

[2026] AACN CCRN-Pediatric Questions: An Incredible Exam Preparation Way

CCRN Pediatric Practice Exam Questions from AACN

A 1-month antique toddler provides with failure to thrive, common vomiting and irritability for the reason that delivery. The mom reviews having another toddler with the equal signs who died at 2 months of age. Which extra assessment locating could cause the nurse to suspect an inborn mistakes of metabolism?

A) Micrognathia
B) Microglossia
C) Petite Facial Features
D) Musty Urine Odor - ANS-Answer: D) Musty urine odor: This is a common indicator of a metabolic disease, specially with a own family records of siblings demise early

A) Micrognathia: This is not associated with an inborn errors of metabolism
B) Microglossia: This isn't always associated with an inborn mistakes of metabolism
C) Petite Facial Features: This isn't related to an inborn errors of metabolism

A 1-12 months-vintage who is ventilator established has been hospitalized due to the fact that birth. The doctor has indicated that the patient can be discharged home with a tracheostomy and a gastrostomy in one week. In order to decide the release wishes of the patient, the nurse need to set up for:

A) Home nursing take care of the primary few days following discharge
B) A social employee to meet with the family and determine adequacy of the house surroundings
C) An outreach educator to decide the gaining knowledge of wishes of the family
D) A multidisciplinary care convention earlier than discharge - ANS-Answer: B) A social worker to satisfy with the family and examine adequacy of the home environment: The first predischarge priority for a generation-dependent baby is to evaluate the adequacy of the house environment. Further discharge planning is then primarily based at the needs of the affected person and own family.

A) Home nursing care for the primary few days following discharge: While domestic nursing care can be wished after discharge, the primary predischarge priority in this situation is to assess the house surroundings. From there, a willpower can be made approximately nursing care so one can be wished at domestic. The home might not be adequate for a safe transition for the little one.
C) An outreach educator to decide the getting to know wishes of the circle of relatives: Education may be necessary earlier than discharging a era-dependent baby, however that cannot be decided without similarly information approximately the patient's domestic environment and circle of relatives desires.
D) A multidisciplinary care convention earlier than discharge: This isn't always constant with Systems Thinking. Waiting until discharge for a multidisciplinary conference will not permit the family ok time to put together to fulfill the complicated needs of the kid at home.

A 10-day-vintage infant is admitted with a suspected congenital coronary heart disorder, due to a records of negative feeding and sudden onset of respiration distress and cyanosis. Initial evaluation shows:

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The American Association of Critical-Care Nurses (AACN) Certified Critical Care Registered Nurse-Pediatric (CCRN-P) certification exam is designed to validate the specialized knowledge and skills required for registered nurses who care for critically ill pediatric patients. Critical Care Nursing Exam certification is recognized as the gold standard for excellence in pediatric critical care nursing, and it demonstrates a nurse's commitment to providing safe, effective care to critically ill children.

>> New CCRN-Pediatric Mock Test <<

AACN CCRN-Pediatric Online Practice Test Engine

The AACN CCRN-Pediatric Certification is a valuable certificate that is designed to advance the professional career. With the Critical Care Nursing Exam (CCRN-Pediatric) certification exam seasonal professionals and beginners get an opportunity to demonstrate their expertise. The Critical Care Nursing Exam certification exam recognizes successful candidates in the market and provides solid proof of their expertise.

The CCRN-Pediatric exam is a computer-based test that assesses a nurse's knowledge and skills in the care of critically ill children, including infants, toddlers, and adolescents. CCRN-Pediatric exam consists of 150 multiple-choice questions and covers a range of topics related to pediatric critical care, such as cardiovascular, respiratory, neurological, and gastrointestinal systems, as well as trauma, pharmacology, and ethical considerations. Nurses who pass the exam earn the CCRN-Pediatric certification, which is valid for three years and can be renewed through continued education and professional development.

