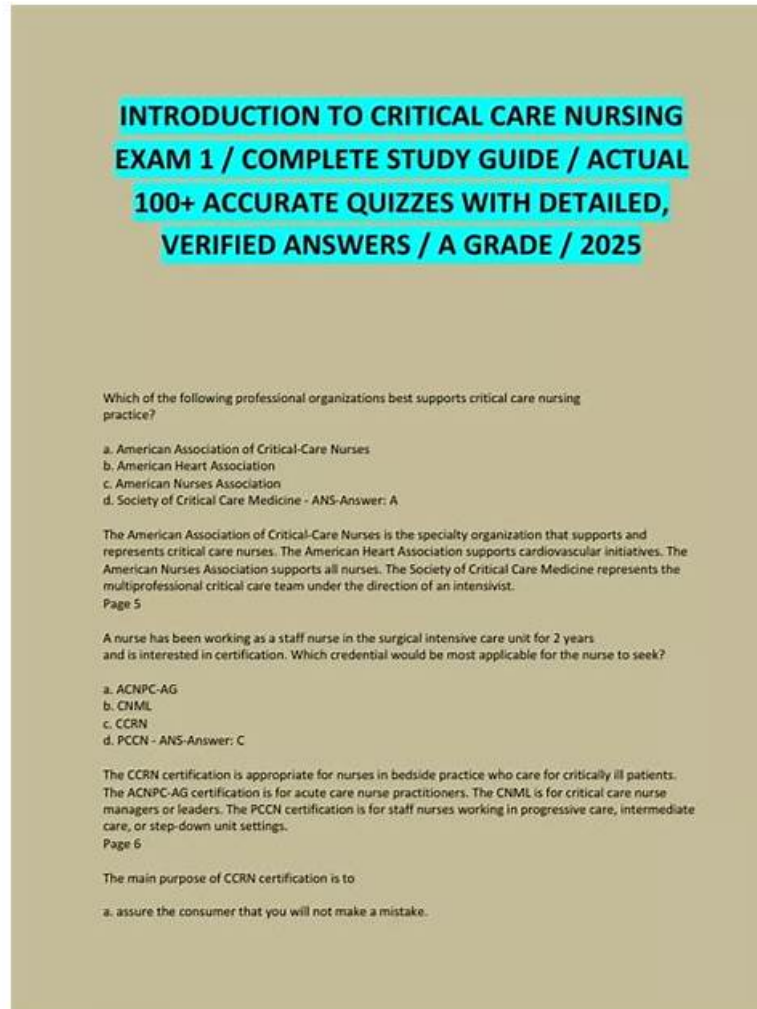


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AACN Critical Care Nursing Exam Sample Questions (Q17-Q22):

NEW QUESTION # 17

A 6-year-old patient with ARDS has been mechanically ventilated for 10 days. The patient is being assessed for readiness to wean. The patient will open his eyes spontaneously but not to command. The pupils are equal and reactive but the patient is restless, sleeping only for short intervals. A nurse suspects the patient is demonstrating signs of:

- A. Delirium
- B. Withdrawal
- C. Neuroleptic syndrome
- D. Hypoxic-ischemic injury

Answer: A

Explanation:

Pediatric ICU delirium is a common but underdiagnosed condition in critically ill children, especially those on prolonged ventilation. Hallmarks includedisorientation, sleep disturbance, agitation, and altered attention.

"Delirium should be suspected in pediatric ICU patients showing new or worsening behavioral symptoms, altered sleep-wake cycles, and fluctuating mental status. Prolonged sedation and critical illness are risk factors." (Referenced from CCRN Pediatric - Direct Care: Neurologic Dysfunction and ICU Delirium)

NEW QUESTION # 18

A 2-year-old child in septic shock is receiving nitroprusside (Nipride). Which of the following findings indicates the need to increase the nitroprusside dosage?

- A. Urine output is 7 cc/hr
- B. HR is 180
- C. Systemic vascular resistance is 1820 dynes/sec/cm##
- D. Systolic BP greater than or equal to 78 mm Hg

Answer: C

Explanation:

Nitroprusside is used in vasodilatory shock to reduce afterload and lower systemic vascular resistance (SVR)

. A persistently elevated SVR (normal: ~800-1200 dynes/sec/cm##) indicates ineffective vasodilation, necessitating an increase in dosage to optimize cardiac output.

"SVR is an essential parameter in the management of septic shock. Nitroprusside is titrated to decrease SVR and improve tissue perfusion. A persistently high SVR suggests inadequate response to therapy." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular Shock and Hemodynamic Monitoring)

NEW QUESTION # 19

An infant is diagnosed with a proximal esophageal atresia with a distal fistula. A nurse should anticipate:

- A. Positioning with head of bed down
- B. A patent sump in the proximal esophageal pouch
- C. A nasojunal tube for continuous feeds
- D. Providing the infant with a pacifier for comfort

Answer: B

Explanation:

In esophageal atresia with tracheoesophageal fistula, secretions can accumulate in the blind-ending proximal pouch, risking aspiration. A sump tube with low continuous suction (sump) is placed to keep the pouch drained until surgical repair.

"Management of esophageal atresia includes placement of a sump in the upper pouch to prevent aspiration and respiratory compromise. This is standard preoperative care." (Referenced from CCRN Pediatric - Direct Care: Gastrointestinal, Congenital Abnormalities)

NEW QUESTION # 20

What should a nurse know once a pediatric client is scheduled for a major operation?

- A. Greater danger would come from ketoacidosis
- B. It will cause a rise in the blood glucose level postoperatively
- C. Urine tests will provide gauge of diabetic control after the surgical procedure
- D. Once insulin is not given preoperatively then it is also not required postoperatively.

Answer: D

Explanation:

Explanation: Stress of a major operation will most likely cause the release of Epinephrine and Glucocorticoids that raise blood glucose levels.

NEW QUESTION # 21

A 9-year-old child went to the clinic for a checkup. It was ruled out that he has vesicoureteral reflux. The nurse should be alerted for:

- A. proteinuria
- B. hematuria
- C. oliguria
- D. dysuria

Answer: D

Explanation:

Explanation: Dysuria is a symptom of urinary tract infection that is very common to client with vesicoureteral reflux. During voiding, urine is swept up to the ureters then flows back to the bladder leading to residual urine that provides a means for a urinary tract infection.

NEW QUESTION # 22

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