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Question: 1061

In a case-control study assessing risk factors for pressure ulcers, what is the optimal measure of association?

- A. Odds ratio
- B. Relative risk
- C. Incidence rate
- D. Hazard ratio

Answer: A

Explanation: Odds ratio is the preferred measure in case-control studies where incidence cannot be directly measured.

Question: 1062

Advocating for the 2026 BEPS Act to ban non-compete clauses for NPs, the AGCNS uses clinic data showing 25% turnover in rural geriatric roles due to corporate contracts. Per 2024 AANP survey, which retention impact strengthens the economic case?

- A. 15% increase in panel sizes for retained NPs, boosting annual visits to 2,200
- B. 30% higher job satisfaction (Maslach Burnout Inventory <1.5) without restrictions
- C. \$150,000 replacement cost per NP vacancy, with 18-month ramp-up delays in elder care
- D. Reduction in workforce shortages from 20% to 8% in underserved counties

Answer: C

Explanation: Quantifying recruitment costs from AANP data illustrates the financial burden of non-competes, framing advocacy as a workforce stability investment for geriatric primary care.

Question: 1063

Mrs. Ramirez's case escalates when home visit reveals her living in a hoarded environment with CO levels at 15 ppm (normal <9 ppm), exacerbating her chronic obstructive pulmonary disease (COPD) with FEV1 55% predicted. Her daughter, the primary caregiver, exhibits burnout symptoms (high Perceived Stress Scale score of 28/40). Drawing from 2024 scoping reviews on nurse-administered tools, what integrated assessment step using the ERASE tool should the AGCNS prioritize to differentiate environmental neglect from intentional harm?

- A. Administer the full ERASE awareness question followed by subjective clinician judgment on distress
- B. Observe for six signaling questions on clinical signs like hoarding and CO exposure without patient questioning

- C. Combine ERASE with CO monitor installation and immediate daughter counseling
- D. Skip ERASE and proceed to mandatory environmental health department reporting

Answer: B

Explanation: The 2024 ERASE tool, validated for emergency and outpatient use, relies on clinician observation of six objective signs (e.g., environmental hazards like hoarding/CO elevation causing COPD worsening) rather than patient interviews, ideal for Mrs. Ramirez's vulnerability, allowing the AGCNS to flag neglect without alerting the potentially burned-out daughter (PSS 28/40). This differentiates from harm by focusing on observable failures, unlike full administration risking bias, combined steps diluting focus, or skipping for reporting, which bypasses confirmatory assessment per WHO protocols.

Question: 1064

A 76-year-old male with multiple myeloma (stage II, beta-2 microglobulin 4.2 mg/L) and polypharmacy (lenalidomide 10 mg daily days 1-21/28, dexamethasone 40 mg weekly, allopurinol 300 mg daily) presents with fatigue. CBC: Hgb 9.8 g/dL, platelets $110 \times 10^3/\mu\text{L}$, Cr 1.7 mg/dL. Per 2024 NCCN myeloma updates, what dose modification for lenalidomide addresses cytopenias?

- A. Reduce to 5 mg daily and monitor CBC weekly
- B. Increase to 15 mg daily for efficacy
- C. Discontinue dexamethasone to reduce immunosuppression
- D. Switch allopurinol to febuxostat 40 mg daily

Answer: A

Explanation: Lenalidomide causes myelosuppression, worsened in renal impairment; reducing to 5 mg daily per NCCN for CrCl 30-60 mL/min optimizes tolerance in polypharmacy without compromising response.

Question: 1065

A 78-year-old resident in a skilled nursing facility (SNF) with chronic heart failure (ejection fraction 35%) and stage 3 chronic kidney disease (eGFR 42 mL/min/1.73m²) experiences recurrent hospitalizations for volume overload, with serum BNP levels rising from 450 pg/mL to 780 pg/mL over two months. The facility's value-based purchasing (VBP) metrics under CMS show a 22% readmission rate, exceeding the 2026 benchmark of 18%. As the AGCNS, integrating regulatory compliance with clinical guidelines from the American Geriatrics Society (AGS), what intervention best aligns with accreditation standards for reducing readmissions while adhering to F-tag 686 for quality of care?

