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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q250-Q255):

NEW QUESTION # 250

The critical care nurse understands that a patient is at risk of developing Post-Intensive Care Syndrome (PICS) after a lengthy stay in the intensive care unit (ICU).

Which of the following interventions will be the LEAST helpful in preventing this condition from occurring?

- A. Encouraging the patient to keep a diary while in the ICU
- B. Ensuring pain is treated promptly
- C. Ensuring the patient's glasses are available
- D. Ensuring the patient is appropriately sedated

Answer: D

Explanation:

Healthcare providers are becoming increasingly aware that time spent in the ICU can cause long-term physical, mental, and cognitive changes, impacting patients and families for years following the illness.

This PICS can result in survivors and their family members exhibiting signs of posttraumatic stress disorder (PTSD).

Basic interventions can be done to prevent and treat PICS, maintaining psychological integrity during and after a critical illness. These include:

- * keeping stressors at a minimum
- * encouraging family participation in care
- * promoting a proper sleep-wake cycle
- * encouraging communication and questions, with honest and positive feedback
- * empowering the patient to participate in decisions as appropriate
- * providing education about unit expectations and rules, procedures, medications, and the patient's physical condition
- * ensuring pain relief and comfort
- * providing continuity of care providers

In addition, use of diaries in the ICU can be helpful after discharge in providing context for patients surrounding their experiences when their memories may be minimal or confusing. It is also important to have the patient's usual sensory and physical aids available (such as glasses,) as they may help to prevent confusion.

While keeping the patient adequately sedated is important, it will likely increase confusion, thus increasing the risk of PICS.

NEW QUESTION # 251

Which of the following is the MOST LIKELY early symptom to occur with an aortic aneurysm?

- A. Early symptoms are not likely to occur with aortic aneurysms
- B. Tachycardia
- C. Dyspnea
- D. Tearing pain in the chest, back, or abdomen

Answer: A

Explanation:

Aortic aneurysms are normally asymptomatic in their early stages. Pain only occurs as an expanding aneurysm begins to create pressure on the internal tissues and nerves. Tachycardia and dyspnea are both late signs that occur when the aneurysm places pressure on blood vessels, airways, or begins to dissect or rupture.

NEW QUESTION # 252

All of the following factors increase the risk for the development of Ventilator-Associated Pneumonia (VAP) in the critically ill patient EXCEPT:

- A. use of medications that neutralize acidic gastric contents such as antacids, H2 blockers, and proton-pump inhibitors
- B. use of chlorhexidine gluconate when performing oral care
- C. tube feedings
- D. aspiration of increased gastric secretions in the presence of endotracheal tubes

Answer: B

Explanation:

Using an oral chlorhexidine gluconate rinse when performing oral care on a critically ill, ventilated patient decreases the risk of developing VAP.

Use of medications that neutralize acidic gastric contents and tube feedings allow increased growth of gram-negative bacteria in gastric contents, thus increasing the risk of developing VAP. In addition, aspirating gastric secretions can greatly increase the risk of VAP development, even in the presence of an ET tube.

NEW QUESTION # 253

A nurse is caring for a Native American patient who requests the presence of a spiritual healer for a traditional healing ceremony in the hospital. What is the nurse's BEST response?

- A. The nurse should inquire further about what the healing ceremony involves
- B. The nurse should accommodate the request
- C. The nurse should arrange to have the hospital chaplain perform the traditional healing ceremony
- D. The nurse should explain that modern medicine is based in science, while a traditional healing ceremony is primarily based in superstition

Answer: A

Explanation:

The healing ceremony should be accommodated if possible; however, the nurse must first ensure that it will not interfere with the patient's care. The nurse should not pass judgment on the patient's desire to include tradition-based healing methods into their care. The patient's spiritual healer, not the hospital chaplain, should be permitted to perform the ceremony if it can be accommodated.

NEW QUESTION # 254

The Glasgow Coma Scale (GCS) is a tool to measure neurologic status and level of consciousness (LOC) in a critically ill patient. Response is determined in three overall categories. Which of the following is NOT one of these categories when assessing a patient utilizing this scale?

- A. Pain stimuli response
- B. Verbal response
- C. Eye opening
- D. Motor response

Answer: A

Explanation:

The GCS is often used to monitor neurologic status in critically ill patients, because it provides a standardized approach to assessing and documenting LOC. Response is determined in three categories:

eye opening, motor response, and verbal response.

GCS scores range from 3 to 15, with 15 indicating a patient that is alert, fully oriented, and following commands. As the GCS score decreases, the probability of a poor outcome increases.

Behavior Score

Eye Opening (E)

Spontaneous 4

To verbal stimuli 3

To pain 2

None 1

Motor Response (M)

Obey commands 6

Localizes pain 5

Withdraws to pain 4

Abnormal flexion 3

Extensor response 2

None 1

Verbal Response (V)

Oriented 5

Confused 4

Inappropriate words 3

Incomprehensible sounds 2

None 1

*Coma score = Eye + Motor + Verbal

If a patient does not follow any of the above commands, the next step is to assess the response to pain stimuli in all four extremities.

NEW QUESTION # 255

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