Up-to-date Questions and Answers from authentic resources to improve knowledge and pass the exam at very first attempt. ----- Guaranteed.

KILL EXAMS

AACN-CSC Dumps
AACN-CSC Braindumps
AACN-CSC Real Questions
AACN-CSC Practice Test
AACN-CSC Actual Questions

PASS

killexams.com

Nursing

AACN-CSC

AACN Cardiac Surgery (Adult)

ORDER FULL VERSION

https://killexams.com/pass4sure/exam-detail/AACN-CSC

Question: 1

A patient undergoes minimally invasive cardiac surgery for the repair of a non-congenital heart defect. Postoperatively, the nurse assesses the patient and notes diminished breath sounds on the left side and tracheal deviation to the right. The nurse suspects:

A. acute respiratory failure.
B. pleural effusion.
C. tension pneumothorax.
D. pulmonary embolism.

Answer: C

Explanation: In a patient who has undergone minimally invasive cardiac surgery and presents with diminished breath sounds on one side and tracheal deviation to the opposite side, the nurse should suspect tension pneumothorax. Tension pneumothorax occurs when air accumulates in the pleural space, causing lung collapse and displacement of the mediastinum. This can result in respiratory distress and hemodynamic compromise. Immediate intervention is needed, such as needle decompression followed by chest tube placement, to relieve the tension and restore lung function. Options A, B, and D are less likely in this scenario based on the presented symptoms.

Question: 2

A patient who underwent cardiac surgery is experiencing acute respiratory distress syndrome (ARDS). Which of the following interventions should the nurse prioritize?

A. Implementing prone positioning
B. Initiating continuous positive airway pressure (CPAP)
C. Administering anticoagulants

D. Administering bronchodilators

Answer: A

Explanation: Acute respiratory distress syndrome (ARDS) is a severe form of respiratory failure characterized by widespread inflammation and damage to the lungs. The mainstay of treatment for ARDS is supportive care, including mechanical ventilation. Implementing prone positioning, which involves turning the patient onto their abdomen, has been shown to improve oxygenation and outcomes in ARDS. Administering bronchodilators may be beneficial in specific cases, but it is not the primary intervention for ARDS. Continuous positive airway pressure (CPAP) is not typically used in the management of ARDS. Anticoagulants may be considered for prophylaxis against venous thromboembolism but are not a priority intervention for ARDS.

Question: 3

A patient who underwent repair of a non-congenital heart defect develops fever, chest pain, and pericardial friction rub in the postoperative period. The nurse suspects:

A. right heart failure.
B. dysrhythmias.
C. myocardial infarction.
D. pericarditis.

Answer: D

Explanation: In a patient who has undergone repair of a non-congenital heart defect and presents with fever, chest pain, and pericardial friction rub in the postoperative period, the nurse should suspect pericarditis. Pericarditis is inflammation of the pericardium, the sac surrounding the heart, and can occur as a complication of cardiac surgery. It is characterized by chest pain that

worsens with inspiration, fever, and pericardial friction rub on auscultation. Prompt recognition and appropriate management, such as anti-inflammatory medications or pericardial drainage if necessary, are important in treating pericarditis. Options B, C, and D are less likely causes in this scenario.

Question: 4

A patient who underwent coronary artery bypass surgery (CABG) with cardiopulmonary bypass develops oliguria, hypotension, and decreased cardiac output in the immediate postoperative period. The MOST LIKELY cause is:

A. cardiogenic shock.
B. hypovolemia.
C. hypervolemia.
D. myocardial stunning.

Answer: A

Explanation: In a patient who has undergone CABG with cardiopulmonary bypass and presents with oliguria, hypotension, and decreased cardiac output in the immediate postoperative period, the most likely cause is cardiogenic shock. Cardiogenic shock occurs when the heart is unable to pump enough blood to meet the body's demands, resulting in inadequate tissue perfusion. It can be a complication of cardiac surgery and is characterized by systemic hypotension, decreased cardiac output, and end-organ dysfunction. Prompt recognition and management, including hemodynamic support and addressing the underlying cause, are crucial in treating cardiogenic shock. Options A, C, and D are less likely causes in this scenario.

Question: 5

A patient who underwent cardiac surgery is experiencing persistent chest pain,

ST-segment elevation on the electrocardiogram (ECG), and elevated cardiac biomarkers. These findings are indicative of:

A. Dysrhythmias
B. Myocardial stunning
C. Pericarditis
D. Myocardial infarction

Answer: D

Explanation: The combination of persistent chest pain, ST-segment elevation on the ECG, and elevated cardiac biomarkers (such as troponin) is consistent with a diagnosis of myocardial infarction (heart attack). Myocardial stunning refers to temporary myocardial dysfunction following ischemia, but it does not typically present with persistent chest pain or ST-segment elevation. Pericarditis is characterized by chest pain that is typically sharp and worsens with inspiration, and it is not associated with ST-segment elevation. Dysrhythmias may occur as a complication of myocardial infarction but are not the primary findings in this scenario.

