

CCRN-Adult Latest Exam Vce - CCRN-Adult Test Free

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 cause 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">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.
Topic 2	<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 3	<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.
Topic 5	<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.

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q605-Q610):

NEW QUESTION # 605

You're caring for a Muslim patient who requires life-saving surgery during Ramadan. The patient is hesitant due to fasting customs during this period. Which is the MOST appropriate nursing intervention in this situation?

- A. Schedule the surgery and provide the patient with medication to ensure compliance
- B. **Consult the hospital's chaplain or the patient's religious leader to discuss the situation**
- C. Explain to the patient that their health is more important than their religious customs
- D. Reschedule the surgery until after Ramadan

Answer: B

Explanation:

Consulting the hospital's chaplain or the patient's religious leader to discuss the situation respects the patient's cultural and religious beliefs while providing the greatest likelihood that the necessary medical intervention is taken. Convincing the patient to disregard their customs or acting without the patient's agreement disregards ethical standards of autonomy. Postponing necessary surgery might harm the patient's health and, while it may be the intervention that is ultimately necessary, should not be the initial response.

NEW QUESTION # 606

The first priority in management of an acute GI hemorrhage is

- A. pain relief
- B. Sengstaken-Blakemore tube insertion.
- C. **fluid resuscitation**.
- D. monitoring of serial Hgb and Hct.

Answer: C

Explanation:

The first priority in the management of an acute gastrointestinal (GI) hemorrhage is fluid resuscitation. This is critical to maintaining

hemodynamic stability and ensuring adequate perfusion of vital organs. Monitoring of serial hemoglobin and hematocrit (Hgb and Hct) levels, while important for ongoing assessment, is secondary to the immediate need to stabilize the patient's circulatory status. Pain relief and insertion of a Sengstaken-Blakemore tube may be part of the overall management plan but are not the first priority. References: CCRN Exam Handbook, AACN, page 27, section on GI emergencies.

NEW QUESTION # 607

A nurse is providing care to a patient diagnosed with abdominal compartment syndrome. The nurse should recognize the patient is most at risk for developing

- A. increased preload.
- B. increased urine output.
- C. decreased intracranial pressure.
- D. increased peak inspiratory pressure.

Answer: D

Explanation:

Abdominal compartment syndrome (ACS) involves increased intra-abdominal pressure, which can significantly impact various body systems. One of the major concerns is its effect on respiratory function, leading to increased peak inspiratory pressure. This happens because the elevated pressure in the abdomen can push up against the diaphragm, making it harder for the lungs to expand during inhalation. Increased urine output is unlikely as ACS usually leads to decreased renal perfusion and output. Increased preload and decreased intracranial pressure are not typically associated with ACS. References: = CCRN Exam Handbook, AACN Adult CCRN Certification Review Course

NEW QUESTION # 608

Several members of a patient's family arrive at the ICU to visit the patient. They ask a multitude of questions about the patient's condition. The nurse's MOST appropriate initial response is to:

- A. Include the family in patient care
- B. **Identify a family spokesperson**
- C. Ensure spiritual support and counseling is available
- D. Refer the family to the patient's doctor

Answer: B

Explanation:

There is a strong evidence base to support the fact that family presence and involvement in the ICU aids in the recovery of the critically ill patient. Family members and support people can help patients cope, reduce anxiety, and provide a resource for the patient. Identifying a family spokesperson initially is vital as one of the most important needs of families, in order to provide them with information that is regular and accurate.

Although spiritual support and counseling are important, when several family members first arrive, this is not the initial priority. Including family members in patient care is not an immediate priority. The nurse should not pass off their responsibility to the doctor.

NEW QUESTION # 609

The nurse is caring for a 32-year-old patient who was struck by a motorcycle. They sustained multiple injuries, including a fractured pelvis. It has been noted that they are in hypovolemic shock.

Which of the following clinical signs and symptoms indicate the patient is in the compensatory stage of hypovolemic shock?

- A. Patient is unresponsive to verbal stimuli, tachycardic, and has absent bowel sounds
- B. No visible signs and symptoms evident from ongoing cellular changes
- C. Patient has a WBC count of 18,000, serum lactate of > 4 mmol/L, and a positive blood culture
- D. **Patient is confused, tachypneic, and has weak peripheral pulses**

Answer: D

Explanation:

Normal hemodynamics are consistent with CO 4-6 L/min, HR 60-100 bpm, SVR 800-1500 dynes/sec/cm⁻⁵, and MAP > 65 mmHg.

In hypovolemic states, circulating blood volume is depleted, either by blood loss (internal or external) or by the vascular fluid volume shifting out of the vascular space into other body fluid spaces. Tissue perfusion is inadequate due to the decrease in circulating blood, and as a result, right and left ventricular filling pressures are insufficient, decreasing stroke volume and cardiac output. The compensatory stage is composed of a number of physiologic events that represent an attempt to compensate for these decreases in CO and restore adequate oxygen and nutrient delivery to the tissues.

The patient may be restless, confused or agitated, have an increased respiratory rate and heart rate, have a weak pulse, and have scant urine output with hypoactive bowel sounds.

In the initial stage of shock, there are no obvious signs and symptoms evident as the first cellular changes occur from the decrease in tissue perfusion. Generally, the progressive stage is marked by unconsciousness, increased heart rate, inadequate blood pressure, increased or shallow respirations, and absent bowel sounds. Septic shock is characterized by increased WBC ($> 12,000$), serum lactate > 4 mmol/L, and in up to 50% of patients, a positive blood culture.

NEW QUESTION # 610

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