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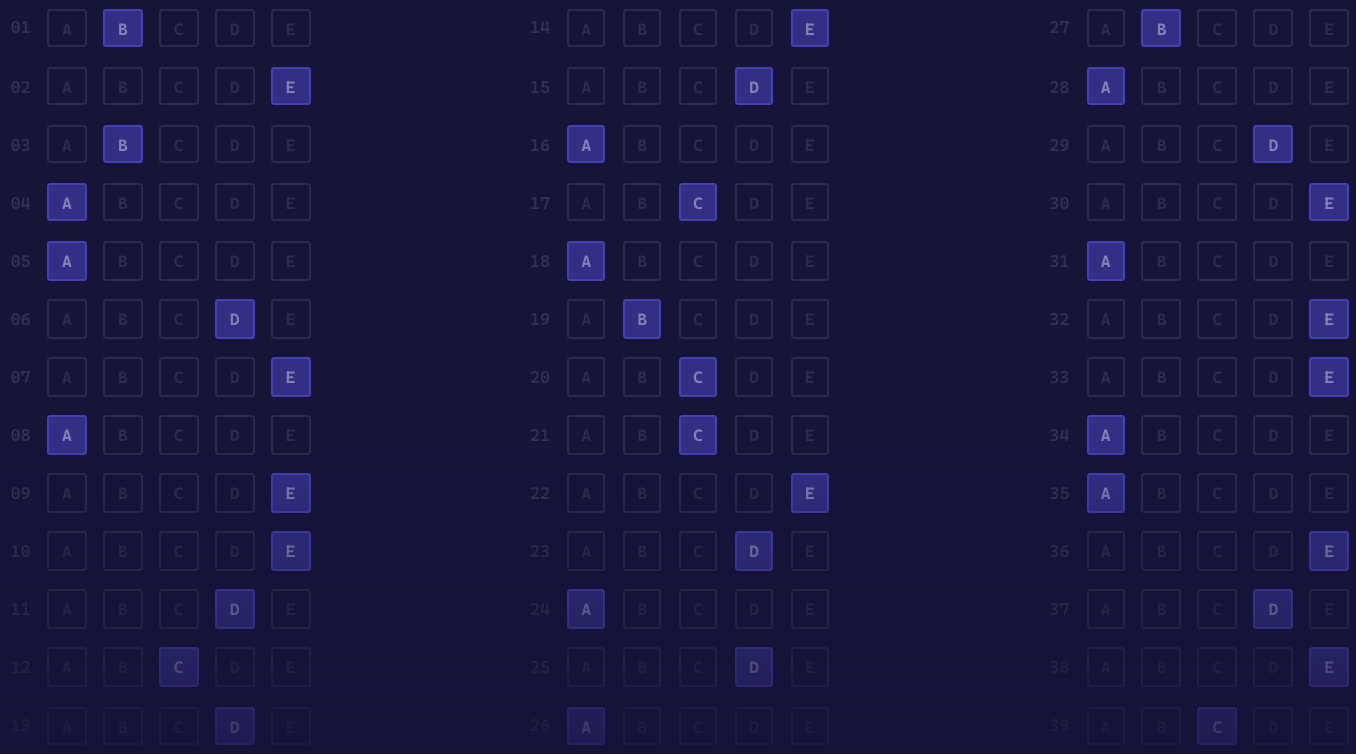

PRACTICE QUESTIONS

American Association of Critical Care Nurses (AACN)

VFWGBPBB

CCRN Pediatric Exam - Direct Care Eligibility Pathway

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

Before you begin

What this is

9 practice questions for American Association of Critical Care Nurses (AACN) `VFWGBPBB`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `VFWGBPBB`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 MULTIPLE CHOICE

A 6-year-old child is admitted with suspected cardiogenic shock following cardiac surgery. Which two clinical findings are most characteristic of cardiogenic shock in this population? (Choose two.)

A Wide pulse pressure with bounding peripheral pulses

B Cool, mottled extremities with prolonged capillary refill

C Hepatomegaly with jugular venous distension

D Tachypnea with warm, well-perfused skin

E Hypotension with a low cardiac index

F Polyuria with brisk capillary refill

ANSWER B · C · E

WHY Cardiogenic shock in the pediatric patient is characterized by signs of inadequate cardiac output and compensatory vasoconstriction, including cool, mottled extremities with prolonged capillary refill, hepatomegaly with jugular venous distension, and hypotension with a reduced cardiac index. Warm, well-perfused skin with bounding pulses and wide pulse pressure is more consistent with distributive (warm) shock such as septic or anaphylactic shock.

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QUESTION 2 MULTIPLE CHOICE

A 10-year-old child with ARDS is being managed with lung-protective ventilation. Which two interventions are consistent with current evidence-based practice for pediatric ARDS? (Choose two.)

A Tidal volumes of 10-12 mL/kg of ideal body weight

B Tidal volumes of 5-6 mL/kg of ideal body weight

C Plateau pressures maintained at less than 28-30 cm H2O

D Routine use of permissive hypercapnia to a PaCO2 of 70-80 mm Hg

E Allowing plateau pressures of 35-40 cm H2O to improve oxygenation

F Prone positioning considered as part of the management strategy

ANSWER B · C · F

WHY Lung-protective ventilation in pediatric ARDS targets low tidal volumes (5-6 mL/kg ideal body weight) and limits plateau pressure to less than 28-30 cm H2O to minimize ventilator-induced lung injury. Prone positioning is an accepted adjunctive therapy. Tidal volumes of 10-12 mL/kg and plateau pressures of 35-40 cm H2O exceed lung-protective targets, and routine permissive hypercapnia to 70-80 mm Hg is not standard practice.

