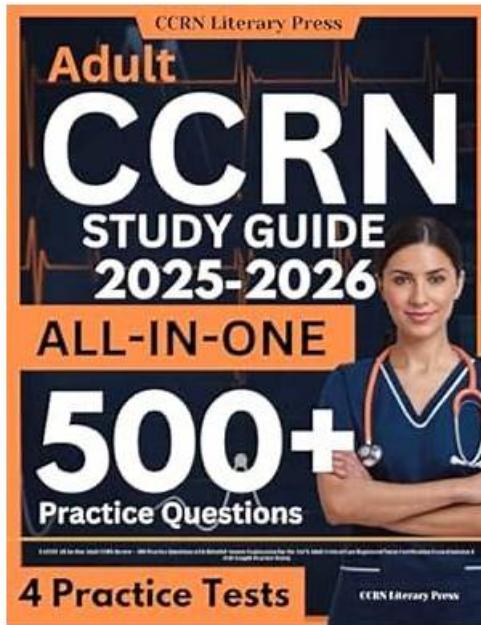


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
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 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.

AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q57-Q62):

NEW QUESTION # 57

A patient who is being treated for a large prostate tumor appears to be being treated very effectively with a chemotherapeutic agent. The patient's most recent labs shows hyperphosphatemia, hyperkalemia, and hypocalcemia. Which of the following BEST explains this finding?

- A. Treatment of the tumor is actually ineffective
- B. A large number of cancer cells have died in a short time**
- C. The patient is beginning to develop rhabdomyolysis
- D. The patient's body is responding normally to the chemotherapeutic agent.

Answer: B

Explanation:

Tumor lysis syndrome is caused when a large number of cancer cells are destroyed within a short timeframe. As the contents of these cells are released into the bloodstream, hyperphosphatemia, hyperkalemia, and hypocalcemia will all occur. These lab findings do not indicate a normal response to chemotherapy or that chemotherapy is ineffective. These lab values could be consistent with rhabdomyolysis; however, tumor lysis syndrome is a better explanation for these findings.

NEW QUESTION # 58

A critical care nurse is part of an interdisciplinary team developing a new protocol for managing post-operative pain. The team finds that implementing the new protocol improves outcomes for a large majority of patients but is less effective for some. What response to these findings by the nurse is BEST?

- A. Recommending deeper analysis of the data with the goal of changing the protocol**
- B. Recommending the new protocol be suspended until the problems can be worked out
- C. Recommending the new protocol be continued because it is overall more effective
- D. Recommending the new protocol be used for those who benefit and the old protocol be used for the others

Answer: A

Explanation:

A deeper analysis of the data will allow the team to make adjustments to the protocol so that it is effective for all patients. This approach should give insights into what is causing the variations in outcomes and how to address them. The nurse should not recommend just continuing the protocol because it is overall more effective if there is a potential for improving it. Recommending the new protocol be suspended until the problems can be worked out is not ideal if it is improving pain management for the majority of patients. Recommending that the new protocol be used for those who benefit and the old protocol be used for the others is a good idea; however, it is not practical to take this approach until the team has a better understanding of who is negatively impacted by the

new protocol.

NEW QUESTION # 59

A patient is brought into the emergency department via ambulance following a motor vehicle accident.

The patient has sustained a fracture to the femur and possible rib fractures. The patient is tachycardic and tachypneic, complaining of chest pain, shortness of breath, and becomes suddenly disoriented.

The critical care nurse suspects which of the following conditions?

- A. Atelectasis
- B. Pneumothorax
- C. **Pulmonary embolism**
- D. Pulmonary contusion

Answer: C

Explanation:

Pulmonary Embolism (PE) can be a major complication in trauma patients. The critical care nurse should look for chest pain, SOB (Shortness of Breath), sudden disorientation, decreased PaO₂, tachycardia, and tachypnea in the trauma patient, indicating PE. A femur fracture can cause a fat embolism that ultimately leads to a PE. Nursing interventions for PE include immediately notifying the physician, assisting with transport to lung scan, monitoring the patient's ECG, and administering supplemental oxygen.

NEW QUESTION # 60

When teaching a family member to perform an aspect of patient care, the nurse understands that family members:

- A. learn best if taught a new procedure in one teaching session
- B. have the capacity to learn at any time that the nurse is available to teach
- C. **learn best if they perceive a need to learn**
- D. learn best through demonstration

Answer: C

Explanation:

Assessing a patient's and family's learning needs should primarily focus on learning readiness, or that specific moment in time when the learner is able to comprehend and understand the information being taught. Without this, teaching may not be useful. The nurse should determine what content that needs to be taught and how best to share the information (video, pamphlet, discussion, etc), in order to optimize learning.

NEW QUESTION # 61

Which of the following symptoms, if appreciated in a patient with an aortic aneurysm, is MOST likely to indicate aortic dissection?

- A. Reoccurrence of pain that had disappeared
- B. Sudden cessation of pain
- C. **Sudden increase in the intensity of pain**
- D. Absent pain coupled with a decrease in hemoglobin

Answer: C

Explanation:

A sudden increase in the intensity of pain can be indicative of aortic dissection. A sudden cessation of pain or reoccurrence of pain that had disappeared is associated with aortic rupture, not aortic dissection. While a decrease in hemoglobin is associated with aortic dissection, absent pain is not.

NEW QUESTION # 62

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