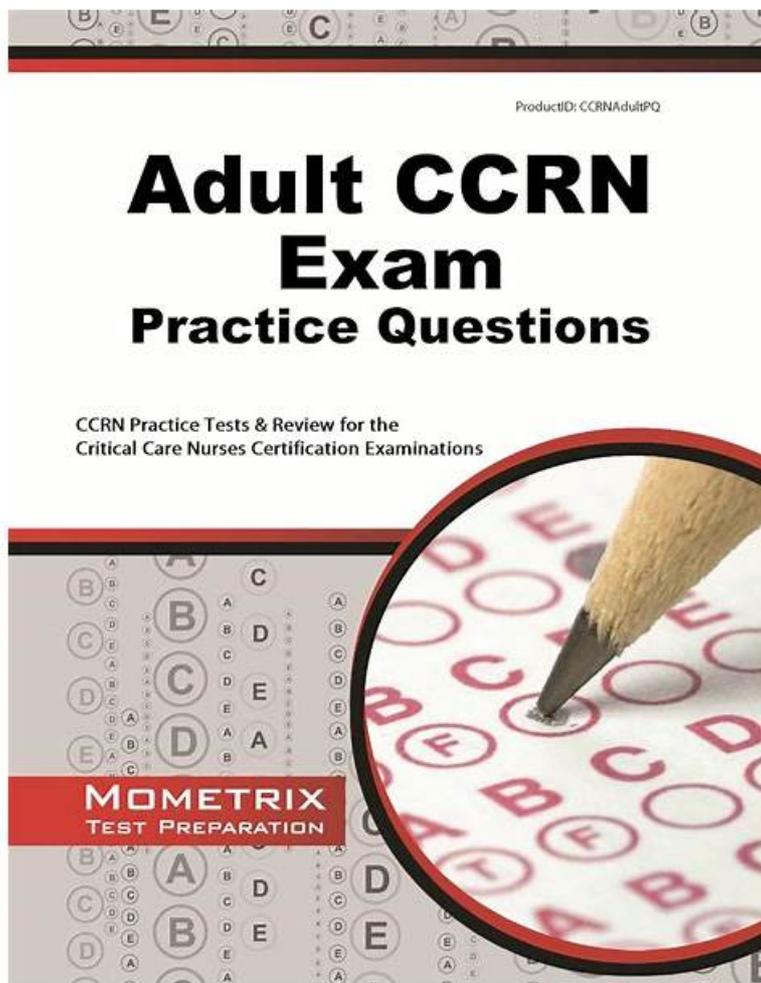


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 1	<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"> • 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 (Q870-Q875):

NEW QUESTION # 870

Which of the following best defines systems thinking?

- A. Thinking through how a pathology impacts a patient by considering each body system independently
- B. A holistic approach to nursing care that considers the health of the patient by considering the interplay of each body system with the patient as a whole
- C. A body of knowledge that allows the nurse to manage environment and system resources for stakeholders
- D. An approach to improving care delivery that considers a unit's role in the overall hospital system

Answer: C

Explanation:

Systems thinking is best defined as a body of knowledge that allows the nurse to manage environment and system resources for patients, families, and staff. Systems thinking is unrelated to body systems.

Systems thinking does not so much consider a unit's role in the overall hospital system as it does how the resources of the overall hospital system can be leveraged to improve patient care.

NEW QUESTION # 871

The critical care nurse knows that all of the following will be priority assessment data to gather from a patient suspected of having an acute respiratory infection such as pneumonia EXCEPT:

- A. auscultation of breath sounds
- B. presence of chest pain
- C. presence of peripheral edema
- D. color of nailbeds

Answer: C

Explanation:

A respiratory assessment, which includes auscultating breath sounds and assessing the nail bed color, is a priority for patients with pneumonia. Assessing for the presence of chest pain (or pressure with movement or coughing) is also an important respiratory assessment, as this symptom can interfere with the patient's ability to breathe deeply.

Assessment of peripheral edema may be appropriate to rule out other causes of the patient's shortness of breath (such as myocardial infarction), but this is not a priority assessment for the patient with pneumonia.

NEW QUESTION # 872

Which of the following clinical situations is NOT a common indication for an intravenous (IV) insulin infusion in a critically ill patient?

- A. Diabetes insipidus (DI)
- B. Total parenteral nutrition (TPN)
- C. Hyperosmolar hyperglycemic states (HHSs)
- D. Diabetic ketoacidosis (DKA)

Answer: A

Explanation:

An insulin infusion is preferable in all hyperglycemic, critically and acutely ill patients, including those experiencing DKA and HHS. The patient requiring TPN will also require an IV insulin infusion. These patients often have increased hepatic glucose production, impaired insulin release and sensitivity, and widely fluctuating blood glucose and insulin needs.

Diabetes insipidus (DI) is associated with dysfunction of the pituitary gland. It results in an absolute or relative deficiency of antidiuretic hormone (ADH), not insulin production. DI may complicate the course of critically and acutely ill patients, and can result in acute fluid and electrolyte imbalances, but not in hyperglycemia. Therefore, the need for IV insulin is not necessary in the patient with DI.

NEW QUESTION # 873

Which of the following BEST describes the rationale for performing an echocardiogram in a patient with Pulmonary Arterial Hypertension (PAH)?

- A. An echocardiogram can identify cor pulmonale
- B. An echocardiogram will identify hypertensive pulmonary arteries
- C. An echocardiogram will identify restricted blood flow in the pulmonary arteries
- D. An echocardiogram is not indicated for a patient with PAH

Answer: A

Explanation:

Cor pulmonale refers to right ventricular failure and literally means "pulmonary heart". Cor pulmonale is caused by Pulmonary Arterial Hypertension (PAH) due to the increased afterload of the pulmonary arteries. An echocardiogram does not directly assess the pulmonary arteries and is used to evaluate the structure of the heart, not the pulmonary arteries.

NEW QUESTION # 874

All of the following independent nursing actions can be performed to help decrease Intracranial Pressure (ICP) except:

- A. Suction to ensure adequate oxygenation
- B. Keep patient's head in the midline position
- C. Apply cervical collar
- D. Elevate head of bed 30 degrees

Answer: A

Explanation:

Because the venous system of the brain is valveless, increased intrathoracic or intra-abdominal pressure reduces venous return and increases ICP. The nurse optimizes jugular venous return by keeping the patient's head in the midline position, elevating the head of bed 30 to 45 degrees, and ensuring that the cervical collar is applied correctly. In addition, hip flexion is minimized, and a bowel regimen is used to avoid constipation.

Stimulation (such as suctioning) is minimized, as this may increase ICP, and is performed only as clinically indicated (due to the importance of oxygenation for cerebral perfusion).

NEW QUESTION # 875

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