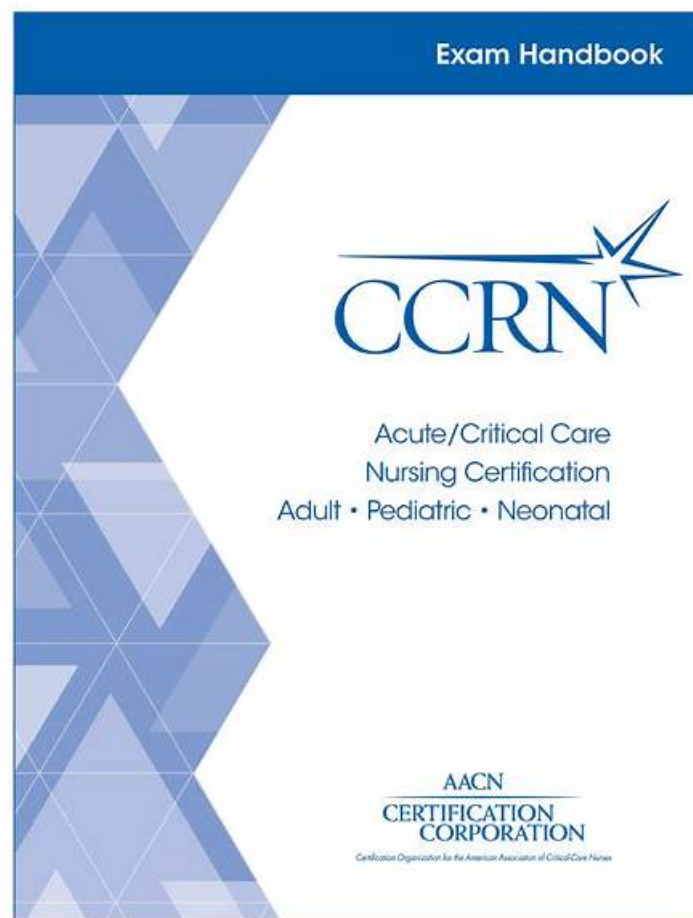


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 1	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 3	• 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	• 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 7	• 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 (Q999-Q1004):

NEW QUESTION # 999

The critical care nurse understands that hospitalization on a critical care unit is NOT LIKELY to cause:

- A. Depression
- B. Post-traumatic stress disorder (PTSD)
- C. Delirium
- **D. Dementia**

Answer: D

Explanation:

Dementia is a progressive, irreversible loss of intellectual or cognitive abilities, such as reasoning, math, or abstract thinking. It is most often associated with an underlying pathological condition, and is not likely to be caused by hospitalization in a critical care unit. Delirium, PTSD, depression and anxiety are all potential conditions that may be caused by, or exacerbated by, critical care hospitalization.

NEW QUESTION # 1000

Of the following drug therapies, which is NOT warranted when treating a stress ulcer?

- **A. Proton-pump inhibitors (PPIs)**
- B. H2-receptor antagonists
- C. Sucralfate
- D. Antacids

Answer: A

Explanation:

A stress ulcer is a superficial lesion commonly involving the mucosal layer of the stomach that appears after a stressful event such as trauma, surgery, burns, sepsis, or organ failure.

Numerous studies support the use of antacids, H₂-receptor antagonists, and sucralfate to treat stress ulcers. There are limited prospective comparative studies supporting the use of PPIs for preventing stress ulcer formation in critically ill patients. More studies are needed to highlight the role of PPIs in this setting.

NEW QUESTION # 1001

Of the following, which is NOT a common complication of a bleeding gastric ulcer that would require emergency surgery?

- A. Hemorrhage
- B. Obstruction
- C. Perforation
- D. Seizures

Answer: D

Explanation:

The most common complications of a gastric ulcer requiring emergency surgery include hemorrhage, perforation, and obstruction.

The goals for surgical intervention include correction of the underlying problem, prevention of recurrent ulceration or bleeding, and to rule out malignancy.

Seizures do not generally require emergency surgery in the presence of a bleeding gastric ulcer.

NEW QUESTION # 1002

A 55-year-old male patient presents to the emergency department with complaints of a tight, burning pain in his chest and an aching in his jaw. The pain worsens with exertion and resolves with rest, but has become increasingly persistent over the past three days.

The patient's ECG shows T-wave inversion in the anterior leads and ST-segment depression in leads V4 to V6.

What would these ECG changes, in addition to the patient's symptoms, MOST LIKELY be indicative of?

- A. Non-ST-segment Elevation MI (NSTEMI)
- B. ST-segment Elevation MI (STEMI)
- C. Pericarditis
- D. Coronary spasm

Answer: A

Explanation:

NSTEMI is a form of Acute Coronary Syndrome (ACS) and is characterized by any condition brought on by a sudden reduction or blockage of blood flow to the heart. Clinical presentation across the spectrum of ACS is similar, and it includes pain or discomfort (usually in the chest), nausea/vomiting, hemodynamic instability, dyspnea, dysrhythmias, and anxiety. Atherosclerotic plaque becomes disrupted, which then leads to thrombus formation and, in the case of an NSTEMI, is generally diagnosed by transient changes that occur on the patient's ECG, most commonly T-wave inversion and/or ST-segment depression.

NEW QUESTION # 1003

Which of the following is the most common prerenal cause of acute tubular necrosis?

- A. shock
- B. blood transfusion reaction
- C. crush injury
- D. beta-hemolytic streptococcal infection

Answer: A

Explanation:

Shock is the most common prerenal cause of acute tubular necrosis (ATN). In the context of prerenal conditions, shock leads to decreased renal perfusion and subsequent ischemia, which can cause damage to the renal tubules. Other options such as blood transfusion reaction, crush injury, and beta-hemolytic streptococcal infection can lead to renal damage but are not the most common prerenal causes of ATN. References: CCRN Exam Handbook, AACN, page 28, section on Renal/GU.

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