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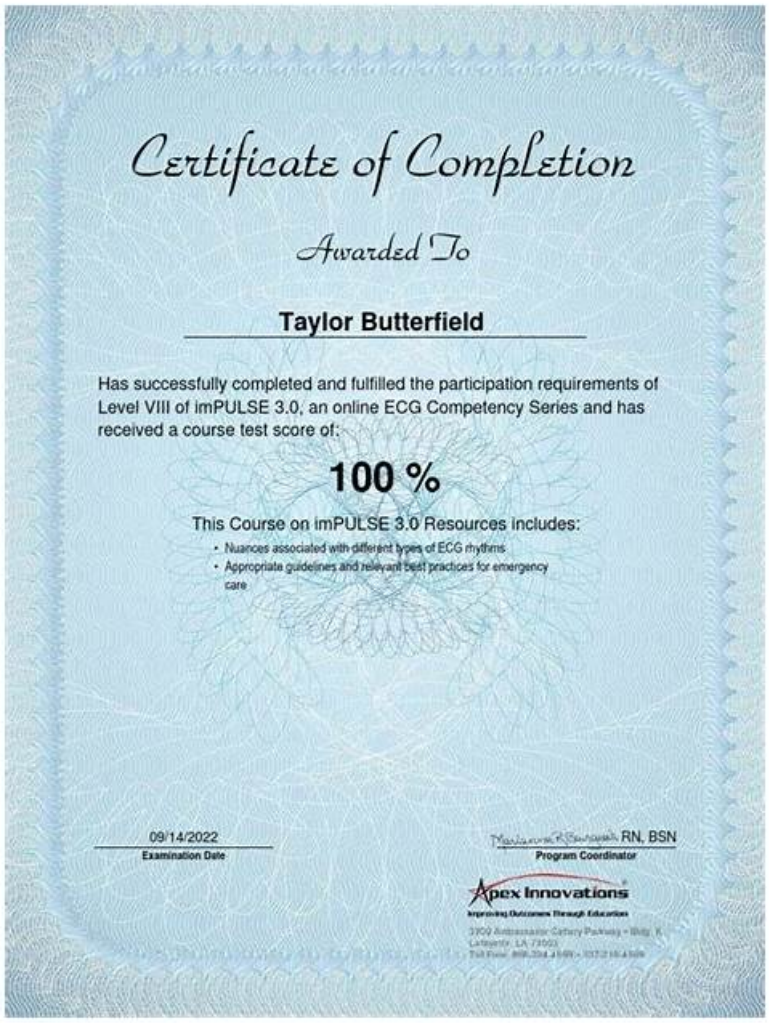

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AACN CCRN-Pediatric: Critical Care Nursing Exam Reference

The AACN CCRN-Pediatric Exam covers a wide range of topics related to pediatric critical care nursing, including cardiovascular, pulmonary, neurologic, gastrointestinal, hematology/oncology, and multisystem disorders. It also includes questions related to patient assessment, hemodynamic monitoring, pharmacology, and ethical and legal issues in critical care nursing. CCRN-Pediatric exam is intended to test the nurse's ability to apply their knowledge and skills in real-life situations and to provide safe and effective care to critically ill pediatric patients.

Exam Requirements of AACN CCRN-Pediatric: Critical Care Nursing Exam

Candidates must have a current, unencumbered Registered Nurse credential to pass the CCRN test. The certificate should also be

given in the United States without restrictions and without any kind of state nursing board limiting requirements.

- Option 2: The applicant must have at least five years of registration or APRN involvement, with at least 2,000 hours of practice providing patients as directly as really sick grownups. 144 of these hours must be earned during one of the latest years ahead of the submission.
- Option 1: the candidate should have 1.750 hours of technical time as an APRN or nurse practitioner in the past two years, which will provide patients who are straight as severely ill. In the most recent year preceding application, 875 of these hours should be earned.
- Both scientific practices criteria must be met by applicants.

All these exam requirements are clearly explained in the **AACN CCRN Pediatric exam dumps**.

