

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

GREATNURSES, LLC

Plaintiff,

v.

POCKET PREP, INC.

Defendant.

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Case No. 18-cv-3163

ECF CASE

COMPLAINT

COMPLAINT

Plaintiff GreatNurses, LLC (hereinafter "Plaintiff" or "GreatNurses") for its complaint against Defendant Pocket Prep, Inc. ("Pocket Prep" or "Defendant"), states and alleges as follows:

NATURE OF THE ACTION

1. This is an action for Defendant's infringement of Great Nurses' federally-registered copyrights.

THE PARTIES

2. Plaintiff GreatNurses is a limited liability company with an office at 31 Yeomalt Avenue, Staten Island, New York 10312.

3. Upon information and belief, Defendant PocketPrep is a Delaware corporation with an office at 1416 NW 46th St., Suite 105-128, Seattle, WA 98107.

4. Pocket Prep develops apps that help people prepare for exams. Pocket Prep offers for sale and sells its exam prep apps in the iTunes App

Store, Android Google Play, and the Amazon Appstore to customers, including those located within the geographic area encompassed by the Eastern District of New York.

JURISDICTION AND VENUE

5. This action, pursuant to 17 U.S.C. § 501 *et seq.*, is seeking preliminary and permanent injunctive relief, other equitable relief, recovery of Plaintiff's actual damages and an award of Defendant's profits or, alternatively, statutory damages and recovery of the costs, fees, and attorneys' fees Plaintiff incurs relating from Defendant's willful infringement of Great Nurses' rights granted under the Copyright Laws of the United States.

6. The Court has jurisdiction over the subject matter of this action pursuant to 15 U.S.C. §1121 and 28 U.S.C. §§1331, 1338(a) and 1338(b), and 28 U.S.C. §1367.

7. This court has personal jurisdiction over Defendant in this action by (1) virtue of its acts and omissions which have taken place in the state of New York and are designed to, and are infringing Plaintiff's federally protected copyright rights within this judicial district, and/or (2) that the Defendant transacted business within the state of New York at least through the iTunes App Store, Android Google Play, and the Amazon Appstore, and that the claim in this matter arises from that business activity.

8. Venue is proper in this district under 28 U.S.C. §1391 (b)-(c), for the reasons, inter alia, (1) that a substantial part of the events or omissions giving rise to the claims asserted herein occurred in this judicial district, (2) that the

defendant does business in this district and have committed acts of infringement in this district, (3) that the Defendant has subjected itself to the jurisdiction of the New York courts, and/or (4) under 28 U.S.C. §1400(a) because this is a civil action arising under an act of Congress relating to copyrights and is a district in which Plaintiff is suffering harm in this District due to Defendant's infringement of its federally protected copyright.

FACTS COMMON TO ALL CLAIMS

9. Dr. Laura Gaspartis Vonfrolio, RN, PhD ("Vonfrolio") is a registered nurse and has a PhD in Nursing.

10. Vonfrolio started a business called Education Enterprises designed to help nurses prepare for the Critical Care Registered Nurse (CCRN) certification exams and the Certified Emergency Nurse (CEN) certification exams. Education Enterprises is the publisher of the Critical Care Examination Review ("CCER") study book. The CCER guidebook is set up in accordance with the American Association of Critical-Care Nurses's Adult CCRN examination blueprint. The CCER study book addresses several subjects in the medical field such as Cardiovascular, Pulmonary, Endocrine, and Hematology. Each clinical knowledge chapter begins with the basics for that particular subject and then progresses to an more advanced level. Furthermore, the CCER study book comprises many practice questions so to prepare nurses for the CCRN and CEN certification exams. Plaintiff GreatNurses is the assignee of Vonfrolio's and Education Enterprises' rights in the GreatNurses Protected

Works as defined herein in this Complaint. Furthermore, Plaintiff GreatNurses is also the assignee of all rights to the Protected Work 1990 from Springhouse Corporation and Wolters Kluwer as defined herein in this Complaint.

11. Plaintiff is the owner of all rights, title, and interest in its federal copyright registration, No. TX 2812582, issued by the United States Copyright Office on or about May 2, 1990 for its written test prep materials, and questions and answers (the "Protected Work 1990"). A true and accurate copy of the above-referenced copyright registration is attached herewith as Exhibit A.

12. Plaintiff is also the owner of all rights, title, and interest in its pending copyright application filed with the Copyright Office on or about May 24, 2018 for its written test prep materials, and questions and answers (the "Protected Work 2015")(Protected Work 1990 and Protected Work 2015 jointly and severally known as the "GreatNurses Protected Works").

13. On or about August, 2017, Plaintiff learned that PocketPrep was using questions and answers in its app (the "Accused Work") that were strikingly similar to the questions and answers of Plaintiff's GreatNurses Protected Works.

14. Shortly thereafter, Plaintiff contacted Defendant and requested that Defendant cease and desist any and all activities relating to its Accused Work.

15. Plaintiff also repeatedly requested that PocketPrep provide copies of all of its Accused Work to Plaintiff for Plaintiff to review and compare to its own GreatNurses Protected Works.

16. PocketPrep repeatedly refused to do so, and due to PocketPrep's

control of release of the entirety of the Accused Work, Plaintiff has been refused access to the Accused Work.

17. Plaintiff was still able to acquire some PocketPrep questions. Attached herewith as Exhibit B are true and correct copies of questions and answers from Defendant's Accused Work and from Plaintiff's Protected Work 1990. Based on Exhibit B, the PocketPrep questions and answers are strikingly similar to questions and answers from Plaintiff's Protected Work 1990. Exhibit B is comprised of approximately eight pages, with each page showing Pocket Prep's infringing question and corresponding answers on top and the copied question and answers from Plaintiff's Protected Work 1999 underneath each Pocket Prep question and corresponding answers.

18. PocketPrep later advised Plaintiff that it would instead redo the contents in its Accused Work. PocketPrep later produced the Revised Work.

19. Upon information and belief, the Revised Work also appeared to be substantially similar to the GreatNurses' Protected Work 2015.

20. Attached hereto as Exhibit C is a comparison of the Revised Work offered for sale and sold by Defendant that were compared to those of Plaintiff's Protected Work 2015.

