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# Nursing

## ABNN-SCRN Exam

American Board of Neuroscience Nursing: Stroke Certified Registered Nurse

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## Question 1. (Single Select)

Which of the following best explains the rationale for redefining transient ischemic attack (TIA) from a time-based to a tissue-based definition?

A: The shift was made to simplify clinical guidelines for emergency departments.
B: Patient-reported symptom duration is unreliable for diagnosis.
C: The 24-hour time frame was insufficient for capturing all stroke events.
D: Advanced imaging techniques have revealed that some brief neurological events previously classified as TIAs actually result in detectable brain infarction.

**Correct Answer: D**

**Explanation:**

Historically, TIAs were defined by the resolution of neurological symptoms within 24 hours, under the assumption that such events did not cause permanent brain damage. However, with the advent of sensitive imaging modalities like diffusion-weighted magnetic resonance imaging (MRI), clinicians have discovered that even short-lived symptoms can be associated with permanent cerebral infarction. This finding prompted a shift to a tissue-based definition, where a TIA is characterized by transient neurological dysfunction without evidence of acute infarction on imaging. This redefinition enhances diagnostic accuracy and ensures that patients with actual brain injury receive appropriate treatment and secondary prevention strategies.

That the 24-hour time frame was found to be insufficient for capturing all stroke events is misleading; the issue was not the duration but the presence of tissue damage irrespective of symptom resolution time.

Patient-reported symptom duration being unreliable for diagnosis is not the primary reason for the definition change; while patient history is important, the shift was driven by imaging findings.

The shift being made to simplify clinical guidelines for emergency departments is incorrect; the change actually adds complexity but improves diagnostic precision and patient care.

## Question 2. (Single Select)

A 69-year-old female with a history of transient ischemic attacks (TIAs) undergoes evaluation for suspected intracranial stenosis. The neurology team reviews imaging options to confirm the diagnosis.

Which vascular imaging technique is considered the "gold standard" for detecting and characterizing cerebrovascular abnormalities?

A: Magnetic resonance angiography (MRA)
B: Carotid duplex ultrasound
C: Computed tomography angiography (CTA)
D: Digital subtraction angiography (DSA)

**Correct Answer: D**

**Explanation:**

Digital subtraction angiography (DSA), also known as cerebral angiography, is the definitive imaging technique used to visualize cerebrovascular structures with unparalleled resolution and clarity. It involves catheterization of the arterial system, typically via the femoral or radial artery, followed by the injection of contrast media directly into the cerebral circulation. Real-time fluoroscopy captures images of the blood vessels, and pre-contrast "mask" images are subtracted from contrast-enhanced images, providing clear visualization of even small vessel abnormalities. DSA allows for the precise measurement of stenosis, detection of aneurysms, arteriovenous malformations, and embolic sources; it also enables concurrent therapeutic interventions, such as angioplasty or stenting. Its high spatial and temporal resolution make it the standard by which all other vascular imaging tests are measured.

CTA offers a non-invasive, rapid imaging alternative that provides detailed views of blood vessels using contrast-enhanced computed tomography. However, it lacks the dynamic resolution and therapeutic capability of DSA, and can be limited by artifacts from calcified plaques or patient movement.

MRA is another non-invasive option that utilizes magnetic fields and radio waves. It is particularly useful for patients with contraindications to iodinated contrast. However, its image resolution and reliability for evaluating small or distal vessels are inferior to DSA, particularly in complex cerebrovascular pathologies.

Carotid duplex ultrasound is useful for evaluating extracranial carotid stenosis using a combination of B-mode and Doppler imaging. Although it is non-invasive and cost-effective, it is

limited in scope, cannot assess intracranial vessels, and lacks the spatial resolution needed for definitive diagnosis in complex vascular cases.

**Question 3. (Single Select)**

A 65-year-old female is brought to the emergency department by her son due to sudden onset of slurred speech and right-sided weakness that began 45 minutes ago. Her blood glucose level is 42 mg/dL.

