

LVN-RN Nursing Care of Children

1. A nurse reports an incident of suspected child abuse. One of the parents of the child becomes upset and demands to know the reason for the nurse's action. Which of the following responses by the nurse is appropriate?
 - A. "As a nurse, I am required by law to report suspected child abuse."
 - B. "I am unable to discuss this, but I can contact my supervisor to speak with you."
 - C. "The provider will be coming to explain the situation."
 - D. "I reported the incident to my supervisor who decided to contact the authorities."

2. A nurse is preparing to administer vaccines to a 1-year-old child. Which of the following vaccines should the nurse give? (Select all that apply.)
 - A. Measles, mumps rubella (MMR)
 - B. Diphtheria, tetanus and acellular pertussis (DTaP)
 - C. Varicella (VAR)
 - D. Rotavirus (RV)
 - E. Human papillomavirus (HPV4)

3. A nurse is speaking with the mother of a 6-year-old child. Which of the following statements by the mother should concern the nurse?
 - A. "The teacher says my child has to squint to see the board."
 - B. "My child has recently lost both front top teeth."
 - C. "My child often cheats when we play board games."
 - D. "Sometimes my child acts bossy with his friends."

4. A nurse is assessing a toddler at a well-child visit. At what point in the physical examination should the nurse examine the child's tympanic membrane?
 - A. At the end
 - B. At the beginning
 - C. Before examining the head and neck
 - D. Before auscultating the chest and abdomen

LVN-RN Nursing Care of Children

5. A school nurse identifies that a child has pediculosis capitis and educates the child's parents about the condition. Which of the following statements by the parents indicates an understanding of the teaching?

- A. "All recently used clothing, bedding, and towels must be washed in hot water."
 - B. "My child must be free from nits before returning to school."
 - C. "I will treat all the family members to be on the safe side."
 - D. "Toys that can't be dry cleaned or washed must be thrown out."
-

6. A child is admitted with a suspected diagnosis of Wilms' tumor. The nurse should place a sign with which of the following warnings over the child's bed?

- A. Do not palpate abdomen.
 - B. No venipuncture or blood pressure in left arm
 - C. Contact precautions
 - D. Collect all urine.
-

7. A nurse is caring for a 2-month-old infant who is postoperative following surgical repair of a cleft lip. Which of the following actions should the nurse take?

- A. Encourage the parents to rock the infant.
 - B. Offer the infant a pacifier.
 - C. Administer ibuprofen as needed for pain.
 - D. Position the infant on her abdomen.
-

8. A nurse is caring for a child who has otitis media. Which of the following assessment findings should the nurse expect?

- A. Tugging on the affected ear lobe
 - B. Clear drainage from the affected ear
 - C. Pain when manipulating the affected ear lobe
 - D. Erythema and edema of the affected ear
-

LVN-RN Nursing Care of Children

9. A nurse is caring for an adolescent who has spina bifida and is paralyzed from the waist down. Which of the following statements by the client should indicate to the nurse a need for further teaching?

- A. "I only need to catheterize myself twice every day."
 - B. "I carry a water bottle with me because I drink a lot of water."
 - C. "I use a suppository every night to have a bowel movement."
 - D. "I do wheelchair exercises while watching TV."
-

10. A nurse is providing teaching to a parent of a child who has Hirschsprung disease is scheduled for initial surgery. Which of the following statements by the parent indicates an understanding of the teaching?

- A. "I'm glad that my child's ostomy is only temporary."
 - B. "I'm glad my child will have normal bowel movements now."
 - C. "I want to learn how to use my child's feeding tube as soon as possible."
 - D. "I want to learn how to empty my child's urinary catheter bag."
-

11. A nurse is preparing to perform an abdominal assessment on a child. Identify the sequence the nurse should follow. (Move the steps into the box on the right, placing them in the selected order of performance. Use all the steps.)

- A. Inspection
 - B. Superficial palpitation
 - C. Deep palpitation
 - D. Auscultation
-

12. A nurse is providing discharge teaching about nutrition to the parents of a child who has cystic fibrosis (CF). Which of the following responses by the parents indicates an understanding of the teaching?

