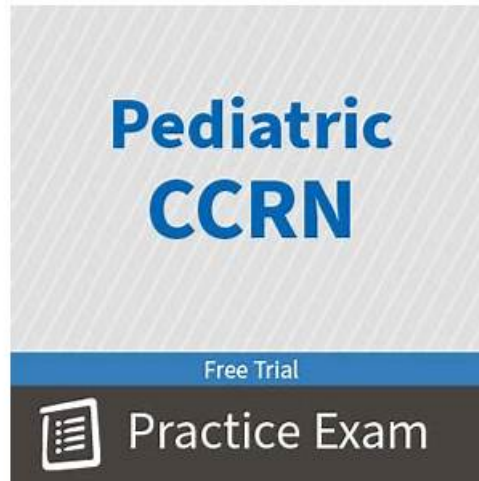


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To be eligible to take the AACN CCRN-Pediatric Exam, nurses must meet certain requirements, including holding a current, unrestricted nursing license and having a minimum of two years of experience working in pediatric critical care. Nurses who pass the exam are awarded the prestigious CCRN-Pediatric credential, which demonstrates their commitment to patient care and their

expertise in pediatric critical care nursing.

AACN Critical Care Nursing Exam Sample Questions (Q35-Q40):

NEW QUESTION # 35

What nursing action should be done in an infant who receives IVF via a scalp vein:

- A. assess for signs of infiltration behind the occiput
- B. explain to the parents that they can't hold the client while the IV therapy is ongoing.
- C. restrain the extremities when there's no one to see the child.
- D. assess the pupils every 1 hour for any untoward reaction.

Answer: C

Explanation:

Explanation: Extremities need to be restrained as infants use them to dislodge the needle. Pupillary reaction and assessing at the occiput do not relate to scalp vein and IV therapy.

NEW QUESTION # 36

Nurse Barbara is assigned in the pediatric unit. She is aware that the most reliable indicator of pain in a 2-year-old client is:

- A. crying
- B. increased rate of respirations
- C. behavior changes
- D. verbalization of pain

Answer: C

Explanation:

Explanation: There are several indicators of pain in pediatric client but changes in behavior is the one that occurs most often. A change in vital signs doesn't always happen even if there's pain. Crying has more than one cause like fear or separation.

NEW QUESTION # 37

Twenty-four hours after a severe burn and inhalation injury, a child develops increased tachypnea and desaturation. The most likely cause is:

- A. Pneumonia
- B. Upper airway edema
- C. Pulmonary edema
- D. Pleural effusion

Answer: B

Explanation:

Upper airway edema is a common and life-threatening complication in children following thermal inhalation injury. Swelling usually peaks 12-24 hours post-injury, leading to airway obstruction, tachypnea, and hypoxemia. It is a primary concern in the post-burn period.

"Upper airway edema due to inhalation injury develops within 24 hours and can cause airway compromise.

Stridor, tachypnea, and desaturation are warning signs."

(Referenced from CCRN Pediatric - Direct Care: Pulmonary, Inhalation Injuries and Airway Management)

NEW QUESTION # 38

A pediatric patient is admitted with severe sepsis and multi-organ dysfunction syndrome (MODS).

Which of the following treatments should a nurse anticipate initially?

- A. Vasopressors, fluid management, and ventilator support
- B. Vasopressors, chest physiotherapy (CPT), and total parenteral nutrition

- C. Continuous renal replacement therapy (CRRT), ventilator support, and chest physiotherapy (CPT)
- D. Vasodilators, continuous renal replacement therapy (CRRT), and parenteral nutrition

Answer: A

Explanation:

Initial management of severe pediatric sepsis and MODS focuses on early goal-directed therapy, including fluid resuscitation, vasopressors for perfusion, and ventilator support for respiratory failure. This aligns with Pediatric Advanced Life Support (PALS) and AACN sepsis management protocols.

"In children with sepsis-induced MODS, the priority is to restore tissue perfusion through fluid resuscitation and initiate vasopressors if shock persists. Ventilator support is implemented for respiratory compromise.

These interventions are considered initial and lifesaving."

(Referenced from CCRN Pediatric - Direct Care: Multisystem Dysfunction and Sepsis Guidelines)

NEW QUESTION # 39

The primary function of an institutional ethics committee in the critical care area is to:

- A. Establish community partnerships to reduce potential institutional liability
- **B. Advise patients, families, physicians, and staff when ethical situations arise**
- C. Provide direction to the administrative team for institutional decision-making
- D. Monitor questionable physician or staff actions or practices

Answer: B

Explanation:

Ethics committees are convened to help resolve complex, value-laden clinical issues by offering guidance to care teams and families. These committees are composed of interdisciplinary professionals and focus on supporting ethical decision-making in patient care.

"Ethics committees assist healthcare professionals, patients, and families in addressing ethical dilemmas, including end-of-life decisions, treatment refusal, and moral distress." (Referenced from CCRN Pediatric - Professional Caring and Ethical Practice: Ethical Decision-Making Support Structures)

NEW QUESTION # 40

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