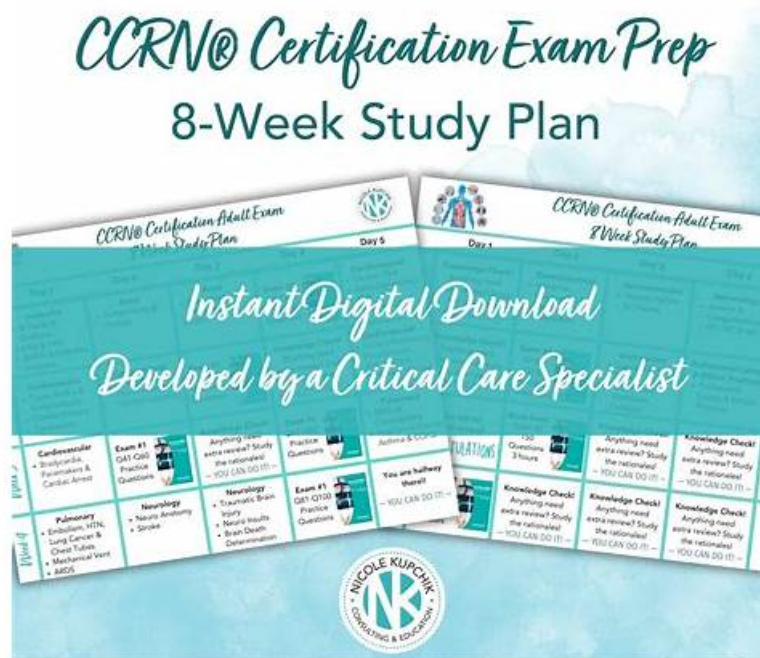


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AACN CCRN-Adult Exam Syllabus Topics:

Topic	Details
Topic 2	<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.
Topic 3	<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 4	<ul style="list-style-type: none"> 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 5	<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 6	<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.

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AACN Valid CCRN-Adult Study Plan: CCRN (Adult) - Direct Care Eligibility Pathway - LatestCram Sample Download Free

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AACN CCRN (Adult) - Direct Care Eligibility Pathway Sample Questions (Q11-Q16):

NEW QUESTION # 11

A 20-year-old man is unresponsive after drinking at a party, and his roommates brought him into the emergency department. Initial assessment reveals a decreased level of consciousness, with decreased response to stimuli. His initial laboratory results reveal a serum alcohol level of 420 mg/dL.

Current vital signs are: temperature: 97.8F (36.5C) rectally, HR: 120 beats/min, RR: 16 breaths/min, BP:

92/70 mm Hg, pulse oximetry 94% on room air

Which of the following is NOT a priority intervention at this time?

- A. Provide detoxification
- B. Administration of intravenous (IV) fluids
- C. Toxicology screening for presence of other substances
- D. Hemodynamic stabilization

Answer: C

Explanation:

Priority interventions for this patient include:

- * maintenance of airway
- * hemodynamic stabilization
- * obtain and maintain intravenous access
- * administer IV fluids
- * provide detoxification

Information that would be helpful in guiding treatment includes amount and type of alcohol ingested and time frame since ingestion. Gastric lavage is best considered within 1 hour of ingestion. Toxicology screening isn't a priority, but would help to identify the presence of substances such as amphetamines, barbiturates, benzodiazepines, and narcotics. This information would be helpful to guide treatment.

NEW QUESTION # 12

There is an increase in catheter-associated urinary tract infections (CAUTIs) following a change in urinary catheter insertion trays. After conducting a literature review of evidence-based practices regarding indwelling catheter insertion and care, the nurse should

- A. contact the materials coordinator and request that the previous trays be re-ordered.
- **B. lead a meeting in which the results of the literature review are presented, and staff input is obtained.**
- C. share the results of the literature review with the physician team.
- D. locate a unit in the facility that still has the original trays in stock and restock the supply closet with these.

Answer: B

Explanation:

Conducting a literature review is an essential step in evidence-based practice. Sharing these findings with the staff and obtaining their input fosters a collaborative environment and ensures that the best practices are understood and implemented by all. This approach also helps identify any practical concerns or barriers to implementation. Simply switching back to the old trays without addressing the root cause or educating the staff may not prevent future CAUTIs. References: = CCRN Exam Handbook, AACN Adult CCRN Certification Review Course

NEW QUESTION # 13

Postoperatively, symptoms that may indicate hemothorax or internal bleeding in a video-assisted thoracic surgery (VATS) patient include

- **A. diminished breath sounds.**
- B. pain with deep inspiration.
- C. hypertension.
- D. bradycardia.

