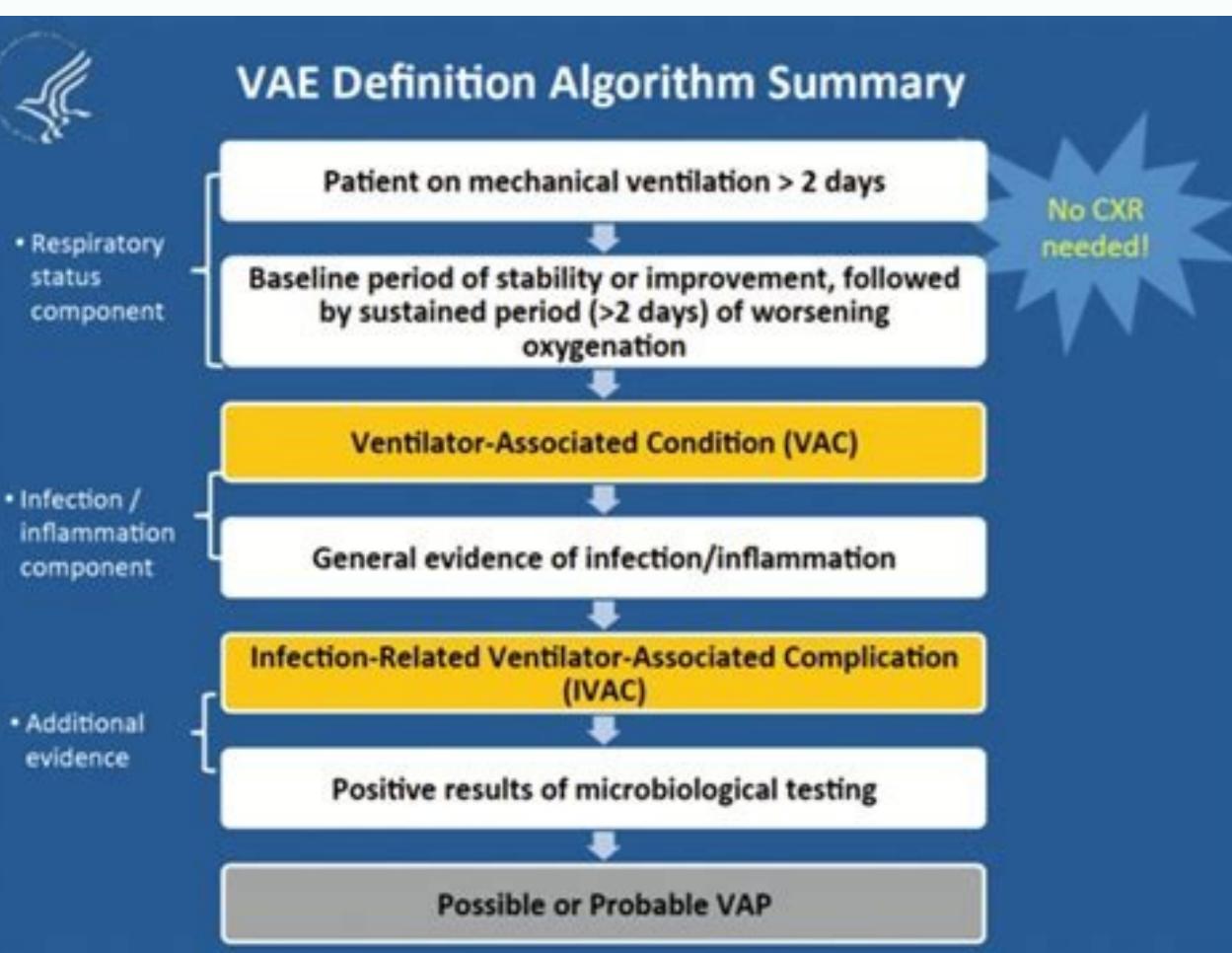


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VAE Definition Algorithm Summary**Directions**

Each of the numbered items is followed by lettered answers. Select the **ONE** lettered answer that is **BEST** in each case.

Self-Assessment Test**Item 1**

A 55-year-old man is evaluated in the emergency department after being rescued from his burning home by firefighters. His medical history is notable for COPD, and his only medication is an albuterol-isoproterenol metered-dose inhaler.

