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Acute - Critical Care Knowledge Professional (Adult, Pediatric and Neonatal) (CCRN-K)

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Question: 1

A pediatric patient with severe respiratory failure is receiving extracorporeal membrane oxygenation (ECMO) support. Which statement regarding ECMO is correct?

- A. ECMO provides long-term mechanical ventilation support.
- B. ECMO is primarily used for cardiac support in pediatric patients.
- C. ECMO is a temporary intervention to allow time for lung recovery.
- D. ECMO can be safely discontinued without any weaning process.

Answer: C

Explanation: The correct statement regarding ECMO is that it is a temporary intervention to allow time for lung recovery. ECMO is a life support technique that provides both cardiac and respiratory support for patients with severe respiratory or cardiac failure. It is used as a bridge to recovery, allowing the patient's lungs or heart to rest and heal. ECMO is not a long-term solution and is typically discontinued once the patient's condition improves and their own organs can adequately support their vital functions. Discontinuing ECMO requires a careful weaning process, as abrupt removal can lead to significant hemodynamic instability and complications.

Question: 2

During the care of a critically ill child, the nurse is responsible for managing the child's temperature monitoring and regulation device. Which device is commonly used for this purpose?

- A. Bair Hugger
- B. Cooling blanket
- C. Intravascular catheter

D. Nasopharyngeal temperature probe

Answer: A

Explanation: The commonly used device for temperature monitoring and regulation in critically ill children is the Bair Hugger. The Bair Hugger is a forced-air warming system that provides both warming and cooling capabilities. It is often used to maintain normothermia in critically ill patients by providing controlled warming or cooling as needed. Cooling blankets and intravascular catheters may also be used for temperature regulation in specific situations, but the Bair Hugger is the device specifically designed for this purpose. Nasopharyngeal temperature probes can be used for temperature monitoring but do not provide active temperature regulation.

Question: 3

A critically ill adult patient requires arterial catheterization for hemodynamic monitoring. Which artery is most commonly used for arterial catheter placement in this population?

- A. Radial artery
- B. Femoral artery
- C. Brachial artery
- D. Dorsalis pedis artery

Answer: A

Explanation: The most commonly used artery for arterial catheter placement in critically ill adult patients is the radial artery. The radial artery is easily accessible at the wrist, and its superficial location makes it suitable for arterial catheterization. Additionally, the radial artery has collateral circulation, reducing the risk of limb ischemia in case of complications. While the femoral artery is another commonly used site for arterial catheterization, the radial

artery is preferred due to its lower risk of infection and improved patient comfort and mobility. The brachial artery and dorsalis pedis artery are less commonly used for arterial catheter placement in this population.

Question: 4

A critically ill adult patient requires continuous sedation for mechanical ventilation. Which medication is commonly used for continuous sedation in this population?

- A. Propofol
- B. Ketamine
- C. Midazolam
- D. Dexmedetomidine

Answer: A

Explanation: The commonly used medication for continuous sedation in critically ill adult patients requiring mechanical ventilation is Propofol. Propofol is a short-acting sedative-hypnotic agent that provides rapid and reliable sedation, making it suitable for patients requiring mechanical ventilation. It has a quick onset of action and a short half-life, allowing for rapid titration and adjustment of sedation levels. Other medications such as Ketamine, Midazolam, and Dexmedetomidine may have different indications and are not typically used as the primary choice for continuous sedation in this population.

Question: 5

A neonate in the neonatal intensive care unit requires umbilical catheterization for vascular access. Which type of umbilical catheter is commonly used for this purpose?

- A. Umbilical venous catheter (UVC)
- B. Umbilical arterial catheter (UAC)
- C. Umbilical venous-arterial catheter (UVA)
- D. Umbilical vein occlusion catheter

Answer: A

Explanation: The commonly used umbilical catheter for vascular access in neonates is the umbilical venous catheter (UVC). The UVC is inserted into the umbilical vein to provide venous access for medication administration, blood sampling, and fluid resuscitation. It is a central venous catheter specifically designed for neonatal care.

Question: 6

A patient in the intensive care unit is receiving continuous sedation. Which of the following assessment findings should the nurse prioritize?

