Nursing

AACN-CCRN-Adult

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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 trauma. 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 patient with a history of asthma presents with acute onset of dyspnea, a non-productive cough, and tachypnea. He is very anxious, restless, and tachycardic. Which of the following is a first-line drug for these symptoms?

A. leukotriene inhibitor
B. anticholinergic
C. mast cell stabilizer
D. beta-agonist

Answer: D

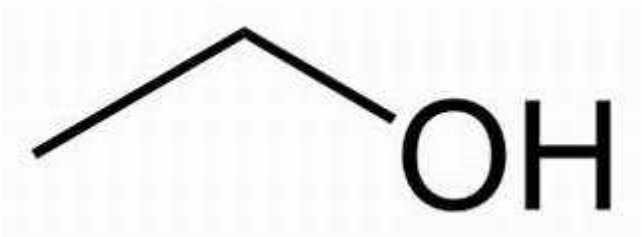
Explanation:
Beta-agonists are the first-line drugs for acute asthma exacerbations because they rapidly reverse bronchoconstriction and improve airflow. They act by stimulating beta-2 receptors in the smooth muscle of the airways, causing relaxation and dilation. Beta-agonists can be administered by inhalation, nebulization, or injection. Examples of beta-agonists include albuterol, levalbuterol, and terbutaline.
Reference:
Management of Acute Asthma Exacerbations | AAFP: This article states that “Quick-relief medicines include: Albuterol (ProAir HFA, Proventil-HFA, Ventolin HFA, others). Levalbuterol (Xopenex, Xopenex HFA).”
Asthma attack - Diagnosis and treatment - Mayo Clinic: This article states that “If you’re in the yellow zone, the plan will tell you how many puffs of your quick-relief medicine to take and how often you can repeat the dose. Young children or people who have difficulty with an inhaler use a device called a nebulizer to inhale the medicine in a mist. Quick-relief medicines include: Albuterol (ProAir HFA, Proventil-HFA, Ventolin HFA, others). Levalbuterol (Xopenex, Xopenex HFA).”

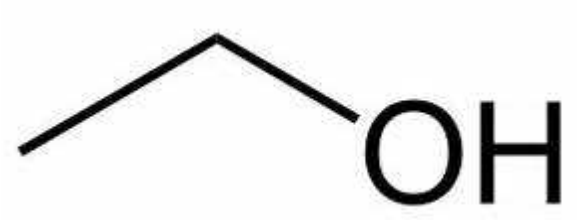
Question: 17

A patient is admitted with Gl bleeding. During the assessment, the nurse notes the patient to be tremulous, anxious, and startles every time he is touched by the nurse. Which of the following is the most pertinent part of the patient's history to obtain?

A. last alcohol intake
B. medication history
C. time of last meal
D. psychiatric history

Answer: A





Explore
Answer: A
Explanation:
The patient's symptoms of tremulousness, anxiety, and startle response suggest that he may be experiencing alcohol withdrawal, which can occur within hours to days after the last drink. Alcohol withdrawal can cause severe complications, such as seizures, delirium tremens, and death, if not treated promptly and appropriately. Alcohol withdrawal can also worsen GI bleeding by increasing gastric acid secretion, impairing clotting factors, and causing hypertension and tachycardia. Therefore, the most pertinent part of the patient's history to obtain is the last alcohol intake, which can help determine the risk and severity of withdrawal and guide the management of the patient.
Reference:
Management of moderate and severe alcohol withdrawal syndromes: This article states that "Symptoms of alcohol withdrawal occur because alcohol is a central nervous system depressant. When a person drinks frequently, the brain compensates for alcohol's depressant effects by increasing the activity of excitatory neurotransmitters, such as norepinephrine, serotonin, dopamine, and glutamate, and reducing the activity of inhibitory neurotransmitters, such as gamma-aminobutyric acid (GABA). When alcohol intake is abruptly discontinued or reduced, this neuroadaptation is unmasked, resulting in a hyperexcitable state that is responsible for the characteristic withdrawal symptoms."
Alcoholic Gastritis: Causes, Symptoms and Treatment: This article states that "Alcohol Gastritis is a type of acute gastritis and is caused by excessive alcohol consumption. The sudden inflammation of the stomach lining can be very painful and cause severe stomach cramping, irritability and vomiting. While consuming too much alcohol is the main cause of Alcohol Gastritis, it often develops in connection with some sort of infection, direct irritation or localized tissue damage. It can be caused by: Taking nonsteroidal, anti-inflammatory medications like aspirin or ibuprofen (i.e., NSAIDs). Certain bacterial infections. Bile reflux from proximal small intestine. Autoimmune disorders."
Can You Get Internal Bleeding from Alcohol Abuse: This article states that "Over time, alcohol abuse starts to eat away at the stomach lining. Continued drinking sets the stage for alcoholic gastritis to develop. Under these conditions, internal bleeding from alcohol abuse takes the form of blood oozing from stomach lines on an ongoing basis."

