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CCRN Pediatric Exam Questions And Answers from AACN

- 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 AnswerAnswer: 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) AnswerAnswer: 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

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The CCRN-Pediatric exam questions are the ideal and recommended study material for quick and easiest Critical Care Nursing Exam (CCRN-Pediatric) exam dumps preparation. The Critical Care Nursing Exam (CCRN-Pediatric) practice questions are designed and verified by qualified and renowned AACN Certification Exams trainers. They work closely and check all AACN CCRN-Pediatric Exam Dumps step by step. They also ensure the best possible answer for all CCRN-Pediatric exam questions and strive hard to maintain the top standard of Critical Care Nursing Exam (CCRN-Pediatric) exam dumps all the time.

AACN CCRN-Pediatric (Critical Care Nursing) Exam is a certification exam intended for nurses who possess expertise in providing care to critically ill pediatric patients. CCRN-Pediatric exam aims to test the nurse's knowledge, skills, and abilities to manage complex and dynamic health care needs of patients in critical condition. The AACN CCRN-Pediatric Exam involves evaluating the nurse's ability to perform rapid and accurate assessments, monitor the patient's vital signs, manage life-threatening emergencies, and administer medications efficiently.

AACN CCRN-Pediatric (Critical Care Nursing) Certification Exam is designed for nurses practicing in the pediatric critical care field. It tests the knowledge, skills, and abilities required to provide competent and specialized care to critically ill pediatric patients. Nurses who pass this certification exam earn the right to use the CCRN-P credential, which demonstrates their advanced knowledge and dedication to the field.

AACN CCRN-Pediatric Certification Exam is administered by the American Association of Critical-Care Nurses (AACN). The AACN is a professional organization dedicated to promoting excellence in critical care nursing. The CCRN-Pediatric certification program is one of several certification programs offered by the AACN. The program is designed to provide nurses with a standardized measure of their knowledge and skills in pediatric critical care nursing.

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AACN Critical Care Nursing Exam Sample Questions (Q143-Q148):

NEW QUESTION # 143

Which of the following is the reason a patient with dilated cardiomyopathy is administered Digoxin (Lanoxin)?

- A. Negative inotropic effects
- B. Increased sinus atrial node rate
- C. Positive inotropic effects
- D. Decreased AV node rate

Answer: C

Explanation:

Digoxinenhancescontractility of the heart throughpositive inotropic effects, which is beneficial indilated cardiomyopathy, where the ventricles are weakened and unable to pump efficiently. It improves cardiac output and reduces symptoms of heart failure. "Positive inotropic agents like digoxin are used in dilated cardiomyopathy to improve myocardial contractility and cardiac output." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Heart Failure Management)

NEW QUESTION # 144

On assessment, the nurse notes that a 10-month-old child searches for and retrieves toys that disappear from view. Based on Piaget's stages of cognitive development, the nurse would recommend which of the following toys or games?

- A. Throw and retrieve
- B. Rattle
- C. Nesting toys
- D. Peek-a-boo

Answer: C

Explanation:

Explanation: A nesting toy makes a good toy for a 10-month-old infant. At 8 to 12 months, or during the coordination of secondary reactions, the child begins to learn that objects in the environment are permanent. That is why the child searches for and retrieves toys that disappear from view. It is also during this time that infants experience separation anxiety.

NEW QUESTION # 145

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

Answer: C

Explanation:

Small pneumothoraces (<10%) are oftenmanaged 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 # 146

When preparing a 2-month-old with hypoplastic left heart syndrome for a cardiac transplant, which of the following findings is most alarming?

- A. Temperature of 102.2° F (39° C)
- B. Increased RV pressure
- C. BP of 72/48
- D. O# saturation of 75%

Answer: A

Explanation:

While patients with hypoplastic left heart syndrome (HLHS) typically have lower baseline oxygen saturations due to mixing of systemic and pulmonary blood flow, fever in this population is especially concerning due to their immunocompromised and pretransplant status. Fever may signalinfection or sepsis, both of which can jeopardize transplant eligibility and lead to rapid decompensation.

"In patients awaiting heart transplantation, fever is a red flag for infection or systemic inflammatory response, both of which significantly increase mortality risk and complicate transplant candidacy. Prompt evaluation is required." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Pre-Transplant Management)

NEW QUESTION #147

Nurse Tammy is administering total parental nutrition (TPN) through a peripheral I.V. line to a school- age child. What's the smallest amount of glucose that's considered safe and not caustic to small veins, while also providing adequate TPN?

- A. 15%
- B. 20%
- C. 13%
- D. 10%

Answer: D

Explanation:

Explanation: The amount of glucose that's considered safe for peripheral veins while still providing adequate total parental nutrition is 10%. Any amount above 10% must be administered via central venous access.

NEW QUESTION # 148

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