- A. Initiate a bundled payment model negotiation with Medicare Advantage plans, incorporating resident-specific risk adjustment via Hierarchical Condition Category (HCC) coding, and track outcomes using the SNF Quality Reporting Program (QRP) measures.
- B. Amend the facility's infection prevention policy to include mandatory annual influenza vaccination waivers for all staff, linking non-compliance to readmission penalties under the CMS Star Rating system.
- C. Recommend outsourcing home health aide services to a third-party vendor for daily diuretic

administration, justified by cost savings in the facility's annual budget report, and validate via post-discharge phone audits.

D. Establish a multidisciplinary care conference protocol using the INTERACT 5.0 toolkit, including weekly telehealth reviews of daily weights (target <2 lb gain/week) and lab trends (e.g., sodium 132-138 mEq/L), with documentation in the comprehensive care plan per 42 CFR § 483.21.

Answer: D

Explanation: The INTERACT 5.0 toolkit, updated for 2026, supports regulatory compliance under F686 by promoting early intervention in gerontological care transitions, directly targeting VBP readmission metrics through evidence-based, multidisciplinary planning that incorporates lab monitoring and AGS guidelines for heart failure management in older adults.

Question: 1066

Final case: Comorbid anxiety from eruptions. As AGCNS?

- A. Benzodiazepine-sparing CBT with eruption alert apps and cultural elder storytelling integration
- B. Lorazepam PRN
- C. Ignore for lungs
- D. Group therapy off-site

Answer: A

Explanation: Ash anxiety heightens via cultural omens; SES apps accessible. CBT reduces symptoms 50%, storytelling honors traditions. Benzos (B) dependency; ignore (C) holistic fail; off-site (D) barrier.

Question: 1067

Ms. Garcia, 88 years old with Alzheimer's disease (CDR 2), resides in assisted living and undergoes annual comprehensive assessment. Caregiver reports nocturnal wandering and sundowning. Vital signs stable; labs: Na 132 mEq/L (normal 135-145 mEq/L), Cr 1.1 mg/dL, urine specific gravity 1.015. She scores 18/30 on MoCA, with visuospatial deficits. Current regimen: donepezil 10 mg daily, memantine 20 mg BID. Which environmental modification aligns with non-pharmacologic delirium prevention?

- A. Install bed/chair alarms and timed lighting to regulate circadian rhythm
- B. Increase memantine to 28 mg daily for enhanced NMDA antagonism
- C. Order serum osmolality and restrict fluids to treat hyponatremia
- D. Add trazodone 50 mg HS for sleep architecture improvement

Answer: A

Explanation: Comprehensive assessment in dementia identifies sundowning as a circadian disruption; bed/chair alarms prevent injury from wandering (reducing falls by 40%), while timed lighting (e.g., dawn-dusk simulation) stabilizes sleep-wake cycles per AGS Beers Criteria, prioritizing non-pharmacologic interventions to avoid anticholinergic burden and align with person-centered care

principles.

Question: 1068

A CNS is coaching a nurse struggling with time management on a critical care unit. Which coaching intervention is most effective?

- A. Provide a generic time management lecture during shift meetings
- B. Suggest the nurse work extended hours to catch up on documentation
- C. Recommend avoiding complex patients until time management improves
- D. Assist the nurse in prioritizing tasks using a validated tool such as the Eisenhower matrix

Answer: D

Explanation: Practical tools like the Eisenhower matrix help prioritize urgent and important tasks, improving efficiency. Extended hours or avoiding complex patients do not build skills, and generic lectures lack application.

Question: 1069

A complex case involves a 77-year-old transgender male with prostate cancer (Gleason 8, PSA 12 ng/mL) denied hormone therapy coverage under a state plan excluding gender-affirming care. The AGCNS engages in systems advocacy via the 2024 HHS Section 1557 nondiscrimination rule. Which step prioritizes equitable access to androgen deprivation therapy (e.g., leuprolide 7.5 mg IM monthly)?

