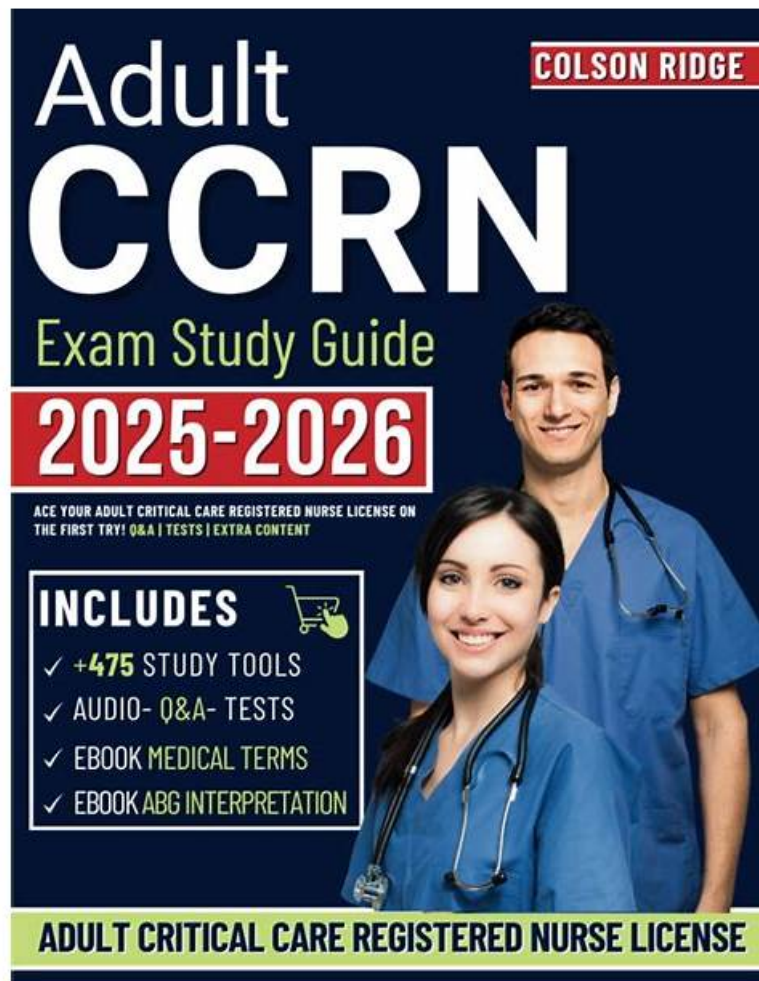


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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.
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">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.

AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q422-Q427):

NEW QUESTION # 422

A nurse is providing care with a newly graduated ICU nurse who has just begun practicing independently. During a crisis situation, with a deteriorating patient, she seems to freeze and is not able to help effectively. After the situation is resolved, how should the nurse address this incident?

- A. Recommend that she transfer to a less intensive care environment, like a stepdown unit, for at least one year
- B. Report her to the nursing manager so that they can review her competence as an ICU nurse
- C. Ignore the situation, understanding that it is her first time in this situation and that she will learn from the experience
- D. Review the incident privately with her, providing feedback about what went well and areas for improvement

Answer: D

Explanation:

Reviewing the incident privately with her, and providing feedback about what went well and areas for improvement is best. Providing constructive feedback in a private setting, focusing on both positives and areas of improvement, promotes a healthy learning environment. Recommending that she transfer to a less intensive care environment, like a stepdown unit, for at least one year is necessary based on a single incident. This may decrease self-confidence and create an unproductive learning environment. While it is true that it is her first time in this situation and that she will likely learn from the experience, the nurse should take the opportunity to facilitate this learning and support their new colleague. It is incorrect to escalate this to management based on a single incident, especially as it is likely due to inexperience, not due to incompetence as a nurse.

