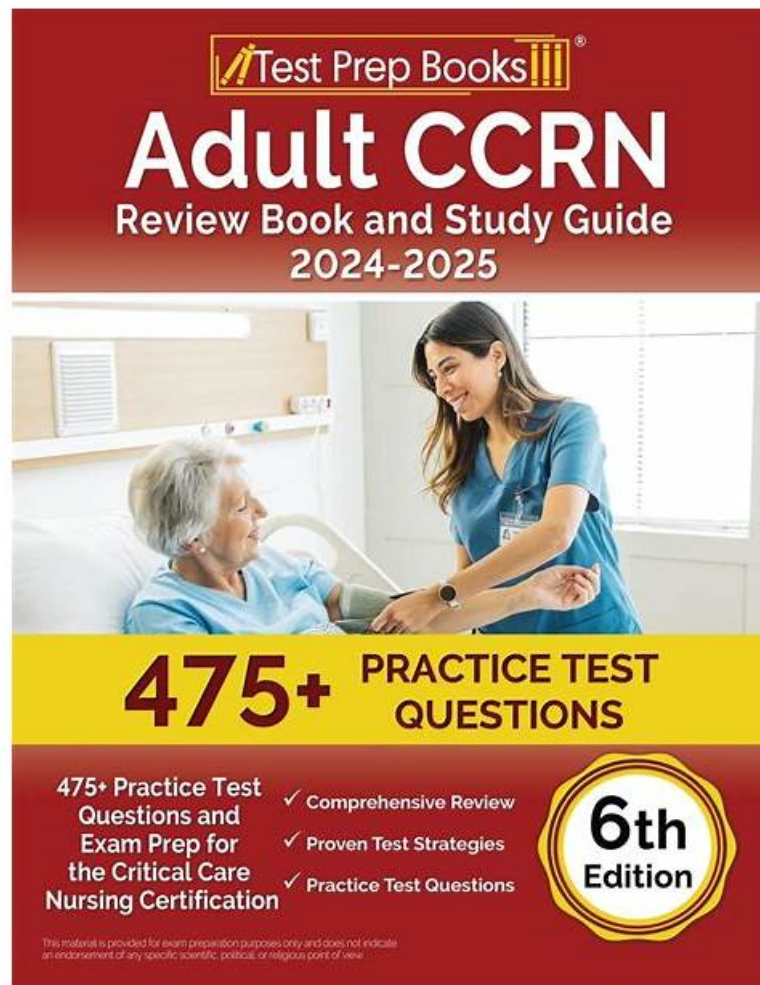


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AACN CCRN-Adult Exam Syllabus Topics:

| Topic | Details |
|---------|--|
| Topic 1 | <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 2 | <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"> 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"> 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 7 | <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. |

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q29-Q34):

NEW QUESTION # 29

The critical care nurse is helping prepare a patient with a tension pneumothorax for transport. Which of the following considerations for this patient is CORRECT?

- A. If a chest tube is inserted, it must always be attached to suction during transport.
- B. A chest tube should be inserted prior to transport.**
- C. Treatment should be temporarily delayed until the patient arrives at the receiving facility.
- D. The patient must be intubated prior to transport.

Answer: B

Explanation:

A tension pneumothorax is a medical emergency and should be decompressed using a chest tube prior to transporting the patient. Intubation may be necessary; however, it will not always necessarily be essential if the patient's condition stabilizes after insertion of a chest tube. The chest tube may be maintained using a water seal during transport if this can be tolerated by the patient. Treatment for this condition should not be delayed.

NEW QUESTION # 30

EMS arrives at the emergency department with a patient who swallowed around 175 mL of a caustic lye- based cleaning solution approximately 45 minutes prior.

Which treatment should be initiated IMMEDIATELY upon arrival?

- A. Milk
- B. Activated charcoal
- C. Histamine blocker
- D. Diuretics

Answer: A

Explanation:

A small amount of milk or water (5-6 ounces) will dilute a caustic substance such as a lye-based cleaning solution.

Activated charcoal is not recommended for patients who have ingested caustic acids and alkalis, alcohols, lithium, or heavy metals, because it does not absorb them. Therefore, it would not absorb a lye-based cleaning solution.

A histamine blocker might be administered, but it is not effective in immediately reducing the harmful effects of a corrosive chemical such as lye.

Diuretics will not help to treat this ingestion

NEW QUESTION # 31

Which of the following symptoms would MOST LIKELY manifest in a patient with uremia?

- A. Oliguria or anuria
- B. Bradycardia
- C. Hypothermia
- D. Deep, shallow respirations

Answer: A

Explanation:

Uremia describes the clinical syndrome that accompanies the detrimental effects of renal dysfunction on the other organ systems. The clinical presentation of the patient in uremia reflects the degree of nephron loss and, correspondingly, the loss of renal function.

Oliguria (< 400 mL/day) or anuria (< 100 mL/day) often accompanies uremia, as well as tachycardia (not bradycardia), and deep, rapid (not shallow) respirations.

Hypothermia is not a symptom of uremia. Other symptoms include heart murmur and/or pericardial friction rub, jugular vein distension (intrarenal), dry mucous membranes, cool, clammy skin, lethargy and confusion. Nausea and vomiting, and pruritus may also accompany uremia.

NEW QUESTION # 32

Hyponatremia is MOST commonly associated with:

- A. fluid overload
- B. over administration of Normal Saline (NS)
- C. diuresis
- D. dehydration

Answer: A

Explanation:

Hypo-osmolar disorders, such as hyponatremia (a sodium imbalance), are the result of an excess of water. The causes of hyponatremia include excess intake or impaired secretion of water, excess ADH (Antidiuretic Hormone) as in the syndrome of inappropriate ADH (SIADH), replacement of volume loss with pure water, and salt-wasting disorders. Hyponatremia is extremely common in critically ill patients, most often related to the over-use of D5W (dextrose 5% water) IV solutions (not over administration of NS). Because these patients have often lost some volume, balanced fluid replacement is extremely important. The signs and symptoms seen with this condition are related to cerebral intracellular swelling, as water moves from the intravascular to the intracellular spaces.

NEW QUESTION # 33

The MOST common electrolyte abnormality of a bowel obstruction is:

- A. hypocalcemia
- B. hyponatremia

- C. hypokalemia
- D. hyperkalemia

Answer: C

Explanation:

In bowel obstruction, water and electrolytes accumulate in the bowel lumen and lead to dehydration and hypovolemia. The most common electrolyte abnormality is hypokalemia; other common electrolyte disturbances are hyponatremia and metabolic alkalosis, especially if the patient is vomiting or has high nasogastric tube losses.

NEW QUESTION # 34

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