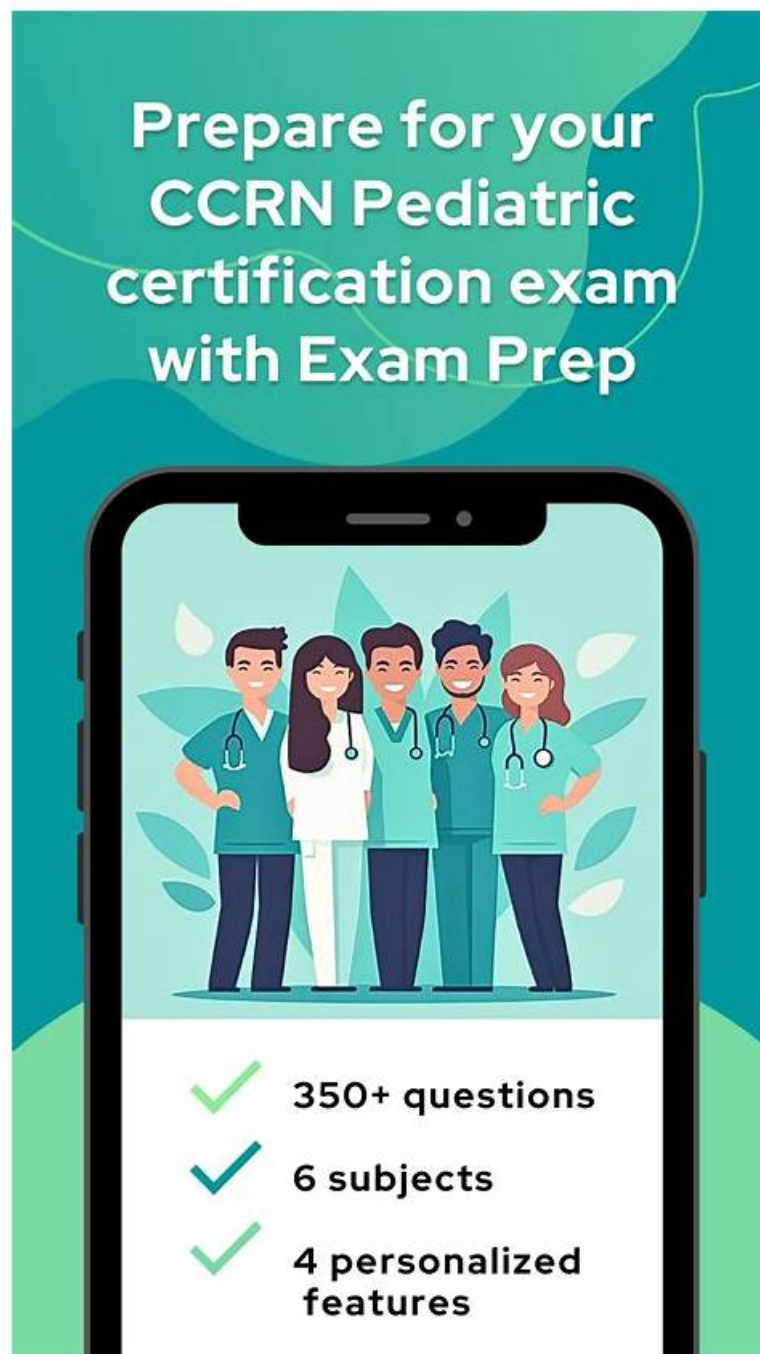


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The American Association of Critical-Care Nurses (AACN) established the CCRN-Pediatric certification exam to recognize nurses who possess advanced knowledge and skills in providing care to critically ill pediatric patients. Critical Care Nursing Exam

certification exam is designed for experienced nurses who work in pediatric intensive care units (PICUs), cardiac care units, and emergency departments. It evaluates the nurse's knowledge and expertise in areas such as cardiovascular, respiratory, neurological, and gastrointestinal systems, among others.

To be eligible to take the AACN CCRN-Pediatric Certification Exam, nurses must have a valid RN license and have completed at least 1,750 hours of direct patient care in a critical care setting within the last two years, with at least 875 of those hours working with pediatric patients. They must also have completed at least 25 continuing education hours in pediatric critical care nursing within the last three years.

