

1.

A nurse is teaching a class of nursing assistants about the differences in care among various age groups. Care of which age group of children does the nurse describe as the most challenging?

- 1 From 1 to 4 years of age
- 2 From 6 to 8 years of age
- 3 From 6 to 12 months of age
- 4 From birth to 6 months of age

1.

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- 3 From 6 to 12 months of age
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The child from 1 to 4 years of age is learning to use the body and manipulate and experiment with all aspects of the environment, these abilities may challenge the nursing assistant, especially during the taking of vital signs. The school-age child is able to cooperate and understand when receiving care; however, modesty should be respected. From 6 to 12 months of age, it is usually helpful to have the infant held on the parent's lap during care or to allow the parent to provide basic care (e.g., changing diapers, bathing) to limit stranger anxiety. Infants are usually not a challenge to care for. The infant is usually easily distracted with sounds and smiles.

Test-Taking Tip: You have at least a 25% chance of selecting the correct response in multiple-choice items. If you are uncertain about a question, eliminate the choices that you believe are wrong and then call on your knowledge, skills, and abilities to choose from the remaining responses.

2.

A 3-year-old child has been observed in the clinic waiting room taking toys from others, tearing pages out of books, and striking the mother. The nurse takes time when interviewing the mother to ask about television habits because of what reason?

- 1 Viewing violent programs is positively correlated with the development of aggression.
- 2 The nurse is interested in how much time the mother spends in interactions with the child.
- 3 Watching Sesame Street and other children's shows results in slow cognitive development.
- 4 There is a direct connection between the number of hours of television viewed and toddler aggression.

2.

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1  Viewing violent programs is positively correlated with the development of aggression.

✗ Incorrect

2  The nurse is interested in how much time the mother spends in interactions with the child.

3  Watching Sesame Street and other children's shows results in slow cognitive development.

4  There is a direct connection between the number of hours of television viewed and toddler aggression.

Watching violent programs is positively correlated with the development of aggression. Television viewing time does not necessarily have anything to do with interaction time with the mother. Children's shows have not been shown to slow cognitive development. There are no statistics stating specifically that the number of hours of television watched correlates directly with an intensification of aggression.

3.

At which age may the eruption of permanent dentition begin?

1  Two years

2  Three years

3  Four years

4  Five years

3.

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1  Two years

2  Three years

3  Four years

✓ Correct

4  Five years

The eruption of [permanent dentition](#) may begin at the age of five years, not two years, three years, or four years.

4.

What disease is more commonly seen in preschoolers?

- 1  Sinusitis
- 2  Lung cancer
- 3  Hypertension
- 4  Angina pectoris

4.

What disease is more commonly seen in preschoolers?

✓ Correct

- 1  Sinusitis
- 2  Lung cancer
- 3  Hypertension
- 4  Angina pectoris

Toddlers and preschoolers are very prone to developing upper respiratory tract infections such as sinusitis. Lung cancer is seen commonly in young or middle-aged adults due to a smoking habit. Hypertension is commonly seen in middle-aged adults due to an unhealthy diet, lack of exercise, and stress. Angina also tends to affect young and middle-aged adults.

5.

The parents of a toddler with newly diagnosed cystic fibrosis (CF) tell a nurse that even though they were told it is an inherited disorder, there is no history of CF in the family. How can the nurse clarify the way in which the disease was inherited?

- 1  It is a mutated gene.
- 2  It involves an X-linked gene.
- 3  The inheritance is autosomal recessive.
- 4  The inheritance is autosomal dominant.

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- 4  The inheritance is autosomal dominant.

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Both parents are carriers; [the gene for CF is recessive](#), not dominant, and the parents do not have the disease. The gene for CF is not a mutant gene, nor is it located on the X or Y chromosome.

6.

A 4-year-old child with acute lymphocytic leukemia (ALL) is to undergo bone marrow aspiration. While involving the child in therapeutic play before the procedure, what should the nurse help him understand?

- 1  He needs to have a positive attitude.
- 2  His parents are concerned about him.
- 3  He did nothing to cause his current illness.
- 4  His problem was caused by an environmental factor.

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Preschoolers (ages 3 to 5 years) are in the preoperational stage of cognitive development; it consists of a preconceptual phase that involves egocentric thought and the phase of intuitive thought, which transitions to the more logical thought of school-age children. Four-year-old children often believe that they cause their own illnesses. Emphasizing that the child did not cause the illness will help elicit and eliminate any fantasy he might have; it helps the child understand that treatment is not a punishment. Telling a 4-year-old to have a positive attitude is inappropriate and does not elicit feelings. Although parental concern is important, it does not address the developmental concerns of a 4-year-old child. Environmental factors are not currently supported as a cause of ALL; it is an inappropriate discussion for a 4-year-old child.

