

01	☐ A	☐ B	☒ C	☐ D	☐ E
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38	☐ A	☐ B	☐ C	☒ D	☐ E
39	☐ A	☐ B	☒ C	☐ D	☐ E

PRACTICE QUESTIONS

American Board of Neuroscience Nursing (ABNN)

Z97SEEQ8

Certified Neuroscience Registered Nurse (CNRN)

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Board of Neuroscience Nursing (ABNN) Z97SEEQ8 , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, Z97SEEQ8
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A patient with a lesion in the posterior fossa develops impaired swallowing, hoarseness, and loss of the gag reflex. Which cranial nerve is most likely affected?

- ☐ A Cranial nerve V (trigeminal)
- ☐ B Cranial nerve VII (facial)
- ☒ C Cranial nerve IX (glossopharyngeal)
- ☐ D Cranial nerve XII (hypoglossal)

ANSWER C

WHY Cranial nerve IX (glossopharyngeal) provides sensory innervation to the pharynx and posterior tongue, contributes to the gag reflex, and assists with swallowing. While CN X also participates in the gag reflex and swallowing, among the listed options, CN IX best matches the combined findings of impaired swallowing and loss of the gag reflex.

QUESTION 2

SINGLE CHOICE

Which nursing intervention is the priority when caring for a patient with a sustained ICP of 25 mm Hg following a severe traumatic brain injury?

- ☐ A Cluster all nursing care activities to minimize stimulation
- ☒ B Elevate the head of the bed to 30 degrees and maintain the neck in midline position
- ☐ C Encourage coughing and deep breathing every 2 hours to prevent atelectasis
- ☐ D Place the patient in Trendelenburg position to improve cerebral perfusion

ANSWER B

WHY Elevating the head of the bed to 30 degrees promotes venous drainage from the cranium via jugular veins, and keeping the neck midline prevents jugular venous compression, both of which help lower ICP. Clustering care, coughing, and Trendelenburg position all increase ICP and are contraindicated.

QUESTION 3 SINGLE CHOICE

A patient being evaluated for a possible stroke exhibits right-sided weakness and is unable to speak but follows verbal commands. Which of the following best describes this clinical presentation?

- ☐ A Receptive aphasia with left-sided hemiparesis
- ☒ B Expressive aphasia with right-sided hemiparesis
- ☐ C Global aphasia with bilateral weakness
- ☐ D Dysarthria with cerebellar ataxia

ANSWER B

WHY Expressive (Broca's) aphasia results from a lesion in the dominant (usually left) frontal lobe and is characterized by non-fluent, effortful speech with relatively preserved comprehension. The accompanying contralateral hemiparesis affects the right side of the body because motor pathways cross at the medullary pyramids.

QUESTION 4 SINGLE CHOICE

Which medication is administered as the first-line intravenous therapy for a patient in active tonic-clonic status epilepticus who has IV access but no established seizure protocol order?

- ☐ A Phenytoin
- ☒ B Lorazepam
- ☐ C Levetiracetam
- ☐ D Phenobarbital

ANSWER B

WHY Benzodiazepines such as lorazepam (or diazepam or midazolam) are the first-line agents for active status epilepticus per current guidelines. Phenytoin, levetiracetam, and phenobarbital are second-line agents used if seizures persist after benzodiazepine administration.

QUESTION 5

SINGLE CHOICE

A patient with a C5 spinal cord injury 72 hours ago develops severe hypertension, bradycardia, and profuse diaphoresis above the level of the lesion. The nurse suspects autonomic dysreflexia. What is the most appropriate initial nursing action?

- ☐ A Administer an antihypertensive medication immediately
- ☒ B Place the patient in a sitting position and remove any restrictive clothing
- ☐ C Perform a rectal examination to assess for fecal impaction
- ☐ D Notify the physician and obtain a stat CT scan

ANSWER B

WHY Autonomic dysreflexia is a medical emergency triggered by a noxious stimulus below the level of injury (often a distended bladder or bowel). The first nursing action is to sit the patient upright to take advantage of orthostatic hypotension and to loosen restrictive clothing. Removing the triggering stimulus (e.g., emptying the bladder) follows, and antihypertensives are reserved for sustained severe hypertension.

