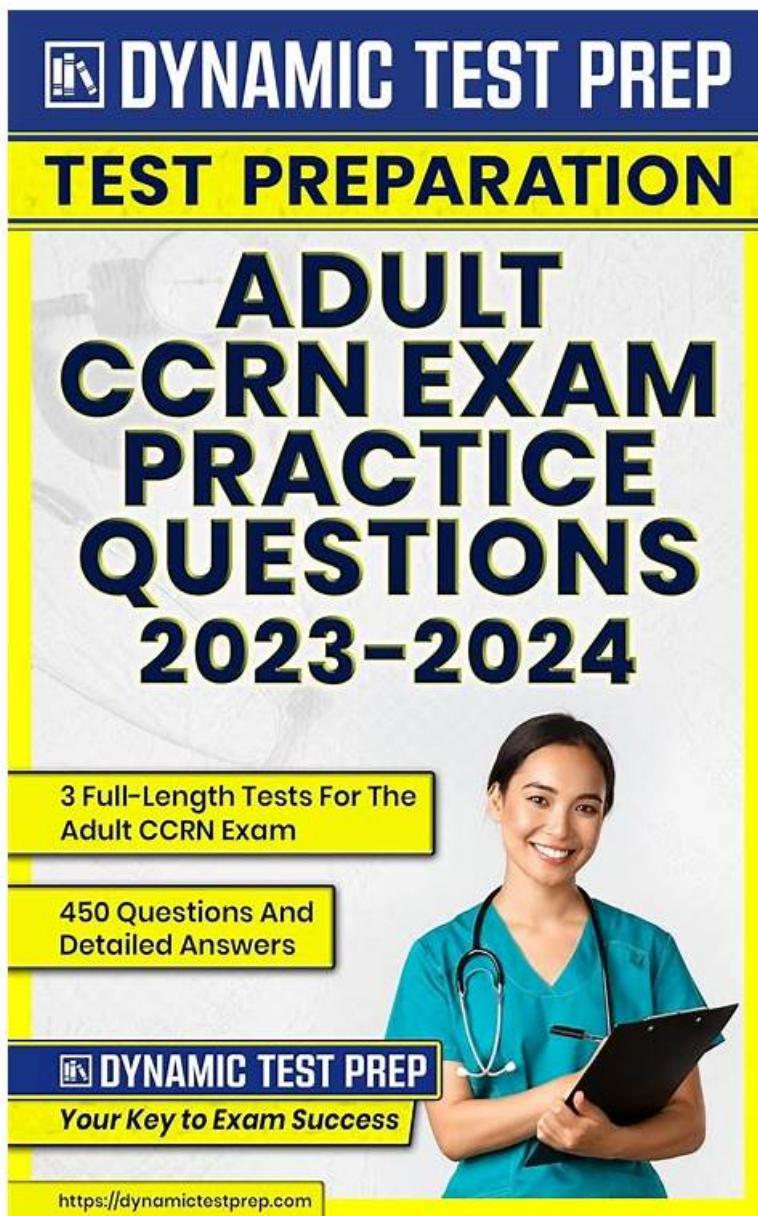


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### AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q741-Q746):

#### NEW QUESTION # 741

The usual number of ribs visible on a chest x-ray without a depressed diaphragm is:

- A. 6 to 7
- **B. 9 to 10**
- C. 11 to 12
- D. 7 to 8

#### Answer: B

Explanation:

Depression or flattening of the diaphragm can occur when 11 or 12 ribs show on a chest x-ray due to COPD or severe hyperinflation due to asthma. The usual number of ribs visible without a depressed diaphragm is nine to ten.

#### NEW QUESTION # 742

A patient with a sodium level of 114 mEq/L is most likely to develop

- A. tetany.
- B. cardiac arrhythmias.
- **C. seizures.**
- D. flaccid paralysis.

#### Answer: C

Explanation:

Hyponatremia

A pink squares with black text Description automatically generated

A patient with a sodium level of 114 mEq/L is most likely to develop seizures, which are a manifestation of severe hyponatremia and cerebral edema. Hyponatremia is a low level of sodium in the blood, which can cause water to move into the brain cells and cause them to swell. This can lead to increased intracranial pressure, neurological dysfunction, and seizures. Seizures are a medical emergency and require prompt treatment to prevent brain damage or death. Tetany, flaccid paralysis, and cardiac arrhythmias are not typical signs of hyponatremia, but may occur in other electrolyte disorders, such as hypocalcemia, hyperkalemia, or hypokalemia.

