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AACN Critical Care Nursing Exam Sample Questions (Q32-Q37):

NEW QUESTION # 32

A patient on peritoneal dialysis has high blood glucose. Most likely cause is:

- A. Increased glucagon release
- B. Systemic corticosteroids
- C. Decreased pancreatic function
- **D. Glucose in the dialysate**

Answer: D

Explanation:

Peritoneal dialysis uses dialysate fluid that contains glucose to create an osmotic gradient for fluid removal.

This glucose can be absorbed into the bloodstream, especially with prolonged dwell times, resulting in hyperglycemia, particularly in pediatric patients with small body mass.

"Glucose in peritoneal dialysis solutions may be systemically absorbed, causing elevated serum glucose levels, particularly in pediatric and insulin-sensitive patients." (Referenced from CCRN Pediatric - Direct Care: Endocrine/Renal, Dialysis Complications)

NEW QUESTION # 33

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

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

Answer: C

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 # 34

A 4-day-old infant presents with lethargy, vomiting, acidosis, and has a seizure upon arrival. What is the most likely diagnosis?

- A. Biliary atresia
- B. Inborn errors of metabolism
- C. Gastroesophageal reflux
- D. Congenital heart disease

Answer: B

Explanation:

Inborn errors of metabolism (IEM) often present within the first few days of life with nonspecific symptoms like poor feeding, vomiting, lethargy, metabolic acidosis, and seizures. These disorders impair the body's ability to metabolize proteins, fats, or carbohydrates, leading to toxic metabolite accumulation.

"Infants with inborn errors of metabolism commonly present in the first week of life with lethargy, vomiting, seizures, and metabolic acidosis. Prompt recognition is critical." (Referenced from CCRN Pediatric - Direct Care: Multisystem, Metabolic Disorders and Acute Presentations)

NEW QUESTION # 35

When determining the effectiveness of teaching a child's mother about sickle cell disease, which of the following statements by the mother indicates the need for additional teaching:

- A. "He's going to be playing on a soccer team when he's feeling better."
- B. "I'm concerned about how the hospital staff will manage his pain."
- C. "I've started to give him some extra fluids with and between meals."
- D. "I've told the child's father that both he and I are carriers of the disease."

Answer: A

Explanation:

Explanation: "He's going to be playing on a soccer team when he's feeling better" definitely indicated the need of additional teaching. Physical and emotional stress can precipitate a sickle cell crisis. Physical exercise such as running involved in soccer would increase the child's risk for a crisis. Thus, the mother needs additional instructions about this area.

NEW QUESTION # 36

Which of the following immunizations would the nurse expect to administer to a child who is HIV (+) and severely immunocompromised:

- A. DTaP
- **B. IPV**
- C. MMR
- D. Rotavirus

Answer: B

Explanation:

Explanation: IPV or Inactivated polio vaccine does not contain live micro organisms which can be harmful to an immunocompromised child. Unlike OPV, IPV is administered via IM route.

NEW QUESTION # 37

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