Textbook for the Adult - Gerontology Acute Care Nurse Practitioner 1st edition Fuller Test Bank

SKU: 9780826152329-TEST-BANK



Textbook for the Adult-Gerontology Acute Care Nurse Practitioner: Evidence-Based Standards of Practice

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Springer Publishing Company, LLC
www.springerpub.com
Test Bank ISBN: 978-0-8261-5234-3

Textbook ISBN: 978-0-8261-5232-9

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Questions 6.13 and 10.9: James Heilman, MD; Question 14.7, Jay2Base; Question 14.8, Burntfingers; Question 14.10, Kewal Arunkumar Mistry, Radiopaedia.org; Question 14.14, Lu Ann Reed, RN, *Medscape*; Question 14.15, *Textbook of Primary Care Dermatology*, Springer; Question 20.12, Savvas Radevic; Question 23.2, table data from *Core Curriculum for Transplant Nurses* (2nd ed.), Wolters Kluwer and *World Journal of Surgery*, Wiley.

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Chapter 1: Role of the Acute Care Nurse Practitioner

1. According to the American Association of Critical-Care Nurses' (AACN) Scope and Standards for acute care nurse practitioner (ACNP) practice, the training and education of an ACNP qualifies them to practice independently in which of the following?

a. Surgical interventions
*b. Perform comprehensive health assessment
c. Prescribing medical marijuana
d. Specialty interventions
Rationale: The specialized education and training for ACNPs qualifies them to independently perform comprehensive health assessments; order and interpret diagnostic tests and procedures; use differential diagnoses to reach a medical diagnosis; and order, provide, and evaluate the outcomes of interventions. The AACN Scope and Standards for ACNP practice does not currently speak to medical marijuana, surgery, or specialty interventions.

2. The Consensus Model for APRN Regulation was published in 2008 in response to the proliferation of nurse practitioner specialties. Which of the following is the purpose of the Consensus Model?

*a. To promote uniformity and standardization of APRN roles
b. In response to too few APRN licensure specialties
c. To limit APRN licensure
d. To remove regulation for APRN specialties
Rationale: The Consensus Model for APRN Regulation was published in response to a proliferation of nurse practitioner specialties along with a lack of standardization around advanced practice registered nurse (APRN) licensure, accreditation, certification, education, and regulation.

3. Advanced practice registered nurse (APRN) specialties for practice beyond the original APRN role are divided into six population foci. Which is one of those foci?

a. Cardiology
b. Emergency
c. Surgical
*d. Women's health
Rationale: The six population foci for specialty practice are family/life span, adult-gerontology, women's health/gender-related, neonatal, pediatrics, and psychiatric/mental health. Both adult-gerontology and pediatrics are also subdivided into acute and primary care. Cardiology, emergency, and surgical are not currently a population focus for specialty practice.

4. There are seven elements in the Consensus Model. Which requirement is included in the Consensus Model?

a. Either an RN or APRN license
*b. National certification
c. Use of the RN title
d. Prescribing under an MD

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Rationale: In addition to formal education in one of six population foci, the Consensus Model requires a graduate or postgraduate degree from an accredited institution, national certification, use of the advanced practice registered nurse (APRN) title, independent prescribing, independent practice, and both RN and APRN licensure.

5. An advanced practice registered nurse (APRN) student asks about where to find details regarding APRN scope and standards of practice. Where is the most appropriate place for the APRN to direct the student?

*a. The state Nurse Practice Act
b. The Consensus Model
c. The state Board of Medicine
d. The licensure regulations
Rationale: The scope and standards of practice for APRNs are outlined in each state's Nurse Practice Act. Nurse practitioners are licensed and regulated by the Board of Nursing in all states. In some states with restricted practice environments, they may also be jointly regulated by the state Board of Medicine.

6. Which of the following describes the purpose of national certification for the AGACNP?

*a. To ensure minimal competency for safe entry into practice
b. To provide eligibility for state licensure
c. To validate an APRN license
d. To validate required faculty-supervised clinical hours
Rationale: The purpose of national certification is to ensure the nurse practitioner (NP) meets the minimal competency levels for safe entry into practice. National certification does not provide state licensure but does make the NP eligible for state licensure. The national certification applicant must hold a current RN license and complete the required faculty-supervised clinical hours in the AGACNP role and population.

7. AGANCPs must have an understanding of billing policies and guidelines. Which statement regarding AGACNP billing is true?

a. If care is provided in the inpatient setting, it must be billed as direct.
b. For care in a clinic, only the complexity of the visit impacts billing.
c. NP billing is about 75% of the physician rate.
*d. Billing is dependent upon the NP's salary listing in the facility's Medicare cost report.
Rationale: The nurse practitioner (NP) billing is 85% of the physician's rate, which may result in lower healthcare costs. AGACNPs who provide inpatient care may bill direct or shared. If care is provided in the clinic or office setting, the AGACNP will bill for the type of visit, level of encounter, new or follow-up, and complexity of the visit.

8. Documentation is key to reimbursement and must be sufficient to support the billed service. Which of the following four categories of history-taking is recognized when designating the level of care?

a. Straightforward
*b. Detailed
c. Low complexity
d. Severity

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Rationale: Four categories of history-taking are involved in designating the level of care. These include problem-focused, expanded problem-focused, detailed, and comprehensive. The four levels of decision-making are straightforward, low complexity, moderate complexity, and high complexity. Severity is one of the variables to be included in the statement of the chief complaint.

9. During the COVID-19 pandemic, waivers authorized nurse practitioners (NPs) in critical access hospitals to practice to the full extent of their license by authorizing Medicare patients to be under the care of an NP. These waivers have since expired, but the Centers for Medicare & Medicaid Services (CMS) is currently proposing which permanent authorization that allow NPs to practice to their full extent?

a. Authorization to perform mandatory telehealth visits
*b. Direct supervision of cardiac rehabilitation patients
c. Authorization to perform assessments in skilled nursing facilities
d. Removal of the physical physician presence requirement
Rationale: Waivers authorized NPs to practice more fully by removing the physical physician presence requirement and authorizing Medicare hospital patients to be under the care of an NP. CMS is proposing a permanent authorization for NPs to order and directly supervise cardiac and pulmonary rehabilitation. Waivers were issued by CMS to reduce barriers to care, such as authorizing NPs to perform all mandatory visits in skilled nursing facilities, telehealth, and home healthcare.

10. The COVID-19 pandemic rapidly moved telehealth to the forefront as a necessary option for access to healthcare. Which statement correctly identifies the role of telehealth in advanced practice registered nurse (APRN) practice?

a. AGACNP follow-up for wound management must be in-person.
b. AGACNPs may not assess stored information via telehealth visits.
*c. Telehealth has been integrated into AGACNP education.
d. Telehealth simulations have not yet been included in AGACNP education.
Rationale: Telehealth has been integrated into nurse practitioner (NP) education in order to equip them with the skills and knowledge necessary to meet direct clinical needs and innovative opportunities to address healthcare needs. Telehealth includes live and asynchronous types of technology, such as remote monitoring and various types of stored information. AGACNPs may utilize telehealth for postacute follow-up visits, in specialty clinics for routine visits and follow-ups, for monitoring of special populations such as heart failure or diabetes, wound management, as well as patient and family education programs. NP students may find telehealth included in both simulations and actual precepted visits.

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