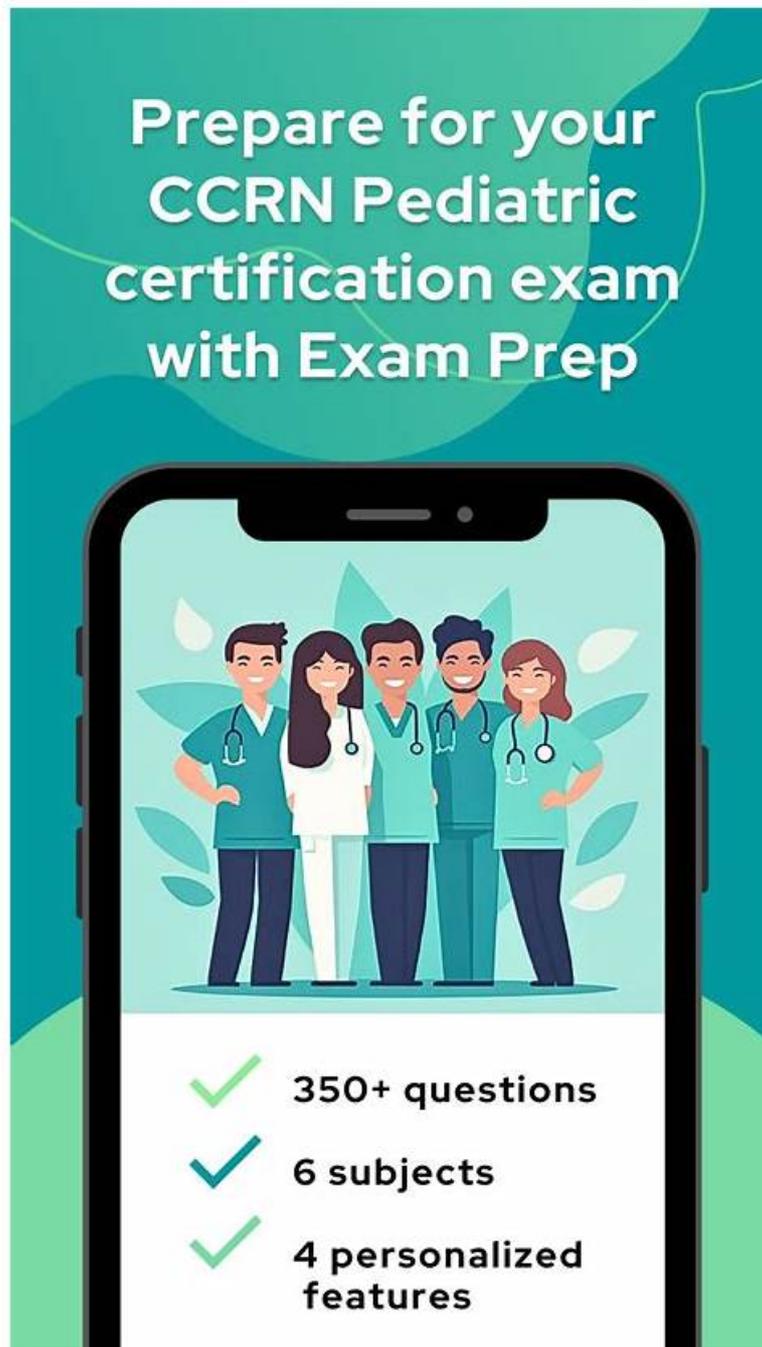


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AACN Critical Care Nursing Exam Sample Questions (Q141-Q146):

NEW QUESTION # 141

The nurse is caring for a 16 year-old boy with Hemophilia A, who was admitted after falling from a tree.

In understanding his behavior and in planning care for this client, what must the nurse understand about adolescents with hemophilia A?

- A. Explain limitations to peers
- **B. Often take part in active sports**
- C. Should have well planned activities
- D. Avoid any risk after bleeding episodes

Answer: B

Explanation:

Explanation: Adolescent hemophiliacs should be aware that contact sports may trigger bleeding.

However, developmental characteristics of this age group such as impulsivity, inexperience and peer pressure, place adolescents in unsafe environments.

NEW QUESTION # 142

A clinical manifestation that a nurse would expect to observe during an assessment of a 4-week-old infant admitted to the unit with hydrocephalus is:

- **A. anterior fontanel is tense upon palpation.**
- B. head circumference is larger than that of his chest.
- C. unable to support his head while in a prone position.
- D. Poor muscle and or eye coordination

Answer: A

Explanation:

Explanation: This is a sign of increased intracranial pressure; which is caused by the fluid accumulation associated with hydrocephalus.

NEW QUESTION # 143

A toddler admitted to the hospital has malabsorption syndrome and later develops signs and symptoms of tetany. The nurse is aware that this is due to insufficient absorption of:

- **A. Calcium**
- B. Sodium
- C. Zinc
- D. Potassium

Answer: A

Explanation:

Explanation: Muscle contraction and relaxation cycle needs normal serum calcium: phosphorous ratio.

The reduction of the ionized serum calcium level associated with malabsorption syndrome causes spastic muscle spasms.

NEW QUESTION # 144

Systemic Inflammatory Response Syndrome (SIRS) is characterized by:

- A. Vasoconstriction and decreased capillary permeability
- B. Vasoconstriction and increased 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 # 145

A patient with suspected abdominal compartment syndrome has a bladder pressure of 8 mmHg. Which of the following actions should the nurse take first?

- A. Obtain an abdominal ultrasound
- B. Check the patient's blood pressure
- **C. Continue to monitor the patient**
- D. Request imaging of the kidney, ureters, and bladder

Answer: C

Explanation:

Abdominal compartment syndrome (ACS) is defined by bladder pressures ≥ 20 mmHg with evidence of organ dysfunction. A pressure of 8 mmHg is within normal range (0-12 mmHg). Therefore, no emergent intervention is needed, and the correct action is to continue monitoring.

"Bladder pressure < 12 mmHg is considered normal. For intra-abdominal hypertension or ACS, thresholds are > 12 and > 20 mmHg, respectively, along with signs of organ dysfunction." (Referenced from CCRN Pediatric - Direct Care: Multisystem, Abdominal Compartment Syndrome Monitoring)

NEW QUESTION # 146

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