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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 1	<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.
Topic 4	<ul style="list-style-type: none">PROFESSIONAL CARING & 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.
Topic 5	<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.

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q93-Q98):

NEW QUESTION # 93

A patient who survives near-drowning develops hypoxia-induced cerebral edema. Interventions should include

- A. administration of osmotic diuretics.
- B. keeping the patient flat, in a supine position.
- C. maintaining a MAP of 60-70 mm Hg.
- D. hyperventilation to maintain PaCO₂ of 40-45 mm Hg.

Answer: A

Explanation:

Hypoxia-induced cerebral edema after a near-drowning incident can be managed by administering osmotic diuretics like mannitol. These medications help reduce intracranial pressure by drawing fluid out of the brain tissue and into the bloodstream, thereby alleviating cerebral edema. Maintaining a MAP of 60-70 mm Hg may not be sufficient to address the elevated intracranial pressure, keeping the patient flat could worsen cerebral edema, and hyperventilation with a PaCO₂ of 40-45 mm Hg is not typically recommended for managing increased intracranial pressure as it can lead to vasoconstriction and decreased cerebral perfusion.

References:

= CCRN Exam Handbook, AACN Adult CCRN Certification Review Course

NEW QUESTION # 94

Which of the following is NOT a factor that significantly increases the risk for Ventilator Associated Pneumonia (VAP) in an intubated patient?

- A. Immobility
- B. Gastric distension
- C. Tracheostomy tubes
- D. Increase GI motility

Answer: D

Explanation:

There are several risk factors that increase the risk of Ventilator Associated Pneumonia (VAP) occurring in critically ill intubated patients. These include the presence of tracheostomy tubes, endotracheal tubes, and nasogastric tubes. Immobility, gastric distension, and decreased GI motility also play a role in increasing the potential risk of VAP.

NEW QUESTION # 95

Which of the following is a goal of intra-aortic balloon pump therapy?

- A. Increase systolic blood pressure
- B. Decrease MAP
- C. Increase end-diastolic blood pressure
- D. Maximize aortic diastolic augmentation pressure

Answer: D

Explanation:

The IABP (Intra-Aortic Balloon Pump) provides cardiac assistance by improving myocardial oxygen supply and reducing cardiac workload. The IABP works on the principle of counterpulsation. Gas (helium or CO₂) moves back and forth from the IABP console to the IABP catheter, causing the balloon to inflate (during ventricular diastole, increasing intra-aortic pressure and blood flow to the coronary arteries) and deflate (just prior to ventricular systole, decreasing intra-aortic pressure). This counterpulsation increases the Mean Arterial Pressure (MAP), improves coronary artery blood flow and perfusion during diastole, and decreases

systolic blood pressure and end-diastolic blood pressure.

NEW QUESTION # 96

A competent patient with terminal cancer refuses further chemotherapy and wants to be transferred to a hospice for palliative care. However, the healthcare team believes further treatment could extend the patient's life. What should the nurse do?

- **A. Make sure the patient fully understands the decision they are making then support their decision**
- B. Focus on convincing the patient to agree to further chemotherapy
- C. Tell the patient that treatment is being discontinued, but continue to administer it without their knowledge
- D. Refuse to discontinue treatment because it is not in the patient's best interests

Answer: A

Explanation:

The patient has the right to autonomy, making their own healthcare decisions regardless of the consequences. The nurse should make sure the patient is fully informed about the decision they are making, then support their decision without judgement. Focus on convincing the patient to agree to further chemotherapy, refusing to discontinue treatment, or lying to the patient by telling them that treatment is being discontinued but continuing to administer it without their knowledge all fail to support the patient's right to autonomy.

NEW QUESTION # 97

An older adult patient is admitted with acute exacerbation of congestive heart failure. An echocardiogram indicates that EF is unchanged at 50%. The patient is most likely experiencing

- A. heart failure with reduced EF.
- B. advanced heart failure.
- C. left ventricular failure.
- **D. heart failure with preserved EF.**

Answer: D

Explanation:

Heart failure with preserved ejection fraction (HFpEF) is a type of heart failure that occurs when the heart muscle is stiff and does not relax well, causing high pressure in the heart and lungs. HFpEF is diagnosed when the patient has symptoms and signs of heart failure and a normal or high ejection fraction (EF), which is the percentage of blood pumped out of the left ventricle with each heartbeat. HFpEF is usually caused by conditions that affect the heart or blood vessels, such as aging, high blood pressure, diabetes, obesity, or kidney disease¹² References:

* What Is Heart Failure with Preserved Ejection Fraction? - Healthline

* Heart failure with preserved ejection fraction - BMJ Best Practice

NEW QUESTION # 98

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