- A. "We will give our child pancreatic enzymes with snacks and meals."
 - B. "We will restrict the amount of salt in our child's food."
 - C. "I will limit my child's fluid intake."
 - D. "I will prepare low-fat meals with limited protein for my child."
-

LVN-RN Nursing Care of Children

13. A nurse is admitting a child who has leukemia. Which of the following clients should the nurse place in the same room with this child?
- A. A child who has nephrotic syndrome
 - B. A child recovering from a ruptured appendix
 - C. A child who has rheumatic fever
 - D. A child who has cystic fibrosis
-
14. A nurse is caring for a 4-year-old child who has croup and wet the bed overnight. When the parents visit the next day, the nurse explains the situation and one of the parents says, "She never wets the bed at home. I am so embarrassed." Which of the following responses should the nurse make?
- A. "It is expected for children who are hospitalized to regress. The toileting skills will return when your child is feeling better."
 - B. "I know this can really be embarrassing. I have kids myself, so I understand, and it doesn't bother me."
 - C. "Your child did not seem upset, so I wouldn't worry about it if I were you."
 - D. "Why does it bother you that your child has wet the bed?"
-
15. A parent calls a clinic and reports to a nurse that his 2-month-old infant is hungry more than usual but is projectile vomiting immediately after eating. Which of the following responses should the nurse make?
- A. "Bring your baby in to the clinic today."
 - B. "Burp your baby more frequently during feedings."
 - C. "Give your infant an oral rehydration solution."
 - D. "Try switching to a different formula."
-
16. A nurse is caring for a 12-month-old toddler who is hospitalized and confined to a room with contact precautions in place. Which of the following toys should the nurse recommend in order to meet the developmental needs of the client?
- A. Large building blocks
 - B. Hanging crib toys
 - C. Modeling clay
 - D. Crayons and a coloring book

LVN-RN Nursing Care of Children

17. A nurse in an emergency department is caring for an infant who has a 2-day history of vomiting and an elevated temperature. Which of the following should the nurse recognize as the most reliable indicator of fluid loss?

- A. Body weight
 - B. Skin integrity
 - C. Blood pressure
 - D. Respiratory rate
-

18. A nurse is caring for a child who is 2 hr postoperative following a tonsillectomy. Which of the following fluid items should the nurse offer the child at this time?

- A. Crushed ice
 - B. Orange juice
 - C. Vanilla milkshake
 - D. Cranberry juice
-

19. A nurse is caring for a child who is admitted with suspected acute appendicitis. Which of the following manifestations should indicate to the nurse that the child's appendix is perforated?

- A. Sudden decrease in abdominal pain
 - B. Absent Rovsing's sign
 - C. Flaccid abdomen
 - D. Low-grade fever
-

20. A nurse is caring for a 4-year-old child who has a new diagnosis of diabetes mellitus and is distressed after an insulin injection. Which of the following play activities should the nurse recognize is therapeutic in helping the child deal with the injection?

- A. A needleless syringe and a doll
 - B. A video game
 - C. A story book about a child who has diabetes
 - D. A period of play in the playroom
-

LVN-RN Nursing Care of Children

21. A school nurse is assessing a child for pediculosis capitis. Which of the following manifestations should the nurse recognize as an indication of this condition?

- A. Firmly attached white particles on the hair
 - B. Itching and scratching of the head
 - C. Patchy areas of hair loss
 - D. Thick yellow crusted lesion on a red base
-

22. A nurse is caring for a child who has Addison's disease. Which of the following actions should the nurse take?

- A. Teach the parents about cortisol replacement therapy.
 - B. Place the child on a low-sodium diet.
 - C. Monitor the child for fluid volume excess.
 - D. Discuss the manifestations of hypoglycemia with the parents.
-

23. A nurse is reviewing data for four children. Which of the following children should the nurse assess first?

- A. A 10-year-old child who has sickle cell anemia who reports severe chest pain
 - B. A 7-year-old child who has diabetes insipidus and a urine specific gravity of 1.016
 - C. A 1-year-old toddler who has roseola and a temperature of 39° C (102.2° F)
 - D. A 4-year-old child who has asthma and a PCO₂ of 37 mm Hg
-

24. A nurse is caring for a 17-year-old client who is experiencing a relapse of leukemia and is refusing treatment. The client's mother insists that the client receive treatment. Which of the following actions should the nurse take?

- A. Initiate the IV per the parent's request.
 - B. Notify the provider of the situation.
 - C. Administer a sedative to calm the client.
 - D. Offer the client an antiemetic.
-

25. A nurse is caring for an 18-month-old toddler who has been hospitalized for 10 days. After the toddler's mother

LVN-RN Nursing Care of Children

leaves the room, the nurse observes the toddler sitting quietly in the corner of the crib, sucking her thumb. When the nurse approaches the crib, the toddler turns away from the nurse. The nurse should understand that these behaviors indicate which of the following developmental reactions?

