
AACN

PCCN
Progressive Care Certified Nursing



Questions and Answers (PDF)

**For More Information - Visit:
<https://www.certkillers.net/>**

Latest Version: 6.0

Question: 1

Skull fractures that resemble a line or a single crack, are not displaced and generally require no treatment are:

- A. Basilar skull fractures
- B. Depressed skull fractures
- C. Linear skull fractures
- D. Epidural skull fractures

Answer: C

Explanation:

Correct answer: Linear skull fractures

Depressed skull fractures and basilar skull fractures do involve bone displacement and do require treatment in most cases.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 500.

Question: 2

Congenital long-QT syndromes involve mutations in several genes that control which of the following?

- A. Potassium or sodium channels on cardiac cells
- B. Chloride channels only on cardiac cells
- C. Potassium or chloride channels on cardiac cells
- D. Chloride or sodium channels on cardiac cells

Answer: A

Explanation:

Correct answer: Potassium or sodium channels on cardiac cells

Congenital long-QT syndromes (LQTS) involve mutations in several genes that control potassium or sodium channels on cardiac cells.

Thirteen different genes causing genetic LQTS have been identified; these are named LQT1 through LQT13.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 444.

Question: 3

All of the following statements related to hyperosmolar disorders are true except:

- A. These disorders may be caused by conditions that result in an inhibition of antidiuretic hormone (ADH)
- B. Signs and symptoms may include tachycardia, restlessness, and seizures
- C. Serum Na⁺ > 145 mEq/L
- D. They are the result of an excess of water

Answer: D

Explanation:

Correct answer: They are the result of an excess of water

Hyperosmolar disorders are the result of a deficit of water, not an excess.

Signs and symptoms of hyperosmolar disorders may include tachycardia, restlessness, and seizures. Hyperosmolality refers to high sodium levels, which may be indicative of water deficit. Serum Na⁺ is greater than 145 mEq/L in these conditions. Hyperosmolality disorders may be caused by conditions that result in an inhibition of antidiuretic hormone (ADH).

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 377.

Question: 4

Antidiuretic hormone is:

- A. Produced by the hypothalamus
- B. Produced by the posterior pituitary gland
- C. Stored in the anterior pituitary gland
- D. Stored in the hypothalamus

Answer: A

Explanation:

Correct answer: Produced by the hypothalamus

Antidiuretic hormone (ADH) is also known as arginine vasopressin (AVP). It is produced by the hypothalamus and is stored in the posterior pituitary gland. Osmoreceptors of the hypothalamus monitor changes in blood osmolality. When osmolality increases by 2 percent, ADH is released by the posterior pituitary gland.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 397.

Question: 5

Causes of hypovolemic shock may include:

- A. Internal hemorrhage, dysfunctional ischemia, diuretic administration
- B. Hyperglycemic osmotic diuresis, third spacing, sepsis
- C. Sepsis, anaphylaxis, hemorrhage

D. An allergic reaction, thermal injury, diabetes insipidus

Answer: D

Explanation:

Correct answer: An allergic reaction, thermal injury, diabetes insipidus

Causes of hypovolemic shock can be a result of external or internal losses of bodily fluid and include an allergic reaction, thermal injury, diabetes insipidus, internal or external hemorrhage, losses of fluids from the gastrointestinal tract, diuretic administration, Addison disease, or hyperglycemic osmotic diuresis.

Dysfunctional ischemia is a cause of cardiogenic shock. Sepsis and anaphylaxis cause distributive shock.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 236.

Question: 6

Which of the following statements related to gastrointestinal bleeding is true?

- A. A rapid upper gastrointestinal bleed may present as the presence of blood in the lower gastrointestinal tract
- B. Life-threatening gastrointestinal bleeding originates most commonly in the lower gastrointestinal tract
- C. Lower gastrointestinal bleeding is more common than upper gastrointestinal bleeding
- D. In acute upper gastrointestinal bleeding, death is typically a direct result of blood loss

Answer: A

Explanation:

Correct answer: A rapid upper gastrointestinal bleed may present as the presence of blood in the lower gastrointestinal tract

Distinguishing upper versus lower gastrointestinal (GI) bleeding by origin is a vital consideration because rapid upper gastrointestinal bleeding may result in the presence of blood in the lower GI tract.

Upper gastrointestinal bleeding is four times more common than lower GI bleeding and is associated with morbidity and mortality, as well as costly care. Upper GI bleeding often resolves spontaneously and has a mortality rate of less than 5%. In acute upper GI, death is typically not a direct result of blood loss but is related to comorbidities and age.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 339.

Question: 7

A patient tells the nurse, "I don't know if I want to get better. My life is meaningless." Which of the following is true about this and similar statements?

- A. A psychiatric referral is warranted for further assessment of the patient
- B. Asking an individual if they are suicidal promotes thoughts of self-harm

- C. The nurse should avoid asking if the person is feeling suicidal
- D. Verbalizing thoughts of self-harm can be a cover for wanting to talk about fear or loneliness

Answer: A

Explanation:

Correct answer: A psychiatric referral is warranted for further assessment of the patient

Suicidal thoughts are not promoted by asking if a person is suicidal. Often, verbalizing that one feels suicidal is a cover for wanting to talk about pain, fear, or loneliness. A psychiatric referral is warranted in these cases for further assessment and intervention.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 26.

Question: 8

A generalized seizure characterized by sudden, brief muscle jerking of one or more muscle groups is referred to as:

- A. Atonic
- B. Tonic
- C. Clonic
- D. Myoclonic

Answer: D

Explanation:

Correct answer: Myoclonic

Myoclonic seizures are described as a sudden, brief muscle jerking of one or more muscle groups. They are commonly associated with metabolic, degenerative, and hypoxic causes.

