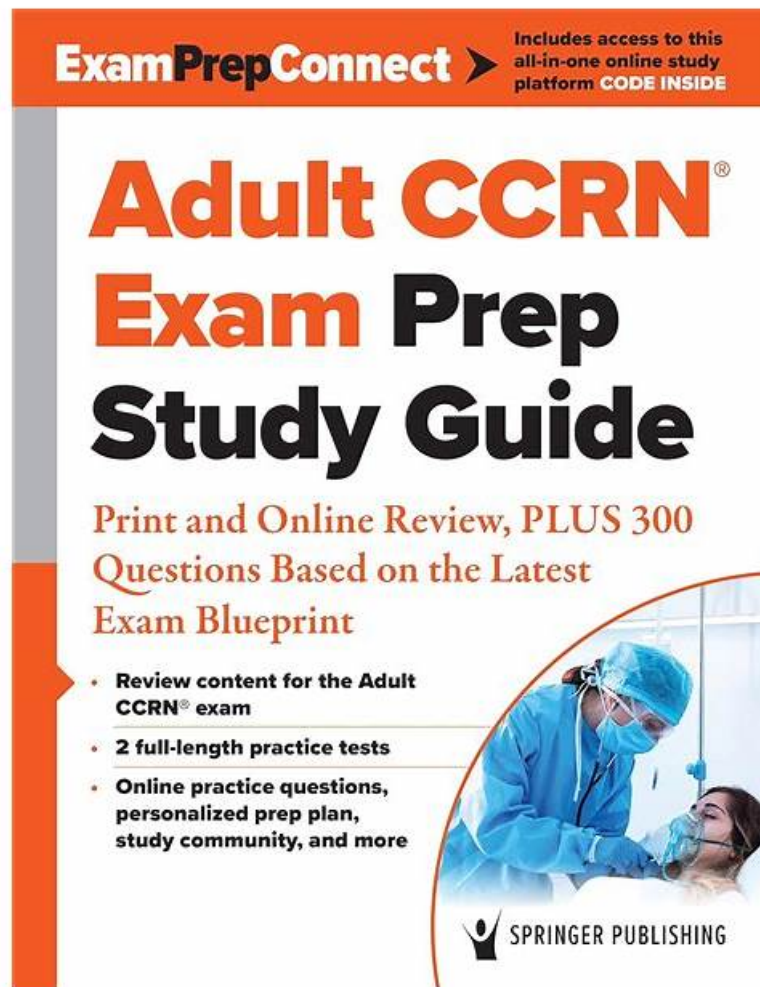


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## AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 2	<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 3	<ul style="list-style-type: none"> <li><b>PROFESSIONAL CARING &amp; ETHICAL PRACTICE:</b> 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>
Topic 5	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 6	<ul style="list-style-type: none"> <li><b>CLINICAL JUDGMENT:</b> 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.</li> </ul>

## AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q836-Q841):

### NEW QUESTION # 836

Which of the following is LEAST LIKELY to be a complication of immobility in the ICU patient?

- A. Delirium
- B. Pressure injury
- **C. Fat embolism**
- D. Infection

**Answer: C**

Explanation:

Fat embolisms are normally caused by fractures of long bones, not by immobility. While Venous Thromboembolisms (VTEs) are a major risk factor associated with immobility, fat embolisms are not.

Pressure injuries, infections, and delirium are all common complications of immobility.

### NEW QUESTION # 837

A flattened diaphragm suggests which of the following conditions?

- A. Acute bronchitis
- B. Pneumonia
- **C. Chronic Obstructive Pulmonary Disease (COPD)**
- D. Atelectasis

**Answer: C**

Explanation:

A flattened diaphragm suggests COPD, a chronic inflammatory lung disease that causes obstructed airflow from the lungs. An elevated diaphragm may indicate pneumonia, pleurisy, acute bronchitis, or atelectasis.

#### **NEW QUESTION # 838**

Many ventilators have a mode that allows the patient to breathe spontaneously without ventilator support. This mode of ventilation is often identified as:

- A. Assist-control (A/C)
- B. Volume-control (VC)
- C. Synchronized intermittent mandatory ventilation (SIMV)
- **D. Continuous positive airway pressure (CPAP)**

**Answer: D**

Explanation:

CPAP is a form of positive airway pressure ventilation, which applies mild air pressure on a continuous basis to keep the airways continuously open in patients who are able to breathe spontaneously on their own.

SIMV, A/C, and VC modes of ventilation deliver a predetermined number and volume of breaths each minute, and are indicated for the patient who is not breathing spontaneously.

#### **NEW QUESTION # 839**

Which of the following dysrhythmias is the patient is MOST LIKELY being treated for if he has a DVI pacemaker?

- A. Atrial fibrillation
- B. Atrial tachycardia
- **C. Second degree AV block Type I**
- D. Atrial flutter

**Answer: C**

Explanation:

DVI pacemakers (paces atria and ventricles, senses only in the ventricle, and inhibits pacing output when sensing occurs) are used to treat a clinically significant AV block.

Pacemaker Codes

1st Letter (Chamber Paced) 2nd Letter (Chamber Sensed) 3rd Letter (Response to Sensing) 4th Letter (Rate Modulation) 5th Letter (Multisite Pacing\*)

0=None 0=None 0=None 0=None 0=None

A=Atrium A=Atrium I=Inhibited R=Rate modulation A=Atrial

V=Ventricle V=Ventricle T=Triggered V=Ventricular

D=Dual (A&V) D=Dual (A&V) D=Dual (I&T) D=Dual

Dual-Chamber Pacing Modes

Mode Chamber(s) Paced Chamber(s) Sensed

DVI Atrium and ventricle Ventricle

VDD Ventricle Atrium and ventricle

DDI Atrium and ventricle Atrium and ventricle

DDD Atrium and ventricle Atrium and ventricle

#### **NEW QUESTION # 840**

Which of the following is a classic finding in cardiac tamponade?

- A. Beck's triad
- B. Cushing's triad
- C. Kernig's sign
- D. Brudzinski's sign

**Answer: A**

Explanation:

Beck's triad is a classic finding in cardiac tamponade. Beck's triad includes:

- \* Hypotension
- \* Muffled heart tones
- \* Jugular venous distention

Other signs and symptoms of tamponade include tachycardia, shortness of breath, anxiety, decreased level of consciousness, and paradoxus.

Brudzinski's sign and Kernig's sign are both associated with meningeal irritation. Cushing's triad is a sign of increased intracranial pressure. It is the triad of hypertension, bradycardia, and irregular respirations.

Some sources describe widened pulse pressure (increasing difference between systolic and diastolic BP) as the third component of the triad, rather than irregular respirations.

### NEW QUESTION # 841

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