Exam Handbook



Cardiac Surgery
Subspecialty Certification
• Adult

AACN
CERTIFICATION
CORPORATION

Certification Organization for the American Association of Critical-Care Nurses

MISSION

AACN Certification Corporation drives patient health and safety through comprehensive credentialing of acute and critical care nurses, advancing practice consistent with standards of excellence.

VISION

All nurses caring for acutely and critically ill patients and their families are certified.

VALUES

As the Corporation advances its mission and vision to fulfill its purpose and inherent obligation of driving the health and safety of patients experiencing acute and critical illness, we are guided by a set of deeply rooted values. These values are the foundation upon which we build our relentless pursuit of excellence.

- Integrity We demonstrate sound judgment, ethical behavior and accountability in all we do.
- Inclusion We build an equitable culture, inviting the full contribution of all people.
- **Transformation** We drive change and innovation to positively impact the healthcare system and improve the lives of patients, families and nurses.
- Leadership We advocate and influence to achieve optimal outcomes and healthy work environments.
- **Relationships** We collaborate and advance partnerships, honoring each individual to strengthen the collective.

ETHICS

AACN and AACN Certification Corporation consider the American Nurses Association (ANA) Code of Ethics for Nurses foundational for nursing practice, providing a framework for making ethical decisions and fulfilling responsibilities to the public, colleagues and the profession. AACN Certification Corporation's mission of public protection supports a standard of excellence where certified nurses have a responsibility to read about, understand and act in a manner congruent with the ANA Code of Ethics for Nurses.

The following AACN Certification Corporation programs have been accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC).



CCRN° (Adult) CMC° CCRN° (Pediatric) CSC° CCRN° (Neonatal) ACNPC-AG°

PCCN° (Adult)

The following AACN Certification Corporation programs have been accredited by the National Commission for Certifying Agencies (NCCA).



PCCN® (Adult) ACCNS-AG® ACNPC-AG® ACCNS-P®

ACCNS-N®

Our advanced practice certification programs, ACCNS-AG, ACCNS-P, ACCNS-N and ACNPC-AG, are in alignment with the Consensus Model for APRN Regulation and other foundational national standards for APRN education, accreditation and regulation.



Certification Organization for the American Association of Critical-Care Nurses

CSC EXAM HANDBOOK

Acute/Critical Care Cardiac Surgery Subspecialty Certification - Adult

As healthcare becomes increasingly complex and challenging, certification has emerged as a mark of excellence showing patients, employers and the public that a nurse possesses a defined body of knowledge and has met the rigorous requirements to achieve specialty and/or subspecialty certification.

AACN Certification Corporation programs were created to protect healthcare consumers by validating the knowledge of nurses who care for and/or influence the care delivered to the acutely and critically ill. We are pleased to provide you with this handbook with information about our programs and how to apply for and take the CSC certification exam.

Today, nurses hold more than 140,000 certifications from AACN Certification Corporation.

Specialty Certifications

CCRN[®] is for the nurse providing care to or influencing the care of acutely/critically ill adult, pediatric or neonatal patients. Three eligibility pathways are available:

- Direct Care for the nurse who provides direct care to acutely/critically ill adult, pediatric or neonatal patients.
- **Knowledge Professional** for the nurse who influences the care delivered to acutely/critically ill adult, pediatric or neonatal patients, but does not primarily or exclusively provide direct care.
- **Tele-critical Care** for the nurse working in a tele-critical care setting monitoring/caring for acutely/critically ill adult patients from a remote location.

PCCN[®] is for the progressive care nurse. Two pathways of eligibility are available:

- Direct Care for the nurse providing direct care to acutely ill adult patients.
- **Knowledge Professional** for the nurse who influences the care delivered to acutely ill adult patients, but does not primarily or exclusively provide direct care.

Subspecialty Certifications

CMC[®] is for the certified nurse providing direct care to acutely/critically ill adult cardiac patients.

CSC[®] is for the certified nurse providing direct care to acutely/critically ill adult patients during the first 48 hours after cardiac surgery.

Advanced Practice Certifications

ACNPC-AG® is for the nurse educated at the graduate level as an adult-gerontology acute care nurse practitioner (AGACNP).

The **ACCNS** credentials are for nurses educated at the graduate level as clinical nurse specialists to provide care across the continuum from wellness through acute care:

ACCNS-AG® is for the clinical nurse specialist educated to care for adult-gerontology patients.

