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Question: 690

In a patient scheduled for a minimally invasive CABG, the presence of chronic obstructive pulmonary disease (COPD) raises concerns about:

- A. higher likelihood of graft failure.
- B. increased risk for postoperative arrhythmias.
- C. difficulty in achieving adequate pain control.
- D. prolonged intubation and mechanical ventilation.

Answer: D

Explanation: Patients with COPD are at higher risk for prolonged intubation and mechanical ventilation due to compromised respiratory function, which must be managed carefully.

Question: 691

A patient with a history of ventricular tachycardia is monitored closely after cardiac surgery. Which intervention is most important for preventing arrhythmias?

- A. Maintaining electrolyte balance
- B. Administering antiarrhythmic medications
- C. Limiting physical activity
- D. Monitoring blood glucose levels

Answer: A

Explanation: Electrolyte imbalances, particularly potassium and magnesium, can precipitate arrhythmias; thus, maintaining balance is essential.

Question: 692

In the context of minimally invasive cardiac surgery, the surgeon may utilize which of the following techniques to minimize trauma?

- A. standard sternotomy with rib-spreading.
- B. traditional median sternotomy for exposure.
- C. thoracoscopic approaches for access.
- D. extensive anterior thoracotomy for access.

Answer: C

Explanation: Thoroscopic approaches are preferred in minimally invasive cardiac surgery as they reduce trauma and improve recovery times compared to traditional methods.

Question: 693

A patient is receiving hemodialysis for end-stage renal disease post-cardiac surgery. Which of the following laboratory values most critically requires further intervention during the dialysis session?

- A. Serum calcium level of 7.5 mg/dL
- B. Serum bicarbonate level of 20 mEq/L
- C. Serum sodium level of 130 mEq/L
- D. Serum potassium level of 5.0 mEq/L

Answer: A

Explanation: A serum calcium level of 7.5 mg/dL indicates significant hypocalcemia, which may require immediate intervention due to its potential to cause cardiac arrhythmias.

Question: 694

A patient shows signs of delirium after cardiac surgery, characterized by fluctuating attention and altered mental status. Which class of medication is typically avoided in treating this condition?

- A. Antidepressants
- B. Antipsychotics
- C. Benzodiazepines
- D. Mood stabilizers

Answer: C

Explanation: Benzodiazepines are generally avoided in delirium management as they can exacerbate confusion and sedation, whereas antipsychotics may be used judiciously to manage agitation.

Question: 695

A patient with a history of heart failure is recovering after aortic valve replacement. The nurse notes a potassium level of 5.8 mEq/L. What is the priority nursing action?

- A. Document the finding.
- B. Administer a potassium-wasting diuretic.
- C. Initiate cardiac monitoring.
- D. Encourage dietary potassium restriction.

Answer: C

Explanation: A potassium level of 5.8 mEq/L indicates hyperkalemia, which can lead to serious cardiac

dysrhythmias. Cardiac monitoring is essential to assess for potential complications.

Question: 696

A patient with a recent history of aspiration pneumonia develops worsening respiratory symptoms and hypoxemia. A chest X-ray reveals diffuse infiltrates. What is the likely diagnosis?

- A. Transfusion-related acute lung injury (TRALI)
- B. Acute respiratory distress syndrome (ARDS)
- C. Pneumothorax
- D. Transfusion-associated circulatory overload (TACO)

Answer: B

Explanation: Aspiration pneumonia can lead to ARDS due to the inflammatory response in the lungs, resulting in diffuse infiltrates and hypoxemia.

Question: 697

During the postoperative monitoring of a cardiac surgery patient, which of the following vital sign changes would most likely indicate the need for immediate intervention?

- A. Heart rate increase to 100 bpm
- B. Respiratory rate of 20 breaths per minute
- C. Blood pressure drop to 90/60 mmHg
- D. Temperature increase to 38.0°C

Answer: C

Explanation: A blood pressure drop to 90/60 mmHg indicates potential hypotension, which requires immediate intervention to prevent inadequate perfusion and other complications.

Question: 698

Postoperatively, a patient develops a cardiac tamponade. The nurse assesses the following:

BP : 85/45
HR : 130
MAP : 52 mm Hg
CO : 2.0 L/min
CI : 1.3 L/min/m²
SVR : 1500 dynes/sec/cm⁻⁵
PAP : 28/14 mm Hg

The nurse should expect which intervention to be ordered?

- A. fluid resuscitation.
- B. pericardiocentesis.
- C. administration of beta-blockers.
- D. initiation of thrombolytics.

Answer: B

Explanation: Cardiac tamponade can lead to hemodynamic instability, as evidenced by the low blood pressure and cardiac output. Pericardiocentesis is the most appropriate intervention to relieve the pressure on the heart.

Question: 699

A patient with a history of heart failure and recent cardiac surgery develops acute hypoxemia. The echocardiogram shows normal cardiac function. Which of the following is a potential diagnosis?

- A. Pulmonary embolism
- B. Pleural effusion
- C. Transfusion-associated circulatory overload (TACO)
- D. Acute respiratory distress syndrome (ARDS)

Answer: D

Explanation: Normal cardiac function with acute hypoxemia post-surgery suggests ARDS, which can occur due to various factors, including inflammatory processes.

Question: 700

A patient has undergone a heart transplant and is now in the ICU. The nurse is monitoring for signs of acute rejection. Which clinical manifestation should the nurse anticipate?

- A. Sudden weight loss
- B. Increased urine output
- C. Hypotension
- D. Bradycardia

Answer: C

Explanation: Hypotension can be a sign of acute rejection in heart transplant patients, indicating potential hemodynamic instability.

Question: 701

A patient presents with signs of infection after cardiac surgery. Which laboratory result would most strongly suggest a postoperative surgical site infection?