The CCRN-Pediatric Certification Exam is a comprehensive assessment of the nurse's ability to provide safe and effective care to critically ill pediatric patients. It covers a broad spectrum of knowledge, including assessment, diagnosis, planning, intervention, and evaluation. Nurses who pass CCRN-Pediatric exam demonstrate their proficiency in managing complex patient cases, utilizing evidence-based practice, and providing family-centered care.

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AACN Critical Care Nursing Exam Sample Questions (Q14-Q19):

NEW QUESTION # 14

When is the best time to do a corrective surgery for an infant with hypospadias:

- A. 6-18 months of age.
- B. 72 hours after birth
- C. Within few months after birth
- D. Anytime during pre school age

Answer: A

Explanation:

Explanation: 6-18 months is the preferred age to do a corrective surgery for an infant with hypospadias because fear of castration and body image is not yet developed. It can't be performed shortly after birth because the phallus is not developed enough. Fear of bodily mutilation is present during pre school age.

NEW QUESTION # 15

In a child with a closed head injury, the presence of which of the following is most commonly associated with significant morbidity or mortality?

- A. Glasgow Coma Scale (GCS) score of 6
- B. Tonic-clonic seizures
- C. Cerebral perfusion pressure (CPP) of 65 mm Hg
- D. SIADH

Answer: A

Explanation:

AGCS score of 6 indicates severe neurologic impairment and correlates strongly with poor outcomes in pediatric head trauma. It reflects deep unconsciousness and minimal responsiveness.

"A GCS < 8 indicates severe head injury and is associated with higher morbidity and mortality in pediatric trauma. Prognosis worsens as the score decreases." (Referenced from CCRN Pediatric - Direct Care: Neurologic Trauma and Intracranial Monitoring)

NEW QUESTION # 16

Why are unit admission and discharge criteria developed?

- A. Provide ethical decision-making guidelines
- B. Identify criteria for withholding treatment
- C. Secure managed care contracts
- D. Address triage decisions

Answer: A

Explanation:

Establishing admission and discharge criteria ensures that care decisions are consistent, justifiable, and ethically grounded. These criteria guide clinicians in resource allocation, promoting fair access and minimizing bias in treatment decisions.

"Admission/discharge policies support ethical care delivery by ensuring objective, equitable decision-making, especially in high-acuity environments like ICUs." (Referenced from CCRN Pediatric - Professional Caring and Ethical Practice: Ethical Resource Management and Clinical Guidelines)

NEW QUESTION # 17

A family member has not left a child's bedside in 3 days and says, "I would leave, but I don't know where to go." The best nursing response is:

- A. "Would you like me to bring you some new magazines to read?"
- B. "Where do you normally go to relax and de-stress?"
- C. "Do you have a friend you could call to take you out?"
- D. "I can print off a list of area restaurants and shopping for you."

Answer: B

Explanation:

This response uses reflective, supportive communication and encourages the family member to connect with their own coping mechanisms and preferences. It shows empathy, builds rapport, and helps the individual think about self-care without directing them or dismissing their feelings.

"Psychosocial support includes guiding family members to express their feelings and reconnect with their coping resources. Open-ended, supportive questions are most therapeutic." (Referenced from CCRN Pediatric - Direct Care: Psychosocial, Family Stress and Coping in Critical Illness)

NEW QUESTION # 18

An infant is admitted with tonic-clonic movement of the lower extremities. The most likely etiology of the seizure is:

- A. A febrile illness
- B. A brain tumor
- C. Lead poisoning
- D. An arteriovenous malformation

Answer: A

Explanation:

Febrile seizures are the most common cause of seizures in infants and young children, typically between 6 months and 5 years. They often occur with a rapid rise in body temperature, even in the absence of intracranial infection or metabolic disturbances.

"In infants, febrile seizures are the most likely cause of new-onset seizures. Tonic-clonic activity confined to extremities is typical. Evaluation focuses on identifying the febrile source." (Referenced from CCRN Pediatric - Direct Care: Neurological, Pediatric Seizure Disorders) Lead poisoning and structural brain anomalies are less common and usually not the first consideration in an acute setting with fever.

NEW QUESTION # 19

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