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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. It is a rigorous exam that tests a nurse's ability to provide care to critically ill children in a variety of settings.

AACN CCRN-Pediatric certification exam is a critical certification for nurses who work in pediatric critical care units. Critical Care Nursing Exam certification demonstrates a higher level of expertise and knowledge in caring for critically ill pediatric patients. Nurses who obtain this certification are highly regarded by their peers and employers and are recognized for their commitment to providing exceptional patient care. While the exam is challenging, nurses who prepare well are well-equipped to pass and earn this prestigious credential.

AACN CCRN-Pediatric Exam covers a wide range of topics related to pediatric critical care nursing. Some of the key areas covered by the exam include cardiovascular, pulmonary, and gastrointestinal systems, as well as neurology, hematology, and endocrine systems. CCRN-Pediatric exam also tests a nurse's ability to manage pain, sedation, and delirium, as well as their knowledge of pharmacology, infection control, and patient safety.

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## AACN Critical Care Nursing Exam Sample Questions (Q63-Q68):

### NEW QUESTION # 63

A 3-year-old boy with Hemophilia is going to start 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. before dinner
- **B. in the morning**
- C. after lunch
- D. after dinner

**Answer: B**

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 # 64

After teaching the parents of an 18-month-old child who has undergone cleft palate repair how to use elbow restraints, which of the following statements by the parents indicates effective teaching:

- A. "We can take off the restraints while our child is playing but we'll make sure to put them back on at night."
- B. "We'll keep the restraints in place continuously until the doctor says it's okay to remove them."
- C. "The restraints should be taped directly to our child's arms so that they will stay in one place."
- **D. "We'll remove the restraints temporarily at least three times a day to check his skin then put them right back on."**

**Answer: D**

Explanation:

Explanation: Elbow restraints help to keep the child from placing fingers or any other object in the mouth that would cause injury to the operative site. The restraints are worn at all times except when they are removed to check the skin. Because of the risk for skin breakdown, the restraints are removed periodically during the day to assess the child's underlying skin. It is advisable to remove only one restraint at a time while keeping hold of the child's hand on the unrestrained side.

### NEW QUESTION # 65

A school-age child is admitted in acute respiratory failure requiring mechanical ventilation.

Endotracheal aspirate Gram staining is positive for an acid-fast bacillus. The nurse's initial action should be to:

- A. Contact the parents and discuss the implications of the laboratory findings
- B. Initiate antiviral therapy
- **C. Move the patient to a negative-pressure room**
- D. Send another specimen for repeat laboratory examination

**Answer: C**

Explanation:

An acid-fast bacillus (AFB) is strongly associated with *Mycobacterium tuberculosis* (TB). TB is a highly contagious airborne disease, and infection control standards require immediate placement in a negative-pressure room to prevent spread to other patients and healthcare workers.

"Suspected or confirmed pulmonary tuberculosis in a mechanically ventilated patient necessitates immediate airborne isolation using a negative-pressure room. Infection control must be prioritized prior to confirmation of diagnosis." (Referenced from CCRN Pediatric - Direct Care: Pulmonary Infections and Airborne Isolation Protocols)

### NEW QUESTION # 66

After arterial switch surgery, an infant shows ST elevation, low oxygen saturation, and frothy secretions. Most likely cause?

- A. Endotracheal tube obstruction by secretions
- B. Left ventricular dysfunction
- C. Symptoms of bronchiolitis due to RSV
- **D. Right to left shunting through a residual VSD**

**Answer: D**

Explanation:

ST segment elevation indicates myocardial ischemia, and frothy secretions + desaturations suggest pulmonary edema or shunting. A residual ventricular septal defect (VSD) post-surgery can lead to right-to-left shunting, bypassing the lungs and resulting in hypoxemia despite adequate ventilation.

"Residual intracardiac shunts, especially VSDs, can lead to desaturation and heart failure symptoms post arterial switch. ST changes suggest myocardial ischemia secondary to hypoxia." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Postoperative Congenital Heart Disease Complications)

### NEW QUESTION # 67

After a disaster drill, several issues related to notification of personnel and their role in the disaster were revealed. Which action should be done first?

- **A. Identify each problem that occurred during the exercise**
- B. Perform a root cause analysis of the various issues identified
- C. Examine all protocols related to communication during disasters
- D. Discuss the issues with the directors of each department involved

**Answer: A**

Explanation:

The first step in quality improvement or post-event evaluation-such as after a disaster drill-is to systematically identify all problems or deviations from expected protocols. Only once the problems are fully defined can root causes be analyzed and process improvement initiated.

"After-action reviews following drills or emergencies should begin with problem identification.

Comprehensive review and categorization of issues precede root cause analysis and protocol modification." (Referenced from CCRN Pediatric - Professional Caring and Ethical Practice: Systems-Based Practice and Quality Improvement)

### NEW QUESTION # 68

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