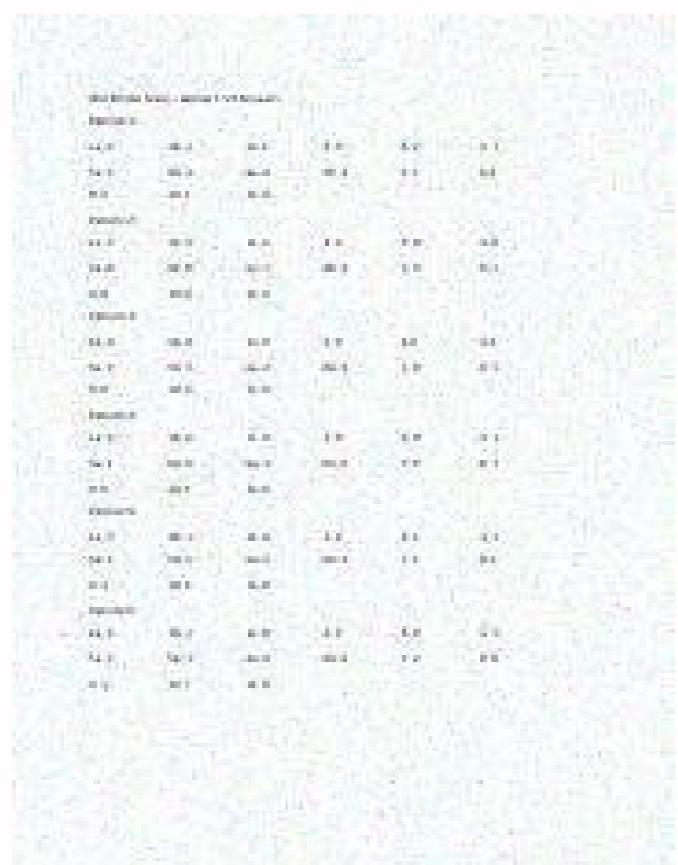


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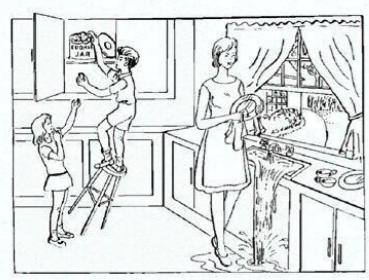
Nihss group b v3 certification answers. Nihss group b v3 2nd certification answers.

For optimal functionality, ensure that cookies are enabled on your browser. The intervals between the groups are as follows: Group A to B spans six months, and the subsequent groups (B to C, C to D, D to E, and E to F) each have a twelve-month interval. ****Target Audience**** This program is designed for emergency physicians, neurologists, nurses, clinical researchers, and medical students. The NIH Stroke Scale is an essential tool for evaluating acute stroke.



- Grasp the scoring system used to measure neurological impairments. - Apply the scale accurately to score neurological impairments in stroke patients. - Monitor changes in neurological status over time using the scale. - Obtain "Test Completion" certificates, which are valid for one year, to demonstrate compliance. ****Q&A Section**** We meticulously verify each answer to ensure accuracy. If you spot an error, please use the REPORT button to notify us.

NIHSS Certification Test Answers
By Outlerma Team / NIHSS



- Apply the scale accurately to score neurological impairments in stroke patients. - Monitor changes in neurological status over time using the scale.
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CATEGORY	STROKE SCALE				SCORE
1a. Level of consciousness Alert, Drowsy, etc	0 Alert	1 Drowsy	2 Stupor	3 Coma	
1b. LOC Questions Month, age	0 Answers both correctly	1 Answers one correctly	2 Incorrect		
1c. LOC Commands Open/close eyes, make a fist & let go	0 Obey both correctly	1 Obey one correctly	2 Incorrect		
2. Best Gaze Eyes open - pt follows examiner's fingers or face.	0 Normal	1 Partial gaze palsy	2 Full gaze palsy		
3. Visual Introduce visual stimulus/threat to pt's visual field quadrants. Cover 1 eye and hold up fingers in all 4 quadrants.	0 No visual loss	1 Partial hemianopsia	2 Complete hemianopsia	3 Etiology: Hemianopsia	
4. Facial Palsy Show teeth, raise eyebrows and squeeze eyes tightly shut.	0 Normal	1 Minor	2 Partial	3 Complete	
5.a Motor Arm - Left Elevate extremity to 90 degrees and score drift/movement. Count to 10 out loud and use fingers for visual cue.	0 No drift	1 Drift	2 Can't resist gravity	3 No effort against gravity	4 No movement NT = Amputation, joint fusion
5.b Motor Arm - Right Elevate extremity to 90 degrees and score drift/movement. Count to 10 out loud and use fingers for visual cue.	0 No drift	1 Drift	2 Can't resist gravity	3 No effort against gravity	4 No movement NT = Amputation, joint fusion
6.a Motor Leg - Left Elevate extremity to 30 degrees and score drift/movement. Count to 5 out loud and use fingers for visual cue.	0 No drift	1 Drift	2 Can't resist gravity	3 No effort against gravity	4 No movement NT = Amputation, joint fusion
6.b Motor Leg - Right Elevate extremity to 30 degrees and score drift/movement. Count to 5 out loud and use fingers for visual cue.	0 No drift	1 Drift	2 Can't resist gravity	3 No effort against gravity	4 No movement NT = Amputation, joint fusion
7. Limb Ataxia Finger to nose, heel down shin	0 Absent	1 Present in one limb	2 Present in two limbs		
8. Sensory Pin prick to face, arms, trunk, and legs - compare sharpness side to side	0 Normal	1 Partial loss	2 Severe loss		
9. Best Language Name items, describe picture, and read sentences. Don't forget glasses if they normally wear them.	0 No aphasia	1 Mild to moderate aphasia	2 Severe aphasia	3 Mutism	
10. Dysarthria Evaluate speech clarity by pt reading or repeating words on list.	0 Normal articulation	1 Mild to moderate dysarthria	2 Severe dysarthria or worse		NT = Intubated or other physical barrier
11. Extinction and Inattention Use information from prior testing or double simultaneous stimuli testing to identify neglect. Face, arms, legs, and visual fields.	0 No neglect	1 Partial neglect	2 Complete neglect		

