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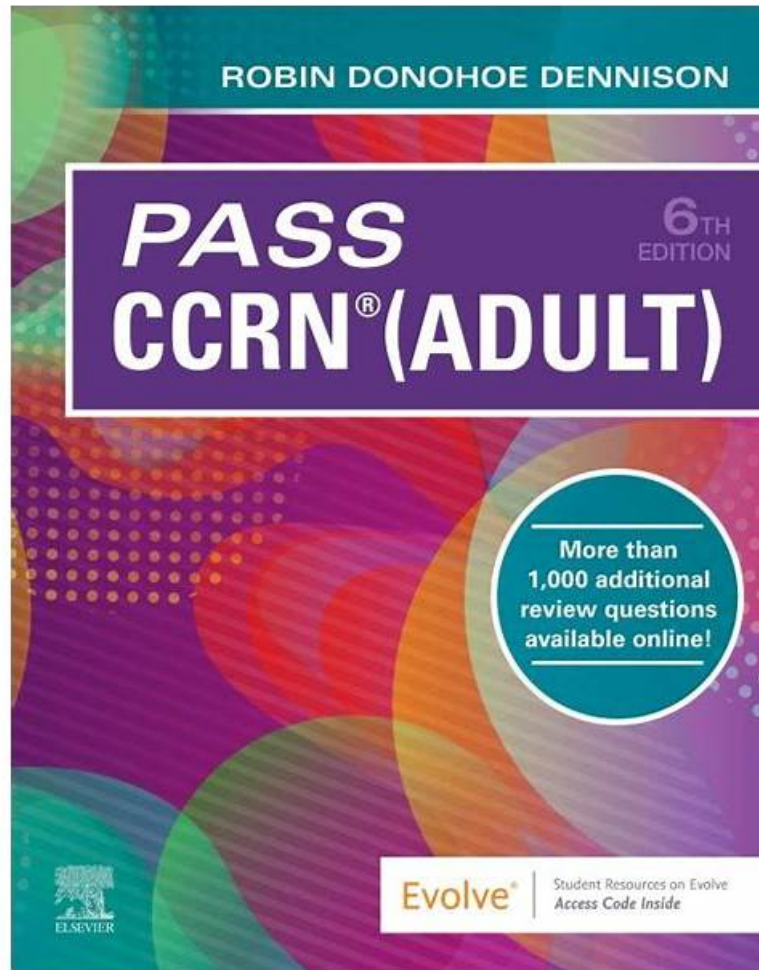
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## AACN CCRN-Adult Exam Syllabus Topics:

| Topic | Details |
|---|---|
| Topic 2 | • 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. |
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| Topic 3 | • 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. |
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# AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q370-Q375):

**NEW QUESTION # 370**
As a nurse, you recognize the code for a ventricular synchronous demand pacemaker would be:

- A. DDD
- B. AOO
- C. VVI
- D. VOO

**Answer: C**

Explanation:
Ventricular pacing is always done in the demand mode to avoid the delivery of pacing stimuli into the vulnerable period of the cardiac cycle, which could induce ventricular tachycardia or fibrillation. A pacemaker in VVI mode signifies that it paces and senses the ventricle and is inhibited by a sensed ventricular event. The DDD mode signifies both chambers are capable of being sensed and paced.
Cardiac pacemakers are classified by a standardized five-letter pacemaker code that describes the location of the pacing wire(s) and the expected function of the pacemaker.
Pacemaker Codes
1st Letter (Chamber Paced) 2nd Letter (Chamber Sensed) 3rd Letter (Response to Sensing) 4th Letter (Rate Modulation) 5th Letter (Multisite Pacing*)
0=None 0=None 0=None 0=None 0=None
A=Atrium A=Atrium I=Inhibited R=Rate modulation A=Atrial
V=Ventricle V=Ventricle T=Triggered V=Ventricular
D=Dual (A&V) D=Dual (A&V) D=Dual (I&T) D=Dual
Dual-Chamber Pacing Modes
Mode Chamber(s) Paced Chamber(s) Sensed
DVI Atrium and ventricle Ventricle
VDD Ventricle Atrium and ventricle
DDI Atrium and ventricle Atrium and ventricle
DDD Atrium and ventricle Atrium and ventricle

**NEW QUESTION # 371**
Which of the following is MOST LIKELY to precipitated Diabetic Ketoacidosis (DKA)?

- A. Newly diagnosed, previously unknown diabetes
- B. Underlying infection
- C. Stroke
- D. Missed insulin

**Answer: B**

Explanation:
Underlying infection is the precipitating cause of DKA in about 40% of cases. Missed insulin accounts for about 25% of situations while newly diagnosed, previously unknown diabetes is a precipitating factor in about 15% of cases. While stroke may be a precipitating factor, this less common.

**NEW QUESTION # 372**
The MOST common mechanism of injury to the chest is:

- A. Penetrating trauma
- B. Improper cardiopulmonary resuscitation (CPR)
- C. Blunt trauma
- D. Dysrhythmias

**Answer: C**

Explanation:
Thoracic trauma accounts for approximately 25% of all trauma-related deaths, and may include injuries created by fractured ribs, blunt cardiac injury, vascular injury, and contused or punctured lung tissue.
The most common mechanism of injury to the chest includes blunt trauma (caused by motor vehicle- related injuries), followed by penetrating chest trauma from gunshots and stabbings.
Dysrhythmias are common in patients with blunt cardiac injury. Improper CPR is not a common mechanism of injury to the chest.

**NEW QUESTION # 373**
Which of the following etiologies is LEAST LIKELY to cause disseminated intravascular coagulation (DIC) in an obstetric patient?

- A. Abortion
- B. Placenta previa
- C. Eclampsia and pre-eclampsia
- D. Amniotic fluid embolism

**Answer: B**

Explanation:
Placenta previa is a condition where the placenta lies low in the uterus, covering part or all of the cervical os (the opening of the uterus). While placenta previa may increase the risk of hemorrhage, which may in turn increase the risk of DIC, this risk is quite indirect and lower than the other options.
Eclampsia and pre-eclampsia, as well as amniotic fluid embolism, are both risk factors for DIC. Abortions, particularly spontaneous abortions (SABs) that are undetected for some time, significantly increase the risk of DIC.

**NEW QUESTION # 374**
A 75-year-old male patient presents to the pulmonary clinic with complaints of 2 months of a cough, and increasing shortness of breath when walking. His arterial blood gases (ABGs) show the following:
* pH: 7.33
* PaCO2: 48 mmHg
* PaO2: 75 mmHg
* SaO2: 92%
* HCO3: 29 mEq/L
What does this ABG reveal?

- A. Respiratory alkalosis without hypoxemia
- B. Respiratory alkalosis with hypoxemia
- C. Respiratory acidosis without hypoxemia
- D. Respiratory acidosis with hypoxemia

**Answer: D**

Explanation:
Normal ABGs are as follows:
* pH = 7.35-7.45
* PaCO2 = 35-45 mm Hg
* PaO2 = 80-100 mm Hg
* SaO2 = > 95%
* HCO3 = 22-26 mEq/L
Respiratory acidosis occurs when the pH is below 7.35 and the PaCO2 is above 45 mmHg. Hypoxemia is present as the patient's PaO2 is below 80 mmHg, and SaO2 is below 95%.

## NEW QUESTION # 375

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