- A. Normal C-reactive protein levels
- B. Elevated white blood cell count with left shift
- C. Elevated potassium levels
- D. Decreased hemoglobin

Answer: B

Explanation: An elevated white blood cell count with a left shift indicates an increased number of immature neutrophils, which is a strong indicator of infection.

Question: 702

A patient with a history of obstructive sleep apnea is being prepared for cardiac surgery. Which of the following postoperative interventions is critical for preventing respiratory complications in this patient?

- A. Continuous monitoring of blood glucose levels
- B. Encouraging deep breathing exercises only
- C. Administering narcotics for pain control
- D. Use of CPAP (continuous positive airway pressure) therapy as needed

Answer: D

Explanation: Use of CPAP therapy is critical for patients with obstructive sleep apnea postoperatively to prevent respiratory complications and ensure adequate oxygenation during recovery.

Question: 703

Following valve replacement surgery, a patient presents with the following parameters:

BP : 75/45
HR : 130
MAP : 50 mm Hg
CO : 2.3 L/min
CI : 1.5 L/min/m²
SVR : 1400 dynes/sec/cm-5
PAOP : 20 mm Hg

What is the most appropriate nursing action?

- A. administer fluid bolus.
- B. prepare for possible reoperation.
- C. monitor for cardiac arrhythmias.
- D. start dobutamine infusion.

Answer: D

Explanation: The patient is demonstrating low cardiac output and elevated PAOP, suggesting potential heart failure. Starting dobutamine infusion is appropriate to support cardiac function.

Question: 704

Following a successful heart transplant, a patient develops new-onset hypertension. Which medication class should the nurse anticipate being prescribed to manage this condition?

- A. Beta-blockers.
- B. ACE inhibitors.
- C. Calcium channel blockers.
- D. Diuretics.

Answer: B

Explanation: ACE inhibitors are commonly used to manage hypertension in post-transplant patients, as they also provide renal protective effects.

Question: 705

Postoperatively, a patient develops sudden hypotension and tachycardia. The nurse notes a pulsating abdominal mass on assessment. The most likely cause of these findings is

- A. aortic dissection.
- B. cardiac tamponade.
- C. hemorrhagic shock.
- D. renal failure.

Answer: A

Explanation: A pulsating abdominal mass with hypotension and tachycardia suggests an aortic dissection, which requires immediate intervention.

Question: 706

A patient requiring defibrillation has recently undergone cardiac surgery. The team prepares the defibrillator but notices the patient has a transvenous pacing wire in place. What is the most appropriate action before delivering a shock?

- A. Remove the pacing wire
- B. Administer sedation
- C. Increase the pacing rate temporarily
- D. Ensure the defibrillator pads are placed correctly

Answer: D

Explanation: Ensuring that the defibrillator pads are placed correctly is essential to deliver an effective shock while minimizing the risk of further complications, such as pacing wire interference.

Question: 707

A patient who had a CABG without CPB presents with new-onset atrial fibrillation. The nurse should first assess:

- A. the patient's pain level and sedation depth.
- B. the surgical site for signs of hematoma.
- C. fluid balance and urine output.
- D. electrolyte levels; particularly potassium and magnesium.

Answer: D

Explanation: New-onset atrial fibrillation can be influenced by electrolyte imbalances, making it critical to assess potassium and magnesium levels immediately.

Question: 708

During a post-operative assessment, a nurse notes that a patient's platelet count has dropped to 70,000/ μ L following cardiac surgery. What is the most appropriate next step in management?

- A. Prepare to administer platelets
- B. Start high-dose steroid therapy
- C. Monitor the patient for signs of bleeding
- D. Increase fluid intake

Answer: C

Explanation: Monitoring for signs of bleeding is essential as the patient is at risk for thrombocytopenia-related complications, and further intervention may depend on clinical findings.

Question: 709

A 60-year-old patient with a history of heart failure is being prepared for a temporary VAD placement after cardiac surgery. What is the primary concern for the surgical team regarding this device?

- A. Anticoagulation management
- B. Patient's renal function
- C. Risk of infection
- D. Device malfunction

Answer: A

Explanation: Anticoagulation management is a primary concern with temporary VADs, as proper

anticoagulation is critical to prevent thrombus formation within the device.

Question: 710

After undergoing a modified maze procedure, a patient develops signs of heart failure. The priority nursing intervention should be

- A. administering diuretics to manage fluid overload.
- B. monitoring electrolytes to prevent dysrhythmias.
- C. educating the patient on lifestyle modifications post-surgery.
- D. initiating continuous cardiac monitoring for arrhythmias.

Answer: D

Explanation: Continuous cardiac monitoring is critical to detect any arrhythmias that may arise following heart surgery, particularly after procedures that involve atrial tissue manipulation.

Question: 711

A patient presents with severe leg weakness following cardiac surgery. After ruling out stroke and spinal cord injury, what should the medical team evaluate next?

- A. Peripheral neuropathy
- B. Electrolyte levels
- C. Psychological evaluation
- D. Cardiac function

Answer: A

Explanation: Peripheral neuropathy may present with weakness and sensory changes, especially in patients with a history of diabetes or vascular issues; thus, it should be evaluated after ruling out more urgent causes.

Question: 712

A patient exhibits signs of compartment syndrome in the leg after undergoing a vascular surgical procedure. Which of the following clinical findings would most likely be present?

- A. Severe pain on passive stretch
- B. Increased capillary refill time
- C. Warmth and erythema of the limb
- D. Pulsatile mass in the affected area

Answer: A

Explanation: Severe pain on passive stretch is a classic sign of compartment syndrome, indicating increased pressure within the muscle compartments.



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