

AACN CCRN-Pediatric Reliable Exam Simulations & CCRN-Pediatric Actual Exam Dumps

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 predischarge 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 predischarge 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 Critical Care Nursing Exam Sample Questions (Q85-Q90):

NEW QUESTION # 85

A 6-month-old patient presents with bronchiolitis and respiratory distress. Upon admission, the patient has mild retractions, scattered crackles, copious secretions, diarrhea with significant diaper dermatitis, and weight/height/head circumference less than the 5th percentile. The patient's vital signs are:

- * BP: 80/45
- * HR: 150
- * RR: 42
- * Temp: 98.8°F (37.1°C)
- * SpO₂: 96% on 4L heated high flow nasal cannula

A nurse should consider that the patient:

- A. Requires a wound care consult
- B. Needs CPAP
- C. Needs an arterial blood gas
- D. Requires a nutrition assessment

Answer: D

Explanation:

This patient demonstrates failure to thrive (FTT) as evidenced by growth parameters below the 5th percentile and signs of malabsorption (diarrhea, dermatitis). While respiratory issues are present, the GI/nutritional status is a critical concern that must be addressed for recovery and long-term health.

"Patients with chronic illness, diarrhea, and poor weight gain should receive early and comprehensive nutritional assessments. Malnutrition exacerbates respiratory disease and delays recovery." (Referenced from CCRN Pediatric - Direct Care: Gastrointestinal and Nutritional Considerations)

NEW QUESTION # 86

When assessing the fluid and electrolyte balance in an infant, which of the following would be important to remember:

- A. Infant can concentrate urine at an adult level
- B. Infants have more intracellular water than adults do
- C. The metabolic rate of an infant is slower than in adults
- D. Infant has greater body surface area than adults

Answer: D

Explanation:

Explanation: Infants have greater body surface area than adults, increasing their risk to F&E imbalances.

Also infants can't concentrate a urine at an adult level and their metabolic rate, also called water turnover, is 2 to 3 times higher than adults. Plus more fluids of the infants are at the ECF spaces not in the ICF spaces.

NEW QUESTION # 87

A mother brings her 26 month-old to the well-child clinic. She expresses frustration due to her baby's constantly saying "NO" and his refusal to follow her directions. The nurse explains this is normal for his age, as negativism is attempting to meet which developmental need:

- A. initiative
- B. role confusion

- C. independence
- D. self-esteem

Answer: C

Explanation:

Explanation: According to Erick Erikson's developmental theory, toddlers struggle to assert independence. They often use the word "no" even when they mean yes. This stage is called autonomy vs. shame and doubt.

NEW QUESTION # 88

Early symptoms of carbon monoxide poisoning include:

- A. Tachycardia and confusion
- B. Tachycardia and wheezing
- C. Bradycardia and headache
- D. Bradycardia and apnea

Answer: A

Explanation:

Carbon monoxide (CO) poisoning results in tissue hypoxia by binding to hemoglobin with greater affinity than oxygen, forming carboxyhemoglobin. The most common early symptoms in children include:

* Tachycardia (due to hypoxic compensatory response)

* Confusion, dizziness, and headache (due to cerebral hypoxia)

Wheezing and bradycardia are not typically early signs.

"Early signs of CO poisoning are neurologic (e.g., confusion) and cardiovascular (e.g., tachycardia) due to hypoxia, even when SpO₂ may appear falsely normal." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Inhalation Injury and Environmental Exposure)

NEW QUESTION # 89

Channel is a 3 year old girl who has Thalassemi

a. She underwent several blood transfusion and folate intake as treatments. After 2 months, the doctor planned a therapy to remove too much iron in the blood. The nurse is aware that this therapy is called:

- A. Cautery
- B. Plasmapheresis
- C. Hemoglobin electrophoresis
- D. Chelation

Answer: D

Explanation:

Explanation: Person who received significant numbers of blood transfusions need a treatment called Chelation therapy to remove excess iron from the body. The chelating agent may be administered intravenously, intramuscularly, or orally, depending on the agent and the type of poisoning

NEW QUESTION # 90

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