21. The Revised Work (Exhibit C) is only from that which Plaintiff was able to obtain from PocketPrep. PocketPrep has refused to produce earlier PocketPrep versions for Plaintiff. Furthermore, as a result of PocketPrep's lack of cooperation, Plaintiff has been unable to develop a chronology of the different earlier versions of PocketPrep works that may infringe Plaintiff's

copyright rights.

22. As a result, this action follows.

23. Upon information and belief, PocketPrep sold within the United States the Accused Work and Revised Work through its app which are substantially similar to the GreatNurses Protected Works.

24. Plaintiff has not authorized, licensed, or otherwise consented to Defendant copying, advertising, marketing, offering for sale, selling, distributing, and/or using Plaintiff's GreatNurses Protected Works.

25. Defendant's activities in connection with the Accused Work and/or the Revised Work infringe Plaintiff's Copyright.

26. Upon information and belief, Defendant's infringement of Plaintiff's copyright rights is willful and deliberate, and will continue unless enjoined by this Court.

27. Upon information and belief, despite having received notice of this matter, Defendant still has not turned over the Accused Work to Plaintiff.

28. Plaintiff has suffered irreparable injury and has been damaged by the activities of Defendant relating to the Accused Work. Furthermore, Plaintiff fears that Defendant will continue their infringing actions and thus cause Great Nurses to suffer more damages and further irreparable injury unless such actions are enjoined by this Court.

29. Due to the clear and willful infringing actions by Defendant of GreatNurses' copyrights, GreatNurses will likely prevail in this action because of its merits.

30. GreatNurses has no adequate remedy at law to prevent these injuries caused by the willful infringing actions on the part of Defendant.

**FIRST CAUSE OF ACTION
FEDERAL COPYRIGHT INFRINGEMENT**

31. Plaintiff repeats and realleges each of the allegations set forth in paragraphs 1 through 30 above as though fully set forth herein.

32. Defendant is distributing, promoting, marketing, offering for sale, selling and/or using the Accused Work and/or the Revised Work, which are substantially similar to the GreatNurses Protected Works, in contravention of the rights of Plaintiff and without Plaintiff's permission or consent.

33. Defendant's distributing, promoting, marketing, offering for sale, selling and/or using the Accused Work and/or Revised Work constitutes willful infringement of the GreatNurses Protected Works and is in violation of 17 U.S.C. §501 et seq.

34. Plaintiff has been injured in an amount not yet ascertained.

WHEREFORE, Plaintiff respectfully requests this Court to:

- A. Grant judgment as requested by GreatNurses and against Defendant PocketPrep, Inc.;
- B. Award to GreatNurses and against the Defendant the following:
 - a. GreatNurses' actual damages;
 - b. Defendant's profits from its sales of the Accused Work(s) and/or Revised Work;

- c. As an alternative to GreatNurses' actual damages, upon Plaintiff's election - statutory damages; and
 - d. Attorneys' fees, other fees, and costs incurred by GreatNurses due to Defendant's infringement of the GreatNurses Protected Works.
- C. Order that Defendant, all principals, employees, servants, agents, customers, distributors, attorneys, subsidiaries, assigns or related companies and all others acting in concert or participation therewith be enjoined from further infringing, or in any way benefiting from their infringement of the GreatNurses Protected Works including but not limited to the copying, advertising, marketing, offering for sale, selling, distributing, and/or using GreatNurses Protected Works;
- D. Order Defendant to file with this Court and serve on Plaintiff within ten (10) days after service of the injunction, a report in writing, under oath, setting forth in detail the manner and form in which Defendant has complied with the injunction;
- E. that Defendant be required to deliver for impoundment or destruction, all labels, signs, prints, packages, wrappers,

receptacles, advertisements, materials and goods now in
its possession which comprise, bear or display the
Accused Work(s) and/or Revised Work;

F. that Plaintiff be awarded such other and further relief as to
the Court may appear appropriate under the
circumstances.

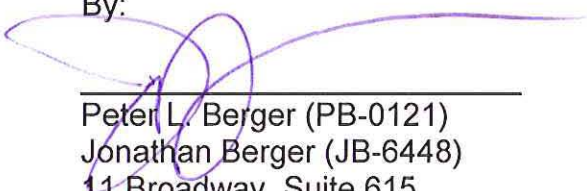
Jury Trial

Plaintiff hereby demands trial by jury on all issues so triable.

Dated: May 29, 2018

LEVISOHN BERGER LLP

By:



Peter L. Berger (PB-0121)
Jonathan Berger (JB-6448)
11 Broadway, Suite 615
New York, New York 10004
Telephone (212) 486-7272
Facsimile (212) 486-0323
Email: pberger@lubl.com
jberger@lubl.com

Attorneys for
GreatNurses, LLC

EXHIBIT A

Copyright

United States Copyright Office

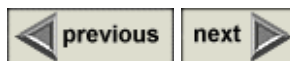
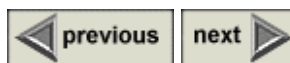
[Help](#)[Search](#)[History](#)[Titles](#)[Start Over](#)

Public Catalog

Copyright Catalog (1978 to present)

Search Request: Left Anchored Copyright Number = TX0002812582

Search Results: Displaying 1 of 1 entries

[Labeled View](#)*Critical care examination review / Laura Gasparis, Joanne Noone.***Type of Work:** Text**Registration Number / Date:** TX0002812582 / 1990-05-02**Title:** Critical care examination review / Laura Gasparis, Joanne Noone.**Edition:** 2nd ed.**Description:** 1 v.**Copyright Claimant:** Springhouse Corporation**Date of Creation:** 1990**Date of Publication:** 1990-04-02**Previous Registration:** Prev. reg. 1986, TX 1-785-080.**Basis of Claim:** New Matter: "new and revised text."**Names:** [Gasparis, Laura, 1952-](#)
[Noone, Joanne, 1956-](#)
[Springhouse Corporation](#)**Save, Print and Email ([Help Page](#))**

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EXHIBIT B

Which of the following statements regarding hyperosmolar hyperglycemic state (HHS) is **false**?

