

CCRN-Pediatric Latest Exam Fee - CCRN-Pediatric Pass Leader Dumps

**CCRN Pediatric Practice Exam
Questions from AACN ALL ANSWERS
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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 - 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) - 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

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To be eligible to take the CCRN-P certification exam, a nurse must possess a valid and current RN license, have at least 1,750 hours of direct bedside patient care in a pediatric critical care setting, and have completed at least 25 hours of pediatric-specific continuing education within the last two years. Nurses who meet these requirements are encouraged to take the exam and earn the right to use the CCRN-P certification credential.

The CCRN-Pediatric Certification Exam covers a broad range of topics related to pediatric critical care nursing, including hemodynamics, cardiovascular and respiratory systems, neurology, endocrine and metabolic systems, gastrointestinal and renal systems, and infectious diseases. CCRN-Pediatric exam consists of 150 multiple-choice questions, and test-takers have three hours to complete the exam.

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AACN Critical Care Nursing Exam Sample Questions (Q115-Q120):

NEW QUESTION # 115

The nurse assigned at the ER admits a child who had a seizure episode at school. The mother comments that this is the first occurrence, and denies any family history of epilepsy. What is the best response by the nurse?

- A. "Seizure may or may not mean that your child is suffering from epilepsy"
- B. "There is no need to worry. The sky won't fall down"
- C. "Since it was his first episode, it will not happen again"
- D. "Your child needs a lifetime medication to prevent seizure"

Answer: A

Explanation:

Explanation: There are many possible causes for a childhood seizure. These include fever, central nervous system conditions, trauma, metabolic alterations and idiopathic causes.

NEW QUESTION # 116

An adolescent is admitted with toxic shock syndrome. In addition to blood cultures, which of the following lab orders should a nurse anticipate?

- A. Procalcitonin and teg citrate
- B. Liver function test and lactate
- C. Lactate and procalcitonin
- D. Liver function test and teg citrate

Answer: C

Explanation:

Toxic shock syndrome (TSS) is a systemic inflammatory response caused by bacterial exotoxins, often leading to shock and multiorgan failure. Procalcitonin helps confirm bacterial sepsis, and lactate is a marker for tissue hypoperfusion—both critical in TSS workup.

"In systemic infections and toxic shock, procalcitonin supports diagnosis of bacterial origin, while lactate levels reflect perfusion and guide resuscitation." (Referenced from CCRN Pediatric - Direct Care: Multisystem, Sepsis and Toxic Shock Syndrome)

NEW QUESTION # 117

Tammy, a 4-year-old child, has cystic fibrosis. Her mother is concerned and said that her child can no longer join the American Idol because of repeated infection. The nurse is aware that repeated infection could lead to:

- A. poor academic and extra-curricular activities
- B. type 1 diabetes development
- C. bone marrow depression
- D. increased irritability and perspiration

Answer: B

Explanation:

Explanation: The nurse is aware that repeated infection could lead to Type 1 Diabetes development.

Repeated infection in a child with cystic fibrosis, over time, influences the development of insulin resistance.

NEW QUESTION # 118

A stat abdominal x-ray reveals free air and a large loculated fluid collection presumed to be blood. The priority of care should be:

- A. Platelet transfusion
- **B. Surgical intervention**
- C. Vasopressin (Pitressin) therapy
- D. Nasogastric tube placement

Answer: B

Explanation:

Free air on abdominal x-ray indicates bowel perforation, and loculated fluid suggests hemoperitoneum or intra-abdominal bleeding.

This is a surgical emergency, and the child requires immediate operative intervention to prevent further deterioration.

"Free intraperitoneal air and fluid suggest perforation and hemorrhage, which require emergent surgical exploration and correction to prevent peritonitis and shock." (Referenced from CCRN Pediatric - Direct Care: Gastrointestinal, Surgical Emergencies and Acute Abdomen)

NEW QUESTION # 119

A 3-month-old infant was brought back to the unit after a surgery for hypertrophic pyloric stenosis. The mother was very good in caring for the client but is reluctant with regard to feeding. Probably the mother is:

- A. not aware that her baby is allowed to resume feedings.
- **B. afraid that her baby will vomit again.**
- C. in doubt about the safety of the special nipple.
- D. uncertain if her baby can tolerate the thickened formula.

Answer: B

Explanation:

Explanation: Past experiences with projectile vomiting are frightening. It is the responsibility of the nurse to explain that it will not happen again. No special nipple is needed in this situation.

NEW QUESTION # 120

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