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AACN CCRN-Pediatric Certification Exam is intended for nurses who have already gained significant experience working in pediatric critical care. CCRN-Pediatric exam is designed to recognize and validate their expertise and dedication to the field. Certification is voluntary, but it is highly recommended for nurses who wish to advance their careers and demonstrate their commitment to providing the highest level of care to their patients.

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Our CCRN-Pediatric PDF format is user-friendly and accessible on any smart device, allowing applicants to study from anywhere at any time. We have included actual and updated AACN CCRN-Pediatric Questions in this CCRN-Pediatric Dumps PDF file. Our Critical Care Nursing Exam exam dumps PDF format is designed to help individuals acquire the knowledge necessary to succeed in the test.

To be eligible for the AACN CCRN-Pediatric Exam, nurses must have a current, unrestricted RN license in the United States and have worked at least 1,750 hours in direct care of acutely/critically ill pediatric patients within the last two years. Nurses who meet these requirements can register to take the exam and receive study materials from the AACN.

## AACN Critical Care Nursing Exam Sample Questions (Q69-Q74):

### NEW QUESTION # 69

A child's ABG reveals pH 7.58, PaCO<sub>2</sub> 40, HCO<sub>3</sub><sup>-</sup> 30. What electrolyte change is expected?

- A. Ionized calcium will increase
- B. Serum potassium will increase
- C. Serum potassium will decrease
- D. Serum magnesium will increase

**Answer: C**

Explanation:

The ABG shows a primary metabolic alkalosis (elevated HCO<sub>3</sub><sup>-</sup> and high pH). In alkalosis, hydrogen ions shift out of cells, and potassium shifts into cells, leading to hypokalemia. This intracellular shift reduces serum potassium levels.

"Metabolic alkalosis results in intracellular potassium shifting, causing serum hypokalemia, which may lead to arrhythmias or muscle weakness." (Referenced from CCRN Pediatric - Direct Care: Endocrine, Acid-Base Balance and Electrolyte Implications)

#### NEW QUESTION # 70

Jayson, a 4 years old, is sitting in the pediatric clinic with Daniel, another patient. He suddenly realized that he has wet his pants and runs to the nurse, crying. The most appropriate initial response by the nurse is:

- A. "Why Jayson? What happened? Why did you wet your pants?"
- B. "Let's take off those wet pants, Jayson, and put on something dry so you'll be more comfortable".
- C. "You know better than this, Jayson. Next time you'll get a good spanking"
- D. "Wait until I tell Daniel what you did. Aren't you ashamed of yourself?"

**Answer: B**

Explanation:

Explanation: The most appropriate response would be "Let's take off those wet pants, Jayson, and put on something dry so you'll be more comfortable." The nurse must focus on treating the patient with respect first and then attempt to modify wrong behavior. This principle shows an acceptable standard of nursing action.

#### NEW QUESTION # 71

A child is postoperative day 2 following a heart transplant. Which of the following suggests that the complications are likely related to prolonged clamping of the aorta?

- A. Decreased blood pressure
- B. Increased central venous pressure
- C. Increased heart rate
- D. Decreased urine output

**Answer: D**

Explanation:

Prolonged aortic cross-clamping can impair renal perfusion, especially during cardiac surgery. Decreased urine output postoperatively may be a sign of acute kidney injury (AKI) secondary to hypoperfusion during the clamping phase.

"Renal hypoperfusion during prolonged aortic cross-clamping may manifest postoperatively as oliguria or anuria, indicating renal compromise." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Postoperative Transplant Complications)

#### NEW QUESTION # 72

A 5 year-old child is recovering from Varicella

a. The father would like to have the child return to school as soon as possible. In order to ensure that the disease is no longer communicable, what must the nurse assess for?

- A. Presence of vesicles
- B. All lesions were crusted
- C. Coryza
- D. Increase in temperature

**Answer: B**

Explanation:

Explanation: The rash begins as a macule with elevated body temperature and progresses to a vesicle that breaks open and then crusts over. When all lesions are crusted, the child is no longer in a communicable stage.

#### NEW QUESTION # 73

A child ventilated with PEEP of 10 cm H<sub>2</sub>O exhibits acute decreases in O<sub>2</sub> saturation, HR, BP, and systemic perfusion. A nurse should notify the physician and prepare for:

- A. Thoracentesis
- B. Administration of fluid bolus
- C. Inotropic drug initiation
- D. Pericardiocentesis

**Answer: A**

Explanation:

High PEEP levels can cause barotrauma, leading to tension pneumothorax-a life-threatening complication.

Symptoms include sudden hypoxia, bradycardia, hypotension, and reduced perfusion. Thoracentesis (needle decompression) is the emergency intervention.

"Sudden hemodynamic instability in a ventilated child on high PEEP may indicate pneumothorax. Immediate decompression is warranted to restore cardiopulmonary function." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Mechanical Ventilation and Complications)

### NEW QUESTION # 74

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