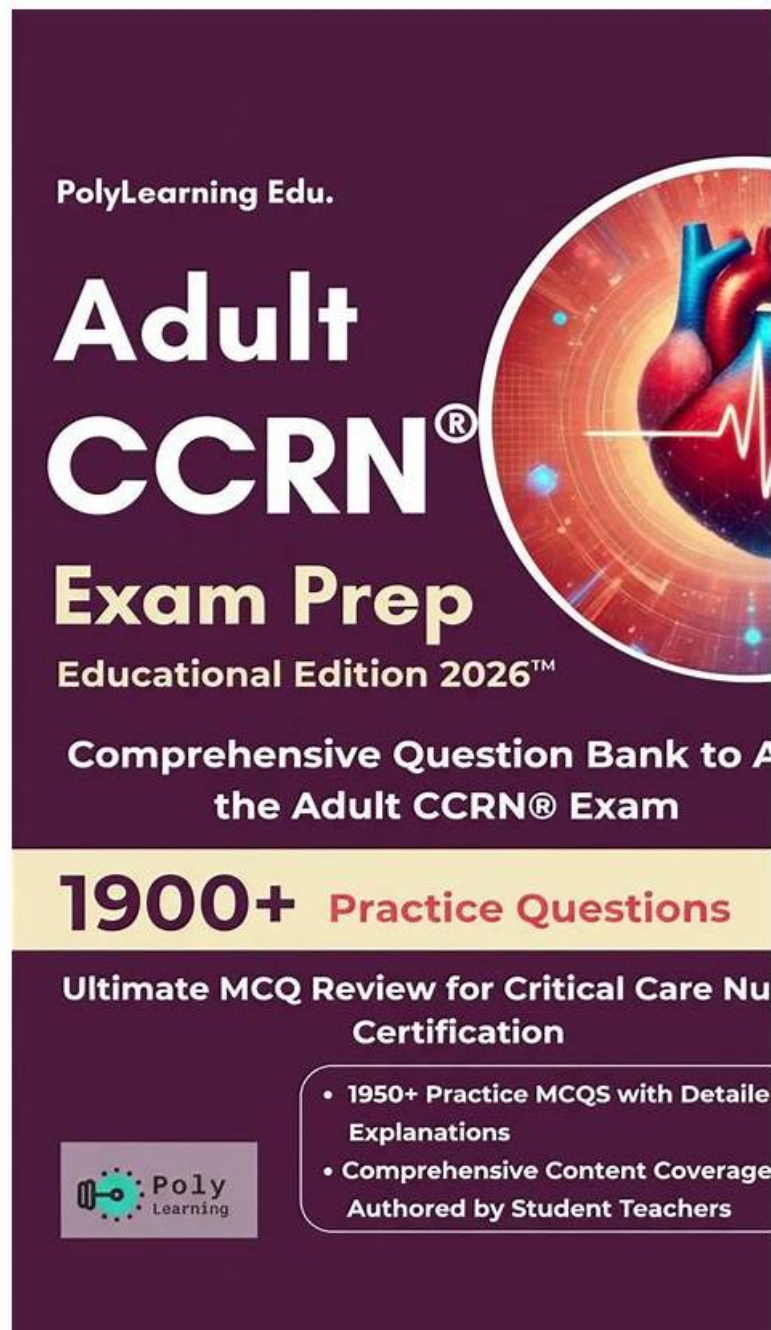


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 5	<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.

AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q815-Q820):

NEW QUESTION # 815

Which of the following statements made by a student nurse indicates that they understand the pathology of cardiac tamponade?

- A. Chest x-ray is the ideal way to confirm the diagnosis of cardiac tamponade.
- B. Cardiac tamponade may cause severe distress, but rarely causes death.
- C. A cardiac tamponade can occur when the heart is compressed by fluid building up anywhere in the thoracic cavity.
- D. Both the rate of bleeding and the amount of blood impact how severe a cardiac tamponade will be.

Answer: D

Explanation:

Cardiac tamponade occurs with bleeding into the pericardial sac. While the amount of bleeding affects the pressure applied on the heart, the speed of bleeding also affects the ability of the heart and pericardium to compensate. Cardiac tamponade often leads to death if untreated. While a chest x-ray may be used to diagnose cardiac tamponade, and echocardiogram is the ideal diagnostic method.

