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Question: 1

A 70-year-old female is recovering from an ischemic stroke of the left hemisphere and has global aphasia. Which is the MOST effective method to help the patient communicate/understand?

- A. Encourage the woman to repeat words and sounds.
- B. Speak slowly and clearly.
- C. Use written communication.
- D. Use gestures and pictures.

Answer: D

Explanation:

Global aphasia, associated with strokes of the left hemisphere, includes expressive aphasia (the inability to form words) and receptive aphasia (the inability to comprehend spoken and/or written words), so the best method to improve communication is to use alternative forms of communication, such as gestures and pictures. People with only expressive aphasia may benefit from repetition of sounds or words, whereas those with only receptive aphasia may have some understanding if the speech is slow and clear, but they may also need alternative forms of communication.

Question: 2

A 180-pound patient is non-weight bearing and must be transferred from the bed to a wheelchair for therapy. Which one of the following manual methods of lifting and transferring the patient is safe and poses little or no risk of musculoskeletal injury to the nurse?

- A. Two-person lift and transfer.
- B. Four-person lift and transfer.
- C. Four-person lift and transfer with a transfer board.
- D. There is no safe manual lifting/transferring method.

Answer: D

Explanation:

When lifting and transferring patients, there is no safe manual lifting/transferring method. NIOSH recommends a 35 lb lifting limit, but this is for nonhuman items. Each facility should have a safe patient handling program in place that requires the use of manual assist devices to move, lift, and transfer patients. Studies have shown that this reduces the incidence of musculoskeletal injuries as well as assaults because patients often become frightened during manual lifting and strike out at clinical staff.

Question: 3

Which of the following rehabilitation models focuses on the individual's ability to cope and adjust perceptions in four different modes: physiological, self-concept, interdependence, and role/function?

- A. Science of unitary human beings model (Rogers).
- B. Model of living (Roper).
- C. Functional health patterns (Gordon).
- D. Adaptation model (Roy).

Answer: D

Explanation:

The adaptation model (Roy) may be used as a framework for nursing assessment of the individual's or family's ability to adapt in four modes:

- Physiological: Ability to provide for basic survival needs, such as food and housing.
- Self-concept: Self- or other-directed, value systems,
- Role function: Role within the family, decision making, support systems.
- Interdependence: Independence versus dependency, patterns of interaction, open or closed.

A patient may become overwhelmed and unable to adapt, so the CRRN must determine methods to aid in adaptation and to modify the environment to allow the person to cope.

Question: 4

Under the Americans with Disabilities Act (ADA) provisions, what does paratransit refer to?

- A. Airlifting of individuals (such as from a hospital to a trauma center).
- B. Providing wheelchair accessibility on standard bus/train routes.
- C. Providing an aide to assist the disabled person during transit.
- D. Picking individuals up and taking them to a specific destination (such as from home to a daycare facility).

Answer: D

Explanation:

Paratransit refers to alternate transportation provided for the physically or mentally disabled who are not able to use standard transportation. This service picks people up (such as from home) and delivers them to a specific destination (such as a daycare center). Some transportation systems use special small buses or vans. People using this type of service may be those who must be transported by gurney or who are too confused to go from a usual bus or train stop to a destination. The availability of the service and rules for use vary from one transportation system to another.

Question: 5

What is the most important criterion for determining the degree of a patient's pain?

- A. Physical indication, such as grimacing or guarding.
- B. Moaning.
- C. Patient report.
- D. Patient history.

Answer: C

Explanation:

Patient report is the most important criterion for determining the degree of a patient's pain. People may perceive and express pain very differently, so unless drug- or attention-seeking behavior can be established, the CRRN should accept that the patient's pain is as reported. Some cultures encourage outward expressions of pain, whereas others do not. Various pain scales may be used, depending on the age and cognitive ability of the patient. The most commonly used scale for adolescents and adults is the one-to-ten scale.

Question: 6

An Alzheimer's disease patient with dysphagia has been prescribed the National Dysphagia Diet (NDD), level 1 (pureed). Which of the following foods can be included?

