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AACN CCRN-Pediatric (Critical Care Nursing) Certification Exam is designed for nurses who work in pediatric intensive care units (PICUs) and pediatric cardiac care units (PCCUs). Critical Care Nursing Exam certification exam is administered by the American Association of Critical-Care Nurses (AACN) and is one of the most respected and recognized credentials in the field of pediatric critical care nursing.

## AACN Critical Care Nursing Exam Sample Questions (Q112-Q117):

### NEW QUESTION # 112

A 9-year-old patient with a history of tachycardia and syncope is connected to a monitor that shows a HR of 190, with regular P-P

and R-R intervals. The patient is awake, crying, anxious, and has a BP of 94/60. Which of the following is the initial nursing intervention?

- A. Have the parent hold the child while securing IV access
- B. Prepare for sedation and cardioversion
- **C. Have the child pretend to play a horn while blowing through a straw**
- D. Instruct the parent to "put this ice bag on the child's head."

**Answer: C**

Explanation:

The patient is stable with supraventricular tachycardia (SVT). Initial treatment in stable pediatric SVT involves vagal maneuvers to increase vagal tone and potentially terminate the arrhythmia. Having the child blow through a straw or simulate blowing a horn is a safe and effective method in a cooperative child.

"In stable pediatric patients with SVT, vagal maneuvers are the first-line intervention. Activities such as forced exhalation (blowing through a straw) may revert the rhythm." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Pediatric Tachyarrhythmias Management)

### NEW QUESTION # 113

A mother tells the nurse that she is very worried because her 2-year old child does not finish his meals. What should the nurse advise the mother:

- A. put the child on a chair and feed him
- B. make the child seat with the family in the dining room until he finishes his meal
- **C. do not give snacks to the child before meals**
- D. provide quiet environment for the child before meals

**Answer: C**

Explanation:

Explanation: If the child is hungry he/she would likely finish his meals. Therefore, the mother should be advised not to give snacks to the child. The child is a "busy toddler." He/she will not be able to keep still for a long time.

### NEW QUESTION # 114

Systemic Inflammatory Response Syndrome (SIRS) is characterized by:

- A. Vasoconstriction and increased capillary permeability
- B. Vasoconstriction and decreased capillary permeability
- C. Vasodilation and decreased capillary permeability
- **D. Vasodilation and increased capillary permeability**

**Answer: D**

Explanation:

SIRS leads to widespread vasodilation and increased capillary permeability, which causes fluid shifting, hypotension, and potential multi-organ dysfunction. This systemic response is part of the pathophysiology of sepsis and MODS.

"SIRS involves a cytokine-mediated vasodilatory response with increased capillary permeability, leading to third-spacing, hypoperfusion, and potential organ dysfunction." (Referenced from CCRN Pediatric - Direct Care: Multisystem, Inflammatory Cascade in Sepsis)

### NEW QUESTION # 115

The nurse is caring for a 10 year-old with an acute illness. Which of the following indicates that the nurse understands common sibling reactions to hospitalization?

- A. Siblings enjoy privacy
- B. Younger sibling adapts very well
- C. The one that was cared most at home will adapt better
- **D. Visitation is useful for both**

**Answer: D**

Explanation:

Explanation: Contact with the hospitalized child helps siblings understand the reasons for hospitalization and maintain their relationship.

#### NEW QUESTION # 116

A patient exhibits acute hypervigilance, refusal of treatment, impulsive acts, and hallucinations alternating with lucidity. Family members argue about the hallucinations. The nurse should:

- **A. Role-model patient support and reassurance**
- B. Validate the hallucinations and use distraction therapy
- C. Reassure the family this behavior is expected in ICU
- D. Encourage the family to go home until the behavior is resolved

**Answer: A**

Explanation:

These are classic symptoms of ICU delirium, especially in pediatric or neurologically impaired patients. The nurse should model supportive, calm behavior, reorient the patient, and educate family about what they are witnessing. This helps de-escalate tension and provides therapeutic support.

"In managing ICU delirium, the nurse should support the patient, reduce stimuli, and help families understand and cope with the patient's altered mental status." (Referenced from CCRN Pediatric - Direct Care: Neurological, Delirium and Cognitive Dysfunction)

#### NEW QUESTION # 117

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