7.

Monitoring vital signs, particularly the blood pressure and the rate and quality of the pulse, is essential in detecting physiologic adaptations in a preschool child with nephrotic syndrome. Which clinical manifestation should the nurse be able to detect from these vital signs?

- 1  Heart failure
- 2  Hypovolemia
- 3  Pulmonary embolus
- 4  Increased serum potassium

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The shift of fluid from the intravascular to the interstitial compartment predisposes the child to hypovolemia; a weak, thready pulse and hypotension are signs of impending shock. Heart failure is usually not a complication of nephrotic syndrome; however, it is a major complication of glomerulonephritis. The development of a pulmonary embolus is not a complication of nephrotic syndrome. Chest pain and dyspnea are signs of a pulmonary embolus. Hypokalemia, not hyperkalemia, occurs. Tubular reabsorption of sodium is increased to replenish the vascular volume; therefore potassium is excreted.

8.

What is true about the effect of grief and loss in toddlers?

- 1  They show resilience after a loss.
- 2  They express a sense of change in sleeping.
- 3  They understand the concepts of permanence.
- 4  They get disrupted in developing an autonomous sense of self.

8.

What is true about the effect of grief and loss in toddlers?

Incorrect

1

They show resilience after a loss.

✓ Correct

2

They express a sense of change in sleeping.

3

They understand the concepts of permanence.

4

They get disrupted in developing an autonomous sense of self.

Toddlers cannot understand loss or death, but often express the sense of absence they feel with changes in eating and sleeping patterns, or fussiness. Older adults show resilience after a loss as a result of their prior experiences and developed coping skills. School-age children understand the concepts of permanence and irreversibility, but do not always understand the causes of a loss. Illness or death disrupts the young adult's future and the establishment of an autonomous sense of self.

9.

When planning discharge teaching for the parents of a child with asthma, what information should the nurse include?

1

Avoid foods high in fat.

2

Stay at home for 2 weeks.

3

Increase protein and calorie intake.

4

Minimize exertion and exposure to cold.

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Minimize exertion and exposure to cold.

Cold and exercise can precipitate bronchospasm, and increased exercise depletes oxygen. Treatment of asthma does not involve a low-fat diet. Asthma is a chronic condition. A return to usual activities after the acute stage is essential for growth and development. Although increased protein and calories may be needed to support the child during a coexisting bacterial infection in the acute stage, a return to usual eating habits is indicated by the time of discharge.

10.

What would the nurse state is true about a toddler's sleep?

- 1  Total sleep averages 12 hours a day.
- 2  In the awake period, a toddler exhibits sleepwalking.
- 3  A toddler normally takes several naps during the day.
- 4  It is uncommon for toddlers to awaken during the night.

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- 3  A toddler normally takes several naps during the day.
- 4  It is uncommon for toddlers to awaken during the night.

Toddlers sleep 12 hours a day on an average. In the awake period, preschoolers rather than toddlers exhibit brief crying, walking around, unintelligible speech, sleepwalking, or bed-wetting. An infant normally takes several naps during the day but usually sleeps an average of 8 to 10 hours during the night. It is common for toddlers to awaken during the night.

STUDY TIP: Focus your study time on the common health problems that nurses most frequently encounter.

11.

What is the current minimum level of lead in the blood used to identify children associated with exposure to lead hazards, according to the Centers for Disease Control and Prevention, 2012?

- 1  5 mcg/dL
- 2  10 mcg/dL
- 3  80 mcg/dL
- 4  0.2 mcg/dL

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- 2  10 mcg/dL
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- 4  0.2 mcg/dL

In 2012, the CDC recommended the use of a reference value based on the 97.5th percentile of [blood lead levels](#) (BLLs) among 1-year-old to 5-year-old children in the United States that will be updated every 4 years. The current level to identify children associated with exposure to lead hazards is 5 mcg/dL or higher. Prior to 2012, the level of concern for an elevated BLL had fallen to 10 mcg/dL from 80 mcg/dL in 1950. BLL of 0.2 mcg/dL is too little to be considered hazardous.

12.

A student nurse is assessing socialization skills in 3-year-old and 4-year-old children. Which similar characteristics may be seen in the children of the two different ages?

- 1  Both have fear.
- 2  Both engage in parallel play.
- 3  Both tell family tales to others without limit.
- 4  Both are eager to do things that please others.

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- 1  Both have fear.
- 2  Both engage in parallel play.

Incorrect

- 3  Both tell family tales to others without limit.
- 4  Both are eager to do things that please others.

