

ExamDumpsVCE AACN CCRN-Pediatric PDF Questions

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 predischage priority for a generation-dependent baby is to evaluate the adequacy of the house environemtn. 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 predischage 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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AACN CCRN-Pediatric Certification Exam covers a wide range of topics related to the care of acutely ill pediatric patients such as cardiovascular, neurological, respiratory, endocrine, gastrointestinal, renal, and immune system dysfunctions. CCRN-Pediatric exam also tests a nurse's knowledge of pharmacological interventions and procedures used in the critical care setting. CCRN-Pediatric Exam consists of 125 multiple-choice questions and is administered via computer-based testing at designated testing centers throughout the United States.

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AACN Critical Care Nursing Exam Sample Questions (Q26-Q31):

NEW QUESTION # 26

A child presents with new-onset right-sided weakness, slurred speech, and headache. Which chronic condition most likely predisposes the child to this presentation?

- A. Sick cell anemia
- B. Diabetes
- C. Chronic renal failure
- D. Muscular dystrophy

Answer: A

Explanation:

Sickle cell anemia is strongly associated with pediatric stroke, especially in children with HbSS. Sickled red cells can occlude cerebral vessels, leading to ischemic strokes-often presenting with focal deficits, such as hemiparesis or speech changes.

"Children with sickle cell anemia are at significantly increased risk for ischemic stroke. Stroke is a major neurologic complication, particularly in those with prior vaso-occlusive episodes." (Referenced from CCRN Pediatric - Direct Care: Neurological, Hemoglobinopathies and Stroke Risk)

NEW QUESTION # 27

A 17-year-old presents with history of progressive exercise intolerance. He is admitted with a diagnosis of hypertrophic cardiomyopathy. The vital signs are as follows:

- * BP: 78/55
- * HR: 110
- * RR: 20
- * T: 98.3°F (36.8°C)
- * SpO₂: 89% on room air

The patient's vital signs reflect:

- A. Myocardial ischemia
- B. Decreased splanchnic perfusion
- C. Ventricular dysfunction
- D. Inflammatory process of the myocardium

Answer: C

Explanation:

Hypertrophic cardiomyopathy (HCM) causes left ventricular outflow tract obstruction, impairing cardiac output. The low blood pressure, tachycardia, and hypoxemia are classic signs of ventricular dysfunction- specifically diastolic dysfunction due to a thickened, stiff left ventricle.

"HCM may lead to ventricular dysfunction due to impaired relaxation and outflow obstruction, especially during increased demand. Symptoms include hypotension, tachycardia, and hypoxia." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Cardiomyopathies and Shock States)

NEW QUESTION # 28

A pre-schooler is being prepared for an ear surgery in an ambulatory care facility. When the child is called to go to the operating room, the nurse should:

- A. Allow the parents to accompany the child until he is sedated.
- B. Allow the child to walk from the unit.
- C. Remove the child's toy.
- D. Ask the parents to leave the room and wait outside.

Answer: A

Explanation:

Explanation: Most health institutions allow the parents accompany the child until he is sedated and to stay with the child as long as possible. This minimizes the stress related to fearful events. Also, current theory is consistent that parents should remain during the induction of anesthesia due to parent's positive feedback.

NEW QUESTION # 29

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

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

Answer: A

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 # 30

When is the best time to do a corrective surgery for an infant with hypospadias:

- A. Within few months after birth
- **B. 6-18 months of age.**
- C. Anytime during pre school age
- D. 72 hours after birth

Answer: B

Explanation:

Explanation: 6-18 months is the preferred age to do a corrective surgery for an infant with hypospadias because fear of castration and body image is not yet developed. It can't be performed shortly after birth because the phallus is not developed enough. Fear of bodily mutilation is present during pre school age.

NEW QUESTION # 31

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