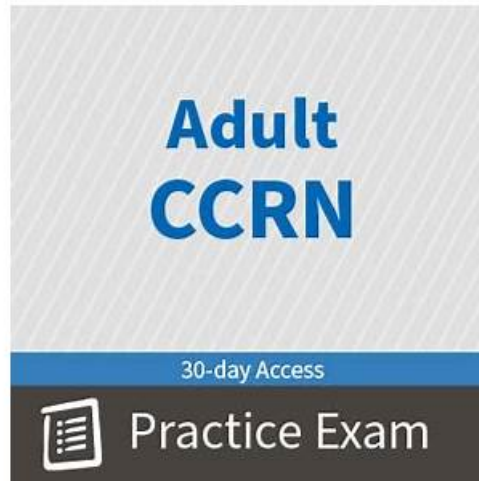


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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q22-Q27):

NEW QUESTION # 22

emergency department with complaints of abdominal cramping, nausea, and diarrhea. She has a history of renal failure and diabetes mellitus. The nurse establishes an IV line and draws the patient's blood for lab studies. The patient's serum potassium level is 6.3 mEq/L and hyperkalemia is diagnosed.

Pharmacologic management of the patient's hyperkalemia should include all of the following EXCEPT:

- A. administer 50% glucose and regular insulin
- **B. administer lactulose enemas**
- C. administer Kayexalate (sodium polystyrene sulfonate)
- D. administer sodium bicarbonate

Answer: B

Explanation:

Hyperkalemia is considered the most life-threatening of all the potential electrolyte imbalances because of potassium's profound impact on the electrophysiology of the heart; it is also the most common reason for initiation of dialysis in the Acute Renal Failure (ARF) patient. Cardiac monitoring should always be initiated in patients with hyperkalemia, as it assists in recognizing cardiac manifestations of altered potassium levels.

Pharmacologic treatment of hyperkalemia includes administering:

* Kayexalate: Used to increase K⁺ (potassium) excretion from the body. It is administered by mouth or by enema with sorbitol (to prevent colonic necrosis and other severe gastrointestinal side effects).

Kayexalate pulls fluid into the bowels where it causes an exchange between Na⁺ (sodium) and K⁺ ions.

The K⁺ is then eliminated through feces.

* Sodium bicarbonate: Causes the movement of K⁺ temporarily into the cell, encouraging the exchange of hydrogen ion inside the cells with the excess K⁺ ion outside the cell

* Insulin: Activates the Na & K pump and drives potassium into the cells (protecting the heart from the effect of the elevated serum (extracellular) K⁺)

* Glucose: Drives potassium into the cells

* Calcium salts: Stimulates cardiac contractility

Lactulose is used to treat hepatic failure and should not be used in the treatment of hyperkalemia.

NEW QUESTION # 23

A patient who is admitted to the intensive care unit (ICU) has a medical history of underlying depression for 3 years that has been well managed. Throughout her hospitalization, she begins to experience more profound symptoms of depression. Her husband asks the ICU nurse why his wife's depression is getting worse, as it had been well managed prior to her being in the hospital.

Which of the following responses by the nurse is BEST?

- A. This worsening depression is not likely due to her hospitalization and will require separate treatment.
- **B. Her worsening depression is likely to be temporary, but we will continue to monitor it and intervene if necessary.**
- C. Critical illness often causes chronic worsening of depression. We will schedule a consultation with a psychiatrist.
- D. This worsening depression is due to the medications she is on and will stop when she stops those medications.

Answer: B

Explanation:

Depression occurring with a medical illness affects the long-term recovery outcomes by lengthening the course of the illness and increasing morbidity and mortality. Many patients arrive in the ICU with a history of treatment for depression that can be exacerbated by the critical illness crisis. It is important that the healthcare providers maintain the patient's psychiatric medication regimen if at all possible, in order to avoid worsening of the patient's psychological status.

Educating the patient and family about the temporary nature of most depressions during critical illness assists in providing reassurance that this is not an unusual phenomenon. The depressive symptoms generally resolve as the patient's condition improves. This exacerbation is unlikely to be chronic; a psychiatric consultation would only be warranted if pharmacologic intervention needs to be changed from the patient's original medication regimen, or if the patient is suicidal.

NEW QUESTION # 24

A critical care nurse's colleague asks them why they administer intramuscular (IM) injections the way they do, pointing out that the technique is outdated. Which of the following considerations should primarily guide the critical care nurse's response?

- A. The nurse's colleague is exhibiting clinical judgment

- B. The nurse's colleague is exhibiting clinical inquiry
- C. The nurse's colleague is being unprofessional
- D. The nurse is independently licensed, making their practice their own responsibility

Answer: B

Explanation:

Clinical inquiry refers to the ongoing process of questioning and evaluating practice and providing informed practice. A nurse questioning the potentially outdated clinical practice of another nurse exhibits clinical inquiry, and promotes the improvement of the other nurse's practice.

Clinical judgment refers to the competency of having a sound rationale for clinical decisions and making good clinical decisions. The nurse getting feedback should understand that the other nurse is trying to help them improve their care. This does not mean that the other nurse is being unprofessional or nosey.

While nurses are independently licensed, making their practice their own responsibility, they should be open to feedback. They should also put the consideration that another nurse is exhibiting clinical inquiry ahead of the fact that they are ultimately responsible for their own clinical practice.

NEW QUESTION # 25

All of the following independent nursing actions can be performed to help decrease Intracranial Pressure (ICP) except:

- A. Elevate head of bed 30 degrees
- B. Keep patient's head in the midline position
- C. Apply cervical collar
- D. Suction to ensure adequate oxygenation

Answer: D

Explanation:

Because the venous system of the brain is valveless, increased intrathoracic or intra-abdominal pressure reduces venous return and increases ICP. The nurse optimizes jugular venous return by keeping the patient's head in the midline position, elevating the head of bed 30 to 45 degrees, and ensuring that the cervical collar is applied correctly. In addition, hip flexion is minimized, and a bowel regimen is used to avoid constipation.

Stimulation (such as suctioning) is minimized, as this may increase ICP, and is performed only as clinically indicated (due to the importance of oxygenation for cerebral perfusion).

NEW QUESTION # 26

Patients in end-stage cardiomyopathy often exhibit which of the following symptoms of right-sided heart failure?

- A. pulmonary edema and restlessness
- B. hypotension and oliguria
- C. hypertension and polyuria
- D. JVD and hepatomegaly

Answer: D

Explanation:

JVD stands for jugular venous distension, which is a sign of increased pressure in the right atrium and the superior vena cava.

Hepatomegaly means enlargement of the liver, which can occur due to congestion of blood in the portal vein and the hepatic vein.

Both JVD and hepatomegaly are common symptoms of right-sided heart failure, as they indicate fluid retention and backup in the systemic circulation¹². Hypotension and oliguria are not specific to right-sided heart failure, as they can also occur in left-sided heart failure or other conditions that affect the cardiac output and renal perfusion. Hypertension and polyuria are unlikely to be seen in right-sided heart failure, as they indicate increased blood pressure and urine output, which are opposite to the effects of reduced cardiac function and fluid overload. Pulmonary edema and restlessness are more characteristic of left-sided heart failure, as they indicate fluid accumulation and impaired gas exchange in the lungs¹².

NEW QUESTION # 27

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