- A. An anxiety reaction
 - B. Regression
 - C. Resentment toward the mother
 - D. Developing autonomy
-

26. A nurse is caring for a child who was admitted with suspected rheumatic fever. The provider prescribes an anti-streptolysin O (ASO) titer. The parent asks the nurse the purpose of the test. Which of the following responses should the nurse make?

- A. "This test will indicate if your child has rheumatic fever."
 - B. "This test will confirm if your child had a recent streptococcal infection."
 - C. "This test will indicate if your child has a therapeutic blood level of an aminoglycoside."
 - D. "This test will confirm if your child has immunity to streptococcal bacteria."
-

27. A nursing is planning care for an adolescent who is postoperative following scoliosis repair with Harrington rod instrumentation. Which of the following interventions should the nurse include in the plan of care?

- A. Keep the head of the bed at a 30° angle.
 - B. Reposition the client by log rolling every 4 hr.
 - C. Place the client in protective isolation.
 - D. Initiate the use of a PCA pump for pain control.
-

28. A nurse is assessing a 6-month-old infant at a well-child visit. Which of the following findings should the nurse expect?

- A. Closed posterior fontanel
 - B. Uses thumb and index fingers in a pincer grasp
 - C. Lateral incisors
 - D. Sitting steadily without support
-

LVN-RN Nursing Care of Children

29. A nurse is caring for a child who has suspected appendicitis. Which of the following provider prescriptions should the nurse clarify?

- A. Maintain NPO status.
 - B. Monitor oral temperature every 4 hr.
 - C. Medicate the client for pain every 4 hr as needed.
 - D. Administer sodium biphosphate/sodium phosphate.
-

30. A nurse in a PACU is admitting a client who is postoperative following a tonsillectomy. Which of the following actions should the nurse plan to take to prevent aspiration?

- A. Place a bedside humidifier at the head of the client's bed.
 - B. Suction the nasopharynx as needed.
 - C. Withhold fluids until the client demonstrates a gag reflex.
 - D. Perform chest physiotherapy.
-

31. A nurse is caring for a child who is postoperative following ventriculoperitoneal (VP) shunt placement. In which of the following positions should the nurse place the client?

- A. Trendelenburg
 - B. Semi-Fowler's
 - C. Prone
 - D. On the unoperated side
-

32. A nurse is performing a pre-college physical assessment on an adolescent. Which of the following immunizations should the nurse anticipate administering?

- A. Pneumococcal polysaccharide vaccine
 - B. Bacille Calmette-Guérin (BCG) vaccine
 - C. Meningococcal polysaccharide vaccine
 - D. Influenza vaccine
-

33. A nurse is caring for a 2-year-old child who is hospitalized and throws a tantrum when his parent leaves. Which of

LVN-RN Nursing Care of Children

the following toys should the nurse provide to alleviate the child's stress?

- A. Set of building blocks
 - B. Toy hammer and pounding board
 - C. Picture book about hospitals
 - D. Stuffed animal
-

34. A nurse is caring for a child who ingested kerosene. Which of the following assessments is the nurse's priority?

- A. Respiratory rate
 - B. Burns of the mouth
 - C. Bowel sounds
 - D. Visual acuity
-

35. A nurse is planning care for a 10-year-old child who will be hospitalized for an extended period of time. Which of the following actions should the nurse include in the plan of care to meet the client's psychosocial needs according to Erikson?

- A. Arrange for a teacher to provide lesson plans.
 - B. Allow the client to select his own food from the menu.
 - C. Discourage visits from the client's friends.
 - D. Provide a daily session with a play therapist.
-

36. A nurse is assessing a 3-year-old child who has aortic stenosis. Which of the following findings should the nurse expect? (Select all that apply.)

