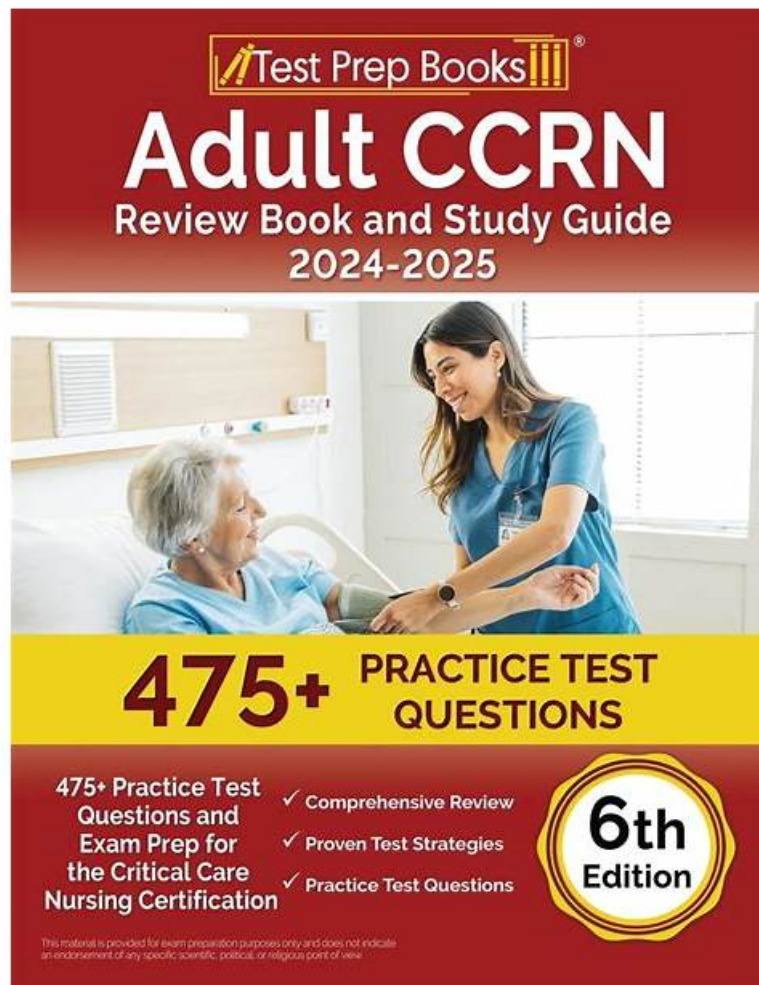


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 3	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 4	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 5	• 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.
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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q564-Q569):

NEW QUESTION # 564

When advocating for a patient, the nurse should guide the patient through all the following EXCEPT:

- A. The process of communicating decisions
- B. Identification of the patient's best interests
- C. The nurse's view on personal values when asked by the patient
- D. Values clarification

Answer: C

Explanation:

Nurses, through their education and experience, are able to interpret healthcare information and understand the impact of disease and medication interventions in a unique way. A nurse acts as a patient advocate by applying this unique understanding to ensure that the patient's beliefs and values guide the plan of care.

When advocating for a patient, the nurse should guide the patient or surrogate decision maker through values clarification, identification of the patient's best interests, and the process of communicating decisions. The nurse does not impose personal values or preferences when acting as an advocate.

NEW QUESTION # 565

Which of the following is NOT a cause of upper gastrointestinal (GI) bleeding?

- A. Peptic ulcer disease (PUD)
- B. Angiodysplasia
- C. Diverticulosis
- D. Mallory-Weiss tears

Answer: C

Explanation:

Colonic diverticulosis is a common cause of lower (not upper) GI bleeding.