NEW QUESTION # 423

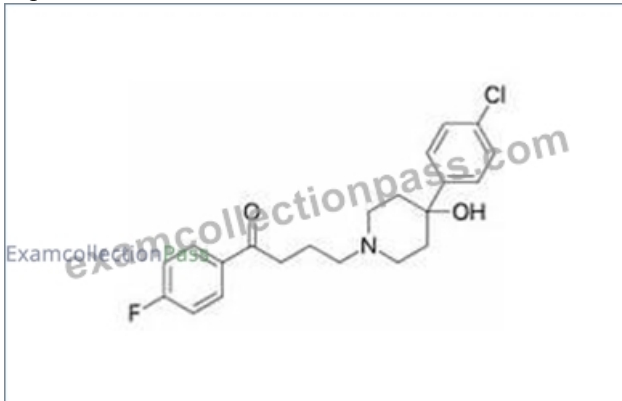
After the administration of haloperidol (Haldol), a nurse should monitor closely for

- A. prolonged QT interval and cardiac dysrhythmias.
- B. increased agitation.

- C. respiratory failure and cardiac failure.
- D. widened QRS complex.

Answer: A

Explanation:



Haloperidol

Explore

Haloperidol has a known side effect of prolonging the QT interval, which can lead to cardiac dysrhythmias¹²³. Therefore, after the administration of haloperidol, it is important for a nurse to monitor for a prolonged QT interval and cardiac dysrhythmias¹²³. This is why continuous cardiac monitoring is recommended if repeated doses are given¹.

NEW QUESTION # 424

Which of the following diagnostic tests would be indicative of Diabetes Insipidus (DI)?

- A. Serum osmolality of 250 mOsm/L
- B. Oliguria
- C. Serum sodium level of 165 mEq/L
- D. Decreased BUN and creatinine

Answer: C

Explanation:

Diabetes Insipidus (DI) results from a group of disorders in which there is an absolute or relative deficiency of ADH (Antidiuretic Hormone) or insensitivity to its effects on the renal tubules; it is characterized by excessive and diluted urine output and subsequent dehydration. Without ADH, the renal tubules cannot reabsorb water which produces polyuria (excessive or abnormally large production or passage of urine) of 5-20 L in 24 hours. The urine remains diluted with a decreased specific gravity. As the body loses water, the serum sodium level increases, causing an increased serum osmolality of greater than 295 mOsm/kg/L. In addition, BUN (Blood Urea Nitrogen) and creatinine are increased (hemoconcentration).

The normal range for serum sodium levels is 135-145 mEq/L. Typically, symptoms manifest when serum sodium levels exceed 155 mEq/L.

NEW QUESTION # 425

Which of the following interventions would be considered to correct extreme metabolic acidosis?

- A. Administration of sodium bicarbonate
- B. Electrolyte replacement therapy
- C. Improving ventilation
- D. Decreasing excessive ventilation

Answer: A

Explanation:

Management of metabolic acidosis is directed at treating the underlying cause, decreasing acid formation, decreasing bicarbonate losses, or removal of toxins through dialysis or cathartics. When metabolic acidosis is severe and the underlying cause is not amenable to rapid correction, administration of sodium bicarbonate (NaHCO₃) may be considered.

ABG analysis is a diagnostic test that helps to assess the effectiveness of the patient's ventilation and acid-base balance. The results

also help monitor the patient's response to treatment. ABG analysis provides several test results, but only three are essential for evaluating acid-base balance: pH, PaCO₂, and HCO₃.

Normal values for adults:

- * pH 7.35-7.45
- * PaO₂ 80 to 100 mm Hg
- * SaO₂ >95%
- * PaCO₂ 35-45 mm Hg
- * HCO₃- 22 to 26 mEq/L

Management of metabolic alkalosis involves replacing electrolytes. Improving ventilation is a key factor in correcting respiratory acidosis. With respiratory alkalosis, the goal is to decrease excessive ventilation.

NEW QUESTION # 426

Which of the following tests would BEST help the critical care nurse distinguish between Hyperosmolar Hyperglycemic Syndrome (HHS) and Diabetic Ketoacidosis (DKA)?

- A. CMP
- B. ABG
- C. Glucometry
- D. Urinalysis

Answer: D

Explanation:

One of the key distinguishing features between DKA and HHS is the presence of ketones in the urine, which only occurs with DKA. An arterial Blood Gases (ABG), Comprehensive Metabolic Panel (CMP), and glucometer may provide indicators of which condition is present, but checking for ketones in the urine is the most definitive test for these conditions.

NEW QUESTION # 427

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