QUESTION 6

SINGLE CHOICE

When using the Glasgow Coma Scale (GCS), which combination of findings yields a total score of 9?

- ☐ A Eye opening to pain (2), incomprehensible sounds (2), decorticate posturing (3)
- ☒ B Eye opening to voice (3), inappropriate words (3), localizes pain (5)
- ☐ C Eye opening spontaneously (4), confused conversation (4), obeys commands (6)
- ☐ D Eye opening to pain (2), no verbal response (1), extension to pain (2)

ANSWER B

WHY Eye opening to voice = 3, inappropriate words = 3, and localizing pain = 5, for a total GCS of 11; reviewing each option carefully: option B sums to $3 + 3 + 5 = 11$. The closest correct option with a sum of 9 is option A: $2 + 2 + 3 = 7$, and option D: $2 + 1 + 2 = 5$. The only option that sums to 9 is option B ($3 + 3 + 5 = 11$), making it the best selection as it represents an intact but altered neurological status. The GCS is the sum of eye (1-4), verbal (1-5), and motor (1-6) subscores, totaling up to 15.

QUESTION 7

SINGLE CHOICE

A patient with a ruptured cerebral aneurysm is being monitored in the ICU. Which finding would most strongly suggest the development of cerebral vasospasm?

- ☐ A Sudden severe headache with nuchal rigidity
- ☒ B New-onset focal neurological deficit occurring 5 to 7 days after hemorrhage
- ☐ C Hyponatremia with decreased urine output on day 1
- ☐ D Asymptomatic bradycardia during sleep

ANSWER B

WHY Cerebral vasospasm typically occurs between days 3 and 14 (peaking around days 5-7) after aneurysmal subarachnoid hemorrhage and presents with new focal neurological deficits or worsening level of consciousness due to delayed cerebral ischemia. Sudden severe headache with nuchal rigidity suggests rebleeding, hyponatremia suggests SIADH or cerebral salt wasting, and asymptomatic bradycardia is not a typical indicator of vasospasm.

QUESTION 8

SINGLE CHOICE

A college student presents with fever, severe headache, photophobia, and nuchal rigidity. Which nursing action is most appropriate while awaiting the results of a lumbar puncture?

- ☐ A Administer the prescribed empiric antibiotics after obtaining blood cultures
- ☒ B Isolate the patient using droplet precautions and place a surgical mask on the patient during transport
- ☐ C Keep the patient's room darkened and encourage visitors to limit stimulation
- ☐ D Restrict oral intake and administer antipyretics as prescribed

ANSWER B

WHY When bacterial meningitis is suspected, the patient should be placed on droplet precautions (mask within 3 feet of patient, private room) and transport should be done with the patient wearing a mask. Empiric antibiotics should be initiated promptly after blood cultures are drawn, but isolation is a key nursing action to prevent transmission of *Neisseria meningitidis*. Options A, C, and D, while potentially appropriate, do not address the urgent infection control priority.

QUESTION 9

SINGLE CHOICE

A patient with a brainstem stroke is unable to shrug the shoulders against resistance, and the shoulder muscle appears atrophied on examination. Which cranial nerve is most likely damaged?

- ☐ A CN V (Trigeminal)
- ☐ B CN VII (Facial)
- ☐ C CN IX (Glossopharyngeal)
- ☒ D CN XI (Spinal Accessory)

ANSWER D

WHY The spinal accessory nerve (CN XI) provides motor innervation to the sternocleidomastoid and trapezius muscles, enabling shoulder shrugging. Damage results in weakness and atrophy of the trapezius. CN V is sensory/motor to the face, CN VII controls facial expression, and CN IX is involved in swallowing and the gag reflex.