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CCRN Pediatric Practice Exam Questions from AACN

A 1-month antique toddler provides with failure to thrive, common vomiting and irritability for the reason that delivery. The mom reviews having another toddler with the equal signs who died at 2 months of age. Which extra assessment locating could cause the nurse to suspect an inborn mistakes of metabolism?

- A) Micrognathia
- B) Microglossia
- C) Petite Facial Features

D) Musty Urine Odor - ANS-Answer: D) Musty urine odor: This is a common indicator of a metabolic disease, specially with a own family records of siblings demise early

- A) Micrognathia: This is not associated with an inborn errors of metabolism
- B) Microglossia: This isn't always associated with an inborn mistakes of metabolism
- C) Petite Facial Features: This isn't related to an inborn errors of metabolism

A 1-12 months-vintage who is ventilator established has been hospitalized due to the fact that birth. The doctor has indicated that the patient can be discharged home with a tracheostomy and a gastrostomy in one week. In order to decide the release wishes of the patient, the nurse need to set up for:

- A) Home nursing take care of the primary few days following discharge
- B) A social employee to meet with the family and determine adequacy of the house surroundings

C) An outreach educator to decide the gaining knowledge of wishes of the family
D) A multidisciplinary care convention earlier than discharge - ANS-Answer: B) A social worker to satisfy with the family and examine adequacy of the home environment: The first pre-discharge priority for a generation-dependent baby is to evaluate the adequacy of the house environemtn. Further discharge planning is then primarily based at the needs of the affected person and own family.

A) Home nursing care for the primary few days following discharge: While domestic nursing care can be wished after discharge, the primary pre-discharge priority in this situation is to assess the house surroundings. From there, a willpower can be made approximately nursing care so one can be wished at domestic. The home might not be adequate for a safe transition for the little one.

C) An outreach educator to decide the getting to know wishes of the circle of relatives: Education may be necessary earlier than discharging a era-dependent baby, however that cannot be decided without similarly information approximately the patient's domestic environment and circle of relatives desires.

D) A multidisciplinary care convention earlier than discharge: This isn't always constant with Systems Thinking. Waiting until discharge for a multidisciplinary conference will not permit the family ok time to put together to fulfill the complicated needs of the kid at home.

A 10-day-vintage infant is admitted with a suspected congenital coronary heart disorder, due to a records of negative feeding and sudden onset of respiration distress and cyanosis. Initial evaluation shows:

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AACN CCRN-Pediatric Certification Exam is intended for nurses who have already gained significant experience working in pediatric critical care. CCRN-Pediatric exam is designed to recognize and validate their expertise and dedication to the field. Certification is voluntary, but it is highly recommended for nurses who wish to advance their careers and demonstrate their commitment to providing the highest level of care to their patients.

To be eligible to take the AACN CCRN-Pediatric Certification Exam, nurses must have a valid RN license and have completed at least 1,750 hours of direct patient care in a critical care setting within the last two years, with at least 875 of those hours working with pediatric patients. They must also have completed at least 25 continuing education hours in pediatric critical care nursing within the last three years.

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AACN Critical Care Nursing Exam Sample Questions (Q120-Q125):

NEW QUESTION # 120

A 16-year-old patient is unresponsive after a motor vehicle collision. The parents speak another language. While performing the secondary survey, what should the nurse do next?

- A. Continue performing the physical assessment
- B. Ask if either of the parents speak English
- C. Request a translator from the patient services department
- D. Ask a colleague who is bilingual to question the parents

Answer: A

Explanation:

In a trauma situation, the primary and secondary surveys take precedence to assess life-threatening injuries and prioritize interventions. While a certified interpreter should be used for communication as soon as possible, the nurse should not delay the physical assessment during a critical time.

"The priority in trauma is completion of the primary and secondary assessments. While interpreter use is standard, care must not be delayed in critical evaluations." (Referenced from CCRN Pediatric - Professional Caring and Ethical Practice: Cultural Competence and Emergency Protocols)

NEW QUESTION # 121

What would cause the closure of the Foramen ovale after the baby had been delivered?

- A. Increased in oxygen saturation
- B. Decreased blood flow
- C. Increased PO₂
- D. Shifting of pressures from right side to the left side of the heart

Answer: D

Explanation:

Explanation: During feto-placental circulation, the pressure in the heart is much higher in the right side, but once breathing/crying is established, the pressure will shift from the R to the L side, and will facilitate the closure of Foramen Ovale.

NEW QUESTION # 122

A patient with restrictive cardiomyopathy is ambulating and begins to complain of fatigue and chest pain. A nurse should expect initial treatment to be aimed at:

- A. Increasing systemic vascular resistance
- B. Decreasing the preload
- C. Increasing the force of contraction
- D. Decreasing cardiac workload

Answer: D

Explanation:

Restrictive cardiomyopathy is characterized by impaired ventricular filling due to stiff ventricular walls.

The primary issue is diastolic dysfunction, not contractility. As a result, the focus is on reducing myocardial oxygen demand and workload, often with activity restriction, beta blockers, and afterload reduction.

"Management of restrictive cardiomyopathy centers on decreasing cardiac workload and optimizing preload, as the heart cannot

relax properly. Inotropic agents are not typically effective." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Cardiomyopathies)

NEW QUESTION # 123

A nurse managing a patient with carbon monoxide poisoning should consider the possibility of an inaccurate:

- A. SpO#
- B. PaO#
- C. pH
- D. EtCO#

Answer: A

Explanation:

Pulse oximetry (SpO#) is inaccurate in carbon monoxide (CO) poisoning because it cannot differentiate between oxyhemoglobin and carboxyhemoglobin. SpO# may appear falsely normal despite severe hypoxia.

Direct measurement with co-oximetry is required for accurate oxygen saturation.

"In CO poisoning, SpO# readings are falsely elevated due to inability to distinguish carboxyhemoglobin from oxyhemoglobin. Co-oximetry is needed to assess true oxygenation." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Toxic Inhalation and Oxygenation Monitoring)

NEW QUESTION # 124

A 2-year old child had undergone surgery. Which finding best indicates that the child is no longer experiencing pain:

- A. asks for a glass of water
- B. shouts at his mother
- C. likes to play with his roommate
- D. sleeps for long period of time

Answer: C

Explanation:

Explanation: A child who is pain-free likes to play with his roommate.

NEW QUESTION # 125

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