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Question: 528

What is the primary mechanism of action of corticosteroids in the management of acute respiratory distress syndrome (ARDS)?

- A. Vasoconstriction
- B. Anti-inflammatory
- C. Bronchodilation
- D. Surfactant production

Answer: B

Explanation: The primary mechanism of action of corticosteroids in the management of acute respiratory distress syndrome (ARDS) is their anti-inflammatory effect. ARDS is characterized by widespread inflammation and increased permeability of the alveolar-capillary membrane, leading to pulmonary edema and impaired gas exchange. Corticosteroids help to suppress this excessive inflammatory response, which can improve lung function and facilitate recovery in ARDS patients.

Question: 529

A patient with severe sepsis has a lactate level of 5 mmol/L. Which of the following is the next appropriate step in management?

- A. Administration of broad-spectrum antibiotics
- B. Initiation of fluid resuscitation
- C. Vasopressor therapy
- D. Measurement of central venous oxygen saturation

Answer: D

Explanation: In severe sepsis, a lactate level > 4 mmol/L indicates tissue hypoperfusion and is an indication for early goal-directed therapy, which includes measurement of central venous oxygen saturation to guide fluid and vasopressor administration.

Question: 530

A patient with a history of atrial fibrillation is admitted with chest pain and shortness of breath. The nurse should prioritize obtaining which of the following diagnostic tests?

- A. Electrocardiogram (ECG)
- B. Chest X-ray
- C. Troponin level
- D. All of the above

Answer: D

Explanation: In a patient with atrial fibrillation and new-onset chest pain and shortness of breath, the nurse should prioritize obtaining an electrocardiogram, a chest X-ray, and a troponin level. These diagnostic tests can help determine the underlying cause of the patient's symptoms, such as myocardial infarction, pulmonary embolism, or other cardiac-related issues.

Question: 531

Which of the following is the most appropriate initial management for a patient with status epilepticus?

- A. Benzodiazepines
- B. Phenytoin
- C. Levetiracetam
- D. Both A and B

Answer: D

Explanation: The most appropriate initial management for a patient with status epilepticus is the administration of benzodiazepines (e.g., lorazepam or diazepam) followed by a long-acting antiseizure medication such as phenytoin. This combination helps terminate the seizure and prevent recurrence.

Question: 532

A 55-year-old man with a history of coronary artery disease and hypertension presents to the emergency department with chest pain, shortness of breath, and sweating. His vital signs are: blood pressure 90/60 mmHg, heart rate 110 bpm, respiratory rate 24 breaths/min, and oxygen saturation 88% on room air. An ECG shows ST-segment elevation in the inferior leads. What is the most appropriate immediate management?

- A. Administer aspirin and nitroglycerin
- B. Perform emergent coronary angiography and percutaneous coronary intervention

C. Administer thrombolytic therapy

D. Provide supplemental oxygen and obtain urgent cardiology consultation

Answer: C

Explanation: The clinical presentation of chest pain, shortness of breath, hypotension, tachycardia, and ST-segment elevation on ECG is consistent with an acute ST-elevation myocardial infarction (STEMI) involving the inferior wall of the heart. The most appropriate immediate management in this scenario is to administer thrombolytic therapy, which can help dissolve the coronary artery thrombus and restore blood flow to the affected myocardium. Emergent coronary angiography and percutaneous coronary intervention are also appropriate, but thrombolytics can be initiated more rapidly in the emergency department. Supplemental oxygen and cardiology consultation are also important, but should not delay initiation of thrombolytic therapy.

Question: 533

A client with acute renal failure is placed on continuous renal replacement therapy (CRRT). Which of the following is the most important nursing intervention to prevent complications?

A. Closely monitor fluid balance

B. Administer anticoagulants

C. Assess for bleeding

D. Maintain adequate blood flow

Answer: D

Explanation: Maintaining adequate blood flow to the CRRT circuit is the most important nursing intervention to prevent complications, such as clotting or

filter failure. Closely monitoring fluid balance, administering anticoagulants, and assessing for bleeding are also important interventions, but maintaining adequate blood flow is the critical factor in preventing CRRT-related complications.

Question: 534

What is the recommended strategy for preventing pressure injuries in a critically ill patient?

- A. Turning and repositioning
- B. Use of specialty mattresses
- C. Skin assessment and moisture management
- D. All of the above

Answer: D

Explanation: The recommended strategy for preventing pressure injuries in a critically ill patient includes a combination of turning and repositioning, use of specialty mattresses (e.g., air mattresses), and regular skin assessment with appropriate moisture management. This comprehensive approach helps reduce the risk of pressure injury development.

Question: 535

A patient with a history of end-stage renal disease (ESRD) on hemodialysis presents with a fever, hypotension, and altered mental status. The nurse suspects which of the following complications?

- A. Hyperkalemia
- B. Uremic encephalopathy
- C. Dialysis disequilibrium syndrome
- D. Hemodialysis-associated hypotension

Answer: C

Explanation: The symptoms of fever, hypotension, and altered mental status in a patient with ESRD on hemodialysis are most likely indicative of dialysis disequilibrium syndrome. This condition occurs due to the rapid removal of waste products and electrolytes during dialysis, which can lead to cerebral edema and neurological symptoms. Hyperkalemia, uremic encephalopathy, and hemodialysis-associated hypotension are other potential complications, but the presented symptoms are most characteristic of dialysis disequilibrium syndrome.