Answer: A

Explanation:



Hemothorax

Diminished breath sounds are one of the symptoms that may indicate hemothorax or internal bleeding in a video-assisted thoracic surgery (VATS) patient. VATS is a minimally invasive surgical technique that uses a small video camera (thoracoscope) and special instruments to access the chest cavity through small incisions¹.

Hemothorax is a condition where blood accumulates in the pleural space, the area between the lungs and the chest wall².

Hemothorax can occur as a complication of VATS due to injury to the lung, blood vessels, or chest wall during the procedure³.

Hemothorax can cause compression of the lung and reduce its expansion, leading to diminished breath sounds on the affected side².

Other symptoms of hemothorax may include chest pain, shortness of breath, low blood pressure, rapid heart rate, and pale or clammy skin².

Internal bleeding is another possible complication of VATS that can cause similar symptoms as hemothorax. Internal bleeding can occur due to damage to the major vessels, such as the aorta, pulmonary artery, or vena cava, during VATS. Internal bleeding can cause hypovolemia, which is a decrease in the volume of blood in the body, and hypoxemia, which is a low level of oxygen in the blood. These conditions can impair the delivery of oxygen to the tissues and organs, including the lungs, and cause diminished breath sounds, as well as other signs of shock, such as confusion, weakness, dizziness, and loss of consciousness. Pain with deep inspiration, bradycardia, and hypertension are not typical symptoms of hemothorax or internal bleeding in a VATS patient. Pain with deep inspiration may be a normal postoperative finding after VATS, as the incisions and the chest tube may cause discomfort. Bradycardia and hypertension may be caused by other factors, such as medications, cardiac disorders, or neurological conditions, but they are not directly related to hemothorax or internal bleeding.

References:

- * 1: Video-Assisted Thoracoscopic Surgery (VATS) | Johns Hopkins Medicine
- * 2: Hemothorax: Causes, Symptoms, Diagnosis & Treatment - Cleveland Clinic²
- * 3: Complications of video-assisted thoracoscopic surgery: a retrospective analysis of 3000 cases - PubMed
- * : Major vascular complications after video-assisted thoracoscopic surgery: a case report and literature review - PubMed
- * : Video-Assisted Thoracoscopic Surgery (VATS) | Michigan Medicine
- * : Bradycardia - Symptoms and causes - Mayo Clinic
- * : High blood pressure (hypertension) - Symptoms and causes - Mayo Clinic

NEW QUESTION # 14

A left-field visual loss would indicate damage to which cranial nerve?

- **A. Cranial nerve II (Optic)**
- B. Cranial nerve III (Oculomotor)
- C. Cranial nerve IV (Trochlear)
- D. Cranial nerve VI (Abducens)

Answer: A

Explanation:

The optic nerve (cranial nerve II) is responsible for visual fields and visual acuity. Thus, left-field visual loss indicates damage to the optic nerve. Assessing pupil size and reaction to light provides information about the function of the optic nerve and oculomotor (cranial nerve III) nerves. Both eyes should be tested for direct and consensual response. A normal direct pupillary response is brisk constriction of the pupil followed by dilation when a bright light is shone directly into one eye, and a consensual pupillary response is when the opposite eye constricts then dilates similarly to the eye being tested. Assessing both of these responses provides information about which cranial nerve (optic or oculomotor, left or right) is affected. The oculomotor nerve is responsible for extraocular eye movements, as well as contraction of the iris in response to light. The trochlear nerve (cranial nerve IV) is responsible for eye movement down and toward the nose, and Cranial nerve VI (abducens) is responsible for lateral eye movement.

NEW QUESTION # 15

A first-degree Arterioventricular (AV) block would be considered NORMAL in which of the following patients?

- A. The patient with a diagnosis of rheumatic heart disease
- **B. The patient with a normal resting heart rate of 50 bpm**
- C. The patient who has been taking beta-blockers for the past 12 months
- D. The patient newly diagnosed with coronary heart disease

Answer: B

Explanation:

First-degree AV block, or first-degree heart block, is defined as prolonged AV conduction time of supraventricular impulses into the ventricles. First-degree AV block is normal in persons with a slow heart rate or high vagal tone.

First-degree AV block can be caused by the use of beta-blockers, use of calcium-channel blockers, rheumatic heart disease, and coronary heart disease. ECG characteristics include:

- * Sinus rate of usually 60 to 100 beats/min, but can occur at any rate
- * A regular rhythm
- * Normal P waves that precede every QRS complex
- * Prolonged PR interval above 0.20 seconds
- * Usually normal QRS complex
- * Normal conduction through the atria, delayed through the AV node, and normal through the ventricles

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