On physical examination, he is alert and in pain. Temperature is 37.8 °C (100.0 °F), blood pressure is 124/60 mm Hg, pulse rate is 116/min, and respiration rate is 22/min; BMI is 31. Oxygen saturation is 98% breathing 3 L/min oxygen by nasal cannula. Soot is noted in the nares and throughout the oral pharynx. The oral mucosa is edematous. Burns are noted on the right upper extremity and lower chest. Cardiac examination reveals a regular rhythm. Pulmonary examination reveals a monophony wheeze over the anterior chest, diffuse expiratory wheezes, and increased work of breathing.

Arterial blood gas studies breathing 10% oxygen reveal a pH of 7.32, a PCO_2 of 59 mm Hg (6.7 kPa), and a PaO_2 of 78 mm Hg (10.4 kPa).

A chest radiograph shows increased lung volumes consistent with hyperinflation but no infiltrates.

Which of the following is the most appropriate next step in treating this patient's respiratory findings?

- (A) Administer a helium-oxygen mixture
- (B) Administer methylprednisolone
- (C) Perform endotracheal intubation
- (D) Start nebulized epinephrine
- (E) Start noninvasive ventilation

Item 2

A 72-year-old man is admitted to the ICU for severe community-acquired pneumonia. He was admitted to the hospital 2 days ago with cough and dyspnea. Despite appropriate intravenous antibiotics, his respiratory status declined and he was transferred to the ICU, was intubated, and was placed on mechanical ventilation. A vasopressor was needed for persistent hypotension. Since ICU admission 36 hours ago, he has had stable oxygenation and blood pressure and his oxygen and vasopressor doses are being decreased. Medical history is otherwise unremarkable. Medications are ceftazidime, aztreonam, norepinephrine, and low-molecular-weight heparin prophylaxis.

On physical examination, the patient is intubated but responsive. Temperature is 38.3 °C (100.9 °F), blood pressure is 95/58 mm Hg, and pulse rate is 110/min; BMI is 27. Chest examination shows decreased breath sounds at the left lung base. Cardiac examination reveals a grade 2/6 systolic flow murmur. The remainder of the examination is unremarkable.

Laboratory studies are significant for a leukocyte count of 15,000/ μl ($15 \times 10^9/\text{L}$); the complete blood count is otherwise normal. Complete metabolic profile is normal. Blood and sputum cultures are negative since admission.

A chest radiograph is significant for left lower lobe consolidation but is otherwise unremarkable.

Which of the following is most likely to prevent deconditioning in the ICU?

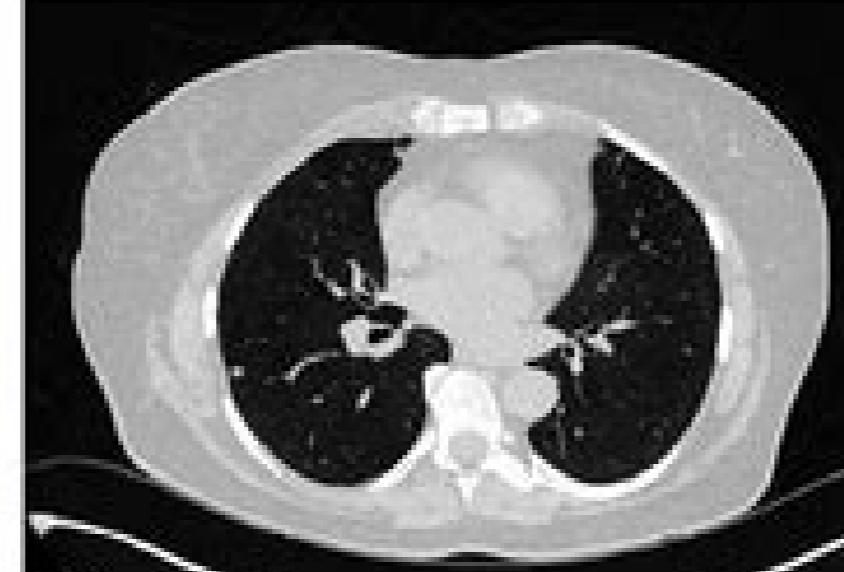
- (A) Passive range of motion exercises only while in the ICU
- (B) Progressive physical activity as tolerated starting now
- (C) Progressive physical activity as tolerated following discontinuation of vasopressors
- (D) Progressive physical activity as tolerated following extubation

Item 3

A 58-year-old woman is evaluated for a right pulmonary nodule that was discovered incidentally 3 weeks ago. She is currently asymptomatic and has not had shortness of breath, fever, chills, weight loss, or night sweats. Medical history is otherwise unremarkable, and she takes no medications. She is a life-long nonsmoker.

