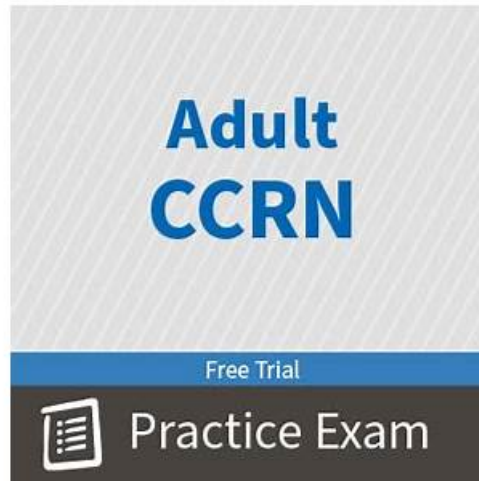


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 1	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 3	PROFESSIONAL CARING & ETHICAL PRACTICE: This section assesses the skills of Clinical Nurse Leaders in professional caring and ethical practice. It covers advocacy and moral agency, highlighting the importance of representing patients' interests in healthcare decisions. The section also addresses caring practices that promote patient-centered care and response to diversity, ensuring that care is tailored to individual needs.

Topic 4	• 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 6	• 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.

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q251-Q256):

NEW QUESTION # 251

A patient falls and sustains a concussion and reports headache, dizziness, and nausea afterward. What intervention should the nurse implement when managing the patient's symptoms?

- A. Obtain an order to begin aggressive physical therapy
- **B. Promote physical and cognitive rest**
- C. Return the patient to their baseline level activities as quickly as possible
- D. Place the patient on prolonged bed rest

Answer: B

Explanation:

Symptom-limited physical and cognitive rest is generally recommended in the immediate aftermath of a concussion. Returning to regular activities too quickly or engaging in vigorous physical therapy can exacerbate symptoms. Prolonged bed rest is not generally recommended as it can unnecessarily lead to deconditioning and other complications.

NEW QUESTION # 252

A patient with hypertension received tPA for an acute embolic stroke with complete resolution of symptoms. Twenty-four hours after tPA administration, the nurse should anticipate an order for

- **A. antiplatelet agents.**
- B. calcium channel blockers.
- C. diuretics.
- D. beta blockers.

Answer: A

NEW QUESTION # 253

In which of the following patients would use of jejunal placement for a feeding tube over the gastric route be LEAST important when

preparing to administer enteral feedings?

- A. A patient who has severely limited movement due to rheumatoid arthritis
- B. A patient with severe gastroparesis
- C. A patient who had esophageal cancer that has undergone an esophagectomy
- D. A patient who has scleroderma

Answer: A

Explanation:

Use of the gastric route to administer enteral feedings is generally safe when with low rates of aspiration, and when appropriate protocols are developed and followed. A patient with limited mobility due to rheumatoid arthritis would not require jejunal placement of a feeding tube. Jejunal placement is indicated in conditions where anatomical considerations, such as an esophagectomy, contraindicate the use of the gastric route. Diseases affecting gastric motility, such as scleroderma or severe gastroparesis, may also require jejunal feeding tube placement.

NEW QUESTION # 254

You observe another nurse come into the room of one of your patients who is in the ICU for ARDS (Acute Respiratory Distress Syndrome). You observe the patient inserting their finger into your patient's vagina. The nurse is not assigned to your patient nor are they supposed to be performing any care in the room. The patient is heavily sedated and on a ventilator. Which of the following actions is MOST important?

- A. Asking the nurse about the incident and seeing if they have a reasonable explanation for their actions
- B. Notifying your immediate supervisor
- C. Notifying the police of the other nurse's actions
- D. As the patient is not aware of what happened, you should express to your colleague that their actions were inappropriate, but no further action is necessary

Answer: C

Explanation:

If a nurse observes sexual assault, they are legally responsible for notifying law enforcement. Failure to do so can result in the nurse that observed the behavior also being held legally responsible for the other nurse's actions. Notifying your immediate supervisor is important but does not relieve you of your responsibility to report the matter to law enforcement. You may ask the nurse about the incident; however, there can be no reasonable explanation for their actions and law enforcement should be notified. Action should always be taken in situations of sexual assault, regardless of the patient's state of consciousness during the assault.

NEW QUESTION # 255

For patients with acute respiratory failure, which ventilator mode is MOST likely to be used initially?

- A. Synchronized intermittent mandatory ventilation
- B. Pressure support ventilation
- C. High-frequency oscillatory ventilation
- D. Assist-control ventilation

Answer: D

Explanation:

Assist-Control (AC) ventilation is most commonly initially used for patients with acute respiratory failure because it guarantees a set number of breaths per minute while still allowing the patient to initiate breaths. Pressure support ventilation and synchronized intermittent mandatory ventilation allow more patient control and are often used in weaning. High-frequency oscillatory ventilation is typically used only for patients with severe ARDS (Acute Respiratory Distress Syndrome) who are not responding to other ventilation modes.

NEW QUESTION # 256

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