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Question: 1

The nurse manager on the progressive care unit asks Liz to work an extra shift to cover a staff member who called out sick. Liz had planned to go to dinner with her mother after work this evening. What type of ethical problem does Liz face in this scenario?

- A. Moral distress
- B. Ethical dilemma
- C. Locus of authority
- D. Allocation of resources

Answer: B

Explanation:

Correct answer: Ethical dilemma

An ethical dilemma is a situation in which one can identify two opposing but equally justifiable courses of action. On one hand, Liz feels the obligation to work the extra shift to ensure the patients on the unit are taken care of, but at the same time, she has a duty to herself and her mother to honor her prior commitment. She cannot choose both options; they are mutually exclusive but equally justifiable.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 192.

Question: 2

The nurse is assessing a patient using the Full Outline of Unresponsive (FOUR) score tool. The patient she is assessing is not intubated, and his respirations are even and easy at rest. He opens his eyes on command, and his pupils are equal and reactive to light. He gives the nurse a "thumbs up" when asked. What is this patient's FOUR score?

- A. 0
- B. 12
- C. 16
- D. 20

Answer: C

Explanation:

Correct answer: 16

The FOUR score is a tool used in the assessment of neurological patients that assigns a value of 0 through 4 in each of four categories: eyes, motor, brain stem reflexes, and respirations. The scores are added for a total score. This patient is given a score of 4 in each category, indicating no impairment detected by the tool in these areas at the time of the assessment.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 297-298.

Question: 3

A nurse is using an indwelling arterial catheter to obtain a blood sample for arterial blood gas analysis. How much blood is withdrawn prior to obtaining the sample to clear the catheter system of any flush system fluid?

- A. 20 mL
- B. 1 mL
- C. 3 to 5 mL
- D. 8 to 10 mL

Answer: C

Explanation:

Correct answer: 3 to 5 mL

Before obtaining the sample to be used for arterial blood gas analysis, a 3 to 5 mL sample of blood is withdrawn to clear the catheter system of any flush system fluid. A 1-mL sample for ABG analysis is then obtained in a heparinized syringe.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 99.

Question: 4

A nurse is determining a patient's heart rate using the large boxes on the electrocardiogram. There are five large boxes between R waves. The nurse correctly determines the patient's heart rate in beats per minute is:

- A. 100
- B. 50
- C. 60
- D. 75

Answer: C

Explanation:

Correct answer: 60

One method of obtaining heart rate from the ECG strip is to count the number of large boxes between two R waves, and then divide that number into 300. One large box equals 0.20 seconds.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 41-43.

Question: 5

Which of the following statements is true regarding communication with a ventilated patient?

- A. The best way to communicate with the patient who is being mechanically ventilated is through mouthing words
- B. Each nurse should use his or her own individual communication style with a nonvocal patient as this will communicate competence and authority and put the patient at ease
- C. Before attempting to guess the needs of a nonvocal patient, provide them with an opportunity to use gestures to convey their needs
- D. The best way to communicate with the patient who has an artificial airway is through gestures

Answer: C

Explanation:

Correct answer: Before attempting to guess the needs of a nonvocal patient, provide them with an opportunity to use gestures to convey their needs

Mechanically ventilated patients are unable to speak and communicate verbally due to the presence of a cuffed endotracheal tube or tracheostomy tube. One nonvocal communication method that can prove effective is the use of gestures. The use of this method is best suited for the patient who can move at least one hand, even if only slightly. Practitioners should use simple "yes" or "no" questions but should avoid playing "twenty questions" and should give patients the opportunity to use gestures to communicate before attempting to guess what they need.

There are several methods to augment communication with patients who have artificial airways and with those who are mechanically ventilated; the best way to communicate with these patients is still unknown. Once the most successful methods of communication have been identified with a particular patient, these methods should be added to the plan of care. Continuity among caregivers in their approach to communication improves the quality of care and patient satisfaction.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 132-133.

Question: 6

The overall goals for oxygen therapy include all of the following except:

- A. Maximize myocardial and tissue oxygen supply
- B. To treat hypoxemia
- C. To decrease the work of breathing
- D. Decrease alveolar oxygen tension

Answer: D

Explanation:

Correct answer: Decrease alveolar oxygen tension

The overall goals for oxygen use include increasing alveolar oxygen tension, to treat hypoxemia, decreasing the work of breathing and maximizing myocardial and tissue oxygen supply.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 113.