- A. Scrambled eggs.
- B. Oatmeal cooked cereal.
- C. Gelatin dessert.
- D. Mashed bananas.

Answer: D

Explanation:

Mashed bananas.

Classification	Foods included
NDD level 1: Dysphagia pureed	Food with the consistency of pudding (no lumps), such as pureed meats, fruits, mashed bananas, vegetables, mashed potatoes, and puddings. Variation: <i>Dysphagia mixed</i> is the NDD level 1 diet with one item (such as scrambled eggs) from NDD level 2.
NDD level 2: Dysphagia mechanically altered	Moist, soft, easily chewed food, such as ground or finely diced meats, tender vegetables, soft fruit, smooth moistened cereals, scrambled eggs, pancakes, and juice (thickened if needed). Variation: <i>Mechanically soft</i> is the same except that it allows bread, cakes, and rice.
NDD level 3: Dysphagia advanced	Foods with regular texture, including moist tender meats, breads, cake, rice, and shredded lettuce.

Question: 7

The CRRN provides emotional support to a patient in rehabilitation for a traumatic injury and takes extra time to educate the patient about the injury and helps develop a personalized nursing care plan. Which ethical principle is the CRRN supporting?

- A. Justice.
- B. Veracity.
- C. Beneficence.
- D. Nonmaleficence.

Answer: C

Explanation:

The ethical principle that the CRRN is supporting by providing emotional support education, and personalized care to the patient is beneficence. Beneficence is the performance of actions, such as medical care, to benefit another person. Nonmaleficence is the ethical principle of doing no harm. Justice refers to the equal distribution of limited healthcare benefits so that all have equal access, although this is currently difficult to achieve in American society. Veracity is the telling of truth and being honest in all interactions with patients.

Question: 8

A patient is admitted to the rehabilitation unit after undergoing an amputation of his left lower leg. The patient appears withdrawn and states, "I might as well be dead." Which is the BEST action?

- A. Reassure the patient that he will have more positive feelings after therapy.
- B. Chart that the patient may be suicidal.
- C. Complete a suicide risk assessment.

D. Report the statement to the risk manager.

Answer: C

Explanation:

The CRRN should complete a suicide risk assessment. This risk assessment should evaluate some of the following criteria: Would the individual sign a contract for safety? Is there a suicide plan? How lethal is the plan? What is the elopement risk? How often are there suicidal thoughts, and has the person attempted suicide before? Any associated symptoms of hopelessness, guilt, anger, helplessness, impulsive behaviors, nightmares, obsession with death, or altered judgment should also be assessed and documented. The higher the score is, the higher is the risk for suicide.

Question: 9

What is the FIRST step in an activity task analysis?

- A. Determine desired outcomes.
- B. Divide the activity into its component parts.
- C. Determine the tasks the patient does or needs to do.
- D. Devise methods to assist the patient to complete each component.

Answer: C

Explanation:

The first step in an activity task analysis is to determine the tasks the patient does or needs to do as well as when, where, and how the activity is carried out. Then, the activity is divided into component parts so that the patients can master a small part of the activity at a time. The CRRN may create a flowchart, outline, or checklist to guide therapy and devise different strategies to help the patient master each step in the activity and identify the desired outcomes.

Question: 10

According to American Medical Association guidelines, which one of the following must be included in informed consent?

- A. Cost of the treatment.
- B. Names of all the providers involved in the treatment.
- C. Alternative options.
- D. Specific duration of the treatment/procedure.

Answer: C

Explanation:

The American Medical Association has provided guidelines for informed consent, which is required in all states for treatment, interventions, and procedures. Those signing should have

decision capacity and competency and should be alert and responsive. Informed consent should include the following:

- Explanation of the diagnosis.
- Nature and reasons for the treatment or procedure.
- Risks and benefits.
- Alternative options (regardless of cost or insurance coverage).
- Risks and benefits of alternative options.
- Risks and benefits of not having a treatment or procedure.



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