ACCNS-P® is for the clinical nurse specialist educated to care for pediatric patients.

ACCNS-N® is for the clinical nurse specialist educated to care for neonatal patients.

With implementation of the Consensus Model in 2015, ACNPC and CCNS are available as renewal options only:

ACNPC® is for the acute care nurse practitioner educated to provide care to adult patients.

CCNS® is for the acute/critical care clinical care specialist educated to provide care to adult, pediatric or neonatal patients.

AACN Certification Corporation's APRN certifications are recognized for licensure in all U.S. states and territories.

We continually seek to provide quality certification programs that meet the changing needs of nurses and patients. Please visit www.aacn.org/certification, or call 800-899-2226 for more information about the above certifications.

Thank you for your commitment to patients and their families and to becoming certified.



Please direct inquiries to:

AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656

800-899-2226 • Fax: 949-362-2020 • certification@aacn.org

Please include your AACN customer number with all correspondence to AACN Certification Corporation.

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The following information can be found in the <u>Certification Exam Policy Handbook</u> online at <u>www.aacn.org/certhandbooks</u>:

- AACN Certification Programs
- Name and Address Changes
- Confidentiality of Exam Application Status
- Testing Options
- Exam Scheduling and Cancellation
- Exam Day Experience

- Duplicate Score Reports
- Recognition of Certification
- Use of Credentials
- Denial of Certification
- Revocation of Certification
- Review and Appeal of Certification Eligibility

CSC Certification Program

CSC® Registered Service Mark

CSC (Cardiac Surgery Certification) is a registered service mark and denotes certification in cardiac surgery nursing as granted by AACN Certification Corporation. Registered nurses who have not achieved CSC certification, whose CSC certification has lapsed, or whose clinical nursing specialty certification has lapsed or is inactive are not authorized to use the CSC credential.

Misuse of the credential is viewed by AACN Certification Corporation as misleading to the public and may result in denial or revocation of certification.

Purpose and Rationale

CSC is a nursing subspecialty designed for specialty certified nurses who provide care for acutely/critically ill cardiac surgery patients within the first 48 hours postoperatively. Specialty nurses interested in this subspecialty certification may work in areas such as cardiothoracic surgery, cardiovascular surgery and postanesthesia care units.

The CSC exam is based on a study of practice, also known as a job analysis. The job analysis, conducted at least every five years, validates the knowledge, skills and experience required for safe and effective practice as an RN or APRN in direct care of acutely/critically ill adult cardiac surgical patients within the first 48 hours postoperatively.

The test plan, which provides an outline of exam content, is developed by an expert CSC panel based on the results of the study of practice. The organizing framework for all AACN Certification Corporation exams is the AACN Synergy Model for Patient Care™, with CSC focusing exclusively on the clinical judgment component. A current clinical nursing specialty certification is required to ensure key nursing competencies of professional caring and ethical practice as outlined in the Synergy Model for Patient Care have been tested.

Clinical practice requirements have been validated by subject matter experts. The required hours of clinical practice correspond to the third stage of competence in Benner's Stages of Clinical Competence. CSC certification denotes to the public those practitioners who possess a distinct and clearly defined body of knowledge called cardiac surgery nursing.

CSC Exam Content

The CSC exam is a 2-hour test consisting of 90 multiple-choice items. Of the 90 items, 75 are scored and 15 are used to gather statistical data on item performance for future exams. The content of the CSC exam is described in the test plan. The CSC exam focuses on the adult patient population. One hundred percent (100%) of the exam focuses on clinical judgment.

CSC Test Plans

Candidates are tested on a variety of patient care problems that are organized under major categories on the CSC Test Plan. Refer to the test plan on pages 7 and 8 for more information. Please note the percentage of the CSC exam devoted to each category.

Passing Point/Cut Score

A criterion-referenced standard setting process, known as the modified Angoff, is used to establish the passing point/cut score for the exam. Each candidate's performance on the exam is measured against a predetermined standard.

The passing point/cut score for the exam is established using a panel of subject matter experts, a Score Evaluation Committee (SEC), who carefully reviews each exam question to determine the basic level of knowledge or skill that is expected. The passing point/cut score is based on the panel's established difficulty ratings for each exam question.