The most common cause of upper GI bleeding is PUD; 55% of patients with gastric ulcers and 39% of patients with duodenal ulcers are hospitalized for acute bleeds. This is followed by erosive disease, variceal bleeding, esophagitis, cancer, and Mallory-Weiss tears. Peptic ulcers occur in the stomach and the duodenum and are characterized by a break in the mucosal layer that penetrates the muscularis mucosa (innermost muscular layer), resulting in bleeding. Infection of the mucosa by *Helicobacter pylori* has also been implicated in the pathogenesis of PUD.

Another source of upper GI bleeding is angiodysplasia, which refers to abnormal superficial blood vessels in the GI tract that are prone to bleeding. These are considered a pathology of the small intestine and are associated with increased age.

NEW QUESTION # 566

A critically ill patient is experiencing chest pain and palpitations, decreased deep tendon reflexes (DTRs), and muscle weakness. These signs are MOST OFTEN associated with which electrolyte disorder?

- A. Hypophosphatemia
- B. Hypokalemia
- C. Hyperphosphatemia
- D. Hyperkalemia

Answer: D

Explanation:

In critically ill patients, Hyperkalemia, a serum potassium (K^+) of more than 5.5 mEq/L, occurs due to increased potassium intake, decreased potassium excretion, and redistribution of K^+ from intracellular to extracellular fluid.

The most common causes of hyperkalemia are acute kidney injury (AKI), cellular destruction (eg, from crush injuries), and excess supplementation. Because potassium impacts normal neuromuscular and cardiac function, it often manifests first as changes in electrical conduction as cardiac contractility is decreased, demonstrated by changes on ECG tracings. Other signs include vague muscle weakness, decreased DTRs, flaccid paralysis, confusion, dyspnea, palpitations, chest pain, nausea or vomiting, diarrhea, and cramping.

Hypokalemia presents with muscle weakness as well, but often includes weak respiratory muscles with subsequent hypoventilation, paralytic ileus, abdominal distention, and lethargy.

Hyperphosphatemia presents with positive Trousseau or Chvostek signs, hyperreflexia, and seizures.

Hypophosphatemia presents with bone pain, tachycardia, weight loss, and seizures. Muscle weakness and wasting are also indicative of this imbalance.

NEW QUESTION # 567

A patient is admitted to the ICU with suspected End-Stage Kidney Disease (ESKD). The patient has a history of Chronic Renal Failure (CRF). Despite aggressive Lasix administration, the patient continues to be in fluid overload. His 24-hour urine output is 350 mL.

Which lab finding is the BEST for the critical care nurse to follow to get a good idea of the trending pattern of the patient's renal function?

- A. Urine specific gravity
- B. Serum creatinine
- C. Serum BUN
- D. Urine osmolality

Answer: B

Explanation:

This patient is oliguric as evidenced by a urine output of less than 400 mL/day and, due to the extent of the damage to the kidneys, his body is unable to filter and excrete fluids and waste products as it should. The critical care nurse should monitor the trending patterns of the patient's serum creatinine levels, as this lab finding is the best predictor of renal function.

Blood Urea Nitrogen (BUN) levels provide information about the kidney's filtering ability and the state of renal perfusion, whereas the creatinine level is more precise in evaluating actual tubular function. Urine specific gravity and urine osmolality are useful in identifying the kidney's ability to excrete and concentrate fluid.

NEW QUESTION # 568

A patient is admitted for acute benzodiazepine overdose. Nursing interventions should include administration of

- A. sodium bicarbonate.
- B. osmotic diuretics.
- C. flumazenil (Romazicon).
- D. naloxone (Narcan).

Answer: C

Explanation:

Flumazenil is a benzodiazepine antagonist that can reverse the effects of benzodiazepine overdose. It acts by competitively inhibiting the activity at the benzodiazepine receptor, thus reversing sedation and other effects caused by benzodiazepines. Sodium bicarbonate, naloxone, and osmotic diuretics are not appropriate treatments for benzodiazepine overdose. References: AACN Adult CCRN Certification Review Course, AACN CCRN Exam Handbook.

NEW QUESTION # 569

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