Pediatric

1. 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)

2. 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

3. A nurse teaching the parents of a 10-month-old infant about home safety. Which of the following information should the nurse include in the teaching? (Select all that apply.)

   A. Serve food in small, non-circular pieces.

   B. Tie plastic bags in knots before discarding them.

   C. Install accordion style gates.

   D. Set the water heater at 65.6° C (150° F).

   E. Fit the mattress so that it is snug against the sides of the crib.

4. A nurse is obtaining the length and weight of a 6-month-old infant. Which of the following actions should the nurse take? (Select all that apply.)

   A. Weigh the infant in a diaper.

   B. Use a stadiometer to measure the infant.

C. Place a disposable covering on the scale.

D. Measure the infant from crown of the head to the heels of feet.

E. Balance the scale to 0 prior to use.

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5. A nurse is caring for a preschooler who has a partial-thickness burn on her right forearm. Which of the following findings should the nurse expect?

A. Dry surface

B. Sensitive to touch

C. Wound blanches with pressure

D. Intact epidermis

E. Blisters

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6. A nurse is caring for an infant who has a tracheoesophageal fistula. Which of the following findings should the nurse expect? (Select all that apply.)

A. Coughing

B. Apnea

C. Sunken abdomen

D. Cyanosis

E. Frothy saliva

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7. A nurse is preparing to discharge a child who has a new prescription for an oral antibiotic. Which of following information should the nurse include in the discharge instructions? (Select all that apply.)

A. The reason why the child is taking the medication

B. Written information about the medication

C. Stopping the medication when the child feels better

D. The adverse effects of the medication

E. Using a kitchen spoon to administer the medication

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8. A nurse is caring for a 3-year-old child whose parents report that she has an intense fear of painful procedures, such as injections. Which of the following strategies should the nurse add to the child's plan of care? (Select all that apply.)

   A. Have a parent stay with the child during procedures.

   B. Cluster invasive procedures whenever possible.

   C. Perform the procedure as quickly as possible.

   D. Allow the child to keep a toy from home with her.

   E. Use mummy restraints during painful procedures.

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9. A nurse is caring for an infant who has gastroesophageal reflux. The nurse should recognize that which of the following findings are associated with this condition? (Select all that apply.)

   A. Vomiting

   B. Weight loss

   C. Rigid abdomen

   D. Wheezing

   E. Fever

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10. A nurse is caring for a child who is having a seizure. Which of the following actions should the nurse take? (Select all that apply.)

    A. Assess the client’s airway patency.

    B. Place a tongue depressor in the client’s mouth.

    C. Remove objects from the client's bed.

    D. Place the client in a side-lying position.

    E. Restrain the client.

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11. A nurse is assisting with the admission of a child who has measles. Which of the following isolation precautions should the nurse initiate?

    A. Airborne

    B. Contact

    C. Protective environment

D. Droplet

12. A nurse is preparing to assist with applying a cast to a preschooler's arm. Which of the following actions should the nurse take?

A. Wrap the arm of the child's doll or toy prior to the procedure.

B. Tell the child, "This will make your arm feel better."

C. Place a heated fan at the bedside to facilitate drying.

D. Support the casted arm with a firm grasp.

13. 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

14. 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.

15. 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."

16. 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."

17. 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."

18. 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?"

19. 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

20. 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

21. 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.

22. 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

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

24. 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

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25. 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.

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26. 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

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27. 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.

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28. 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

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29. 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.

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30. 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

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31. 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."

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32. A nurse is teaching a parent of a child who has hemophilia how to control a minor bleeding episode. Which of the following statements by the parent indicates a need for further teaching?

A. "I will have my child rest."

B. "I will elevate the affected part."

C. "I will compress the site."

D. "I will apply heat."

33. A nurse is caring for a child who is having a tonic-clonic seizure and vomiting. Which of the following actions is the nurse's priority?

A. Place a pillow under the child's head.

B. Position the child side-lying.

C. Loosen restrictive clothing.

D. Clear the area of hazards.

34. A nurse is collecting data from a child who is descending stairs by placing both feet on each step and holding on to the railing. The nurse should understand that these actions are developmentally appropriate at which of the following ages?

A. 3 years

B. 4 years

C. 5 years

D. 6 years

35. A nurse is assessing an adolescent who has an exacerbation of Graves' disease. Which of the following findings should the nurse expect?

A. Weight gain

B. Bradycardia

C. Lethargy

D. Heat intolerance