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PRACTICE QUESTIONS

American Nurses Credentialing Center Readiness Test

R63

Adult-Gerontology Clinical Nurse Specialist Readiness Test

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Nurses Credentialing Center Readiness Test R63 , 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, R63
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

An adult-gerontology clinical nurse specialist (AGCNS) is evaluating a 74-year-old patient admitted with acute decompensated heart failure. Which assessment finding is the most sensitive early indicator of worsening tissue perfusion in this patient?

- ☐ A Serum sodium of 134 mEq/L
- ☐ B Urine output of 25 mL/hour
- ☐ C Mean arterial pressure of 68 mm Hg
- ☒ D Serum lactate of 4.2 mmol/L

ANSWER D

WHY Elevated serum lactate is one of the most sensitive early biochemical indicators of tissue hypoperfusion and anaerobic metabolism in adult and older adult patients. While oliguria and a low MAP can also signal poor perfusion, hyperlactatemia typically rises earliest as a marker of global tissue hypoxia and is widely used to trigger escalation in shock states. Hyponatremia in heart failure reflects volume status and neurohormonal activation rather than acute tissue perfusion.

QUESTION 2

SINGLE CHOICE

An 82-year-old patient with a history of falls and chronic kidney disease stage 4 is started on a new medication for atrial fibrillation. Which class of agents is most appropriate as first-line rate control given the patient's reduced renal function and fall risk?

- ☐ A Digoxin
- ☐ B Diltiazem
- ☒ C Metoprolol succinate
- ☐ D Sotalol

ANSWER C

WHY Beta-blockers such as metoprolol succinate are commonly recommended as first-line rate-control agents in older adults with atrial fibrillation, including those with reduced renal function, because their pharmacokinetics are not primarily dependent on renal clearance and they provide additional mortality benefit in patients with concurrent heart failure or coronary disease. Digoxin is generally avoided as monotherapy in older adults because of its narrow therapeutic index and risk of toxicity. Diltiazem is non-dihydropyridine rate-control option but is contraindicated in heart failure with reduced ejection fraction. Sotalol requires dose adjustment for renal function and carries proarrhythmic risk.

QUESTION 3

SINGLE CHOICE

A 68-year-old patient presents with sudden onset of unilateral weakness, dysarthria, and right visual field cut that resolved completely within 45 minutes. Head CT is unremarkable and there are no deficits on examination. Which condition is most likely?

- ☐ A Completed ischemic stroke
- ☒ B Transient ischemic attack (TIA)
- ☐ C Subarachnoid hemorrhage
- ☐ D Todd's paralysis

ANSWER B

WHY A sudden, focal neurologic deficit that resolves completely within 24 hours (and most often within 60 minutes) without evidence of infarction on imaging is, by definition, a transient ischemic attack. A completed stroke leaves persistent deficits; subarachnoid hemorrhage typically presents with thunderclap headache, not focal deficits that resolve; Todd's paralysis is a postictal phenomenon following a seizure.

QUESTION 4

SINGLE CHOICE

An 86-year-old hospitalized patient develops acute confusion, agitation, and fluctuating attention three days after admission for a urinary tract infection. Best describes this presentation?

- ☒ A Delirium superimposed on dementia
- ☐ B Late-onset schizophrenia
- ☐ C Major depressive disorder with psychotic features
- ☐ D Sundowning alone

ANSWER A

WHY Acute onset of confusion with fluctuating attention and altered cognition precipitated by an acute physiologic stressor (such as infection) in an older adult is the classic presentation of delirium. Because the patient has an underlying neurocognitive vulnerability, this most accurately represents delirium superimposed on dementia. Late-onset schizophrenia is rare and would not be triggered acutely; major depressive disorder presents with sustained low mood rather than fluctuating inattention; sundowning describes a circadian pattern of worsening behavior, not the full syndrome.

QUESTION 5

SINGLE CHOICE

A 72-year-old patient asks the AGCNS about pneumococcal vaccination recommendations. Which statement reflects current U.S. adult immunization guidance for pneumococcal vaccination in older adults?

- ☒ **A** A single dose of PCV20 alone is an acceptable option
- ☐ **B** PCV13 is recommended for all adults aged 65 and older regardless of risk
- ☐ **C** Pneumococcal vaccination is contraindicated in adults over 80
- ☐ **D** PPSV23 must always be given before any conjugate vaccine

ANSWER A

WHY Current U.S. ACIP guidance allows a single dose of PCV20 as one of the recommended pneumococcal vaccination options for adults aged 65 and older (and for younger adults with risk conditions). PCV13 is no longer routinely recommended for all older adults; it is reserved for specific immunocompromised populations. Vaccination is not contraindicated by age alone, and PPSV23 is not required to precede PCV20 when PCV20 is used alone.