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HESI M&T 18.0.2021 V3 2021 TEST BANKS (ALL TOGETHER)

Learning Objectives Upon completing this course, participants will be able to: - Recognize and evaluate neurological impairments in stroke patients. - Grasp the scoring system used to measure neurological impairments. - Apply the scale accurately to score neurological impairments in stroke patients. - Monitor changes in neurological status over time using the scale. - Obtain "Test Completion" certificates, which are valid for one year, to demonstrate compliance. **Q&A Section** We meticulously verify each answer to ensure accuracy. If you spot an error, please use the REPORT button to notify us. Utilizing Ctrl+F (Cmd+F) can significantly aid in navigating through a vast array of questions. **NIHSS-English Group B-V3 - 2nd Certification Answers** The answer key for NIHSS Group B Patients 1-6 is as follows: - *Patient 1* - 1a - 0 - 1b - 1 - 1c - 0 - 2 - 0 - 3 - 0 - 4 - 1 - 5a - 0 - 5b - 4 - 6a - 0 - 6b - 3 - 7 - 0 - 8 - 1 - 9 - 1 - 10 - 0 - 11 - 1 ...and so on for the remaining patients. Note: In response to the user's comment, the correct score for facial palsy is indeed 1. This paraphrased content is optimized for search engines with the keyword 'nihss-english group b-v3 - 2nd certification answers'. Quizlet! It is structured to be clear, concise, and informative, avoiding any sensational language. The NIHSS English Group B-V3 - 2nd Certification Answers Quizlet provides a comprehensive guide for assessing and understanding the NIH Stroke Scale (NIHSS) certification process.

HESI MENTAL HEALTH RN V1-V3 2020 TEST BANKS (A) - TOGETHER 46 PAGES

A client is in session with the RN. The RN observes the client's behavior. Which of the following activities is the client exhibiting?

- A. Loss of interest in diversional activity.
- B. Social isolation.
- C. Refusal to address nutritional needs.
- D. Drowsiness.

The RN is preparing medications for a client with bipolar disorder and notices that the client discontinued antipsychotic medication for several days. Which medication should also be discontinued?

- A. Lithium (Lithobid).
- B. Benzotropine (Cogentin). abirb.com/hesi
- C. Alprazolam (Xanax).
- D. Magnesium (Milk of Magnesia). abirb.com/hesi

A female client requests that her husband be allowed to stay in the room during the admission assessment. When interviewing the client, the RN notes a discrepancy between the client's verbal and nonverbal communication. What action does the RN take?

- A. Politely ask the client to leave the room.
- B. Ask the client to stay and interpret the client's nonverbal messages.
- C. Ignore the nonverbal behavior and focus on the client's verbal messages.
- D. Interpret the client's nonverbal behavior and interpret them as one.

A male client approaches the RN with an angry expression on his face and raises his voice, saying "My roommate is the ~~absolutely~~ ~~most~~ ~~centered~~ angry person I have ever met. If he loses his temper one more time with me, I am going to punch him out!" The RN recognizes that the client is using ~~physically~~ ~~psychologically~~ mechanisms.

- A. Denial.
- B. Projection.
- C. Rationalization.
- D. Minimization.

A male client with bipolar disorder who began taking lithium carbonate five days ago is complaining of excessive thirst, and the RN finds him attempting to drink water from the bathroom sink faucet. Which intervention should the RN implement?

- A. Report the client's serum lithium level to the HCP.
- B. Encourage the client to suck on ice cubes to relieve the symptoms.
- C. No action is necessary.
- D. Tell the client, "If you feel thirsty, drink water."

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The document outlines the evaluation sequence for two patients, detailing each step from initial assessment to final scoring. For Patient 5, the sequence begins with the initial assessment (1a, 01b, 01c), followed by