

One of the Best Ways to Prepare For the CCRN-Adult CCRN (Adult) - Direct Care Eligibility Pathway



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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 4	<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 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.

>> CCRN-Adult Test Answers <<

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q530-Q535):

NEW QUESTION # 530

Which of the following types of cardiomyopathy is MOST LIKELY to cause a left bundle branch block (LBBB) on a 12-lead electrocardiogram?

- A. Hypertrophic cardiomyopathy
- B. A bundle branch block is not indicative of any type of cardiomyopathy
- C. Restrictive cardiomyopathy
- **D. Dilated cardiomyopathy**

Answer: D

Explanation:

Dilated cardiomyopathy, the most common type of cardiomyopathy, is often caused by coronary artery disease, and is associated with impaired myocardial contractility and increased ventricular filling pressures.

Dilated cardiomyopathy can be diagnosed with a 12-lead electrocardiogram (ECG or EKG) showing:

- * bundle branch block (LBBB most common)
- * ST-segment and T-wave changes
- * left axis deviation
- * left ventricular hypertrophy

ECG changes associated with hypertrophic cardiomyopathy include ST-segment and T-wave changes, septal Q waves due to septal hypertrophy, and left ventricular hypertrophy.

ECG changes associated with restrictive cardiomyopathy include ST-segment and T-wave changes, and low QRS amplitude.

NEW QUESTION # 531

Which ECG leads will BEST show an acute inferior wall Myocardial Infarction (MI)?

- A. I, aVF, aVL
- B. II, III, aVL
- **C. II, III, aVF**
- D. I, II, aVR

Answer: C

Explanation:

The critical care nurse can locate an MI based on the ECG recording. Leads II, III, and aVF monitor the LV inferior wall, and thus inferior wall MI is diagnosed by indicative changes (ST elevation) in leads II, III, and aVF.

NEW QUESTION # 532

In the patient with acute gastrointestinal (GI) bleeding, initial estimates of blood loss are MOST reliably guided by:

- A. Hematocrit and hemoglobin (H&H) values
- **B. Vital signs and mental status**
- C. Level of consciousness (LOC)
- D. BUN levels and presence or absence of melena

Answer: B

Explanation:

The initial assessment of the patient with GI bleeding begins with a physical examination in which vital signs and mental status are the most reliable indicators of the amount of blood lost. In the presence of hemodynamic instability, resuscitation begins.

In addition to vital signs and physical assessment, measures of BUN, H&H and melena (among others), help determine the severity of the bleed. It can also be used to predict risk of complications, as well as to guide treatment modalities.

NEW QUESTION # 533

When providing end-of-life care, which of the following should the nurse prioritize?

- A. Ensuring the DNR and other legal documents are completed
- B. Comforting and supporting the patient's family
- **C. Maximizing patient comfort**
- D. Encouraging the patient to try new treatments

Answer: C

Explanation:

When providing end-of-life care, the nurse's primary role is to ensure the patient's comfort and quality of life. Comforting and supporting the patient's family will become the primary goal after the patient passes; however, it is not while the patient is still alive. Ensuring the DNR and other legal documents are completed is secondary to promoting the patient's comfort. Encouraging the patient to try new treatments is only appropriate if it will support patient comfort or if it is consistent with the patient's wishes.

NEW QUESTION # 534

A critically ill patient's family is struggling with the decision to withdraw life-sustaining treatment. What is the BEST way for the nurse to approach this situation?

- A. Share their personal perspective on what the best choice would be
- B. Encourage the family to make a decision quickly for the patient's best interest
- **C. Facilitate a discussion between the family and the healthcare team**
- D. Give the family time and space to figure out their decision on their own

Answer: C

Explanation:

The nurse should facilitate a discussion between the family and the healthcare team to help them better understand the patient's condition, prognosis, and the implications of continuing or withdrawing life-sustaining treatment. This allows the family to make an informed decision while also providing them with emotional support. This also promotes the patient's interests to the greatest extent possible.

Encouraging the family to make a decision quickly may cause additional stress and may not lead to the best decision. Sharing personal opinions is unprofessional and can blur the boundaries between the nurse's professional role and personal beliefs. Leaving the family to figure out their decision alone does not offer the necessary support and may delay a decision which is not likely to be in the patient's best interests.

NEW QUESTION # 535

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