Both 3-year-old and 4-year-old children have fear. Children of 3 years of age may engage in parallel as well as associative play, whereas 4-year-old children get engaged only in associative play. Children of 4 years of age tell family tales to others without limit, 3-year-old children do not. Children of 5 years of age are eager to do things that please others, not 3-year-old or 4-year-old children.

1.

A parent asks a nurse for suggestions because a 2-year-old child wants to take a bath alone. What is the most appropriate suggestion that the nurse should provide?

- 1 "Allow the child to wash herself with supervision."
- 2 "Distract the child with other activities."
- 3 "Instruct the child on how to take a bath alone."
- 4 "Punish the child for insisting on taking a bath alone."

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- 2 "Distract the child with other activities."
- 3 "Instruct the child on how to take a bath alone."
- 4 "Punish the child for insisting on taking a bath alone."

The parent should allow the child to take a bath alone, but should keep an eye over the child to prevent any adverse events. It will help the child in the learning process. The parent should not distract the child with other activities, because the child may become frustrated. The parent should not punish the child if he or she insists on taking a bath alone, because this will induce a sense of fear in the child.

Test-Taking Tip: Key words or phrases in the stem of the question such as first, primary, early, or best are important. Similarly, words such as only, always, never, and all in the alternatives are frequently evidence of a wrong response. As in life, no real absolutes exist in nursing; however, every rule has its exceptions, so answer with care.

2.

Which skill does the nurse explain to the parent is normally exhibited by a preschooler?

- 1 Copying squares
- 2 Running with difficulty
- 3 Difficulty in walking stairs
- 4 Jumping and hopping with ease

2.

Which skill does the nurse explain to the parent is normally exhibited by a preschooler?

✓ Correct

1

Copying squares

2

Running with difficulty

Incorrect

3

Difficulty in walking stairs

4

Jumping and hopping with ease

A preschooler learns to copy crosses and squares. Also, they run well and walk up and down steps with ease. They begin to learn to jump and hop rather than jumping and hopping with ease.

3.

How many words should the nurse expect the 3-year-old child to acquire each day?

1

2 to 3

2

5 to 6

3

8 to 10

4

11 to 13

3.

How many words should the nurse expect the 3-year-old child to acquire each day?

1

2 to 3

✓ Correct

2

5 to 6

3

8 to 10

4

11 to 13

The nurse would expect the 3-year-old toddler-age child to acquire 5 to 6 new words each day. Two to 3 new words, 8 to 10 new words, and 11 to 13 new words are not expected parameters for language development.

4.

What is the recommended protein intake for preschoolers?

- 1  1 g/day
- 2  13 g/day
- 3  300 mg/day
- 4  700 mg/day

4.

What is the recommended protein intake for preschoolers?

- 1  1 g/day
- ✓ Correct 2  13 g/day
- 3  300 mg/day
- Incorrect 4  700 mg/day

The recommended protein intake for preschoolers is 13 to 19 g/day. The recommended protein intake for preschoolers is not 1 g/day. The recommended cholesterol consumption for children over the age of 2 years should be less than 300 mg/day, while the recommended daily allowance for calcium for children 1 to 3 years old is 700 mg.

5.

When a nurse brings a dinner tray to a 4-year-old child hospitalized with pneumonia, the child says, "I'm too sick to feed myself." What is the best response by the nurse?

- 1  "Try to eat as much as you can."
- 2  "You can eat later when you feel better."
- 3  "Wait a few minutes, and I will be back to help you."
- 4  "You're really not that sick, and I'm sure you can feed yourself."

5.

When a nurse brings a dinner tray to a 4-year-old child hospitalized with pneumonia, the child says, "I'm too sick to feed myself." What is the best response by the nurse?

Incorrect

1

"Try to eat as much as you can."

2

"You can eat later when you feel better."

✓ Correct

3

"Wait a few minutes, and I will be back to help you."

4

"You're really not that sick, and I'm sure you can feed yourself."

A few minutes will be enough time for the child to begin self-feeding. The nurse should provide both physical and emotional support because the child's request for help indicates regression and the need for dependence during a period of stress. Telling the child to eat as much as he or she can does not provide the child with the help that may be needed. It may be a while until the child feels better; in the meantime, adequate nourishment to foster healing is needed. Telling the child that he or she is not that sick and can feed himself or herself could cause stress, feelings of guilt, and embarrassment.

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6.

The parents of a toddler tell the nurse the family has been living in a very old building. The nurse should carefully assess the child for the irreversible effects of possible lead poisoning by focusing on the what?

1

Urinary system

2

Skeletal system

3

Hematologic system

4

Central nervous system

6.

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1

Urinary system

2

Skeletal system

3

Hematologic system

✓ Correct

4

Central nervous system

Nerve cells do not regenerate; once neurologic damage has occurred, changes are irreversible. Changes in the urinary, skeletal, and hematologic systems are reversible with treatment.