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AACN Critical Care Nursing Exam Sample Questions (Q136-Q141):

NEW QUESTION # 136
A 6-year-old with WPW syndrome and SVT episodes is admitted. What intervention is anticipated?

- A. Administration of a digitalizing dose of digoxin
- B. 24-hour Holter monitoring
- C. Cardiac catheterization for ablation
- D. Placement of an automatic internal cardioverter defibrillator

Answer: C

Explanation:
Wolff-Parkinson-White (WPW)syndrome involves anaccessory conduction pathwaycausingreentrant tachycardias.Catheter ablationis thedefinitive treatment, especially in symptomatic children.Digoxin is contraindicatedin WPW as it may enhance conduction through the accessory pathway.
"Catheter ablation is the treatment of choice for recurrent or refractory supraventricular tachycardia in WPW. Digoxin should be avoided in pre-excitation syndromes." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Supraventricular Tachycardia and WPW Management)

NEW QUESTION # 137
A nurse is aware that the concept that a developmentally disabled pediatric client could probably learn first is:

- A. right vs. wrong
- B. small vs. large
- C. life vs. death
- D. love vs. hate

Answer: B

Explanation:
Explanation: Small vs large is the concept that a developmentally disabled pediatric client could probably learn first. A child who is mentally disabled can learn concrete concepts faster compared to those which re-abstract in nature. Other options are abstract that could be learned at about 7-11 years of life

NEW QUESTION # 138
What is the most common cause of neurologic dysfunction associated with spinal cord injury?

- A. Intervertebral disc compression
- B. Cerebral edema
- C. Cord edema
- D. Vertebral body fracture

Answer: C

Explanation:
Spinal cord edemais the most common and immediate cause ofneurological impairmentafter spinal trauma.
Swelling can compress the cord and impede circulation, leading tosecondary injurybeyond the initial mechanical trauma.
"Cord edema is a leading cause of secondary neurologic damage following spinal injury. Early identification and management are critical to preserving function." (Referenced from CCRN Pediatric - Direct Care: Neurological, Spinal Cord Injury and Secondary Neurologic Injury)

NEW QUESTION # 139
During ablation of a child's marrow in preparation for bone marrow transplantation, a nurse should monitor for which of the following complications?

- A. Respiratory distress and infection
- B. Stomatitis and dehydration
- C. Dehydration and bleeding
- D. Infection and bleeding

Answer: D

Explanation:
Myeloablationprior to bone marrow transplantdestroys bone marrow cells, leading toprofound neutropenia and thrombocytopenia.
As a result, patients are atextremely high risk for infection and bleeding, requiring close monitoring, isolation, and transfusion support.
"Pre-transplant conditioning regimens cause neutropenia and thrombocytopenia, making infection and bleeding the primary complications during marrow ablation." (Referenced from CCRN Pediatric - Direct Care: Hematology, Bone Marrow Transplantation and Myelosuppression)

NEW QUESTION # 140
A child with spinal muscular atrophy type I (SMA) is admitted with respiratory syncytial virus (RSV).
The child is hypotonic and tachypneic with moderate subcostal retractions and nasal flaring. After suctioning, the child's respiratory status does not improve. Arterial oxygen saturations are 93% with an FiO# of 50%. Which of the following interventions should the nurse anticipate next?

- A. Administration of antibiotics
- B. Non-invasive positive pressure ventilation
- C. Intubation and mechanical ventilation
- D. Inhaled beta-agonist administration

Answer: C

Explanation:
Children withSMA Type Ihave profound muscle weakness, including respiratory muscles. RSV increases respiratory workload, and once non-invasive measures and suctioning fail,intubation and mechanical ventilationare indicated to reduce fatigue and support gas exchange.
"Patients with neuromuscular disorders such as SMA are at increased risk for respiratory failure during acute infections. Mechanical ventilation is required when oxygenation does not improve with non-invasive methods or when respiratory fatigue is evident." (Referenced from CCRN Pediatric - Direct Care: Pulmonary Disorders and Neuromuscular Disease) O# saturations in the low 90s despite 50% FiO# signal worsening gas exchange. Non-invasive support may be inadequate in the setting of hypotonia and viral pneumonia.

NEW QUESTION # 141
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