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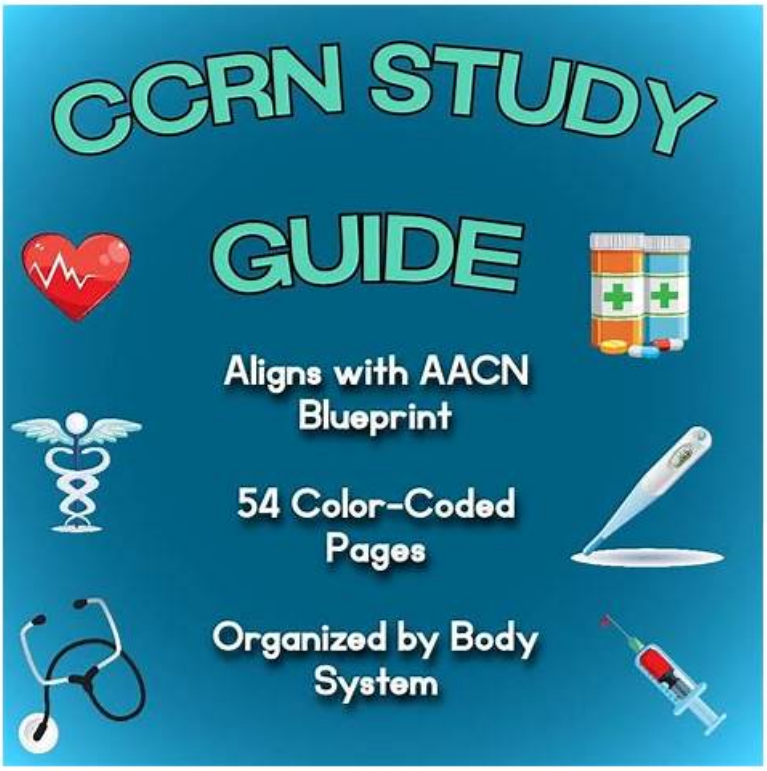

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q521-Q526):

NEW QUESTION # 521
All of the following statements are accurate about determining decision-making capacity in a patient EXCEPT:

- A. capacity is based on the ability to concur with healthcare providers and/or family members
- B. cultural, religious, or ethical differences should not be misinterpreted as evidence of incapacity
- C. decision-making capacity is based on the patient's physical and mental health and consistency in addressing issues
- D. elements necessary for a patient to meet the functional standard of determining capacity include comprehension, communication, and preference expression

Answer: A

Explanation:
Determining the capacity of a patient to consent focuses on the patient's abilities as a decision maker rather than on the patient's condition or projected outcome of the decision. Patients must be able to comprehend, communicate, and form and express a preference. Capacity is not based on the ability to concur with healthcare providers and/or family members. Patient differences such as cultural, religious, or ethical should not be misinterpreted as evidence of incapacity. Decision-making capacity is based on the patient's physical and mental health and consistency in addressing issues.

NEW QUESTION # 522
Which of the following interventions are appropriate for the newly diagnosed patient with prerenal oliguria?

- A. Restrict fluids and give Kayexalate as ordered
- B. Administer fluids and prepare the patient for X-ray
- C. Administer a fluid challenge and give diuretics
- D. Restrict fluids and prepare for dialysis

Answer: C

Explanation:
In prerenal failure, more Na+ and water are reabsorbed by the kidneys, resulting in oliguria. Most forms of prerenal failure are easily reversed by treating the cause and increasing renal perfusion. Maintaining fluid balance in the renal failure patient is a challenge. In prerenal disease, fluid replacement must be matched with fluid loss, both in amount and composition. Normal saline volume loading of the patient at risk for renal dysfunction is a widely accepted practice (administering a fluid challenge). Volume expansion is beneficial as well in preventing a volume-depleted patient from progressing from prerenal to intrarenal failure. Diuretics should be administered as well to avoid fluid overload.

NEW QUESTION # 523
Which of the following medications does NOT need to be discontinued by a patient who has recently been diagnosed with pulmonary fibrosis?

- A. Amiodarone
- B. Bleomycin
- C. Nitrofurantoin
- D. Prednisone

Answer: D

Explanation:
Medications that can cause lung toxicity should be discontinued and avoided by patients who have pulmonary fibrosis due to the risk that they will increase the development of scar tissue within the lungs. These medications include nitrofurantoin, amiodarone, and bleomycin. Prednisone is a corticosteroid and is used to treat pulmonary fibrosis.

NEW QUESTION # 524
Thyroid hormone secretion is regulated by hormones from which of the following glands?

- A. Anterior pituitary, hypothalamus
- B. Posterior pituitary, parathyroid
- C. Posterior pituitary, adrenal

- D. Anterior pituitary, thalamus

Answer: A

Explanation:
Thyroid-Releasing Hormone (TRH) from the hypothalamus stimulates TSH (Thyroid Stimulating Hormone) from the anterior pituitary, which stimulates thyroid hormone release and secretion. The parathyroid gland produces parathyroid hormone, not thyroid hormones. The posterior pituitary gland and adrenal glands do not regulate thyroid hormone secretion.

NEW QUESTION # 525
A patient with type 2 diabetes mellitus (T2DM) has been admitted to the intensive care unit with sepsis, and is receiving an insulin infusion instead of the metformin that they usually take, to ensure better glucose control while hospitalized.
According to the American Diabetes Association (ADA) and the American Association of Clinical Endocrinologists (AACE), what is the blood glucose target range for this patient?

- A. 150 to 170 mg/dL
- B. 100 to 180 mg/dL
- C. 140 to 180 mg/dL
- D. 110 to 120 mg/dL

Answer: C

Explanation:
A patient who is on an oral hypoglycemic at home will often be placed on an insulin infusion during hospitalization for better control and management of blood glucose levels. The current recommendations support moderate control, rather than tight glucose control, for improved morbidity and mortality in the postsurgical cardiovascular patient population.
The ADA and the AACE jointly recommend a glucose target between 140 and 180 mg/dL in the critical care setting.
The Society of Critical Care Medicine (SCCM) recommends a more conservative blood glucose target of
150 to 180 mg/dL for critically ill patients.
In medical surgical units, the ADA/AACE recommends a blood glucose target between 100 and 180 mg/dL.

NEW QUESTION # 526
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