

Quiz AACN - Authoritative CCRN-Pediatric - Critical Care Nursing Exam Exam Assessment

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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AACN Critical Care Nursing Exam Sample Questions (Q118-Q123):

NEW QUESTION # 118

A patient on peritoneal dialysis has high blood glucose. Most likely cause is:

- A. Systemic corticosteroids
- B. Decreased pancreatic function
- C. Glucose in the dialysate
- D. Increased glucagon release

Answer: C

Explanation:

Peritoneal dialysis uses dialysate fluid that contains glucose to create an osmotic gradient for fluid removal.

This glucose can be absorbed into the bloodstream, especially with prolonged dwell times, resulting in hyperglycemia, particularly in pediatric patients with small body mass.

"Glucose in peritoneal dialysis solutions may be systemically absorbed, causing elevated serum glucose levels, particularly in pediatric and insulin-sensitive patients." (Referenced from CCRN Pediatric - Direct Care: Endocrine/Renal, Dialysis Complications)

NEW QUESTION # 119

A teenage patient has an abrasion on her right forearm after a fall from a bicycle 3 days ago. The arm is cool, pale, and tight, capillary refill is greater than 5 seconds, and movement of her fingers is limited.

Which of the following should a nurse anticipate as the initial treatment?

- A. Fluid bolus and antibiotic administration
- B. Incisional fasciotomy
- C. X-ray of the right forearm
- D. Application of an immobilizing device

Answer: B

Explanation:

This clinical picture is classic for compartment syndrome: a surgical emergency. Symptoms include cool extremity, prolonged capillary refill, pain, paresthesia, and loss of motor function. Fasciotomy is the definitive treatment to relieve pressure and prevent permanent damage.

"Compartment syndrome requires immediate fasciotomy. Delay in intervention may lead to muscle necrosis and permanent disability." (Referenced from CCRN Pediatric - Direct Care: Musculoskeletal, Orthopedic Trauma and Emergencies)

NEW QUESTION # 120

A 14-year-old post-MVC receives massive transfusion. Later, the abdomen is rigid. Which finding suggests abdominal compartment syndrome?

- A. Polyuria
- B. Oliguria
- C. Decreased PIP
- D. Decreased RA pressure

Answer: B

Explanation:

Abdominal compartment syndrome (ACS) occurs when intra-abdominal pressure increases, impairing organ function. Oliguria is a key early sign due to decreased renal perfusion. Other signs may include increased ventilator pressures (PIP), hypotension, and a tense/distended abdomen.

"Oliguria and increased abdominal girth following trauma or transfusion suggest early abdominal compartment syndrome."

NEW QUESTION # 121

A 3-year-old near-drowning child who is intubated and mechanically ventilated exhibits increased peak inspiratory pressures and decreased O₂ saturation. Stat chest x-ray reveals diffuse pulmonary infiltrates. No improvement is exhibited after an increase in FiO₂. The nurse should suspect:

- A. Pneumothorax
- B. **Respiratory distress syndrome (RDS)**
- C. ET tube displacement
- D. Aspiration pneumonitis

Answer: B

Explanation:

Following near-drowning, the child may developpediatric acute respiratory distress syndrome (PARDS).

This manifests as non-cardiogenic pulmonary edema with diffuse alveolar damage, resulting in poor oxygenation and elevated airway pressures.

"In cases of near-drowning, the patient may progress to ARDS with bilateral pulmonary infiltrates and refractory hypoxemia despite increasing FiO₂. Mechanical ventilation strategies should be adjusted accordingly." (Referenced from CCRN Pediatric - Direct Care: Pulmonary Dysfunction and Ventilator Management)

NEW QUESTION # 122

A 2 year old boy was scheduled for an emergency surgery. It is noted that the mother is 16 year old and the father is 17 year old. The child's father and paternal grandfather, who care for the baby, are at the bedside. Informed consent should be signed by:

- A. Surgeon and attending physician
- B. the 16 year old mother
- C. **the 17 year old father**
- D. Paternal grandfather

Answer: C

Explanation:

Explanation: The child's father should be the one to sign the consent regardless of his age. In this case, parenthood confers the rights of an adult to the teenager. Informed consent can also be signed by the mother if she is present. Option D is valid only if there's no relative that is present or if there's not enough time to obtain consent considering the condition of the patient.

NEW QUESTION # 123

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