What is the most appropriate next step in the initial triage of this patient?

A: Notify neurology for immediate bedside evaluation
B: Correct the hypoglycemia and reassess neurological status
C: Start oxygen via nasal cannula and insert two large-bore IVs
D: Initiate a stroke alert and proceed to head CT

**Correct Answer: B**

**Explanation:**

Hypoglycemia is a well-known stroke mimic. In this case, glucose correction is a priority and may fully reverse symptoms, confirming they are metabolic rather than neurologic in origin. This reassessment helps prevent unnecessary treatments such as thrombolytics, which carry risks if used inappropriately.

While initiating a stroke alert and proceeding to head CT is standard for stroke triage, in the presence of severe hypoglycemia, the priority is correcting glucose first. If symptoms persist after normalization, then a stroke alert would be appropriate.

Starting oxygen via nasal cannula and inserting two large-bore IVs are supportive measures but are not the most immediate priority in this specific context. There’s no indication that the patient is hypoxic or needs fluid resuscitation.

Neurology involvement is important, but the acute correction of a reversible cause (hypoglycemia) is a more time-sensitive and practical first step.

## Question 4. (Single Select)

A 60-year-old male patient with a history of hypertension and hyperlipidemia presents with an acute ischemic stroke. After initial stabilization, the physician orders atorvastatin 80 mg daily. The patient questions the need for this medication, stating his cholesterol levels were previously normal.

How should the nurse respond?

A: "You should ask your primary doctor if it's still necessary at discharge."
B: "This medication helps reduce the risk of another stroke by stabilizing plaque in your arteries."
C: "Since your cholesterol levels are normal, this medication may not be necessary right now."
D: "This is for long-term management of cholesterol to prevent heart attacks."

**Correct Answer: B**

**Explanation:**

High-intensity statin therapy, such as atorvastatin 80 mg, is recommended for secondary prevention of stroke regardless of initial lipid levels. These medications not only lower cholesterol but also stabilize atherosclerotic plaques, reduce vascular inflammation, and improve endothelial function, thereby decreasing the risk of recurrent events.

Telling the patient to wait until follow-up to determine the need for the medication delays crucial secondary prevention. Suggesting it’s unnecessary due to normal labs fails to reflect current evidence-based guidelines for post-stroke care. Assuming it is only for cholesterol is incorrect; its role in stroke recovery is well established.

## Question 5. (Single Select)

A 41-year-old female presents with sudden-onset right-sided numbness and weakness, accompanied by expressive aphasi

a. She reports a history of similar episodes over the past year, each resolving within hours. She also notes experiencing severe headaches with visual disturbances, such as flashing lights,

preceding these episodes. Neurological examination reveals mild right-sided weakness and difficulty finding words. Non-contrast head computed tomography (CT) is unremarkable.

What is the most appropriate next step in management?

A: Refer for electroencephalography (EEG)
B: Administer thrombolytic therapy
C: Schedule carotid Doppler ultrasonography
D: Initiate migraine prophylactic therapy and provide patient education

**Correct Answer: D**

**Explanation:**

The patient's recurrent episodes of unilateral numbness, weakness, expressive aphasia, and visual disturbances preceding severe headaches are indicative of hemiplegic migraine, a subtype of migraine with aura that can mimic a stroke. Given the frequency and severity of her episodes, initiating prophylactic therapy to reduce the frequency and severity of attacks is appropriate. Patient education regarding migraine triggers and symptom management is also essential.

Administering thrombolytic therapy is contraindicated without evidence of acute ischemic stroke, especially given the patient's history of similar transient episodes and unremarkable imaging.

Scheduling carotid Doppler ultrasonography may be considered if there is suspicion of carotid artery disease, but the patient's symptoms are more consistent with hemiplegic migraine.

A referral for electroencephalography (EEG) could be useful if seizures are suspected, but the clinical presentation aligns more closely with hemiplegic migraine.

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