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39	☐ A	☐ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

American Association of Critical Care Nurses (AACN)

G953MWMC

CCRN Pediatric Exam - Knowledge Professional Eligibility
Pathway

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Association of Critical Care Nurses (AACN) **G953MWMC**, 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, **G953MWMC**
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

A 4-year-old child presents with suspected myocarditis. Which clinical finding is most characteristic of acute myocarditis in this age group?

- ☐ A Bounding peripheral pulses with widened pulse pressure
- ☒ B Tachycardia out of proportion to fever with signs of poor perfusion
- ☐ C Bradycardia with first-degree AV block and hypertension
- ☐ D Systolic murmur that decreases with Valsalva maneuver

ANSWER B

WHY Acute myocarditis in children commonly presents with tachycardia disproportionate to the degree of fever, along with signs of poor systemic perfusion such as cool extremities, delayed capillary refill, and altered mental status. The other findings describe more classic presentations of other conditions such as patent ductus arteriosus (A), hypertension/AV block of a different etiology (C), or hypertrophic cardiomyopathy (D).

QUESTION 2

SINGLE CHOICE

A child with status asthmaticus is receiving continuous albuterol nebulization. Which arterial blood gas finding is most consistent with impending respiratory failure rather than a typical asthma exacerbation?

- ☐ A PaO₂ 80 mm Hg, PaCO₂ 35 mm Hg, pH 7.45
- ☒ B PaO₂ 60 mm Hg, PaCO₂ 55 mm Hg, pH 7.30
- ☐ C PaO₂ 90 mm Hg, PaCO₂ 30 mm Hg, pH 7.50
- ☐ D PaO₂ 75 mm Hg, PaCO₂ 40 mm Hg, pH 7.40

ANSWER B

WHY In acute asthma, patients typically hyperventilate and produce a respiratory alkalosis with low PaCO₂ (options A and C). A normal or rising PaCO₂ with hypoxemia and developing acidosis indicates respiratory muscle fatigue and impending failure — a classic danger sign in pediatric status asthmaticus requiring immediate escalation.

QUESTION 3 SINGLE CHOICE

Following a closed head injury, an 8-year-old has a Glasgow Coma Scale score of 9 (E2, V3, M4). Which intervention is the priority?

- ☐ A Administer prescribed mannitol for cerebral edema
- ☒ B Ensure cervical spine immobilization and assess airway, breathing, and circulation
- ☐ C Obtain a non-contrast CT of the head within 24 hours
- ☐ D Apply a cooling blanket to lower the core temperature to 34°C

ANSWER B

WHY The ABCs always come first in trauma. Cervical spine immobilization must be maintained until cleared, and a GCS of 9 with a verbal response of 3 raises concern for airway compromise. Mannitol (A) and induced hypothermia (D) require specific indications and physician orders, and CT imaging (C) is important but does not precede stabilization.

QUESTION 4 SINGLE CHOICE

A child with newly diagnosed type 1 diabetes mellitus in diabetic ketoacidosis (DKA) is receiving a continuous insulin infusion at 0.1 units/kg/hr. Twelve hours later, the child's blood glucose has decreased from 450 mg/dL to 180 mg/dL. Which acid-base parameter best indicates that the insulin infusion is effectively resolving the ketoacidosis?

- ☐ A Decreasing serum potassium level
- ☒ B Increasing serum bicarbonate level
- ☐ C Decreasing serum sodium level
- ☐ D Increasing anion gap

ANSWER B

WHY Closing of the anion gap and rising serum bicarbonate indicate that ketogenesis has slowed and ketoacids are being metabolized — the hallmark that insulin therapy is correcting DKA. Falling glucose alone only indicates dextrose needs adjustment; a decreasing potassium or sodium reflects fluid/electrolyte shifts, and a rising anion gap would signal worsening acidosis.

QUESTION 5

SINGLE CHOICE

A 6-year-old with hemolytic uremic syndrome (HUS) develops oliguria, hypertension, and rising serum creatinine. Which laboratory abnormality is most likely to be present?

