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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q849-Q854):

NEW QUESTION # 849
Which of the following etiologies is LEAST LIKELY to cause disseminated intravascular coagulation (DIC) in an obstetric patient?

- A. Placenta previa
- B. Eclampsia and pre-eclampsia
- C. Amniotic fluid embolism
- D. Abortion

Answer: A

Explanation:
Placenta previa is a condition where the placenta lies low in the uterus, covering part or all of the cervical os (the opening of the uterus). While placenta previa may increase the risk of hemorrhage, which may in turn increase the risk of DIC, this risk is quite indirect and lower than the other options.
Eclampsia and pre-eclampsia, as well as amniotic fluid embolism, are both risk factors for DIC. Abortions, particularly spontaneous abortions (SABs) that are undetected for some time, significantly increase the risk of DIC.

NEW QUESTION # 850
A nurse is unsure whether a certain intervention is evidence-based. What action should the nurse take?

- A. Conduct a literature review on the intervention
- B. Look up the topic in their nursing textbooks from nursing school
- C. Continue using the intervention if others are
- D. Ask a more experienced nurse if the intervention is evidence-based

Answer: A

Explanation:
The best way to determine whether an intervention is evidence-based is to conduct a literature review.
This will provide the nurse with the most current, research-based information on the topic. While asking a more experienced nurse or looking it up in a textbook might provide some useful information, these methods will not provide the most current or comprehensive evidence. Using the intervention just because others are is not responsible.

NEW QUESTION # 851
Which of the following aspects of nursing care is associated with decreasing the risk of a catheter- associated urinary tract infection (CAUTI)?

- A. Utilizing antimicrobial urinary catheters instead of standard catheters
- B. Thorough hourly assessment to determine the need for indwelling catheter use
- C. Prophylactic antibiotic administration
- D. Removal of catheters when their use is unnecessary

Answer: D

Explanation:
Nursing care to reduce the risk of CAUTI includes a thorough daily (not hourly) assessment to determine if urinary catheter use is appropriate, consideration of alternative interventions such as external collection devices or in and out catheterization, strict adherence to aseptic technique in managing the catheter, astute monitoring of patient for signs of UTI, and teaching unlicensed personnel to handle the catheter and the collection bag appropriately.
Though antimicrobial urinary catheters could reduce the risk of CAUTI, consensus on the economic benefit compared to standard catheter use has not yet been determined, and further research is needed. Patients with indwelling urinary catheters should not

typically receive preventative antibiotics.

NEW QUESTION # 852

Which of the following sets of arterial blood gas (ABG) results indicates acute respiratory failure (ARF) that requires immediate endotracheal intubation?

- A. pH 7.30, PaO2 60 mm Hg, PaCO2 48 mm Hg
- B. pH 7.31, PaO2 55 mm Hg, PaCO2 52 mm Hg
- C. pH 7.32, PaO2 65 mm Hg, PaCO2 20 mm Hg
- D. pH 7.25, PaO2 58 mm Hg, PaCO2 53 mm Hg

Answer: D

Explanation:
Indications for the need of mechanical ventilation include:
* PaO2 < 60 mm Hg
* PaCO2 < 30 or > 50 mm Hg
* RR > 30-35 BPM or <10 BPM
* pH </= 7.25
Therefore, the patient with the ABGs of pH 7.25, PaO2 58 and PaCO2 53 mm Hg meets the criteria for ARF in need of ventilation.

NEW QUESTION # 853

Which of the following conditions is MOST LIKELY to cause rhabdomyolysis?

- A. Status ellipticus
- B. Parkinson's disease
- C. Sick sinus syndrome
- D. Status asthmaticus

Answer: A

Explanation:
Status ellipticus can cause prolonged muscle activity that can lead to tissue breakdown, ultimately leading to a significant increase in the risk of rhabdomyolysis. Status asthmaticus, sick sinus syndrome, and Parkinson's disease are not likely to cause rhabdomyolysis. While Parkinson's disease does cause muscle tremors, these are not likely to be vigorous enough or demanding enough on muscle tissues to lead to rhabdomyolysis.

NEW QUESTION # 854

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