

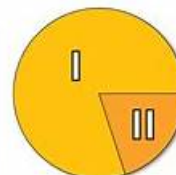
Interactive CCRN-Adult Questions, CCRN-Adult Interactive Testing Engine

Adult CCRN Exam Outline

Content Categories	Percentage of Exam
I. Clinical Judgment	80%
<ul style="list-style-type: none"> • Cardiovascular • Respiratory • Endocrine • Hematology • Gastrointestinal • Renal • Integumentary • Musculoskeletal • Neurological • Psychosocial • Multisystem 	
II. Professional Caring and Ethical Practice	20%
<ul style="list-style-type: none"> • Advocacy • Moral Agency • Caring Practices • Response to Diversity • Facilitation of Learning • Collaboration • Systems Thinking • Clinical Inquiry 	

Mometrix TEST PREPARATION

Time limit: 3 hours
Total questions: 150
Question format: Multiple-choice
Exam delivery: Computer-based or paper-and-pencil



P.S. Free 2025 AACN CCRN-Adult dumps are available on Google Drive shared by CertkingdomPDF:
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Passing the CCRN (Adult) - Direct Care Eligibility Pathway CCRN-Adult exam is your best career opportunity. The rich experience with relevant certificates is important for enterprises to open up a series of professional vacancies for your choices. Our AACN CCRN-Adult learning quiz bank and learning materials look up the latest CCRN-Adult questions and answers based on the topics you choose.

AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 1	<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.
Topic 4	<ul style="list-style-type: none"> • 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.
Topic 6	<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 7	<ul style="list-style-type: none"> • 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.

CCRN-Adult Interactive Testing Engine, CCRN-Adult New Exam Braindumps

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q521-Q526):

NEW QUESTION # 521

Of the following drug classes, which is NOT indicated for the management of heart failure (HF)?

- A. Angiotensin-converting enzyme (ACE) inhibitors
- B. Selective beta-blocking agents
- C. Calcium channel-blocking (CCBs) agents
- D. Nitrates

Answer: C

Explanation:

CCBs should generally be avoided in patients with HF plus reduced ejection fraction since they provide no functional or mortality benefit, and some first generation agents may worsen outcomes. They have negative inotropic activity, and therefore, weaken the force of myocardial contractility.

First line drugs in the management of acute heart failure include:

- * Nitrates: reduce oxygen consumption, dilate venous system, and relax arterial smooth muscle
- * ACE inhibitors: decrease afterload, inhibit the renin-angiotensin-aldosterone system (RAAS), reducing fluid volume overload and remodeling of the left ventricle
- * Beta-blockers: reduce the frequency of ventricular tachycardia and ventricular fibrillation, which are the most prevalent cause of death in heart failure patients

NEW QUESTION # 522

The nurse is caring for a patient with intestinal malabsorption issues. The nurse checks for signs of hypocalcemia by occluding circulation of the patient's left arm for three minutes with a blood pressure cuff. The patient has a carpopedal spasm (contraction of the muscles of the left hand) in response to this test.

Which of the following is this response known as?

- A. None of these
- B. Positive Trousseau's sign
- C. Positive Chvostek's sign
- D. Positive Cullen's sign

Answer: B

Explanation:

A carpopedal spasm (also called carpopedal contraction) is a spasmodic contraction of the muscles of the hands, feet, and especially the wrists and ankles. This occurs in patients with hypocalcemia when the circulation is interrupted with a blood pressure cuff and is known as a positive Trousseau's sign.

A positive Chvostek's sign is a twitching of the upper lip in response to tapping of the facial nerve, which is also associated with hypocalcemia. Cullen's sign is an ecchymosis around the umbilicus during acute hemorrhagic pancreatitis (not associated with hypocalcemia).

NEW QUESTION # 523

Which of the following is the federal law that requires healthcare institutions receiving Medicare or Medicaid funds to inform patients of their legal rights to make healthcare decisions and execute advance directives?

- A. Patient Safety and Quality Improvement Act (PSQIA)
- B. National Mental Health Act (NMHA)
- **C. The Patient Self Determination Act (PSDA)**
- D. Mental Health Systems Act (MHSA)

Answer: C

Explanation:

The Patient Self Determination Act (PSDA) was passed by the United States Congress in 1990 as an amendment to the Omnibus Budget Reconciliation Act of 1990. Effective on December 1, 1991, this legislation required many hospitals, nursing homes, home health agencies, hospice providers, Health Maintenance Organizations (HMOs), and other healthcare institutions receiving Medicare or Medicaid funds to inform patients of their legal rights to make healthcare decisions and execute advance directives. Its purpose is to preserve and protect the rights of adult patients to make choices regarding their medical care. It requires institutions to inform individuals of relevant state laws surrounding the preparation and execution of advance directives.

NEW QUESTION # 524

A critical care nurse is working on a research project about Ventilator-Associated Pneumonia (VAP). The nurse identified a set of interventions that might decrease VAP rates. How should the nurse proceed?

- **A. Compare the identified interventions with the current evidence-based practice**
- B. Share the interventions with the healthcare team for feedback
- C. Conduct a trial study with a small group of patients
- D. Implement the interventions immediately to decrease VAP rates

Answer: A

Explanation:

Comparing the identified interventions with the current evidence-based practice will help ensure they are safe, effective, and supported by research. Implementing interventions immediately without further research could lead to harm if the interventions are not evidence-based. While feedback from the healthcare team and trial studies are part of implementing change in practice, they should come after comparison with existing evidence.

NEW QUESTION # 525

The nurse is caring for a 48-year-old male patient with a history of playing professional soccer. The nurse notes that his cardiac rhythm is irregular, and accelerates and decelerates frequently. He has upright P and R waves in Lead II with a heart rate of 60 bpm. The nurse knows that his rhythm is MOST LIKELY a demonstration of:

- A. inferior wall MI (Myocardial Infarction)
- B. Premature Atrial Complexes (PACs)
- **C. a sinus dysrhythmia**
- D. sinus arrest

Answer: C

Explanation:

Sinus arrhythmia occurs when the sinus node discharges irregularly. It occurs commonly as a normal phenomenon known as respiratory sinus arrhythmia, particularly in athletes, elderly and children. Here the variation in the heart rate is related to the breathing cycle. The rate increases when the person breathes in and decreases when the person breathes out. It is a physiological response and is not considered a significant abnormality. Sinus arrhythmia is most commonly seen when the heart rate is slow. And when the heart rate speeds up, during exercise, for example, the rhythm tends to become regular. Sinus arrhythmia looks like normal sinus rhythm except for the sinus irregularity (increase and decrease in rhythm).

The most likely explanation for his rhythm variation would be his athletic history.

NEW QUESTION # 526

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