Cerebral impairment is a major factor

Osmotic diuresis causes severe dehydration

Ketogenesis does not occur

Total insulin deficiency causes hyperglycemia

62. Which statement about HHNK is *false*?

- A.** Hyperglycemia occurs because of a total insulin deficiency
- B.** Cerebral impairment is a major factor
- C.** Ketogenesis does not occur
- D.** Severe dehydration results from an osmotic diuresis

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In subarachnoid hemorrhage, what is the leading complication post hemorrhage or post surgical repair?

SIADH	
Deep vein thrombosis	
Diabetes insipidus	
Vasospasm	✓

Show Explanation

48. In subarachnoid hemorrhage, the leading complication post hemorrhage or post surgical repair is:

- a) Syndrome of inappropriate antidiuretic hormone (SIADH)
- b) Diabetes insipidus
- c) Vasospasm
- d) Deep vein thrombosis

Hamman's sign is a crunching, rasping sound heard over the precordium and found in patients with:

Aortic injury	
Emphysema	
Pneumonia	
Pneumomediastinum	✓

Show Explanation

122. Hamman's sign is a crunching rasping sound heard over the precordium and found in patients with:

- a) Pneumomediastinum
- b) Emphysema
- c) Pneumonia
- d) Aortic injury

In your assessment for hypocalcemia, you would elicit Chvostek's sign by:

Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the lower lip on the same side of the stimulation

Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the upper lip on the same side of the stimulation

Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the lower lip on

3. In assessing for hypocalcemia, you would elicit Chvostek's sign by:

- A. Applying a blood pressure (BP) cuff to the upper arm, inflating it, and observing for carpopedal spasm
- B. Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the upper lip on the side opposite the stimulation
- C. Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the upper lip on the same side as the stimulation
- D. Having the patient hyperventilate (breathe more than 30 breaths/minute) to produce carpopedal from respiratory alkalosis

Mr. L, a 57-year-old, is admitted to the ED after his girlfriend found him lying on the floor unresponsive, with a weak pulse, shallow gurgling respirations, and vomit near him. His girlfriend stated that Mr. L has had two MIs in the past nine years. Assessment reveals that he is responsive to deep painful stimulation only, his temperature is 101.3°F, HR 130, BP 80/40, and RR labored at 28. Chest auscultation revealed crackles in the bases. Pulse oximetry revealed SpO₂ of 88%.

An ABG revealed a pH of 7.26, PaCO₂ 70, PaO₂ 58, HCO₃ 22, SaO₂ 89%. The correct arterial blood gas interpretation is:

Uncompensated metabolic alkalosis with hypoxemia

Compensated respiratory alkalosis with hypercapnia

Show Explanation

Mr. Q., a 60-year-old, is admitted to the ED after his wife found him lying on the couch unresponsive, with a weak pulse, shallow gurgling respirations, and vomit on his shirt. The wife stated that he has had 2 MIs in the past ten years. On admission, assessment reveals that he is responsive to deep painful stimulation only, his temperature is 101.1°F, HR 130, RR labored at 28, and BP 80/40. Chest auscultation revealed crackles in the bases, pulse oximetry revealed SpO₂ of 88%.

51. An ABG revealed a pH of 7.26, PaCO₂ 70, PaO₂ 58, HCO₃ 22, SaO₂ 89%. The correct arterial blood gas interpretation is:

- Uncompensated respiratory acidosis with hypoxemia
- Compensated respiratory alkalosis with hypercapnia
- Uncompensated metabolic alkalosis with hypoxemia
- Compensated metabolic acidosis with hypercapnia

Which acid-base imbalance is often manifested in patients with hyperkalemia?

Respiratory alkalosis

Metabolic acidosis

Metabolic alkalosis

Respiratory acidosis

12. Which acid-base imbalance is seen with hyperkalemia?

- a. Respiratory acidosis
- b. Metabolic alkalosis
- c. Respiratory alkalosis
- d. Metabolic acidosis

Salmeterol (Serevent) is contraindicated during an acute asthma attack due to its:

Lack of benefits for patients with asthma	
Propensity to cause hypoxemia	
Delayed onset of action	✓
Specific use for COPD patients only	

10. Salmeterol (Serevent) is contraindicated during an acute asthma attack because of its:

- a) Delayed onset of action
- b) Propensity to cause hypoxemia
- c) Specific use for COPD patients only
- d) No benefit for patients with asthma

A delayed mechanical bowel perforation with symptoms following an endoscopy can sometimes take how long to progress?

1 week	
10 days	✓
2 hours	
12 hours	

24. A delayed mechanical bowel perforation with following an endoscopy can sometimes take how progress?

- a) 1 hour
- b) 12 hours
- c) 1 week
- d) 10 days

EXHIBIT C

Side-by-Side Comparison of 2015 *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 18, # 26

Mr. J. develops sudden severe shortness of breath, hypotension, and tachycardia. The nurse suspects cardiac tamponade. Which of the following are classic signs of cardiac tamponade?

- a) Kernig's sign
- b) Beck's triad**
- c) Cushing's triad
- d) Brudzinski's sign

Pocket Prep

Section: Cardiovascular

Question #: 68

Which of the following is a classic finding in cardiac tamponade?

- a) Kernig's sign
- b) Beck's triad**
- c) Cushing's triad
- d) Brudzinski's sign

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 18, # 27

The nurse understands which of the following symptoms is associated with cardiac tamponade:

- a) Widened pulse pressure
- b) Heightened awareness
- c) High voltage QRS complexes
- d) **Pulsus paradoxus**

Pocket Prep

Section: Cardiovascular

Question # : 67

Which of the following findings is associated with cardiac tamponade?

- a) Widened pulse pressure
- b) Heightened awareness
- c) Increased cardiac output
- d) **Pulsus paradoxus**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 23, # 40

Which of the following is a symptom of right ventricular (RV) heart failure?

- a) Dyspnea on exertion (DOE)
- b) Elevated pulmonary capillary wedge pressure (PCWP)
- c) **Jugular vein distention (JVD)**
- d) Paroxysmal nocturnal dyspnea (PND)

Pocket Prep

Section: Cardiovascular

Question # : 66

Which of the following signs and symptoms is specific to right-sided heart failure?

- a) Dyspnea on exertion (DOE)
- b) Decreased RA and RV pressure
- c) **Jugular vein distention (JVD)**
- d) Paroxysmal nocturnal dyspnea (PND)

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 27, # 52

Which of the following interventions would not be appropriate for a patient with flail chest?

