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AACN CCRN-Pediatric Exam is a certification exam for critical care nurses who work with children. It is a rigorous exam that tests the knowledge, skills, and abilities of nurses who provide care to critically ill children. CCRN-Pediatric exam is administered by the American Association of Critical-Care Nurses (AACN) and is designed to ensure that nurses have the necessary knowledge and skills to provide safe and effective care to their patients.

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## Critical Care Nursing Exam Test Engine & CCRN-Pediatric Free Pdf & Critical Care Nursing Exam Actual Exam

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### AACN Critical Care Nursing Exam Sample Questions (Q16-Q21):

#### NEW QUESTION # 16

A 3-year-old heart transplant patient is experiencing signs of rejection. Which of the following best supports this?

- A. Bilaterally diminished breath sounds
- B. BP of 98/55 and RR of 34
- C. Serum glucose of 230 mg/dL and LDL of 184
- D. HR of 145 and urine output of 0.5/kg/hr

**Answer: D**

Explanation:

Tachycardia and decreased urine output are early clinical signs of cardiac allograft rejection in pediatric transplant recipients. Because transplanted hearts are denervated, tachycardia is often the first compensatory response to decreased cardiac output, while low urine output reflects end-organ hypoperfusion.

"Rejection may present subtly with signs like persistent tachycardia, fatigue, or poor perfusion. Urine output is a sensitive measure of systemic perfusion." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Heart Transplant Rejection Indicators)

#### NEW QUESTION # 17

A mother of a 7 year-old child telephones the clinic nurse because her daughter was sent home from school due to rashes. The child had been seen the day before by a doctor and diagnosed with Erythema Infectiosum or fifth disease. What is the most appropriate action by the nurse?

- A. Have the school nurse explain the nature of the illness.
- B. Inform the teacher that the child receives antibiotics for the rash
- C. Tell the mother to bring the child to the clinic for further assessment
- D. **Inform that rash is not contagious and does not require isolation**

#### Answer: D

Explanation:

Explanation: Fifth Disease is a viral disease with an uncertain period of communicability (perhaps 1 week prior to and 1 week after onset). Isolation of the child with Fifth Disease is not necessary.

#### NEW QUESTION # 18

A 3 year-old child is being treated with Metronidazole suspension, 200 mg per dose. The child weighs 30 lbs. and the daily dose range is 20-40 mg/kg of body weight, in three divided doses every 8 hours.

Knowing the principles of safe drug administration, what should the nurse do?

- A. **Administer the medicine as ordered**
- B. Recognize that the medicine were over-prescribed
- C. Hold the medicine as the dosage is way too low
- D. Get the attention of the doctor to clarify the dose

#### Answer: A

Explanation:

Explanation: The dose range is 20-40 mg/kg/day divided every 8 hours.  $15\text{kg} \times 40\text{mg} = 600\text{mg}$ , divided by 3 = 200 mg per dose. The prescribed dose is correct and should be given as ordered.

#### NEW QUESTION # 19

An infant with heart failure was fed and burped, after burping, he was repositioned in semi-fowler then had a bowel movement. Afterwards, the infant became diaphoretic and cyanotic. The nurse is aware that these were most likely caused by:

- A. burping
- B. feeding
- C. **defecating**
- D. changing of position

#### Answer: C

Explanation:

Explanation: This is caused by defecating and the Valsalva maneuver during bowel movement. The maneuver occasionally causes tet spell or blue spell that results in increased intrathoracic pressure, decreased blood return to the heart, increased venous pressure, and decreased pulse rate.

#### NEW QUESTION # 20

An IV solution of 10% glucose and mannitol are administered to an infant with Reye's syndrome. The client's vital signs should be

monitored by the nurse to prevent the occurrence of

- A. fluid volume excess
- B. heart failure
- C. seizure episodes.
- D. hypovolemic shock

**Answer: D**

Explanation:

Explanation: The therapy causes diuresis therefore the infant should be monitored for excessive fluid loss. Options B and C are related to fluid gain. Any changes in vital signs are not indicative of impending seizure.

## NEW QUESTION # 21

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