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PRACTICE QUESTIONS

American Nurses Credentialing Center (ANCC)

63FT

Adult-Gerontology Clinical Nurse Specialist - Field Test

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Nurses Credentialing Center (ANCC) 63FT , 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, 63FT
- the question number
- the email address on your order

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

QUESTION 1

MULTIPLE CHOICE

An adult-gerontology clinical nurse specialist (CNS) is conducting a comprehensive assessment of an 82-year-old patient admitted with a hip fracture. Which of the following findings are most characteristic of delirium that would help differentiate it from dementia? (Choose two.)

- ☒ **A** Acute onset with fluctuating level of consciousness
- ☐ **B** Insidious onset with progressive memory loss over years
- ☒ **C** Inattention and disorganized thinking
- ☐ **D** Long-term personality changes with preserved alertness
- ☐ **E** Consistent orientation to person, place, and time

ANSWER A - C

WHY Delirium is characterized by an acute onset (hours to days) with a fluctuating course, inattention, and disorganized thinking (per DSM-5 criteria). Option B describes the insidious, progressive course of dementia. Option D describes features of dementia (personality changes with relatively preserved alertness early on). Option E is inconsistent with delirium because disorientation is a hallmark feature. The correct answers are A and C.

QUESTION 2

MULTIPLE CHOICE

An adult-gerontology CNS is leading a system-wide initiative to reduce hospital-acquired pressure injuries in older adults on medical-surgical units. Which of the following interventions are evidence-based primary prevention strategies the CNS should implement? (Choose two.)

- ☒ **A** Routine repositioning every 2 hours using a validated turning schedule
- ☐ **B** Application of a hydrocolloid dressing to intact sacral skin at high risk
- ☐ **C** Surgical debridement of an existing stage 3 pressure injury
- ☒ **D** Use of a standardized risk assessment tool (e.g., Braden Scale) on admission
- ☐ **E** Negative pressure wound therapy for a stage 4 pressure injury

ANSWER A - D

WHY Primary prevention aims to prevent pressure injuries before they occur. Routine repositioning every 2 hours (A) and use of a standardized risk assessment tool such as the Braden Scale on admission (D) are evidence-based primary prevention measures. Option B describes prophylactic dressing use which may be considered, but routine prophylactic hydrocolloid on intact skin is not the most strongly established primary prevention strategy. Options C and E are treatments for existing injuries (tertiary management), not primary prevention. The correct answers are A and D.

QUESTION 3

SINGLE CHOICE

A 78-year-old patient with heart failure with reduced ejection fraction (HFrEF), type 2 diabetes, and chronic kidney disease (eGFR 30 mL/min/1.73 m²) is started on a new medication. Which medication is contraindicated due to the patient's renal function?

- ☐ A Metoprolol succinate
- ☒ B Empagliflozin
- ☐ C Spironolactone
- ☐ D Sacubitril/valsartan

ANSWER B

WHY Empagliflozin (a sodium-glucose cotransporter 2 [SGLT2] inhibitor) is contraindicated when the eGFR is below 20 mL/min/1.73 m² for the treatment of type 2 diabetes; for heart failure, initiation is not recommended when eGFR is below 20 mL/min/1.73 m². With an eGFR of 30 mL/min/1.73 m², use requires caution and the other options are more appropriate. Metoprolol succinate and sacubitril/valsartan can be used with dose adjustment, and while spironolactone requires renal monitoring, it is not absolutely contraindicated at this eGFR. The correct answer is B.

QUESTION 4

SINGLE CHOICE

An 80-year-old patient reports recent unintentional weight loss of 8 pounds over 3 months, fatigue, and difficulty rising from a chair. Which geriatric syndrome is the most appropriate primary focus of the CNS's comprehensive assessment?

- ☒ **A** Frailty
- ☐ **B** Failure to thrive
- ☐ **C** Delirium
- ☐ **D** Urinary incontinence

ANSWER A

WHY Frailty is a distinct geriatric syndrome characterized by decreased reserve and resistance to stressors, often presenting with unintentional weight loss (sarcopenia), weakness (difficulty rising from a chair), slowness, exhaustion, and low activity. While failure to thrive can be related, frailty is the more specific geriatric syndrome captured by validated tools such as the Fried phenotype or Clinical Frailty Scale. The patient's findings (unintentional weight loss, fatigue, lower-extremity weakness) most directly reflect frailty. The correct answer is A.

QUESTION 5

SINGLE CHOICE

A CNS on a medical-surgical unit is mentoring a new graduate RN caring for a postoperative patient with an epidural catheter for analgesia. Which statement by the new graduate indicates the need for additional education?

