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Question: 1306

A CNL in a community health clinic aims to improve retention after a 28% turnover rate due to low engagement (HWE score 60). Which strategy best promotes a positive work environment?

- A. Provide biweekly team-building workshops
- B. Increase base pay for all clinicians
- C. Offer hybrid work options
- D. Implement a staff recognition and reward program

Answer: D

Explanation: Implementing a staff recognition and reward program boosts engagement and fosters a positive work environment, supporting retention. Increasing pay or hybrid work may not address engagement directly. Team-building workshops are less impactful than recognition for sustained retention.

Question: 1307

A CNL is analyzing the ROI for a new wound care program costing \$150,000 annually. The program reduces pressure injury rates by 20%, saving \$200,000 in penalties. Calculate the ROI and determine the appropriate action.

- A. Reduce program costs by limiting wound care supplies
- B. Discontinue the program due to high costs
- C. Expand the program to include more patients
- D. Continue the program as it yields a positive ROI of 33.3%

Answer: D

Explanation: $ROI = [(Gain - Cost) / Cost] \times 100 = [(\$200,000 - \$150,000) / \$150,000] \times 100 = 33.3\%$. A positive ROI of 33.3% supports continuing the program. Discontinuing the program ignores the positive ROI. Expanding the program requires further analysis. Reducing supplies risks reducing effectiveness.

Question: 1308

The CNL leads a team reviewing 12-month hospital data. The data reveal that 40% of readmitted CHF patients had poor medication adherence. Which intervention would best target this health system risk factor?

- A. Adjust discharge formula to exclude medication lists
- B. Limit prescriptions to a single pharmacy

- C. Decrease hospital length of stay for CHF patients
- D. Create nurse-led home telemonitoring for CHF medication compliance

Answer: D

Explanation: Nurse-led telemonitoring provides evidence-based follow up, real-time education, and support for therapy adherence, directly addressing the identified risk factor. The other options do not address medication adherence barriers.

Question: 1309

A multidisciplinary team disagrees on pain management strategies for a patient with stage 4 cancer and elevated calcium (14.2 mg/dL) despite treatment. Which leadership action by the Clinical Nurse Leader most positively influences care delivery?

- A. Unilaterally implement the oncology consultant's plan
- B. Reassess evidence for hypercalcemia pain interventions and facilitate consensus
- C. Defer to the patient's family only
- D. Continue with current ineffective regimen

Answer: B

Explanation: Reassessing evidence promotes interprofessional engagement and consensus, improving care. Unilateral decisions reduce buy-in, family-only decisions neglect clinical evidence, and continuing ineffective care is not patient-centered.

Question: 1310

While reviewing adverse events, the CNL notes an increasing incidence of central line-associated bloodstream infections (CLABSIs). Which process step should be prioritized?

- A. Implement a checklist and ensure 100% compliance with line insertion bundle elements
- B. Focus only on physician technique during insertion
- C. Increase patient satisfaction rounding
- D. Ignore as a system-level issue

Answer: A

Explanation: Implementing evidence-based checklists with bundle compliance at every insertion step reduces CLABSIs. Focusing on only physicians, or on patient satisfaction rounding, does not address the specific, proven prevention strategy.

Question: 1311

A Clinical Nurse Leader oversees a patient with a hemoglobin of 7.2 g/dL who refuses a blood transfusion due to religious beliefs. The physician insists on administering blood, citing medical

necessity. How should the Clinical Nurse Leader apply legal and ethical guidelines to advocate for the patient's well-being and preferences?

- A. Document the refusal and proceed with alternative treatments
- B. Administer the transfusion as ordered to prevent harm
- C. Request a court order to override the patient's refusal
- D. Seek an ethics consult to force the transfusion

Answer: A

Explanation: Documenting the refusal and proceeding with alternative treatments respects the patient's autonomy and adheres to legal and ethical guidelines, such as those in the ANA Code of Ethics, which emphasize patient rights. Administering the transfusion violates autonomy and could lead to legal consequences. Seeking a court order or an ethics consult to force the transfusion disregards the patient's competent decision unless there is evidence of incapacity, which is not indicated. The Clinical Nurse Leader must advocate for the patient's preferences while exploring alternatives like iron supplementation or erythropoietin.

Question: 1312

During orientation, a staff nurse repeatedly interrupts the pharmacist during med review. What is the best Clinical Nurse Leader-initiated evidence-based corrective strategy?

