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**CCRN Pediatric Practice Exam
Questions from AACN ALL ANSWERS
100% CORRECT SPRING FALL-
2022/2023 LATEST RATED GRADE A+**

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 - 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) - 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

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AACN Critical Care Nursing Exam Sample Questions (Q28-Q33):

NEW QUESTION # 28

Following placement of a central venous catheter, a mechanically ventilated child develops acute tachycardia, hypotension, and arterial desaturation. A nurse should evaluate the need for:

- A. An IV fluid bolus
- B. An increase in the ventilator rate
- C. Administration of a sedative
- **D. Insertion of a chest tube**

Answer: D

Explanation:

Central venous catheter placement can lead to iatrogenic pneumothorax, particularly on the side of the subclavian or internal jugular access. Signs of sudden desaturation, hypotension, and tachycardia suggest tension pneumothorax, which requires emergent chest tube insertion.

"Following central line placement, sudden cardiorespiratory compromise should prompt evaluation for pneumothorax. Treatment is immediate decompression and chest tube placement." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Air Leak Syndromes and Ventilator Complications)

NEW QUESTION # 29

Which of the following interventions is most effective in preventing pulmonary vasospasm in an infant with persistent pulmonary hypertension of the newborn (PPHN)?

- **A. Minimal stimulation**
- B. Alprostadil (Caverject) administration
- C. O₂ weaning
- D. Aminophylline administration

Answer: A

Explanation:

PPHN is a condition in which pulmonary vascular resistance remains abnormally high after birth. In this fragile state, handling or stress can worsen pulmonary vasospasm. Minimal stimulation—such as reducing noise, light, and touch—is critical to preventing exacerbation.

"Infants with PPHN are highly sensitive to stress. Minimal stimulation reduces sympathetic discharge and prevents exacerbation of pulmonary vasoconstriction." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Neonatal Pulmonary Hypertension Management) Alprostadil is used in ductal-dependent congenital heart lesions, not in primary management of PPHN.

NEW QUESTION # 30

Ada, tells the nurse that she wants to begin toilet training her 22-month-old child. The most important factor for the nurse to stress to the mother is:

- A. The mother's positive attitude
- B. Consistency in approach
- C. Developmental level of the child's peers
- **D. Developmental readiness of the child**

Answer: D

Explanation:

Explanation: If the child isn't developmentally ready, child and parent will become frustrated. Consistency is important once toilet training has already started.

NEW QUESTION # 31

One hour after starting a continuous IV insulin, a patient's glucose drops by 145 mg/dL. What should the nurse monitor for?

- A. Bradycardia, widened pulse pressure, and doll's eyes reflex
- B. Tachycardia, widened pulse pressure, and oliguria
- **C. Bradycardia, irregular respirations, and widened pulse pressure**
- D. Tachycardia, irregular respirations, and polyuria

Answer: C

Explanation:

A rapid drop in blood glucose, especially during DKA treatment, can result in cerebral edema—a life-threatening complication. Symptoms include bradycardia, irregular respirations, altered mental status, and widened pulse pressure due to increased intracranial pressure.

"A drop in serum glucose >100 mg/dL/hr in DKA increases risk for cerebral edema. Monitor for bradycardia, abnormal breathing, and neurologic decline." (Referenced from CCRN Pediatric - Direct Care: Endocrine, DKA and Cerebral Edema Monitoring)

NEW QUESTION # 32

An infant in need of a transfusion of PRBCs has only one IV access site with maintenance fluids infusing. After receiving orders to hold the maintenance fluids and administer PRBCs, the nurse should be sure to monitor which of the following?

- **A. Blood glucose level**
- B. Creatinine clearance level
- C. Serum sodium level
- D. The mother's interaction with the infant

Answer: A

Explanation:

Infants, particularly neonates, are at risk for hypoglycemia during transfusions if glucose-containing maintenance fluids are held for a significant period. Monitoring blood glucose is critical during and after the transfusion to detect and treat any hypoglycemia promptly. "When glucose-containing IV fluids are held in infants, monitor blood glucose closely. Transfusions without concurrent dextrose infusion can precipitate hypoglycemia, especially in neonates." (Referenced from CCRN Pediatric - Direct Care: Hematology, Transfusion Guidelines in Neonates and Infants)

NEW QUESTION # 33

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