

# CCRN-Pediatric New Questions - AACN Realistic Reliable Critical Care Nursing Exam Test Dumps

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**New 2025 CCRN Pediatric Practice Exam (Critical Care Registered Nurse) by American Association of Critical Care Nurses (AACN) with 150 Questions and Answers**

**Question 1**

In 2025, a new ventilator mode is introduced for pediatric patients with acute respiratory distress syndrome (ARDS). Which mode is most likely recommended for a 6-year-old with severe hypoxemia?

- A) Pressure Control Ventilation (PCV)
- B) High-Frequency Oscillatory Ventilation (HFOV)
- C) Airway Pressure Release Ventilation (APRV)
- D) Volume Control Ventilation (VCV)

Correct Answer: B) High-Frequency Oscillatory Ventilation (HFOV)

Rationale: HFOV is preferred in severe pediatric ARDS cases in 2025 due to its ability to improve oxygenation through alveolar recruitment with minimal barotrauma, a key concern in fragile pediatric lungs. PCV and VCV are less effective for severe hypoxemia, and APRV is typically reserved for less acute cases.

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**Question 2**

A 4-year-old admitted on March 11, 2025, presents with tachycardia and poor perfusion. What is the first step in the 2025 CCRN Pediatric protocol?

- A) Administer a fluid bolus
- B) Obtain a 12-lead ECG
- C) Initiate oxygen therapy
- D) Prepare for intubation

Correct Answer: C) Initiate oxygen therapy

Rationale: The 2025 protocol prioritizes oxygenation to ensure adequate tissue perfusion in critically ill pediatric patients before invasive interventions. Fluid bolus follows if hypovolemia is confirmed, while ECG and intubation are secondary steps.

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**Question 3**

Which electrolyte imbalance is most commonly associated with the new 2025 pediatric diabetic ketoacidosis (DKA) management guidelines?

- A) Hyperkalemia
- B) Hypokalemia
- C) Hypernatremia
- D) Hypocalcemia

Correct Answer: B) Hypokalemia

Rationale: The 2025 DKA guidelines emphasize insulin therapy adjustments that can rapidly decrease serum potassium, leading to hypokalemia, a critical focus for monitoring in pediatric patients to prevent arrhythmias.

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**Question 4**

A nurse is caring for a neonate with congenital heart disease in 2025. Which defect is most likely to cause cyanosis at birth?

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To prepare for the CCRN-Pediatric exam, nurses should have a solid foundation in pediatric critical care and a thorough understanding of the exam content. Many nurses choose to participate in review courses or study groups, and there are also numerous resources available, including practice exams, study guides, and online forums. With dedication and hard work, any nurse can pass the CCRN-Pediatric Exam and achieve this prestigious certification.

## **AACN Critical Care Nursing Exam Sample Questions (Q10-Q15):**

### **NEW QUESTION # 10**

A nurse assigned at the ER admits a 4 week-old infant with a diagnosis of bronchopulmonary dysplasia. As the nurse reviews the medical history, which information would be most consistent with this diagnosis?

- A. A retarded growth
- B. The client swallowed a meconium when he was delivered
- **C. The client had a mechanical ventilation before**
- D. The client had a phototherapy before

**Answer: C**

Explanation:

Explanation: Bronchopulmonary dysplasia is an iatrogenic disease caused by therapies such as use of positive-pressure ventilation used to treat lung disease.

### **NEW QUESTION # 11**

In a pediatric client suspected of having coarctation of the aorta, the nurse would expect to find:

- A. normal femoral pulses
- B. strong pedal pulses
- **C. bounding pulses in the arms**
- D. diminishing carotid pulses

**Answer: C**

Explanation:

Explanation: The nurse would expect bounding pulses in the arms. Coarctation of the aorta, a narrowing or constriction of the descending aorta, causes increased flow to the upper extremities (increased pressure and pulses).

### **NEW QUESTION # 12**

A 5-month-old infant, weighing 15 lbs, is admitted with a diagnosis of diarrhea with moderate dehydration. The doctor ordered oral rehydration therapy of 40-50 ml/kg of pedialyte over 4 hours.

What would be the appropriate amount of fluid that the infant should ingest during the 4 hour period:

- A. 400 ml
- **B. 330 ml**
- C. 360 ml
- D. 250 ml

**Answer: B**

Explanation:

Explanation: 15 lbs is about 7 kg; at 40 ml/kg x 4 hours = 280 ml; at 50ml/kg x 4 hours = 350 ml; 330ml is within these parameters.

### **NEW QUESTION # 13**

A child who nearly drowned received CPR, was resuscitated quickly, and regained consciousness. What should the nurse

anticipate?

- A. Severe electrolyte imbalances may be present
- B. The patient does not require intensive care
- **C. Life-threatening respiratory complications may develop**
- D. Ventricular arrhythmias may occur

**Answer: C**

Explanation:

Even with a good initial response, delayed respiratory complications, such as acute respiratory distress syndrome (ARDS) or pulmonary edema, can develop within 24-48 hours after submersion. All pediatric near-drowning cases should be monitored in an ICU setting for at least 24 hours.

"Post-submersion patients are at high risk for delayed onset ARDS. Observation in a monitored setting is essential regardless of initial neurologic status." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Submersion Injuries and Post-Resuscitation Care)

#### **NEW QUESTION # 14**

A mother asks the nurse about Vitamin A supplementation. The best response is that giving Vitamin A starts when the infant reaches 6 months and the first dose is:

- A. 20,000 "IU"
- B. 200,000 "IU"
- **C. 100,000 "IU"**
- D. 10,000 "IU"

**Answer: C**

Explanation:

Explanation: An infant aging 6-11 months will be given Vitamin A supplementation of 100,000 IU and for Preschoolers ages 12-36 months 200,000 "IU" will be given.

#### **NEW QUESTION # 15**

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