AACN CCRN-Adult Practice Questions

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Question 1

Question Type: MultipleChoice

The dysrhythmia most commonly associated with mitral stenosis is

Options:

A- second-degree AV heart block, Mobitz Type II.
B- idioventricular rhythm.
C- sinus bradycardia.
D- atrial fibrillation.

P2P exams

Answer:

D

Explanation:

Mitral stenosis leads to increased pressure in the left atrium, which can cause atrial enlargement and predispose patients to atrial fibrillation. Atrial fibrillation is the most common arrhythmia associated with mitral stenosis due to the structural changes in the atrium.
Reference: = CCRN Exam Handbook and AACN's Certification Review Course materials.

Question 2

Question Type: MultipleChoice

P2P exams

During the monthly code team review, it is noted that regulators have been consistently missing from the O2 tanks. Which of the following is a nurse's best action?

Options:

A- Document on the daily flow sheets when the regulators are missing.
B- Inform the nurse manager of the need for more regulators.
C- Form a task force to try to find a solution.
D- Report the missing regulators to the shift supervisor.

Answer:

B

Explanation:

The absence of regulators from O2 tanks is a serious issue that can affect patient care1. The nurse manager is in a position to address this problem effectively by ensuring the availability of necessary equipment2. Therefore, the best action would be to inform the nurse manager of the need for more regulators123. While documenting the issue and reporting to the shift supervisor are important, they do not directly address the problem. Forming a task force could be helpful, but it might take more time to implement solutions23.

P2P exams

Question 3

Question Type: MultipleChoice

Which of the following assessment findings would be found in a patient with pulmonary hypertension?

Options:

A- crackles in the bases bilaterally
B- rhonchi in the apices bilaterally
C- pink frothy sputum
D- distended neck veins

P2P exams

Answer:

D

Explanation:

Pulmonary hypertension leads to increased pressure in the pulmonary circulation, which can cause right ventricular hypertrophy and failure. This results in systemic venous congestion, presenting as distended neck veins. Crackles, rhonchi, and pink frothy sputum are more indicative of pulmonary edema or other respiratory conditions rather than pulmonary hypertension. Reference: AACN Adult CCRN Certification Review Course, AACN CCRN Exam Handbook.

Question 4

Question Type: MultipleChoice

Which of the following suggests acute peripheral arterial insufficiency?

Options:

A- positive Homans' sign
B- capillary refill time less than 2 sec
C- weak equal bilateral pedal pulses
D- sudden, severe pain at rest

Answer:

D

Explanation:

Acute peripheral arterial insufficiency typically presents with sudden, severe pain at rest, which may be accompanied by other signs such as pallor, paresthesia, paralysis, pulselessness, and poikilothermia (the six P's). This condition indicates a critical reduction in blood flow to the affected extremity, requiring immediate medical attention. Reference: AACN Adult CCRN Certification Review Course, AACN CCRN Exam Handbook.

Question 5

Question Type: MultipleChoice

A nurse is caring for a patient who had a gastric bypass procedure 2 days ago. A physician has ordered a gastric tube to be placed due to increased abdominal distention. The nurse realizes that this procedure will most likely need to be done

Options:

A- under fluoroscopy.
B- by two nurses.
C- using ultrasound.
D- with a guide wire.

Answer:

A

Explanation:

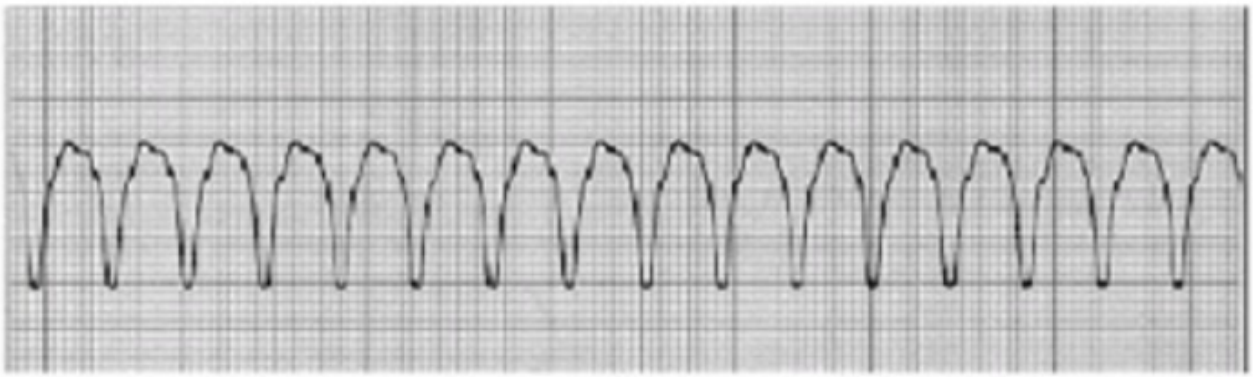
After gastric bypass surgery, the altered anatomy of the gastrointestinal tract makes it challenging to place a gastric tube. Performing the procedure under fluoroscopy provides real-time imaging guidance, ensuring correct placement and reducing the risk of complications, such as perforation or misplacement. Reference: = CCRN Exam Handbook, page 45

P2P exams

Question 6

Question Type: MultipleChoice

A patient develops the dysrhythmia shown below:



Blood pressure is 83/40. The patient is pale, diaphoretic, lethargic, and disoriented. The most appropriate treatment is

P2P exams

Options:

A- defibrillation at 200 J.
B- adenosine (Adenocard), 6 mg rapid IV bolus.
C- lidocaine (Xylocaine), 1.5 mg/kg IV.
D- cardioversion at 100 J.