QUESTION 6

SINGLE CHOICE

The AGCNS is consulted about a unit with rising central line-associated bloodstream infection (CLABSI) rates. Which initial action best reflects the CNS spheres of influence and evidence-based practice?

- ☐ A Individually re-educate each nurse who inserted a line
- ☒ B Conduct a unit-level root cause analysis using CLABSI bundle compliance data and engage the interprofessional team
- ☐ C Restrict central line placement to physicians only
- ☐ D Recommend prophylactic vancomycin for every patient with a central line

ANSWER B

WHY The CNS sphere of 'organization/system' influence emphasizes system-level analysis and interprofessional collaboration. A root cause analysis of CLABSI bundle compliance engages nurses, physicians, infection prevention, and quality staff, and is the evidence-based first step. Punitive individual education or restricting practice to one profession does not address system factors, and prophylactic vancomycin is not a standard CLABSI prevention strategy and contributes to resistance.

QUESTION 7

SINGLE CHOICE

A unit is implementing a fall-reduction program. The AGCNS recommends the Hendrich II Fall Risk Model combined with purposeful hourly rounding. This recommendation best exemplifies which CNS competency?

- ☐ A Direct bedside clinical care only
- ☒ B Translating evidence into nursing practice and designing interventions to improve safety outcomes
- ☐ C Billing and coding for reimbursement
- ☐ D Performing surgical procedures

ANSWER B

WHY Selecting and translating an evidence-based risk-assessment tool (Hendrich II) and coupling it with a structural nursing intervention (purposeful rounding) is a hallmark example of the CNS competency of evidence-based practice and outcomes improvement. It is not the CNS role to perform surgery or to perform coding, and although the CNS may provide direct care, the activity described is system-level design rather than bedside care only.

QUESTION 8

SINGLE CHOICE

An 81-year-old patient with advanced dementia is unable to swallow safely and has no advance directive. The patient's adult child requests that a feeding tube be placed. Which principle should guide the AGCNS's recommendation?

- ☐ A Family wishes must always override clinical judgment
- ☒ B Treatment decisions should be based on the patient's previously expressed values and best interest, with surrogate input guided by substituted judgment
- ☐ C Artificial nutrition must always be provided in advanced dementia
- ☐ D Nutritional support is futile and never offered

ANSWER B

WHY When a patient lacks decision-making capacity and has no advance directive, decisions should be guided by substituted judgment based on the patient's known values and best interest, in collaboration with the legally recognized surrogate. Family wishes are important but do not automatically override clinical judgment and patient-centered benefit/harm analysis. Evidence-based guidance in advanced dementia does not support routine feeding tube placement for dysphagia as clearly beneficial, but nutritional support is not categorically 'never offered'; decisions are individualized.

QUESTION 9

SINGLE CHOICE

A 78-year-old patient with a history of heart failure with reduced ejection fraction (HFrEF) presents with increasing dyspnea on exertion, orthopnea, and 3 kg of weight gain over the past week. The patient is currently taking lisinopril 20 mg daily, carvedilol 12.5 mg twice daily, and furosemide 20 mg daily. Vital signs are BP 138/82, HR 88, RR 22, and SpO2 94% on room air. Lung exam reveals bibasilar crackles, and there is 2+ pitting edema to the mid-calf bilaterally. Which initial pharmacologic adjustment is most appropriate for this patient?

- ☐ A Increase lisinopril to 40 mg daily
- ☒ B Increase furosemide to 40 mg twice daily
- ☐ C Add spironolactone 25 mg daily
- ☐ D Add ivabradine 5 mg twice daily

ANSWER B

WHY The patient is showing signs of acute decompensated heart failure with volume overload (weight gain, orthopnea, crackles, peripheral edema). Initial management for symptomatic volume overload is to uptitrate the loop diuretic. The patient is currently on a low dose of furosemide (20 mg daily), so increasing the dose to 40 mg twice daily addresses the immediate volume overload. Lisinopril uptitration would be considered once euvolemic and stable, and spironolactone is typically added for NYHA class III-IV with reduced EF in stable patients. Ivabradine is only indicated for patients in sinus rhythm with resting HR ≥ 70 despite maximum tolerated beta-blocker dose.