On physical examination, temperature is 37.1 °C (98.8 °F), blood pressure is 126/82 mm Hg, pulse rate is 68/min, and respiration rate is 10/min; BMI is 30. There is no cervical or supraclavicular lymphadenopathy. The lungs are clear to auscultation. No clubbing is noted.

The 5-mm nodule seen on CT is shown.



Which of the following is the most appropriate next step in management?

- (A) Bronchoalveolar lavage
- (B) PET/CT scan
- (C) Review any previous chest imaging
- (D) Transthoracic needle biopsy

Item 4

A 62-year-old man is evaluated for declining exercise capacity over the past year. He was diagnosed with moderate COPD 3 years ago. His symptoms had previously been well controlled with tiotropium and as-needed albuterol. He has

Pulmonary Evaluation		Patient	www.e-medtools.com	MRN
Date	Time		Chief complaint/Reason for consult	Referring MD
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Symptoms				
Fatigue	<input type="radio"/>	<input checked="" type="radio"/>	History of Present Illness <input type="checkbox"/> Patient is Nonverbal. History obtained from <input type="checkbox"/> Family <input type="checkbox"/> Medical records	
Malaise	<input type="radio"/>	<input checked="" type="radio"/>	Elements of HPI: Location, quality, severity, timing, duration, context, modifying factors, associated signs and symptoms	
Fever or chills	<input type="radio"/>	<input checked="" type="radio"/>		
Appetite changes	<input type="radio"/>	<input checked="" type="radio"/>		
Eyes				
Vision changes	<input type="radio"/>	<input checked="" type="radio"/>		
New pain	<input type="radio"/>	<input checked="" type="radio"/>		
Swelling	<input type="radio"/>	<input checked="" type="radio"/>		
ENT/smooth				
Nose bleed	<input type="radio"/>	<input checked="" type="radio"/>		
Dental caries	<input type="radio"/>	<input checked="" type="radio"/>		
Dental abscesses	<input type="radio"/>	<input checked="" type="radio"/>		
Jaw pain	<input type="radio"/>	<input checked="" type="radio"/>		
Respiratory				
Dyspnea	<input type="radio"/>	<input checked="" type="radio"/>		
Cough	<input type="radio"/>	<input checked="" type="radio"/>		
Phlegm	<input type="radio"/>	<input checked="" type="radio"/>		
Hemoptysis	<input type="radio"/>	<input checked="" type="radio"/>		
Wheezing	<input type="radio"/>	<input checked="" type="radio"/>		
Cardiovascular				
Chest pain	<input type="radio"/>	<input checked="" type="radio"/>		
Diaphoresis	<input type="radio"/>	<input checked="" type="radio"/>		
Abdo edema	<input type="radio"/>	<input checked="" type="radio"/>		
Syncope	<input type="radio"/>	<input checked="" type="radio"/>		
Precipitation	<input type="radio"/>	<input checked="" type="radio"/>		
Gastrointestinal				
Nausea or vomiting	<input type="radio"/>	<input checked="" type="radio"/>		
Weight changes	<input type="radio"/>	<input checked="" type="radio"/>		
Constipation or diarrhea	<input type="radio"/>	<input checked="" type="radio"/>		
Abdominal pain	<input type="radio"/>	<input checked="" type="radio"/>		
Genitourinary				
Urinary changes	<input type="radio"/>	<input checked="" type="radio"/>		
Hematuria	<input type="radio"/>	<input checked="" type="radio"/>		
Dysuria	<input type="radio"/>	<input checked="" type="radio"/>		
Urinary discharge	<input type="radio"/>	<input checked="" type="radio"/>		
Musculoskeletal				
Myalgias	<input type="radio"/>	<input checked="" type="radio"/>		
Athralgias	<input type="radio"/>	<input checked="" type="radio"/>		
Joint swelling	<input type="radio"/>	<input checked="" type="radio"/>		
Recent trauma	<input type="radio"/>	<input checked="" type="radio"/>		
Skin/Breasts				
Moles	<input type="radio"/>	<input checked="" type="radio"/>		
New skin lesions	<input type="radio"/>	<input checked="" type="radio"/>		
Rashes	<input type="radio"/>	<input checked="" type="radio"/>		
Sensitivity to sun	<input type="radio"/>	<input checked="" type="radio"/>		
Neurologic				
Headaches	<input type="radio"/>	<input checked="" type="radio"/>		
Seizures	<input type="radio"/>	<input checked="" type="radio"/>		
Muscle weakness	<input type="radio"/>	<input checked="" type="radio"/>		
Endocrinologic				
Hair loss	<input type="radio"/>	<input checked="" type="radio"/>		
Polydipsia	<input type="radio"/>	<input checked="" type="radio"/>		
Tremors	<input type="radio"/>	<input checked="" type="radio"/>		
Neck pain	<input type="radio"/>	<input checked="" type="radio"/>		
Hematolymph				
Bleeding gums	<input type="radio"/>	<input checked="" type="radio"/>		
Unusual bruising	<input type="radio"/>	<input checked="" type="radio"/>		
Swollen lymph nodes	<input type="radio"/>	<input checked="" type="radio"/>		
Allergy/Immunology				
Sinus problems	<input type="radio"/>	<input checked="" type="radio"/>		
Recurrent infections	<input type="radio"/>	<input checked="" type="radio"/>		
Psychiatry				
Mood changes	<input type="radio"/>	<input checked="" type="radio"/>		
Agitation	<input type="radio"/>	<input checked="" type="radio"/>		
Hallucinations	<input type="radio"/>	<input checked="" type="radio"/>		