Question: 7

Anastomotic leakage can occur:

- A. Not more than 48 hours following bariatric surgery
- B. Up to 10 days following bariatric surgery
- C. Weeks after bariatric surgery
- D. Six months following bariatric surgery

Answer: C

Explanation:

Correct answer: Weeks after bariatric surgery

Anastomotic leakage can occur weeks after bariatric surgery. Signs and symptoms of an anastomotic leak can include fever, tachycardia, tachypnea, and left shoulder pain. Some, but not all patients with an anastomotic leak may experience abdominal pain. An anastomotic leak is diagnosed with either a CT scan or a limited upper GI radiograph.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 361.

Question: 8

Clinical signs and symptoms specific to left heart failure include:

- A. Liver enlargement and tenderness, decreased appetite, wide split S2
- B. Ascites, rales, S3
- C. Pulmonary edema, fatigue, pansystolic murmur at lower left sternal border
- D. Pulmonary edema, atrial fibrillation, pansystolic murmur at apex

Answer: D

Explanation:

Correct answer: Pulmonary edema, atrial fibrillation, pansystolic murmur at apex

Clinical signs and symptoms specific to left heart failure include signs of pulmonary congestion: pulmonary edema, rales, atrial fibrillation or other atrial arrhythmias secondary to atrial distension, pulsus alternans, dyspnea, cough, hyperventilation, dizziness, syncope, fatigue, increased left ventricular and arterial pressure, pansystolic murmur at the apex secondary to mitral regurgitation, and S3 (also an early sign of right heart failure).

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 232.

Question: 9

Which of the following statements is true related to the use of pharmacological therapy with endoscopy in the treatment of upper gastrointestinal bleeding?

- A. One important advantage of epinephrine is that it can be used alone in the endoscopic treatment of gastrointestinal bleeding
- B. These treatments are costly and carry a significant risk for gastrointestinal perforation
- C. In the United States, ethanolamine is the pharmacologic agent of choice to control rapid bleeding
- D. The goal of pharmacologic treatment via endoscopy is to control bleeding by tamponade, vasoconstriction, and/or an inflammatory reaction following the injection of the selected agent

Answer: D

Explanation:

Correct answer: The goal of pharmacologic treatment via endoscopy is to control bleeding by tamponade, vasoconstriction, and/or an inflammatory reaction following the injection of the selected agent

In the United States, epinephrine is the agent of choice to control rapid bleeding. It is not recommended to use epinephrine alone; combination therapy with epinephrine and mechanical compression or ablative therapy has become the standard treatment for actively bleeding ulcers. Pharmacologic treatments are inexpensive, easy to use, and available in most settings. Endoscopy carries a risk for complications, including GI perforation, but these rarely occur.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 344.

Question: 10

The goals of treatment of pulmonary arterial hypertension are to minimize symptoms and slow the progression of the disease. Which of the following treatments is most likely appropriate in a patient with PAH who showed a positive response to a vasodilator during right-heart cardiac catheterization?

- A. Calcium channel blockers
- B. Beta-blockers
- C. Diuretics
- D. Anticoagulants

Answer: A

Explanation:

Correct answer: Calcium channel blockers

Right-heart cardiac catheterization is the gold standard for diagnosis of pulmonary artery hypertension (PAH) with vasodilatory testing for benefit from long-term therapy with calcium channel blockers.

Beta-blockers can worsen hypertension or decrease right heart function. Diuretics are used to control edema and ascites in the treatment of PAH if right heart failure is present. Anticoagulants are used in the treatment of PAH to prevent thrombosis but are not specific to this question which asked about the positive response shown to vasodilator testing during right-heart cardiac catheterization.

