

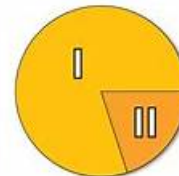
TOP Question CCRN-Adult Explanations - Latest AACN New CCRN-Adult Test Pattern: CCRN (Adult) - Direct Care Eligibility Pathway

Adult CCRN Exam Outline

Content Categories	Percentage of Exam
I. Clinical Judgment	80%
- Cardiovascular - Respiratory - Endocrine - Hematology - Gastrointestinal - Renal - Integumentary - Musculoskeletal - Neurological - Psychosocial - Multisystem	
II. Professional Caring and Ethical Practice	20%
- Advocacy - Moral Agency - Caring Practices - Response to Diversity - Facilitation of Learning - Collaboration - Systems Thinking - Clinical Inquiry	

Mometrix TEST PREPARATION

Time limit: 3 hours
Total questions: 150
Question format: Multiple-choice
Exam delivery: Computer-based or paper-and-pencil



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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 2	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 5	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	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.

New CCRN-Adult Test Pattern, CCRN-Adult New Cram Materials

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q774-Q779):

NEW QUESTION # 774

The critical care nurse understands that which of the following coagulation tests is a very specific indicator of fibrinolysis, the natural process within the body that breaks down fibrin clots?

- A. International Normalized Ratio (INR)
- B. Activated Coagulation Time (ACT)
- C. Fibrinogen level
- **D. D-dimer**

Answer: D

Explanation:

D-dimer is a Fibrin Degradation Product (or FDP), a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis. Levels of D-dimer are elevated in thrombotic disorders such as DVTs and pulmonary emboli. Levels are also elevated during thrombolytic drug therapy and in DIC.

Fibrinogen levels are tested during evaluation for bleeding disorders; fibrinogen is the plasma protein that becomes the fibrin clot. INR is a general test of coagulation and will be elevated in patients with liver disease, biliary tract disease, and in those who are taking warfarin. ACT (reported in seconds) is most commonly used to monitor the effects of unfractionated heparin during and following cardiovascular procedures.

NEW QUESTION # 775

The critical care nurse understands that the MOST important indicator of elevated Intracranial Pressure (ICP) is:

- A. Cushing's triad
- B. changes in vital signs
- **C. change in level of consciousness**
- D. pupillary changes

Answer: C

Explanation:

Early signs of increased ICP include confusion, restlessness, lethargy, disorientation, headache, nausea or vomiting, and visual abnormalities. However, change in level of consciousness is the most important indicator of elevated ICP. Cushing's triad is a late sign of elevated ICP. Pupillary changes are often late signs, and changes in vital signs may also occur.

NEW QUESTION # 776

The nurse is caring for a patient with acute coronary syndrome (ACS), and has an order to obtain an ECG for further evaluation. Which of the following leads assists in the diagnosis of hemiblock, a common cause of coronary artery disease (CAD)?

- A. V6
- B. V1
- **C. Lead III**
- D. Lead II

Answer: C

Explanation:

One of the most common causes of hemiblocks is CAD, followed by arterial hypertension. Lead III (or aVF) assists in diagnosing a hemiblock.

V1 and V6 differentiate between right and left bundle branch block, right and left ventricular ectopy, and right and left ventricular pacing.

Lead II is often the best lead for identifying atrial flutter waves.

NEW QUESTION # 777

A patient who underwent bowel resection surgery due to small bowel rupture is tachycardic and hypotensive.

A nurse calls the on-call surgical resident and reports the findings. No new orders are received. The nurse should continue to monitor the patient and

- A. inform the clinical manager in the morning.
- B. notify the charge nurse during nightly rounds.
- C. consult the nearest nursing colleague.
- **D. initiate the rapid response team.**

Answer: D

Explanation:

The patient's tachycardia and hypotension following bowel resection surgery indicate potential severe complications such as hemorrhage or septic shock, which require immediate intervention. If the on-call surgical resident does not provide new orders, the nurse must act promptly to prevent further deterioration by initiating the rapid response team (RRT). The RRT can provide critical interventions and facilitate timely transfer to a higher level of care if needed. References: = CCRN Exam Handbook, AACN Adult CCRN Certification Review Course

NEW QUESTION # 778

Which of the following is MOST LIKELY to occur with aortic stenosis?

- A. Decreased preload
- B. Decreased afterload
- **C. Increased afterload**
- D. Increased preload

Answer: C

Explanation:

Aortic stenosis involves narrowing of the aortic valve and increases the pressure that must be overcome to eject blood from the ventricles. This creates an increased afterload. Aortic stenosis does not directly affect preload.

NEW QUESTION # 779

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