- ☐ A Elevated haptoglobin and elevated reticulocyte count
- ☒ B Microangiopathic hemolytic anemia with thrombocytopenia
- ☐ C Hyponatremia with hypokalemia
- ☐ D Elevated C3 and C4 complement levels

ANSWER B

WHY HUS is classically defined by the triad of microangiopathic hemolytic anemia (with schistocytes), thrombocytopenia, and acute kidney injury. Haptoglobin is typically decreased (not elevated) due to intravascular hemolysis, complement levels are usually normal, and electrolyte disturbances vary rather than following a single classic pattern.

QUESTION 6

SINGLE CHOICE

A 2-month-old infant presents with projectile non-bilious vomiting after feeding and visible peristaltic waves across the upper abdomen. Which assessment finding supports a diagnosis of pyloric stenosis rather than gastroenteritis?

- ☐ A Fever and bloody diarrhea
- ☒ B Persistent metabolic alkalosis with hypochloremia
- ☐ C Bilious vomiting with abdominal distension
- ☐ D Hyponatremia with metabolic acidosis

ANSWER B

WHY Pyloric stenosis causes loss of gastric hydrochloric acid through vomiting, producing a hypochloremic, hypokalemic metabolic alkalosis. Bilious vomiting (C) suggests a more distal obstruction such as malrotation with volvulus, and the electrolyte patterns in A and D are more consistent with diarrheal illness or other processes.

QUESTION 7 SINGLE CHOICE

A child with sickle cell disease is admitted with acute chest syndrome. Which intervention is the priority within the first hour of admission?

- ☐ A Initiate hydroxyurea therapy
- ☒ B Provide supplemental oxygen, hydration, and pain management
- ☐ C Administer a routine scheduled blood transfusion
- ☐ D Obtain a bone marrow aspiration

ANSWER B

WHY Initial management of acute chest syndrome focuses on supportive care: oxygen to correct hypoxemia, aggressive hydration, analgesia, and incentive spirometry. Simple or exchange transfusion is reserved for severe disease and is not first-line on admission. Hydroxyurea is used for long-term disease modification, not acute crises, and bone marrow aspiration is not indicated.

QUESTION 8 SINGLE CHOICE

A child is being monitored following a severe burn injury covering 40% of total body surface area. On post-injury day 2, urine output drops to 0.4 mL/kg/hr despite adequate fluid resuscitation. Which physiologic alteration is most likely contributing to this decreased urine output?

- ☐ A Increased capillary permeability with third-spacing of fluid into the interstitium
- ☒ B Increased antidiuretic hormone secretion in response to hypovolemia
- ☐ C Decreased systemic vascular resistance from the inflammatory response
- ☐ D Increased myocardial contractility with increased cardiac output

ANSWER B

WHY After the initial 24–48 hours post-burn, massive amounts of ADH and aldosterone are released in response to hypovolemia, causing oliguria even with adequate intravascular volume restoration. Capillary permeability (A) is the dominant problem in the first 24 hours (the resuscitative/edematous phase), and decreased SVR (C) and increased contractility (D) are not consistent with the post-burn shock state.

QUESTION 9

MULTIPLE CHOICE

A 3-month-old presents with signs of congestive heart failure secondary to a large ventricular septal defect. Which medications are commonly used in the management of this infant? (Choose two.)

- ☒ **A** Furosemide
- ☐ **B** Digoxin
- ☐ **C** Sodium bicarbonate
- ☒ **D** Enalapril
- ☐ **E** Calcium gluconate

ANSWER **A • D**

WHY Standard medical management of heart failure in an infant with a VSD includes loop diuretics such as furosemide (A) to reduce pulmonary congestion and afterload-reducing agents such as enalapril (D) to decrease left-to-right shunt. Digoxin is used selectively with caution in infants. Sodium bicarbonate (C) and calcium gluconate (E) are not part of chronic VSD heart failure management.