

CCRN-Pediatric Valid Cram Materials - Latest CCRN-Pediatric Test Cram

CCRN Pediatric Practice Exam Questions from AACN

To promote effective grieving in a 6-year-old sibling following the death of an infant, the nurse should:

- A) Recommend that the sibling not attend the infant's memorial service
 - B) Encourage the parents to minimize their expression of grief with the sibling
 - C) Explain to the sibling that the infant went to heaven
 - D) Explain to the sibling that thoughts and wishes did not cause the infant's death - Ans Answer: D) Explain to the sibling that thoughts and wishes did not cause the infant's death: At age 6, children may take words literally and because of their egocentrism, they believe that thoughts are all-powerful. They may truly believe they caused the death of their sibling. A simple, honest explanation of why the sibling died is indicated. This intervention is consistent with Caring Processes.
- A) Recommend that the sibling not attend the infant's memorial service: This intervention is not a solution to the problem and will not promote effective grieving for the sibling. It is not consistent with Caring Processes.
- B) Encourage the parents to minimize their expression of grief with the sibling: This intervention will lead to ineffective grieving for the sibling and is not consistent with Caring Processes.
- C) Explain to the sibling that the infant went to heaven: This intervention will not address the sibling's problem.

A 5-year-old with a history of congenital hydrocephalus and VP shunt placement at four weeks of age is admitted with increased somnolence, decreased appetite, and increased complaints of headache. This morning the child vomited twice. The nurse should anticipate:

- A) The physician ordering lumbar puncture and blood and urine cultures
 - B) the patient having a CT scan followed by possible shunt revision
 - C) Administering mannitol or hypertonic saline
 - D) Administering phenytoin (Dilantin) or fosphenytoin (Cerebyx) - Ans Answer: B) The patient having a CT scan followed by possible shunt revision: This patient is demonstrating signs of increased intracranial pressure. The most likely etiology is malfunction of the VP shunt as a result of blockage or disconnection, which is particularly likely over time as the child grows. The definitive diagnosis is made by a CT scan and a shunt series. Surgical intervention for a shunt revision would be indicated.
- A) The physician ordering lumbar puncture and blood and urine cultures: These interventions will not address the most likely primary problem, which is suspected VP shunt malfunction. Additionally, lumbar puncture is contraindicated in the presence of increased intracranial pressure, because downward herniation of the brainstem can occur.
- C) Administering mannitol or hypertonic saline: These medication are indicated for the medical management of increased intracranial pressure, of which this patient has

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AACN CCRN-Pediatric (Critical Care Nursing) Certification Exam is a rigorous certification exam designed for pediatric nurses who have a passion for critical care nursing. CCRN-Pediatric exam is offered by the American Association of Critical-Care Nurses (AACN), which is a professional organization dedicated to advancing the practice of critical care nursing. The AACN CCRN-Pediatric Certification Exam is designed to test a nurse's knowledge and skills in caring for critically ill pediatric patients.

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AACN Critical Care Nursing Exam Sample Questions (Q134-Q139):

NEW QUESTION # 134

A nurse is caring for a toddler with atopic dermatitis. The nurse should instruct the mother to:

- A. clean the affected areas with tepid water and detergent
- B. dress the child warmly to avoid chilling
- C. wrap the baby's hands in mittens or socks to prevent scratching
- D. keep the baby away from other children while rashes are present.

Answer: C

Explanation:

Explanation: A child with atopic dermatitis needs to have short fingernails and covered so the child will not be able to scratch the lesions, thereby causing new lesions and possible a secondary infection.

NEW QUESTION # 135

High-frequency ventilation improves pulmonary air leaks by:

- A. Increasing the pressure differential between the airway and the intrapleural space
- B. Decreasing the pressure differential between the airway and the intrapleural space
- C. Increasing the mean airway pressure
- D. Decreasing minute ventilation

Answer: B

Explanation:

High-frequency ventilation (HFV) utilizes very small tidal volumes delivered at rapid frequencies (often greater than 150 breaths per minute), which helps minimize alveolar overdistention and cyclical opening and closing of alveoli-both of which contribute to pulmonary air leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema).

According to CCRN (Pediatric) - Direct Care (Pulmonary Section):

"HFV is particularly beneficial in managing pulmonary air leaks by stabilizing alveoli with a constant mean airway pressure while using very low tidal volumes, which significantly reduce the pressure gradient between the airways and the surrounding intrapleural space. This promotes healing of alveolar disruptions and prevents further leakage." Therefore, the reduced pressure differential protects fragile alveoli and allows for tissue repair without additional mechanical trauma.

NEW QUESTION # 136

A nurse is conducting a community teaching on issues of childhood safety. Which of the following age group are at the highest risk for poisoning?

- A. 7 month-old who stays with a brother 5 days a week
- B. 14 year-old who likes to repair bicycles
- C. 6 year-old who occasionally stays at home unattended
- D. 21 month-old who has just learned to climb stairs

Answer: D

Explanation:

Explanation: Toddlers are at most risk for poisoning because they are increasingly mobile, need to explore and engage in autonomous behavior.

NEW QUESTION # 137

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. HR of 145 and urine output of 0.5/kg/hr**
- D. Serum glucose of 230 mg/dL and LDL of 184

Answer: C

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 # 138

A mother brings her 18-month-old child to the clinic because the child "eats ashes, crayons, and paper." Which of the following information would be most important to obtain first about this toddler?

- **A. experiencing changes in the home environment**
- B. experiencing a growth spurt
- C. eating a soft, low-roughage diet
- D. currently cutting large teeth

Answer: A

Explanation:

Explanation: It is important to determine if the child is experiencing any change in the home environment that could cause anxiety that is relieved through oral gratification. A craving to eat nonfood substances is known as pica.

NEW QUESTION # 139

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