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CCRN Pediatric Everything to work on Questions and Answers 2024

Increased magnesium symptoms -
flaccidity, decreased reflexes, shallow RR

Cause of increased magnesium -
renal failure

causes of decreased magnesium -
Gastric bypass or fistulas

HCO₃⁻ breakdown -
binds with free H to form carbonic acid which breaks down to water and CO₂

Respiratory imbalances are measured by -
PCO₂

Metabolic imbalances are measured by -
HOC₃

Renal Acidosis and calcium levels -
increase in the level of free iCal

Renal Alkalosis and H -
Increase in the secretion of H in distal tubules

Cocaine ingestion can cause renal? -
Infarction

Immunoadsorption -
Paraneoplastic Neurologic Syndrome

Plasmalymphocyte -
MS

Photopheresis and Leukopheresis -
Cutaneous T-Cell

Photopheresis and Plasmapheresis -
Heart Transplant

Plasmapheresis Replacement Ratio -
1:1, 1.5:1

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AACN CCRN-Pediatric exam is a critical care nursing certification that is specifically designed for pediatric nurses. CCRN-Pediatric exam is intended to assess the knowledge and competency of nurses who work in the field of pediatric critical care. Becoming certified through CCRN-Pediatric exam can be a valuable credential for nurses and can demonstrate a commitment to providing high-quality care to critically ill children.

AACN CCRN-Pediatric Exam is a critical care nursing certification that is specifically designed for pediatric nurses. CCRN-Pediatric exam is intended to assess the knowledge and competency of nurses who work in the field of pediatric critical care. It is a rigorous exam that tests a nurse's ability to provide care to critically ill children in a variety of settings.

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AACN Critical Care Nursing Exam Sample Questions (Q102-Q107):

NEW QUESTION # 102

Olga is a 4 year old girl who was diagnosed with Trisomy 21. During the clinical check-up the nurse would expect to find:

- A. multiple-creased hand
- **B. protruding tongue**
- C. hydrocephalus
- D. gigantism

Answer: B

Explanation:

Explanation: Children with Trisomy 21 or Down's syndrome are typically recognizable based on some physical characteristics that includes: retarded growth and slower-than-normal development, head that is smaller than typical, wide hands with short fingers, as well as palms with a single crease, rather than multiple creases, and protruding tongue.

NEW QUESTION # 103

A child has a fever, moderate hypertension, petechiae, decreased urinary output, and bloody diarrhea.

A nurse should suspect:

- A. Acute glomerulonephritis
- B. Nephrotic syndrome
- C. Hepatorenal syndrome
- **D. Hemolytic uremic syndrome**

Answer: D

Explanation:

Hemolytic uremic syndrome (HUS) is commonly preceded by a diarrheal illness, often caused by *E. coli* O157:H7. Classic triad: microangiopathic hemolytic anemia, thrombocytopenia, and acute kidney injury

-often with petechiae, hypertension, and decreased urine output.

"HUS presents in children as a post-infectious complication, typically following bloody diarrhea. It manifests with renal failure, anemia, thrombocytopenia, and neurologic or hypertensive symptoms." (Referenced from CCRN Pediatric - Direct Care: Renal Dysfunction and Hematologic Disorders)

NEW QUESTION # 104

Which of the following information would indicate that a pre-school has normal growth and development:

- **A. Has the ability to try new things**
- B. Determines own sense self
- C. Develops sense of whether he can trust the world
- D. Learns basic skills within his culture

Answer: A

Explanation:

Explanation: Because Erik Erickson defines the developmental task of a preschool as learning Initiative vs. Guilt. Children can initiate motor activities of various sorts on their own and no longer responds to or imitate the actions of other children or of their parents.

NEW QUESTION # 105

An infant in need of a transfusion of PRBCs has only one IV access site with maintenance fluids infusing. After receiving orders to hold the maintenance fluids and administer PRBCs, the nurse should be sure to monitor which of the following?

- A. The mother's interaction with the infant

- B. Serum sodium level
- C. Creatinine clearance level
- D. Blood glucose level

Answer: D

Explanation:

Infants, particularly neonates, are at risk for hypoglycemia during transfusions if glucose-containing maintenance fluids are held for a significant period. Monitoring blood glucose is critical during and after the transfusion to detect and treat any hypoglycemia promptly. "When glucose-containing IV fluids are held in infants, monitor blood glucose closely. Transfusions without concurrent dextrose infusion can precipitate hypoglycemia, especially in neonates." (Referenced from CCRN Pediatric - Direct Care: Hematology, Transfusion Guidelines in Neonates and Infants)

NEW QUESTION # 106

A 15-year-old patient with a history of anxiety is experiencing palpitations, dizziness, nausea, diaphoresis, and tachypnea. This is most likely:

- A. An asthma exacerbation
- B. Due to caffeine consumption
- C. Supraventricular tachycardia
- D. A panic attack

Answer: D

Explanation:

Panic attacks are common in adolescents and present with sympathetic overdrive symptoms—palpitations, dyspnea, dizziness, chest discomfort, nausea, and diaphoresis. A history of anxiety strongly supports this diagnosis, especially in the absence of objective cardiac or respiratory findings.

"Panic attacks in adolescents can mimic cardiopulmonary emergencies. The presence of a prior anxiety disorder and resolution of symptoms without intervention support the diagnosis." (Referenced from CCRN Pediatric - Direct Care: Psychosocial, Mental Health Emergencies)

NEW QUESTION # 107

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