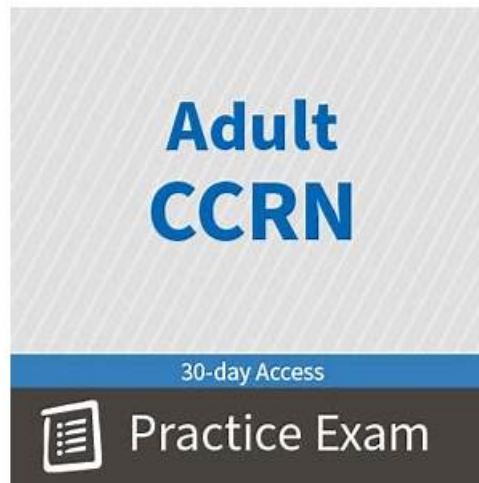


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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q657-Q662):

NEW QUESTION # 657

An acute pulmonary embolism (PE) is MOST LIKELY to cause which of the following acid-base disorders?

- A. Respiratory acidosis
- B. Metabolic acidosis
- C. Respiratory alkalosis
- D. Metabolic alkalosis

Answer: C

Explanation:

Explanation Detail

An acute PE is a clinical condition that causes respiratory alkalosis, a condition in which the body's pH is elevated above 7.45 (alkaline), CO₂ is low (below 35 mm Hg), and HCO₃ is low (metabolic component).

There is an excessive amount of ventilation (alveolar hyperventilation) and removal of CO₂ from the body.

Management of respiratory alkalosis is directed at treating the underlying cause, improving oxygenation and ventilation (decreasing excessive ventilation), improving cardiovascular function, and preventing reembolization. Supplemental oxygen therapy is often very effective in relieving hypoxemia associated with PE.

NEW QUESTION # 658

A 65-year-old male is admitted to the critical care unit with a diagnosis of upper Gastrointestinal (GI) bleeding. What are the most common INITIAL signs and/or symptoms of a GI bleed?

- A. Tachycardia and/or fever
- B. Hematemesis and/or hematochezia
- C. Nausea and/or increased or decreased bowel sounds
- D. Abdominal and/or epigastric pain

Answer: B

Explanation:

The first indicator that a patient has a gastrointestinal bleed is typically the presence of blood in emesis (hematemesis) or feces (hematochezia). Black, tarry stools (melena), or maroon-colored stools are indicative of an upper GI disease that causes bleeding. Other specific signs and symptoms include epigastric or abdominal pain, tachycardia and fever, and nausea with increased or decreased bowel sounds.

The response of a patient to blood loss will depend on the rate and amount of blood loss, the patient's age, overall health status, history, and the timing of the initial resuscitation.

NEW QUESTION # 659

Which of the following is NOT a heart rhythm that the nurse should expect to potentially see caused by blunt chest trauma affecting the heart?

- A. Atrial fibrillation
- B. Premature ventricular contractions
- C. Sinus tachycardia
- D. Sinus bradycardia

Answer: D

Explanation:

Sinus bradycardia is not a heart rhythm that would be commonly caused by blunt chest trauma. Sinus tachycardia, atrial fibrillation, and premature ventricular contractions are all potential dysrhythmias associated with blunt chest trauma. Ventricular tachycardia and ventricular fibrillation are both associated with extensive myocardial damage due to a chest trauma.

NEW QUESTION # 660

Which of the following assessment findings would be consistent with a low platelet count from Heparin- Induced Thrombocytopenia (HIT)?

- A. Elevation in liver enzymes ALT and AST
- B. The presence of metabolic acidosis
- C. The presence of acute thrombosis development
- D. Decrease in neutrophils

Answer: C

Explanation:

Heparin-Induced Thrombocytopenia (HIT) is an immune-mediated reaction to heparin resulting in the formation of antiplatelet antibodies which activate platelets and form clots. This then leads to platelet consumption and a precipitous drop in platelet count, resulting in clinical thrombosis (venous thrombosis is most common), due to the antibody to the heparin antigen destroying the platelets. When HIT is suspected, all heparin is stopped, and confirmatory testing for HIT antibodies is performed.

Treatment includes administration of direct thrombin inhibitors and patients should not receive heparin again.

Metabolic acidosis could cause a low platelet count, but not thrombosis development. Liver dysfunction and failure typically also manifests with low platelets, but not thrombosis. Thrombocytopenia and neutropenia are frequently present with bone marrow suppression, not with HIT.

NEW QUESTION # 661

Which of the following BEST describes Cheyne-Stokes respiration?

- A. Gradual increases and decreases in respiratory rate with periods of apnea
- B. Irregular respiratory pattern with periods of apnea
- C. A normal respiratory rhythm in which each breath has a prolonged expiratory phase
- D. Normal respiratory pattern with periods of apnea

Answer: A

Explanation:

Cheyne-Stokes respiration is characterized by gradual increases and decreases in respiratory rate with periods of apnea. A normal respiratory rhythm in which each breath has a prolonged expiratory phase describes Kussmaul's respiration. In a Cheyne-Stokes respiratory pattern, breathing does not follow a normal pattern and is better described as a cyclical increase and decrease in respiratory rate than as an irregular respiratory pattern.

NEW QUESTION # 662

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