- A. Privately coach the nurse on active listening and respectful interprofessional communication
- B. Issue a written warning for unprofessionalism
- C. Assign the nurse to independent projects only
- D. Ignore the behavior as a learning opportunity

Answer: A

Explanation: Coaching on communication skills targets the disruptive behavior and supports professional development. Written warnings are punitive, independent projects remove the opportunity for interprofessional growth, and ignoring perpetuates disruptive culture.

Question: 1313

A patient is transferred from the ICU to a medical-surgical unit with the following labs: WBC 18,200/mm³, procalcitonin 2.1 ng/mL, and creatinine 2.4 mg/dL. Which is the most important next step for the Clinical Nurse Leader coordinating care?

- A. Notify palliative care
- B. Escalate sepsis protocol, including two sets of blood cultures
- C. Discharge patient for outpatient follow-up
- D. Repeat lab tests in 48 hours

Answer: B

Explanation: Elevated WBC, procalcitonin, and creatinine indicate sepsis; immediate escalation aligns with standards for care coordination in acute deterioration.

Question: 1314

A CNL evaluates an AI tool predicting AKI risk in surgical patients (e.g., creatinine >1.5 mg/dL, urine output <0.5 mL/kg/h). The tool's specificity is 80%. A patient with normal creatinine is flagged. What is the best action?

- A. Accept the flag and initiate fluid therapy
- B. Lower the creatinine threshold to 1.2 mg/dL
- C. Discontinue the tool due to the false positive
- D. Conduct a pilot study to validate the tool's performance

Answer: D

Explanation: Conducting a pilot study validates the tool's performance, ensuring accurate AKI risk prediction. Accepting the flag risks unnecessary interventions. Discontinuing the tool dismisses its potential. Lowering the threshold may reduce specificity.

Question: 1315

A 55-year-old patient with diabetes has a foot ulcer and an A1C of 9.0%. The CNL is coordinating a risk reduction program. Which intervention should be prioritized?

- A. Administer broad-spectrum antibiotics prophylactically
- B. Recommend amputation to prevent infection
- C. Increase insulin dosing without monitoring
- D. Implement a multidisciplinary foot care protocol with offloading and education

Answer: D

Explanation: Implementing a multidisciplinary foot care protocol with offloading and education prevents ulcer progression and promotes healing, reducing amputation risk. Prophylactic antibiotics risk resistance without evidence of infection. Increasing insulin without monitoring risks hypoglycemia. Recommending amputation is premature and not a primary prevention strategy.

Question: 1316

A community survey shows high rates of obesity and low diabetes screening among Pacific Islander youth. Which intervention improves both inclusion and clinical outcome?

- A. Handing out English-only flyers
- B. School-based A1c screenings with parent engagement in Samoan and English
- C. Text-messaging parents only in English

D. School screening for BMI only

Answer: B

Explanation: School-based, bilingual, family-engaged screenings target health disparities and are proven effective. English-only approaches and BMI-only focus miss risk reduction and inclusivity.

Question: 1317

A unit's CAUTI (catheter-associated urinary tract infection) rate is above national averages. Audits reveal nonadherence to daily catheter necessity assessments. Which best reflects the CNL's next step?

- A. Ignore the audit findings
- B. Develop penalties for noncompliance
- C. Remove all urinary catheters immediately
- D. Implement a reminder system within the EHR to prompt daily assessment

Answer: D

Explanation: Embedding EHR-based reminders integrates assessment data and supports standardized, reliable clinical practice to improve outcomes.

Question: 1318

Routine lab orders include a D-dimer of 3000 ng/mL (elevated), but the nurse documents "WNL" (within normal limits) by mistake. What leadership action best addresses communication accuracy?

- A. Correct the record and educate using real-time feedback and scenario-based training
- B. Ignore if there is no immediate harm
- C. Report the nurse to HR
- D. Allow pattern to continue unless it becomes frequent

Answer: A

Explanation: Timely feedback and scenario training ensures understanding and prevents recurrence. Ignoring, punitive approaches, or tolerance allows for perpetuation of unsafe practices.

Question: 1319

A CNL is evaluating a CIS for catheter-associated urinary tract infection (CAUTI) documentation. The system requires input of catheter days (5 days) and urine output (1,200 mL/day). Nurses report excessive documentation time. What feedback should the CNL provide?