- ☐ A 'I will assess the patient's pain, motor function, and sensory level every 2 hours while the epidural is in place.'
- ☐ B 'I should hold anticoagulant doses and notify the provider if I suspect epidural hematoma.'
- ☒ C 'I can abruptly discontinue the epidural infusion if the patient becomes hypotensive without notifying the provider.'
- ☐ D 'I will monitor for signs of respiratory depression and sedation throughout the infusion.'

ANSWER C

WHY Abrupt discontinuation of an epidural analgesic infusion without provider notification is unsafe practice. Hypotension should be managed through assessment, repositioning, fluid review, and provider collaboration rather than unilateral discontinuation. Options A, B, and D reflect correct nursing practice related to epidural monitoring (routine motor/sensory assessment, vigilance for epidural hematoma, and monitoring for respiratory depression). The correct answer is C.

QUESTION 6

SINGLE CHOICE

An adult-gerontology CNS is developing a quality improvement project to reduce central line-associated bloodstream infections (CLABSIs) in the intensive care unit. Which QI framework best supports iterative, small-cycle tests of change in a clinical setting?

- ☒ **A** Plan-Do-Study-Act (PDSA) cycle
- ☐ **B** SWOT analysis
- ☐ **C** Root cause analysis
- ☐ **D** Failure Mode and Effects Analysis (FMEA)

ANSWER A

WHY The Plan-Do-Study-Act (PDSA) cycle is the iterative, small-scale test-of-change model most associated with continuous quality improvement in clinical settings. SWOT analysis is a strategic planning tool. Root cause analysis is used retrospectively after a sentinel event. Failure Mode and Effects Analysis (FMEA) is a prospective risk assessment tool used to identify potential failure points before they occur. For iterative clinical improvement cycles, PDSA is the best fit. The correct answer is A.

QUESTION 7

SINGLE CHOICE

An 87-year-old patient with advanced dementia, a known living will specifying no artificial nutrition and hydration, and an enteral feeding tube placed prior to the document being discovered is being evaluated. The CNS is consulted by the bedside nurse. What is the most ethically and legally appropriate next step?

- ☐ A Continue enteral feedings because the tube is already in place and removing it would constitute euthanasia.
- ☒ B Withhold artificial nutrition and hydration in accordance with the patient's advance directive.
- ☐ C Begin total parenteral nutrition to provide an alternative route.
- ☐ D Transfer the patient to a long-term care facility to avoid the decision.

ANSWER B

WHY An adult with decision-making capacity has the right to refuse treatment, including artificially administered nutrition and hydration, through an advance directive. Withholding or withdrawing life-sustaining treatment, including enteral nutrition, in accordance with the patient's documented wishes is ethically and legally supported; it is not considered euthanasia. Continuing treatment over the patient's previously expressed wishes violates autonomy. Beginning TPN or transferring to avoid the decision does not address the ethical obligation to honor the advance directive. The correct answer is B.

QUESTION 8

SINGLE CHOICE

An adult-gerontology CNS is consulted regarding care coordination for a 74-year-old patient transitioning from the hospital to home after a stroke with new right-sided weakness and dysphagia. Which interprofessional team member is the most appropriate to lead the assessment of safe swallowing and the recommended diet texture?

- ☒ **A** Speech-language pathologist
- ☐ **B** Physical therapist
- ☐ **C** Registered dietitian
- ☐ **D** Occupational therapist

ANSWER A

WHY The speech-language pathologist (SLP) is the interprofessional team member with the specialized training and scope of practice to assess swallowing function (via clinical bedside evaluation and/or instrumental studies such as videofluoroscopy or FEES) and to recommend diet texture modifications (per the International Dysphagia Diet Standardisation Initiative, IDDSI). The physical therapist addresses mobility, the occupational therapist addresses activities of daily living and upper-extremity function, and the registered dietitian addresses nutritional adequacy. The correct answer is A.

QUESTION 9

SINGLE CHOICE

A 68-year-old patient with chronic obstructive pulmonary disease (COPD) reports increased dyspnea, productive cough, and use of rescue inhalers more than 6 times per day. On assessment, the CNS notes wheezing, accessory muscle use, and SpO₂ of 88%. Which condition is the most likely acute presentation?

- ☒ **A** COPD exacerbation
- ☐ **B** Acute pulmonary embolism
- ☐ **C** Pneumothorax
- ☐ **D** Laryngeal obstruction

ANSWER A

WHY The combination of increased dyspnea, productive cough, increased short-acting bronchodilator use, wheezing, accessory muscle use, and hypoxemia in a patient with known COPD is the classic presentation of a COPD exacerbation (often defined by Anthonisen criteria). While pulmonary embolism and pneumothorax must be considered in the differential, the constellation of findings and history most strongly suggest an acute COPD exacerbation. Laryngeal obstruction would typically present with stridor rather than wheezing and is less likely. The correct answer is A.