

PRACTICE QUESTION

PEDIATRIC

1. A 10 year old child with asthma is treated for acute exacerbation in the emergency department. The nurse caring for a child should monitor for which sign. Knowing that it indicates or worsening of the condition?
 - (a) Warm, dry skin
 - (b) decreased wheezing
 - (c) Pulse rate of 90 beats/mts
 - (d) Respiration of 18 breaths/minute
2. The mother of an 8 year old child being treated for right lower lobe pneumonia at home calls the clinic nurse. The mother tells the nurse that the child complains of discomfort on the right side and that ibuprofen is not effective. Which instruction should the nurse provide to the mother?
 - (a) Decrease the dose of ibuprofen
 - (b) Increase the frequency of ibuprofen
 - (c) Encourage the child to lie on the left side
 - (d) Encourage the child to lie on the right side
3. A new parent expresses concern to the nurse regarding sudden infant death syndrome (SIDS). She asks the nurse how to position her new infant for sleep. In which position should the nurse tell the parent to place the infant?
 - (a) Side/prone
 - (b) Back or prone
 - (c) Stomach with the face turned
 - (d) Back rather than on the stomach
4. The clinic nurse is providing instructions to a parents of a child with cystic fibrosis regarding the immunization schedule for the child. Which statement should the nurse make to the parent?
 - (a) The immunization schedule will need to be altered.
 - (b) The child should not receive my hepatitis vaccines
 - (c) The child will receive all the immunization expect for the polio series
 - (d) The child will receive the recommended basic series of immunizations along with a yearly influenza vaccination.
5. The emergency department nurse is caring for a child diagnosed with epiglottitis. In assessing the child, the nurse should monitor for which indication that the child may be experiencing airway obstruction?
 - (a) The child exhibits nasal flaring and bradycardia.
 - (b) The child is leaning forward, with the chin thrust out.
 - (c) The child has a low-grade fever and complains of a sore throat.
 - (d) The child is leaning backward, supporting himself or herself with the hands and arms.
6. A child with laryngotracheobronchitis (croup) is placed in a cool mist tent. The mother becomes concerned because the child is frightened, consistently crying and trying to climb out of the tent. Which is the most appropriate nursing action?
 - (a) Tell the mother that the child must stay in the tent.
 - (b) Place a toy in the tent to make the child feel more comfortable.
 - (c) Call the health care provider and obtain a prescription for a mild sedative.
 - (d) Let the mother hold the child and direct the cool mist over the child's face.
7. The clinic nurse reads the results of a tuberculin skin test (TST) on a 3-year-old child. The results indicate an area of induration measuring 10 mm. The nurse should interpret these results as which finding?
 - (a) Positive
 - (b) Negative
 - (c) Inconclusive
 - (d) Definitive and requiring a repeat test
8. The mother of a hospitalized 2-year-old child with viral laryngotracheobronchitis (croup) asks the nurse why the health care provider did not prescribe antibiotics. Which response should the nurse make?
 - (a) "The child may be allergic to antibiotics."
 - (b) "The child is too young to receive antibiotics."
 - (c) "Antibiotics are not indicated unless a bacterial infection is present."
 - (d) "The child still has the maternal antibodies from birth and does not need antibiotics."
9. The nurse is caring for an infant with bronchiolitis, and diagnostic tests have confirmed respiratory syncytial virus (RSV). On the basis of this finding, which is the most appropriate nursing action?
 - (a) Initiate strict enteric precautions.
 - (b) Move the infant to a room with another child with RSV.
 - (c) Leave the infant in the present room because RSV is not contagious.
 - (d) Inform the staff that they must wear a mask, gloves, and a gown when caring for the child.
10. The nurse is preparing for the admission of an infant with a diagnosis of bronchiolitis caused by respiratory syncytial virus (RSV). Which interventions should the nurse include in the plan of care? Select all that apply.
 - (a) Place the infant in a private room.
 - (b) Ensure that the infant's head is in a flexed position.

- (c) Wear a mask at all times when in contact with the infant.
- (d) Place the infant in a tent that delivers warm humidified air.
- (e) Position the infant on the side, with the head lower than the chest.
- (f) Ensure that nurses caring for the infant with RSV do not care for other high-risk children.

ANSWERS

1	B
2	D
3	D
4	D
5	B
6	D
7	A
8	C
9	B
10	A,F

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