Under the guidance of a psychometrician, the panel develops and recommends the passing point/cut score, which is reviewed and approved by AACN Certification Corporation. The passing point/cut score for the exam is established to identify individuals with an acceptable level of knowledge and skill. All individuals who pass the exam, regardless of their score, have demonstrated an acceptable level of knowledge.

CSC Exam Eligibility

Licensure

Current, unencumbered U.S.¹ RN or APRN licensure is required.

- An unencumbered license is not currently being subjected to formal discipline by the board of nursing in the state(s) in which you are practicing and has no provisions or conditions that limit your nursing practice.²
- Provisions or conditions may include, but are not limited to, direct supervision of practice, drug administration limitations and/or practice area exclusions.
- Documentation of all provisions and conditions from the board or its designee must be reviewed prior to approval for testing.
- Candidates and CSC-certified nurses must notify AACN Certification Corporation within 30 days if any provisions or conditions are placed on their RN or APRN license(s).

Practice

Candidates must meet *one* of the following clinical practice requirement options:

Practice as an RN or APRN for 1,750 hours in direct care of acutely/critically ill adult patients during the previous 2 years, with 875 of those hours accrued in the most recent year preceding application. Of those 1,750 hours, 875 need to be in the care of acutely/critically ill adult cardiac surgery patients within the first 48 hours postoperatively.

OR

Practice as an RN or APRN during the previous 5 years with a minimum of 2,000 hours in direct care of acutely/critically ill adult patients, with 144 of those hours accrued in the most recent year preceding application. Of those 2,000 hours, 1,000 need to be in the care of acutely/critically ill adult cardiac surgery patients within the first 48 hours postoperatively.

Orientation hours spent shadowing/working with another nurse who is the one with the patient assignment *cannot* be counted toward clinical hours for CSC eligibility; however, orientation hours during which you are the assigned nurse providing direct care to acutely/critically ill adult cardiac patients may be counted.

Practice hours for the CSC exam or renewal eligibility must be completed in a U.S.-based¹ or Canada-based

facility or in a facility determined to be comparable to the U.S. standard of acute/critical care nursing practice as evidenced by Magnet® designation or <u>Joint Commission</u> <u>International</u> accreditation.

Nurses serving as manager, educator (in-service or academic), APRN or preceptor may apply their hours spent supervising nursing students or nurses *at the bedside*.

 Nurses in these roles must be actively involved in caring for cardiac and/or cardiac surgery patients; for example, demonstrating how to measure pulmonary artery pressures or supervising a new employee or student nurse performing a procedure.

Certification

A current clinical nursing specialty certification, to which the CSC credential will be attached, is required. The clinical nursing specialty certification must:

- involve direct care of adult patients, and
- be nationally accredited by ABSNC (American Board of Specialty Nursing Certification) or NCCA (National Commission for Certifying Agencies), and
- test beyond clinical judgment to include key nursing competencies of professional caring and ethical practice as outlined in the Synergy Model for Patient Care.

Examples of acceptable clinical nursing certifications include, but are not limited to, CCRN (via the Direct Care or Tele-critical Care Pathway), PCCN (via the Direct Care Pathway), ACNPC, ACNPC-AG, CCNS, ACCNS-AG, CNOR, CRNFA, CPAN, etc.

Practice Verification

The name and contact information of a professional associate must be given for verification of eligibility related to clinical practice hours. If you are selected for audit, this associate will need to verify in writing that you have met the clinical hour requirements.

 A professional associate is defined as your clinical supervisor or a colleague (RN or physician) with whom you work.

AACN Certification Corporation may adopt additional eligibility requirements at its sole discretion. Any such requirements will be designed to establish, for the purposes of CSC certification, the adequacy of a candidate's knowledge in care of the acutely/critically ill.

¹ Includes District of Columbia and U.S. territories of Guam, Virgin Islands, American Samoa and Northern Mariana Islands

² If a restriction (temporary or permanent) is placed on an RN or APRN license for an incident that occurred prior to obtaining the license, AACN Certification Corporation will evaluate such an occurrence on a case-by-case basis to determine if exam eligibility requirements are met.

Application Fees

CSC Fees	Member	Nonmember
Computer-Based Exam	\$145	\$235
Retest	\$120	\$165
Renewal by Exam	\$120	\$165

Payable in U.S. funds. Fees are subject to change without notice. A \$15 fee will be charged for a returned check.