Reference:

Question: 11

Surgical options for the treatment of pulmonary arterial hypertension include all of the following except:

- A. Pulmonary thromboendarterectomy
- B. Atrial septostomy
- C. Lung transplantation
- D. No surgical treatment options currently exist for the treatment of pulmonary arterial hypertension

Answer: D

Explanation:

Correct answer: No surgical treatment options currently exist for the treatment of pulmonary arterial hypertension

Currently, treatment options for pulmonary arterial hypertension aim to minimize symptoms and slow the progression of the disease. Surgical treatments do exist and include:

- Atrial septostomy: This creates a right-to-left shunt to help decompress a failing right ventricle. The procedure may be indicated in select patients who are unresponsive to medical therapies and leads to significant hypoxia.
- A pulmonary thromboendarterectomy: This may improve hemodynamics and functional status for patients with suspected chronic thromboembolic pulmonary hypertension.
- Lung transplantation: Transplantation is indicated when pulmonary hypertension has progressed despite optimal medical and surgical therapy.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 267.

Question: 12

A 55-year-old type 2 diabetic with severe dementia was started on insulin during her stay in the progressive care unit. She will be discharged with orders for blood glucose monitoring and sliding scale insulin. The patient has a 24-hour a day live-in caregiver who has assisted with her oral medications in the past and who has visited the patient daily in the hospital. One daughter, who is the patient's power of attorney, lives out-of-state and has visited only one time during the patient's five-day stay in the hospital. She is leaving today. Home care nursing has been arranged to provide care for the patient at home following discharge.

Who is it essential for the nurse to include in instructions related to glucose testing and insulin administration?

- A. The power of attorney
- B. No instructions need to be given since the patient will be receiving home care nursing services
- C. The in-home care giver
- D. The patient

Answer: C

Explanation:

Correct answer: The in-home caregiver

Teaching strategies need to be planned carefully. When planning for education, assessment of the patient, the nature and severity of the patient's illness, the availability of significant others, and existing environmental barriers need to be assessed.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 15, 20.

Question: 13

Which of the following statements is true regarding arterial catheters?

- A. Following the removal of an arterial catheter, firm, direct pressure is maintained over the site for a minimum of 90 seconds, followed by the application of a pressure dressing
- B. The most common insertion site is the femoral artery
- C. Following the removal of an arterial catheter, firm, direct pressure is applied at the site for a minimum of 2 minutes, followed by the application of a pressure dressing
- D. The Allen test is performed prior to insertion in the radial artery

Answer: D

Explanation:

Correct answer: The Allen test is performed prior to insertion in the radial artery

An arterial catheter is used to directly measure blood pressure in acutely ill patients. These short catheters are most commonly inserted in the radial artery; however, prior to insertion, the Allen test is completed to ensure the adequacy of circulation to the hand.

Following removal of an arterial catheter, firm direct pressure is maintained over the site for at least 5 minutes or until hemostasis is achieved. Manual pressure may need to be applied for 10 minutes or longer for patients with coagulation abnormalities. Pressure dressings, as a substitute for manual pressure, to obtain hemostasis are not recommended.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 84-85.

Question: 14

Which of the following is used to treat pruritus caused by opioids?

- A. Methylnaltrexone (Relistor)
- B. Ondansetron (Zofran)
- C. Metoclopramide (Reglan)
- D. Nalbuphine (Nubain)

Answer: D

Explanation:

Correct answer: Nalbuphine (Nubain)

Opioid-induced pruritus can be treated with Nubain at small doses of 2.5 to 5.0 milligrams IV every 6 hours as needed.

Relistor is sometimes used for constipation in palliative care patients. Reglan and Zofran are used to treat opioid-induced nausea and vomiting.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 147.

Question: 15

All of the following related to arginine vasopressin are true except:

- A. Increases in arginine vasopressin activity result in hyperosmolarity
- B. Activation of arginine vasopressin leads to systemic vasoconstriction
- C. Arginine vasopressin is a potent vasoconstrictor
- D. Arginine vasopressin is normally inhibited by stretch receptors in the atria during atrial distension

Answer: A

Explanation:

Correct answer: Increases in arginine vasopressin activity result in hyperosmolarity

Increases in arginine vasopressin activity result in an inability to excrete free water, hypo-osmolarity and, in general, inability to autoregulate further arginine vasopressin production.

In heart failure, the stretch receptors in the atria that normally inhibit arginine vasopressin during atrial distension are less sensitive, causing a decrease in arginine vasopressin inhibition. This further increases afterload.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 230-231.

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