

AACN CCRN-Adult Exam Questions - Easy Way To Prepare [2026]

CCRN Adult exam questions with answers

S1 "lub"

✓ closure of AV (mitral and tricuspid) valves
marks the end of diastole and the beginning of systole

SYSTOLE

S2 "dub"

✓ closure of the semilunar (pulmonic and aortic) valves
marks the end of systole and the beginning of diastole

DIASTOLE

systolic murmur
"lub.... shhhhb.....dub"

✓ semilunar valves are OPEN during systole
- aortic stenosis
- pulmonic stenosis

AV valves are CLOSED during systole
- mitral insufficiency (will causes large, giant V-waves on the pulmonary artery occlusion pressure tracing if the patient has a pulmonary artery catheter)
- tricuspid insufficiency

diastolic murmur
"lub..... dub.....shhhhb"

✓ semilunar valves are CLOSED during diastole
- aortic insufficiency
- pulmonic insufficiency

AV valves are OPEN during diastole
- mitral stenosis (associate with atrial fibrillation due to atrial enlargement that occurs over time)
- tricuspid stenosis

when are the AV valves OPEN and semilunar valves CLOSED

✓ diastole

when are the AV valves CLOSED and the semilunar valves OPEN

✓ systole

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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">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.
Topic 4	<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 5	<ul style="list-style-type: none">CLINICAL JUDGMENT: This section measures the skills of Critical Care Nurses and covers a wide range of medical conditions across various systems. It includes cardiovascular issues such as acute coronary syndrome, heart failure, and cardiomyopathies, demonstrating the need for in-depth knowledge in managing these critical conditions. The section also addresses respiratory emergencies like pulmonary embolism and ARDS, emphasizing the importance of understanding respiratory failure and chronic conditions.

AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q808-Q813):

NEW QUESTION # 808

Which of the following principles in managing MODS is MOST important?

- A. Ensuring that the patient's O₂ saturation is at least 95%
- B. Rapidly reversing hypoperfusion**
- C. Focusing on maintaining the function of the heart, lungs, kidneys, and brain
- D. Treating each affected organ separately

Answer: B

Explanation:

Multiple Organ Dysfunction Syndrome (MODS) refers to progressive damage to two or more organs that can result in permanent damage and is caused primarily by hypoperfusion of the organs. Rapidly reversing hypoperfusion is the key principle in optimizing organ function and recovery. While ensuring an adequate O₂ saturation is important, this does not indicate that the patient is being adequately perfused. Treating each affected organ separately may be a necessary consideration for some patients, but is not the best way to initially manage MODS. The function of the heart, lungs, kidneys, and brain is important; however, treatment of MODS should focus on the underlying cause, not on maintaining the function of certain organs.

NEW QUESTION # 809

The nurse is caring for a 32-year-old patient who was struck by a motorcycle. The patient sustained multiple injuries, including a fractured pelvis, and is in hypovolemic shock.

Which of the following treatments would be contraindicated in the management of this patient's hypovolemic shock?

- A. Administration of lactated Ringer's (LR) solution
- B. Administration of colloid solutions**

- C. Administration of normal saline (NS)
- D. Administration of vasopressors

Answer: D

Explanation:

The administration of vasopressors to maintain blood pressure would be contraindicated in the management of this patient's hypovolemic shock. Treatment with vasopressors should only be considered when hypotension is resistant to volume resuscitation. The goal of therapy in the management of hypovolemic shock is to identify the source and stop bleeding if possible, and replace circulating volume, which can be accomplished with one of the following (in large rapid boluses):

- * Administration of lactated Ringer's solution
- * Administration of normal saline
- * Administration of colloid solutions (plasma or blood)

Control of further bleeding is essential and may require surgical intervention. Direct pressure should be applied for obvious wound sites. Type and cross-match for blood type and administer blood as needed for hypovolemic shock.

NEW QUESTION # 810

A patient has paradoxical breathing. Which of the following conditions is MOST LIKELY to cause this?

- A. Tension pneumothorax
- B. Situs inversus
- C. Chronic obstructive pulmonary disorder
- D. Flail chest

Answer: D

Explanation:

Flail chest occurs with fractures in at least two places for three contiguous ribs. This creates a separate segment of the chest that moves inwards during inspiration and outwards during expiration, a condition called "paradoxical breathing". A tension pneumothorax, Chronic Obstructive Pulmonary Disorder (COPD) and situs inversus would not cause this phenomena.

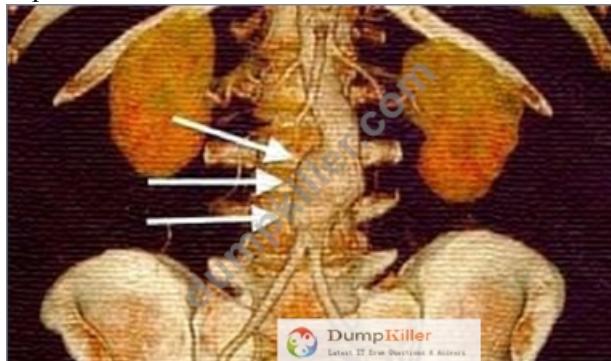
NEW QUESTION # 811

A patient who is post repair of an abdominal aortic aneurysm should be monitored for which of the following complications?

- A. acute renal failure
- B. atrial fibrillation
- C. acute hepatic dysfunction
- D. acute CVA

Answer: A

Explanation:



Abdominal aortic aneurysm

An x-ray of a human body Description automatically generated

Acute renal failure is one of the possible complications of abdominal aortic aneurysm (AAA) repair, especially after open surgery. Acute renal failure is a sudden loss of kidney function that can cause fluid and electrolyte imbalance, acid-base disturbance, and uremic syndrome. Acute renal failure can occur due to several factors, such as hypoperfusion of the kidneys, atheroembolism, contrast-induced nephropathy, or ischemia-reperfusion injury¹². The incidence of acute renal failure after AAA repair ranges from 2

to 25%, depending on the definition, the type of surgery, and the patient's risk factors¹³. Acute renal failure is associated with increased morbidity, mortality, and length of hospital stay after AAA repair¹³.

Other complications of AAA repair include bleeding, infection, wound complications, graft-related complications, bowel ischemia, spinal cord ischemia, and cardiac, pulmonary, or neurological events¹²⁴.

Acute hepatic dysfunction, acute CVA, and atrial fibrillation are not specific complications of AAA repair, but they may occur in any major surgery or in patients with preexisting conditions.

NEW QUESTION # 812

How is the pain of a thoracic aneurysm FREQUENTLY described?

- A. Aching or intense pressure
- B. Dull, constant low back or lumbar pain
- C. Burning or tingling sensation
- D. **Ripping, tearing, or splitting pain**

Answer: D

Explanation:

Patients with thoracic aneurysms (a weakened area in the upper part of the aorta that causes dilation of the aortic wall) generally present with ripping, tearing, or splitting pain that is located at the anterior chest or posterior chest between the scapula. The pain is of an intense or excruciating nature and has an abrupt onset. Other signs and symptoms include dysphagia, hoarseness, cough, dyspnea, different blood pressures when comparing right and left arms, and different pulses when comparing right and left peripheral pulses.

An abdominal aneurysm will present as dull, constant abdominal or low back or lumbar pain.

NEW QUESTION # 813

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