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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
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 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.

Topic 6

- 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.

AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q676-Q681):

NEW QUESTION # 676

A patient is immune compromised and on a ventilator. Their family would like to perform a tribal ritual that involves sacrificing a live chicken in the presence of the patient and having them drink some of the chicken's blood. They inform the nurse that this ritual is a vital healing ritual in their culture and that the patient will be cursed in the afterlife if the ritual is not performed. Which response by the nurse is BEST?

- A. "You will need to contact someone from administration to clear this ritual before we can allow it to be performed."
- B. "We will need you to kill the chicken at least six feet away from the equipment and will have to give the blood through an NG tube."
- C. "We respect your cultural practices and will do everything we can to help you perform this ritual the way you'd like to."
- D. "Sacrificing a live animal in the ICU and having the patient ingest its blood will not be possible. Are there any ways to alter this ritual?"

Answer: D

Explanation:

While the nurse and healthcare team should make every reasonable attempt possible to accommodate cultural and religious practices, practices that are a potential danger to the patient or to the ability to safely provide care for other patients cannot be accommodated. Killing a live animal in the ICU environment and having an immune compromised patient ingest raw blood should be prohibited. The nurse should assess if there are other cultural practices that can be substituted. While it is important to demonstrate respect for the patient's cultural practices, clear boundaries must exist in some situations.

The nurse does not need to involve administration to make the decision to not permit this ritual to be performed.

NEW QUESTION # 677

Assessment of eye movements include all of the following cranial nerves EXCEPT:

- A. Cranial nerve IV (Trochlear)
- B. Cranial nerve III (Oculomotor)
- C. Cranial nerve VI (Abducens)
- D. Cranial nerve X (Vagus)

Answer: D

Explanation:

Cranial nerve X (Vagus) is responsible for salivary gland secretions, vagal control of the heart, lungs, and GI tract.

Cranial nerve III (Oculomotor) is responsible for extraocular eye movements like keeping the eyelids open (levator palpebrae superioris muscle) and the constriction of the pupils to adapt to changing light.

Cranial nerve IV (Trochlear) is responsible for rotational eye movement up, down, left and right. Cranial nerve VI (Abducens) is responsible for lateral vision (left to right) by using the lateral rectus muscle.

NEW QUESTION # 678

Which of the following is the MOST common cause of hemothorax?

- A. Fractured ribs
- B. Cardiac tamponade
- C. Aortic dissection
- D. Puncture of a lung

Answer: A

Explanation:

Rib fractures are the most common cause of hemothorax, or blood in the pleural space. Puncture of a lung will cause a pneumothorax, or air in the pleural space, not a hemothorax. While aortic dissection lead to a hemothorax, it is not the most common cause. In a cardiac tamponade, blood is in the pericardial space, not the pleural space.

NEW QUESTION # 679

Peak flow measurement is one of the best assessment tools for determining the severity of status asthmatics or acute asthma exacerbations. Severe bronchoconstriction is generally diagnosed when the patient fails to respond to aggressive bronchodilator treatments in combination with a peak expiratory flow rate of

- A. < 50% of predicted
- B. < 75% of predicted
- C. < 20% of predicted
- D. < 90% of predicted

Answer: A

Explanation:

The Peak Expiratory Flow (PEF) rate is a person's maximum speed of expiration and is an indication of how well air is flowing in and out of the lungs. A peak expiratory flow rate of measurement of < 50% of predicted generally indicates severe bronchoconstriction, particularly in combination with failure to respond to aggressive bronchodilator treatments. These patients are generally admitted to a critical care unit for monitoring and aggressive therapy.

NEW QUESTION # 680

Another name for the Billroth II procedure is:

- A. gastrojejunostomy
- B. cholangiogram
- C. gastroduodenostomy
- D. cholecystogram

Answer: A

Explanation:

Surgical therapies for Peptic Ulcer Disease (PUD) or stress ulcers include gastric resections such as antrectomy, gastrectomy, vagotomy, or combination procedures. A Billroth II, also called a gastrojejunostomy, is a combination procedure consisting of a vagotomy (decreases acid secretion in the stomach by dividing the vagus nerve along the esophagus), resection of the antrum, and anastomosis of the stomach to the jejunum. The Billroth II is preferred over the Billroth I (gastroduodenostomy) because it does not present the risk for dumping syndrome.

NEW QUESTION # 681

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