- a) Positive pressure invasive mechanical ventilation
- b) Aggressive fluid volume resuscitation**
- c) Patient controlled analgesia
- d) Maintenance of a PaO₂ of at least 80-100 mmHg

Pocket Prep

Section: Cardiovascular

Question # : 65

All of the following interventions would be appropriate for a patient with flail chest except:

- a) Positive pressure invasive mechanical ventilation
- b) Fluid volume resuscitation**
- c) Patient-controlled analgesia
- d) Maintain PaO₂ 80-100 mmHg

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 99, # 286

The physician places a ventricular synchronous demand pacemaker. The nurse recognizes the Intersociety Commission for Heart Disease (ICHD) code for this pacemaker would be:

- a) AOO
- b) VVI**
- c) DDD
- d) VOO

Pocket Prep

Section: Cardiovascular

Question # : 46

The physician places a ventricular synchronous demand pacemaker. As a nurse, you recognize the code for this pacemaker would be:

- a) AOO
- b) VVI**
- c) DDD
- d) VOO

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 96, # 275

Which of the following statements best describes IABP counter-pulsation?

- a) **The purpose of IABP counter-pulsation is to provide mechanical assistance to the left ventricle**
- b) The purpose of IABP counter-pulsation is to provide mechanical assistance to the right ventricle
- c) The primary effect of IABP counter-pulsation is increased CO
- d) The primary effect of IABP counter-pulsation is increased blood pressure

Pocket Prep

Section: Cardiovascular

Question # : 44

Which of the following statements accurately describes intra-aortic balloon pump therapy?

- a) **The purpose of IABP therapy is to provide mechanical assistance to the left ventricle**
- b) The purpose of IABP therapy is to provide mechanical assistance to the right ventricle
- c) The primary effect of IABP therapy is increased CO
- d) The primary effect of IABP therapy is increased blood pressure

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 96, # 277

Which of the following is a goal of IABP counter-pulsation?

- a) Increased systolic blood pressure
- b) Decreased mean arterial blood pressure
- c) **Maximized aortic diastolic augmentation pressure**
- d) Increased end-diastolic blood pressure

Pocket Prep

Section: Cardiovascular

Question # : 45

Which of the following is a goal of intra-aortic balloon pump therapy?

- a) Increased systolic blood pressure
- b) Decreased MAP
- c) **Maximized aortic diastolic augmentation pressure**
- d) Increased end-diastolic blood pressure

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 66, # 186

The nurse may suspect the presence of pericarditis if the patient's EKG shows:

- a) First-degree AV block
- b) Prominent U wave
- c) Prominent R wave
- d) **ST elevations**

Pocket Prep

Section: Cardiovascular

Question # : 23

The critical care nurse may suspect the presence of pericarditis if the patient's ECG shows:

- a) First-degree AV block
- b) Prominent U wave
- c) Prominent R wave
- d) **ST-segment elevation**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 63, #172

Cardiac index is calculated by dividing the cardiac output by the:

- a) Mean arterial pressure
- b) Patient's body surface area**
- c) Patient's weight
- d) Pulmonary capillary wedge pressure

Pocket Prep

Section: Cardiovascular

Question # : 24

Cardiac index is calculated by dividing the cardiac output by the:

- a) Patient's MAP
- b) Patient's BSA**
- c) Patient's weight
- d) Patient's PCWP

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 60, # 161

In which area of the heart would the pulmonary artery catheter be most likely to cause dysrhythmias?

- a) Right atrium
- b) Right ventricle**
- c) Pulmonary artery
- d) Pulmonary capillary

Pocket Prep

Section: Cardiovascular

Question # : 26

In which area of the heart would the pulmonary artery catheter be most likely to cause ventricular irritability and subsequent dysrhythmias?

- a) Right atrium
- b) Right ventricle**
- c) Pulmonary artery
- d) Pulmonary capillary

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 53, # 136

With atrial hypertrophy, which is the most commonly associated arrhythmia?

- a) Atrial flutter
- b) 1st degree AV block
- c) Atrial fibrillation**
- d) PSVT

Pocket Prep

Section: Cardiovascular

Question # : 30

Which of the following is the is the most commonly associated arrhythmia with atrial hypertrophy?

- a) Atrial flutter
- b) 1st degree AV block
- c) Atrial fibrillation**
- d) PSVT

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 76, # 215

Immediate postoperative complications from coronary artery bypass surgery may include:

- a) **Hypertension, bleeding, and dysrhythmias**
- b) Hypertension, hypercalcemia, and hypermagnesemia
- c) Hyperthermia, atrial fibrillation, and hyperkalemia
- d) Hypotension, graft closure, and hypermagnesemia

Pocket Prep

Section: Cardiovascular

Question # : 32

Immediate postoperative complications from coronary artery bypass grafting (CAGB) surgery may include:

- a) **Bleeding, infection, cardiac arrhythmias**
- b) Bleeding, infection, hyperkalemia
- c) Bleeding, cardiac tamponade, hyperthermia
- d) Bleeding, infection, hypotension

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 89, # 255

Which electrocardiographic parameter should be monitored in patients receiving therapy with any of these medications: quinidine, procainamide, tricyclic antidepressants, erythromycin, haloperidol, and sotalol?

- a) P-R interval
- b) QRS duration
- c) Heart rate
- d) Q-T interval

Pocket Prep

Section: Cardiovascular

Question # : 21

Which electrocardiographic (ECG) parameter should be closely monitored in patients receiving therapy with any of the following classes of drugs: antiarrhythmics, antibiotics, antipsychotic and antidepressant drugs, antihistamines, and gastric motility agents?

- a) P-R interval
- b) QRS duration
- c) Heart rate
- d) Q-T interval

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 104 , # 302

Mr. M., a 22-year-old, has been admitted to the ICU following a motorcycle accident, where he sustained multiple traumatic injuries including a fractured humerus, pelvis, and a perforated bladder. He is now in Hypovolemic shock.

Which of the following would be contraindicated in the management of hypovolemic shock?

