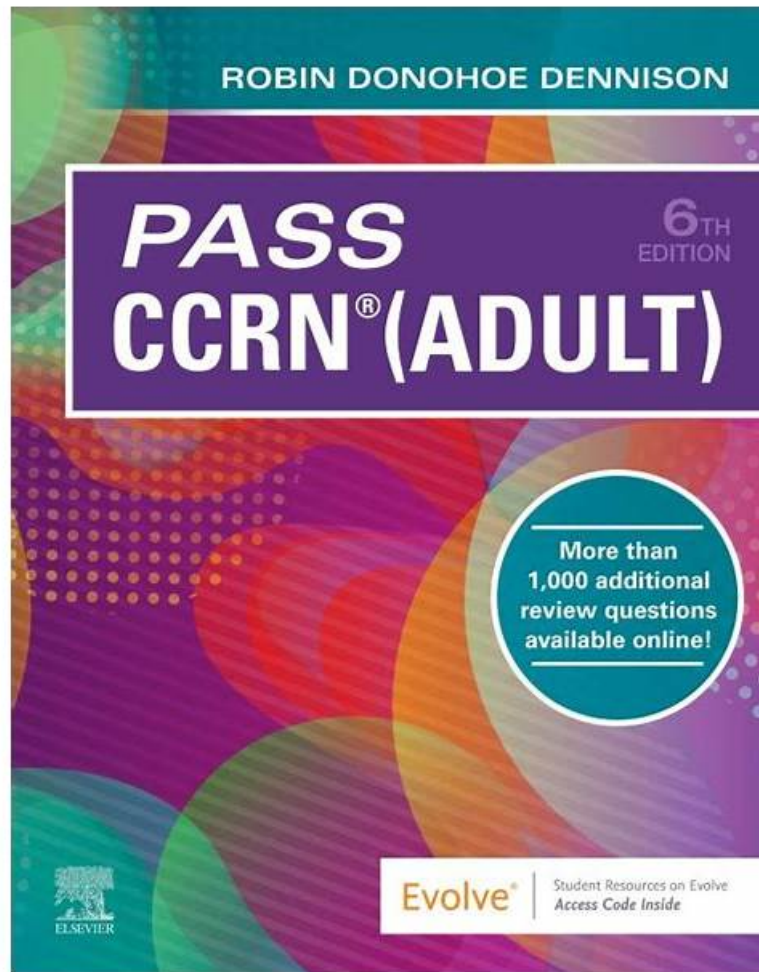


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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q271-Q276):

NEW QUESTION # 271

Nursing interventions that decrease the incidence of hospital-acquired pneumonia include:

- A. placing gastric tubes through the nose
- B. keeping the patient NPO
- C. brushing the patient's teeth with a toothbrush
- D. administering systemic antibiotics

Answer: C

Explanation:

In addition to the high morbidity and mortality associated with pneumonia in critically ill patients, high priority must be given to strategies to prevent the development of hospital-acquired pneumonia, otherwise known as Ventilator-Associated Pneumonia (VAP). Evidence-based practice guidelines for the prevention of VAP include oral care involving the implementation of a comprehensive oral hygiene program that includes oral suctioning, teeth-brushing, and use of an oral chlorhexidine gluconate rinse daily.

NEW QUESTION # 272

An unconscious patient presents with the following laboratory values:

pH	7.30	glucose	1000 mg/dL
PaCO ₂	40 mm Hg	ketones	negative
PaO ₂	68 mm Hg	Na ⁺	152 mEq/L
HCO ₃	20 mEq/L	K ⁺	5.2 mEq/L
osmolality	high	creatinine	high
Hct	57%	BUN	high

Appropriate management of this patient should include

- A. hemodialysis.
- B. intubation.
- C. IV hydration.
- D. osmotic diuresis.

Answer: C

Explanation:

The laboratory values indicate hyperosmolar hyperglycemic state (HHS), characterized by high glucose levels, high osmolality, and dehydration. The primary management includes aggressive IV hydration to correct dehydration and improve circulation. Hemodialysis and intubation are not immediate priorities unless there are other indications, and osmotic diuresis is not appropriate in this context. References: = CCRN Exam Handbook and AACN's Certification Review Course materials.

NEW QUESTION # 273

Which of the following is the BEST method to assess pain in a critically ill patient who is intubated and nonresponsive?

- A. Vital signs
- B. Behavioral pain scale

- C. FLACC pain scale
- D. Visual analog scale (VAS)

Answer: B

Explanation:

When a critically ill patient is unable to indicate their pain intensity either verbally or nonverbally, nurses must often use other criteria to assess the patient's pain. Using a behavioral pain scale provides a guide for identifying and assessing pain in nonverbal patients.

Two examples include the Detroit Medical Center Behavioral Pain Scale and the Behavioral Pain Assessment Tool (BPAT). These scales measure facial signs and expressions, restlessness, muscle tone, vocalization, and consolability.

Vital signs alone should not be used for pain assessment in a critically ill patient. The FLACC (Face, Legs, Activity, Cry, Consolability) pain scale is used in children, not adults. The VAS is used with patients who are not verbal but can still communicate nonverbally.

NEW QUESTION # 274

Which of the following clinical findings is consistent with a diagnosis of brain death?

- A. Absent corneal reflexes
- B. Positive Babinski reflex
- C. Sluggishly reactive pupils
- D. Cheyne-Stokes respiration

Answer: A

Explanation:

Absent corneal reflexes are a clinical sign of brain death as they indicate a lack of cerebral activity. Brain dead patients do not have any functioning cranial nerve reflexes, such as the corneal reflex. Reactive pupils and spontaneous respirations, even if they follow the Cheyne-Stokes respiratory pattern, are inconsistent with brain death as they suggest ongoing brain activity. The presence of a Babinski reflex doesn't necessarily indicate brain death, as it is a spinal reflex and can be present even when brain function has ceased.

NEW QUESTION # 275

In a critically ill patient with rapidly developing hypocalcemia, which of the following signs and symptoms would NOT likely manifest?

- A. Severe vomiting
- B. Bronchospasms
- C. Tetany
- D. Seizures

Answer: A

Explanation:

True hypocalcemia is rare, as it is defined as a decrease in ionized calcium level, which is largely dependent on serum albumin level and serum pH. Critically ill patients may develop hypocalcemia related to either hypoalbuminemia or hypoparathyroidism.

Symptomatic patients with classic clinical findings of acute hypocalcemia require immediate medical attention.

Signs and symptoms include:

- * Wheezing
- * Paralytic ileus
- * Stridor
- * Bronchospasms
- * Increased irritability
- * Confusion
- * Hallucinations
- * Seizures
- * Tetany
- * Respiratory arrest
- * Positive Chvostek sign
- * Positive Trousseau sign

ECG changes may include arrhythmias and a prolonged QT interval. Severe vomiting is not typically manifested in true hypocalcemia. Vomiting is not typical of hypocalcemia.

NEW QUESTION # 276

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