퍼펙트한CCRN-Adult유효한공부자료최신버전덤프데모문제

KoreaDumps CCRN-Adult 최신 PDF 버전 시험 문제집을 무료로 Google Drive에서 다운로드하세요: https://drive.google.com/open?id=1LOR2cj3WB7WMn1cmI-K3fWK2jc7wiRvz

우리KoreaDumps 사이트에AACN CCRN-Adult관련자료의 일부 문제와 답 등 문제들을 제공함으로 여러분은 무료로 다운받아 체험해보실 수 있습니다. 여러분은 이것이야 말로 알맞춤이고, 전면적인 여러분이 지금까지 갖고 싶었던 문제집이라는 것을 느끼게 됩니다.

AACN CCRN-Adult 시험요강:

주제	소개
주제 1	• PROFESSIONAL CARING & 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.

주제 4	• 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.
주제 5	• 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.
주제 7	• 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.

CCRN-Adult최신버전덤프 & CCRN-Adult유효한 시험대비자료

지금 같은 정보시대에, 많은 IT업체 등 사이트에AACN CCRN-Adult인증관련 자료들이 제공되고 있습니다, 하지만 이런 사이트들도 정확하고 최신 시험자료 확보는 아주 어렵습니다. 그들의AACN CCRN-Adult자료들은 아주 기본적인 것들뿐입니다. 전면적이지 못하여 응시자들의 관심을 쌓지 못합니다.

최신 AACN CCRN CCRN-Adult 무료샘플문제 (Q963-Q968):

질문 # 963
Which of the following is CORRECT regarding the pulses of a patient with compartment syndrome?

- A. Significant anoxic tissue damage can develop while a pulse is palpable
- B. Assessing a pulse is not necessary when assessing a patient with compartment syndrome
- C. Compartment syndrome is not considered an emergency until pulselessness develops
- D. The strength of the pulse inversely correlates with the severity of the compartment syndrome

정답：A

설명:
A normal intracompartmental pressure is 0-8 mm Hg while systolic blood pressure is typically 90-120 mm Hg. This means that intracompartmental pressures can rise significantly without meaningfully disrupting the pulse. Increased intracompartmental pressure can compress capillary blood supplies within the compartment and lead to anoxic tissue damage without disrupting the pulse. For this reason, compartment syndrome is considered an emergency before pulselessness develops. While pulselessness is a late sign of compartment syndrome, pulse should still be assessed. The strength of the pulse does not inversely correlate with the severity of the compartment syndrome, as compartment syndrome can develop without affecting pulse.

질문 # 964
The critical care nurse is caring for a patient with a diagnosis of cardiogenic shock. Which of the following hemodynamic parameters are aligned with this diagnosis?

- A. Left Atrial Pressure (LAP) 15 mmHg
- B. Cardiac Output (CO) 8.9 L/min
- C. Pulmonary Artery Wedge Pressure (PAWP) 5 mmHg
- D. Heart rate 82 beats per minute

정답：A

설명:
Normal values of LAP are 6-12 mmHg; thus an elevated LAP of 15 mmHg best aligns with the diagnosis of cardiogenic shock. In cardiogenic shock, the heart ceases to function effectively as a pump, resulting in decreases in stroke volume and cardiac output;

this leads to a decrease in blood pressure and tissue perfusion. The inadequate emptying of the ventricle increases left atrial pressure, which then increases pulmonary venous pressure. As a result, pulmonary capillary pressure increases, resulting in pulmonary edema. Normal values of CO are 4-8 L/m and are decreased in cardiogenic shock; thus a CO of 8.9 L/min does not align with cardiogenic shock. Cardiogenic shock generally causes PAWP to increase; thus a PAWP of
5 mmHg does not align with the diagnosis (normal is 6-12 mmHg). Patients in shock generally present as tachycardic, so a normal heart rate of 82 does not align with cardiogenic shock.

질문 # 965
The critical care nurse knows the MOST common method of obtaining a chest radiograph in the critical care setting is the:

- A. Anterior-Posterior (AP) view
- B. Lateral view
- C. Posterior-Anterior (PA) view
- D. Oblique view

정답： A

설명:
The most common method of obtaining a chest x-ray is the posterior-anterior (PA) view. PA chest x-rays are typically done in the radiology department. The machine will be about 6 feet away from the x-ray film cassette, with the patient standing with the anterior chest wall against the x-ray plate, and the posterior chest wall toward the x-ray machine. The PA view results in a very accurate, sharp picture of the chest.
However, critically ill patients are rarely able to tolerate the positioning requirements of a PA chest x- ray, or the logistics of transport to the radiology department. For this reason, most chest x-rays in critical care are obtained with an anterior-posterior (AP) view with the patient supine in bed (with or without back rest elevation).
Other chest x-ray views include lateral views, oblique views, lordotic views, and lateral decubitus views.

질문 # 966
Which of the following 12-Lead ECG changes is STRONGLY suggestive of ST-Elevation MI (STEMI)?

- A. T wave inversion
- B. Ventricular fibrillation
- C. Normal ST-segment
- D. Q waves changes

정답： D

설명:
A STEMI is evident on ECG by ST-segment elevations and Q wave changes. A Non-ST-Elevation MI (NSTEMI) is evident on ECG by ST-segment depression and T wave inversion. Ventricular fibrillation is seen on ECG when the patient has conduction defects and is a lethal dysrhythmia.

질문 # 967
A 45-year-old female patient has been diagnosed with bacterial meningitis. She is febrile with a stiff neck, photophobia, and a petechial rash. Despite aggressive treatment with appropriate antibiotics, her neurological condition worsens without any new obvious symptoms developing. What common complication of bacterial meningitis is MOST likely to account for her deteriorating condition?

- A. Viral encephalitis
- B. Subarachnoid hemorrhage
- C. Hepatic failure
- D. Sepsis

정답： B

설명:
In bacterial meningitis, the inflammation of the meninges can lead to vascular complications like subarachnoid hemorrhage, which could worsen the patient's condition. Viral encephalitis is not caused by or related to bacterial meningitis. Hepatic failure is not a

common complication of bacterial meningitis. While sepsis can be a complication of bacterial meningitis, it would likely lead to systemic symptoms that would be recognizable, unlike subarachnoid hemorrhage, which could be masked by meningitis symptoms.

질문 # 968

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