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# ANCC-CVNC

*ANCC (RN-BC) Cardiac-Vascular Nursing*

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**Question:** 61

Which of the following sets of drugs might slow the conduction through AV node and cause second degree heart block?

- A. Digoxin, statins, nitrates
- B. Procainamide, statins, fibrates
- C. Digoxin, beta-blockers, calcium channel blockers
- D. Calcium channel blockers, potassium channel openers

**Answer:** C

Digoxin, beta-blockers, and calcium channel blockers might slow the conduction through AV node and cause second degree heart block. Pharmacologic agents that slow conduction through the atrioventricular node have been shown to cause second-degree atrioventricular block type I. These agents include cardioactive drugs such as digoxin, beta-blockers, calcium channel blockers, and certain antiarrhythmia drugs such as sodium channel blockers (procainamide).

**Question:** 62

A patient who has been diagnosed with aneurysm in femoral artery during routine screening wants to know about the available treatment options. What the nurse should explain this patient regarding treatment?

- A. No treatment is necessary
- B. Follow up every month
- C. Immediately undergo surgery
- D. Undergo angioplasty if aneurysm starts causing symptom

**Answer:** A

The nurse should tell this patient that as the aneurysm is located in the extremity and is asymptomatic, no treatment is necessary. Peripheral aneurysms in the extremities are typically asymptomatic and do not require treatment due to their low risk of rupture. Treatment of peripheral aneurysms depends on the presence of symptoms, the location of the aneurysm, and whether the blood flow through the artery is blocked.

**Question: 63**

A patient has been diagnosed with aortic aneurysm of abdominal aorta having a diameter of 3.5 cm. What advice should the nurse give this patient about follow-up?

- A. Come for follow up every year
- B. Come for follow up after 5 years
- C. Come for follow up every 2-3 years
- D. No need to come for follow up

**Answer: A**

The nurse should advise the patient with abdominal or thoracic of size 3 to 4 cm to come for follow up every year. For patients with an abdominal or thoracic aortic aneurysm with a diameter less than 3 cm without symptoms, follow-up screening should be conducted within 5 to 10 years. For patients with an aorta of 3 to 4 cm in diameter, follow-up screening should be performed on a yearly basis. For patients with a diameter of greater than 4 cm, careful follow-up needs to be performed on a bi-yearly basis. If a patient presents with an aorta with a diameter greater than 5 cm, surgery is recommended, which would include abdominal or open chest repair.

**Question: 64**

The incorrect statement about Buerger's disease is:

- A. Buerger's disease is a rare disorder

- B. Complications of the disease are ulcerations, infections, and gangrene
- C. The disease is more common in men than in women
- D. Another name for the disease is Raynaud's disease

**Answer: D**

The incorrect statement about Buerger's disease is "Another name for the disease is Raynaud's disease". Another name for Buerger's disease is Thromboangiitis obliterans. Symptoms of Buerger's disease include pain and weakness in extremities, swelling of hands and feet, Raynaud's phenomenon, open sores on digits.

**Question: 65**

Which of the following is true about atherosclerotic plaque formation?

- A. Plaque formation is caused by an acute inflammatory response and endothelial dysfunction where lipids, cholesterol, and calcium build up in the arteries
- B. Plaque formation is caused by a chronic inflammatory response and epithelial injury where lipids, cholesterol, and calcium build up in the arteries
- C. Plaque formation is caused by a chronic inflammatory response and endothelial dysfunction where lipids, cholesterol, and calcium build up in the arteries
- D. Plaque formation is caused by an acute inflammatory response and epithelial injury where lipids, cholesterol, and calcium build up in the arteries

**Answer: B**

The true statement about "Plaque formation is caused by a chronic inflammatory response and epithelial injury where lipids, cholesterol, and calcium build up in the arteries". Atherosclerotic plaque formation is caused by a chronic inflammatory response and endothelial dysfunction where lipids, cholesterol, calcium, and other substances build up in the arteries. There is an imbalance between deposition of plaque and removal by low-density lipoproteins in smooth muscle cells.

# SAMPLE QUESTIONS



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