Question: 536

A patient with a history of hypertension and type 2 diabetes mellitus is admitted with new-onset atrial fibrillation. The physician orders amiodarone and apixaban (Eliquis) for the patient. Which of the following is the most important nursing consideration?

- A. Monitoring the patient's thyroid function
- B. Assessing for signs of bleeding
- C. Checking the patient's serum potassium level
- D. Educating the patient on the importance of medication adherence

Answer: B

Explanation: The most important nursing consideration for a patient with new-

onset atrial fibrillation who is started on amiodarone and apixaban is assessing for signs of bleeding. Apixaban is an anticoagulant that increases the risk of bleeding, which requires close monitoring. Monitoring thyroid function and serum potassium level are important but less critical in the immediate management of this patient. Educating the patient on medication adherence is also important but should not be the top priority.

Question: 537

A patient with a history of traumatic brain injury (TBI) develops a fever and altered mental status. Which of the following is the most likely cause of the fever?

- A. Urinary tract infection
- B. Ventilator-associated pneumonia
- C. Central nervous system infection
- D. Sepsis of unknown source

Answer: C

Explanation: In a patient with a history of TBI who develops a fever and altered mental status, the most likely cause of the fever is a central nervous system (CNS) infection, such as meningitis or ventriculitis. Patients with TBI are at increased risk of CNS infections due to the disruption of the blood-brain barrier and the presence of foreign devices, such as ventricular catheters. Other possible causes, such as urinary tract infection, pneumonia, or sepsis, are also possible but less likely in this specific scenario.

Question: 538

A 50-year-old patient with a history of congestive heart failure presents with shortness of breath, edema, and fatigue. Arterial blood gas (ABG) analysis shows the following:

pH: 7.46

paCO₂: 30 mmHg

pO₂: 85 mmHg

HCO₃⁻: 22 mEq/L

What is the most likely diagnosis?

- A. Metabolic acidosis
- B. Respiratory acidosis
- C. Metabolic alkalosis
- D. Respiratory alkalosis

Answer: D

Explanation: The given ABG results indicate respiratory alkalosis. The increased pH (7.46), decreased paCO₂ (30 mmHg), and normal bicarbonate (22 mEq/L) are characteristic of respiratory alkalosis.

In patients with congestive heart failure, respiratory alkalosis can occur as a compensatory mechanism to improve oxygenation and ventilation. The shortness of breath, edema, and fatigue reported by the patient are common symptoms associated with congestive heart failure and the resulting respiratory alkalosis.

The normal bicarbonate level suggests that the respiratory system is the primary driver of the acid-base imbalance, rather than a metabolic compensation.

Question: 539

A patient with acute respiratory distress syndrome (ARDS) is receiving mechanical ventilation. The physician orders neuromuscular blocking agents (NMBAs) for the patient. Which of the following is the most appropriate nursing intervention?

- A. Perform daily spontaneous breathing trials to assess for extubation readiness.
- B. Administer scheduled sedation to maintain the patient's Richmond Agitation-Sedation Scale (RASS) at -4 to -5.
- C. Ensure the patient receives physical therapy and early mobilization while on NMBAs.
- D. Monitor the patient's train-of-four (TOF) ratio to assess the depth of neuromuscular blockade.

Answer: D

Explanation: The most appropriate nursing intervention for a patient with ARDS receiving NMBAs is to monitor the patient's train-of-four (TOF) ratio to assess the depth of neuromuscular blockade. Monitoring the TOF ratio helps ensure the appropriate level of blockade is maintained, which is critical for the management of ARDS. Performing spontaneous breathing trials, administering sedation, and providing early mobilization are also important interventions, but monitoring the TOF ratio is the most appropriate in this scenario.

Question: 540

A patient with a history of chronic obstructive pulmonary disease (COPD) and cor pulmonale is admitted with an acute exacerbation. Which of the following is the most appropriate initial management?

- A. Administer high-flow oxygen therapy
- B. Initiate non-invasive ventilation (NIV)
- C. Perform emergency intubation
- D. Administer diuretic therapy

Answer: B

Explanation: In a patient with COPD and cor pulmonale presenting with an acute exacerbation, the most appropriate initial management is to initiate non-invasive ventilation (NIV), such as bilevel positive airway pressure (BiPAP) or continuous positive airway pressure (CPAP). NIV can help improve gas exchange, reduce the work of breathing, and avoid the need for invasive mechanical ventilation. High-flow oxygen therapy and diuretic therapy may also be indicated, but NIV should be the first-line intervention.

Question: 541

Which of the following is the most appropriate initial antibiotic regimen for a patient with severe sepsis?

- A. Ceftriaxone
- B. Vancomycin
- C. Broad-spectrum antibiotic combination
- D. Targeted antibiotic based on culture results

Answer: C

Explanation: The most appropriate initial antibiotic regimen for a patient with severe sepsis is a broad-spectrum antibiotic combination. This helps provide empiric coverage while awaiting culture results, which is crucial for improving outcomes.

Question: 542

A 55-year-old patient with a history of chronic heart failure is admitted to the ICU with acute decompensation. The patient presents with severe dyspnea, pulmonary edema, and hypotension. What is the most appropriate initial management?

- A. Diuretic therapy
- B. Vasodilator therapy
- C. Inotropic support
- D. All of the above

Answer: D

Explanation: The appropriate initial management for a patient with acute decompensated heart failure includes diuretic therapy to reduce fluid overload, vasodilator therapy to decrease afterload and preload, and inotropic support to improve cardiac contractility. This comprehensive approach is crucial in stabilizing the patient's hemodynamic status and managing the acute exacerbation of heart failure.



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