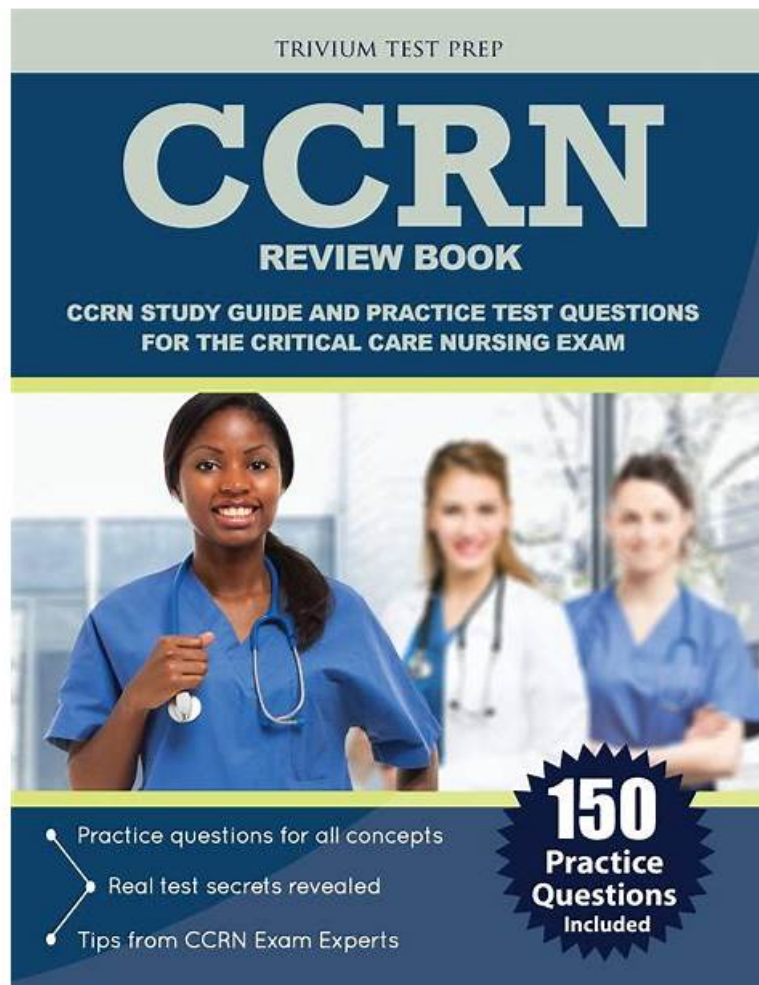


# Quiz CCRN-Pediatric - Useful Reliable Critical Care Nursing Exam Test Guide



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AACN CCRN-Pediatric (Critical Care Nursing) Certification Exam is a specialized certification exam for nurses who work in the critical care unit with pediatric patients. Critical Care Nursing Exam certification exam is designed to measure the knowledge and skills of registered nurses who provide direct care to acutely ill pediatric patients in settings such as emergency departments, neonatal units, and pediatric intensive care units.

The CCRN-Pediatric Certification Exam is a challenging exam that requires a significant amount of preparation. Nurses who are interested in taking the exam must meet certain eligibility requirements, such as holding a current RN license, having a minimum of 1,750 hours of direct bedside care of critically ill pediatric patients, and having completed 25 hours of continuing education in critical care nursing within the previous three years.

AACN CCRN-Pediatric Certification Exam is a rigorous and comprehensive professional certification exam that measures the knowledge, skills, and abilities of registered nurses who specialize in the care of critically ill children. Passing the exam demonstrates a nurse's commitment to providing high-quality care to their patients and can lead to increased job opportunities, career advancement, and higher salaries.

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### AACN Critical Care Nursing Exam Sample Questions (Q25-Q30):

#### NEW QUESTION # 25

An infant with tetralogy of fallot was admitted at the unit. Which of the following is indicative of physiologic adaptation of a client with tetralogy of fallot:

- A. shallow and irregular respirations.
- B. decrease platelet count
- C. ecchymoses
- **D. digital clubbing**

**Answer: D**

Explanation:

Explanation: There will be a poor peripheral circulation due to Hypoxia. Clubbing of fingers occur as a result of capillary development and tissue hypertrophy of the fingertips. There will be a rapid breathing.

#### NEW QUESTION # 26

Charlie, a toddler, is going to take his Ferrous Fumarate. The order reads: 25 mg BID. The suspension contains 40 mg/0.5 ml. The nurse should give:

- A. 0.10 ml
- B. 0.25 ml
- **C. 0.30 ml**
- D. 0.5 ml

**Answer: C**

Explanation:

Explanation: To a toddler who is going to take his Ferrous Fumarate, the nurse should give D/S x Q which is  $25\text{mg}/40\text{mg} \times 0.5\text{ ml} = 0.3\text{ ml}$

#### NEW QUESTION # 27

What would be the most important discharge teaching for a mother of a child who has just completed a series of Chemotherapy?

- A. Providing adequate rest
- B. Buying a wig
- C. Giving enough fluids
- **D. Consider proper handwashing**

**Answer: D**

Explanation:

Explanation: Effective and proper handwashing helps prevent infection. This is the most important way in caring for a child with suppressed immune system.

### NEW QUESTION # 28

Following a traumatic brain injury, an intubated 2-year-old patient requires an infusion of cisatracurium (Nimbex) to assist with intracranial pressure. On day 3, the ventilator's mean airway pressure begins to alarm frequently and suctioning needs have increased. The patient's vital signs are:

- \* BP: 99/58
- \* HR: 148
- \* RR: 20
- \* T: 102.2°F (39°C)
- \* ICP: 19
- \* CPP: 53
- \* WBC: 22,000
- \* Na#: 153 mEq/L

A nurse should anticipate the patient will require:

- A. Albuterol (Proventil) treatment
- B. A head CT
- C. A sputum culture
- D. Mannitol (Osmitrol) 2 g/kg

**Answer: C**

Explanation:

The elevated WBC count, fever, rising airway pressures, and increased secretions are consistent with a developing ventilator-associated pneumonia (VAP). Asputum culture is needed to identify the infectious agent and guide antibiotic therapy.

"Signs of VAP include increased airway secretions, elevated temperature, and rising ventilator pressures.

Diagnostic workup includes obtaining sputum culture to guide treatment." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Ventilator Complications and Infection)

### NEW QUESTION # 29

A mother tells the nurse "the doctor said that my child has pulmonic stenosis. What does it mean?" The nurse's best response should be:

- A. "Let me call your doctor so that your questions will be answered correctly"
- B. "What else did the doctor say about the disease"
- C. "It means that the baby has a heart failure"
- D. "You seemed very concerned. Your baby has a great doctor anyway"

**Answer: B**

Explanation:

Explanation: The nurse needs to know how much information the mother has before giving any information. We know that the disease is narrowing at the entrance to the pulmonary artery and may vary in severity and treatment. Calling the doctor at this point abdicates the role of the nurse.

### NEW QUESTION # 30

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