- A. Hypotension
 - B. Bradycardia
 - C. Clubbing of the nail beds
 - D. Weak pulses
 - F. Murmur
-

LVN-RN Nursing Care of Children

37. A nurse is caring for an 8-year-old child who has acute rheumatic fever. Which of the following assessments is the nurse's priority immediately after admission?
- A. Auscultating the rate and characteristics of the child's heart sounds
 - B. Using a pain-rating tool to determine the severity of the joint pain
 - C. Identifying the degree of parental anxiety related to the diagnosis
 - D. Assessing the client's erythematous rash
-
38. A parent of a toddler asks a nurse at a well-child visit how the child's frequent temper tantrums can best be handled. Which of the following actions should the nurse suggest to the parent?
- A. Restrain the child physically.
 - B. Ignore the temper tantrums.
 - C. Tell the child that temper tantrums are not acceptable.
 - D. Distract the child by offering to play a game.
-
39. A nurse is caring for a 6-week-old infant who has a pyloric stenosis. Which of the following clinical manifestations should the nurse expect?
- A. Red currant jelly stools
 - B. Distended neck veins
 - C. Projectile vomiting
 - D. Ridged abdomen
-
40. A nurse is assessing a female child in an area struck by an earthquake. The child, who is crying, walks well, can state her first name, and repeatedly says "All done" and "Go bye-bye now" during the assessment. The child has 24 deciduous teeth and her anterior fontanel is closed. Based on these observations, the nurse should estimate that the child is how many months old?
- A. 12
 - B. 18
 - C. 24
 - D. 30
-

LVN-RN Nursing Care of Children

41. A nurse is providing nutritional teaching to the mother of a preschooler and is recommending food options to provide 1 oz of grains. Which of the following foods should the nurse recommend?

- A. 1 cup ready-to-eat cereal flakes
 - B. $\frac{1}{2}$ slice whole wheat bread
 - C. 1 cup cooked rice
 - D. $\frac{1}{2}$ flour tortilla
-

42. A nurse is planning care for a 6-year-old child who has bacterial meningitis. Which of the following nursing interventions is unnecessary in the client's plan of care?

- A. Place the client in a semi-Fowler's position.
 - B. Admit the client to a private room.
 - C. Measure head circumference every shift.
 - D. Implement seizure precautions.
-

43. A nurse is assessing a toddler who has heart failure. Which of the following findings should the nurse expect?

- A. Weight loss
 - B. Increased urine output
 - C. Bradycardia
 - D. Orthopnea
-

44. A nurse is providing discharge instructions to the parent of a 10-year-old child following a cardiac catheterization. Which of the following instructions should the nurse include?

- A. Keep the child home for 1 week.
 - B. Give the child acetaminophen for discomfort.
 - C. Offer the child clear liquids for the first 24 hr.
 - D. Assist the child to take a tub bath for the first 3 days.
-

45. A nurse is planning care for a 5-month-old infant who is scheduled for a lumbar puncture to rule out meningitis. Which of the following actions should the nurse include in the plan of care?

LVN-RN Nursing Care of Children

- A. Keep the infant NPO for 6 hr prior the procedure.
 - B. Apply a eutectic mixture of lidocaine and prilocaine cream topically 15 min prior to the procedure.
 - C. Place the infant in an infant seat for 2 hr following the procedure.
 - D. Hold the infant's chin to his chest and knees to his abdomen during the procedure.
-

46. A nurse is caring for a toddler who has acute laryngotracheobronchitis and has been placed in a cool mist tent. Which of the following findings indicates that the treatment has been effective?

- A. Barking cough
 - B. Improved hydration
 - C. Decreased stridor
 - D. Decreased temperature
-

47. The parent of a 4-year-old child tells a nurse that the child believes there are monsters hiding in the closet at bedtime. Which one of the following statements should the nurse make?

- A. "Let your child sleep in your bed with you."
 - B. "Keep a night light on in your child's room."
 - C. "Tell your child that monsters are not real."
 - D. "Stay with your child until the child is asleep."
-

48. A nurse is caring for a child who is on a clear liquid diet. At lunch, the child consumed $\frac{1}{2}$ cup of juice, 3 oz gelatin, 1 oz of an ice pop, and 20 mL ginger ale. How many mL should the nurse record as the child's fluid intake?

_____ mL

49. A nurse is preparing to administer digoxin to a 6-month-old infant. Prior to administering the dose, the nurse measures the apical heart rate. The nurse should withhold the dose if the infant's apical heart rate is less than what rate?

_____ /min

50. A nurse participating in lead screening at a community center. The nurse should instruct parents to bring their

LVN-RN Nursing Care of Children

children back for rescreening in a year for which of the following laboratory values?

- A. 4 mcg/dL
 - B. 10 mcg/dL
 - C. 18 mcg/dL
 - D. 44 mcg/dL
-