Computer-based testing discounts are available for groups of **10 or more** candidates submitting their AACN certification exam applications in the same envelope. Employers may prepurchase exam vouchers at a further discounted rate.

For details about the Group Discount and Organization Discount Programs, visit www.aacn.org/certdiscounts, email certdiscounts, emailto:certification@aacn.org or call 800-899-2226.

Online Application Process

- ▶ Register online for computer-based testing at www.aacn.org/certification > Get Certified
- ▶ **Before you get started**, have available the following:
 - RN or APRN license number and expiration date
 - Name, address, phone and email address of your clinical supervisor or a professional colleague (RN or physician) who can verify your practice eligibility
 - Credit card (Visa, MasterCard, Discover or American Express)

> Same day processing

Paper Application Process

- ▶ Paper applications are required for those applying with a group, for paper-and-pencil exams and for testing outside the U.S.
- ► Complete the application on pages 12 and 13 and honor statement on page 14
 - Fill in all requested information, including that for your RN or APRN license

▶ Include application fee

- Credit card, check or money order
- ▶ Allow 2 to 4 weeks for processing

Use your legal name on the application.

This name must match photo identification used for exam entry and will be the name printed on your certificate.

1. Receive confirmation email

- After you successfully apply for the exam, you will receive a confirmation email from AACN with information about how to schedule your exam appointment. The email will include the eligibility period during which you must take the exam normally a 90-day window, but currently a 180-day window.
- If you do not receive your confirmation email after applying for an exam, please contact AACN Customer Care at 800-899-2226 or certcorp@aacn.org.

2. Schedule your exam

- In your confirmation email from AACN, you will find a link to schedule your exam appointment. In your
 AACN customer dashboard, you will also find a "Schedule Exam" link. Both links will take you to the AACN
 Scheduling page.
- Before selecting an exam date, you will need to choose your preferred computer-based testing option at a PSI Testing Center or via Live Remote Proctoring from your computer in a quiet, private location. For details, refer to the <u>Certification Exam Policy Handbook</u> online at www.aacn.org/certhandbooks.
- If you are taking a paper-and-pencil exam or testing outside the U.S., AACN and PSI will coordinate with you to schedule your exam appointment.

3. Sit for the exam

- Upon completion of computer-based exams, results will show on-screen and a detailed score report will be emailed to you within 24 hours.
- Results of paper-and-pencil exams are received by mail 6 to 8 weeks following testing.
- Successful candidates will receive their wall certificate approximately 3 to 4 weeks after exam results are received.

Please ensure that AACN has your current contact information on record.

Updates may be made online at www.aacn.org/myaccount or emailed to info@aacn.org. For name changes, please call AACN Customer Care at **800-899-2226**.

CSC Certification Renewal

Purpose and Limitations of Renewal Options

The purpose of certification renewal is to promote continued competence. The renewal process helps to maintain an up-to-date knowledge base through continuing education and practice hours, or practice hours and passing the certification exam.

Following are the limitations to the components of the renewal options:

- CE/CERP limitations include content quality and relevance to practice as well as an individual's ability to self-select CE/CERPs most pertinent to the individual's practice and educational needs.
- Limitations of practice hours include the quality of the practice environment and limitations on learning opportunities.
- One limitation of the exam is not assessing new competencies, as exam competencies were validated through initial certification.

Requiring two components for renewal rather than one decreases the limitations and furthers the goal of continued competence.

Renewal Period

CSC certification is granted for a period of 3 years. Your certification period begins the first day of the month in which the CSC certification exam is passed and ends 3 years later; for example, February 1, 2023 through January 31, 2026.

Renewal notifications will be emailed to you starting 4 months before your scheduled CSC renewal date. You are responsible for renewing your certification even if you do not receive renewal notification. Refer to www.aacn.org/certification > Renew Certification for current information.

Eligibility

Candidates for CSC renewal must meet the following requirements:

Current, unencumbered U.S.¹RN or APRN license that was not subjected to formal discipline by the board of nursing in the state(s) in which you practiced and had no provisions or conditions that

- limited your nursing practice during the 3-year certification renewal period
- Current clinical nursing specialty certification meeting all of the following criteria:
 - involves direct care of adult patients, and
 - is nationally accredited by ABSNC (American Board of Specialty Nursing Certification) or NCCA (National Commission for Certifying Agencies), and
 - tests beyond clinical judgment to include key nursing competencies of professional caring and ethical practice as outlined in the Synergy Model for Patient Care.
- Completion of 432 clinical practice hours caring for acutely/critically ill adult cardiac patients as an RN or APRN within the 3-year period preceding your scheduled renewal date, with 144 of those hours accrued in the most recent year preceding your scheduled renewal date
- Completion of the required CERPs or take/pass the CSC exam.