- a) Infusion of large volumes of colloid solutions
- b) Infusion of large volumes of isotonic crystalloid solutions
- c) **Use of vasopressors to maintain blood pressure**
- d) Application of direct pressure to wound site

Pocket Prep

Section: Cardiovascular

Question # : 51

The nurse is caring for a 32-year-old patient who was struck by a motorcycle. He sustained multiple injuries including a fractured pelvis. You have noted that he is in hypovolemic shock. Which of the following treatments would be contraindicated in the management of this patient's hypovolemic shock?

- a) Administration of colloid solutions
- b) Administration of isotonic crystalloid solutions
- c) **Administration of vasopressors to maintain blood pressure**
- d) Administration of normal saline

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 110, # 319

Which of the following classes of drugs has been shown to reduce mortality in patients following an acute MI?

- a) Cardiac glycosides
- b) Loop diuretics
- c) Nitrates
- d) **Beta adrenergic blockers**

Pocket Prep

Section: Cardiovascular

Question # : 49

Following an acute myocardial infarction (MI), which of the following classes of drugs may reduce mortality rates?

- a) ACE inhibitors
- b) Diuretics
- c) Nitrates
- d) **Beta-adrenergic blockers**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : P 13, # 11

A systolic murmur is auscultated when regurgitant blood flows across which of the following heart valves?

- a) Mitral and aortic
- b) Tricuspid and pulmonic
- c) **Mitral and tricuspid**
- d) Pulmonic and aortic

Pocket Prep

Section: Cardiovascular

Question # : 75

A systolic murmur is auscultated in which of the following valvular insufficiencies?

- a) Mitral, aortic
- b) Tricuspid, pulmonic
- c) **Mitral, tricuspid**
- d) Pulmonic, aortic

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : P 15, # 16

All of the following are true of an S₃ heart sound except:

- a) **It can be heard best using the diaphragm of the stethoscope at the right of the sternum, at the 2nd intercostal space.**
- b) It can be heard best with the patient sitting forward or in the left lateral position.
- c) The absence of an S₃ does not rule out the diagnosis of heart failure.
- d) It is heard immediately following closure of the semi-lunar valves.

Pocket Prep

Section: Cardiovascular

Question # : 71

A 77-year-old female was admitted to the Cardiac Care Unit (CCU) with the diagnosis of exacerbation of left-sided systolic heart failure. Clinical exam reveals an S3 heart sound and moderate peripheral edema. Which of the following statements regarding S3 heart sounds is false?

- a) **It can be heard best using the diaphragm of the stethoscope at the right of the sternum, at the second intercostal space.**
- b) It can be heard best with the patient sitting forward or in the left lateral position.
- c) The absence of an S3 does not rule out the diagnosis of heart failure
- d) It is heard immediately following closure of the semilunar valves.

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 15, # 17

Which of the following is consistent with the diagnosis of acute left-sided systolic heart failure?

- a) A brain-natriuretic-peptide (BNP) level < 80 pg/mL
- b) An ejection fraction (EF) > 65%
- c) A pericardial friction rub
- d) **Bilateral pleural effusions**

Pocket Prep

Section: Cardiovascular

Question # : 70

The nurse is caring for a patient recently diagnosed with acute left-sided heart failure. Which of the following is consistent with this diagnosis?

- a) Decreased pulmonary artery pressures
- b) An ejection fraction (EF) 55%
- c) Pansystolic murmur heard at LLSB secondary to tricuspid ring stretching
- d) **Bilateral pleural effusions**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 16, # 20

Which drug category is not indicated for primary management of acute heart failure?

- a) Nitrates
- b) Angiotensin converting enzyme (ACE) inhibitors
- c) **Calcium channel blockers**
- d) Beta-blockers

Pocket Prep

Section: Cardiovascular

Question # : 69

All of the following drug classes are indicated for the management of heart failure (HF) except:

- a) Nitrates
- b) ACE inhibitors
- c) **Calcium channel blockers**
- d) Beta-blockers

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 30, # 58

The nurse recognizes that the most definitive test for the diagnosis of dissecting aortic aneurysm is:

- a) Chest X-ray
- b) Electrocardiogram
- c) Magnetic resonance imagery (MRI)**
- d) Leukocytosis and an elevated lactic dehydrogenase (LDH)

Pocket Prep

Section: Cardiovascular

Question # : 63

Which of the following is the most definitive test for the diagnosis of aortic dissection?

- a) Aortography
- b) Echocardiogram
- c) MRI**
- d) Chest x-ray

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 45, # 106

Mr. V. has been diagnosed, via a 12 Lead EKG, with a sustained accelerated idioventricular rhythm, with a heart rate of 70 bpm. Blood pressure is 70/40 and the patient is placed flat with his legs elevated. The nurse prepares for:

- a) **Immediate transcutaneous pacing**
- b) Treatment with lidocaine
- c) Treatment with amiodarone
- d) Treatment with adenosine

Pocket Prep

Section: Cardiovascular

Question # : 62

Your patient has been diagnosed with a sustained accelerated idioventricular rhythm (AIVR). His heart rate is 89 bpm and he has a blood pressure of 82/52. Which treatment would you prepare for?

- a) **Immediate transcutaneous pacing**
- b) Lidocaine treatment
- c) Amiodarone treatment
- d) Adenosine treatment

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 46, # 109

Which of the following rhythms can be defibrillated with an Automatic External Defibrillator (AED)?

- a) **Ventricular fibrillation**
- b) Atrial fibrillation
- c) Asystole
- d) Multifocal atrial tachycardia

Pocket Prep

Section: Cardiovascular

Question # : 55

Which of the following rhythms cannot be defibrillated with an automatic external defibrillator (AED)?

- a) Ventricular fibrillation (v-fib)
- b) **Atrial fibrillation (a-fib)**
- c) Ventricular tachycardia (v-tach)
- d) Supraventricular tachycardia (SVT)

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 47, # 115

The nurse understands that 2nd degree and 3rd degree AV heart block are dysfunctions of the:

- a) SA node
- b) AV node**
- c) Bundle of His
- d) Purkinje fibers

Pocket Prep

Section: Cardiovascular

Question # : 54

In which of the following structures within the conduction system of the heart do second-and third-degree atrioventricular (AV) blocks originate?

