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## **CCRN Pediatric Practice Exam Questions From AACN With 100% correct Answers Grade A Certified 2025/26**

To promote effective grieving in a 6-year-old sibling following the death of an infant, the nurse should:

- A) Recommend that the sibling not attend the infant's memorial service
- B) Encourage the parents to minimize their expression of grief with the sibling
- C) Explain to the sibling that the infant went to heaven
- D) Explain to the sibling that thoughts and wishes did not cause the infant's death

- correct answersAnswer: D) Explain to the sibling that thoughts and wishes did not cause the infant's death: At age 6, children may take words literally and because of their egocentrism, they believe that thoughts are all-powerful. They may truly believe they caused the death of their sibling. A simple, honest explanation of why the sibling died is indicated. This intervention is consistent with Caring Processes.

- A) Recommend that the sibling not attend the infant's memorial service: This intervention is not a solution to the problem and will not promote effective grieving for the sibling. It is not consistent with Caring Processes.
- B) Encourage the parents to minimize their expression of grief with the sibling: This intervention will lead to ineffective grieving for the sibling and is not consistent with Caring Processes
- C) Explain to the sibling that the infant went to heaven: This intervention will not address the sibling's problem

A 5-year-old with a history of congenital hydrocephalus and VP shunt placement at four weeks of age is admitted with increased somnolence, decreased appetite, and increased complaints of headache. This morning the child vomited twice. The nurse should anticipate:

- A) The physician ordering lumbar puncture and blood and urine cultures
- B) the patient having a CT scan followed by possible shunt revision
- C) Administering mannitol or hypertonic saline
- D) Administering phenytoin (Dilantin) or fosphenytoin (Cerebyx) - correct answersAnswer: B)

The patient having a CT scan followed by possible shunt revision: This patient is demonstrating signs of increased intracranial pressure. The most likely etiology is malfunction of the VP shunt as a result of blockage or disconnection, which is particularly likely over time as the child grows. The definitive diagnosis is made by a CT scan and a shunt series. Surgical intervention for a shunt revision would be indicated.

- A) The physician ordering lumbar puncture and blood and urine cultures: These interventions will not address the most likely primary problem, which is suspected VP shunt malfunction. Additionally, lumbar puncture is contraindicated in the presence of increased intracranial pressure, because downward herniation of the brainstem can occur.
- C) Administering mannitol or hypertonic saline: These medications are indicated for the medical management of increased intracranial pressure, of which this patient has symptoms. However, they will not address the most likely primary problem, which is suspected VP shunt malfunction.

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To be eligible to take the AACN CCRN-Pediatric Certification Exam, nurses must have a current, unencumbered RN license and a minimum of 1,750 hours of direct bedside care in a pediatric critical care setting within the past two years, or a minimum of 875 hours of direct bedside care in a pediatric critical care setting within the past year. CCRN-Pediatric exam is computer-based and consists of 125 multiple-choice questions that cover a variety of topics related to the care of critically ill pediatric patients, including cardiovascular, respiratory, neurological, renal, and gastrointestinal systems, as well as professional issues such as ethics, communication, and collaboration. Successful completion of the exam demonstrates a nurse's commitment to providing high-quality care to pediatric patients in critical care settings and can enhance their professional credibility and career opportunities.

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## AACN Critical Care Nursing Exam Sample Questions (Q13-Q18):

### NEW QUESTION # 13

A school age child is admitted with cancer. The doctor ordered Fentanyl (lollipop) if there is a breakthrough pain. During the teaching on how to use the lollipop, the nurse should state that the client should:

- A. Place it in the mouth and suck on it until it dissolves.
- B. suck on it for an hour at a time, every 8 hours
- C. hold it in the cheek area until the pain is relieved then remove it.
- D. suck it and swallow once pain is relieved.

**Answer: C**

Explanation:

Explanation: A Fentanyl lozenge or lollipop is absorbed through the buccal mucosa. When pain is relieved, it should be removed and kept until needed again. Remember that there's no specific time to suck on the lozenge

### NEW QUESTION # 14

A pediatric patient is admitted with severe sepsis and multi-organ dysfunction syndrome (MODS).

Which of the following treatments should a nurse anticipate initially?

- A. Vasodilators, continuous renal replacement therapy (CRRT), and parenteral nutrition
- B. Continuous renal replacement therapy (CRRT), ventilator support, and chest physiotherapy(CPT)
- C. Vasopressors, fluid management, and ventilator support
- D. Vasopressors, chest physiotherapy (CPT), and total parenteral nutrition

**Answer: C**

Explanation:

Initial management of severe pediatric sepsis and MODS focuses on early goal-directed therapy, including fluid resuscitation, vasopressors for perfusion, and ventilator support for respiratory failure. This aligns with Pediatric Advanced Life Support (PALS) and AACN sepsis management protocols.

"In children with sepsis-induced MODS, the priority is to restore tissue perfusion through fluid resuscitation and initiate vasopressors if shock persists. Ventilator support is implemented for respiratory compromise.

These interventions are considered initial and lifesaving."

(Referenced from CCRN Pediatric - Direct Care: Multisystem Dysfunction and Sepsis Guidelines)

### NEW QUESTION # 15

An 18-month-old child is irritable and restless. Retractions, grunting with crackles, and an S3 gallop are noted. Vital signs:

\* BP: 70/56

\* HR: 160

\* RR: 60

\* Temp: 99°F (37.4°C)

Which of the following types of shock is this patient most likely experiencing?

- A. Obstructive
- B. Distributive
- C. Hypovolemic
- D. Cardiogenic

**Answer: D**

Explanation:

The presence of grunting, crackles, retractions, and an S3 gallop with hypotension and tachycardia is highly suggestive of cardiogenic shock. These findings indicate poor myocardial contractility and pulmonary congestion. An S3 gallop is particularly indicative

of volume overload in the setting of ventricular dysfunction.

"Cardiogenic shock should be suspected in pediatric patients with signs of respiratory distress (crackles, retractions), an S3 gallop, and poor perfusion. Myocardial failure leads to elevated filling pressures and pulmonary edema." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Types of Shock and Hemodynamic Findings)

#### NEW QUESTION # 16

The twelve-year-old boy has fractured his arm because of a fall from his bike. After the injury has been casted, the nurse knows it is most important to perform all of the following assessments on the area distal to the injury except:

- A. skin integrity
- B. finger movement
- C. capillary refill
- D. radial and ulnar pulse.

#### Answer: A

Explanation:

Explanation: Skin integrity is less important. Capillary refill pulses, and skin temperature and color are indicative of intact circulation and absence of compartment syndrome. Skin integrity is less important.

#### NEW QUESTION # 17

Which of the following is appropriate toy for an 8 month old infant?

- A. jack-in-the-box
- B. finger paint
- C. play gym strung across the crib
- D. small rubber ball

#### Answer: A

Explanation:

Explanation: Jack-in-the-box appropriate toy for an 8 month old infant. The cognitive development of an infant (birth up to 2 years) according to Piaget's theory is Sensorimotor. The child will look for an object once it disappears from the sight to develop the cognitive skill of permanence.

#### NEW QUESTION # 18

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