Renewal Eligibility Options

You may seek CSC certification renewal via Renewal by Synergy CERPs or Renewal by Exam, or apply for Inactive status.

Online Renewal is available to all active certificants as early as 4 months prior to their scheduled renewal date. Visit www.aacn.org/certification > Renew Certification.

Option 1 - Renewal by Synergy CERPs

Complete 25 Category A Clinical Judgment CERPs pertaining to cardiology (includes all items on the CSC Test Plan) during the 3-year certification renewal period.

Option 2 - Renewal by Exam

- Meet the eligibility requirements for CSC renewal and successfully apply for and schedule your exam.
- The CSC exam must be completed **before** your scheduled renewal date. You may not take the exam early, then attempt to renew by CERPs if you do not pass.

continued

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¹ Includes District of Columbia and U.S. territories of Guam, Virgin Islands, American Samoa and Northern Mariana Islands

CSC Certification Renewal (continued)

Option 3 - Inactive Status

- Inactive status is available to CSC-certified nurses who do not meet the renewal eligibility requirements but do not wish to lose their certification status. Inactive status provides additional time, up to 3 years from the scheduled renewal date, to meet the renewal eligibility requirements.
- During the time of Inactive status, the CSC credential may not be used.
- Inactive status may be held more than once, but not for 2 consecutive renewal periods.

For more details, refer to the <u>CSC Renewal Handbook</u> online at <u>www.aacn.org/certhandbooks</u>.

Cardiac Surgery Certification (CSC) Test Plan

Applies to exams taken on or after January 31, 2022.

I. PROCEDURES (11%)

A. Cardiovascular

- Coronary artery bypass surgery (CABG) with cardiopulmonary bypass
- 2. Coronary artery bypass surgery (CABG) without cardiopulmonary bypass
- 3. Cox maze and modified maze procedure
- 4. Minimally invasive cardiac surgery
- 5. Pericardial window
- 6. Repair of non-congenital heart defects (e.g., left-ventricular aneurysm, VSD post MI)
- 7. Surgical valve repair or replacement
- 8. Transcatheter valve replacement (e.g., TAVR)

B. Thoracic

- 1. Endovascular repair of the aorta
- Open repair of thoracic aortic aneurysm or dissection

II. COMPLICATIONS (33%)

A. Cardiovascular

- 1. Cardiogenic shock
- 2. Hypotension and hypertension
- 3. Hypovolemia and hypervolemia
- 4. Bleeding
- 5. Myocardial infarction
- 6. Myocardial stunning
- 7. Open chest from the operating room
- 8. Pericarditis
- 9. Dysrhythmias
- 10. Right heart failure
- 11. Cardiac tamponade
- 12. Vascular complications (e.g., compartment syndrome, retroperitoneal bleeding)

B. Respiratory

- 1. Acute respiratory failure
- 2. Acute respiratory distress syndrome (ARDS)
- 3. Transfusion related acute lung injury (TRALI)
- 4. Transfusion associated circulatory overload (TACO)

- 5. Pleural space abnormalities (e.g., pneumothorax)
- 6. Air-leak syndromes (e.g., pneumopericardium, pneumomediastinum)
- 7. Aspiration
- 8. Atelectasis
- 9. Pleural effusion
- 10. Prolonged mechanical ventilation
- 11. Pulmonary hypertension

C. Endocrine

1. Hyperglycemia and hypoglycemia

D. Hematology / Immunology

- 1. Protamine reactions
- 2. Coagulopathies
- 3. Anemia
- 4. Heparin-induced thrombocytopenia (HIT)

E. Neurology

- 1. Postoperative impaired cognition
- 2. Cerebrovascular accident (stroke)
- 3. Lower limb deficits (e.g., spinal cord ischemia, paralysis)
- 4. Delirium

