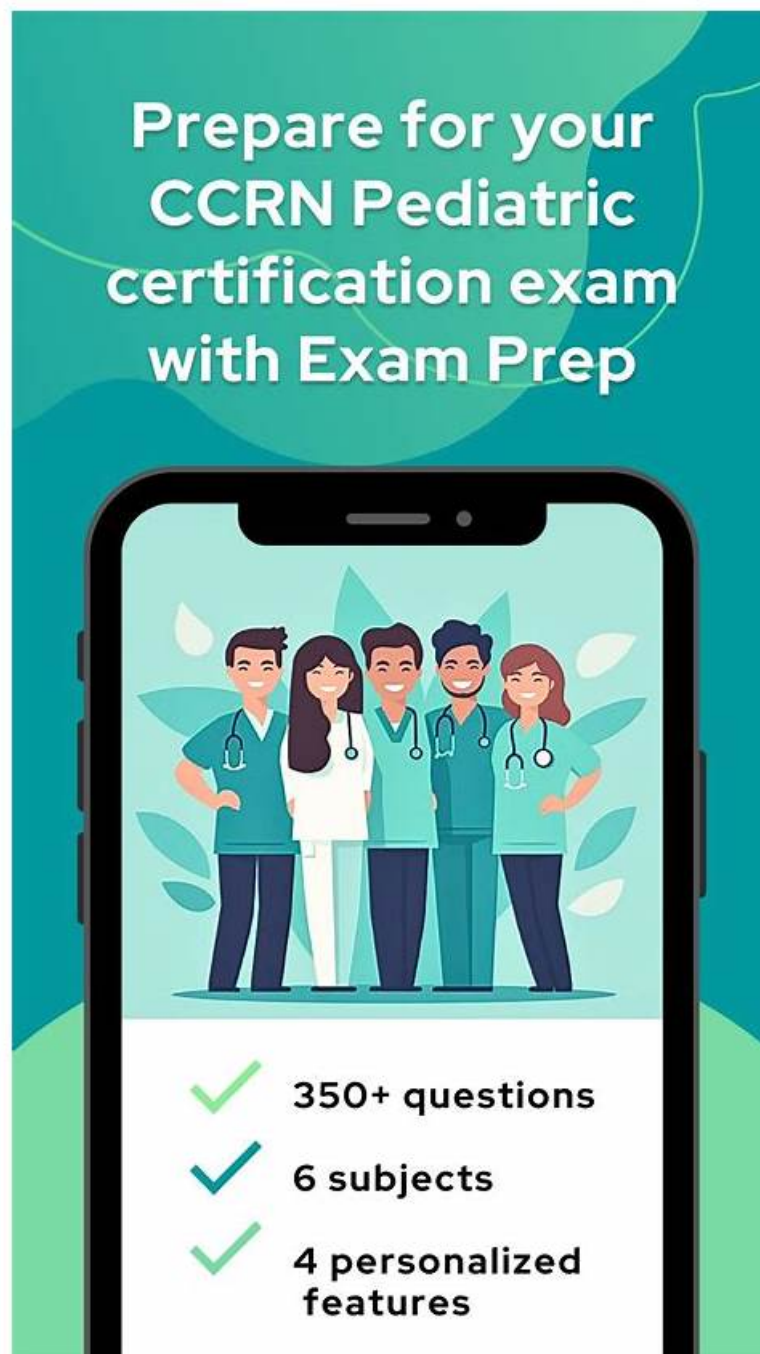


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The Critical Care Nursing Exam certification exam is intended for registered nurses who work in a pediatric intensive care unit (PICU) or those looking to specialize in the field of critical care nursing for pediatric patients. The AACN CCRN-Pediatric Exam is designed to validate the nurse's commitment to providing exceptional care and expertise in handling critically ill patients in a high-pressure environment. CCRN-Pediatric Exam Tests the nurse's decision-making skills, prioritization abilities, and technical skills to handle high-stress situations in a PICU setting. Nurses who successfully pass the exam earn a certification that demonstrates their expertise and commitment to providing high-quality care.

AACN Critical Care Nursing Exam Sample Questions (Q136-Q141):

NEW QUESTION # 136

An infant with a sternal wound infection has a negative-pressure wound therapy device in place. A nurse should recognize that the primary purpose of the device is to speed healing of the wound through:

- A. Maintenance of a seal around the wound
- B. Maintenance of a clean, moist wound environment
- C. Removal of exudate and stimulation of vascular growth
- D. The use of subatmospheric pressure through suction

Answer: C

Explanation:

Negative-pressure wound therapy (NPWT), also known as wound VAC, accelerates wound healing by removing exudate, reducing bacterial burden, and stimulating angiogenesis and granulation tissue formation through mechanical microstrain. This is essential in deep, complex wounds such as post-sternal infections.

"Negative pressure wound therapy promotes wound healing through the removal of infectious material and exudate and by increasing local blood flow and granulation tissue." (Referenced from CCRN Pediatric - Direct Care: Integumentary, Advanced Wound Management)

NEW QUESTION # 137

A child with a right pulmonary contusion is intubated and ventilated. When positioned with the affected side down, O₂ saturation drops. The most likely cause is:

- A. ET tube dislodgement
- B. Decreased pulmonary vascular resistance
- C. A tension pneumothorax
- D. Ventilation/perfusion mismatch

Answer: D

Explanation:

In unilateral lung injury (like pulmonary contusion), placing the injured lung in the dependent position worsens ventilation/perfusion (V/Q) mismatch, as perfusion is gravity-dependent while ventilation is reduced due to contusion. This results in hypoxemia.

"In lung injuries, dependent positioning of the injured lung increases perfusion to poorly ventilated areas, leading to V/Q mismatch and hypoxemia." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Positioning in Ventilated Patients)

NEW QUESTION # 138

Nurse Beyonce is caring for a 20 lbs, 6 month-old with a 3 day history of loose watery stool, vomiting and fever. Peripheral intravenous therapy has been initiated, with 5% dextrose in 0.33% normal saline with 20 mEq of potassium per liter infusing at 40 ml/hr. Which finding should be reported to the health care provider immediately?

- A. 3 episodes of vomiting within a period of an hour
- B. sucking on a pacifier too vigorously
- C. crying and irritability
- D. anuria within the past 4 hours

Answer: D

Explanation:

Explanation: The concern is possible Hyperkalemia, which could occur with continued potassium administration and a decrease in urinary output since potassium is excreted via the kidneys

NEW QUESTION # 139

A nurse expects a 4-year-old child to do which of the following as a sign of independence:

- A. put on shirt and button it
- B. part their hair
- C. tie a shoelace
- D. uses fork and knife to cut meat

Answer: A

Explanation:

Explanation: A child who is 4-year-old can put on a shirt and can close it if the buttons are large.

NEW QUESTION # 140

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

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

Answer: A

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 # 141

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