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Questions & Answers PDF

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Question: 1

The antidote for exposure to organophosphates is

- A. flumazenil.
- B. atropine and pralidoxime.
- C. sodium bicarbonate.
- D. deferoxamine.

Answer: B

Explanation:

The antidote for exposure to organophosphates is atropine and pralidoxime. Antidotes include:

| Substance | Antidote | Substance | Antidote |
|--------------------------|-----------------------------|--------------------------------------|--------------------------|
| Acetaminophen | N-acetylcysteine | Ethylene glycol | Ethanol |
| Benzodiazepine | Flumazenil | Iron salts | Deferoxamine |
| Substance | Antidote | Substance | Antidote |
| Beta blockers | Glucagon | Methanol | Ethanol |
| Calcium channel blockers | Calcium | Opiates/Opioids | Naloxone |
| Carbon monoxide | O ₂ (hyperbaric) | Organophosphates | Atropine and pralidoxime |
| Digoxin | Digoxin immune FAB | Tricyclic antidepressants, quinidine | Sodium bicarbonate |

Question: 2

Four weeks after birth, an infant presents with a distended abdomen, hepatomegaly, and clay-colored stool. Laboratory findings indicate direct hyperbilirubinemia

- a. The most likely cause is
- A. Wilson disease.
 - B. Autoimmune hepatitis.
 - C. Extrahepatic biliary atresia (EBA).
 - D. Cystic fibrosis.

Answer: C

Explanation:

EBA is a cause of direct hyperbilirubinemia in the newborn. EBA is either the complete or partial absence of the bile duct that connects the liver to the duodenum, resulting in cholestasis because bile accumulates in the liver. This results in jaundice and liver scarring. Indications of EBA are usually obvious

within 2-6 weeks: stools are clay-colored, and hepatomegaly is present. Surgical intervention is necessary, but some children may have dysfunction of the liver and eventually require a liver transplant.

Question: 3

If a term neonate develops vasodilation and sweating in response to hyperthermia, this can result in

- A. hypotension and dehydration.
- B. hypertension and dehydration.
- C. hypotension and peripheral edema.
- D. hypertension and peripheral edema.

Answer: A

Explanation:

If a term neonate develops vasodilation and sweating in response to hyperthermia, this can result in hypotension and dehydration because of increased insensible water loss. The neonate may need extra fluids to compensate and volume expanders to increase the blood pressure. If the core temperature is elevated, the neonate may experience seizures and apnea, so cardiopulmonary monitoring is essential. The neonate may require ventilation for apnea.

Question: 4

A 4-year-old with sickle cell disease has a right-sided stroke with left hemiplegia and is brought to the hospital 12 hours after the onset of symptoms. What treatment is indicated to reduce the risk of further strokes?

- A. Thrombolytics.
- B. Unfractionated heparin.
- C. Hyaluronidase.
- D. Exchange transfusion.

Answer: D

Explanation:

If a 4-year-old with sickle cell disease has a right-sided stroke with left hemiplegia and is brought to the hospital 12 hours after the onset of symptoms, the treatment that is indicated to reduce the risk of further strokes is exchange transfusion with a target of hemoglobin 10 g/dL and maintenance of sickled hemoglobin (HbS) to less than 30%. Thrombolytics are sometimes administered to children, although there is an increased risk of intracranial hemorrhage, and administration should be done within 4.5 hours of the onset of symptoms.

Question: 5

A child is stung by a bee and develops severe facial edema, dyspnea, and hypotension, indicating anaphylaxis. The most important intervention is

- A. diphenhydramine.
- B. epinephrine.
- C. prednisone.
- D. oxygen.

Answer: B

Explanation:

If a child is stung by a bee and develops severe facial edema, dyspnea, and hypotension, indicating anaphylaxis, the treatment that is most critical is epinephrine because it reverses the vasodilation and constriction of the airway. In addition to epinephrine, diphenhydramine and antihistamine, as well as steroids such as prednisone, may be administered. Prompt fluid resuscitation is also necessary to reverse hypotension. Oxygen may be administered to relieve dyspnea.

Question: 6

A necessary element of informed consent for parents and children includes the

- A. costs of the treatment.
- B. list of all follow-up treatments.
- C. risks and benefits of the treatment.
- D. long-term prognosis.

Answer: C

Explanation:

A necessary element of informed consent for parents and children includes a discussion of the risks and benefits of having treatment and not having treatment as well as alternative options (regardless of the cost or insurance coverage) for treatment and their risks and benefits. Informed consent should also include an explanation of the diagnosis and the nature of the treatment or procedure and the reason it is recommended. All 50 states require informed consent.

Question: 7

A 20-day-old male infant has poor feeding, vomiting of bile, and evidence of abdominal pain, although the abdomen is not distended, and the infant has passed small amounts of liquid stool in the past 48 hours. The stool guaiac is positive for blood, a slight abdominal mass is palpable, and the radiograph is positive for the double bubble sign. What diagnosis do these findings suggest?