F. Gastrointestinal

1. Ischemic bowel

G. Renal

- 1. Acute kidney injury
- 2. Electrolyte imbalances

H. Multisystem

- Multisystem organ dysfunction syndrome (MODS)
- 2. Chronic pain
- 3. Acute pain
- 4. Acid-base imbalances
- 5. Malignant hyperthermia

I. Behavioral / Psychosocial

- Preexisting behavioral health disorder (e.g., anxiety, PTSD)
- 2. Substance use and withdrawal

continued

Cardiac Surgery Certification (CSC) Test Plan (continued)

III. THERAPEUTIC INTERVENTIONS (43%)

A. Cardiovascular

- 1. Fluid volume management specific to cardiac surgery
- 2. Defibrillation and cardioversion
- 3. Emergent resternotomy
- 4. Cardiac surgery advanced life support (CALS)
- 5. Temporary pacing
- 6. Intra-aortic balloon pump
- 7. Short-term ventricular assist devices (VADs)
- 8. Extracorporeal membrane oxygenation (ECMO)
- 9. Pericardial and mediastinal drain

B. Pharmacology

- 1. Platelet inhibitors
- 2. Thrombolytics
- 3. Anticoagulants
- 4. Vasoactive agents
- 5. Antidysrhythmics
- 6. Inotropes
- 7. Diuretics
- 8. Beta-blockers
- 9. Statins
- 10. Pharmacologic agents for controlling bleeding (e.g., desmopressin acetate, factor VII, antifibrinolytics)
- 11. Pulmonary vasodilators
- 12. Sedation
- 13. Neuromuscular blockade

C. Respiratory

- 1. Pleural chest tubes and drains
- 2. Invasive and non-invasive mechanical ventilation
- 3. Oxygen therapy delivery devices
- 4. Post-extubation care

D. Endocrine

1. Glycemic control

E. Hematology and Immunology

1. Blood and blood products

F. Neurology

- 1. Lumbar drain
- 2. Pain management

G. Renal

1. Renal replacement therapy (e.g., hemodialysis, CRRT)

H. Standards of Care

- 1. Deep vein thrombosis (DVT) prophylaxis
- 2. Early mobility protocols
- 3. Gastrointestinal (GI) prophylaxis
- 4. Surgical site protocols
- 5. Recovery from anesthesia
- 6. Rewarming from hypothermia
- 7. Pneumonia prevention

IV. MONITORING AND DIAGNOSTICS (13%)

A. Cardiovascular

- 1. Hemodynamic monitoring
- 2. Echocardiography
- 3. Electrocardiography (ECG)
- 4. Laboratory testing

B. Respiratory

- 1. Arterial blood gas (ABG)
- 2. Mixed venous gas
- 3. Pulse oximetry
- 4. Capnography
- 5. Radiography

C. Neurology

- 1. Bispectral index monitoring (BIS)
- 2. Cerebral oximetry monitoring
- 3. Train-of-four (TOF)

Order of content does not necessarily reflect importance.

CSC Sample Questions

The purpose of the sample questions is to familiarize candidates with the style and format of the certification exam items.

- The nurse notes 750 mL of chest tube drainage 2 hours following CABG procedure of 5 vessels. The MOST LIKELY cause is
 - A. increased bleeding time due to heparin administration.
 - B. mediastinal tissue injury due to breakage of sternal wires.
 - C. thrombocytopenia due to prolonged bypass time.
 - D. local hemorrhage due to rupture of the graft anastomosis.
- 2. After undergoing an emergency CABG, the patient has received one unit of PRBC and a 250 mL fluid bolus. The nurse notes sinus rhythm with no ectopy.

BP 92/54 HR 88

MAP 67 mm Hg CO 3.5 L/min

CI 1.8L L/min/m²

SVR 1200 dynes/sec/cm⁻⁵

PAD 22 mg Hg

The nurse should anticipate

- A. administering additional fluids.
- B. infusing inotropes.
- C. preparing for IABP placement.
- D. beginning ventricular pacing.
- 3. One hour post CABG, the patient remains mechanically ventilated. During the inspiratory phase, the nurse observes a decrease in the arterial systolic pressure. The nurse should immediately auscultate for
 - A. bibasilar crackles.
 - B. diminished breath sounds.
 - C. muffled heart tones.
 - D. a murmur.
- 4. Following a 4 vessel CABG, the nurse is assessing a 70 kg patient for readiness to wean from mechanical ventilation. Which of the following findings would indicate the patient is ready to extubate?
 - A. PaO₂/FiO₂ ratio of 100
 - B. respiratory rate of 20
 - C. vital capacity of 600 mL
 - D. tidal volume of 350 mL

