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AACN Critical Care Nursing Exam Sample Questions (Q93-Q98):

NEW QUESTION # 93

During ablation of a child's marrow in preparation for bone marrow transplantation, a nurse should monitor for which of the following complications?

- A. Infection and bleeding
- B. Respiratory distress and infection
- C. Dehydration and bleeding
- D. Stomatitis and dehydration

Answer: A

Explanation:

Myeloablation prior to bone marrow transplant destroys bone marrow cells, leading to profound neutropenia and thrombocytopenia. As a result, patients are at extremely high risk for infection and bleeding, requiring close monitoring, isolation, and transfusion support. "Pre-transplant conditioning regimens cause neutropenia and thrombocytopenia, making infection and bleeding the primary complications during marrow ablation." (Referenced from CCRN Pediatric - Direct Care: Hematology, Bone Marrow Transplantation and Myelosuppression)

NEW QUESTION # 94

In diabetic ketoacidosis (DKA), gluconeogenesis is a compensatory mechanism for a perceived deficiency in:

- A. Proteins
- B. Fatty acids
- C. Glucose
- D. Ketones

Answer: C

Explanation:

In DKA, despite high blood glucose levels, the lack of insulin prevents glucose from entering cells. The body perceives this as cellular glucose deficiency and responds by stimulating gluconeogenesis (production of glucose from non-carbohydrate sources) and ketogenesis, worsening hyperglycemia and acidosis.

"The insulin-deficient state in DKA leads to a cellular energy crisis, triggering gluconeogenesis due to a perceived intracellular glucose deficiency." (Referenced from CCRN Pediatric - Direct Care: Endocrine, Diabetic Ketoacidosis Pathophysiology)

NEW QUESTION # 95

Nurse Sophia is enjoying her lunch at the hospital canteen when a toddler at a nearby table chokes on a piece of food and appears slightly blue. Nurse Sophia should initially:

- A. alert the emergency response

- B. start mouth to mouth resuscitation
- **C. do about 5 abdominal thrusts**
- D. give water to help him swallow

Answer: C

Explanation:

Explanation: At this point, the most effective way to clear the airway of food is to perform abdominal thrusts.

NEW QUESTION # 96

A transgender adolescent requests to be addressed by preferred name/pronouns, different from medical record. What is the best response?

- A. Use the medical record name/pronouns for consistency
- B. Inform the patient only legal names can be used in hospitals
- **C. Document the patient's preferred name and pronouns, and use them in all interactions**
- D. Avoid pronouns to prevent misunderstanding

Answer: C

Explanation:

Using a transgender patient's preferred name and pronouns promotes respect, inclusion, and psychological safety. It's a key component of culturally competent, family-centered care, and should be documented for consistency among all caregivers.

"Addressing patients by their chosen name and pronouns supports emotional well-being and is a standard of equitable, patient-centered care." (Referenced from CCRN Pediatric - Professional Caring and Ethical Practice: Cultural Competency and Respectful Communication)

NEW QUESTION # 97

Following a traumatic brain injury, an intubated 2-year-old patient requires an infusion of cisatracurium (Nimbex) to assist with intracranial pressure. On day 3, the ventilator's mean airway pressure begins to alarm frequently and suctioning needs have increased. The patient's vital signs are:

- * BP: 99/58
- * HR: 148
- * RR: 20
- * T: 102.2°F (39°C)
- * ICP: 19
- * CPP: 53
- * WBC: 22,000
- * Na#: 153 mEq/L

A nurse should anticipate the patient will require:

- A. A head CT
- B. Albuterol (Proventil) treatment
- **C. A sputum culture**
- D. Mannitol (Osmitrol) 2 g/kg

Answer: C

Explanation:

The elevated WBC count, fever, rising airway pressures, and increased secretions are consistent with a developing ventilator-associated pneumonia (VAP). A sputum culture is needed to identify the infectious agent and guide antibiotic therapy.

"Signs of VAP include increased airway secretions, elevated temperature, and rising ventilator pressures.

Diagnostic workup includes obtaining sputum culture to guide treatment." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Ventilator Complications and Infection)

NEW QUESTION # 98

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