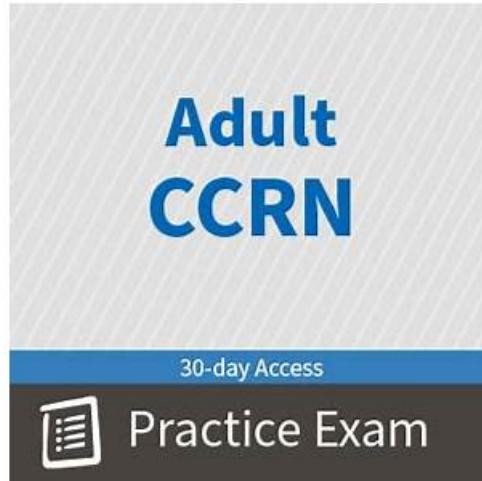


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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q658-Q663):

NEW QUESTION # 658

A patient with a history of asthma presents with acute onset of dyspnea, a non-productive cough, and tachypnea. He is very anxious, restless, and tachycardic. Which of the following is a first-line drug for these symptoms?

- A. leukotriene inhibitor
- B. beta-agonist
- C. anticholinergic
- D. mast cell stabilizer

Answer: B

Explanation:

Beta-agonists are the first-line drugs for acute asthma exacerbations because they rapidly reverse bronchoconstriction and improve airflow. They act by stimulating beta-2 receptors in the smooth muscle of the airways, causing relaxation and dilation. Beta-agonists can be administered by inhalation, nebulization, or injection. Examples of beta-agonists include albuterol, levalbuterol, and terbutaline.

References:

* Management of Acute Asthma Exacerbations | AAFP: This article states that "Quick-relief medicines include: Albuterol (ProAir HFA, Proventil-HFA, Ventolin HFA, others). Levalbuterol (Xopenex, Xopenex HFA)."

* Asthma attack - Diagnosis and treatment - Mayo Clinic: This article states that "If you're in the yellow zone, the plan will tell you how many puffs of your quick-relief medicine to take and how often you can repeat the dose. Young children or people who have difficulty with an inhaler use a device called a nebulizer to inhale the medicine in a mist. Quick-relief medicines include: Albuterol (ProAir HFA, Proventil-HFA, Ventolin HFA, others). Levalbuterol (Xopenex, Xopenex HFA)."

NEW QUESTION # 659

The nurse is helping care for a patient who is suspected of having pulmonary fibrosis. Which of the following is LEAST LIKELY to help in the diagnosis of pulmonary fibrosis?

- A. Lung biopsy
- B. Sweat chloride test
- C. CT scan
- D. Pulmonary function tests

Answer: B

Explanation:

Pulmonary fibrosis is a condition in which the lungs gradually develop scar tissue that decreases lung compliance and inhibits diffusion of gasses across the alveolar membranes. A sweat chloride test is used to diagnose cystic fibrosis, not pulmonary fibrosis. High-resolution CT scan of the chest, lung biopsy, and pulmonary function tests can all be used as part of the diagnosis of pulmonary fibrosis.

NEW QUESTION # 660

You're the nurse caring for a patient who has recently been placed on a ventilator. The patient's spouse is clearly distressed and asks to speak with you privately. They tell you they're unsure if they can handle seeing their spouse this way and want to know if the ventilator is really necessary. How should you respond?

- A. Arrange a meeting with the healthcare team to discuss the rationale and necessity of the ventilator
- B. Tell them it's best to focus on the positive aspects of the patient's condition
- C. Reassure them that all possible interventions will be used to help the patient
- D. Explain that the ventilator is necessary for now, and they should try to accept the situation

Answer: A

Explanation:

Arranging a meeting with the healthcare team allows the spouse to discuss the rationale and necessity of the ventilator, and is a way of addressing their concerns in a respectful and informative manner.

While the nurse can provide information about the necessity of the ventilator themselves, involving other members of the healthcare team (especially the physician), can provide a more cohesive and unified perspective. Simply reassuring them without addressing their concerns, suggesting acceptance without further discussion, or shifting focus to the positive aspects without acknowledging their

distress does not fully address their concerns or promote understanding.

NEW QUESTION # 661

The underlying pathophysiology of disseminated intravascular coagulation (DIC) is best explained as

- A. depletion of clotting factors.
- B. fragmentation of erythrocytes.
- C. depression of platelet aggregation.
- D. inactivation of tissue thromboplastin.

Answer: A

Explanation:

Disseminated intravascular coagulation (DIC) is a condition where blood clots form excessively and block blood vessels, leading to organ damage and bleeding. The pathophysiology of DIC involves excess and unregulated thrombin generation, which consumes coagulation factors and platelets, and activates fibrinolysis¹. Thus, in severe DIC there is paradoxically simultaneous thrombosis and spontaneous bleeding².

This is due to the depletion of clotting factors, which is a key aspect of the underlying pathophysiology of DIC¹².

NEW QUESTION # 662

Factors that increase the risk of critically ill patients developing sepsis include all the following EXCEPT:

- A. Alcohol abuse
- B. First-degree and second-degree burns
- C. Recent surgery
- D. Invasive procedures

Answer: B

Explanation:

Major trauma, recent surgery, invasive procedures, and severe burn injuries (third and fourth degree burns) are all situations that will increase a patient's risk of developing sepsis.

Excessive antibiotic therapy may lead to resistance in some bacteria groups and render current therapies ineffective.

Immune senescence, or the aging of the immune system, particularly its effect on changes in lymphocyte development and function, predisposes older adults to a higher risk of latent virus reactivation, and therefore sepsis.

Alcohol and IV drug abuse significantly increases a patient's risk for sepsis by compromising the patient's immune system

NEW QUESTION # 663

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