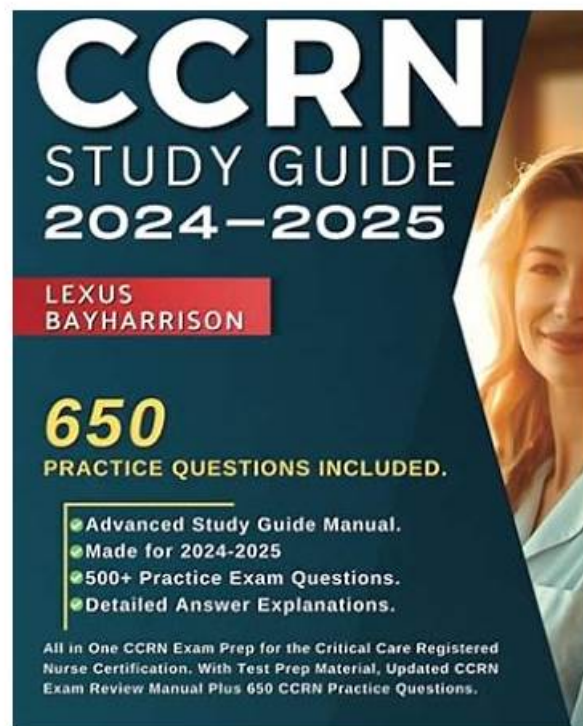


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Passing the CCRN-Pediatric exam is a significant achievement for critical care nurses who work with children. It demonstrates that they have the knowledge and skills necessary to provide safe and effective care to critically ill children, and it can lead to career advancement opportunities. Many hospitals and healthcare organizations require their critical care nurses to be certified, and some offer financial incentives and other benefits to nurses who hold certification.

AACN CCRN-Pediatric Certification Exam covers a wide range of topics, including hemodynamics, cardiovascular, respiratory, renal, gastrointestinal, and endocrine systems. CCRN-Pediatric Exam also assesses a nurse's knowledge of pharmacology, patient safety, and ethical considerations in critical care nursing. CCRN-Pediatric exam is a computer-based test that consists of 150 multiple-choice questions and takes about three hours to complete. Nurses who pass the exam earn the CCRN-Pediatric credential, which demonstrates their commitment to professional development and their expertise in critical care nursing.

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The AACN CCRN-Pediatric certification examination is an essential component of professional development, and passing this AACN CCRN-Pediatric test can increase career options and a rise in salary. Nonetheless, getting ready for the Critical Care Nursing Exam (CCRN-Pediatric) exam may be difficult, and many working professionals have trouble locating the AACN CCRN-Pediatric practice questions they need to succeed in this endeavor.

AACN Critical Care Nursing Exam Sample Questions (Q145-Q150):

NEW QUESTION # 145

During a home visit, a mother asks the nurse about the communicability of chicken pox. The nurse responds correctly by stating that it is:

- A. communicable even when dry scabs remain.
- B. communicable until the vesicles were dried.
- C. not communicable once fever subsided.
- D. not communicable while vesicles are reddish in color.

Answer: B

Explanation:

Explanation: Chicken pox is no longer communicable once the vesicles have dried. It is because dried vesicles do not harbor the virus.

NEW QUESTION # 146

A 6-year old child is admitted at the hospital with a diagnosis of Celiac disease. The nurse is taking health history and expects to find signs like:

- A. muscle wasting and bipedal edema
- B. Rickets and diarrhea
- C. rickets and peripheral edema
- D. muscle wasting and abdominal distention

Answer: D

Explanation:

Explanation: Muscle wasting and abdominal distention are signs of malnutrition which is present in a child with celiac disease. Other sign is diarrhea, specifically steatorrhea, due to atrophy of the intestinal villi that result to watery stools, malabsorption of nutrients and malnutrition.

NEW QUESTION # 147

An anxious father consults a nurse for guidance on how to answer the question, of his child Daniel who is only 5 years old. The father said that Daniel asked "Where do babies come from?" What is the nurse's best response to the father?

- A. "You have to give a simple answer"
- B. "That question indicates that Daniel is interested in sex"
- C. "You should give full and detailed answers to all questions that Daniel may ask"
- D. "Children usually ask for many questions but they do not look for an answer"

Answer: A

Explanation:

Explanation: Topics related to sexuality should be answered with honesty. However, honesty does not mean imparting every fact of life associated with the question. When a child asks 1 question, he is looking for 1 answer. When he is ready, he will ask about the other pieces.

NEW QUESTION # 148

Following a MVC with prolonged entrapment of the legs, a 7-year-old has:

- * BP: 75/40
- * HR: 145
- * K#: 5.9 mEq/L
- * Hypocalcemia
- * Elevated CK

What urine output should the nurse expect?

- A. Anuria
- **B. Red-brown "tea" color urine**
- C. >4 cc/kg of clear, colorless urine
- D. Yellow urine with clots of blood

Answer: B

Explanation:

This is consistent with rhabdomyolysis, which causes muscle breakdown and release of myoglobin into the bloodstream. Myoglobinuria results in dark red-brown or "tea-colored" urine, and is nephrotoxic, contributing to acute kidney injury. "Crush injuries and elevated CK levels are hallmarks of rhabdomyolysis. Myoglobinuria presents as dark, tea-colored urine, and requires prompt fluid management to prevent renal damage." (Referenced from CCRN Pediatric - Direct Care: Renal, Electrolyte Imbalances and Rhabdomyolysis)

NEW QUESTION # 149

To evaluate effectiveness of transvenous ventricular pacing, the ECG should show a pacing spike followed by:

- A. Atrial depolarization
- **B. Ventricular depolarization**
- C. Ventricular repolarization
- D. Atrial repolarization

Answer: B

Explanation:

In ventricular pacing, the pacing spike should be followed by a QRS complex, which represents ventricular depolarization. This confirms the electrical capture of the ventricles by the pacemaker and is the most critical marker of pacing effectiveness.

"A pacing spike followed by a wide QRS complex confirms ventricular depolarization and mechanical capture with ventricular pacing." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Temporary Pacing Management)

NEW QUESTION # 150

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