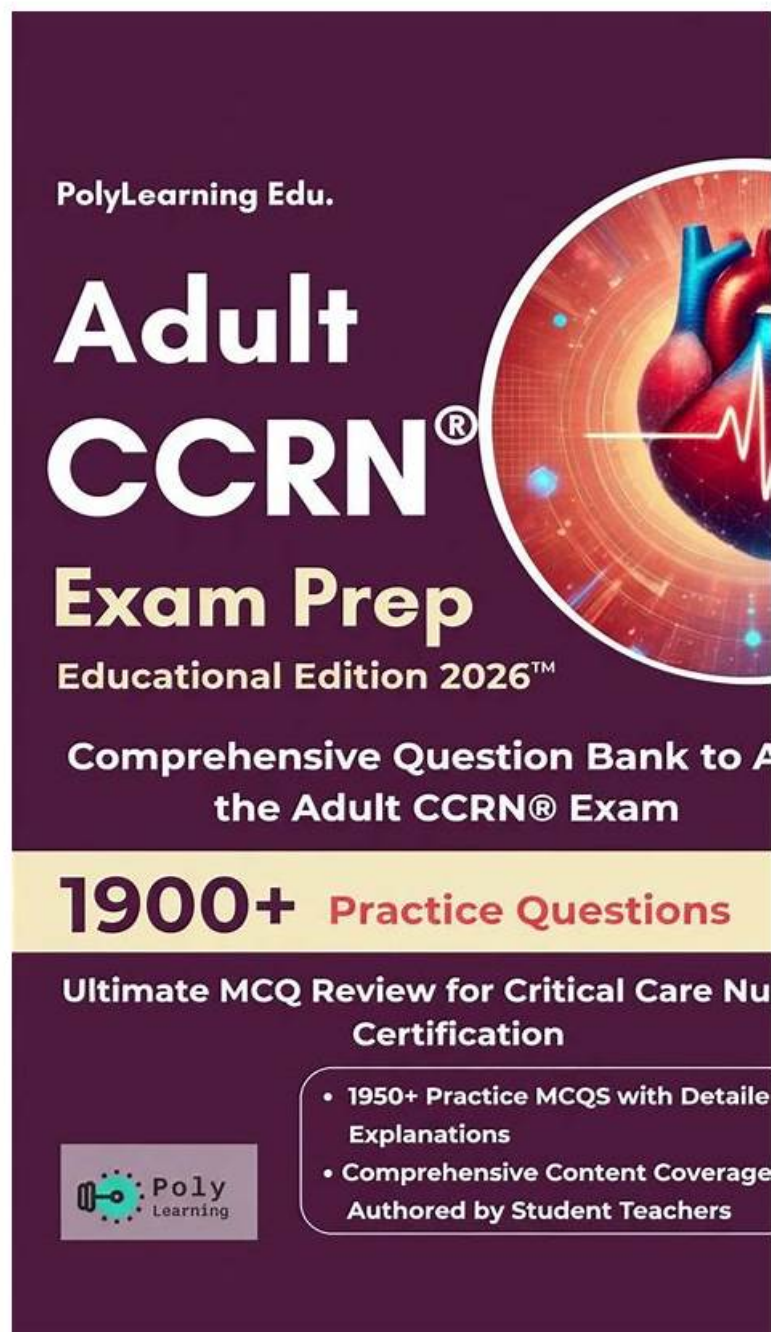


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 2	<ul style="list-style-type: none"> • PROFESSIONAL CARING & ETHICAL PRACTICE: This section assesses the skills of Clinical Nurse Leaders in professional caring and ethical practice. It covers advocacy and moral agency, highlighting the importance of representing patients' interests in healthcare decisions. The section also addresses caring practices that promote patient-centered care and response to diversity, ensuring that care is tailored to individual needs.
Topic 4	<ul style="list-style-type: none"> • Facilitation of learning is emphasized, indicating the role of nurses in educating patients and families about health management. Collaboration is another key component, focusing on teamwork within healthcare settings to improve patient outcomes. Systems thinking is included to encourage understanding of how different components of healthcare interact. Finally, clinical inquiry is highlighted as a means to foster evidence-based practice and continuous improvement in patient care.
Topic 6	<ul style="list-style-type: none"> • The endocrine, hematology, gastrointestinal, renal, and integumentary domains are also covered, focusing on conditions like diabetes mellitus, acute kidney injury, and infections. This section highlights the need for nurses to manage complex patient scenarios involving multiple systems effectively.

