

Jessica Runde
ATI Remediation Pediatrics
Professor Katie King
12/3/2024

1. Immunizations: Recommended Schedule for a Preschooler
 - a. A preschooler should receive their final dose of inactivated poliovirus between ages 4 to 6.
 - b. A preschooler should also be administered their inactivated influenza vaccine because this is an annual immunization.
 - c. A preschooler should be given their second dose of MMR.
2. Health Promotion of Infants (2 Days to 1 Year): Reportable Finding for a 4-Month-Old Infant
 - a. A provider should be notified if a posterior fontanel is not closed in a 4-month-old infant.
 - b. A provider should also be notified if the infant has gained less than 1.5 pounds per month at the age of 4 months old.
 - c. The provider should also be notified if the infant's head circumference has not increased at the age of 4 months.
3. Immunizations: Teaching About Initial Immunization for a 12-Month-Old Infant
 - a. The MMR immunization series is started when an infant turns 12 months old.
 - b. The varicella immunization series is also started when an infant turns 12 months old.
 - c. The infant is also given the Hepatitis A vaccine when they are 12 months old.
4. Cognitive and Sensory Impairments: Testing a Preschooler's Visual Acuity
 - a. The child should be placed 10-20 feet away from the visual chart that they are using.
 - b. If the child wears glasses, they should be wearing them during the exam.
 - c. The child is tested one eye at a time. The child will cover the eye that is not being checked with a patch that is provided.
5. Airflow Disorders: Monitoring for Adverse Effects of Prednisolone
 - a. A patient can experience bone loss as an adverse effect of prednisolone.
 - b. Another adverse effect of prednisolone is hyperglycemia.
 - c. Myopathy can also be an adverse effect of using prednisolone.
6. Chronic Neuromusculoskeletal Disorders: Teaching About Prednisone
 - a. Prednisone can be used to decrease inflammation.
 - b. Prednisone is commonly used for types of severe arthritis.
 - c. Prednisone can also help alleviate pain.
7. Cystic Fibrosis: Anticipated Prescribed Medications
 - a. A patient with cystic fibrosis can be prescribed bronchodilators.
 - b. They also may be prescribed aerosolized antibiotics.

- c. The patient will most likely be prescribed pancreatic enzymes if they have cystic fibrosis.
- 8. Acute and Infectious Respiratory Illnesses: Analyzing Respiratory Findings for a 3-Year-Old Child
 - a. If a patient has experienced a tonsillectomy, the nurse needs to watch for frequent swallowing. This can be a sign of a hemorrhage.
 - b. If a patient's face is becoming cyanotic, the provider should be notified right away. This can indicate that they are unable to breathe.
 - c. If a patient has nasal inflammation, decreased appetite, and restlessness, this can mean that they have nasopharyngitis.
- 9. Enuresis and Urinary Tract Infections: Caring for a Child Who Has Vesicoureteral Reflux
 - a. As a nurse, the patient or family member should be educated on good hydration.
 - b. The nurse should also monitor for any signs and symptoms of a urinary tract infection.
 - c. The nurse should also teach proper hand and perineal hygiene.
- 10. Gastrointestinal Diagnostic Procedures: Priority Nursing Actions for a Toddler Who Ingested a Foreign Object
 - a. First the nurse should look in the patient's mouth to see if they can see the object that was ingested.
 - b. The nurse should make sure that the airway is open and the patient can breathe.
 - c. If the nurse can not see the object and the patient is not having any difficulty with breathing, an x-ray may be done to see if the object can be visualized in the stomach.
- 11. Enuresis and Urinary Tract Infections: Planning Care for a Child Who Has a Urinary Tract Infection
 - a. The nurse will give pain medications to the child if they are prescribed.
 - b. The nurse should also encourage the child to drink lots of fluids.
 - c. The nurse should assist the child in going to the bathroom.
- 12. Dermatitis and Acne: Planning Discharge Instructions for the Guardian of a Toddler
 - a. The guardian should be educated on keeping any chemicals or irritants away from the toddler's reach.
 - b. The guardian should be educated on not to pick at the toddler's acne if it is present.
 - c. The guardian should be educated on changing their toddler's diapers frequently to avoid diaper dermatitis.
- 13. Hematologic Disorder: Planning Care for an Adolescent Who is Experiencing a Vaso-Occlusive Crisis
 - a. A nurse should give pain medication to the adolescent who is experiencing a vaso-occlusive crisis.
 - b. The nurse should monitor the patient's vital signs.
 - c. The nurse should watch for any signs of complications, such as a stroke.

14. Health Promotion of Infants (2 days to 1 year): Nutritional Support for an Infant
 - a. The nurse should refer to a dietician to provide additional nutritional support education for an infant.
 - b. A mother who is breastfeeding should only give breastmilk to the infant until they are at least 6 months old.
 - c. Irony-fortified formula could also be used in replacement for breastmilk.
15. Cardiovascular Disorders: Administering Digoxin
 - a. Before administering Digoxin, the nurse should check the patient's heart rate to make sure it is not lower than the normal range.
 - b. Digoxin is given to lower a patient's heart rate.
 - c. The nurse needs to monitor for signs of toxicity including: bradycardia, nausea, and vomiting.
16. Kidney Disorders: Identifying Effective Treatment for a Child Who Has Acute Poststreptococcal Glomerulonephritis
 - a. A nurse should monitor the child's urine amount and characteristics when they have acute poststreptococcal glomerulonephritis
 - b. Protein should be restricted for this patient.
 - c. Diuretics and antihypertensive may be prescribed for treatment of acute poststreptococcal glomerulonephritis.
17. Enuresis and Urinary Tract Infections: Evaluating Response to Enuresis Treatment
 - a. The guardian should monitor if the child is having any wet beds after they have already been treated. If they do not, this means the treatment was positive.
 - b. The child's self-esteem should be evaluated to see if this complicates their bladder issue.
 - c. The guardians need to have the child urinate before bedtime and avoid any fluids 2 hours before bedtime.
18. Fractures: Monitoring for Postoperative Complications
 - a. The nurse should monitor the patient's vital signs for any nonverbal cues of pain.
 - b. The nurse should monitor the patient for any signs of infection such as purulent drainage and an elevated temperature.
 - c. The nurse should also monitor the patient's neurovascular status to assess for any postoperative complications such as loss of circulation.
19. Complications of Infants: Expected Findings of Necrotizing Enterocolitis
 - a. The infant will experience abdominal distention.
 - b. The infant will also experience bloody stools.
 - c. The infant will also experience decreased urinary output.
20. Coordinating Client Care: Initiating a Referral to the Interprofessional Team
 - a. The nurse should give the patient and family members referrals to community resources if necessary.
 - b. The nurse can also initiate a referral to a dietician for a patient about nutritional intake if necessary.

- c. If the patient is having difficulty breathing, the nurse can initiate a referral to the respiratory therapist.
21. Infection Control: Identifying Common Sources of Health Care-Associated Infection
- a. A common health-care associated infection is a UTI.
 - b. A patient's surgical wound can also become infected within the hospital if proper hand hygiene is not completed.
 - c. An infection in the bloodstream could occur in the hospital if there is not proper hygiene for invasive procedures.