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**Nursing**

# ACA-CCN

*ACA Certified Corrections Nurse - 2025*

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**Question: 640**

A 30-year-old female inmate with a history of depression is prescribed sertraline. Which of the following side effects should she be closely monitored for during the first few weeks of therapy?

- A. Weight gain
- B. Suicidal ideation
- C. Hypertension
- D. Gastrointestinal bleeding

Answer: B

Explanation: Monitoring for suicidal ideation is crucial during the initiation of antidepressant therapy, particularly in younger patients, as there is an increased risk of worsening depression and suicidal thoughts.

**Question: 641**

A 46-year-old male inmate with schizophrenia is prescribed haloperidol 5 mg twice daily. The facility's formulary restricts atypical antipsychotics. During a medication pass, the nurse observes the inmate exhibiting muscle stiffness and a shuffling gait. His vital signs are: BP 140/90 mmHg, HR 88 bpm, and temperature 99.8°F. What is the most appropriate action for the nurse to take?

- A. Continue haloperidol and monitor symptoms
- B. Administer a PRN dose of ibuprofen
- C. Notify the provider for possible extrapyramidal symptoms
- D. Encourage stretching exercises

Answer: C

Explanation: Haloperidol, a typical antipsychotic, is associated with extrapyramidal symptoms (EPS) such as muscle stiffness and shuffling gait. These symptoms require prompt evaluation, as they may progress to severe dystonia or parkinsonism. Notifying the provider for possible dose adjustment or adjunctive therapy (e.g., benztropine) is the most appropriate action. Continuing the medication risks worsening EPS, ibuprofen does not treat EPS, and exercises are ineffective for this condition.

**Question: 642**

A 37-year-old male inmate with chronic HBV (HBeAg positive, HBV DNA 1,000,000 IU/mL) develops jaundice and fatigue. His ALT is 500 U/L, and ultrasound shows no cirrhosis. The formulary includes TDF and entecavir. What is the most appropriate antiviral therapy?

- A. Entecavir 0.5 mg daily
- B. Entecavir 1 mg daily

- C. Tenofovir disoproxil fumarate 300 mg daily
- D. Tenofovir disoproxil fumarate 300 mg and entecavir 0.5 mg daily

Answer: C

Explanation: High HBV DNA and elevated ALT indicate active chronic HBV requiring therapy. TDF is preferred for HBeAg-positive patients due to high potency and low resistance. Entecavir 0.5 mg is for treatment-naïve, but 1 mg is for lamivudine-experienced. Combination therapy is not standard.

### Question: 643

You are auditing infection control practices in a correctional facility and find that hand hygiene compliance is 60% among healthcare staff. The facility's *Clostridium difficile* infection rate is 8 cases per 1,000 patient-days, above the national benchmark of 5. Which intervention should you prioritize?

- A. Implement a mandatory hand hygiene training program with compliance monitoring.
- B. Install additional hand sanitizer dispensers in clinical areas.
- C. Increase antibiotic stewardship to reduce *C. difficile* infections.
- D. Conduct monthly environmental cleaning audits to reduce contamination.

Answer: A

Explanation: Low hand hygiene compliance is a primary driver of *C. difficile* transmission. Mandatory training with monitoring directly improves adherence, aligning with CDC guidelines. Additional dispensers are secondary, antibiotic stewardship addresses a different factor, and cleaning audits are less impactful without hand hygiene improvement.

### Question: 644

A 30-year-old female inmate presents with signs of severe anxiety, including rapid heart rate and hyperventilation. Which assessment tool would best aid the nurse in quantifying the severity of her anxiety symptoms?

- A. Hamilton Anxiety Rating Scale (HAM-A)
- B. Generalized Anxiety Disorder 7-item scale (GAD-7)
- C. Patient Health Questionnaire (PHQ-9)
- D. Beck Anxiety Inventory (BAI)

Answer: B

Explanation: The GAD-7 is specifically designed to assess the severity of generalized anxiety disorder symptoms, making it suitable for this scenario.

### Question: 645

In evaluating an inmate for potential alcohol withdrawal, which laboratory value is most critical for the nurse to assess to prevent complications?

- A. Serum creatinine
- B. Serum electrolytes, particularly sodium
- C. Blood alcohol level
- D. Liver function tests

Answer: B

Explanation: Monitoring serum electrolytes, particularly sodium, helps prevent complications such as seizures or delirium tremens, which can occur during alcohol withdrawal.

**Question: 646**

An inmate with a history of IV drug use presents with a fever (39°C), murmur, and vegetation on echocardiogram, suggestive of infective endocarditis. Blood cultures are pending, and the provider orders vancomycin 1 g IV every 12 hours. Per ACA standards for infection management, what is the most critical nursing action to ensure safe antibiotic administration?

