

# CCRN-Pediatric Actual Exams, Exam CCRN-Pediatric Pattern

## CCRN Pediatric Practice Exam Questions from AACN

A 1-month antique toddler provides with failure to thrive, common vomiting and irritability for the reason that delivery. The mom reviews having another toddler with the equal signs who died at 2 months of age. Which extra assessment locating could cause the nurse to suspect an inborn mistakes of metabolism?

- A) Micrognathia
- B) Microglossia
- C) Petite Facial Features

D) Musty Urine Odor - ANS-Answer: D) Musty urine odor: This is a common indicator of a metabolic disease, specially with a own family records of siblings demise early

- A) Micrognathia: This is not associated with an inborn errors of metabolism
- B) Microglossia: This isn't always associated with an inborn mistakes of metabolism
- C) Petite Facial Features: This isn't related to an inborn errors of metabolism

A 1-12 months-vintage who is ventilator established has been hospitalized due to the fact that birth. The doctor has indicated that the patient can be discharged home with a tracheostomy and a gastrostomy in one week. In order to decide the release wishes of the patient, the nurse need to set up for:

- A) Home nursing take care of the primary few days following discharge
- B) A social employee to meet with the family and determine adequacy of the house surroundings

C) An outreach educator to decide the gaining knowledge of wishes of the family  
D) A multidisciplinary care convention earlier than discharge - ANS-Answer: B) A social worker to satisfy with the family and examine adequacy of the home environment: The first predischarge priority for a generation-dependent baby is to evaluate the adequacy of the house environemtn. Further discharge planning is then primarily based at the needs of the affected person and own family.

A) Home nursing care for the primary few days following discharge: While domestic nursing care can be wished after discharge, the primary predischarge priority in this situation is to assess the house surroundings. From there, a willpower can be made approximately nursing care so one can be wished at domestic. The home might not be adequate for a safe transition for the little one.

C) An outreach educator to decide the getting to know wishes of the circle of relatives: Education may be necessary earlier than discharging a era-dependent baby, however that cannot be decided without similarly information approximately the patient's domestic environment and circle of relatives desires.

D) A multidisciplinary care convention earlier than discharge: This isn't always constant with Systems Thinking. Waiting until discharge for a multidisciplinary conference will not permit the family ok time to put together to fulfill the complicated needs of the kid at home.

A 10-day-vintage infant is admitted with a suspected congenital coronary heart disorder, due to a records of negative feeding and sudden onset of respiration distress and cyanosis. Initial evaluation shows:

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## AACN Critical Care Nursing Exam Sample Questions (Q41-Q46):

### NEW QUESTION # 41

A 3-year-old heart transplant patient is experiencing signs of rejection. Which of the following best supports this?

- A. BP of 98/55 and RR of 34
- B. Bilaterally diminished breath sounds
- C. Serum glucose of 230 mg/dL and LDL of 184
- D. HR of 145 and urine output of 0.5/kg/hr

**Answer: D**

Explanation:

Tachycardia and decreased urine output are early clinical signs of cardiac allograft rejection in pediatric transplant recipients. Because transplanted hearts are denervated, tachycardia is often the first compensatory response to decreased cardiac output, while low urine output reflects end-organ hypoperfusion.

"Rejection may present subtly with signs like persistent tachycardia, fatigue, or poor perfusion. Urine output is a sensitive measure of systemic perfusion." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Heart Transplant Rejection Indicators)

### NEW QUESTION # 42

Which of the following information would indicate that a pre-school has normal growth and development:

- A. Develops sense of whether he can trust the world
- B. Has the ability to try new things
- C. Determines own sense self
- D. Learns basic skills within his culture

**Answer: B**

Explanation:

Explanation: Because Erik Erickson defines the developmental task of a preschool as learning Initiative vs. Guilt. Children can initiate motor activities of various sorts on their own and no longer responds to or imitate the actions of other children or of their parents.

### NEW QUESTION # 43

On assessment, the nurse notes that a 10-month-old child searches for and retrieves toys that disappear from view. Based on Piaget's stages of cognitive development, the nurse would recommend which of the following toys or games?

- A. Nesting toys
- B. Rattle
- C. Throw and retrieve
- D. Peek-a-boo

**Answer: A**

Explanation:

Explanation: A nesting toy makes a good toy for a 10-month-old infant. At 8 to 12 months, or during the coordination of secondary reactions, the child begins to learn that objects in the environment are permanent. That is why the child searches for and retrieves toys that disappear from view. It is also during this time that infants experience separation anxiety.

### NEW QUESTION # 44

A mother of a toddler who recently diagnosed with diabetes type 1 asks the nurse why her child can't be given oral antidiabetics

instead of insulin. The nurse would explain that oral medication would not work for the baby because they:

- A. stimulate the beta cells of the pancreas to produce insulin.
- B. enhance the transport of glucose into the cell.
- C. stimulate the release of glucagons from the pancreas to produce insulin.
- D. enhance the release of glycogen from the liver.

**Answer: A**

Explanation:

Explanation: Oral antidiabetics stimulate the pancreatic beta cells to synthesize and release insulin; these functional beta cells are absent in children with type 1 diabetes so they rely on exogenous insulin.

#### NEW QUESTION # 45

An infant with acute exacerbation of bronchopulmonary dysplasia (BPD) is placed on mechanical ventilation. The most appropriate ventilator strategy is:

- A. A normal PaCO<sub>2</sub>
- B. Permissive hypercapnia
- C. An adequate FiO<sub>2</sub> to maintain oxygen saturation greater than 95%
- D. A tidal volume of 10-15 mL/kg

**Answer: B**

Explanation:

In BPD, the lungs are already injured and prone to volutrauma and barotrauma. Ventilator strategies often include "gentle ventilation" with lower tidal volumes and permissive hypercapnia to reduce lung injury. This accepts slightly elevated CO<sub>2</sub> levels to avoid high pressures.

"Permissive hypercapnia is a lung-protective strategy used in infants with BPD to minimize ventilator-induced injury. Target PaCO<sub>2</sub> levels are allowed to be mildly elevated as long as pH is maintained." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Chronic Lung Disease Management)

#### NEW QUESTION # 46

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