- 5. A patient develops thrombocytopenia following heparin administration. To prevent thromboembolism, the nurse should anticipate an order for
 - A. warfarin (Coumadin).
 - B. enoxaparin (Lovenox)
 - C. tranexamic acid (Cyklokapron).
 - D. argatroban (Acova)
- 6. After an uncomplicated mitral valve repair, assessment findings are as follows:

BP 116/65

HR 90

PAP 73/50 mm Hg

CO 4.2 L/min

CI 1.7L L/min/m²

The nurse should anticipate an order for intravenous

- A. epinephrine (Adrenalin).
- B. epoprostenol (Flolan).
- C. milrinone (Primacor).
- D. dobutamine (Dobutrex).
- 7. Following an emergent thoracic surgery, the nurse notes a significantly low serum sodium level in a patient with history of liver cirrhosis. The clinical characteristics of this finding include
 - A. hypotension and dry mucous membranes.
 - B. tachycardia and pulmonary edema.
 - C. crackles and high end-tidal CO₂.
 - D. an S3 heart sound and JVD.
- 8. When reviewing lab data 4 hours following mitral valve replacement, the nurse notes a decreased Hgb and HCT, increased INR and decreased platelets. The nurse should anticipate orders for which of the following?
 - A. FFP and platelets
 - B. FFP and cryoprecipitate
 - C. fibrinogen and cryoprecipitate
 - D. fibrinogen and platelets

Answers

1. D 3. C 5. D 7. D 2. B 4. D 6. B 8. A

CSC Exam Bibliography

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The Cardiac Catheterization Handbook. 7th ed. 2019. Sorajja P, Lim M, Kern MJ. 736 pages.	100263

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Please complete pages 2 & 3 of application.



NAME.

