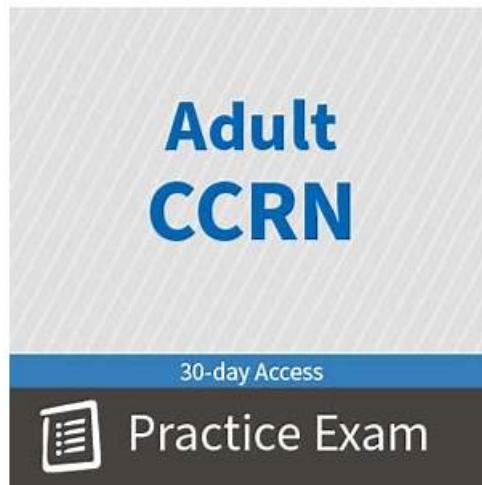


# Web-Based Practice Exams to Evaluate AACN CCRN-Adult Exam Preparation



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## AACN CCRN-Adult Exam Syllabus Topics:

| Topic   | Details  |
|---------|--|
| Topic 1 | <ul style="list-style-type: none"><li>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.</li></ul> |
| Topic 4 | <ul style="list-style-type: none"><li>PROFESSIONAL CARING &amp; ETHICAL PRACTICE: This section assesses the skills of Clinical Nurse Leaders in professional caring and ethical practice. It covers advocacy and moral agency, highlighting the importance of representing patients' interests in healthcare decisions. The section also addresses caring practices that promote patient-centered care and response to diversity, ensuring that care is tailored to individual needs.</li></ul>  |

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### AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q714-Q719):

#### NEW QUESTION # 714

Which of the following drugs are the MOST important to give as initial management of an acute severe asthma exacerbation (also referred to as status asthmaticus)?

- A. Ipratropium and adenosine
- B. Epinephrine and corticosteroids
- C. Short-Acting Beta-Agonists (SABAs) and corticosteroids
- D. Ipratropium and Short-Acting Beta-Agonists (SABAs)

#### Answer: C

Explanation:

Pharmacotherapy is vital for acute severe asthma exacerbations and should be administered rapidly and aggressively. The two most important first-line drugs are SABAs such as albuterol (also referred to as "rescue drugs") and corticosteroids (commonly referred to as "controllers").

Epinephrine in adults is not given except with anaphylaxis, angioedema, or severe bronchospasm (when inhaled drugs cannot be effectively administered). Ipratropium may be given in addition to SABAs and corticosteroids during an acute exacerbation if further bronchodilation is required, but is not the first treatment option. Adenosine is contraindicated because it causes vasospasm. Intravenous magnesium may also be part of this initial treatment.

#### NEW QUESTION # 715

What is the MOST common cause of a Large-Bowel Obstruction (LBO) in the United States?

- A. Hernia
- B. Colorectal cancer
- C. Intussusception
- D. Diverticulitis

#### Answer: B

Explanation:

Colorectal cancer is the most common cause of an LBO in the US with the descending colon and rectosigmoid being the most common sites of obstruction.

The other answer choices are causes, though less common, of LBO.

#### NEW QUESTION # 716

All postoperative cardiac surgical patients typically develop:

- A. pericarditis
- B. hypertension
- C. hypokalemia
- D. chronic chest pain

#### Answer: A

Explanation:

Pericarditis is a chronic or acute inflammation of the pericardium. Acute pericarditis typically follows another disease process or

cardiac surgery and usually resolves within six weeks. Pericarditis can occur due to:

- \* Infections (viral and bacterial)
- \* Cardiac surgery
- \* Rheumatic disease
- \* Radiation therapy
- \* Neoplasm
- \* Myocardial infarction
- \* Uremia
- \* Scleroderma

Hypertension, hypokalemia, and chronic chest pain are not common manifestations in postoperative cardiac surgical patients.

#### NEW QUESTION # 717

A patient presents with fever and chills, is diaphoretic, and reports experiencing abdominal and intermittent left shoulder pain for the past week. An ultrasound shows an enlarged spleen. Vital signs are:

BP 106/59

HR 118

RR 23

T101.2° F (38.4° C)

When reviewing the lab report, which of the following findings is most significant to this presentation?

- A. WBC less than 500/mm<sup>3</sup>
- B. PLT 150,000/mm<sup>3</sup>
- C. Hct 39%
- D. **positive blood cultures**

**Answer: D**

Explanation:



Splenomegaly



An x-ray of a person's body Description automatically generated

The patient's presentation is suggestive of splenic abscess, which is a rare but serious complication of splenomegaly. Splenic abscess is caused by bacterial or fungal infection of the spleen, usually from hematogenous spread or contiguous spread from adjacent organs. The most common symptoms are fever, chills, abdominal pain, and left shoulder pain (Kehr sign). The most significant laboratory finding is positive blood cultures, which indicate systemic infection and sepsis. Other laboratory findings may include leukocytosis, anemia, thrombocytopenia, elevated inflammatory markers, and abnormal liver function tests.

However, these are nonspecific and may vary depending on the underlying cause of splenomegaly and the type of microorganism involved.

References:

- \* Splenic Abscess - Infectious Disease Advisor
- \* Cross-sectional imaging findings of splenic infections: is ... - Springer

#### NEW QUESTION # 718

A patient admitted to the critical care unit undergoing his fourth round of chemotherapy states, "I cannot take it anymore. I wish I

could end all this." A priority when caring for this patient's response to stress is to:

- A. Explore the intent of the comment with the patient
- B. Provide encouragement and reassurance to the patient
- C. Allow the patient periods of time alone to process their emotions
- D. Request an order from the physician for 1:1 supervision

**Answer: A**

### Explanation:

If you suspect a person is depressed or suicidal, ask directly. Allow the patient to initiate conversation. If negative distortions about illness and treatment are communicated, it is appropriate to correct, clarify, and reassure with realistic information to promote a more hopeful outcome.

Often, the communication of feeling suicidal is a cover for wanting to discuss fear, pain, or loneliness.

## NEW QUESTION # 719

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