- A. Verify vancomycin trough level before the third dose
- B. Monitor for red man syndrome during infusion
- C. Check renal function before initiating therapy
- D. Confirm blood culture results before starting vancomycin

Answer: C

Explanation: Vancomycin is nephrotoxic, and ACA standards require assessing renal function (e.g., creatinine) before initiation to adjust dosing and prevent toxicity, especially in high-risk patients like IV drug users. Trough levels guide maintenance, red man syndrome is infusion-related, and delaying antibiotics risks worsening endocarditis.

**Question: 647**

A 65-year-old male inmate presents with worsening dyspnea and a history of smoking. His spirometry shows an FEV1/FVC ratio of 55%. Which diagnosis is most consistent with these findings?

- A. Asthma
- B. Restrictive lung disease
- C. Interstitial lung disease
- D. Chronic obstructive pulmonary disease (COPD)

Answer: D

Explanation: An FEV1/FVC ratio of less than 70% indicates obstructive lung disease, with COPD being the most likely diagnosis given the patient's smoking history.

**Question: 648**

A 33-year-old male inmate presents with agitation, diaphoresis, and dilated pupils 48 hours after last using cocaine. His vital signs are BP 150/90 mmHg, HR 100 bpm, and temp 99.6°F. The facility protocol for stimulant withdrawal emphasizes supportive care. Which intervention is most appropriate to manage his symptoms?

- A. Provide hydration and monitor for depression
- B. Initiate propranolol 20 mg PO to control tachycardia
- C. Administer haloperidol 2 mg IM for agitation
- D. Administer lorazepam 1 mg PO to reduce agitation

Answer: A

Explanation: Cocaine withdrawal typically involves agitation followed by depression and fatigue. Supportive care with hydration and monitoring for mood changes is appropriate, as symptoms are self-limiting. Benzodiazepines or antipsychotics are not routinely needed, and beta-blockers are contraindicated due to potential cardiovascular risks.

### Question: 649

A 47-year-old female inmate with chronic hepatitis C virus (HCV) genotype 1a infection is evaluated for treatment in a correctional facility. Her liver function tests show ALT 80 U/L, AST 65 U/L, and a FIB-4 score of 1.8, indicating moderate fibrosis. She has no history of decompensated cirrhosis. The facility's formulary includes sofosbuvir/velpatasvir and glecaprevir/pibrentasvir. According to AASLD/IDSA guidelines, which of the following is the most appropriate treatment regimen for this patient?

- A. Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
- B. Sofosbuvir/velpatasvir 400/100 mg daily for 8 weeks
- C. Glecaprevir/pibrentasvir 300/120 mg daily for 8 weeks
- D. Glecaprevir/pibrentasvir 300/120 mg daily for 12 weeks

Answer: C

Explanation: For HCV genotype 1a with moderate fibrosis (FIB-4 1.8), AASLD/IDSA guidelines recommend glecaprevir/pibrentasvir for 8 weeks in treatment-naïve patients without cirrhosis, as it is highly effective and shorter, improving adherence in corrections. Sofosbuvir/velpatasvir for 12 weeks is also effective but longer. The 8-week sofosbuvir/velpatasvir regimen is not standard, and 12-week glecaprevir/pibrentasvir is unnecessary.

### Question: 650

A 30-year-old male inmate is restrained during a use-of-force incident involving a taser. He is brought to the infirmary with a small burn mark on his chest and reports chest pain. EKG shows sinus rhythm, and troponin is <0.01 ng/mL. The facility's protocol requires a post-taser medical evaluation. What is the most appropriate documentation and management to ensure ACA compliance?

- A. Administer lidocaine cream and reassess in 12 hours
- B. Order a chest X-ray and complete a use-of-force injury report



- C. Clean the burn, monitor for 24 hours, and document findings
- D. Perform an echocardiogram and notify the supervisor

Answer: C

Explanation: ACA standards mandate medical evaluation and documentation after taser use to rule out serious injury. The burn requires cleaning, and chest pain with normal EKG/troponin suggests no cardiac injury, warranting observation. A detailed injury report is required. Chest X-ray or echocardiogram is unnecessary without clinical indications, and lidocaine cream is not indicated for minor burns.

### Question: 651

A 67-year-old female inmate with a history of hypertension and diabetes has been complaining of shortness of breath. Her vitals show a BP of 160/90 mmHg and a respiratory rate of 28 breaths per minute. Which of the following guidelines should be prioritized in her management plan?

- A. Monitor for signs of heart failure and adjust antihypertensive medication.
- B. Administer bronchodilators for COPD management.
- C. Initiate insulin therapy immediately.
- D. Schedule her for a gynecological exam.

Answer: A

Explanation: In this scenario, monitoring for signs of heart failure is critical due to the patient's hypertension, diabetes, and respiratory distress, indicating potential cardiovascular complications.

### Question: 652

A 35-year-old male inmate with a history of IV drug use presents with fever, chills, and a heart murmur. An echocardiogram reveals a 1.5 cm vegetation on the mitral valve, and blood cultures grow *Staphylococcus aureus*. The facility's protocol restricts IV antibiotics due to security concerns about infusion lines. How should you advocate for his care?