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College of Nursing and Health / ACNP Program

PRECEPTOR EVALUATION OF STUDENT

Student's Name:	Angela Robinson	Course #:	NUR 7203-ACNP Practicum
Clinical Faculty:	Athina Medical Center	Clinical Site:	Middletown Primary Care Critical Care
Preceptor:	Katrina Brandenburg, CNP	Course Faculty:	KA Scordo, PhD, RN, ACNP, FAANP

Select the descriptor below that best describes your thoughts.

Superior	Above Average	Average	Below Average	Poor
A	B	C	D	E
✓				
✓				
✓				
	✓			
✓				
✓				
✓				
✓				

Data Base

1. Elicits a meaningful health history.
2. Performs an accurate and methodical physical examination.
3. Synthesizes objective and subjective data to arrive at differential diagnoses / hypotheses.
4. Employs appropriate diagnostic / laboratory studies to complete the database and / or confirms hypotheses.
5. Appropriately formulates/updates patient progress notes.
6. Distinguishes and prioritizes patient care between immediate needs and less immediate needs.
7. Establishes rapport with patients.

Therapeutic Regimens

8. Selects appropriate management regimen.
9. Selects appropriate medications.
10. Appropriately interprets results of diagnostic tests.
11. Distinguishes indications/contraindications for invasive procedures.
12. Competently performs invasive procedures.
13. Initiates appropriate health maintenance therapy (nutrition, skin care, OT, PT, etc.)
14. Makes appropriate referrals/consultations.
15. Initiates health teaching to promote, maintain or restore health.

Evaluation

16. Interprets results of therapeutic efforts and continues and / or modifies therapeutic regimen as required.
17. Uses the problem oriented medical record system to record concise, relevant, complete data.

ACNP Role Aspects

18. Effectively works as a member of the health care team.
19. Assumes a collaborative role with preceptor.
20. Is accountable for own actions as an ACNP.
21. Legally protects self and patients in the delivery of health care and in problem oriented medical record keeping.
22. Maintains ethical standards.
23. Assumes responsibility for defining NP role for patients, physicians, nurses and other health team members.
24. Formulates and functions within an appropriate scope of practice.
25. Appropriately utilizes preceptor consultation.
26. Integrates research findings into plan of care and shares findings with other health team members.
27. Practices self evaluation in order to identify areas for improvement.
28. Wisely selects and seeks learning experiences in an effort to increase skills and improve areas of weakness.

OVERALL: I would rate this student's performance:

COMMENTS: Angela is very intelligent + kind; She elicits a meaningful history, has above average assessment skills. She works well with others, is very easy to get along with. Angela will be a valuable asset wherever she decides to work.

Preceptor Signature

Katrina Brandenburg, CNP

Date 3/26/2015

This page contains a large amount of dense, repetitive text that appears to be a scan of a document or a copy-paste of a page with significant noise. The text is mostly illegible due to the high density and lack of context. It includes several paragraphs of text, some of which begin with "You are reading a free preview page" followed by a page number. The overall quality is poor, with many errors and artifacts.

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