- a) SA node
- b) AV node**
- c) Bundle of His
- d) Purkinje fibers

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 48, # 116

Various drugs can be used to treat symptomatic bradycardia. Which medication is used to treat a slow rhythm in a patient with a heart transplant?

- a) Atropine
- b) Epinephrine
- c) Dopamine
- d) Isoproterenol**

Pocket Prep

Section: Cardiovascular

Question # : 53

A patient has a life-threatening bradycardia and undergoes a subsequent heart transplant. Which of the following drugs is the best medication to use to treat this patient's slow rhythm

- a) Atropine
- b) Epinephrine
- c) Dopamine
- d) Isoproterenol**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 54, # 137

Which valvular dysfunction is most commonly associated with aortic dissection?

- a) Mitral regurgitation
- b) Aortic regurgitation**
- c) Aortic stenosis
- d) Mitral stenosis

Pocket Prep

Section: Cardiovascular

Question # : 29

Which valvular dysfunction is most commonly associated with aortic dissection?

- a) Mitral insufficiency
- b) Aortic insufficiency**
- c) Aortic stenosis
- d) Mitral stenosis

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 62, # 167

Which of the following pressures are within normal limits?

- a) PAP=34/24, PCWP=12
- b) PAP=30/20, PCWP=10
- c) PAP=38/28, PCWP=20
- d) **PAP=24/14, PCWP=12**

Pocket Prep

Section: Cardiovascular

Question # : 25

Of the following, which pulmonary artery pressures (PAP) are within normal limits?

- a) PAP=35/25
- b) PAP=29/18
- c) PAP=26/22
- d) **PAP=23/14**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 66, # 184

The nurse can expect all postoperative cardiac surgical patients to develop:

- a) Confusion
- b) Pericarditis**
- c) Hypokalemia
- d) Atelectasis

Pocket Prep

Section: Cardiovascular

Question # : 20

All postoperative cardiac surgical patients typically develop:

- a) Hypertension
- b) Pericarditis**
- c) Hypokalemia
- d) Chronic chest pain

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Cardiovascular System

Page & Question # : p. 71, # 197

A candidate for coronary artery bypass graft surgery (CABG) would be a patient with which of the following findings?

- a) A 40% LAD occlusion and 60% circumflex occlusion
- b) An 80% RCA lesion
- c) **A 90% left main occlusion**
- d) A 95% occlusion of the left circumflex

Pocket Prep

Section: Cardiovascular

Question # : 22

Which of the following findings would indicate a coronary artery bypass graft surgery (CAGB)?

- a) A 40% left anterior descending (LAD) occlusion and 60% circumflex occlusion
- b) An 80% right coronary artery (RCA) lesion
- c) **A 90% left main occlusion**
- d) A 95% occlusion of the left circumflex (LCx)

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 311, # 11

The three components of the intracranial cavity are:

- a) **Brain, CSF, and intravascular blood**
- b) Brain, blood, and air
- c) CSF, air, and spinal cord
- d) Eyes, ears, and skull

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 327

The three components of the intracranial cavity are:

- a) **Brain parenchyma, CSF, and blood**
- b) Brain parenchyma, blood, and air
- c) CSF, air, and spinal cord
- d) Eyes, ears, and skull

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 311, # 12

The theory that states, if the volume of one of the intracranial constituents increases, a reciprocal decrease in the volume of one, or both of the others, must occur or ICP will increase is called:

- a) Glasgow Coma Scale
- b) Theory of Relativity
- c) **Monro-Kellie Hypothesis**
- d) Newton's Law of Gravity

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 326

Identify the following: To maintain a constant intracranial volume, an increase in any of the three components must be accompanied by a decrease in one or both of the other components.

- a) Glasgow Coma Scale
- b) Theory of Relativity
- c) **Monro-Kellie Hypothesis**
- d) Newton's Law of Gravity

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 312, # 17

Which cranial nerve is most often affected with a basilar skull fracture?

- a) Vagus nerve
- b) Trigeminal nerve
- c) Olfactory nerve**
- d) Facial nerve

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 325

In a basilar skull fracture, which of the following cranial nerves is most often affected?

- a) Vagus nerve (X)
- b) Trigeminal nerve (V)
- c) Olfactory nerve (I)**
- d) Facial nerve (VII)

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 313, # 18

Ecchymosis over the mastoid bone, or Battle's sign, is associated with:

- a) **Middle fossa fracture**
- b) Anterior fossa fracture
- c) Hemotympanum
- d) Tooth decay

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 324

Ecchymosis over the mastoid bone (Battle's sign) is associated with which of the following?

- a) **Basilar skull fracture**
- b) Depressed skull fracture
- c) Hemotympanum
- d) Linear skull fracture

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 316, # 32

When a patient's ICP is recorded at 30, the nurse anticipates which of the following interventions?

- a) Administration of fluids
- b) Administration of mannitol**
- c) Maintaining the head of the bed less than 30 degrees
- d) Prolonged hyperventilation

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 298

When a patient's ICP is recorded at 30, the nurse anticipates which of the following interventions?

- a) Administration of fluids
- b) Administration of mannitol**
- c) Maintaining the head of the bed less than 30 degrees
- d) Maintaining hip flexion

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 310, # 7

The nurse understands that ICP is increased with:

- a) Administration of mannitol
- b) Elevating the head of the bed to 30 degrees
- c) Providing a quiet environment
- d) **Keeping the head of bed flat**

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 302

The critical care nurse understands that intracranial pressure (ICP) is increased with:

- a) Administration of mannitol
- b) Elevating the head of the bed to 30 degrees
- c) Providing a quiet environment
- d) **Keeping the head of bed flat**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 311, # 8

The goal of ICP monitoring and therapy is:

- a) Maintaining cerebral perfusion pressure (CPP) less than 50
- b) Maintaining ICP greater than 50
- c) Maintaining mean arterial pressure (MAP) less than 50
- d) **Maintaining ICP less than 10**

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 328

Which of the following is the goal of intracranial pressure (ICP) monitoring and therapy?