- A. Filing a Section 1557 complaint with OCR, citing disparate impact on LGBTQ+ elders
- B. Partnering with local GLMA chapter for amicus brief in coverage appeal hearing
- C. Educating plan administrators on WPATH 2026 SOC8 standards for geriatric oncology
- D. Community forum to collect narratives for 2026 legislative testimony on inclusive formularies

Answer: A

Explanation: OCR complaints under Section 1557 enforce federal protections against discrimination in healthcare, providing a direct mechanism to challenge denials and secure coverage for marginalized geriatric populations.

Question: 1070

In an elder abuse case study, the clinical nurse specialist identifies signs of physical abuse, emotional neglect, and financial exploitation. Which multidisciplinary action plan is best?

- A. Coordinate with social work, legal counsel, and healthcare team to develop a safety plan
- B. Educate family on elder rights and provide financial planning resources
- C. Increase medication to manage the patient's anxiety from abuse
- D. Focus on physical rehabilitation before addressing psychosocial issues

Answer: A

Explanation: A multidisciplinary approach including social work and legal services ensures comprehensive safety and support addressing all abuse forms.

Question: 1071

Which best illustrates the concept of credentialing for an Adult-Gerontology Clinical Nurse Specialist within a healthcare organization?

- A. Obtaining a national specialty certification
- B. Receiving a positive annual performance evaluation
- C. Passing the state licensing exam
- D. A formal review of qualifications to grant hospital privileges

Answer: D

Explanation: Credentialing is the process by which an organization formally reviews and verifies a clinician's qualifications to grant privileges, different from licensure, certification, or performance appraisals.

Question: 1072

A 52-year-old male with a history of chronic alcohol use presents with confusion, unsteady gait, and eye movement abnormalities. His labs reveal a blood thiamine level below normal, elevated liver enzymes, and mild hypomagnesemia. What is the most appropriate immediate management step?

- A. Administer intravenous thiamine before glucose
- B. Provide oral multivitamins and monitor electrolytes
- C. Initiate glucose infusion prior to any vitamin administration
- D. Start lactulose to prevent hepatic encephalopathy

Answer: A

Explanation: This presentation is consistent with Wernicke's encephalopathy, a medical emergency in alcohol use disorder. Administering intravenous thiamine before glucose is critical to prevent worsening neurologic damage. Giving glucose prior to thiamine can precipitate or worsen Wernicke's encephalopathy. Oral multivitamins are insufficient acutely, and lactulose is indicated in hepatic encephalopathy but not as the immediate treatment here.

Question: 1073

Amid a merger of two gerontology clinics, the AGCNS addresses cultural clashes affecting care continuity for patients with dementia (e.g., MoCA scores <19 in 60% of transfers). Stakeholders include merged staff with differing documentation standards (SOAP vs. SBAR). Which change management resource access strategy best promotes buy-in through standardized training?

- A. Hybrid model allowing optional formats to maintain autonomy.
- B. Immediate mandate without transition support.
- C. Phased rollout with subsidized e-learning modules (e.g., 4 hours CME on SBAR for dementia handoffs), funded by merger savings.
- D. Feedback loops post-merger without skill-building.

Answer: C

Explanation: A phased, incentivized training rollout using merger funds addresses skill gaps while respecting timelines, fostering buy-in via accessible resources tailored to cognitive assessment needs. This balanced strategy in change management avoids disruption from mandates or hybrids, ensuring sustained adoption.

Question: 1074

A 70-year-old patient with atrial fibrillation requires evaluation for stroke risk. His CHA₂DS₂-VASc score is 4. Which diagnostic test is most useful before initiation of anticoagulant therapy?

- A. CT brain without contrast
- B. Transesophageal echocardiogram
- C. Carotid Doppler ultrasound
- D. Cardiac MRI

Answer: A

Explanation: A non-contrast CT brain is critical to exclude intracranial hemorrhage before starting anticoagulation in atrial fibrillation.

Question: 1075

An adult-gerontology clinical nurse specialist must develop a budget proposal for a new chronic disease management program targeting heart failure patients. Which budget item is most variable and poses the greatest challenge in forecasting?

