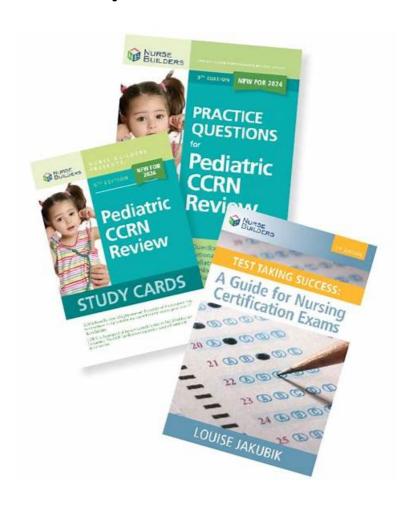
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AACN CCRN-Pediatric Exam is an important certification for nurses who work in critical care settings and specialize in pediatrics. It demonstrates a nurse's advanced knowledge and skills in providing care to critically ill pediatric patients and may lead to increased career opportunities and higher salaries. Nurses who are interested in pursuing PCCN certification should review the eligibility requirements and study materials provided by the AACN and prepare thoroughly for the exam.

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To become certified, nurses must meet specific eligibility requirements, including a current, unrestricted RN license and at least 1,750 hours of direct bedside care in a critical care setting caring for pediatric patients. CCRN-Pediatric exam consists of 150 multiple-choice questions that cover a range of topics related to pediatric critical care nursing, including cardiovascular, pulmonary,

neurological, gastrointestinal, endocrine, hematology, and immunology. CCRN-Pediatric exam is computer-based and is administered at Pearson VUE testing centers.

AACN CCRN-Pediatric Certification Exam is a computer-based test that consists of 125 multiple-choice questions. Candidates have three hours to complete the exam. The questions are designed to assess the nurse's knowledge and expertise in the areas of clinical judgment, professional caring and ethical practice, collaboration, and systems thinking. CCRN-Pediatric exam is scored on a scale of 0-125, and a passing score is 89 or higher.

AACN Critical Care Nursing Exam Sample Questions (Q71-Q76):

NEW QUESTION #71

A patient on peritoneal dialysis has high blood glucose. Most likely cause is:

- A. Increased glucagon release
- B. Decreased pancreatic function
- C. Glucose in the dialysate
- D. Systemic corticosteroids

Answer: C

Explanation:

Peritoneal dialysis usesdialysate fluid that contains glucoseto create an osmotic gradient for fluid removal.

This glucose can be absorbed into the bloodstream, especially with prolonged dwell times, resulting in hyperglycemia, particularly in pediatric patients with small body mass.

"Glucose in peritoneal dialysis solutions may be systemically absorbed, causing elevated serum glucose levels, particularly in pediatric and insulin-sensitive patients." (Referenced from CCRN Pediatric - Direct Care: Endocrine/Renal, Dialysis Complications)

NEW QUESTION #72

For a child with disseminated intravascular coagulation (DIC), administration of fresh frozen plasma (FFP) will replace:

- A. Factors I, III, and IX only
- B. All clotting factors
- C. Fibrinogen
- D. Factors I, V, and VII only

Answer: B

Explanation:

Fresh frozen plasma (FFP)containsall coagulation factorsand is used in the treatment of DIC, where widespread clotting consumes clotting factors and leads to bleeding. FFP replenishes multiple depleted clotting factors, thereby stabilizing coagulation. "FFP provides all clotting factors and is indicated in DIC to replace consumed factors and improve hemostasis. It is essential in active bleeding with prolonged PT, PTT, or low fibrinogen." (Referenced from CCRN Pediatric - Direct Care: Hematology, Coagulopathies and Transfusion Management)

NEW QUESTION #73

A 9-year-old boy scout was treated with Lyme disease. He expresses fear of going camping again because of deer ticks. The nurse's best response would be:

- A. "I can't belive you're afraid of ticks"
- B. "tell me more about your fears"
- C. "just think of all the fun that you're going to miss if you will not go on camping"
- D. "frequent checking for ticks will prevent infection"

Answer: D

Explanation

Explanation: The nurse's best response would be "frequent checking for ticks will prevent infection." It identifies the concern and presents an appropriate protective intervention. Frequent and prompt removal of ticks decreases the chance of spread of Lyme disease to humans.

NEW QUESTION #74

The mother called the attention of the community nurse because her toddler develops high grade fever for 3 days and red rash almost on the child's entire body. The nurse found out that the fever already subsided. The child had a case of:

- A. Varicella
- B. Lyme disease
- C. Roseola
- D. Hypersensitivity reactions

Answer: C

Explanation:

Explanation: It is a usually harmless illness caused by a virus. It occurs almost only in children age 3 months to 3 years, most often between 9-12 months. It is probably the most common cause of fever in this age group. The virus generally causes 3 days of high fever then subsides, and the child breaks out in a flat or bumpy red rash, usually starting around the neck, back and chest, then spreading out.

NEW QUESTION #75

Olga is a 4 year old girl who was diagnosed with Trisomy 21. During the clinical check-up the nurse would expect to find:

- A. gigantism
- B. multiple-creased hand
- C. hydrocephalus
- D. protruding tongue

Answer: D

Explanation:

Explanation: Children with Trisomy 21 or Down's syndrome are typically recognizable based on some physical characteristics that includes: retarded growth and slower-than-normal development, head that is smaller than typical, wide hands with short fingers, as well as palms with a single crease, rather than multiple creases, and protruding tongue.

NEW QUESTION #76

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