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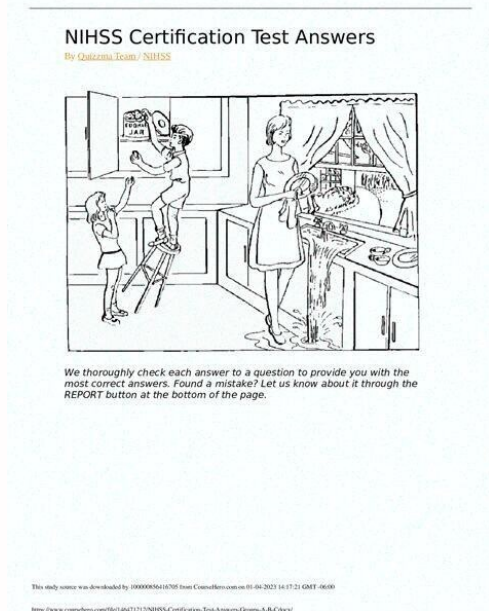
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Nihss group b v3 certification answers. Nihss group b v3 2nd certification answers.

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.


NIH Stroke Scale - Revised (Nihss-2)									
Part 1: Face									
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
Part 2: Arms									
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
Part 3: Legs									
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
Part 4: Speech									
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
Part 5: Total Score									
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36
14-17	18-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36

- 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.



- 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.

NATIONAL INSTITUTES OF HEALTH
stroke scale

CATEGORY	STROKE SCALE	SCORE
1a. Level of consciousness Alert, Drowsy, etc	<div><div>0</div><div>1</div><div>2</div><div>3</div></div> <div>AlertDrowsyStuporComa</div>	
1b. LOC Questions Month, age	<div><div>0</div><div>1</div><div>2</div></div> <div>Answers both correctlyAnswers one correctlyNo answer</div>	
1c. LOC Commands Open/close eyes, make a fist & let go	<div><div>0</div><div>1</div><div>2</div></div> <div>Obey both correctlyObey one correctlyNo answer</div>	
2. Best Gaze Eyes open - pt follows examiner's fingers or face.	<div><div>0</div><div>1</div><div>2</div></div> <div>NormalPartial gaze onlyFixed deviation</div>	
3. Visual Introduce visual stimulus/threat to pt's visual field quadrants. Cover 1 eye and hold up fingers in all 4 quadrants.	<div><div>0</div><div>1</div><div>2</div><div>3</div></div> <div>IntactIntact hemianopiaComplete hemianopiaBilateral hemianopia</div>	
4. Facial Palsy Show teeth, raise eyebrows and squeeze eyes tightly shut.	<div><div>0</div><div>1</div><div>2</div><div>3</div></div> <div>NormalMinorFacialNo response</div>	
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.	<div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div></div> <div>No driftDriftCan't extend against gravityNo effort against gravityNo movement</div> <div>NT = Amputation, joint fusion</div>	
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.	<div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div></div> <div>No driftDriftCan't extend against gravityNo effort against gravityNo movement</div> <div>NT = Amputation, joint fusion</div>	
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.	<div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div></div> <div>No driftDriftCan't extend against gravityNo effort against gravityNo movement</div> <div>NT = Amputation, joint fusion</div>	
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.	<div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div></div> <div>No driftDriftCan't extend against gravityNo effort against gravityNo movement</div> <div>NT = Amputation, joint fusion</div>	
7. Limb Ataxia Finger to nose, heel down shin	<div><div>0</div><div>1</div><div>2</div></div> <div>NormalAtaxicNo response</div>	
8. Sensory Pin prick to face, arms, trunk, and legs - compare sharpness side to side	<div><div>0</div><div>1</div><div>2</div></div> <div>NormalPartialNo response</div>	
9. Best Language Name items, describe picture, and read sentences. Don't forget glasses if they normally wear them.	<div><div>0</div><div>1</div><div>2</div><div>3</div></div> <div>No aphasiaMinor aphasiaSevere aphasiaNo response</div>	
10. Dysarthria Evaluate speech clarity by pt reading or repeating words on list.	<div><div>0</div><div>1</div><div>2</div></div> <div>Normal speechModerate intelligibility impairmentSevere intelligibility impairment or mute</div> <div>NT = Intubated or other physical barrier</div>	
11. Extinction and Inattention Use information from prior testing or double simultaneous stimuli testing to identify neglect. Face, arms, legs, and visual fields.	<div><div>0</div><div>1</div><div>2</div></div> <div>No neglectPartial neglectComplete neglect</div>	
NT = Not Testable acceptable as noted above		
Score	Stroke Severity	
0	No stroke symptoms	
1-4	Minor stroke	
5-15	Moderate stroke	
16-20	Moderate to severe stroke	
21-42	Severe stroke	
TOTAL =		
		

****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. This online training program, accredited for continuing medical education (CME/CE), has been developed by the American Stroke Association in collaboration with the American Academy of Neurology and the National Institute of Neurological Disorders and Stroke. It aims to educate healthcare professionals on administering the NIH Stroke Scale effectively.

REPORT B-V3-2021 TEST BANKS (ALL TOGETHER)

Client with bipolar disorder remains in bed most of the day, and declines activities. Which nursing problem has the greatest priority for this client?

- Loss of interest in diversional activity.
- Social isolation.
- **Refusal to address nutritional needs.**
- Low self-esteem.

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?

- Lithium (Lithotabs)
- **Benzotropine (Cogentin).**
- Alprazolam (Xanax).

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• Magnesium (Milk-Magtes)

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

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- **Pay close attention and document the nonverbal messages.**
- Ask the client's husband to interpret the discrepancy.
- Ignore the nonverbal behavior and focus on the client's verbal messages.
- Integrate the verbal and nonverbal messages 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 real problem here. I have never 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 which defense mechanism?

- Denial.
- **Projection.**
- Rationalization.

****Learning Objectives**** Upon completing this course, participants will be able to: - Recognize and evaluate 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 - Grasp the scoring system used to measure neurological impairments. - Apply the scale accurately to score neurological impairments in stroke patients. - Utilizing the 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 (ALL TOGETHER) 46 PAGES

A client reports a loss of interest in diversional activities. Which nursing intervention should the nurse implement?

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

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 interviewed, the RN notes a discrepancy between the client's verbal and nonverbal communication. What action does the RN take?

- A. Pay attention to the husband's statements
- B. Ask the husband to leave the room
- C. Ignore the nonverbal behavior and focus on the client's verbal messages
- D. Integrate the verbal and 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 most frustrating 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 which defense mechanism?

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

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 hard candy to relieve the mouth dryness
- C. No action is required
- D. Tell the client to stop drinking from the sink

****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.

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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