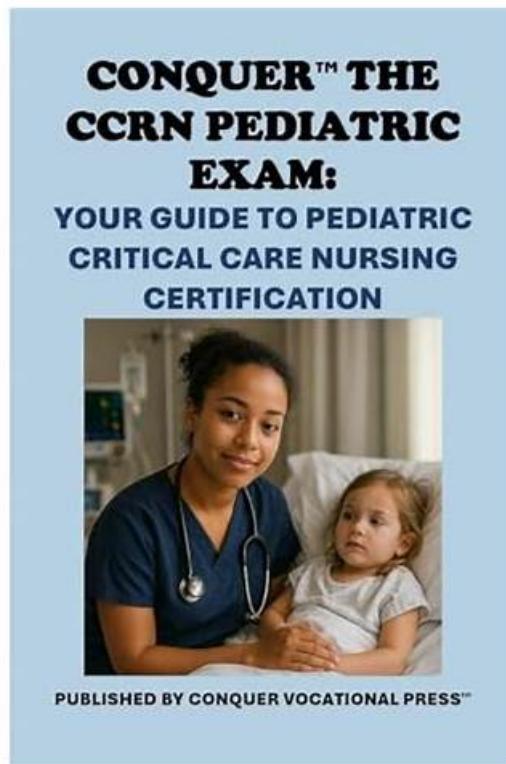


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The CCRN-Pediatric exam is a computer-based test that assesses a nurse's knowledge and skills in the care of critically ill children, including infants, toddlers, and adolescents. CCRN-Pediatric exam consists of 150 multiple-choice questions and covers a range of topics related to pediatric critical care, such as cardiovascular, respiratory, neurological, and gastrointestinal systems, as well as trauma, pharmacology, and ethical considerations. Nurses who pass the exam earn the CCRN-Pediatric certification, which is valid for three years and can be renewed through continued education and professional development.

To be eligible to take the CCRN-Pediatric Exam, nurses must have a current, unrestricted RN license in the United States, as well as a minimum of 1,750 hours of direct bedside care of critically ill pediatric patients in the previous two years. Nurses can prepare for the exam by using study materials provided by AACN, attending review courses, and/or participating in online practice exams. Achieving the CCRN-Pediatric Certification demonstrates a nurse's commitment to providing high-quality care for critically ill pediatric patients and can enhance career opportunities in pediatric critical care nursing.

AACN CCRN-Pediatric exam is designed for nurses who work in critical care settings and specialize in pediatrics. CCRN-Pediatric exam is administered by the American Association of Critical-Care Nurses (AACN) and is used to certify nurses as Pediatric Critical Care Registered Nurses (PCCN). Critical Care Nursing Exam certification demonstrates a nurse's advanced knowledge and skills in providing care to critically ill pediatric patients.

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AACN Critical Care Nursing Exam Sample Questions (Q73-Q78):

NEW QUESTION # 73

An infant was diagnosed of Tetralogy of Fallot. The nurse assessed that the infant is underweight. What could be the reason behind this problem:

- A. recurrent respiratory infections due to pulmonary hypertension.
- **B. deficient caloric intake due to activity intolerance.**
- C. Polycythemia brought by a decreased in the level of arterial PO₂.
- D. Cerebral changes due to cyanosis.

Answer: B

Explanation:

Explanation: Inadequate weight gain happens because the infant tires very easily, sufficient calories cannot be ingested to meet the nutritional needs. Other options do occur but they are indirectly related to weight gain.

NEW QUESTION # 74

In a 3-year-old diagnosed with hemolytic uremic syndrome, which of the following findings requires immediate intervention?

- A. ECG showing PR interval of 0.12 sec
- **B. ECG showing peaked, tented T waves**
- C. Weight gain of 2 kg in 24 hours
- D. Positive guaiac test and 3+ protein in the urine

Answer: B

Explanation:

Peaked T waves on ECG are a hallmark of hyperkalemia, which is a life-threatening electrolyte imbalance commonly seen in hemolytic uremic syndrome (HUS) due to acute kidney injury. This requires immediate intervention to prevent cardiac arrhythmias.

"In patients with HUS, hyperkalemia is a critical electrolyte disturbance. Peaked T waves are a warning sign of impending cardiac complications and demand emergent treatment." (Referenced from CCRN Pediatric - Direct Care: Renal, Hemolytic Uremic Syndrome and Electrolyte Emergencies)

NEW QUESTION # 75

A 5-week-old infant tightly grasps a little toy placed in his hands. The mother was impressed with this ability. The nurse on duty should explain that this is:

- A. a pincer grasp reflex which will disappear in about 3-4 months of life.
- **B. a palmar grasp reflex that is expected at this age group.**
- C. an unusual behavior that needs further evaluation.
- D. a behavior that is usually observed in an older infant.

Answer: B

Explanation:

Explanation: In a case when the infant tightly grasps a toy in his hands, the nurse should explain to the mother that this is an involuntary behavior termed as the palmar grasp reflex is at its peak at 4 weeks of age and normally disappears at 3-4 months of age. Pincer grasp is a fine motor behavior which begins at 8 months of age.

NEW QUESTION # 76

A family member has not left a child's bedside in 3 days and says, "I would leave, but I don't know where to go." The best nursing response is:

- A. "Do you have a friend you could call to take you out?"
- B. "Would you like me to bring you some new magazines to read?"
- C. "Where do you normally go to relax and de-stress?"
- D. "I can print off a list of area restaurants and shopping for you."

Answer: C

Explanation:

This response uses reflective, supportive communication and encourages the family member to connect with their own coping mechanisms and preferences. It shows empathy, builds rapport, and helps the individual think about self-care without directing them or dismissing their feelings.

"Psychosocial support includes guiding family members to express their feelings and reconnect with their coping resources. Open-ended, supportive questions are most therapeutic." (Referenced from CCRN Pediatric - Direct Care: Psychosocial, Family Stress and Coping in Critical Illness)

NEW QUESTION # 77

A mother brings her 18-month-old child to the clinic because the child "eats ashes, crayons, and paper." Which of the following information would be most important to obtain first about this toddler?

- A. experiencing a growth spurt
- B. eating a soft, low-roughage diet
- C. currently cutting large teeth
- D. experiencing changes in the home environment

Answer: D

Explanation:

Explanation: It is important to determine if the child is experiencing any change in the home environment that could cause anxiety that is relieved through oral gratification. A craving to eat nonfood substances is known Aspica.

NEW QUESTION # 78

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