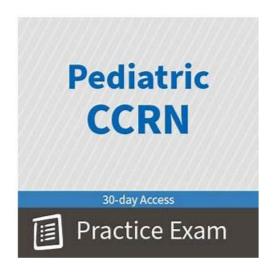
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The American Association of Critical-Care Nurses (AACN) is a professional organization that focuses on promoting and advancing critical care nursing. The organization offers a range of certification exams, including the CCRN-Pediatric (Critical Care Nursing) Certification Exam. Critical Care Nursing Exam certification exam is designed for registered nurses who work with critically ill pediatric patients in a variety of healthcare settings.

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AACN Critical Care Nursing Exam Sample Questions (Q78-Q83):

NEW QUESTION #78

An irritable child has an acute fever, conjunctivitis, rash, and a strawberry tongue. A prolonged PR interval is observed on the ECG monitor. These findings are most likely due to:

• A. Hypertrophic cardiomyopathy

- B. Rheumatic heart disease
- C. Kawasaki disease
- D. Pericarditis

Answer: C

Explanation:

Kawasaki disease is an acute vasculitis that primarily affects children under 5 and presents with classic signs:

fever, rash, conjunctivitis, strawberry tongue, and extremity changes. It may also cause coronary artery aneurysms and conduction abnormalities, such as PR prolongation.

"Kawasaki disease presents with mucocutaneous inflammation, and cardiac complications may include myocarditis and conduction delays, such as first-degree AV block." (Referenced from CCRN Pediatric - Direct Care: Cardiovascular, Inflammatory Heart Disease)

NEW QUESTION #79

While ventilating with 100% FiO# via Ambu bag, an intubated child desaturates. Breath sounds are decreased in all fields. What is the best action?

- A. Obtain a chest x-ray and ABG
- B. Administer a bronchodilator
- C. Extubate and bag-mask ventilate
- D. Continue ventilating with Ambu bag

Answer: A

Explanation:

A sudden drop in oxygen saturation withdiminished breath sounds bilaterallysuggests a possibleET tube issue, pneumothorax, or mucus plug. Achest x-rayis the most appropriate immediate step toidentify the cause, and anABGcan assess ventilation status. "Sudden desaturation in an intubated patient warrants immediate imaging and gas exchange assessment to identify pneumothorax, malpositioned tube, or obstruction." (Referenced from CCRN Pediatric - Direct Care: Pulmonary, Emergency Airway Complications)

NEW QUESTION #80

A child was struck by an automobile 24 hours ago. There is an ICP monitor in place which has a spontaneous rise in ICP to 35 mm Hg. A nurse medicates the patient with analgesia and sedative, but the ICP remains elevated. Which of the following should be the next intervention?

- A. Increase the benzodiazepine infusion
- B. Include a narcotic infusion
- C. Induce a pentobarbital coma
- D. Administer a hypertonic saline solution

Answer: D

Explanation:

Intracranial pressure (ICP) above 20-25 mm Hg is abnormal, and 35 mm Hg is a critical level requiring urgent intervention. After sedation and analgesia fail to reduce ICP, osmotic therapy is the next step, with hypertonic salinebeing a frontline choice for its rapid effect in reducing cerebral edema.

"In patients with traumatic brain injury and elevated ICP, first-line therapies include sedation, analgesia, and head positioning. If ineffective, hyperosmolar therapy such as hypertonic saline or mannitol is indicated to decrease cerebral edema and reduce ICP." (Referenced from CCRN Pediatric - Direct Care: Neurologic Dysfunction and Intracranial Hypertension Management) Hypertonic saline pulls fluid from the brain into the vascular space, lowering ICP and improving cerebral perfusion.

NEW QUESTION #81

A child possibly has pinworm infestation because he reported that he first felt:

- A. maculopapular rash
- B. anal itching

- C. loose bowel movement
- D. scaly skin patches

Answer: B

Explanation:

Explanation: With enterobiasis, the adult worm lays her eggs around the anal opening, producing an irritation and thus an itch.

NEW QUESTION #82

Michael was diagnosed with Wilm's tumor and started on chemotherapy as treatment. The doctor ordered a Dactinomycin 0.015mg/kg slow IV push now. The nurse on duty should:

- A. administer the medicine and watch out for nausea and vomiting.
- B. administer the medicine then give hydrocortisone 100 mg IV afterwards.
- C. hold the medication until the doctor changed the dosage.
- D. question the doctor's order to prevent over dosage.

Answer: A

Explanation:

Explanation: The nurse should administer the medicine and watch out for nausea and vomiting. The dosage is safe for a pediatric client, we can administer until 1.5mg in 3 weeks time. Dactinomycin may cause nausea, vomiting, diarrhea and stomatitis.

NEW QUESTION #83

Materials

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