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CCRN Pediatric Practice Exam Questions from AACN

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 - Ans Answer: 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) - Ans Answer: 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 medication are indicated for the medical management of increased intracranial pressure, of which this patient has

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AACN Critical Care Nursing Exam Sample Questions (Q76-Q81):

NEW QUESTION # 76

A patient's mother shares with a nurse that the patient has been sleeping more than usual, and has expressed feelings of hopelessness and "unbearable pain". Which of the following is the priority nursing intervention?

- A. Obtaining an ECG
- B. Reviewing the medication history
- C. Gathering a full set of vital signs
- **D. Completing a suicidal risk assessment tool**

Answer: D

Explanation:

Expressions of hopelessness, fatigue, and unbearable pain are red flags for suicidal ideation, particularly in pediatric patients.

Immediate action is needed to assess suicide risk to ensure patient safety.

"In pediatric patients, behavioral cues such as excessive sleep, hopelessness, and verbal expressions of despair should trigger immediate suicide screening and risk assessment protocols." (Referenced from CCRN Pediatric - Direct Care: Psychosocial and Emotional Assessment in Critically Ill Children) This is a priority safety concern and must be addressed before any further medical assessments or reviews.

NEW QUESTION # 77

Which of the following is the reason a patient with dilated cardiomyopathy is administered Digoxin (Lanoxin)?

- A. Negative inotropic effects
- **B. Positive inotropic effects**
- C. Increased sinus atrial node rate
- D. Decreased AV node rate

Answer: B

Explanation:

Digoxin enhances contractility of the heart through positive inotropic effects, which is beneficial in dilated cardiomyopathy, where the ventricles are weakened and unable to pump efficiently. It improves cardiac output and reduces symptoms of heart failure.

"Positive inotropic agents like digoxin are used in dilated cardiomyopathy to improve myocardial contractility and cardiac output." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Heart Failure Management)

NEW QUESTION # 78

A child with spinal muscular atrophy type I (SMA) is admitted with respiratory syncytial virus (RSV).

The child is hypotonic and tachypneic with moderate subcostal retractions and nasal flaring. After suctioning, the child's respiratory status does not improve. Arterial oxygen saturations are 93% with an FiO₂ of 50%. Which of the following interventions should the nurse anticipate next?

- A. Administration of antibiotics
- B. Inhaled beta-agonist administration
- C. Non-invasive positive pressure ventilation
- **D. Intubation and mechanical ventilation**

Answer: D

Explanation:

Children with SMA Type I have profound muscle weakness, including respiratory muscles. RSV increases respiratory workload, and once non-invasive measures and suctioning fail, intubation and mechanical ventilation are indicated to reduce fatigue and support gas exchange.

"Patients with neuromuscular disorders such as SMA are at increased risk for respiratory failure during acute infections. Mechanical ventilation is required when oxygenation does not improve with non-invasive methods or when respiratory fatigue is evident." (Referenced from CCRN Pediatric - Direct Care: Pulmonary Disorders and Neuromuscular Disease) O₂ saturations in the low 90s despite 50% FiO₂ signal worsening gas exchange. Non-invasive support may be inadequate in the setting of hypotonia and viral pneumonia.

NEW QUESTION # 79

A 9-year-old patient with a history of tachycardia and syncope is connected to a monitor that shows a HR of 190, with regular P-P and R-R intervals. The patient is awake, crying, anxious, and has a BP of 94/60. Which of the following is the initial nursing intervention?

- A. Instruct the parent to "put this ice bag on the child's head."
- B. Have the parent hold the child while securing IV access
- C. Prepare for sedation and cardioversion
- **D. Have the child pretend to play a horn while blowing through a straw**

Answer: D

Explanation:

The patient is stable with supraventricular tachycardia (SVT). Initial treatment in stable pediatric SVT involves vagal maneuvers to increase vagal tone and potentially terminate the arrhythmia. Having the child blow through a straw or simulate blowing a horn is a safe and effective method in a cooperative child.

"In stable pediatric patients with SVT, vagal maneuvers are the first-line intervention. Activities such as forced exhalation (blowing through a straw) may revert the rhythm." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Pediatric Tachyarrhythmias Management)

NEW QUESTION # 80

A nurse must be aware that infants with heart failure require immediate scheduling of:

- A. different treatment as that of an adult.
- B. operations during childhood.
- **C. same medications as that of an adult.**
- D. meticulous heart surgery.

Answer: C

Explanation:

Explanation: For a reason that mechanism of heart failure is exactly the same in pediatrics and geriatrics.

Same medications like cardiac glycosides and furosemide are utilized, although the dosage will be different. Other options are uncertain because there are other treatments which are successful other than surgeries.

NEW QUESTION # 81

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