- a) Maintaining CPP < 50 mmHg
- b) Maintaining ICP > 50 mmHg
- c) Maintaining MAP < 50 mmHg
- d) **Maintaining ICP < 15mmHg**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 312, # 14

The nurse understands the Glasgow Coma Scale (GCS) is a tool to measure:

- a) Vital signs
- b) LOC**
- c) ICP
- d) Family history

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 301

The Glasgow Coma Scale (GCS) is a tool to measure:

- a) Vital signs
- b) Level of Consciousness**
- c) Intracranial Pressure
- d) Brain stem reflexes

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 314, # 23

Ms. S., a 38-year-old, fell down a flight of stairs. She was found unconscious by a friend and was taken to the ED via EMS. She was intubated for a GCS score of 8, and was admitted to the ICU.

The nurse evaluates a Glasgow Coma Scale of 8 as an indicator of:

- a) Cardiovascular compromise
- b) Respiratory impairment
- c) A concussion
- d) Severe head injury**

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 323

A 42-year-old female slipped in a public restroom and was found unconscious. She was transported to the emergency department. She was intubated for a Glasgow coma scale (GCS) score of 8 and admitted to the ICU. A GCS score of 8 is an indicator of:

- a) Decreased level of consciousness (LOC)
- b) Motor impairment
- c) Concussion
- d) Severe head injury**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 315, # 27

Mr. G., a 52-year-old construction worker, is lifting a wooden beam when he experiences the sudden onset of severe headache. He comes into the ED with dizziness, headache, and neck pain. He is admitted to the neuro ICU.

Mr. G's signs and symptoms are indicative of:

- a) Contusion
- b) Skull fracture
- c) Subarachnoid hemorrhage**
- d) Ischemic cerebrovascular accident

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 322

A 46-year-old male with a history of hypertension and smoking was performing heavy squats in the gym when he experienced a sudden severe headache. He came to the emergency department with complaints of a severe headache, dizziness, neck pain and stiffness, and blurred vision. He is admitted to the neuro ICU. This patient's signs and symptoms are indicative of which of the following conditions?

- a) Contusion
- b) Brain tumor
- c) Subarachnoid hemorrhage (SAH)**
- d) Ischemic cerebrovascular accident (CVA)

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 318, # 38

The nurse understands which fact to be true regarding a penetrating head wound?

- a) Seldom enters the brain
- b) Rarely causes infection
- c) Increases the risk of post-traumatic seizures**
- d) Rarely affects cranial nerves

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 320

Which of the following statements is accurate regarding a penetrating head wound?

- a) A penetrating head wound rarely enters the brain
- b) A penetrating head wound rarely causes infection
- c) A penetrating head wound increases the risk of post-traumatic seizures**
- d) A penetrating head wound rarely affects the cranial nerves

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 318, # 40

Injury to the brain area opposite the area of impact in a closed head injury is known as a:

- a) **Contrecoup contusion**
- b) Coup contusion
- c) Subarachnoid hemorrhage
- d) Linear skull fracture

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 319

Injury to the brain opposite the site of impact is known as a:

- a) **Contrecoup contusion**
- b) Coup contusion
- c) Subarachnoid hemorrhage (SAH)
- d) Epidural hematoma (EDH)

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 320, # 48

In subarachnoid hemorrhage, the leading complication post hemorrhage or post surgical repair is:

- a) Syndrome of inappropriate antidiuretic hormone (SIADH)
- b) Diabetes insipidus
- c) **Vasospasm**
- d) Deep vein thrombosis

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 295

The critical care nurse understands the leading complication post-hemorrhage or post-surgical repair of a subarachnoid hemorrhage (SAH) is:

- a) None of above
- b) Diabetes insipidus
- c) **Cerebral vasospasm**
- d) Deep vein thrombosis

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 324, # 64

The nurse understands the conditions that further the increase of ICP include:

- a) Hypoxemia, hypercapnia, and alkalosis
- b) Hypoxemia, hypercapnia, and acidosis**
- c) Hypoxemia, hypocapnia, and alkalosis
- d) Hypoxemia, hypocapnia, and acidosis

Pocket Prep

Section:
Musculoskeletal/Neurology/Psychosocial

Question # : 310

The critical care nurse understands conditions that cause cerebral vasodilation, and thus further the increase of intracranial pressure (ICP) include:

- a) Hypoxia, hypercapnia, decreased systemic blood pressure
- b) Hypoxia, hypercapnia, increased systemic blood pressure**
- c) Hypoxia, hypocapnia, decreased systemic blood pressure
- d) Hypoxia, hypocapnia, increased systemic blood pressure

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 325, # 69

Mr. J., a 23-year-old who had been weightlifting, is admitted to ICU with complaints of a sudden, explosive headache.

The presenting history and symptoms indicate:

- a) Subarachnoid hemorrhage**
- b) Epidural hematoma
- c) Basal skull fracture
- d) Brain stem contusion

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 290

A 26-year-old female was weightlifting and experienced a sudden explosive headache; she was admitted to the ICU. The occurrence of this patient's symptoms most likely indicate:

- a) Subarachnoid hemorrhage**
- b) Epidural hematoma (EDH)
- c) Basilar skull fracture
- d) Brain stem contusion

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Neurological System

Page & Question # : p. 331, # 95

Assessing extraocular movements determines the function of all the following cranial nerves except the:

- a) Oculomotor nerve
- b) Trochlear nerve
- c) **Trigeminal nerve**
- d) Abducens nerve

Pocket Prep

Section:

Musculoskeletal/Neurology/Psychosocial

Question # : 296

Assessment of eye movements include all of the following cranial nerves except:

- a) Cranial nerve III (Oculomotor)
- b) Cranial nerve IV (Trochlear)
- c) **Cranial nerve X (Vagus)**
- d) Cranial nerve VI (Abducens)

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Renal System

Page & Question # : p. 371, # 9

Mrs. H., a 78-year-old, enters the emergency department (ED) with a chief complaint of abdominal cramping. She has a history of diabetes mellitus and chronic renal failure. An IV line is established and blood is drawn for laboratory studies. Her serum potassium level is 6 mEq/L. Hyperkalemia is diagnosed.