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QUESTION 3 SINGLE CHOICE

A 4-year-old child with severe traumatic brain injury has an intracranial pressure (ICP) reading of 22 mm Hg. Which nursing action is the most appropriate initial response?

A Notify the provider and prepare for emergent burr hole placement

B Reposition the head of bed to 30 degrees, ensure midline head position, and reassess

C Administer a prescribed sedative bolus and document the response

D Suction the endotracheal tube to clear secretions before reassessing

ANSWER B

WHY Initial nursing management of elevated ICP includes simple interventions that promote venous outflow and reduce intracranial volume: elevating the head of bed to 30 degrees, keeping the head in midline position, and reassessing. Suctioning and sedation are reserved for specific indications and should not precede basic positioning. Burr hole placement is not a first-line nursing action.

QUESTION 4 SINGLE CHOICE

Telemetry shows a narrow-complex tachycardia at a rate of 240 beats per minute in a 3-month-old infant. The infant is hemodynamically stable with adequate perfusion. What is the most likely rhythm?

A Sinus tachycardia

B Supraventricular tachycardia (SVT)

C Ventricular tachycardia

D Atrial fibrillation

ANSWER B

WHY In an infant, a narrow-complex tachycardia at rates exceeding 220 beats per minute with abrupt onset and offset is characteristic of supraventricular tachycardia (SVT). Sinus tachycardia rarely exceeds 220 bpm in infants and usually has a clear underlying cause. Ventricular tachycardia is wide-complex, and atrial fibrillation is exceedingly rare in infants and shows irregular, chaotic atrial activity.

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QUESTION 5 SINGLE CHOICE

An 8-year-old child with new-onset diabetes presents with a glucose of 480 mg/dL, pH of 7.15, and serum bicarbonate of 10 mEq/L. Which finding is most consistent with the expected acid-base status?

A Respiratory acidosis with a normal anion gap

B Metabolic acidosis with an elevated anion gap

C Metabolic alkalosis with compensatory hypoventilation

D Mixed respiratory alkalosis and metabolic acidosis with a normal anion gap

ANSWER B

WHY Diabetic ketoacidosis produces a high anion gap metabolic acidosis due to accumulation of ketoacids (beta-hydroxybutyrate and acetoacetate). The patient's pH of 7.15 and bicarbonate of 10 mEq/L confirm significant metabolic acidosis, and the ketoacid accumulation creates the elevated anion gap characteristic of DKA.

QUESTION 6 SINGLE CHOICE

A 7-year-old child in status asthmaticus has progressively worsening respiratory distress despite continuous nebulized albuterol and intravenous corticosteroids. Which finding most strongly suggests impending respiratory failure?

A Audible wheezing throughout both lung fields

B Improving peak expiratory flow rate

C A "silent chest" with absent breath sounds

D Increased use of accessory muscles

ANSWER C

WHY A "silent chest" with absent breath sounds is an ominous finding in status asthmaticus because it indicates minimal airflow due to severe bronchospasm and impending respiratory failure. Loud wheezing actually indicates some airflow is present, and improving peak flow or increased accessory muscle use alone do not signify impending failure as directly as the absence of breath sounds.

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QUESTION 7 SINGLE CHOICE

Which hemodynamic profile best describes warm (early) septic shock in a pediatric patient?

A **High cardiac output with low systemic vascular resistance**

B Low cardiac output with high systemic vascular resistance

C High cardiac output with high systemic vascular resistance

D Low cardiac output with low systemic vascular resistance

ANSWER **A**

WHY Warm, or early/distributive, septic shock is characterized by a hyperdynamic state with high cardiac output and low systemic vascular resistance, producing warm, flushed extremities and bounding pulses. This contrasts with cold (late) septic shock, in which cardiac output falls and systemic vascular resistance rises as compensatory mechanisms fail.

QUESTION 8 SINGLE CHOICE

A 2-year-old presents with sudden onset of inconsolable crying, drawing the legs up to the abdomen, and currant-jelly stools. Which condition is most likely?

A **Intussusception**

B Hirschsprung disease

C Pyloric stenosis

D Appendicitis

ANSWER **A**

WHY Intussusception classically presents in children between 6 months and 3 years of age with episodic, severe abdominal pain (drawing legs up), vomiting, and "currant-jelly" stools (a mixture of blood and mucus). Hirschsprung disease typically presents with chronic constipation, pyloric stenosis presents with non-bilious projectile vomiting in infants, and appendicitis usually presents with periumbilical pain localizing to the right lower quadrant.

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QUESTION 9 SINGLE CHOICE

A child with Burkitt lymphoma begins chemotherapy and develops muscle weakness, tetany, and a prolonged QT interval 12 hours later. Which electrolyte abnormality is most likely responsible?

A Hyperkalemia

B Hyperphosphatemia with secondary hypocalcemia

C Hypermagnesemia

D Hypernatremia

ANSWER B

WHY Tumor lysis syndrome causes rapid release of intracellular contents, leading to hyperuricemia, hyperkalemia, hyperphosphatemia, and secondary hypocalcemia. The patient's muscle weakness, tetany, and prolonged QT interval are classic manifestations of hypocalcemia caused by hyperphosphatemia, which results from phosphorus binding with calcium.

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