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 (Q132-Q137):

NEW QUESTION # 132

A 7 year-old child was rushed at the ER after a sudden onset of findings that include irritability, thick muffled voice, croaking on inspiration, fever, leaning forward while in a sitting position, protruding tongue, salivation and suprasternal retractions. What should the nurse do first?

- A. assess the throat
- B. Have the child undergo an upper airway x-ray
- **C. notify the doctor about the current status**
- D. have the sputum sent to laboratory for testing

Answer: C

Explanation:

Explanation: These findings suggest a medical emergency and may be due to epiglottitis. Any child with an acute onset of an inflammatory response in the mouth and throat should receive immediate medical attention in a hospital equipped with Intubation or a Tracheostomy in the event of further or complete obstruction.

NEW QUESTION # 133

What is the best method to ensure parents of a child with a new tracheostomy are adequately prepared for home care?

- A. Demonstrate tracheostomy care daily and address the parent's concerns and questions thoroughly
- B. Give the parents written instructions and answer their questions
- **C. Use the parents' preferred method of learning and evaluate as they perform care**
- D. Provide the parents a video to watch and include them in ADL care

Answer: C

Explanation:

Education must be individualized based on the parent's learning style and comprehension. Combining demonstration, return demonstration, written materials, and verbal teaching-as preferred by the family-ensures the greatest retention and competence. Ongoing evaluation of skills is essential before discharge.

"Use of preferred teaching methods, with return demonstration and skill validation, ensures family readiness for complex care like tracheostomy management." (Referenced from CCRN Pediatric - Professional Caring and Ethical Practice: Family-Centered Teaching and Discharge Readiness)

NEW QUESTION # 134

A 3-year-old boy with Hemophilia is going to stat infusion of recombinant form of Factor VIII prophylactically three times a week. The nurse should advise the parents to administer the infusion on the days designated:

- A. after dinner
- B. before dinner
- C. after lunch
- **D. in the morning**

Answer: D

Explanation:

Explanation: Due to Hemophilia, Factor VIII should be given in the morning on designated days. The half-life is short. If it was given later in the day, protection would not be adequate when the child is most active and prone to bleeding.

NEW QUESTION # 135

One hour after receiving naloxone, a child becomes lethargic again and has a RR of 6. The nurse should anticipate:

- A. Administration of naloxone (Narcan)
- B. Nasal BiPAP
- C. Administration of glucose
- D. Intubation

Answer: A

Explanation:

Naloxone has a shorter half-life than many opioids. After the initial reversal, the opioid's effects can resurge, leading to respiratory depression and sedation. This is called re-sedation or opioid re-narcotization. Re-dosing or initiating naloxone infusion may be required.

"Recurrent sedation or respiratory depression after naloxone administration suggests opioid duration outlasting naloxone's half-life. Repeat dosing or continuous infusion may be necessary." (Referenced from CCRN Pediatric - Direct Care: Multisystem, Opioid Toxicity and Naloxone Pharmacology)

NEW QUESTION # 136

A 1-month-old presents with a 3-day history of fever, nausea, and vomiting. On assessment:

- * Pink, warm, dry skin
- * Slightly sunken fontanel
- * BP: 80/40
- * HR: 120
- * RR: 42

Which of the following changes indicate deterioration?

- A. Hypoventilation and increased BP
- B. Hyperventilation and increased BP
- C. Hypoventilation and decreased level of consciousness
- D. Hyperventilation and decreased level of consciousness

Answer: C

Explanation:

In neonates and young infants, hypoventilation and decreased level of consciousness (LOC) are late and critical signs of decompensation in systemic infection or shock. A progression from normal respiratory rate to hypoventilation, especially with altered LOC, indicates impending respiratory failure or septic shock.

"Hypoventilation and changes in mental status (such as lethargy or decreased LOC) are indicators of deterioration in infants with sepsis or dehydration. Immediate intervention is required to prevent arrest." (Referenced from CCRN Pediatric - Direct Care: Multisystem, Pediatric Sepsis and Deterioration Cues)

NEW QUESTION # 137

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Practice

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