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q810-Q815):

NEW QUESTION # 810

The nurse and physician have differing opinions about the best plan of care for a patient, even after trying to reach a consensus. What is the BEST way for the nurse to handle this situation?

- A. The nurse should discuss the situation with the physician's supervisor
- **B. The nurse should continue trying to reach a consensus**
- C. The nurse should insist on their own plan of care
- D. The nurse should defer to the physician's opinion

Answer: B

Explanation:

Reaching a consensus on patient care is always ideal. The nurse should not simply defer to the physician's opinion or insist on their own plan of care without trying to reach a consensus. If a consensus can absolutely not be achieved, the nurse should discuss the situation with their supervisor, not the physician's supervisor.

NEW QUESTION # 811

Which of the following terms is characterized by blood pressure that rises quickly and severely, relative to the patient's baseline BP, and causes risk of organ damage if NOT treated immediately?

- A. Accelerated hypertension
- **B. Hypertensive crisis**
- C. Pulmonary hypertension
- D. Malignant hypertension

Answer: B

Explanation:

A hypertensive crisis is characterized by markedly increased BP with potentially life-threatening symptoms and signs indicative of acute impairment of one or more organ systems (especially the central nervous system, cardiovascular system or the kidneys). Typically, the systolic blood pressure is at least over 180 mmHg or the diastolic is over 110-120 mmHg. It can result in irreversible organ damage. In a hypertensive crisis, the patient's blood pressure should be slowly lowered over a period of minutes to hours with an antihypertensive agent.

Accelerated hypertension is a precursor to malignant hypertension and is characterized by an increase in the patient's baseline BP. Myocardial hypertrophy is often visualized on chest x-ray in the patient with hypertensive crisis.

NEW QUESTION # 812

What test is considered the "gold standard" for diagnosing Peripheral Arterial Disease (PAD)?

- A. Angioplasty
- B. Computed Tomography (CT)
- C. Ankle-Brachial Index (ABI)
- **D. Arteriogram**

Answer: D

Explanation:

Arteriography is a minimally invasive test in which an arteriogram or "road map" of the arteries is made.

It provides details of the location and extent of arterial occlusion and is used to plan or guide treatments such as surgery, angioplasty, or stent placement. It is considered the gold standard for diagnosing PAD and offers the opportunity to both confirm the diagnosis and intervene to correct the pathology at the same time.

The Ankle-Brachial Index (ABI) is the ratio of the blood pressure at the ankle to the blood pressure in the upper arm (brachium). Compared to the arm, lower blood pressure in the leg is an indication of impending limb ischemia and possible blocked arteries due to PAD. Angioplasty is not a diagnostic test but rather an intervention once PAD is confirmed. Computed Tomography (CT) is not necessary as arteriography is the gold standard.

NEW QUESTION # 813

The critical care nurse is assuming care for a patient who underwent a thoracotomy one day ago. The nurse anticipates the plan of care for this patient will involve all of the following EXCEPT:

- A. frequent side-to-side positioning and sitting upright
- B. use of incentive spirometry
- C. pain control
- **D. chest tube removal**

Answer: D

Explanation:

The thoracotomy incision is one of the most painful surgical incisions and pain control is an important factor in recovery and prevention of respiratory complications. In addition, frequent side-to-side repositioning in bed is essential to prevent atelectasis and other complications, deep breathing exercises and use of incentive spirometry are encouraged regularly, and early ambulation and sitting at the bedside are important to improve diaphragmatic excursion.

Chest tubes generally stay in place until lung expansion is restored, fluid or air removal has been accomplished, and the underlying lung abnormality has been resolved or corrected.

NEW QUESTION # 814

Within 3 hours of recognizing symptoms of severe sepsis, all the following interventions should be implemented EXCEPT:

- A. Measuring lactate levels
- B. Administering crystalloid fluids
- C. Obtaining blood cultures
- **D. Initiating vasopressor therapy**

Answer: D

Vasopressor therapy should be initiated within 6 hours of initial symptoms of septic shock for hypotension that persists in patients who are no longer responsive to initial fluid resuscitation (if MAP is not > 65 mmHg with initial fluids). Intravenous norepinephrine is the vasopressor of choice for sepsis and septic shock, according to the 2016 SSC guidelines.

The other answer choices should be initiated within the first 3 hours, in addition to administering broad-spectrum antibiotic therapy (within the first 1 hour of symptom recognition). It is important to note that blood cultures should be obtained prior to antibiotic administration.

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