Atonic seizures are characterized by the sudden loss of muscle tone and are also called "drop attacks."

Clonic seizures are characterized by rhythmic muscle jerking. Tonic seizures are characterized by sustained muscle contractions.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 316.

Question: 9

All of the following statements related to extubation are true except:

- A. Complications associated with extubation include aspiration, bronchospasm and tracheal damage
- B. Inspiratory stridor may not occur for several hours following extubation
- C. Hyperoxygenation with 100% oxygen is provided for 30 to 60 seconds prior to extubation
- D. Blood pressure of more than 20% of baseline following extubation may indicate respiratory compromise, necessitating more extensive assessment and possible reintubation

Answer: D

Explanation:

Correct answer: Blood pressure of more than 20% of baseline following extubation may indicate respiratory compromise, necessitating more extensive assessment and possible reintubation

Significant changes in respiratory rate, heart rate, and/or blood pressure of more than 10% of baseline values may indicate respiratory compromise, necessitating more extensive assessment and possible reintubation.

Reference:

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

Question: 10

The nurse would expect to find the following test results in a patient just admitted with a diagnosis of heart failure:

- A. Brain natriuretic peptide: Elevated, Creatinine: Elevated, Serum sodium: Decreased
- B. Brain natriuretic peptide: Elevated, Serum sodium: Elevated, Albumin: Decreased
- C. Brain natriuretic peptide: Decreased, Serum sodium: Decreased, Serum potassium: Decreased
- D. Brain natriuretic peptide: Decreased, Serum potassium: Elevated, Complete Blood Count: Low RBC count

Answer: A

Explanation:

Correct answer: Brain natriuretic peptide: Elevated, Creatinine: Elevated, Serum sodium: Decreased
Increased brain natriuretic peptide levels in the serum are used as markers of severity in heart failure. Increases in arginine vasopressin availability lead to an inability to excrete free water and hypo-osmolality. Decreased renal perfusion stimulates the renin-angiotensin-aldosterone system.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 229-230, 232.

Question: 11

This medication is commonly given to manage an acute hypertensive episode. It is a beta-receptor agonist (beta-blocker) particularly indicated in patients with suspected myocardial infarction or angin

a. To administer, a 5 mg bolus is given over 5 minutes and repeated three times. IV drip may then be started. What is the medication?

- A. Nicardipine
- B. Labetalol
- C. Nitroprusside
- D. Enalapril

Answer: B

Explanation:

Correct answer: Labetalol

Labetalol is a common drug used to manage acute hypertensive episodes. It is a beta-receptor agonist. Nicardipine is a calcium channel blocker. Enalapril is an ACE inhibitor. Nitroprusside dilates arterioles and veins.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 241.

Question: 12

The surgical procedure that is defined as the removal of a bronchovascular segment of the lung lobe is:

- A. Lobectomy
- B. Wedge resection
- C. Pneumonectomy
- D. Segmental resection

Answer: D

Explanation:

Correct answer: Segmental resection

A segmental resection is the removal of a bronchovascular segment of the lung lobe.

A pneumonectomy is the removal of the entire lung. A lobectomy is the resection of one or more lobes of the lung. A wedge resection is the removal of a small wedge-shaped section of lung tissue.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 253.

Question: 13

Warning signs of torsades des pointes syndrome during the administration of a QT-prolonging drug that may be noted on electrocardiography include:

- A. An increase in QTc (corrected QT interval) of > 60 msec from the predrug baseline QTc, or a QTc > 500 msec
- B. Narrowing of the T wave
- C. A QTc (corrected QT interval) of > 300 msec
- D. A decrease in QTc (corrected QT interval) of > 60 msec from the predrug baseline QTc

Answer: A

Explanation:

Correct answer: An increase in QTc (corrected QT interval) of > 60 msec from the predrug baseline QTc, or a QTc > 500 msec

Warning signs of torsades de pointes syndrome (TdP) that may be noted on ECG during drug administration include an increase in QTc from baseline or a QTc > 500 msec, a widening or distortion of the T wave, development of enlarged U waves or T-U waves, exaggerated T-U wave distortion on beats

terminating pauses, T wave alternans, and PVC couplets or short runs of polymorphic ventricular tachycardia occurring on the T wave of the beat terminating a pause.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 444.

Question: 14

The most potent means to reduce the likelihood of aspiration in a patient who is receiving enteral feeding is:

- A. Verify appropriate placement of the feeding tube every four hours
- B. Strict use of the semirecumbent position
- C. Maintain meticulous oral hygiene
- D. Remove the feeding tube as soon as possible

Answer: B

Explanation:

Correct answer: Strict use of the semirecumbent position

Patient positioning is one of the key factors that influence aspiration risk, and strict use of the semirecumbent position is the most potent and consistent means to reduce the likelihood of aspiration in patients who are receiving enteral nutrition. Studies have shown that aspiration and pneumonia are significantly more likely when patients are supine with backrest elevation at less than 30 degrees.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 364.

Question: 15

All of the following statements are true related to valvular heart disease except:

- A. A stenotic valve has a narrowed opening
- B. Valves on the right side of the heart are more commonly affected
- C. Normally, when a heart valve opens, there are no pressure gradients between the chambers or vessels above and below the valve
- D. An insufficient valve does not close properly

Answer: B

Explanation:

Correct answer: Valves on the right side of the heart are more commonly affected

Valves on the left side of the heart are more commonly affected in valvular heart disease as they are constantly exposed to higher pressures.

Under normal conditions, when a heart valve opens, no pressure gradients exist between the vessels or chambers below and above the valve. As valvular heart disease progresses, pressure gradients between the chambers or vessels develop.

Reference:

Burns, Suzanne M. AACN Essentials of Progressive Care Nursing, Fourth Edition. Pg 473.