Answer:

D

Explanation:

The dysrhythmia shown in the image is likely a rapid ventricular tachycardia (VT), given the hemodynamic instability (BP 83/40, patient pale, diaphoretic, lethargic, and disoriented). Synchronized cardioversion at 100 joules is the appropriate treatment for unstable VT, as it can effectively terminate the arrhythmia and restore normal sinus rhythm, addressing both the dysrhythmia and the patient's symptoms. Reference: = CCRN Exam Handbook, page 33

Question 7

Question Type: MultipleChoice

For a patient with unstable angina, the major goal of treatment is to

Options:

A- increase afterload.
B- decrease myocardial contractility.
C- increase preload.
D- decrease myocardial O2 consumption.

Answer:

D

Explanation:

For a patient with unstable angina, the major goal of treatment is to decrease myocardial oxygen consumption. This can be achieved by reducing heart rate, blood pressure, and myocardial contractility to lessen the workload on the heart and reduce the demand for oxygen. This helps in preventing further ischemia and potential myocardial infarction. Treatment strategies may include the use of medications such as beta-blockers, nitrates, and calcium channel blockers, which all help in decreasing the oxygen demand of the heart. Reference: = CCRN Exam Handbook, page 10

Question 8

Question Type: MultipleChoice

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?

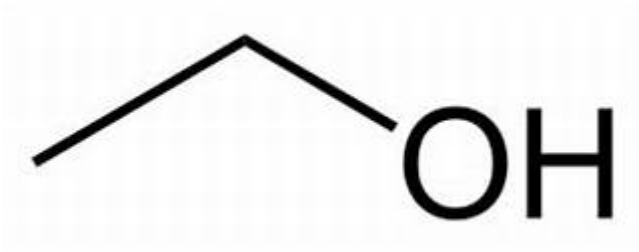
Options:

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

Answer:

A

Explanation:





Explore

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.

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 non-steroidal, 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 9

Question Type: MultipleChoice

A patient with a history of alcohol abuse has been admitted for progressive dyspnea and leg swelling. Assessment findings include:

BP 155/90

HR 85

CVP 12 mm Hg

Which of the following tests will provide the most definitive diagnosis?

Options:

A- echocardiogram
B- pro-BNP
C- chest x-ray
D- liver function panel

Answer:

A

Question 10

Question Type: MultipleChoice

An experienced nurse new to a unit believes the literature does not support current unit practice of a fixed-dose nitroglycerin IV (Tridil) infusion in all postoperative cardiac surgery patients for 24 hours. The nurse develops a proposal referencing peer-reviewed articles. Based on the proposal, unit leaders agree to remove the nitroglycerin IV (Tridil) infusion from the standard order set. The actions taken by the nurse are best described as

Options:

A- collaboration with a team.
B- a clinical research study.
C- a performance improvement project.
D- evidence-based practice.

Answer:

D

Explanation:

The actions taken by the nurse are best described as evidence-based practice. By reviewing the literature and developing a proposal referencing peer-reviewed articles, the nurse used current research findings to inform and change clinical practice. This approach ensures that patient care is based on the best available evidence, leading to improved patient outcomes. Reference: = CCRN Exam Handbook, page 59

Question 11

Question Type: MultipleChoice

A patient is admitted with a traumatic brain injury after being thrown from a horse. Despite numerous interventions, the patient is declared brain dead.

The parents have consented for organ donation, and the patient's mother requests to lay next to her daughter before being taken to the operating room.

Which of the following is the nurse's most appropriate response?

Options:

A- 'I will need a few minutes to prepare and organize this for you.'
B- 'It would be too risky to move all of the machines and wires.'
C- 'We must obtain permission from the organ donation team first.'
D- 'Please sit at the side of the bed, hold her hand, and talk to her.'

Answer:

A

Explanation:

The nurse should respect the mother's request and facilitate the family's emotional needs during the end-of-life care. The nurse should also ensure the patient's safety and dignity by preparing and organizing the necessary equipment and monitoring before moving the mother next to the patient. The other options are not appropriate because they either deny the mother's request, imply that the patient is no longer alive, or delay the organ donation process.

Donor Family Care Service - NHS Blood and Transplant

Family-Centered Care to Improve Family Consent for Organ Donation

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