- A. Increase nurse training on CAUTI documentation protocols
- B. Streamline CIS to reduce redundant data entry
- C. Revert to paper-based CAUTI documentation

D. Survey patients on CAUTI prevention satisfaction

Answer: B

Explanation: Streamlining the CIS to reduce redundant data entry addresses documentation time concerns, improving efficiency. Increasing nurse training on CAUTI documentation protocols does not address system design issues. Reverting to paper-based documentation dismisses CIS benefits. Surveying patients on CAUTI prevention satisfaction does not improve documentation processes.

Question: 1320

A CNL is leading a quality improvement project to reduce medication errors in an outpatient clinic. Data shows 12% of prescriptions have incorrect dosages, with 80% linked to weight-based calculations (e.g., mg/kg). Using PDSA, which intervention should the CNL test in the “Do” phase?

- A. Conduct staff training on weight-based dosing
- B. Increase pharmacy reviews of prescriptions
- C. Implement a weight-based dosing calculator in the EHR
- D. Revise medication order templates

Answer: C

Explanation: Incorrect weight-based calculations drive 80% of dosing errors. Implementing a weight-based dosing calculator in the EHR directly addresses this issue by automating accurate calculations, aligning with the PDSA “Do” phase. Conduct staff training on weight-based dosing is supportive but less immediate. Increase pharmacy reviews of prescriptions is resource-intensive. Revise medication order templates doesn’t specifically target calculation errors.

Question: 1321

A new graduate nurse on the night shift reports feeling excluded by the day shift. As the CNL, which intervention supports team integration and retention?

- A. Ignore the complaint as normal adjustment
- B. Rotate new nurses off the night shift
- C. Facilitate a mentorship program pairing day and night staff
- D. Assign more experienced nurses only to night shifts

Answer: C

Explanation: A mentorship program breaks down barriers, fosters team integration, and supports new nurse retention, particularly across shifts.

Question: 1322

A Clinical Nurse Leader is developing an education program for patients with inflammatory bowel disease. A 40-year-old male with ulcerative colitis has a Mayo score of 8 and is on mesalamine 4.8 g daily. Which teaching point should be emphasized?

- A. Use over-the-counter antacids for symptom relief
- B. Monitor for weight gain monthly
- C. Take mesalamine only when symptoms worsen
- D. Adhere to a low-fiber diet during flares

Answer: D

Explanation: A low-fiber diet during ulcerative colitis flares reduces bowel irritation, aligning with evidence-based management. Monitoring weight gain is less relevant. Taking mesalamine only with symptoms risks inadequate disease control. Antacids are ineffective for ulcerative colitis symptoms.

Question: 1323

A Clinical Nurse Leader notes that non-English-speaking patients in the oncology microsystem miss 30% of follow-up visits. Which best addresses health disparities?

- A. Assigning these patients to a single provider
- B. Scheduling appointments only during business hours
- C. Implementing interpreter services and specialized educational resources
- D. Discontinuing specialty care for missed appointments

Answer: C

Explanation: Providing interpreters and appropriate education ensures comprehension and engagement, reducing disparities. Limiting hours, restricting providers, or discontinuing care exacerbate inequalities.

Question: 1324

A Clinical Nurse Leader assesses a microsystem for a diabetic population. Data show 30% of patients have an A1c >9%, and 25% miss follow-up due to scheduling issues. Which action best evaluates care needs?

- A. Conduct a workflow analysis to optimize scheduling
- B. Increase insulin doses for all patients with high A1c
- C. Order monthly A1c tests for all patients
- D. Standardize education without scheduling review

Answer: A

Explanation: Assessing microsystem needs requires analyzing workflows. A workflow analysis optimizes scheduling, addressing the 25% follow-up gap. Increasing insulin doses without assessment is unsafe.

Ordering monthly A1c tests is resource-intensive. Standardizing education without scheduling review misses the core issue.

Question: 1325

A 55-year-old patient with a BUN of 45 mg/dL and dehydration refuses IV fluids due to fear of needles. The physician insists on treatment, citing medical necessity. How should the Clinical Nurse Leader apply a patient-centered ethical framework?

- A. Explore alternative hydration methods with the patient
- B. Administer IV fluids under sedation
- C. Obtain a court order to enforce treatment
- D. Refer the case to the ethics committee immediately

Answer: A

Explanation: Exploring alternative hydration methods respects the patient's autonomy while addressing dehydration, aligning with patient-centered care. Administering fluids under sedation violates autonomy. Obtaining a court order is inappropriate without assessing capacity. Referring to the ethics committee is unnecessary unless a significant conflict persists. The Clinical Nurse Leader should collaborate with the patient to find acceptable solutions.

Question: 1326

A CNL is applying technology to improve pain management in post-operative patients. Data shows 30% of patients report pain scores >7/10 despite PCA pump use. Which strategy should the CNL employ?

- A. Adjust PCA pump settings to increase bolus doses
- B. Switch to oral analgesics for all patients
- C. Provide patient education on PCA pump use
- D. Implement a real-time pain score monitoring system

Answer: D

Explanation: Implementing a real-time pain score monitoring system leverages technology to track pain levels continuously, enabling timely interventions and aligning with CNL knowledge management competencies. Adjusting PCA pump settings risks overmedication without data. Patient education is important but less impactful than real-time monitoring. Switching to oral analgesics is not feasible for all post-operative patients.

Question: 1327

A Clinical Nurse Leader is addressing a conflict between a social worker and a nurse regarding discharge planning for a patient with complex needs. Which communication strategy should the Clinical Nurse Leader use to resolve this?

- A. Write a formal report to the hospital administration
- B. Instruct the nurse to follow the social worker's plan
- C. Reassign the patient to a different care team
- D. Facilitate a mediated discussion to clarify roles and align goals

Answer: D

Explanation: Facilitating a mediated discussion to clarify roles and align goals promotes collaboration and resolves conflict through open communication. Instructing the nurse to follow the social worker's plan dismisses the nurse's perspective. Reassigning the patient avoids the issue. Writing a report escalates unnecessarily without fostering collaboration.

Question: 1328

A hospital upgrades from ICD-10-CM to SNOMED CT for clinical problem list coding. What is the expected primary benefit relevant for clinical data exchange?

- A. Standardizes all nursing documentation formats
- B. Improves billing accuracy for Medicare patients
- C. Simplifies laboratory test order entry
- D. Enables more granular and interoperable data sharing

Answer: D

Explanation: SNOMED CT provides greater clinical data granularity and facilitates interoperable data exchange between systems. Billing accuracy and lab order entry can benefit, but are not the main reason for transition. Nursing documentation formats are not automatic outputs of coding standards.

Question: 1329

A Clinical Nurse Leader is coaching a nurse who struggles to prioritize care for a patient with a potassium level of 6.2 mEq/L. The patient is on telemetry showing occasional PVCs. What is the Clinical Nurse Leader's best coaching strategy?

- A. Demonstrate how to calculate the patient's anion gap
- B. Review the patient's ECG strip with the nurse
- C. Instruct the nurse to administer kayexalate immediately
- D. Guide the nurse to use the ABC prioritization framework

Answer: D

Explanation: A potassium level of 6.2 mEq/L (normal 3.5–5.0 mEq/L) and PVCs indicate hyperkalemia, a life-threatening condition requiring urgent prioritization. Guiding the nurse to use the ABC framework helps prioritize airway, breathing, and circulation, focusing on immediate risks. Calculating the anion gap is irrelevant, administering medication requires a provider order, and reviewing the ECG is less urgent

than prioritization.

Question: 1330

A patient with a potassium level of 2.8 mEq/L experiences PVCs on telemetry. The nurse hesitates to contact the provider. What action by the CNL strengthens patient safety and nursing autonomy?

- A. Make the call on behalf of the nurse
- B. Supervise and coach the nurse through provider communication using the SBAR
- C. Ignore telemetry changes
- D. Tell the nurse to wait until the next shift

Answer: B

Explanation: Coaching the nurse through SBAR supports skill building, clinical safety, and future autonomy, which is preferable to doing the task for them or ignoring the issue.

Question: 1331

A resident prescribes vancomycin at 1,500 mg every 8 hours for an elderly patient with a creatinine clearance of 22 mL/min. The pharmacist raises concerns about nephrotoxicity. Which action best balances ethical advocacy and legal standards?

- A. Document the pharmacist's concern without action
- B. Ignore and administer as prescribed
- C. Wait for symptoms to occur before intervening
- D. Adjust the dose based on evidence and consult the team

Answer: D

Explanation: Adjusting the dose and consulting the team ensures safe, evidence-based, and legally compliant care, prioritizing patient safety. Ignoring concerns or waiting for harm breaches ethical and legal duties. Documentation alone, without intervention, is insufficient.

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