7.

A 4-year-old child with nephrotic syndrome is admitted to the pediatric unit. What clinical finding does the nurse expect when assessing this child?

- 1  Severe lethargy
- 2  Dark, frothy urine
- 3  Chronic hypertension
- 4  Flushed, ruddy complexion

7.

A 4-year-old child with nephrotic syndrome is admitted to the pediatric unit. What clinical finding does the nurse expect when assessing this child?

Incorrect

1  Severe lethargy

Correct

2  Dark, frothy urine

3  Chronic hypertension

4  Flushed, ruddy complexion

Dark, frothy urine is characteristic of a child with nephrotic syndrome; large amounts of protein in the urine cause it to take this appearance. The child may be somewhat, not severely, lethargic. Blood pressure is normal or decreased; hypertension is associated with glomerulonephritis. Children with nephrotic syndrome usually have a pale complexion and are not flushed and ruddy in appearance.

8.

Which chemicals, when ingested by a child, can cause severe pneumonia?

- 1  Bleach
- 2  Lighter fluid
- 3  Toilet cleaner
- 4  Mildew remover

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- 2  Lighter fluid
- 3  Toilet cleaner
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✓ Correct

Certain hydrocarbons, like lighter fluid, can cause severe pneumonia on ingestion. Bleach, toilet cleaner, and mildew remover are corrosives that are not associated with chemical pneumonia.

9.

Which preschool-age clients, who will be starting kindergarten within the year, would benefit from an individualized education plan (IEP)? Select all that apply.

- 1  A child with an IQ of 60
- 2  A child with a hearing deficit
- 3  A child who has a casted arm due to a fracture
- 4  A child diagnosed with autism spectrum disorder (ASD)
- 5  A child diagnosed with type 1 diabetes mellitus (DM) controlled with insulin

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Which preschool-age clients, who will be starting kindergarten within the year, would benefit from an individualized education plan (IEP)? Select all that apply.

- ✓ Correct 1  A child with an IQ of 60
- ✓ Correct 2  A child with a hearing deficit
- Incorrect 3  A child who has a casted arm due to a fracture
- ✓ Correct 4  A child diagnosed with autism spectrum disorder (ASD)
- 5  A child diagnosed with type 1 diabetes mellitus (DM) controlled with insulin

The children who would benefit from an IEP include a child with an IQ of 60 who is intellectually disabled, a child with a hearing deficit who will require modification for success, and a child diagnosed with ASD who will have specialized educational needs. The child with a casted arm due to fracture does not have a chronic problem and does not require an IEP. The child diagnosed with DM may require an individual health plan but not an IEP.

10.

Which clinical manifestation would cause the nurse to suspect that a preschool-age client ingested a corrosive agent, such as bleach?

- 1  Choking
- 2  Gagging
- 3  Drooling
- 4  Vomiting

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Which clinical manifestation would cause the nurse to suspect that a preschool-age client ingested a corrosive agent, such as bleach?

- 1  Choking
- 2  Gagging
- 3  Drooling
- 4  Vomiting

✓ Correct

Drooling is often associated with the ingestion of a corrosive agent, such as bleach. Choking, gagging, and vomiting are clinical manifestations associated with the ingestion of hydrocarbons, not corrosive agents.

11.

A nurse is planning to teach activities of daily living to a developmentally disabled 3-year-old child. What activity should the nurse plan to teach to the child first?

- 1  Dressing
- 2  Toileting
- 3  Self-feeding
- 4  Hair combing

11.

A nurse is planning to teach activities of daily living to a developmentally disabled 3-year-old child. What activity should the nurse plan to teach to the child first?

Incorrect

1

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2

Toileting

✓ Correct

3

Self-feeding

4

Hair combing

According to the principles of growth and the development of skills, feeding is taught first, and this is no different for a child who is developmentally disabled. Dressing, toileting, and hair combing are more difficult skills than self-feeding.

Test-Taking Tip: Note the number of questions and the total time allotted for the test to calculate the times at which you should be halfway and three-quarters finished with the test. Look at the clock only every 10 minutes or so.

12.

Which gross motor skill is exhibited by 3-year-olds?

1

Walking backward with heel to toe

2

Repeatedly catching a ball

3

Skipping and hopping on one foot

4

Riding a tricycle

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Which gross motor skill is exhibited by 3-year-olds?

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Walking backward with heel to toe

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3

Skipping and hopping on one foot

✓ Correct

4

Riding a tricycle

Riding a tricycle is a gross motor skill exhibited by 3-year-olds. Repeatedly catching a ball, skipping, and hopping on one foot are gross motor skills exhibited by 4-year-olds. Walking backward with heel to toe is a gross motor skill exhibited by 5-year-olds.