- A. Cost of medications prescribed
- B. Salaries of fixed staff
- C. Utilities and building maintenance
- D. Lease payments for medical equipment

Answer: A

Explanation: Medication costs can vary significantly depending on patient adherence and changing treatment needs, making them more difficult to predict. Salaries and leases are generally fixed, and utilities are relatively stable.

Question: 1076

In a quality improvement project for care transitions, a CNS analyzes data from 50 elderly patients with multimorbidity (average Charlson Comorbidity Index 6). The project reveals that only 60% receive reconciled medication lists at discharge, correlating with a 28% readmission rate. What systems-level intervention, informed by Donabedian's structure-process-outcome model, should the CNS prioritize?

- A. Increase staffing without process changes
- B. Delegate reconciliation to unlicensed personnel
- C. Focus solely on outcome metrics without structural audits
- D. Standardize a process for barcode-scanned medication reconciliation at discharge, linked to outcome tracking via EHR dashboards

Answer: D

Explanation: Donabedian's model links structure (e.g., EHR tools), process (reconciliation protocols), and outcomes (readmission rates). Barcode integration standardizes reconciliation for high-comorbidity elders, improving process adherence and reducing readmissions by 20-35% per recent transitional care meta-analyses.

Question: 1077

In Mr. K's anemia workup, EPO level 15 mU/mL (low for anemia), iron studies normal. As the AGCNS, which age-related erythropoietic change underlies his resistance?

- A. Increased EPO receptor density on progenitors
- B. Inflammatory cytokine suppression of marrow response
- C. Enhanced reticulocyte maturation
- D. Stable hepcidin regulation

Answer: B

Explanation: Inflammaging elevates hepcidin via IL-6, sequestering iron and blunting EPO responsiveness in CKD, causing anemia of chronic disease. Erythropoiesis-stimulating agents address the cytokine-mediated resistance.

Question: 1078

In a case study of an 84-year-old female with multimorbidity (diabetes, hypertension, osteoarthritis) recently started on a multidisciplinary care plan including PT, dietitian consult, and ACE inhibitor, her primary caregiver (nephew) reports role strain and financial stress from missed work. He scores 14/20 on the Caregiver Strain Index. Patient's HbA1c improves to 7.2%, but he misses two follow-ups. What response to the comprehensive intervention indicates AGCNS need for burden screening?

- A. Strain without effect on appointment adherence
- B. Financial adaptation without intervention
- C. Elevated index predicting care coordination failure

D. Role satisfaction enhancing outcomes

Answer: C

Explanation: Caregiver Strain Index >10 flags unsustainable burden, linking to 40% higher missed visits per studies; the CNS should integrate financial navigation via social work, offer virtual check-ins, and revise plan to home-based PT, mitigating strain to sustain glycemic control and prevent decompensation.

Question: 1079

A patient in hospice care has severe constipation unresponsive to stool softeners and laxatives. Abdominal x-ray shows significant fecal impaction. What should be the clinical nurse specialist's next step?

- A. Continue current constipation regimen and wait for natural resolution
- B. Administer enemas or manual disimpaction as appropriate
- C. Suggest increased dietary fiber despite impaction
- D. Instruct caregivers to stop all bowel medications

Answer: B

Explanation: Fecal impaction requires active removal via enemas or manual disimpaction to relieve symptoms. Continuing ineffective treatment or increasing fiber in impaction can worsen obstruction. Stopping all medications without intervention prolongs discomfort.

Question: 1080

A CNS is designing an educational program to improve hypertension management in adults aged 65 and older. Which metric best evaluates the effectiveness of the education initiative post-implementation?

- A. Number of attendees at each session
- B. Pre- and post-intervention comparison of patients' blood pressure control rates
- C. Length of educational sessions delivered
- D. Patient satisfaction scores immediately after sessions

Answer: B

Explanation: Measuring changes in clinical outcomes, such as blood pressure control, directly reflects the impact of the educational program on patient health, making it the strongest evaluation metric.

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