Cardiac tamponade occurs when fluid builds up specifically in the pericardial sac.

NEW QUESTION # 816

Postoperatively, symptoms that may indicate hemothorax or internal bleeding in a video-assisted thoracic surgery (VATS) patient include

- A. hypertension.
- B. diminished breath sounds.
- C. bradycardia.
- D. pain with deep inspiration.

Answer: B

Explanation:



Hemothorax

Diminished breath sounds are one of the symptoms that may indicate hemothorax or internal bleeding in a video-assisted thoracic surgery (VATS) patient. VATS is a minimally invasive surgical technique that uses a small video camera (thoracoscope) and special instruments to access the chest cavity through small incisions¹.

Hemothorax is a condition where blood accumulates in the pleural space, the area between the lungs and the chest wall².

Hemothorax can occur as a complication of VATS due to injury to the lung, blood vessels, or chest wall during the procedure³.

Hemothorax can cause compression of the lung and reduce its expansion, leading to diminished breath sounds on the affected side². Other symptoms of hemothorax may include chest pain, shortness of breath, low blood pressure, rapid heart rate, and pale or clammy skin².

Internal bleeding is another possible complication of VATS that can cause similar symptoms as hemothorax.

Internal bleeding can occur due to damage to the major vessels, such as the aorta, pulmonary artery, or vena cava, during VATS.

Internal bleeding can cause hypovolemia, which is a decrease in the volume of blood in the body, and hypoxemia, which is a low level of oxygen in the blood. These conditions can impair the delivery of oxygen to the tissues and organs, including the lungs, and cause diminished breath sounds, as well as other signs of shock, such as confusion, weakness, dizziness, and loss of consciousness. Pain with deep inspiration, bradycardia, and hypertension are not typical symptoms of hemothorax or internal bleeding in a VATS patient. Pain with deep inspiration may be a normal postoperative finding after VATS, as the incisions and the chest tube may cause discomfort. Bradycardia and hypertension may be caused by other factors, such as medications, cardiac disorders, or neurological conditions, but they are not directly related to hemothorax or internal bleeding.

References:

- * 1: Video-Assisted Thoracoscopic Surgery (VATS) | Johns Hopkins Medicine
- * 2: Hemothorax: Causes, Symptoms, Diagnosis & Treatment - Cleveland Clinic²
- * 3: Complications of video-assisted thoracoscopic surgery: a retrospective analysis of 3000 cases - PubMed
- * : Major vascular complications after video-assisted thoracoscopic surgery: a case report and literature review - PubMed
- * : Video-Assisted Thoracoscopic Surgery (VATS) | Michigan Medicine
- * : Bradycardia - Symptoms and causes - Mayo Clinic
- * : High blood pressure (hypertension) - Symptoms and causes - Mayo Clinic

NEW QUESTION # 817

A patient who has just undergone an open reduction and internal fixation of the forearm is complaining of increased pain that is not relieved by medication. The nurse also notes that the patient's hand appears pale and the patient cannot move his fingers. What is the MOST appropriate nursing action?

- A. Apply a cold compress to reduce swelling and inflammation
- **B. Notify the physician immediately**
- C. Administer additional pain medication as ordered
- D. Assess the patient's intracompartmental pressures

Answer: B

Explanation:

The nurse should immediately notify the physician because the patient's symptoms suggest the development of compartment

syndrome, a serious condition that can lead to tissue necrosis if not promptly treated. Additional pain medication will not address the underlying issue. Applying a cold compress is not recommended as it may decrease blood flow further. The patient's intracompartmental pressures should be assessed; however, this is not a nursing intervention.

NEW QUESTION # 818

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

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

Answer: C

Explanation:

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.

NEW QUESTION # 819

Major complications of trauma include all of the following EXCEPT:

- A. Acute Respiratory Distress Syndrome (ARDS)
- B. constrictive pericarditis
- C. Multiple Organ Dysfunction Syndrome (MODS)
- D. Systemic Inflammatory Response Syndrome (SIRS)

Answer: B

Explanation:

Constrictive pericarditis is not a major complication of trauma.

Acute Respiratory Distress Syndrome (ARDS), Multiple Organ Dysfunction Syndrome (MODS), and Systemic Inflammatory Response Syndrome (SIRS) are all common complications of trauma and are usually the result of a prolonged hypoperfusion state.

NEW QUESTION # 820

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