Question: 18

A patient's IV with norepinephrine (Levophed) infusing is red, swollen, and the IV pump is alarming. A nurse should anticipate

A. administering phentolamine (Regitine).
B. providing a warm compress.
C. lowering the extremity below heart level.
D. removing the IV immediately.

Answer: A

Explanation:
Phentolamine (Regitine) is the antidote for norepinephrine extravasation, which is the leakage of the vasopressor from the vein into the surrounding tissue. Phentolamine reverses the vasoconstriction and ischemia caused by norepinephrine by blocking the alpha-adrenergic receptors. Phentolamine should be administered intradermally around the site of extravasation as soon as possible, and the infusion should be stopped but the IV catheter should not be removed until some of the norepinephrine is aspirated. A warm compress may worsen the tissue damage by increasing the absorption of norepinephrine, and lowering the extremity may increase the edema and pain. Removing the IV immediately may prevent the aspiration of norepinephrine and the administration of phentolamine.
Reference:
Episode 240: What to do with norepinephrine extravasation: This article explains the steps to take when norepinephrine extravasates, including the use of phentolamine, and the reasons to avoid cold compress, lowering the extremity, and removing the IV.
What are current recommendations for treatment of drug extravasation?: This article summarizes the latest recommendations for treatment of extravasation, and lists phentolamine as the immediate topical therapy for norepinephrine extravasation.

Question: 19

A patient who had a liver resection now has a copious amount of serous drainage from the surgical incision. Which of the following should a nurse anticipate when caring for this patient?

A. preparing for an incision and debridement of the wound
B. applying several abdominal dressings
C. administering antibiotics
D. applying a drainage pouch to the site

Answer: B

Explanation:
A copious amount of serous drainage from a liver resection incision may indicate a bile leak, which can cause pain, infection, and delayed healing. The nurse should anticipate applying several abdominal dressings to absorb the fluid and protect the wound. The nurse should also monitor the patient for signs of infection, such as fever, increased white blood cell count, and foul-smelling drainage. The nurse should notify the surgeon of the excessive drainage and follow the orders for further interventions, such as imaging studies, drainage catheter placement, or surgical repair. Antibiotics may be prescribed, but they are not the first-line treatment for a bile leak. Incision and debridement of the wound may be necessary if there is necrotic tissue or infection, but it is not the initial action. Applying a drainage pouch to the site may not be sufficient to contain the large amount of fluid and may increase the risk of skin breakdown.
Reference:
Problems after cancer surgery to remove part of your liver: This article states that “The bile ducts connect the liver and gallbladder to the small bowel. There is a risk of bile leaking from the ducts on the

cut surface of the liver. This may cause pain, sickness and a high temperature. Rarely, you might need another operation to repair the leak."
Understanding Liver Abscess Treatment - Saint Luke's Health System: This article states that "The provider uses CT scan or ultrasound to help place the wire in the right spot. A thin, flexible tube (catheter) is then placed over the wire and into the abscess. The tube is left in place for 5 to 7 days to drain the fluid. In some cases, surgery may be done to cut into the liver abscess and drain it."
How Much Time Does it Take to Recover from Liver Surgery?: This article states that "If you have any drainage from your incision or if the area around your incision is puffy or red, visit your surgeon. Take a shower every day with warm water. When you are ready to take solid foods, make sure to eat 4 to 6 small meals every day. Do not lift heavy weights for 8 weeks after your surgery."

Question: 20

A patient is receiving therapeutic hypothermia post-cardiac arrest. Which of the following orders should a nurse clarify?

A. chemistry labs every day
B. ABGs every 4 hours and with any ventilator changes
C. hourly intake and output
D. sequential compression devices

Answer: D

Explanation:
Sequential compression devices (SCDs) are not recommended for patients receiving therapeutic hypothermia (TH) post-cardiac arrest, because they may interfere with the cooling process and increase the risk of skin injury. SCDs are used to prevent deep vein thrombosis (DVT) by applying intermittent pneumatic pressure to the lower extremities, but they may also increase peripheral blood flow and heat exchange, which can counteract the effects of TH. SCDs may also cause skin breakdown, blisters, or burns in patients with impaired sensation and reduced perfusion due to TH. Therefore, a nurse should clarify the order for SCDs and consider alternative methods of DVT prophylaxis, such as pharmacological agents or early mobilization.
Reference:
Therapeutic Hypothermia (TH) Education Components: This document states that "Avoid use of sequential compression devices (SCDs) during cooling phase as they may interfere with cooling process and increase risk of skin injury."
Sequential Compression Devices: Clinical Effectiveness, Cost- Effectiveness and Guidelines: This document states that "One evidence-based guideline from the American Heart Association (AHA) and the American Stroke Association (ASA) recommended against the use of SCDs in patients undergoing therapeutic hypothermia after cardiac arrest, as they may interfere with the cooling process and increase the risk of skin injury."

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