- A. Blood pressure within the target range
- B. Adequate sedation level based on sedation scale
- C. Respiratory rate and oxygen saturation
- D. Urine output and renal function

Answer: C

Explanation: When managing a patient receiving continuous sedation, the nurse should prioritize assessing the respiratory rate and oxygen saturation. Continuous sedation can depress the respiratory drive and lead to respiratory complications such as hypoventilation or respiratory distress. Therefore, monitoring the patient's respiratory rate and oxygen saturation is crucial to ensure adequate ventilation and oxygenation. While maintaining blood pressure

within the target range, assessing sedation level, and monitoring urine output and renal function are important aspects of care, respiratory function takes priority due to the potential risks associated with respiratory compromise in sedated patients.

Question: 7

A critically ill patient requires continuous hemodynamic monitoring with central venous pressure (CVP) monitoring. Which site is commonly used for CVP catheter placement in this population?

- A. Internal jugular vein
- B. Subclavian vein
- C. Femoral vein
- D. Antecubital vein

Answer: A

Explanation: The commonly used site for central venous pressure (CVP) catheter placement in critically ill patients is the internal jugular vein. The internal jugular vein provides direct access to the superior vena cava and right atrium, allowing for accurate measurement of central venous pressure. While the subclavian vein and femoral vein can also be used for CVP catheter placement, the internal jugular vein is often preferred due to its accessibility, lower risk of infection, and ease of catheter manipulation. The antecubital vein is not typically used for CVP catheter placement.

Question: 8

A patient has undergone cardiac catheterization. Which complication should the nurse closely monitor for in the post-procedural period?

- A. Bleeding at the catheter insertion site

- B. Nausea and vomiting
- C. Electrolyte imbalances
- D. Hypoxemia

Answer: A

Explanation: The nurse should closely monitor for bleeding at the catheter insertion site in the post-procedural period following cardiac catheterization. The insertion site is at risk for bleeding due to the puncture of the blood vessels during the procedure. Monitoring the site for any signs of active bleeding, hematoma formation, or changes in vital signs (such as hypotension or tachycardia) is essential to identify and address any complications promptly. While nausea, vomiting, electrolyte imbalances, and hypoxemia can occur in the post-procedural period, bleeding at the insertion site is a specific complication associated with cardiac catheterization that requires close monitoring.

Question: 9

A patient with a history of cardiac dysrhythmias presents to the emergency department with palpitations and dizziness. The nurse observes an irregular rhythm on the electrocardiogram. Which intervention should the nurse anticipate for this patient?

- A. Administration of adenosine
- B. Initiation of synchronized cardioversion
- C. Placement of a temporary pacemaker
- D. Administration of beta-blockers

Answer: B

Explanation: Based on the patient's symptoms, history of cardiac dysrhythmias, and the presence of an irregular rhythm on the electrocardiogram, the nurse

should anticipate the initiation of synchronized cardioversion. Synchronized cardioversion is the treatment of choice for unstable cardiac dysrhythmias, such as atrial fibrillation or ventricular tachycardia with a pulse. Adenosine is typically used for the treatment of supraventricular tachycardias, but it is not the first-line intervention for unstable rhythms or irregular rhythms. Placement of a temporary pacemaker may be considered if the patient develops bradycardia or heart block, but it may not be the immediate intervention in this situation. Administration of beta-blockers may be part of the long-term management for certain dysrhythmias, but in the acute setting, cardioversion is the priority.

Question: 10

A patient requires defibrillation due to a life-threatening cardiac dysrhythmia. Which of the following should the nurse prioritize during the defibrillation procedure?

- A. Ensuring proper electrode placement
- B. Administering a sedative medication
- C. Checking the patient's blood pressure
- D. Administering oxygen via nasal cannula

Answer: A

Explanation: During the defibrillation procedure, the nurse should prioritize ensuring proper electrode placement. Proper electrode placement is essential for the delivery of an effective electrical shock to restore normal cardiac rhythm. The nurse should ensure that the defibrillation pads or paddles are placed correctly according to the recommended guidelines and that they have good skin contact. Administering a sedative medication may be necessary to minimize patient discomfort or anxiety, but ensuring proper electrode placement takes priority to maximize the success of defibrillation. Checking the patient's blood pressure and administering oxygen via nasal cannula are

important aspects of ongoing care but are not the priority during the defibrillation procedure.



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