Nursing

AACN-CCRN-Adult

AACN CCRN (Adult) â€“ Direct Care Eligibility Pathway Exam

Latest Version: 6.0

Question: 1

When diagnosing acute pancreatitis, which of the following criteria MUST be present?

A. A history of chronic alcohol use and/or gallstones
B. Abdominal or epigastric pain that may radiate to the back
C. BUN greater than 25 mg/dL
D. Serum amylase or lipase values 1 to 3 times above the normal range

Answer: B

Explanation:
Acute pancreatitis is inflammation of the pancreas resulting from premature activation of pancreatic exocrine enzymes. The disease ranges in severity from a mild acute self-limiting form to severe and life-threatening.
The diagnosis of acute pancreatitis is based on at least two of the three following criteria:
• characteristic abdominal pain or epigastric pain that may radiate to the back
• serum amylase or lipase values 2 to 4 times above the normal range (only useful as a diagnostic tool, and not a measure of severity or disease progression)
• characteristic findings on imaging, most often ultrasound imaging
A BUN that exceeds 25 mg/dL is a variable in various scoring systems, which can help assess disease severity within the first 24 hours; however, this is not a diagnostic criterion. The leading causes of acute pancreatitis are chronic alcohol use and gallstones, but these are causes, not diagnostic criteria.

Question: 2

Which of the follow would BEST describe a secondary brain tumor?

A. A tumor arising from the meninges
B. A tumor arising from the liver
C. A tumor arising from glioblasts
D. A tumor arising from neuroblasts

Answer: B

Explanation:
Secondary brain tumors are tumors that develop within the brain but develop from a site outside the brain. Liver cancer that metastasizes to the brain would create a secondary brain tumor. Tumors arising from the meninges, glioblast, or neuroblasts would all be examples of primary brain tumors.

Question: 3

INITIAL management of the patient with upper Gastrointestinal (GI) bleeding would include:

A. volume resuscitation
B. initiation of treatment to control bleeding within 24 hours of admit
C. transfusion
D. identification of the site of bleeding

Answer: A

Explanation:
The primary goal for initial management of the patient in this scenario is volume resuscitation. However, hemodynamic stabilization, identification of the bleeding site, and control of bleeding are all key points for managing the patient with upper GI bleeding. Assessment of vital signs is the most reliable reflection of blood loss. If the patient is hemodynamically stable, resuscitation begins with the initiation of 2–3 L of crystalloid. Blood products are considered if the response to fluid resuscitation is poor.

Question: 4

The nurse is caring for a patient who has had a significant transfusion reaction. Which of the following would be the MOST immediate priority for the nurse?

A. Calling for a STAT X-ray
B. Stopping the transfusion
C. Administering diphenhydramine
D. Slowing the transfusion rate

Answer: B

Explanation:
The correct response when a transfusion reaction is suspected is to stop the transfusion to prevent the introduction of any further potentially harmful blood products. Diphenhydraminemight be used to treat allergic symptoms, but it's not the first action. A STAT X-ray is not immediately necessary in a transfusion reaction. Continuing the transfusion, even at a slower rate, could exacerbate the reaction.

Question: 5

Which of the following BEST defines a patients' family?

A. Any loving, supportive person regardless of legal or social boundaries
B. Anyone to whom the patient is biologically related to and their spouse if they are married
C. Anyone identified as family in the patient's advanced directives
D. Anyone who is a part of the patient's nuclear family

Answer: A

Explanation:
The technical definition of a patient's family according the AACN is any loving, supportive person regardless of legal or social boundaries. Family is not limited to a patient's nuclear family or to those who are biologically related to the patient or related through marriage. While the patient should ideally identify those they view as family, the patient's advanced directives are not the tool through which they will do this.

Question: 6

The nurse reads a journal article outlining research on a new technique for inserting IVs. The research is rigorous and the new technique has been shown to improve patient outcomes while not increasing the risks to the patient. Which of the following responses by the nurse is BEST?

A. Wait until they see at least two other sources that replicate these findings
B. Begin implementing the new technique into their own practice
C. Wait to implement the technique in their own practice until it becomes more mainstream
D. Avoid implementing the new technique until there is stronger evidence that it is beneficial to patients

Answer: B

Explanation:
If a new technique has been shown to improve patient outcomes while not increasing the risks to the patient through rigorous research, then the nurse can consider implementing the new technique into their own practice. It is not necessary to wait to implement the technique in their own practice until it becomes more mainstream or until it becomes more common in the literature.

Question: 7

Which of the following statements made by a student nurse indicates that they understand the pathology of cardiac tamponade?

A. Cardiac tamponade may cause severe distress, but rarely causes death.
B. A cardiac tamponade can occur when the heart is compressed by fluid building up anywhere in the thoracic cavity.
C. Chest x-ray is the ideal way to confirm the diagnosis of cardiac tamponade.
D. Both the rate of bleeding and the amount of blood impact how severe a cardiac tamponade will be.

Answer: D

Explanation:
Cardiac tamponade occurs with bleeding into the pericardial sac. While the amount of bleeding affects the pressure applied on the heart, the speed of bleeding also affects the ability of the heart and pericardium to compensate. Cardiac tamponade often leads to death if untreated. While a chest x-ray may be used to diagnose cardiac tamponade, and echocardiogram is the ideal diagnostic method. Cardiac tamponade occurs when fluid builds up specifically in the pericardial sac.

Question: 8

Which of the following would be considered a physiologic manifestation of anxiety?

A. Fidgeting
B. Increased heart rate
C. Crying
D. Apprehension

Answer: B

Explanation:
Chest pain would be considered a physiologic manifestation of anxiety.
Fidgeting and crying would be a behavioral manifestation of anxiety. Apprehension would be a cognitive manifestation of anxiety.

Question: 9

During post-operative management of a patient who just had a bilateral carotid endarterectomy, what assessment would be the HIGHEST priority for the nurse?

A. Measuring the patient's blood pressure
B. Checking the patient's blood glucose levels
C. Evaluating the patient's neurological status
D. Assessing the patient's heart rate

Answer: C

Explanation:
The most important complication of a bilateral carotid endarterectomy is reduced circulation to the brain. Evaluating the patient's neurological status allows for early detection of this complication. While it is important to measure the patient's blood pressure and heart rate, changes in these vital signs will not reveal disrupted circulation affecting the brain specifically. Checking the patient's blood glucose levels is not as important as the other assessments.

Question: 10

The nurse and physician have differing opinions about the best plan of care for a patient, even after trying to reach a consensus. What is the BEST way for the nurse to handle this situation?

A. The nurse should insist on their own plan of care
B. The nurse should discuss the situation with the physician's supervisor
C. The nurse should defer to the physician's opinion
D. The nurse should continue trying to reach a consensus

Answer: D

Explanation:
Reaching a consensus on patient care is always ideal. The nurse should not simply defer to the physician's opinion or insist on their own plan of care without trying to reach a consensus. If a consensus can absolutely not be achieved, the nurse should discuss the situation with their supervisor, not the physician's supervisor.

Question: 11

A competent patient with terminal cancer refuses further chemotherapy and wants to be transferred to a hospice for palliative care. However, the healthcare team believes further treatment could extend the patient's life. What should the nurse do?

A. Tell the patient that treatment is being discontinued, but continue to administer it without their knowledge
B. Make sure the patient fully understands the decision they are making then support their decision
C. Focus on convincing the patient to agree to further chemotherapy
D. Refuse to discontinue treatment because it is not in the patient's best interests

Answer: B

Explanation:
The patient has the right to autonomy, making their own healthcare decisions regardless of the consequences. The nurse should make sure the patient is fully informed about the decision they are making, then support their decision without judgement. Focus on convincing the patient to agree to further chemotherapy, refusing to discontinue treatment, or lying to the patient by telling them that treatment is being discontinued but continuing to administer it without their knowledge all fail to support the patient's right to autonomy.

Question: 12

Your patient just underwent a renal transplant. In the immediate postoperative period, which of the following urine output levels would you expect to observe in this patient?

A. >1000 mL/hr
B. 10–20 mL/hr
C. 200–300 mL/hr
D. 75–150 mL/hr

Answer: C

Explanation:

In the immediate postoperative period following a renal transplant, urine output of 200–300 mL/hr best indicates (a) well-functioning kidney(s).
This output indicates diuresis (or polyuria), an increased or excessive production of urine. Studies suggest that early post-transplant polyuria is associated with good short-term and long-term renal transplantation outcomes.

Question: 13

A patient newly diagnosed with Acute Lymphoblastic Leukemia (ALL) begins to suddenly experience chest pain, shortness of breath, dizziness, and hematuri
a. Upon arrival to the emergency department, she is diagnosed with Disseminated Intravascular Coagulation (DIC) and is admitted to the critical care unit.
Which of the following lab values might the critical care nurse expect to find in this patient?
A. Increased fibrin degradation production
B. Decreased D-dimer
C. Increased fibrinogen level
D. Normal PT and INR

Answer: A

Explanation:
Disseminated Intravascular Coagulation (DIC) is characterized by the widespread activation of coagulation, which results in the intravascular formation of fibrin and ultimately thrombotic occlusion obstructing the capillaries of organs and tissues. Intravascular coagulation can also compromise the blood supply to organs and, in conjunction with hemodynamic and metabolic derangements, may contribute to the failure of multiple organs. At the same time, the use and subsequent depletion of platelets and coagulation proteins resulting from the ongoing coagulation may induce severe bleeding. This initiates a series of events which results in simultaneous thrombosis and hemorrhage. The clotting is immediately broken down by the body processes which increases fibrin degradation products (fibrin split products).
Clotting factors are quickly depleted, which results in elevated PT (Prothrombin Time) and INR (International Normalized Ratio). Fibrinogen stores are exhausted in the clotting cascade; therefore, a decreased fibrinogen level would be present in the patient's lab values. The increased level of D-dimers points to clot production.

Question: 14

A patient's close family asks for an update on how the patient is doing. The nurse knows that the patient has experienced a recent change in condition and is not expected to survive. Which of the following ethical principles should guide the nurse's response?

A. Veracity
B. Privacy
C. Beneficence
D. Fidelity

Answer: A

Explanation:
Veracity is the ethical principle of being truthful. The nurse should be truthful in their response about the patient's condition. Fidelity refers to being faithful to commitments and promises. Beneficence is the ethical principle of doing good. Privacy is the ethical principle of maintaining the patient's confidentiality. Privacy will be a consideration; however, in this situation, the patient's family will normally have the right to know information about their condition. Privacy is a consideration; however, veracity will be the guiding ethical principle.

Question: 15

A 43-year-old male patient is admitted to the ICU following a high-speed motor vehicle collision. He has sustained multiple fractures, a lacerated liver, and blunt chest traum
a. His blood pressure is 84/49 mmHg, heart rate 112/min, and his respiratory rate is 25/min. He is becoming increasingly agitated and hypoxemic despite receiving 100% oxygen via non-rebreather mask. Which of the following actions should the nurse prioritize?
A. Start aggressive fluid resuscitation
B. Prepare for immediate intubation
C. Expedite the insertion of an arterial line
D. Administer pain medication

Answer: B

Explanation:
The patient's increasing agitation and hypoxemia despite 100% FiO2 and the mechanisms of his injuries all indicate impending respiratory failure, which necessitates immediate intubation. While fluid resuscitation may be beneficial, it does not directly address the patient's compromised breathing and is a secondary concern to facilitating improved oxygenation. Administering pain medication is secondary to addressing the respiratory status. Insertion of an arterial line may be an important intervention but would be secondary to intubation.

Question: 16

A 32-year-old woman was admitted to the cardiovascular ICU following a tricuspid valve replacement related to recurrent bacterial endocarditis. She has a self-reported history of opioid abuse, but she has been clean and sober for 4 years. She discussed her status with her physician prior to her surgery. When she arrives from the operating room, she is in a great deal of pain. Post-operative pain management orders are for acetaminophen only. When you ask the surgeon for an opioid for pain management, they state, "She is an addict. She doesn't need anything for pain."
What should your FIRST response be?

A. Discuss the situation with the doctor privately
B. Report the doctor to the nurse's chain of command for his unacceptable response
C. Ask another doctor on the case for a second opinion

D. Understand the doctor's perspective and respect their decision not to treat the patient's pain with an opioid

Answer: A

Explanation:
Discussing the situation with the doctor privately and professionally will allow the doctor the opportunity to feel less threatened by your concerns. This provides the opportunity for both parties to express viewpoints, understand each other's perspectives, and build rapport, which will ultimately benefit the patient.
If after your private discussion, the doctor still refuses to appropriately treat the patient's pain, then it would be acceptable to report the doctor to your chain of command.

Question: 17

A patient admitted to the ICU has a history of homelessness and substance abuse. Which of the following actions is MOST important for providing patient-centered care?

A. Encourage the patient to make lifestyle changes
B. Focus solely on the medical issues at hand and avoid discussing the patient's social history
C. Contact social services to come meet with the patient
D. Show empathy and avoid making judgments about the patient's past

Answer: D

Explanation:
Creating a trusting and respectful patient-nurse relationship is fundamental for patient-centered care. Showing empathy and avoiding making judgments about the patient's past will help do this. Encouraging the patient to make lifestyle changes without providing appropriate support may come across as judgmental. Focusing solely on medical issues and ignoring the patient's social history can prevent comprehensive care planning. While involving social services may be beneficial, it is not as likely to promote patient-centered care as showing empathy and avoiding making judgments about the patient's past.

Question: 18

Which of the following most correctly describes what precipitates Acute Respiratory Failure (ARF) in patients with Chronic Obstructive Pulmonary Disease (COPD)?

A. Viral or bacterial pneumonia
B. Airway inflammation
C. ARF occurs randomly with COPD and is not related to precipitating factors
D. Any systemic or pulmonary illness

Answer: D

Explanation:
While pneumonia or anything that causes airway inflammation can precipitate ARF in patients with COPD, it is more correct to say that any systemic or pulmonary illness can lead to ARF. ARF is normally triggered by systemic or pulmonary illnesses and is not a purely random occurrence in COPD patients

Question: 19

If a patient has a history of emphysema, which of the following values would MOST LIKELY be seen on Arterial Blood Gases (ABGs)?

A. PaCO2 40, HCO3 22
B. PaCO2 50, HCO3 28
C. PaCO2 44, HCO3 25
D. PaCO2 35, HCO3 32

Answer: B

Explanation:
In the patient with emphysema, a form of Chronic Obstructive Pulmonary Disease (COPD), there is a progressive destruction of the inner walls of the alveolar sacs, resulting in large blebs with a reduced surface area for gas exchange. Since there is a chronically restrictive state, the patient is generally in a state of hypercapnia (PaCO2 > 45 mmHg, HCO3 > 26 mEq/L). The kidneys attempt to compensate by increasing the amount of HCO3 in the body until normal or near-normal pH levels occur. This mechanism creates a compensated respiratory acidosis.

Question: 20

If a patient is suspected of having an acute hypoglycemic episode, all of the following would be appropriate as a first intervention EXCEPT:

A. draw a STAT blood glucose level
B. administer 6 oz. regular cola
C. administer IV glucose or IM glucagon
D. check the patient's blood glucose with a glucometer

Answer: A

Explanation:
Although drawing a STAT blood glucose level may be part of a number of initial interventions, it should not be the first, since results will take too long to obtain. Patients who are suffering from acute hypoglycemia are at high risk of incurring permanent neurological damage since the primary energy source for the brain is sugar. Patients who are conscious should consume a simple sugar which will absorb rapidly (10 to 15 g carbohydrate), such as cola or glucose tablets. Patients who are unconscious outside the hospital setting or without IV access in the hospital setting should receive IM glucagon. Patients who are conscious in the hospital setting with IV access may be given IV dextrose.

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