2 of 3

CSC Exam Application

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Burn Unit (13)	IAWIAI	E.		AACN COSTOMER #.	
Check one box in each category. Information used for statistical purposes and may be used in eligibility determ Primary Area Employed Subacute Care (28) Technician (21) Long-Term Acute Care (28) Unit Coordinator (22) Long-Term Acute Care (28) Unit Coordinator (29) Safe (29) Sa		Last	First	MI	
Primary Area Employed	5.	DEMOGRAPHIC INFORMA	TION		
Acute Hemodialysis Unit (21)		Check one box in each catego	ory. Information used for statisti	cal purposes and may be used	in eligibility determination.
Catheterization Lab (22)		☐ Acute Hemodialysis Unit (21) ☐ Burn Unit (13) ☐ Cardiac Rehabilitation (26) ☐ Cardiac Surgery/OR (36)	☐ Surgical ICU (07) ☐ TeleICU (37) ☐ Telemetry (20) ☐ Trauma Unit (11)	☐ Unit Coordinator (22) ☐ Other - specify below	☐ Long-Term Acute Care Hosp. (16) ☐ Military/Government Hospital (04) ☐ Non-Academic Teaching Hosp. (14) ☐ Registry (10)
□ Crit. Care Transport/Flight (17) □ Acute Care Nurse Practitioner (09) □ Master's Degree □ Degree Master's Degree Master'		☐ Catheterization Lab (22) ☐ Combined Adult/Ped. ICU (23) ☐ Combined ICU/CCU (01) ☐ Coronary Care Unit (03)	(99) Primary Position Held	☐ Associate's Degree ☐ Bachelor's Degree ☐ Diploma	☐ State Hospital (06)
Home Care (25)		☐ Crit. Care Transport/Flight (17) ☐ Direct Observation Unit (39) ☐ Emergency Dept. (12)	☐ Acute Care Nurse Practitioner (09) ☐ Bedside/Staff Nurse (01) ☐ Case Manager (39)	Ethnicity	(99
□ Long-Term Acute Care (27) □ Clinical Nurse Specialist (08) □ Pacific Islander (06) Years of Experience in Now Pacific Islander (06) □ Medical Cardiology (34) □ Corporate/Industry (11) □ White/Non-Hispanic (01) □ Other - specify below □ Medical Surgical ICU (04) □ Hospital Administrator (38) □ Other - specify below □ Other - specify below □ Medical Surgical ICU (05) □ Internist (37) □ Other - specify below □ Other - specify below □ Neuro./Neurosurgical ICU (10) □ Legal Nurse Consultant (47) □ Care Nursing: □ Oncology Unit (19) □ Nurse Anesthetist (02) Primary Type of Facility in Which □ Operating Room (15) □ Nurse Educator (46) Employed □ College/University (08) □ Other - specify below □ Care Nursing: Primary Type of Facility in Which Employed □ College/University (08) □ College/University (08) □ College/University (08) □ Community Hospital (Nonprofit) (01) □ Private Practice (32) □ Outcomes Manager (42) □ Community Hospital (Profit) (02) □ Community Hospital (Nonprofit) (01) □ Progressive Care Unit (16) □ Physician Assistant (17) □ County Hospital (07) □ County Hospital (07) □ Respiratory ICU (08) □ Researcher (18)		☐ Home Care (25) ☐ Intensive Care Unit (02)	☐ Clinic Nurse (40) ☐ Clinical Coordinator (44)	☐ Asian (05) ☐ Hispanic (03)	
□ Neonatal ICU (06) □ Legal Nurse Consultant (47) (99) Years of Experience in A Care Nursing: □ Neuro./Neurosurgical ICU (10) □ Manager (03) Primary Type of Facility in Which □ Oncology Unit (19) □ Nurse Anesthetist (02) Primary Type of Facility in Which □ Operating Room (15) □ Nurse Educator (46) Employed □ Outpatient Clinic (29) □ Nurse Midwife (13) □ College/University (08) □ Pediatric ICU (05) □ Nurse Practitioner (05) □ Community Hospital (Nonprofit) (01) □ Private Practice (32) □ Outcomes Manager (42) □ Community Hospital (Profit) (02) □ Progressive Care Unit (16) □ Physician (16) □ Corporate/Industry (11) □ County Hospital (07) □ Recovery Room/PACU (14) □ Physician Assistant (17) □ County Hospital (05) Gender:		☐ Medical Cardiology (34) ☐ Medical ICU (04)	☐ Corporate/Industry (11) ☐ Hospital Administrator (38)	☐ White/Non-Hispanic (01)	Years of Experience in Nursing:
□ Outpatient Clinic (29) □ Nurse Midwife (13) □ College/University (08) □ Pediatric ICU (05) □ Nurse Practitioner (05) □ Community Hospital (Nonprofit) (01) □ Private Practice (32) □ Outcomes Manager (42) □ Community Hospital (Profit) (02) □ Progressive Care Unit (16) □ Physician (16) □ Corporate/Industry (11) □ Recovery Room/PACU (14) □ Physician Assistant (17) □ County Hospital (07) □ Respiratory ICU (08) □ Researcher (18) □ Federal Hospital (05)		☐ Neonatal ICU (06) ☐ Neuro./Neurosurgical ICU (10) ☐ Oncology Unit (19)	☐ Legal Nurse Consultant (47) ☐ Manager (03) ☐ Nurse Anesthetist (02)	Primary Type of Facility in Which	Years of Experience in Acute/Critical Care Nursing:
☐ Recovery Room/PACU (14) ☐ Physician Assistant (17) ☐ County Hospital (07) ☐ Respiratory ICU (08) ☐ Researcher (18) ☐ Federal Hospital (05) ☐ Gender:		☐ Outpatient Clinic (29) ☐ Pediatric ICU (05) ☐ Private Practice (32)	☐ Nurse Midwife (13) ☐ Nurse Practitioner (05) ☐ Outcomes Manager (42)	☐ College/University (08) ☐ Community Hospital (Nonprofit) (01) ☐ Community Hospital (Profit) (02)	Date of Birth: (mm/dd/yy):
		☐ Recovery Room/PACU (14) ☐ Respiratory ICU (08)	☐ Physician Assistant (17)☐ Researcher (18)	☐ County Hospital (07) ☐ Federal Hospital (05)	Gender: ☐ Male ☐ Female ☐ Non-binary

6. HONOR STATEMENT

Complete the Honor Statement on page 14.

7. SUBMIT APPLICATION

Attach Honor Statement to this application and submit with payment to:

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Please complete page 3 of application (honor statement).

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Applicant's Signature:

CSC Exam Honor Statement

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PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

NAME:				AACN CUSTOMER #:	
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Date:

