

CCRN-Pediatric Test Sample Questions, Exam CCRN-Pediatric Simulations

CCRN Pediatric Practice Exam Questions and Answers 2024 from AACN

To promote effective grieving in a 6-year-old sibling following the death of an infant, the nurse should:

- A) Recommend that the sibling not attend the infant's memorial service
- B) Encourage the parents to minimize their expression of grief with the sibling
- C) Explain to the sibling that the infant went to heaven
- D) Explain to the sibling that thoughts and wishes did not cause the infant's death -
Answer: D) Explain to the sibling that thoughts and wishes did not cause the infant's death: At age 6, children may take words literally and because of their egocentrism, they believe that thoughts are all-powerful. They may truly believe they caused the death of their sibling. A simple, honest explanation of why the sibling died is indicated. This intervention is consistent with Caring Processes.
- A) Recommend that the sibling not attend the infant's memorial service: This intervention is not a solution to the problem and will not promote effective grieving for the sibling. It is not consistent with Caring Processes.
- B) Encourage the parents to minimize their expression of grief with the sibling: This intervention will lead to ineffective grieving for the sibling and is not consistent with Caring Processes
- C) Explain to the sibling that the infant went to heaven: This intervention will not address the sibling's problem

A 5-year-old with a history of congenital hydrocephalus and VP shunt placement at four weeks of age is admitted with increased somnolence, decreased appetite, and increased complaints of headache. This morning the child vomited twice. The nurse should anticipate:

- A) The physician ordering lumbar puncture and blood and urine cultures
- B) the patient having a CT scan followed by possible shunt revision
- C) Administering mannitol or hypertonic saline
- D) Administering phenytoin (Dilantin) or fosphenytoin (Cerebyx) -
Answer: B) The patient having a CT scan followed by possible shunt revision: This patient is demonstrating signs of increased intracranial pressure. The most likely etiology is malfunction of the VP shunt as a result of blockage or disconnection, which is particularly likely over time as the child grows. The definitive diagnosis is made by a CT scan and a shunt series. Surgical intervention for a shunt revision would be indicated.
- A) The physician ordering lumbar puncture and blood and urine cultures: These interventions will not address the most likely primary problem, which is suspected VP shunt malfunction. Additionally, lumbar puncture is contraindicated in the presence of increased intracranial pressure, because downward herniation of the brainstem can occur.
- C) Administering mannitol or hypertonic saline: These medications are indicated for the medical management of increased intracranial pressure, of which this patient has

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Challenge is omnipresent like everywhere. By eliciting all necessary and important points into our CCRN-Pediatric practice materials, their quality and accuracy have been improved increasingly, so their quality is trustworthy and unquestionable. There is a bunch of considerate help we are willing to offer. Besides, according to various predispositions of exam candidates, we made three versions for your reference. Untenable materials may waste your time and energy during preparation process.

To be eligible for the AACN CCRN-Pediatric exam, nurses must have a current, unrestricted RN license in the United States and have worked at least 1,750 hours in direct care of acutely/critically ill pediatric patients within the last two years. Nurses who meet these requirements can register to take the exam and receive study materials from the AACN.

AACN CCRN-Pediatric (Critical Care Nursing) Certification Exam is a certification exam designed for nurses who work in critical care and are seeking to validate their knowledge and skills in pediatric critical care nursing. CCRN-Pediatric Exam is administered by the American Association of Critical-Care Nurses (AACN), which is the largest specialty nursing organization in the world.

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for the exam, spending much time on them you may improve the chance of winning. However, our CCRN-Pediatric training materials can offer better condition than traditional practice materials and can be used effectively. We treat it as our major responsibility to offer help so our CCRN-Pediatric Practice Guide can provide so much help, the most typical one is their efficiency.

AACN CCRN-Pediatric Certification Exam is a rigorous exam that assesses a nurse's knowledge and skills in the care of critically ill pediatric patients. Achieving certification through CCRN-Pediatric exam demonstrates a nurse's commitment to providing high-quality care and can lead to career advancement opportunities. Nurses who are interested in taking the exam should familiarize themselves with the eligibility requirements and prepare thoroughly for the exam.

