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CCRN Pediatric Practice Exam Questions from AACN with Answers 2024

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.

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what we are doing for patients and enables us to start connecting and identifying ourselves within the context of the results of groups of patients.

AACN CCRN-Pediatric (Critical Care Nursing) Certification Exam is a rigorous certification exam designed for pediatric nurses who have a passion for critical care nursing. CCRN-Pediatric exam is offered by the American Association of Critical-Care Nurses (AACN), which is a professional organization dedicated to advancing the practice of critical care nursing. The AACN CCRN-Pediatric Certification Exam is designed to test a nurse's knowledge and skills in caring for critically ill pediatric patients.

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AACN Critical Care Nursing Exam Sample Questions (Q110-Q115):

NEW QUESTION # 110

Dietary restriction in a child who has Hemocystenuria will include which of the following amino acid:

- A. Isolensine tryptophase
- B. Valine
- C. **Methionine**
- D. Lysine

Answer: C

Explanation:

Explanation: Hemocystenuria is the elevated excretion of the amino acid hemocystiene, and there is inability to convert the amino acid methionine or cystiene. Therefore dietary restriction of these amino acids is advised.

NEW QUESTION # 111

The nurse is aware that the reason why vaso-occlusive pain occurs among patient with sickle cell anemia is:

- A. decreased RBC production by the bone marrow
- B. depression I the circulating platelets
- C. pooling of blood in the spleen
- D. **blockage of small blood vessels with dumped RBC's**

Answer: D

Explanation:

Explanation: RBC's in sickle cell anemia are fragile. When hypoxia or dehydration occurs the cells become crescent shaped then they clump together to occlude blood vessels.

NEW QUESTION # 112

A pre-schooler is being prepared for an ear surgery in an ambulatory care facility. When the child is called to go to the operating room, the nurse should:

- A. Allow the child to walk from the unit.

- B. Allow the parents to accompany the child until he is sedated.
- C. Remove the child's toy.
- D. Ask the parents to leave the room and wait outside.

Answer: B

Explanation:

Explanation: Most health institutions allow the parents accompany the child until he is sedated and to stay with the child as long as possible. This minimizes the stress related to fearful events. Also, current theory is consistent that parents should remain during the induction of anesthesia due to parent's positive feedback.

NEW QUESTION # 113

A nurse is conducting a community teaching on issues of childhood safety. Which of the following age group are at the highest risk for poisoning?

- A. 14 year-old who likes to repair bicycles
- B. 7 month-old who stays with a brother 5 days a week
- C. 6 year-old who occasionally stays at home unattended
- D. 21 month-old who has just learned to climb stairs

Answer: D

Explanation:

Explanation: Toddlers are at most risk for poisoning because they are increasingly mobile, need to explore and engage in autonomous behavior.

NEW QUESTION # 114

A 6-month-old patient presents with bronchiolitis and respiratory distress. Upon admission, the patient has mild retractions, scattered crackles, copious secretions, diarrhea with significant diaper dermatitis, and weight/height/head circumference less than the 5th percentile. The patient's vital signs are:

- * BP: 80/45
- * HR: 150
- * RR: 42
- * Temp: 98.8°F (37.1°C)
- * SpO₂: 96% on 4L heated high flow nasal cannula

A nurse should consider that the patient:

- A. Needs CPAP
- B. Requires a nutrition assessment
- C. Needs an arterial blood gas
- D. Requires a wound care consult

Answer: B

Explanation:

This patient demonstrates failure to thrive (FTT) as evidenced by growth parameters below the 5th percentile and signs of malabsorption (diarrhea, dermatitis). While respiratory issues are present, the GI/nutritional status is a critical concern that must be addressed for recovery and long-term health.

"Patients with chronic illness, diarrhea, and poor weight gain should receive early and comprehensive nutritional assessments. Malnutrition exacerbates respiratory disease and delays recovery." (Referenced from CCRN Pediatric - Direct Care: Gastrointestinal and Nutritional Considerations)

NEW QUESTION # 115

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