Pharmacologic management of Mrs. H's hyperkalemia should include all of the following except:

- a) **Lactulose enemas**
- b) 50% glucose and regular insulin
- c) Sodium bicarbonate
- d) Calcium chloride

Pocket Prep

Section: Endocrine/Hematology/Gastrointestinal/Renal/Integumentary

Question # : 182

An 82-year-old female arrives at the emergency department with complaints of abdominal cramping, nausea, and diarrhea. She has a history of renal failure and diabetes mellitus. The nurse establishes an IV line and draws the patient's blood for lab studies. The patient's serum potassium level is 6.3 mEq/L and hyperkalemia is diagnosed. Pharmacologic management of the patient's hyperkalemia should include all of the following except:

- a) Administer **Lactulose enemas**
- b) Administer 50% glucose and regular insulin
- c) Administer sodium bicarbonate
- d) Administer Kayexalate (sodium polystyrene sulfonate)

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

***Critical Care Examination Review*®**

Section: Renal System

Page & Question # : p. 372, # 12

Which acid-base imbalance is seen with hyperkalemia?

- a) Respiratory acidosis
- b) Metabolic alkalosis
- c) Respiratory alkalosis
- d) Metabolic acidosis**

Pocket Prep

Section:

Endocrine/Hematology/Gastrointestinal/Renal/

Integumentary

Question # : 180

Which acid-base imbalance is often manifested in patients with hyperkalemia?

- a) Respiratory acidosis
- b) Metabolic alkalosis
- c) Respiratory alkalosis
- d) Metabolic acidosis**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Renal System

Page & Question # : p. 374, # 23

The body compensates for metabolic alkalosis through:

- a) Hypoventilation
- b) Increased PaCO_2
- c) Increased carbonic acid formation
- d) All of the above**

Pocket Prep

Section:

Endocrine/Hematology/Gastrointestinal/Renal/

Integumentary

Question # : 179

The body compensates for metabolic alkalosis through which of the following?

- a) Alveolar hypoventilation
- b) Increased PaCO_2
- c) Increased carbonic acid formation
- d) All of these**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Renal System

Page & Question # : p. 375, # 25

Which of the following will contribute to metabolic acidosis?

- a) Hypoxia
- b) Diuretic abuse
- c) Hypokalemia
- d) Vomiting**

Pocket Prep

Section:

Endocrine/Hematology/Gastrointestinal/Renal/

Integumentary

Question # : 178

Which of the following conditions will most likely contribute to metabolic acidosis?

- a) Hypoxia
- b) Excessive diuretic therapy
- c) Hypokalemia
- d) Vomiting**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

***Critical Care Examination Review*®**

Section: Renal System

Page & Question # : p. 383, # 57

Which of the following is not a cause of acute tubular necrosis?

- a) Prolonged prerenal state
- b) Sepsis**
- c) Aminoglycosides
- d) Lopressor

Pocket Prep

Section:

Endocrine/Hematology/Gastrointestinal/Renal/

Integumentary

Question # : 172

All of the following may cause acute tubular necrosis (ATN) except:

- a) Prolonged prerenal state
- b) Sepsis
- c) Aminoglycosides
- d) Lopressor**

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Renal System

Page & Question # : p. 384, # 60

The following ABG is reported on a 45-year-old male with acute renal failure: pH 7.32, PaCO₂ 35 mmHg, and HCO₃ 17 mEq/L. This acid base imbalance is the result of the kidney's inability to:

- a) **Excrete acid byproducts of metabolism**
- b) Excrete CO₂
- c) Excrete bicarbonate ions
- d) Excrete potassium ions

Pocket Prep

Section:

Endocrine/Hematology/Gastrointestinal/Renal/

Integumentary

Question # : 171

The following is reported on a 39-year-old male with acute renal failure: PaCO₂ 35mmHg, HCO₃ 17mEq/L, pH 7.3. This acid-base imbalance is the result of the kidney's inability to excrete:

- a) **Acid byproduct of metabolism**
- b) CO₂
- c) Bicarbonate ions
- d) Potassium ions

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Renal System

Page & Question #: p. 369, # 3

In assessing for hypocalcemia, you would elicit Chvostek's sign by:

- a) Applying a blood pressure (BP) cuff to the upper arm, inflating it, and observing for carpopedal spasm
- b) Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the upper lip on the side opposite the stimulation.
- c) **Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the upper lip on the same side of the stimulation**
- d) Having the patient hyperventilate to produce carpopedal spasm from respiratory alkalosis.

Pocket Prep

Section: Endocrine/Hematology/Gastrointestinal/Renal/Integumentary

Question #: 165

In your assessment for hypocalcemia, you would elicit Chvostek's sign by:

- a) Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the lower lip on the side opposite the stimulation
- b) Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the upper lip on the side opposite the stimulation
- c) **Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the upper lip on the same side of the stimulation**
- d) Tapping a finger on the skin above the supramandibular portion of the parotid gland and observing for twitching of the lower lip on the same side of the stimulation

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Renal System

Page & Question # : p. 370, # 5

Patients with hypocalcemia should demonstrate which EKG change?

- a) Shortened PR interval
- b) Prolonged PR interval
- c) Prolonged QT interval**
- d) U wave

Pocket Prep

Section:

Endocrine/Hematology/Gastrointestinal/Renal/

Integumentary

Question # : 183

Which of the following ECG changes do patients with hypocalcemia often demonstrate?

- a) ST-segment shortening
- b) Prolonged PR interval
- c) Lengthened QT interval**
- d) U-wave development

Side-by-Side Comparison of *Critical Care Examination Review*® and Pocket Prep's AACN CCRN (Adult) Exam Review

Critical Care Examination Review®

Section: Renal System

Page & Question # : p. 371, # 10

Patients with hyperkalemia must be monitored for which of the following EKG changes?

- a) Prolonged QT interval
- b) Peaked T waves**
- c) Prominent U waves
- d) Shortened PR interval

Pocket Prep

Section:
Endocrine/Hematology/Gastrointestinal/Renal/
Integumentary

Question # : 181

An 82-year-old female arrives at the emergency department with complaints of abdomen cramping, nausea, and diarrhea. She has a history of renal failure and diabetes mellitus. The nurse establishes an IV line and draws the patient's blood for lab studies. The patient's serum potassium level is 6.3 mEq/L and hyperkalemia is diagnosed. Which of the following ECG changes should the nurse expect in this patient?

- a) Prolonged QT interval
- b) Peaked T waves**
- c) Tachycardia
- d) Narrowed P waves