Question: 6

A patient who underwent cardiac surgery develops a sudden drop in blood pressure, tachycardia, and signs of inadequate tissue perfusion. The nurse suspects cardiogenic shock. Which of the following interventions should be initiated first?

A. Administering vasopressors
B. Administering intravenous fluids
C. Initiating intra-aortic balloon pump (IABP) therapy
D. Initiating mechanical ventilation

Answer: B

Explanation: Cardiogenic shock is a life-threatening condition characterized by inadequate cardiac output and tissue perfusion. The initial management of cardiogenic shock involves optimizing preload with intravenous fluids to improve cardiac filling and perfusion. Administering vasopressors may be necessary if fluid resuscitation alone is insufficient to restore blood pressure. Initiating intra-aortic balloon pump (IABP) therapy and mechanical ventilation may be considered in severe cases, but fluid resuscitation is the first-line intervention.

Question: 7

A patient who underwent coronary artery bypass surgery (CABG) without cardiopulmonary bypass develops sudden hypotension in the immediate postoperative period. The MOST LIKELY cause is:

A. myocardial infarction.
B. hypovolemia.
C. cardiac tamponade.
D. systemic inflammatory response syndrome (SIRS).

Answer: C

Explanation: In a patient who has undergone CABG without cardiopulmonary bypass, sudden hypotension in the immediate postoperative period may indicate cardiac tamponade. Cardiac tamponade occurs when fluid or blood accumulates in the pericardial sac, compressing the heart and impairing cardiac function. This can lead to decreased cardiac output and hypotension. Prompt recognition and intervention are crucial, as cardiac tamponade is a life-threatening emergency that requires immediate pericardial drainage. While options A (myocardial infarction), B (hypovolemia), and D (SIRS) can also cause hypotension, the sudden onset in the postoperative period is more indicative of cardiac tamponade in this scenario.

Question: 8

A patient who underwent a cardiac surgery develops sudden chest pain, dyspnea, and hypotension. The nurse suspects cardiac tamponade. Which of the following assessments would be most indicative of this condition?

A. Elevated blood pressure
B. Increased urine output
C. Jugular venous distention (JVD)
D. Hyperresonance on percussion of the chest

Answer: C

Explanation: Cardiac tamponade is characterized by the accumulation of fluid or blood in the pericardial sac, which compresses the heart and impairs its ability to fill properly. Jugular venous distention (JVD) is a classic sign of cardiac tamponade, as the increased pressure in the pericardial sac leads to a backflow of blood into the jugular veins, resulting in visible distention. Increased urine output is not typically associated with cardiac tamponade. Hypotension, rather than elevated blood pressure, is commonly observed due to compromised cardiac output. Hyperresonance on percussion of the chest is not specific to cardiac tamponade and may be seen in other conditions such as pneumothorax.

Question: 9

A patient develops acute respiratory distress syndrome (ARDS) following cardiac surgery. The PRIMARY pathophysiological process underlying ARDS is:

A. increased pulmonary vascular resistance.
B. alveolar collapse.

C. impaired alveolar fluid clearance.
D. surfactant deficiency.

Answer: B

Explanation: In a patient who develops acute respiratory distress syndrome (ARDS) following cardiac surgery, the primary pathophysiological process underlying ARDS is alveolar collapse. ARDS is characterized by widespread inflammation in the lungs, leading to increased permeability of the alveolar-capillary membrane. This results in the accumulation of fluid in the alveoli, impaired gas exchange, and alveolar collapse. Options A, B, and D are secondary processes that can contribute to the development or progression of ARDS, but alveolar collapse is the primary abnormality in this condition.

Question: 10

A patient with a history of atrial fibrillation presents with recurrent episodes of dyspnea, palpitations, and fatigue. The MOST APPROPRIATE intervention for this patient is:

A. surgical valve repair or replacement.
B. transcatheter valve replacement (TAVR).
C. Cox maze and modified maze procedure.
D. electrical cardioversion.

Answer: C

Explanation: In a patient with a history of atrial fibrillation and recurrent symptoms, the most appropriate intervention would be the Cox maze and modified maze procedure. This surgical procedure is designed to treat atrial fibrillation by creating a pattern of scar tissue in the atria, which redirects the electrical impulses and restores normal sinus rhythm. It has been shown to be effective in eliminating or significantly reducing atrial fibrillation in many

patients. Options A, C, and D are not the primary interventions for atrial fibrillation and are more relevant for other cardiac conditions.

