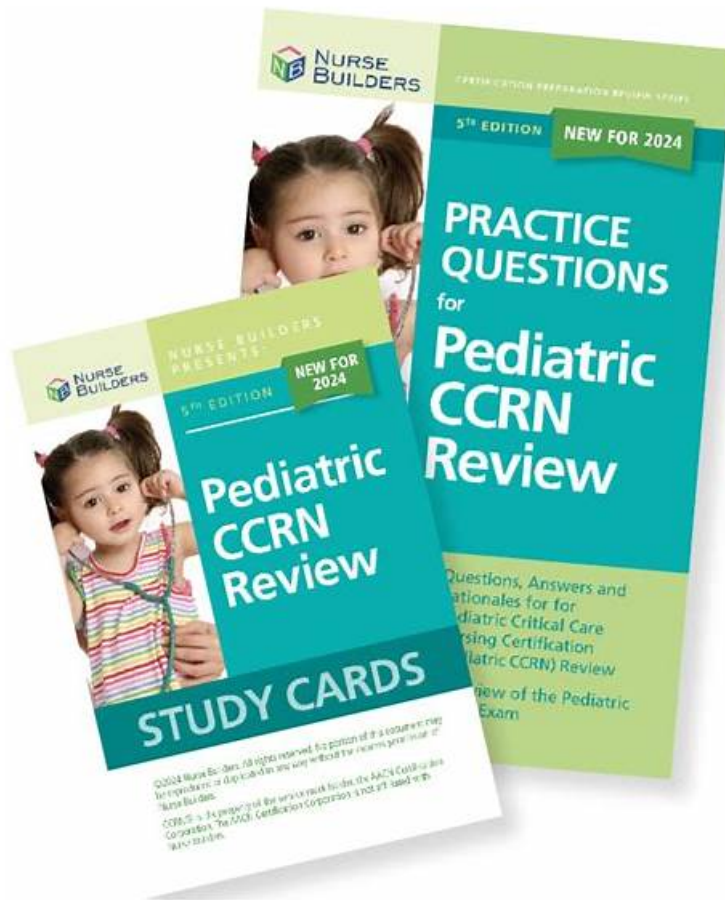


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AACN Critical Care Nursing Exam Sample Questions (Q109-Q114):

NEW QUESTION # 109

What is the most common cause of neurologic dysfunction associated with spinal cord injury?

- A. Cerebral edema
- B. Vertebral body fracture
- C. Intervertebral disc compression
- D. Cord edema

Answer: D

Explanation:

Spinal cord edema is the most common and immediate cause of neurological impairment after spinal trauma.

Swelling can compress the cord and impede circulation, leading to secondary injury beyond the initial mechanical trauma.

"Cord edema is a leading cause of secondary neurologic damage following spinal injury. Early identification and management are critical to preserving function." (Referenced from CCRN Pediatric - Direct Care: Neurological, Spinal Cord Injury and Secondary Neurologic Injury)

NEW QUESTION # 110

Which of the following statements by the family of a child with asthma indicates a need for additional teaching:

- A. "he should increase his fluid intake regularly to thin secretions"
- B. "He is to use bronchodilator inhaler before steroid inhaler"
- C. "We'll make sure he avoids exercise to prevent asthma attacks"
- D. "We need to identify what things triggers his attacks"

Answer: C

Explanation:

Explanation: Asthmatic children don't have to avoid exercise. They can participate on physical activities as tolerated. Using a bronchodilator before administering steroids is correct because steroids are just anti-inflammatory and they don't have effects on the dilation of the bronchioles.

NEW QUESTION # 111

An infant is admitted with tonic-clonic movement of the lower extremities. The most likely etiology of the seizure is:

- A. Lead poisoning
- B. A febrile illness
- C. An arteriovenous malformation
- D. A brain tumor

Answer: B

Explanation:

Febrile seizures are the most common cause of seizures in infants and young children, typically between 6 months and 5 years. They often occur with a rapid rise in body temperature, even in the absence of intracranial infection or metabolic disturbances.

"In infants, febrile seizures are the most likely cause of new-onset seizures. Tonic-clonic activity confined to extremities is typical.

Evaluation focuses on identifying the febrile source." (Referenced from CCRN Pediatric - Direct Care: Neurological, Pediatric Seizure Disorders) Lead poisoning and structural brain anomalies are less common and usually not the first consideration in an acute setting with fever.

NEW QUESTION # 112

A child is admitted following chest trauma, and a small pneumothorax (less than 10%) is noted. A nurse should anticipate which of the following?

- A. Chest tube insertion
- B. Incentive spirometry

- C. Chest percussion
- **D. Observation**

Answer: D

Explanation:

Small pneumothoraces (<10%) are often managed conservatively in hemodynamically stable pediatric patients. The body's natural reabsorption of intrapleural air typically resolves the condition without invasive intervention, provided that the patient is monitored closely.

"Observation is appropriate for small pneumothoraces (less than 10%) in stable pediatric patients. Serial chest radiographs and clinical assessments are used to monitor for progression. Chest tube insertion is generally reserved for larger or symptomatic pneumothoraces." (Referenced from CCRN Pediatric - Direct Care: Pulmonary Trauma and Chest Injury)

NEW QUESTION # 113

The nurse notes that a 10-month-old infant had a fever, runny nose, cough, and white spots in the mouth for almost 3 days. Rash started on his face and spread to the whole body. The nurse suspected a case of:

- A. Varicella
- B. Herpes
- **C. Rubella**
- D. Rubella

Answer: C

Explanation:








Explanation: Signs and symptoms of Rubella include Koplik's spots and rash accompanied by coryza.

NEW QUESTION # 114

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