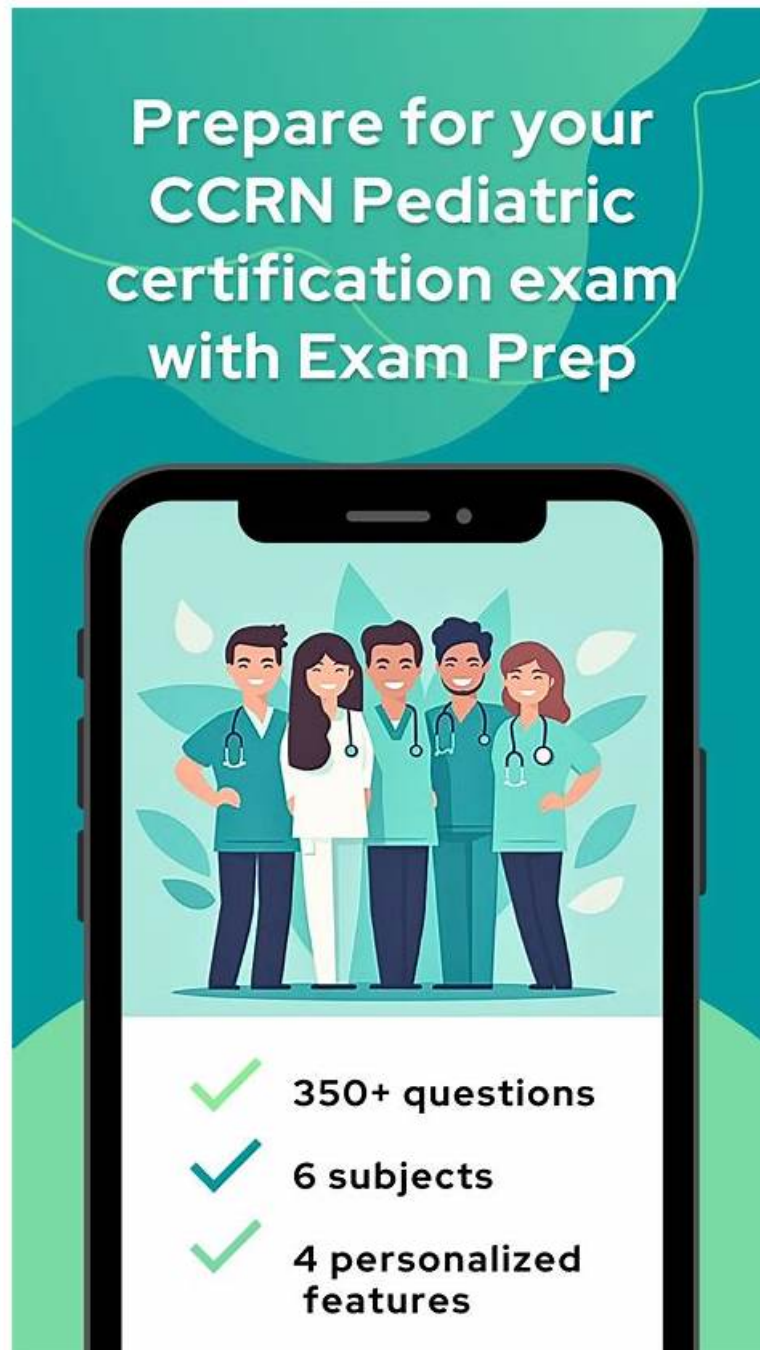


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AACN Critical Care Nursing Exam Sample Questions (Q27-Q32):

NEW QUESTION # 27

An infant is diagnosed with a proximal esophageal atresia with a distal fistula. A nurse should anticipate:

- A. A nasojunal tube for continuous feeds
- B. Providing the infant with a pacifier for comfort
- C. Positioning with head of bed down
- D. A patent sump in the proximal esophageal pouch

Answer: D

Explanation:

In esophageal atresia with tracheoesophageal fistula, secretions can accumulate in the blind-ending proximal pouch, risking aspiration. A sump tube with low continuous suction (sump) is placed to keep the pouch drained until surgical repair.

"Management of esophageal atresia includes placement of a sump in the upper pouch to prevent aspiration and respiratory compromise. This is standard preoperative care." (Referenced from CCRN Pediatric - Direct Care: Gastrointestinal, Congenital Abnormalities)

NEW QUESTION # 28

A nurse is aware that findings would differentiate talipes equinovarus as a true clubfoot from a pseudo-clubfoot. A true clubfoot:

- A. can be rotated past the midline and returns once released
- B. can't be rotated past the midline
- C. will be cooler to touch than the other foot
- D. has little movement

Answer: B

Explanation:

Explanation: True clubfoot cannot be rotated past the midline. It is an indication that ligaments, tendons, and bone changes are involved.

NEW QUESTION # 29

An infant is 2 hours post median sternotomy closure after cardiac surgery. Assessment:

* BP:82/56

* HR:170

* Temp:101.8°F (38.8°C)

* CVP:3 mmHg

* Cap refill:2 seconds

* Skin color:Bright

Which type of shock is most likely developing?

- A. Hypovolemic
- B. Neurogenic
- C. Cardiogenic
- **D. Septic**

Answer: D

Explanation:

This infant displays signs of early septic shock, including tachycardia, fever, normal cap refill, and low CVP.

In the hyperdynamic early phase of septic shock, patients may initially have warm, flushed skin and bounding pulses, with preserved perfusion before progressing to a decompensated state.

"Septic shock may present with increased HR, fever, and warm extremities in its compensated phase. CVP may be low due to vasodilation and capillary leakage." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Types of Shock and Sepsis Pathophysiology)

NEW QUESTION # 30

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

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

Answer: B

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 # 31

An infant was diagnosed of Tetralogy of Fallot. The nurse assessed that the infant is underweight. What could be the reason behind this problem:

- A. Cerebral changes due to cyanosis.
- **B. deficient caloric intake due to activity intolerance.**
- C. Polycythemia brought by a decreased in the level of arterial PO₂.
- D. recurrent respiratory infections due to pulmonary hypertension.

Answer: B

Explanation:

Explanation: Inadequate weight gain happens because the infant tires very easily, sufficient calories cannot be ingested to meet the nutritional needs. Other options do occur but they are indirectly related to weight gain.

NEW QUESTION # 32

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