Question: 11

A patient who underwent surgical valve repair or replacement develops sudden chest pain, dyspnea, and hypotension in the immediate postoperative period. The nurse suspects:

A. bleeding.
B. myocardial infarction.
C. right heart failure.
D. cardiac tamponade.

Answer: D

Explanation: In a patient who has undergone surgical valve repair or replacement and presents with sudden chest pain, dyspnea, and hypotension in the immediate postoperative period, the nurse should suspect cardiac tamponade. Cardiac tamponade can occur as a complication of cardiac surgery and is characterized by the accumulation of fluid or blood in the pericardial sac, leading to compression of the heart and impaired cardiac function. This can result in symptoms such as chest pain, dyspnea, and hypotension. Prompt recognition and intervention, such as pericardial drainage, are necessary to relieve the tamponade and restore cardiac function. Options A, B, and D are less likely causes in this scenario.

Question: 12

A patient who underwent minimally invasive cardiac surgery develops sudden onset tachycardia, hypotension, and altered mental status in the postoperative period. The nurse suspects:

A. vascular complications.
B. hypovolemia.
C. myocardial infarction.
D. bleeding.

Answer: D

Explanation: In a patient who has undergone minimally invasive cardiac surgery and presents with sudden onset tachycardia, hypotension, and altered mental status in the postoperative period, the nurse should suspect bleeding. Bleeding can occur as a complication of cardiac surgery and can lead to hypovolemia, resulting in tachycardia, hypotension, and decreased perfusion to the brain, leading to altered mental status. Prompt recognition, assessment of the extent of bleeding, and appropriate intervention, such as surgical exploration or blood product transfusion, are necessary to address the bleeding and stabilize the patient. Options B, C, and D are less likely causes in this scenario.

Question: 13

A patient undergoing cardiac surgery receives a blood transfusion and subsequently develops acute respiratory failure. The MOST LIKELY cause of the respiratory failure is:

A. transfusion-associated circulatory overload (TACO).
B. transfusion-related acute lung injury (TRALI).
C. anaphylactic reaction to blood products.
D. septic transfusion reaction.

Answer: B

Explanation: In a patient who develops acute respiratory failure following a blood transfusion, the most likely cause is transfusion-related acute lung injury

(TRALI). TRALI is a severe immune-mediated reaction that occurs within six hours of transfusion and is characterized by acute respiratory distress, hypoxemia, and bilateral pulmonary infiltrates. It is thought to be caused by donor antibodies reacting with the recipient's leukocytes, leading to the release of inflammatory mediators and lung injury. Prompt recognition and supportive care, including respiratory support, are essential in managing TRALI.

SAMPLE QUESTIONS

These questions are for demo purpose only. ***Full version*** *is* ***up to date. The questions will improve your knowledge about the exam and help you pass the exam at very first attempt.***

Killexams.com is an online platform that offers a wide range of services related to certification exam preparation. The platform provides actual questions, exam dumps, and practice tests to help individuals prepare for various certification exams with confidence. Here are some key features and services offered by Killexams.com:

Actual Exam Questions*: Killexams.com provides actual exam questions that are experienced in test centers. These questions are updated regularly to ensure they are up-to-date and relevant to the latest exam syllabus. By studying these actual questions, candidates can familiarize themselves with the content and format of the real exam.*

Exam Dumps*: Killexams.com offers exam dumps in PDF format. These dumps contain a comprehensive collection of questions and answers that cover the exam topics. By using these dumps, candidates can enhance their knowledge and improve their chances of success in the certification exam.*

Practice Tests*: Killexams.com provides practice tests through their desktop VCE exam simulator and online test engine. These practice tests simulate the real exam environment and help candidates assess their readiness for the actual exam. The practice tests cover a wide range of questions and enable candidates to identify their strengths and weaknesses.*

Guaranteed Success*: Killexams.com offers a success guarantee with their exam dumps. They claim that by using their materials, candidates will pass their exams on the first attempt or they will refund the purchase price. This guarantee provides assurance and confidence to individuals preparing for certification exams.*

Updated Content: *Killexams.com regularly updates its question bank and exam dumps to ensure that they are current and reflect the latest changes in the exam syllabus. This helps candidates stay up-to-date with the exam content and increases their chances of success.*

Technical Support*: Killexams.com provides free 24x7 technical support to assist candidates with any queries or issues they may encounter while using their services. Their certified experts are available to provide guidance and help candidates throughout their exam preparation journey.*