

CCRN-Pediatric Reliable Exam Pdf - CCRN-Pediatric Study Test

CCRN Pediatric Practice Exam Questions from AACN 150 Questions, Answers, and Rationale from AACN Practice Book

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

Correct 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)

Correct Answer: 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 medications are indicated for the medical management of increased intracranial pressure, of which this patient has symptoms. However, they will not address the most likely primary problem, which is suspected VP shunt malfunction.
- D) Administering phenytoin (Dilantin) or fosphenytoin (Cerebyx): These medications are indicated for seizure management and would not address the patient's most likely primary problem, which is suspected increased intracranial pressure as a result of VP shunt malfunction

An adolescent trauma patient is complaining of left upper quadrant abdominal pain radiating to the left shoulder. Blood pressure has dropped to 80/50. Which condition is most likely?

- A) Small Bowel Injury
- B) Cardiac Contusion

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Obtaining the CCRN-P certification is a significant accomplishment for any pediatric critical care nurse. It demonstrates a commitment to ongoing learning and professional development, and it can improve job opportunities and earning potential. Additionally, CCRN-P certified nurses are better equipped to provide safe, effective care to critically ill pediatric patients, which can lead to improved patient outcomes and overall quality of care.

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AACN Critical Care Nursing Exam Sample Questions (Q70-Q75):

NEW QUESTION # 70

An infant was diagnosed of Tetralogy of Fallot. The nurse assessed that the infant is underweight. What could be the reason behind this problem:

- A. Polycythemia brought by a decreased in the level of arterial PO2.
- B. recurrent respiratory infections due to pulmonary hypertension.
- **C. deficient caloric intake due to activity intolerance.**
- D. Cerebral changes due to cyanosis.

Answer: C

Explanation:

Explanation: Inadequate weight gain happens because the infant tires very easily, sufficient calories cannot be ingested to meet the nutritional needs. Other options do occur but they are indirectly related to weight gain.

NEW QUESTION # 71

After the nurse instructs the parents of a 5-month-old infant about the purpose of the Denver Developmental Screening Test (DDST), which of the following statements by the parents about what the test measures would indicate that the teaching was effective:

- A. Emotional development
- **B. Social and physical abilities**
- C. Intelligence quotient
- D. Potential for future development

Answer: B

Explanation:

Explanation: DDST measures a child's social, language, and fine and gross motor skills by testing abilities that usually occur at a given age. The DDST is not designed to measure intelligence or emotional development nor does it necessarily predict future development.

NEW QUESTION # 72

A nurse enters the room of Daniel, 2 and a half year old, to administer an oral medication. When he the nurse asked if he is ready to take his medicine, he says, "No!" What would be the most appropriate action?

- A. Mix the medication with ice cream or apple juice
- B. Give the medication to the mother and request her to give it
- **C. Leave the room and return after 5 minutes then give the medicine**
- D. Explain to Daniel that the medicine must be taken now

Answer: C

Explanation:

Explanation: Since the nurse gave the child a choice about taking the medication, the nurse should comply with the child's answer in order to build or maintain trust. Remember that toddlers do not have an accurate sense of time, leaving the room and coming back later is another episode to the toddler.

NEW QUESTION # 73

A nurse conducts teaching among adolescents about STD's. One of the Participants asks about any early sign or symptom of Syphilis. The nurse should state that it is:

- A. rashes on genitals
- **B. lesion on genitals**
- C. pus on genitals
- D. difficulty in urination

Answer: B

Explanation:

Explanation: Lesion on genitals is the earliest sign of syphilis. During a dark-field exam of the scraping will reveal the causative agent - *Treponema pallidum*.

NEW QUESTION # 74

The mother called the attention of the community nurse because her toddler develops high grade fever for 3 days and red rash almost on the child's entire body. The nurse found out that the fever already subsided. The child had a case of:

- A. Hypersensitivity reactions
- B. Varicella
- **C. Roseola**
- D. Lyme disease

Answer: C

Explanation:

Explanation: It is a usually harmless illness caused by a virus. It occurs almost only in children age 3 months to 3 years, most often between 9-12 months. It is probably the most common cause of fever in this age group. The virus generally causes 3 days of high fever then subsides, and the child breaks out in a flat or bumpy red rash, usually starting around the neck, back and chest, then spreading out.

NEW QUESTION # 75

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