

## IM8 Pediatrics-C

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1. 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."
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2. 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
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3. 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.
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4. 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."
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5. 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?"
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6. 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
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7. 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
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8. 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
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9. 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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10. 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
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11. 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
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12. 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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13. 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.
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14. 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

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15. 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.
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16. 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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17. A nurse is admitting a 6-month-old infant who has dehydration. Which of the following amounts of urinary output should indicate to the nurse that the treatment has corrected the fluid imbalance?

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- A. 0.5 mL/kg/hr
  - B. 2 mL/kg/hr
  - C. 7.5 mL/kg/hr
  - D. 15 mL/kg/hr
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18. A nurse is caring for a 6-month-old infant who has a prescription for clear liquids by mouth after a repair of an intussusception. Which of the following fluids should the nurse select for the infant?

- A. Oral electrolyte solution
  - B. Half-strength infant formula
  - C. Half-strength orange juice
  - D. Sterile water
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19. 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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20. A nurse is admitting a child who has leukemia and a critically low platelet count. Which of the following precautions should the nurse initiate?

- A. Neutropenic
  - B. Bleeding
  - C. Contact
  - D. Droplet
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21. A nurse is caring for a child who has influenza. The nurse should identify that which of the following statements by the parent indicates the child has an increased risk for Reye syndrome?

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- A. "I give my child ibuprofen when his muscles are aching."
  - B. "I am encouraging my child to drink grapefruit juice."
  - C. "I give my child aspirin to reduce his fever."
  - D. "I am leaving a humidifier on in my child's room when he naps."
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22. A nurse is caring for a pre-school age child who has epiglottitis with a barking cough. Which of the following actions should the nurse take?

- A. Initiate airborne precautions.
  - B. Obtain a throat culture.
  - C. Use a tongue depressor to observe the epiglottis.
  - D. Monitor oxygen saturation.
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23. A nurse at a pediatrician's office is contacted by a parent whose child just ingested half a bottle of vitamins with added ferrous sulfate. Which of the following instructions should the nurse provide to the parent?

- A. Provide a high-carbohydrate meal.
  - B. Give the child syrup of ipecac.
  - C. Contact the poison control center.
  - D. Bring the child to the office for a rapid infusion of deferoxamine.
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24. A nurse is caring for a toddler who has a fractured right femur and is in Bryant traction. When determining that the traction is appropriately assembled, the nurse should observe which of the following?

- A. Skin straps maintain the leg in an extended position.
  - B. Weights are attached to a pin that is inserted into the femur.
  - C. A padded sling is under the knee of the affected leg.
  - D. The buttocks is elevated slightly off of the bed.
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25. A nurse is assessing a toddler who has acute nephrotic syndrome. Which of the following findings should the nurse report to the provider?

- A. Yellow nasal discharge
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- B. Facial edema
  - C. Poor appetite
  - D. Irritability
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26. 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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27. A nurse is assessing a 10-month-old infant. Which of the following findings should the nurse report to the provider?

- A. The infant is unable to imitate animal sounds.
  - B. The infant does not sit steadily without support.
  - C. The infant cannot turn pages in a book.
  - D. The infant cannot build a tower of three or four cubes.
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28. A nurse is administering ear drops to a toddler and pulls the auricle down and back. The mother asks, "Why are you pulling the ear that way?" Which of the following explanations should the nurse provide?

- A. "This technique opens the ear canal, allowing medication to reach the inner ear region."
  - B. "When this technique is used, the toddler experiences less pain."
  - C. "This is the safest and easiest way to administer this medication."
  - D. "When this technique is used, the medication will not run out of the ear."
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29. 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.
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- 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.
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30. A nurse is caring for a 7-year-old child who has an upper respiratory infection and type 1 diabetes mellitus. Which of the following statements by the mother indicates a need for further instruction?

- A. "I will encourage her to drink half a cup of water or sugar-free fluids every 30 minutes."
  - B. "I will report a change in her breathing or any signs of confusion."
  - C. "I will notify the doctor if her temperature is not controlled with acetaminophen."
  - D. "I will continue to check his blood sugar two times every day."
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31. A nurse is caring for a 3-year-old child who has had 160 mL of urine output over the past 8 hr period. The child weighs 33 lb. Which of the following actions should the nurse take?

- A. Notify the provider.
  - B. Continue to monitor the client.
  - C. Provide oral rehydration fluids.
  - D. Perform a bladder scan at the bedside.
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32. A nurse in an emergency department is caring for a child who is experiencing an acute asthma attack. Which of the following medications should the nurse expect to administer first?

- A. Fluticasone
  - B. Budesonide
  - C. Montelukast
  - D. Albuterol
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33. A nurse is caring for a 3-year-old child who was admitted with acute diarrhea and dehydration. Which of the following findings indicates that oral rehydration therapy has been effective?

- A. Heart rate 130/min
  - B. Respiratory rate 24/min
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- C. Urine specific gravity 1.015
  - D. Capillary refill greater than 3 seconds
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34. A nurse is presenting an in-service about the use of postural drainage for infants who have cystic fibrosis. Which of the following positions should the nurse identify as being contraindicated for the infant?

- A. Trendelenburg
  - B. Sitting on a nurse's lap leaning forward
  - C. Supine
  - D. Sitting on a nurse's lap leaning backward
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35. A nurse is caring for a child on the oncology unit. The child's parents are asking the nurse about the cancer diagnosis. Which of the following information should the nurse provide the parents about the most common malignant renal and intra-abdominal tumor of childhood?

- A. Ewing sarcoma
  - B. Osteosarcoma
  - C. Neuroblastoma
  - D. Wilms' tumor
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