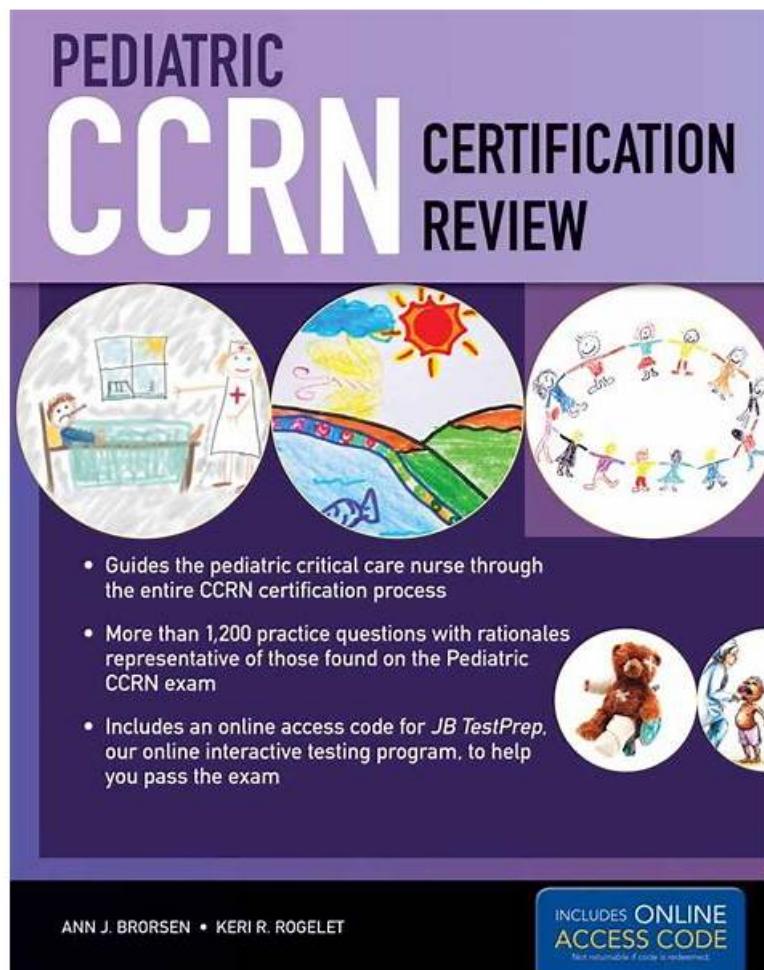


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AACN Critical Care Nursing Exam Sample Questions (Q139-Q144):

NEW QUESTION # 139

During a discussion with a group of mother, the nurse informs that scoliosis is most notable when a child reaches the age of

- A. 15-18 years
- B. 7-9 years
- **C. 10-12 years**
- D. 3-6 years

Answer: C

Explanation:

Explanation: Preadolescence is the time when scoliosis is most likely to become evident. Although scoliosis may occur at any age like in the case of idiopathic scoliosis, the most common type tends to become evident during preadolescent years.

NEW QUESTION # 140

A 13-year-old with systemic lupus erythematosus has hypotension, CVP of 15 mm Hg, cool extremities, gallop rhythm, and coarse breath sounds. What treatment is expected?

- **A. Inotropic support**
- B. Colloid volume resuscitation
- C. Isotonic volume resuscitation
- D. Ventilatory support

Answer: A

Explanation:

These signs suggest myocardial dysfunction with volume overload (elevated CVP and lung congestion).

Further fluid would worsen the condition. Inotropic support (e.g., milrinone, dobutamine) is appropriate to improve contractility and cardiac output.

"In SLE-related myocarditis or cardiac involvement, inotropes are indicated when volume overload is present with poor perfusion." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Myocarditis and Inotropic Therapy)

NEW QUESTION # 141

What explanation would a nurse give to a parent of a pediatric client who will undergo a cardiac catheterization:

- A. it will determine the degree of heart muscle problem
- B. it will confirm if there is a pansystolic murmur.
- C. it will establish the presence of heart muscle hypertrophy.
- **D. it will identify specific location of the defect.**

Answer: D

Explanation:

Explanation: The procedure will identify the exact location of ventricular septal defect and also assess pulmonary pressure. Other options can be identified by using ECG and stethoscope.

NEW QUESTION # 142

Which of the following interventions would be included in the plan of care for a child with juvenile rheumatoid arthritis to reduce joint pain in the morning just after arising?

- A. Having the child sleep with the joints flexed
- B. Awakening the child once nightly to exercise the joints

- C. Increasing pain medication at bedtime
- D. Having the child sleep in a sleeping bag

Answer: D

Explanation:

Explanation: Sleeping in a sleeping bag keeps the joints warm, therefore more flexible. Thus, joint pain in the morning would be lessened. Increasing bedtime pain medications may help the child sleep but will not decrease early morning stiffness. The child's joints should be kept in an extended position during sleep to maintain function. Lack of sleep such as from awakening the child at night for exercises is a stressor that can lead to exacerbation of juvenile rheumatoid arthritis.

NEW QUESTION # 143

An infant with bronchiolitis is intubated and mechanically ventilated. ABG:

- * pH: 7.31
- * PaCO₂: 62 mmHg
- * PaO₂: 50 mmHg
- * HCO₃: 26 mEq/L

Which radiologic finding is most likely?

- A. Atelectasis
- B. Pneumothorax
- C. Hypoventilation
- D. Pleural effusion

Answer: C

Explanation:

Bronchiolitis causes lower airway obstruction, air trapping, and hypoventilation. On chest radiographs, hypoventilation (low lung volumes) and peribronchial thickening are common. The ABG shows respiratory acidosis and hypoxemia, consistent with bronchiolar obstruction and hypoventilation.

"In bronchiolitis, hypoventilation and peribronchial thickening are typical CXR findings. ABG shows respiratory acidosis with hypoxemia in severe cases requiring ventilation." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Bronchiolitis and Ventilatory Support)

NEW QUESTION # 144

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