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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q257-Q262):

NEW QUESTION # 257

The critical care nurse is caring for a patient in hypovolemic shock and a pulmonary artery catheter is placed to measure arterial pressures, hemodynamic parameters, and draw arterial blood samples. The BEST way to check the patient's left-sided afterload is by measuring which of the following?

- A. Pulmonary Vascular Resistance (PVR)
- B. Left ventricular stroke work
- C. Right ventricular stroke work
- D. Systemic Vascular Resistance (SVR)

Answer: D

Explanation:

Afterload is defined as ventricular wall tension during contraction. It is the resistance that must be overcome in order for the ventricle to eject its contents. It is often approximated by the systolic ventricular (or arterial) pressure. Left-sided afterload is determined primarily by the SVR. Right-sided afterload is determined by PVR, which is considerably less than the left side and is equivalent to the pulmonary artery pressure.

NEW QUESTION # 258

A 43-year-old male patient is admitted to the ICU following a high-speed motor vehicle collision. He has sustained multiple fractures, a lacerated liver, and blunt chest trauma. His blood pressure is 84/49 mmHg, heart rate 112/min, and his respiratory rate is 25/min. He is becoming increasingly agitated and hypoxemic despite receiving 100% oxygen via non-rebreather mask. Which of the following actions should the nurse prioritize?

- A. Expedite the insertion of an arterial line
- B. Start aggressive fluid resuscitation
- C. Prepare for immediate intubation
- D. Administer pain medication

Answer: C

Explanation:

The patient's increasing agitation and hypoxemia despite 100% FiO₂ and the mechanisms of his injuries all indicate impending respiratory failure, which necessitates immediate intubation. While fluid resuscitation may be beneficial, it does not directly address the patient's compromised breathing and is a secondary concern to facilitating improved oxygenation. Administering pain medication is secondary to addressing the respiratory status. Insertion of an arterial line may be an important intervention but would be secondary to intubation.

NEW QUESTION # 259

In the patient with status asthmaticus (acute severe asthma), which of the following is MOST helpful in reducing anxiety?

- A. Encouraging the patient to walk around the unit and practice guided imagery to avoid panic
- **B. Teaching diaphragmatic breathing to slow the rate and increase the depth of respirations**
- C. Encouraging many deep breaths at once to improve oxygenation and ventilation
- D. Educating the patient to breathe into a paper bag to control hyperventilation

Answer: B

Explanation:

Managing the patient in acute respiratory failure (such as with status asthmaticus) involves improving oxygenation and ventilation, treating the underlying cause, reducing anxiety, and preventing and managing complications. To effectively reduce anxiety, the patient should be taught diaphragmatic breathing to slow the rate and increase the depth of respirations, as this assists in reversing the negative effects of hypoxemia (resulting from hyperventilation).

It is important to reassure the patient, but also not to encourage too much oxygen expenditure through hyperventilation and activity. Breathing into a paper bag is not recommended because breathing more CO₂ will worsen the asthma exacerbation.

NEW QUESTION # 260

Which of the following is MOST likely to indicate a poor prognosis for a patient with Acute Kidney Injury (AKI)?

- A. A postrenal cause
- B. An intrarenal cause
- **C. Prolonged oliguric phase**
- D. Prolonged diuretic phase

Answer: C

Explanation:

A prolonged oliguric phase is an indicator of a poor prognosis for a patient with Acute Kidney Injury (AKI). A prolonged diuretic phase does not indicate a poor prognosis, like a prolonged oliguric phase would. A postrenal cause or intrarenal cause or AKI is not necessarily associated with a poor prognosis in those with AKI.

NEW QUESTION # 261

Which of the following is MOST LIKELY to be the cause of hypertrophic cardiomyopathy?

- A. Myocardial fibrosis
- B. Chagas disease
- **C. Aortic stenosis**
- D. Alcohol use

Answer: C

Explanation:

Hypertrophic cardiomyopathy is most likely to be caused by aortic stenosis, causing increased afterload and hypertrophy of the ventricular myocardium. Chagas disease and alcohol use are most likely to cause dilated cardiomyopathy, while myocardial fibrosis is most likely to cause restrictive cardiomyopathy.

NEW QUESTION # 262

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