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AACN CCRN-Pediatric Certification Exam covers a wide range of topics related to the care of acutely ill pediatric patients such as cardiovascular, neurological, respiratory, endocrine, gastrointestinal, renal, and immune system dysfunctions. CCRN-Pediatric exam also tests a nurse's knowledge of pharmacological interventions and procedures used in the critical care setting. CCRN-Pediatric exam consists of 125 multiple-choice questions and is administered via computer-based testing at designated testing centers throughout the United States.

The benefits of obtaining the CCRN-Pediatric Certification are numerous. It provides recognition of the nurse's advanced knowledge and skills in pediatric critical care nursing. It also enhances the nurse's credibility and marketability in the job market, as many employers require or prefer certification for specialized nursing positions. Additionally, obtaining certification demonstrates a commitment to professional development and ongoing learning, which can lead to career advancement and increased job satisfaction.

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AACN Critical Care Nursing Exam Sample Questions (Q107-Q112):

NEW QUESTION # 107

A child who nearly drowned received CPR, was resuscitated quickly, and regained consciousness. What should the nurse

anticipate?

- A. Severe electrolyte imbalances may be present
- B. The patient does not require intensive care
- **C. Life-threatening respiratory complications may develop**
- D. Ventricular arrhythmias may occur

Answer: C

Explanation:

Even with a good initial response, delayed respiratory complications, such as acute respiratory distress syndrome (ARDS) or pulmonary edema, can develop within 24-48 hours after submersion. All pediatric near-drowning cases should be monitored in an ICU setting for at least 24 hours.

"Post-submersion patients are at high risk for delayed onset ARDS. Observation in a monitored setting is essential regardless of initial neurologic status." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Submersion Injuries and Post-Resuscitation Care)

NEW QUESTION # 108

Signs of cold stress that the nurse must be alert when caring for a Newborn is:

- A. Hypothermia
- **B. Increased Respirations**
- C. Shaking
- D. Decreased activity level

Answer: B

Explanation:

Explanation: A newborn will increase its respirations because the newborn will need more oxygen because of too much activity. Hypothermia is inaccurate because normally, temperature of a newborn drops, also a child under cold stress will kick and cry to increase the metabolic rate thereby increasing heat so B isn't a good choice. A newborn doesn't have the ability to shiver.

NEW QUESTION # 109

A mother asks the nurse how she can prevent her child from developing recurrent otitis media. The nurse's best response is which of the following?

- A. "Administer nose drops before bedtime"
- **B. "Increase the child's fluid intake if she's experiencing common colds."**
- C. "Feed the child on his back."
- D. "Cover the child's ear when bathing."

Answer: B

Explanation:

Explanation: Respiratory infections are appropriately and immediately treated to prevent recurrent ear infections. Increasing the child's fluid intake is an effective way of treating respiratory infections.

Respiratory secretions are good breeding sites for bacterial growth. The child is fed in the upright position. The other options are inappropriate.

NEW QUESTION # 110

During a community visit, a mother asks the nurse on how to relieve the itch in a child with chicken pox. The nurse should suggest:

- A. have the child wear mittens
- B. use wet to dry saline dressing on the lesion
- **C. pat the lesions with calamine lotion**
- D. rub bacitracin ointment on the lesion

Answer: C

Explanation:

Explanation: The lesions will not be disturbed if you pat them. Also, calamine lotion is an effective drying agent.

NEW QUESTION # 111

After teaching the parents of an 18-month-old child who has undergone cleft palate repair how to use elbow restraints, which of the following statements by the parents indicates effective teaching:

- A. "We can take off the restraints while our child is playing but we'll make sure to put them back on at night."
- B. "We'll keep the restraints in place continuously until the doctor says it's okay to remove them."
- C. "The restraints should be taped directly to our child's arms so that they will stay in one place."
- D. "We'll remove the restraints temporarily at least three times a day to check his skin then put them right back on."

Answer: D

Explanation:

Explanation: Elbow restraints help to keep the child from placing fingers or any other object in the mouth that would cause injury to the operative site. The restraints are worn at all times except when they are removed to check the skin. Because of the risk for skin breakdown, the restraints are removed periodically during the day to assess the child's underlying skin. It is advisable to remove only one restraint at a time while keeping hold of the child's hand on the unrestrained side.

NEW QUESTION # 112

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