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Pediatric CCRN Exam Study Guide Questions with Complete Solutions 2025

SIADH Labs/Diagnostics - Correct Answer -Hyponatremia (yet euvoletic) Na<135

- Decreased serum osmolality (<280)
- Increased serum urine osmolality (>100)
- Urine sodium >20
- Renal, cardiac, thyroid function normal
- Spec grav INCREASED

DI labs - Correct Answer *urine chemistry*:

- think *DILUTE*
- >>decreased spec gravity (<1.005)
- >>decreased urine osmolality
- >>decreased urine pH, Na, and K

Serum chemistry

- think *CONCENTRATED*
- >>increased serum osmolality (>300mOsm/l)
- >>increased serum Na and K

Radioimmunoassay: decreased ADH

SIADH causes - Correct Answer TBI, HIE, injury to hypothalamus or post pituitary

SIADH Patho - Correct Answer excess ADH fluid retention, decreased serum osm(low solute to H2O ratio), dilutional hyponatremia (a fast drop leads to neuro change)

SIADH tx - Correct Answer Fluid restriction, IV hypertonic saline SLOWLY to prevent central pontine myelinolysis,

conivaptan/tolvaptan, *demeclocycline*

Stop cyclophosphamide

Loop diuretics

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AACN Critical Care Nursing Exam Sample Questions (Q18-Q23):

NEW QUESTION # 18

A 3-year-old heart transplant patient is experiencing signs of rejection. Which of the following best supports this?

- A. HR of 145 and urine output of 0.5/kg/hr
- B. BP of 98/55 and RR of 34
- C. Serum glucose of 230 mg/dL and LDL of 184
- D. Bilaterally diminished breath sounds

Answer: A

Explanation:

Tachycardia and decreased urine output are early clinical signs of cardiac allograft rejection in pediatric transplant recipients. Because transplanted hearts are denervated, tachycardia is often the first compensatory response to decreased cardiac output, while low urine output reflects end-organ hypoperfusion.

"Rejection may present subtly with signs like persistent tachycardia, fatigue, or poor perfusion. Urine output is a sensitive measure of systemic perfusion." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Heart Transplant Rejection Indicators)

NEW QUESTION # 19

A nurse is caring for a toddler with atopic dermatitis. The nurse should instruct the mother to:

- A. keep the baby away from other children while rashes are present.
- B. dress the child warmly to avoid chilling
- C. clean the affected areas with tepid water and detergent
- D. wrap the baby's hands in mittens or socks to prevent scratching

Answer: D

Explanation:

Explanation: A child with atopic dermatitis needs to have short fingernails and covered so the child will not be able to scratch the lesions, thereby causing new lesions and possible a secondary infection.

NEW QUESTION # 20

Which of the following statements by the family of a child with asthma indicates a need for additional teaching:

- A. "He is to use bronchodilator inhaler before steroid inhaler"
- B. "We'll make sure he avoids exercise to prevent asthma attacks"
- C. "We need to identify what things triggers his attacks"
- D. "he should increase his fluid intake regularly to thin secretions"

Answer: B

Explanation:

Explanation: Asthmatic children don't have to avoid exercise. They can participate on physical activities as tolerated. Using a bronchodilator before administering steroids is correct because steroids are just anti-inflammatory and they don't have effects on the dilation of the bronchioles.

NEW QUESTION # 21

A 7-year-old girl tells the nurse that several of her classmates teased her. The school nurse should respond correctly if she tells:

- A. "This things happens to everyone"

- B. "has this happened before"
- C. "tell me more about what happened"
- D. "Were they boys or girls"

Answer: C

Explanation:

Explanation: The school nurse will respond correctly is she tells "tell me more about what happened." The child has not stated why the teasing happened. Asking for clarification in a non threatening manner will be the first step of the assessment.

NEW QUESTION # 22

Baby James weighs 6.2 lbs at birth, after 3 days he weighs 5% less than 6.2 lbs. The nurse is aware that the weight loss is a result of:

- A. imbalance between intake and fluid loss
- B. gastrointestinal obstruction
- C. infection caused by virus or bacteria
- D. a generalized muscle response to stimulation

Answer: A

Explanation:

Explanation: The intake of milk is gradual and small, at the same time, there is a loss of extracellular fluid primarily in the form of stool and urine.

NEW QUESTION # 23

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