- A. Gastroenteritis.
- B. Malrotation defect with volvulus.
- C. Renal calculus with ileus.
- D. Fecal impaction with overflow diarrhea.

Answer: B

Explanation:

Volvulus results from a genetic malrotation defect in which the intestines are attached to the back of the abdominal wall by a single attachment rather than a broad band of attachments across the abdomen, essentially suspending the bowels so that they can easily twist. resulting in a volvulus (i.e., a twisted bowel), cutting off the blood supply. It may untwist but can lead to bowel infarction. Symptoms usually present by 2 months and typically include bilious vomiting and cycles of abdominal pain. The double bubble sign shows air in the stomach and proximal intestine but none distally, suggesting intestinal obstruction. Volvulus is more common in males than females.

Question: 8

A 16-year-old playing basketball sprains his ankle (grade II, inversion injury). Which treatment is MOST likely?

- A. Analgesia only.
- B. Cast application.
- C. Surgical repair.
- D. RICE therapy (rest, ice, compress, and elevate).

Answer: D

Explanation:

RICE therapy is the primary treatment for grade I to III sprains. Compression may be achieved through elastic bandage or Aircast ankle brace and is important to prevent swelling and to support the joint. Ice (30 minutes on and 30 minutes off) along with elevation reduce edema and promote circulation. Rest with minimal weight-bearing and the use of crutches for several days help to promote healing and prevent further damage.

Question: 9

A 3-year-old girl has a spiral fracture of the shaft of her right humerus and numerous bruises, ranging from purple to yellow-green to brown, on her arms, legs, and face. The mother states that the child fell off of a swing set while playing the previous evening. The most appropriate intervention is

- A. contact the local child protective services agency.
- B. caution the mother to supervise the child during play.
- C. ask the child what happened.
- D. tell the mother that you suspect child abuse.

Answer: A

Explanation:

The local child protective services agency should be notified so authorities can investigate the possibility of child abuse. Spiral fractures of the shafts of the long bones are the most common abuse-related fractures in children. Additionally, new bruises should be red-purple. Widespread yellow-green and brown bruises suggest earlier injuries. A 3-year-old child is not a reliable reporter. and forewarning the mother by questioning her about abuse or giving advice may cause an abusive mother to remove the child from care to avoid detection.

Question: 10

A 15-year-old develops abrupt an onset of fever, chills, and headache with evidence of confusion and hallucinations. He exhibits photophobia and nuchal rigidity. Kernig's and Brudzinski's signs are positive. The most important diagnostic procedure is

- A. complete blood count and differential.
- B. cranial magnetic resonance imaging (MRI) scan.
- C. lumbar puncture and examination of the cerebrospinal fluid.
- D. blood culture.

Answer: C

Explanation:

Lumbar puncture and examination of cerebrospinal fluid are diagnostic for bacterial meningitis, which is consistent with the symptoms. Kernig's and Brudzinski's signs are specific to meningitis and rarely occur with other disorders:

- Kernig's sign: Flex each hip and then try to straighten the knee while the hip is flexed. Spasm of the hamstrings makes this painful and difficult with meningitis.
- Brudzinski's sign: With the child lying supine, flex the neck by pulling the head toward the chest. The neck stiffness causes the hips and knees to pull up into a flexed position with meningitis.

Question: 11

An 8-month-old is brought to the emergency department with a distended painful abdomen, a mass in the right upper quadrant, vomiting, and lethargy. The child passed a "currant jelly" stool with blood and mucus. These are indications of

- A. volvulus.
- B. intussusception.
- C. Salmonella infection.
- D. fecal impaction.

Answer: B

Explanation:

If an 8-month-old is brought to the emergency department with a distended painful abdomen, a mass in the right upper quadrant, vomiting, and lethargy and the child passed a currant jelly stool with blood and mucus, these are indications of intussusception. Intussusception is a telescoping of one portion of the intestine into another, usually at the ileocecal valve, causing an obstruction. As the walls of the intestine come in contact, inflammation and edema cause decreased perfusion, which can result in infarction. Treatment includes barium or air enema to diagnose and apply pressure that may resolve the intussusception and/or surgical repair.

Question: 12

If a 10-year-old splashed bleach into his eyes, the most important intervention is

- A. copious irrigation with normal saline.
- B. fluorescein evaluation.
- C. pH testing.
- D. anesthetic ocular drops.

Answer: A

Explanation:

If a 10-year-old splashed bleach into his eyes, the initial intervention is copious irrigation with normal saline to remove as much of the chemical as possible and prevent further damage to the eye. Testing for pH should be carried out periodically, and the irrigation is continued until the pH normalizes. This may take 20-30 minutes. Once the pH normalizes, then anesthetic ocular drops may be applied and further examination of the eye, such as with fluorescein evaluation, can be carried out.



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