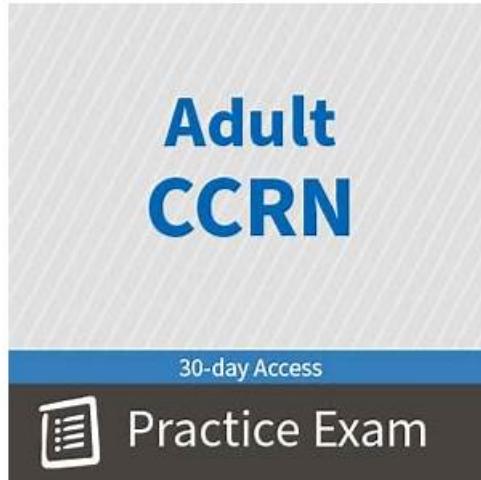


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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q838-Q843):

NEW QUESTION # 838

The nurse is caring for a patient with Type 1 diabetes who was admitted after losing consciousness secondary to a severe hypoglycemic episode. The patient reports having had multiple episodes of hypoglycemia and is worried because she cannot tell when they are coming on anymore.

What is the term for this phenomenon?

- A. Hypoglycemic latency
- B. Hypoglycemic tolerance
- C. Hypoglycemic unawareness
- D. Hypoglycemic neurosis

Answer: C

Explanation:

Hypoglycemic unawareness is an autonomic neuropathy with potentially serious consequences; it is the result of the body's loss of ability to release epinephrine and other stress hormones (loss of adrenergic symptoms) during episodes of hypoglycemia. Without these adrenergic symptoms that prompt a patient to act to prevent the progression of severe hypoglycemia, the individual is not aware that blood sugar levels are dropping, preventing them from taking early action to correct hypoglycemia. Both type 1 and 2 diabetics may have deficiencies in counterregulation systems.

NEW QUESTION # 839

A patient is admitted following a motor vehicle crash. A fluid challenge is initiated immediately after assessing a BP of 80/palpable. Fifteen minutes later, vital signs are as follows:

BP 86/50

HR 150

RR 36

The most appropriate action should be to

- A. administer a vasopressor.
- B. administer a second fluid challenge.
- C. request a CT scan of the chest.
- D. request an abdominal ultrasound.

Answer: B

NEW QUESTION # 840

Which of the following statements is TRUE about Multiple Organ Dysfunction Syndrome (MODS)?

- A. The mortality rates for MODS range from 50% to 100% as the number of involved organs increases
- B. In primary MODS, organ dysfunction occurs as the result of persistent mediator release following an insult such as pancreatitis
- C. Generally, the time frame for primary MODS is seven to ten days
- D. Secondary MODS is the result of a well-defined insult in which organ dysfunction occurs early and can be attributable to the insult itself

Answer: A

Explanation:

The mortality rates in MODS vary depending on the underlying cause and range from 50% to 100% as the number of affected organs increases. Primary MODS results from direct insult to an organ (aspiration causes lung dysfunction), whereas secondary MODS occurs due to persistent mediator release following an insult. Typically, the time frame for secondary MODS is seven to ten days.

NEW QUESTION # 841

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. "We respect your cultural practices and will do everything we can to help you perform this ritual the way you'd like to."
- B. "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?"
- C. "You will need to contact someone from administration to clear this ritual before we can allow it to be performed."
- D. "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."

Answer: B

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 # 842

A patient with history of hypothyroidism is admitted with severe confusion and nonpitting edema. The nurse should anticipate which order?

- A. 3% saline 150 mL/hour
- B. forced air warming blanket
- C. diuretics
- D. insulin drip

Answer: B

Explanation:

The patient has signs of myxedema coma, a life-threatening complication of hypothyroidism. The patient needs immediate treatment with thyroid hormone replacement, glucocorticoids, and supportive care. One of the supportive measures is to correct the hypothermia that often accompanies myxedema coma. A forced air warming blanket is a device that delivers warm air through a hose to a blanket that covers the patient. This helps to raise the patient's core temperature and prevent further complications. Insulin drip is not indicated, as the patient does not have diabetes or hyperglycemia. 3% saline is a hypertonic solution that can worsen the hyponatremia and fluid overload that are common in myxedema coma. Diuretics are not recommended, as they can cause dehydration and electrolyte imbalance in the patient.

References:

- * Myxedema Coma: Diagnosis and Treatment | AAFP
- * Myxedema coma - UpToDate
- * Myxedema: Symptoms, treatment & coma - Medical News Today

NEW QUESTION # 843

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