References:

\* Overview of the treatment of hyponatremia in adults - UpToDate1, p. 1-2.

\* Manifestations of hyponatremia and hypernatremia in adults - UpToDate2, p. 1-2.

#### NEW QUESTION # 743

In disseminated intravascular coagulation (DIC), activation of fibrinolysis releases which of the following coagulation factors?

- A. Platelets
- B. D-dimer
- C. Fibrin
- **D. Plasmin**

#### Answer: D

**Explanation:**

Fibrinolysis is the natural process that breaks down clots from fibrin (a protein formed from fibrinogen during the clotting of blood). It is the result of the production of plasmin, a coagulation factor and enzyme that breaks down some of the fibrin in a physiologic attempt to open the microcirculation. This produces fibrin degradation products, including D-dimer.

D-dimer levels are elevated in thrombotic disorders such as deep vein thrombosis (DVT) and pulmonary emboli. Platelets play a role in the initiation of blood coagulation at the site of damaged blood vessel walls.

Fibrinogen is a soluble protein in the plasma that is broken down to fibrin by the enzyme thrombin, to form clots. The fibrinogen level is tested during evaluation for bleeding disorders. Plasma levels of fibrinogen may be increased during an inflammatory response, acute infection, or pregnancy. Decreased levels are present with liver disease and DIC.

**NEW QUESTION # 744**

Treatment goals of the patient with severe sepsis include which of the following?

- A. Maintain PaO<sub>2</sub> between 40 and 50 mmHg
- **B. Decrease oxygen demand**
- C. Minimize cardiac output
- D. Maintain SaO<sub>2</sub> between 70% to 80%

**Answer: B**

**Explanation:**

In the management of a patient with severe sepsis, the critical care nurse should aim to decrease oxygen demand, maximize oxygen delivery, maximize cardiac output, and maintain sufficient hemoglobin (seven to nine grams of hemoglobin and 21% to 27% hematocrit).

1) Decrease oxygen demand

\* Reduce tachycardia and tachypnea

\* Reduce hyperthermia

\* Alleviate pain

\* Prevent shivering

2) Maximize oxygen delivery: the components of oxygen delivery include Cardiac Output (CO), oxygen saturation, hemoglobin, and partial pressure of oxygen. Oxygen demands are generally significantly increased in sepsis, so the goal is to decrease oxygen demand (supplemental oxygen if needed to help maintain the balance between oxygen supply and demand) by meeting the following parameters:

\* Oxygen saturation (SaO<sub>2</sub> > 90%)

\* Partial pressure of oxygen (PaO<sub>2</sub> > 60 mmHg)

3) Maximize Cardiac Output (CO): The patient with sepsis increases their CO as a compensatory response to meet increased cellular oxygen demands. Goals of maximizing CO include maintaining the following parameters:

\* CVP 8-12 mmHg

\* MAP > 65 mmHg

\* Urine output > 0.5 ml/kg/hr

\* ScvO<sub>2</sub> 70%

\* SvO<sub>2</sub> 65%

**NEW QUESTION # 745**

A terminally ill patient expresses that they are planning to end their life. As an ICU nurse, what is the MOST appropriate initial response?

- A. Schedule a consultation with a psychiatrist
- B. Advise the patient that it's a permanent solution to a temporary problem
- **C. Initiate continuous 1:1 observation**
- D. Express personal beliefs about euthanasia to the patient

**Answer: C**

**Explanation:**

Suicidal ideation will require that continuous 1:1 observation is initiated. Advising the patient that it's a permanent solution to a temporary problem will minimize the patient's feelings, is dismissive of the issue, and fails to maintain patient safety. Expressing personal beliefs about euthanasia to the patient is inappropriate as personal beliefs should be kept separate from professional practice. Scheduling a consultation with a psychiatrist is appropriate, but does not provide for the patient's immediate safety.

## NEW QUESTION # 746

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