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PRACTICE QUESTIONS

American Board of Neuroscience Nursing (ABNN)

M8ABXX68

Stroke Certified Registered Nurse (SCRN)

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Board of Neuroscience Nursing (ABNN) M8ABXX68 , 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, M8ABXX68
- the question number
- the email address on your order

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

QUESTION 1 MULTIPLE CHOICE

A 72-year-old patient with acute ischemic stroke due to a confirmed large vessel occlusion in the M1 segment of the middle cerebral artery is being evaluated for endovascular thrombectomy. Which of the following criteria must be met for the patient to be considered eligible based on the AHA/ASA guidelines? (Choose two.)

- ☒ **A** National Institutes of Health Stroke Scale (NIHSS) score of at least 6
- ☐ **B** Pre-stroke modified Rankin Scale (mRS) score of 3 or greater
- ☐ **C** Symptom onset or last known well within 24 hours
- ☒ **D** Internal carotid artery or M1 segment occlusion confirmed by imaging

ANSWER A • D

WHY Per the AHA/ASA guidelines, candidates for mechanical thrombectomy should have a pre-stroke mRS of 0–1 (not 3 or greater), an NIHSS score of ≥ 6 , and a confirmed large vessel occlusion (typically ICA or M1) within the appropriate time window. For selected late-presenting patients, imaging-based selection may extend the window up to 24 hours, but routine eligibility is within 6 hours.

QUESTION 2 MULTIPLE CHOICE

A patient with a recent ischemic stroke attributed to atrial fibrillation is being counseled on secondary stroke prevention. Which of the following are evidence-based recommendations for this patient? (Choose two.)

- ☒ **A** Anticoagulation with a direct oral anticoagulant (DOAC) such as apixaban or rivaroxaban
- ☐ **B** Long-term dual antiplatelet therapy with aspirin and clopidogrel as the sole strategy
- ☐ **C** Routine addition of a proton pump inhibitor for gastric protection
- ☒ **D** Anticoagulation with warfarin (INR 2.0–3.0) if a DOAC is not appropriate

ANSWER A • D

WHY For non-valvular atrial fibrillation, DOACs (apixaban, rivaroxaban, dabigatran, edoxaban) are first-line for secondary stroke prevention. Warfarin (INR 2.0–3.0) is an acceptable alternative when DOACs are not suitable. Dual antiplatelet therapy alone is insufficient for cardioembolic stroke prevention, and PPIs are not universally indicated.

QUESTION 3 SINGLE CHOICE

A patient presents with right-sided hemiparesis and aphasia. Which cerebral artery is most likely affected?

- ☐ A Right anterior cerebral artery
- ☒ B Left middle cerebral artery
- ☐ C Right posterior cerebral artery
- ☐ D Left posterior inferior cerebellar artery

ANSWER B

WHY Aphasia (language disturbance) indicates dominant (usually left) hemisphere involvement, while contralateral (right-sided) hemiparesis confirms the left middle cerebral artery territory, which supplies the lateral frontal and parietal lobes including motor cortex and Broca's/Wernicke's areas.

QUESTION 4 SINGLE CHOICE

During an NIHSS assessment, which component is scored on a 0 to 9 scale?

- ☐ A Facial palsy
- ☒ B Best language
- ☐ C Best gaze
- ☐ D Dysarthria

ANSWER B

WHY Best language is scored 0–9 on the NIHSS (with 3 = severe aphasia, items below requiring extensive description, ranging from mild slurring to mute/global). Facial palsy (0–3), best gaze (0–2), and dysarthria (0–2) use different scales.

QUESTION 5 SINGLE CHOICE

Which of the following is an absolute contraindication to intravenous alteplase administration in acute ischemic stroke?

- ☒ **A** Active internal bleeding
- ☐ **B** History of well-controlled hypertension
- ☐ **C** Use of antiplatelet therapy prior to stroke onset
- ☐ **D** Age greater than 80 years

ANSWER A

WHY Active internal bleeding is an absolute contraindication to IV alteplase. Advanced age, antiplatelet use, and controlled hypertension are not absolute contraindications; BP must be reduced to <185/110 before treatment.

QUESTION 6 SINGLE CHOICE

Which imaging modality is the gold standard for identifying early ischemic changes in hyperacute stroke and for excluding hemorrhage?

- ☒ **A** Non-contrast computed tomography (CT) of the head
- ☐ **B** Lumbar puncture
- ☐ **C** Skull radiograph
- ☐ **D** Carotid duplex ultrasound

ANSWER A

WHY Non-contrast head CT is the initial imaging study of choice in acute stroke; it rapidly excludes hemorrhage and can detect early ischemic changes. Carotid duplex evaluates extracranial vasculature but is not the initial imaging modality for hyperacute assessment.

QUESTION 7

SINGLE CHOICE

According to evidence-based guidelines, when should initial mobilization (out-of-bed activity) typically begin for a stable patient after an acute ischemic stroke?

- ☐ A Within 12 hours of symptom onset regardless of deficit
- ☒ B Within 24 to 48 hours after stroke onset, once the patient is neurologically stable
- ☐ C Only after completion of all inpatient rehabilitation
- ☐ D After 7 days of bed rest

ANSWER B

WHY The AHA/ASA guidelines recommend early mobilization within 24–48 hours of stroke onset in stable patients, with caution against very early intensive mobilization within 24 hours which has been associated with worse outcomes (AVERT trial). Prolonged bed rest is discouraged.

QUESTION 8

SINGLE CHOICE

Which physiologic change of pregnancy increases the risk of ischemic and hemorrhagic stroke, especially in the peripartum period?

- ☐ A Decreased plasma volume
- ☒ B Hypercoagulable state
- ☐ C Decreased cardiac output
- ☐ D Reduced estrogen levels

ANSWER B

WHY Pregnancy is a hypercoagulable state due to increased clotting factors (I, VII, VIII, IX, X), decreased protein S, and venous stasis, raising the risk of cerebral venous sinus thrombosis and arterial ischemic stroke. Plasma volume and cardiac output increase, and estrogen rises.

QUESTION 9

SINGLE CHOICE

A patient with a left parietal lobe stroke has difficulty with recognizing objects placed in the right hand despite intact primary sensation. This deficit is called:

- ☐ A Ideomotor apraxia
- ☒ B Tactile agnosia (astereognosis)
- ☐ C Prosopagnosia
- ☐ D Broca's aphasia

ANSWER B

WHY Astereognosis (tactile agnosia) is the inability to identify objects by touch alone despite intact primary sensory modalities, classically associated with contralateral parietal lobe lesions. Ideomotor apraxia involves inability to perform learned movements on command; prosopagnosia is failure to recognize faces; Broca's aphasia affects expressive language.