- A. Administer oral antibiotics and monitor in the facility to comply with protocol.
- B. Coordinate with security and infectious disease specialists for secure IV antibiotic administration.
- C. Request a hospital transfer for surgical evaluation before starting antibiotics.
- D. Document the findings and delay treatment until security protocols are revised.

Answer: B

Explanation: Infective endocarditis with *S. aureus* requires IV antibiotics for 4–6 weeks to prevent mortality. Coordinating with security and specialists ensures safe administration within the facility, balancing clinical and security needs. Oral antibiotics are inadequate, surgical evaluation is premature, and delaying treatment risks sepsis.

### Question: 653

A 27-year-old female inmate with opioid use disorder is prescribed buprenorphine/naloxone 8 mg/2 mg daily. She reports taking an extra dose from another inmate, resulting in sedation and slurred speech. Her respiratory rate is 10/min, and oxygen saturation is 92%. What is the most appropriate immediate intervention?

- A. Intubate the patient to secure the airway
- B. Provide oxygen via nasal cannula and observe for 4 hours
- C. Administer flumazenil 0.2 mg IV to reverse sedation
- D. Administer naloxone 0.4 mg IV and monitor respiratory status

Answer: D

Explanation: Extra buprenorphine can cause respiratory depression, especially in combination with other substances. Naloxone reverses opioid-induced sedation and hypoventilation. Oxygen is supportive but insufficient, flumazenil is for benzodiazepines, and intubation is premature without further deterioration.

**Question: 654**

A 46-year-old male inmate with COPD presents with increased dyspnea and productive cough. His SpO<sub>2</sub> is 88%, and arterial blood gas shows pH 7.38, pCO<sub>2</sub> 50 mmHg, and HCO<sub>3</sub><sup>-</sup> 28 mEq/L. Chest X-ray is clear. The facility has albuterol, ipratropium, and prednisone available. What is the most appropriate treatment?

- A. Administer albuterol and ipratropium via nebulizer and start prednisone
- B. Administer oxygen at 2 L/min and monitor SpO<sub>2</sub>
- C. Start prednisone 40 mg daily and recheck ABG
- D. Administer albuterol via inhaler and refer to pulmonology

Answer: A

Explanation: The patient's symptoms and ABG findings (chronic CO<sub>2</sub> retention with compensated respiratory acidosis) indicate a COPD exacerbation. Nebulized albuterol and ipratropium provide bronchodilation, and prednisone reduces inflammation. Oxygen alone does not address the exacerbation, prednisone without bronchodilators is incomplete, and referral is unnecessary as treatment can be initiated in the facility.

**Question: 655**

A 35-year-old male with a history of opioid use disorder is stabilized on a buprenorphine regimen. He expresses interest in transitioning to naltrexone. Which factor must be confirmed before this transition can occur?

- A. The patient must have a CIWA score of less than 5
- B. The patient should have no history of seizures
- C. The patient must be opioid-free for at least 3 days
- D. The patient should have completed a detox program

Answer: C

Explanation: The patient must be opioid-free for an appropriate duration (usually 7-10 days) to avoid precipitating withdrawal symptoms when starting naltrexone.

**Question: 656**

A correctional facility is revising its PREA-compliant sexual assault response protocol. A nurse suggests including a time limit for forensic evidence collection. Based on the latest PREA standards and forensic guidelines, what is the recommended timeframe for collecting evidence post-assault?

- A. Within 72 hours for optimal evidence recovery
- B. Within 24 hours to ensure DNA viability
- C. Within 120 hours per national forensic standards
- D. Within 7 days for trace evidence detection

Answer: A

Explanation: PREA aligns with national forensic guidelines recommending forensic evidence collection within 72 hours post-sexual assault to maximize DNA and trace evidence recovery. Beyond 72 hours, evidence degrades significantly. The 24-hour limit is too restrictive, 120 hours is extended but less reliable, and 7 days is excessive.

**Question: 657**

According to the Prison Rape Elimination Act (PREA), which of the following is a mandated requirement for staff when an inmate reports a sexual assault?

- A. Document the inmate's statement without further action
- B. Report the incident to the facility's medical staff only
- C. Conduct a personal interview with the inmate in private
- D. Ensure the inmate is separated from the alleged perpetrator only

Answer: C

Explanation: PREA mandates that reports of sexual assault be taken seriously, requiring staff to conduct a thorough and private interview with the inmate to gather detailed information, ensuring the inmate's safety and the integrity of the investigation.

**Question: 658**

When assessing an inmate with a history of chronic obstructive pulmonary disease (COPD), the nurse notes a SpO<sub>2</sub> reading of 88%. What should be the nurse's immediate intervention based on the patient's condition?

- A. Notify the physician for potential intubation
- B. Document the finding and reassess in one hour



- C. Encourage the patient to perform deep breathing exercises
- D. Administer supplemental oxygen as per protocol

Answer: D

Explanation: Administering supplemental oxygen is a critical intervention to address hypoxia and improve oxygen saturation levels in a patient with COPD.





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