

Exam Topics CCRN-Adult Pdf | CCRN-Adult Reliable Test Simulator

 Department of English Language Teaching
Faculty of Humanities and Social Sciences
University of Sri Jayewardenepura

Intake 01 - 2026
(SLQF Level 2 / NVQ Level 4)

ADVANCED CERTIFICATE IN ENGLISH

ELIGIBILITY

- Simple pass (S) or above for English at G.C.E. Ordinary Level AND
- Six simple passes (S) with three Credit passes (C) in one sitting (it may include the 'S' pass or above for English) at G.C.E. Ordinary Level OR an equivalent qualification approved by the Senate of the University OR/AND
- Completion of NVQ Level 3 Certificate in English Course provided that the applicant is at least 16 years of age.

Duration: 10 Months
Course Fee: Rs. 40,000/=
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Class Hours: Saturdays 8.00 AM - 5.00 PM
Mode: On-site

The Following documents should be brought to the **walk-in interviews** which will be held on 08th of February 2026 (Sunday) from 8.00 - 4.00 PM at the DELT office (2nd Floor) Sri Wimaladhamma Mansion - USJ

- Duly Filled application form (can be downloaded at <https://fhss.sjp.ac.lk/>)
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- Three self-addressed 9" x 4" size stamped (Rs. 50/=) envelopes.

Inauguration of the Course
22nd of February 2026

077 784 8549 (Mr. Sarath Ananda - Course Coordinator)
077 227 6589 (Ms. Binuri - Assistant Coordinator)
011 280 2499 (Ms. Buddhi - DELT Office)
(Available between 10.00 AM to 4.00 PM on Weekdays)

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q943-Q948):

NEW QUESTION # 943

A patient who gave birth three weeks ago begins to have symptoms of an ischemic brain attack. The ICU nurse understands that which of the following is CORRECT when considering fibrinolytic therapy for this patient?

- A. The patient's recent pregnancy is not contraindication for fibrinolytic therapy, but will affect the dose that should be given
- B. The patient's recent pregnancy is an absolute contraindication for fibrinolytic therapy
- C. The patient's recent pregnancy is a relative contraindication for fibrinolytic therapy
- D. The patient's recent pregnancy is not a contraindication for fibrinolytic therapy, and it may be given as normal

Answer: C

Explanation:

Patients who are under one month postpartum should only receive fibrinolytic therapy in situations where the benefits outweigh the increased risk of hemorrhage. While recent pregnancy is a relative contraindication for fibrinolytic therapy, it is not an absolute contraindication. The patient's postpartum status will not affect the dose that should be administered.

NEW QUESTION # 944

Which of the following rhythms CANNOT be defibrillated with an AED?

- A. All of these can be defibrillated
- B. Ventricular tachycardia (V-tach)
- C. Ventricular fibrillation (V-fib)
- D. Atrial fibrillation (A-fib)

Answer: D

Explanation:

An Automatic External Defibrillator (AED) is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and pulseless ventricular tachycardia, and is able to treat them through defibrillation, the application of electricity which stops the arrhythmia, allowing the heart to reestablish an effective rhythm. Defibrillation is a technique used in emergency medicine to terminate Ventricular Fibrillation (VF) or pulseless Ventricular Tachycardia (VT). If the AED does not identify one of these life-threatening rhythms, it will not shock the patient and will not allow the operator to deliver a shock. Defibrillation is not indicated for atrial fibrillation. CPR must be conducted on a patient with asystole, and cardiac stimulating medications must be delivered if advanced rescue is present. If all efforts yield a shockable rhythm, the AED will then indicate the AED operator to shock the patient.

NEW QUESTION # 945

Which of the following conditions affects and alters pulmonary perfusion?

- A. COPD
- B. Pulmonary embolus
- C. Pneumonia
- D. Asthma

Answer: B

Explanation:

Pulmonary perfusion is defined as the movement of blood through the pulmonary capillaries; a Pulmonary Embolus (PE) is a blood clot in one of the pulmonary arteries, generally from a complication of Deep Vein Thrombosis (DVT), long bone fracture, or air entering the circulatory system, thus altering pulmonary perfusion.

Ventilation is defined as the movement of air between the atmosphere and alveoli and the distribution of air within the lungs to maintain appropriate concentrations of oxygen and carbon dioxide in the blood. Asthma, COPD (Chronic Obstructive Pulmonary Disease), and pneumonia are all conditions which alter ventilation, as they all decrease compliance and increase resistance.

NEW QUESTION # 946

Which of the following medications is NOT a proton-pump inhibitor (PPI)?

- A. Lansoprazole
- B. Fluconazole
- C. Pantoprazole
- D. Esomeprazole

Answer: B

Explanation:

The PPIs, including esomeprazole (Nexium), lansoprazole (Prevacid), and pantoprazole (Protonix), work by suppressing the secretion of gastric acid. In several randomized controlled trials, PPIs have shown efficacy in preventing rebleeding and reducing transfusion requirements.

All of these drugs are considered pharmacologic therapies for ulcer disease and/or gastritis. High-dose IV PPI therapy, in conjunction with therapeutic endoscopy, is the most cost-effective approach for the management of hospitalized patients with acute peptic ulcer bleeding.

Fluconazole (Diflucan) is used for fungal infections, and is commonly used to treat vaginal yeast infections.

NEW QUESTION # 947

Many critically ill patients are at risk for complications associated with prolonged immobility. All of the following nursing interventions support decreasing the risk of these complications EXCEPT:

- A. Reposition the patient at least every 2 hours
- B. Encourage use of an incentive spirometer (IS)
- C. Use sequential compression devices (SCDs)
- D. Replace peripheral IV lines every 72 to 96 hours, or less

Answer: D

Explanation:

The CDC recommends that peripheral IV lines remain in place no longer than 72 to 96 hours. This recommendation reduces the risk of nosocomial infections, not complications associated with prolonged immobility, such as venous thromboembolism (VTE). To decrease VTE risk, avoid placing IV access in the groin or lower limbs, as this impedes mobility and potentially impedes blood flow. Frequent repositioning, at least every 2 hours, will reduce the risk of skin breakdown and pressure ulcers from forming (maintaining skin integrity) in the immobile patient.

Sequential compression devices (SCDs) will assist in enhancing lower extremity circulation.

Encouraging the use of an incentive spirometer (IS) will help to keep alveoli open, and can prevent atelectasis and pneumonia formation.

NEW QUESTION # 948

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