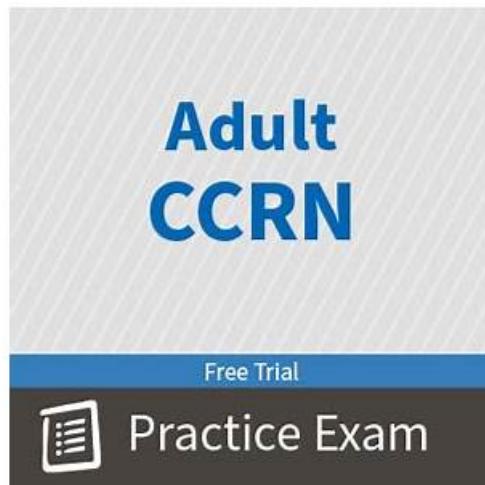


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## AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details

Topic 1	<ul style="list-style-type: none"> <li>PROFESSIONAL CARING &amp; 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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>In musculoskeletal, neurological, and psychosocial areas, the syllabus includes managing trauma, neurological disorders, and behavioral health issues. This emphasizes the holistic approach required in critical care settings. Lastly, multisystem complications such as sepsis and shock states are included to assess the ability to manage life-threatening conditions that affect multiple organ systems.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>CLINICAL JUDGMENT: This section measures the skills of Critical Care Nurses and covers a wide range of medical conditions across various systems. It includes cardiovascular issues such as acute coronary syndrome, heart failure, and cardiomyopathies, demonstrating the need for in-depth knowledge in managing these critical conditions. The section also addresses respiratory emergencies like pulmonary embolism and ARDS, emphasizing the importance of understanding respiratory failure and chronic conditions.</li> </ul>
Topic 6	<ul style="list-style-type: none"> <li>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.</li> </ul>

## AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q126-Q131):

### NEW QUESTION # 126

Which of the following is NOT a symptom of an Addisonian crisis?

- A. Hypoglycemia
- B. Hypertension**
- C. Hyponatremia
- D. Hyperkalemia

**Answer: B**

Explanation:

An Addisonian crisis occurs when the adrenal glands stop producing cortisol and is a medical emergency that can be fatal. Signs of an Addisonian crisis are related to the lack of cortisol and include hypotension, hyperkalemia, hyponatremia, and hypoglycemia.

### NEW QUESTION # 127

A patient presents with fever and chills, is diaphoretic, and reports experiencing abdominal and intermittent left shoulder pain for the past week. An ultrasound shows an enlarged spleen. Vital signs are:

BP 106/59

HR 118

RR 23

T101.2° F (38.4° C)

When reviewing the lab report, which of the following findings is most significant to this presentation?

- A. Hct 39%
- B. PLT 150,000/mm<sup>3</sup>
- C. positive blood cultures**

- D. WBC less than 500/mm<sup>3</sup>

**Answer: C**

Explanation:

Splenomegaly

An x-ray of a person's body Description automatically generated

The patient's presentation is suggestive of splenic abscess, which is a rare but serious complication of splenomegaly. Splenic abscess is caused by bacterial or fungal infection of the spleen, usually from hematogenous spread or contiguous spread from adjacent organs. The most common symptoms are fever, chills, abdominal pain, and left shoulder pain (Kehr sign). The most significant laboratory finding is positive blood cultures, which indicate systemic infection and sepsis. Other laboratory findings may include leukocytosis, anemia, thrombocytopenia, elevated inflammatory markers, and abnormal liver function tests.

However, these are nonspecific and may vary depending on the underlying cause of splenomegaly and the type of microorganism involved.

References:

\* Splenic Abscess - Infectious Disease Advisor

\* Cross-sectional imaging findings of splenic infections: is ... - Springer

**NEW QUESTION # 128**

Which of the following is LEAST effective in helping to reduce the risk of aspiration in patients who are receiving enteral feedings?

- A. Checking gastric residual volumes at least once every four hours
- B. Verifying the placement of the feeding tube every four hours
- C. Avoiding bolus feedings
- D. Ensure the head of the patient's bed is elevated to at least a 30° angle

**Answer: A**

Explanation:

While checking Gastric Residual Volumes (GVRs) is routine in many clinical institutions, there is no evidence supporting the assumption that checking GVRs or adjusting tube feedings based on GVRs reduces the risk of aspiration. Verifying the correct placement of tube feedings, avoiding bolus feedings, and ensuring the patient's HOB (Head of Bed) is elevated to at least 30° all have been shown to reduce the risk of aspiration.

**NEW QUESTION # 129**

Which of the following patients would be at HIGHEST risk of developing diabetes insipidus (DI)?

- A. A 49-year-old male with a history of smoking and chronic narcotic use for back pain
- B. A 52-year-old male with prolonged use of positive pressure ventilation secondary to a pulmonary disorder
- C. An 84-year-old male with a gastrointestinal malignancy
- D. A 61-year-old male with bipolar disorder on chronic lithium therapy

**Answer: D**

Explanation:

DI results from a group of disorders in which there is an absolute or relative deficiency of ADH (called central DI) or an insensitivity to its effects on the kidney tubules (called nephrogenic DI).

There are many causes that can contribute to the development of DI. Central DI (also called neurogenic DI) results from damage to the hypothalamic/pituitary system, while an absolute deficiency of antidiuretic hormone (ADH) results in an impaired ability to concentrate urine, polyuria, and a risk for dehydration.

Medication-induced etiologies of DI include chronic use of lithium. This is a type of nephrogenic DI, or ADH insensitivity.

Nicotine, narcotic use (opioids), GI malignancies, and prolonged use of positive pressure ventilation (PPV) can predispose the patient to the development of SIADH (The syndrome of inappropriate antidiuretic hormone), not DI.

**NEW QUESTION # 130**

Which of the following is TRUE about how all forms of cardiomyopathy affect cardiac output (CO)?

- A. Stroke volume is increased
- B. Heart rate is decreased
- **C. Stroke volume is decreased**
- D. Heart rate is increased

**Answer: C**

Explanation:

All cardiomyopathies involve decreased stroke volume, a decrease in the amount of blood put out by the heart during systole. Heart rate may increase to compensate for decreased stroke volume, but this is to maintain CO, not affect cardiac output.

## NEW QUESTION # 131

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