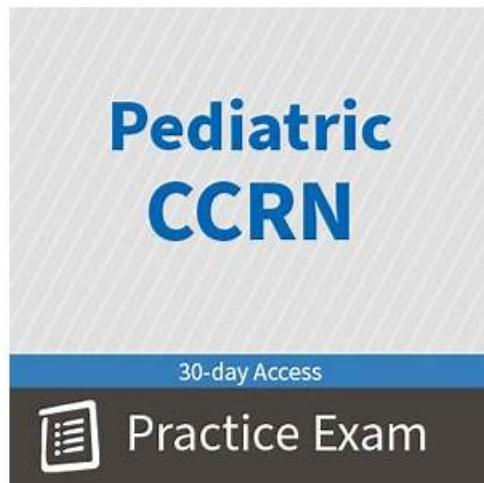


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The American Association of Critical-Care Nurses (AACN) Certification Corporation offers certifications in various nursing specialties, and one of their most prestigious certifications is the CCRN-Pediatric exam. Critical Care Nursing Exam certification is specifically designed for nurses who work in pediatric critical care settings, such as intensive care units, cardiac care units, and emergency departments. Nurses who pass the CCRN-Pediatric exam demonstrate their expertise in providing care for critically ill pediatric patients.

Obtaining the CCRN-Pediatric Certification can be a significant career achievement for nurses who specialize in pediatric critical care. Certification demonstrates a commitment to professional development and can increase job opportunities and earning potential. It can also enhance a nurse's credibility and recognition among peers, patients, and employers. Additionally, certification can improve patient outcomes by ensuring that nurses possess the specialized knowledge and skills needed to provide safe and effective care to critically ill pediatric patients.

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AACN Critical Care Nursing Exam Sample Questions (Q17-Q22):

NEW QUESTION # 17

Ventricular septal defect is a congenital heart condition that:

- A. Decreases pulmonary flow
- B. Increases pulmonary flow
- C. Increases systemic flow
- D. Decreases systemic flow

Answer: B

Explanation:

In a ventricular septal defect (VSD), blood shunts from the left to the right ventricle due to higher systemic pressure. This leads to increased pulmonary blood flow (left-to-right shunt), which can cause pulmonary overcirculation and heart failure if untreated. "VSDs result in a left-to-right shunt that increases pulmonary circulation. This may cause pulmonary congestion, increased work of breathing, and failure to thrive in infants." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular Congenital Defects)

NEW QUESTION # 18

A school age girl was rushed to the Emergency room with symptoms of acute, crampy abdominal pain, fever, and impaired sensory perception. The nurse found a black line between his teeth and gums. The client needs further evaluation because findings are characteristics of:

- A. Tetracycline exposure
- B. Plumbism
- C. Perthe's disease
- D. Aspirin toxicity

Answer: B

Explanation:

Explanation: Findings are common to lead poisoning or Plumbism attributable to the deposition of lead at the gum lines and in between teeth.

NEW QUESTION # 19

A child is admitted following chest trauma, and a small pneumothorax (less than 10%) is noted. A nurse should anticipate which of the following?

- A. Incentive spirometry
- B. Chest tube insertion
- C. Chest percussion
- D. Observation

Answer: D

Explanation:

Small pneumothoraces (<10%) are often managed conservatively in hemodynamically stable pediatric patients. The body's natural reabsorption of intrapleural air typically resolves the condition without invasive intervention, provided that the patient is monitored closely.

"Observation is appropriate for small pneumothoraces (less than 10%) in stable pediatric patients. Serial chest radiographs and clinical assessments are used to monitor for progression. Chest tube insertion is generally reserved for larger or symptomatic pneumothoraces." (Referenced from CCRN Pediatric - Direct Care: Pulmonary Trauma and Chest Injury)

NEW QUESTION # 20

A 6-year-old child with SIADH was initially treated with a full liquid diet high in sodium. The child is now complaining of headaches, nausea, and muscle cramps. Laboratory results indicate a low sodium level. The revised plan of care should be to:

- A. Replace twice the urine output volume with 3% NS

- B. Restrict IV fluids to $\frac{1}{2}$ maintenance
- C. Give a normal saline fluid bolus
- D. Administer vasopressin (Pitressin)

Answer: B

Explanation:

SIADH (Syndrome of Inappropriate Antidiuretic Hormone) leads to water retention and dilutional hyponatremia. First-line treatment is fluid restriction to reduce free water intake and correct sodium imbalance.

"SIADH treatment involves fluid restriction to correct hyponatremia. Sodium supplementation may be necessary, but fluid management is the cornerstone." (Referenced from CCRN Pediatric - Direct Care: Endocrine, Electrolyte and Fluid Regulation)

NEW QUESTION # 21

Immunization is very important to prevent certain disease. Daniel, a 5 and a half month-old infant should already receive:

- A. booster of IPV
- B. first booster of DTaP vaccine
- C. measles, mumps and rubella vaccine
- D. two doses of DTaP vaccine

Answer: D

Explanation:

Explanation: Schedule is 3 doses of DTaP at 2 month intervals starting at 2 months of age. Fourth dose of IPV should be given at 4-6 years old. MMR vaccine is given at 12-15 months of age. First booster of DTP is at 15-18 months of age.

NEW QUESTION # 22

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