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CCRN Exam: Respiratory Questions With 100% Correct Answers 2023

What is minute ventilation? What is the normal value for minute ventilation? - Correct Answer-Minute ventilation = Tidal Volume x Respiratory Rate
Normal MV = 5-8 L/minute

What is the optimal body position for ventilation? - Correct Answer-Upright sitting position - low Fowler's

Why is high Fowler's not optimal for ventilation? - Correct Answer-High Fowler's position increases pressure of abdominal contents against the diaphragm, which decreases diaphragmatic excursion.

Do you want the good or bad lung down? - Correct Answer-Want the GOOD lung DOWN = think of the effect of gravity on pulmonary perfusion

Example: If you turn a patient with a right lung pneumonia to the right side (bad lung down), more blood goes to the right side and the patient may become hypoxic. (There is a decrease in blood flow past the alveoli due to the pneumonia.)

What is dead space ventilation? - Correct Answer-The volume of air that does not participate in gas exchange

What is anatomic dead space? - Correct Answer-2 mL/kg of tidal volume
We all have this, it is normal. There is no gas exchange at the level of the nose down to the terminal bronchioles/alveoli. This area has air (ventilation), but no alveolar-capillary membrane.

What is alveolar dead space? What is an example of alveolar dead space? - Correct Answer-Pathologic, non-perfused alveoli

A pulmonary embolism causes alveolar dead space. There is air in the alveolus, but no blood is available to that area to pick up the oxygen in the alveolus.

What is physiologic dead space? - Correct Answer-Anatomic dead space + alveolar dead space

What is V/Q ratio and what is the ideal lung unit (V/Q ratio number)? - Correct Answer-V/Q ratio = ventilation/perfusion ratio

4 L ventilation/min (V) ÷ 5 L perfusion/min (Q) =
0.8 normal V/Q ratio

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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 3	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 4	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	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	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.

AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q227-Q232):

NEW QUESTION # 227

A patient requests to be informed about all aspects of their care and wants to participate in decision-making. How should the nurse respond?

- A. The nurse should provide minimal information to avoid overwhelming the patient
- B. The nurse should respect the patient's wishes and involve them in their care**
- C. The nurse should explain that it is ultimately the patient's healthcare power of attorney who will make decisions
- D. The nurse should explain that the patient should rely on the healthcare team to make decisions

Answer: B

Explanation:

A patient's right to be involved in their care should always be respected. It is inappropriate to deny the patient their right to autonomy and involvement in their care. The patient's healthcare power of attorney is only responsible for making decisions if the patient is unable to do so; there is no indication that this is the case in this scenario.

NEW QUESTION # 228

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. Fibrinogen level
- B. D-dimer**
- C. International Normalized Ratio (INR)

- D. Activated Coagulation Time (ACT)

Answer: B

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 # 229

The critical care unit has implemented a new protocol for managing septic patients. However, a nurse notices that after six months of following the protocol, patients' mortality rates remain unchanged.

What should the nurse do FIRST?

- A. Continue observing mortality rates for another six months to acquire better data, only intervening if there is an increase in mortality rates
- B. Share observations with the interdisciplinary team and suggest a review of the protocol
- C. Evaluate if there are any changes in other metrics
- D. Recommend that the protocol be abandoned and that the unit return to the previous method

Answer: C

Explanation:

The efficacy of a new protocol for managing septic patients is not limited solely to mortality rates. If there is no change in mortality rates but improvements in other metrics, then the new protocol should be maintained. Prompting a systemic review is important if there are negative changes after implementing a new protocol or if the new protocol is not effective. Abandoning the protocol is only necessary if it has caused a negative impact on patient outcomes. If there has been no change in any patient outcomes, the efficiency of each protocol can be considered to determine which one is likely to be more beneficial. Continuing observing mortality rates for another six months will not necessarily result in better data and existing data should be examined more in depth.

NEW QUESTION # 230

Which of the following is CORRECT regarding the pulses of a patient with compartment syndrome?

- A. Significant anoxic tissue damage can develop while a pulse is palpable
- B. Assessing a pulse is not necessary when assessing a patient with compartment syndrome
- C. The strength of the pulse inversely correlates with the severity of the compartment syndrome
- D. Compartment syndrome is not considered an emergency until pulselessness develops

Answer: A

Explanation:

A normal intracompartmental pressure is 0-8 mm Hg while systolic blood pressure is typically 90-120 mm Hg. This means that intracompartmental pressures can rise significantly without meaningfully disrupting the pulse. Increased intracompartmental pressure can compress capillary blood supplies within the compartment and lead to anoxic tissue damage without disrupting the pulse. For this reason, compartment syndrome is considered an emergency before pulselessness develops. While pulselessness is a late sign of compartment syndrome, pulse should still be assessed. The strength of the pulse does not inversely correlate with the severity of the compartment syndrome, as compartment syndrome can develop without affecting pulse.

NEW QUESTION # 231

Which of the following electrolyte imbalances would the nurse expect to see in the patient diagnosed with acute pancreatitis?

- A. Hypophosphatemia
- B. Hyperkalemia
- C. Hypermagnesemia

- **D. Hypocalcemia**

Answer: D

Explanation:

Hypocalcemia is most often associated with pancreatitis. The patient with acute pancreatitis would most likely have the following electrolyte abnormalities:

- * Hypocalcemia (serum calcium < 8.5 mg/dL)
- * Hyponatremia (serum sodium < 135 mEq/L)
- * Hypokalemia (serum potassium < 3.5 mEq/L)
- * Hypomagnesemia (serum magnesium < 1.5 mg/dL)

NEW QUESTION # 232

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