AACN Critical Care Nursing Exam Sample Questions (Q85-Q90):

NEW QUESTION # 85

An infant had a surgery to correct imperforate anus. A colostomy was performed before having an Anoplasty. In what position should a nurse place the client?

- A. prone the head elevated in a pillow
- B. trendelenburg's position
- C. buck's traction
- D. supine with the head elevated

Answer: D

Explanation:

Explanation: Supine position with the head elevated is preferred to prevent pressure on the abdominal area. Buck's traction would put pressure and contamination by feces. Other options would put pressure on the abdominal area.

NEW QUESTION # 86

The primary pulmonary pathophysiological change leading to respiratory distress syndrome (RDS) is:

- A. Increased alveolar-capillary membrane permeability
- B. Thinning of alveolar membrane
- C. Pulmonary vascular hypertension
- D. Increased surfactant production

Answer: A

Explanation:

Neonatal Respiratory Distress Syndrome (RDS) is primarily caused by surfactant deficiency, which results in alveolar collapse and increased permeability of the alveolar-capillary membrane. This leads to pulmonary edema, impaired gas exchange, and hypoxemia. "The hallmark of RDS is increased permeability of the alveolar-capillary membrane, which allows fluid to leak into alveoli, contributing to atelectasis and reduced oxygenation. Surfactant deficiency is the initiating factor." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Neonatal RDS Pathophysiology) Increased surfactant production would be protective, not pathological. Pulmonary vascular hypertension can occur secondarily but is not the initiating pathophysiology.

NEW QUESTION # 87

A child presents with new-onset right-sided weakness, slurred speech, and headache. Which chronic condition most likely predisposes the child to this presentation?

- A. Sickle cell anemia
- B. Muscular dystrophy
- C. Diabetes
- D. Chronic renal failure

Answer: A

Explanation:

Sickle cell anemia is strongly associated with pediatric stroke, especially in children with HbSS. Sickled red cells can occlude cerebral vessels, leading to ischemic strokes often presenting with focal deficits, such as hemiparesis or speech changes.

"Children with sickle cell anemia are at significantly increased risk for ischemic stroke. Stroke is a major neurologic complication,

particularly in those with prior vaso-occlusive episodes." (Referenced from CCRN Pediatric - Direct Care: Neurological, Hemoglobinopathies and Stroke Risk)

NEW QUESTION # 88

A child who nearly drowned received CPR, was resuscitated quickly, and regained consciousness. What should the nurse anticipate?

- A. Life-threatening respiratory complications may develop
- B. Severe electrolyte imbalances may be present
- C. Ventricular arrhythmias may occur
- D. The patient does not require intensive care

Answer: A

Explanation:

Even with a good initial response, delayed respiratory complications, such as acute respiratory distress syndrome (ARDS) or pulmonary edema, can develop within 24-48 hours after submersion. All pediatric near-drowning cases should be monitored in an ICU setting for at least 24 hours.

"Post-submersion patients are at high risk for delayed onset ARDS. Observation in a monitored setting is essential regardless of initial neurologic status." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Submersion Injuries and Post-Resuscitation Care)

NEW QUESTION # 89

A 10-year-old child presents with peri-umbilical pain, rebound tenderness, nausea, and fever up to 102° F (38.9°C). The pain prevents him from standing up straight. Which of the following should a nurse anticipate first?

- A. Consult pediatric surgery
- B. Initiate oral rehydration
- C. Insert a nasogastric tube
- D. Administer antiemetics

Answer: A

Explanation:

This child presents with classic signs of acute appendicitis potentially progressing to peritonitis or perforation. The priority is to consult pediatric surgery immediately, as delaying surgical evaluation can lead to worsening complications, including sepsis.

"Clinical presentation of acute appendicitis includes right lower quadrant or peri-umbilical pain, nausea, fever, and rebound tenderness. Surgical consultation is the priority in suspected appendicitis." (Referenced from CCRN Pediatric - Direct Care: Gastrointestinal, Acute Abdomen and Surgical Emergencies)

NEW QUESTION # 90

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