year-old patient hospitalized for pneumonia was alert and responsive on admission but has begun to have fluctuating periods of confusion, language disturbance, audiovisual hallucinations, and impaired ability to sustain attention. The gerontological nurse recognizes these signs as common to:

- A. Impending stroke
- B. Alzheimer's disease
- C. Delirium
- D. Schizophrenia

Answer: C

Explanation:

If a 92-year-old patient hospitalized for pneumonia was alert and responsive on admission but has begun to have fluctuating periods of confusion, language disturbance, audiovisual hallucinations, and impaired ability to sustain attention, the gerontological nurse should recognize these signs as common to delirium. Delirium occurs in up to 40% of hospitalized older adults and 80% of dying patients. The confusion assessment method is a tool used to assess delirium.

Question: 2

Most provider-related barriers to effective care transitions for patients are associated with:

- A. Cost concerns
- B. Lack of incentives
- C. Resistance to collaboration
- D. Poor communication

Answer: D

Explanation:

Most provider-related barriers to effective care transitions for patients are associated with poor communication. Providers may provide inadequate discharge information so that new healthcare providers are unaware of important factors related to the patient. When patients are transitioning to the home environment, providers may not provide adequate education and follow up, may use language or terms the patient does not understand, or may overestimate the health literacy of the patient and the patient's ability to follow through with treatments.

Question: 3

Which of the following is a reason for the increasing trend of utilizing telehealth technologies?

- A. Patient preferences
- B. Aging population
- C. Increasing acute illnesses
- D. Uneducated populace

Answer: B

Explanation:

The aging population is a reason for the increasing trend of utilizing telehealth technologies as a preventive measure (monitoring patient's conditions) and to reduce the need for hospitalization. Other reasons include the increasing cost of healthcare and hospitalization, a more educated populace that wants to be involved in its own healthcare, the shortage of nursing and other healthcare personnel, and the increase (tied to the aging population) of chronic illnesses.

Question: 4

The best response to a patient who insists that healthcare providers are lying about her need to transfer from acute care to a skilled nursing facility is:

- A. "The staff would never lie to a patient."
- B. "The doctor ordered your transfer. so you can't stay here."
- C. "I'll try to answer all of your questions and explain your need for transfer."
- D. "I agree with you, but Medicare won't pay for your stay here."

Answer: C

Explanation:

The best response to a patient who believes the staff is lying is to state, "I'll try to answer all of your questions and explain your need for transfer." The gerontological nurse should avoid agreeing or disagreeing as this suggests the gerontological nurse is in a position to pass judgment. The gerontological nurse should not attempt to defend the doctor or the system because this may make the patient feel the nurse is taking sides. The nurse should calmly allow the patient to vent and answer questions and provide information.

Question: 5

The first step in implementing evidence-based guidelines into practice is:

- A. Assessing readiness for implementation
- B. Creating structures to support use of evidence-based guidelines
- C. Instructing staff members on use of evidence-based guidelines
- D. Creating a reward system for successful implementation

Answer: A

Explanation:

The first step in implementing evidence-based guidelines into practice is assessing readiness for implementation. Assessment should include how well-prepared the staff are in terms of knowledge and practice, how much support there is among the staff for implementation, identification of any barriers to implementation, and whether methods of outcome assessment have been developed, including real-time feedback and summaries. Additionally, champions for change should be identified and prepared to train and assist others during the implementation process.

Question: 6

The performance-oriented mobility assessment (POMA) primarily assesses:

- A. Time needed to stand and walk a prescribed distance
- B. Gait speed
- C. Mobility, gait, and balance under different conditions
- D. Balance

Answer: C

Explanation:

POMA primarily assesses mobility, gait, and balance under different conditions. Assessment includes sitting, standing (on both legs and on one leg), pull tests, side-by-side standing, walking (including observation of missed steps), turning, and stepping over or around obstacles. Other gait assessments include gait speed in 5 meters with speed of ≤ 0.6 m/second predictive of functional limitations. Timed up and go (TUG) tests the ability to stand from a chair with armrests, walk 3 meters, and turn and sit back down. Those requiring ≥ 12 seconds are at risk for falls (Normal: 7-10 seconds),

Question: 7

When utilizing the medication management ability assessment (MMAA) to determine whether a patient can safely manage the prescribed medication regimen, the gerontological nurse asks the patient to:

- A. Describe the tasks involved in managing the medications.
- B. List concerns about managing the medications.
- C. Describe resources available to assist with managing medications.
- D. Role play the tasks involved in managing the medications,

Answer: D

Explanation:

When utilizing the MMAA to determine whether a patient can safely manage the prescribed medication

regimen, the gerontological nurse asks the patient to role play the tasks involved in managing the medications.

This may include opening bottles, taking out the prescribed dose, explaining the frequency and time of dosages, and role playing the mode of administration. The assessment usually takes about 15 minutes to complete.

Question: 8

As part of preventive care, how frequently should a female patient generally have a mammogram?

- A. Every year
- B. Every 2 years
- C. Every 3 years
- D. Every 4 years

Answer: B

Explanation:

As part of preventive care, a female patient should generally have a mammogram every 2 years.

However, if the patient has multiple comorbidities and life expectancy is limited to 2-10 years, then the need for the mammogram should be assessed on an individual basis. Mammograms are usually not carried out if the patient's life expectancy is less than 2 years because the likelihood of undergoing treatment for malignancy is small.

Question: 9

A Christian Scientist patient with advanced cancer steadfastly refuses pain medications because of religious beliefs. The best approach for the gerontological nurse is to:

- A. Try to reason with the patient about pain medications.
- B. Stop working with the patient.
- C. Explore alternative/complementary therapies with the patient.
- D. Try to convince the patient's family to intervene.

Answer: C

Explanation:

If a Christian Scientist patient with advanced cancer steadfastly refuses pain medication because of religious beliefs, the best approach for the gerontological nurse is to explore alternative/complementary therapy with the patient. Patients have the right to refuse all medical treatments, including pain medication, and they should not be coerced although the gerontological nurse should explain what options are available to the patient. The patient may, for example, benefit from relaxation exercises and imagery.

Question: 10

Answer: B

Explanation:

A patient who is receiving warfarin and has been advised to avoid foods high in vitamin K should be aware that leafy greens, such as spinach and kale, are especially high in vitamin K. The client should be advised to try to maintain a consistent (rather than fluctuating) intake of vitamin K because warfarin inhibits vitamin K, which is necessary to produce some clotting factors. If the intake of vitamin K increases suddenly, it may prevent the anticoagulation effects of warfarin.