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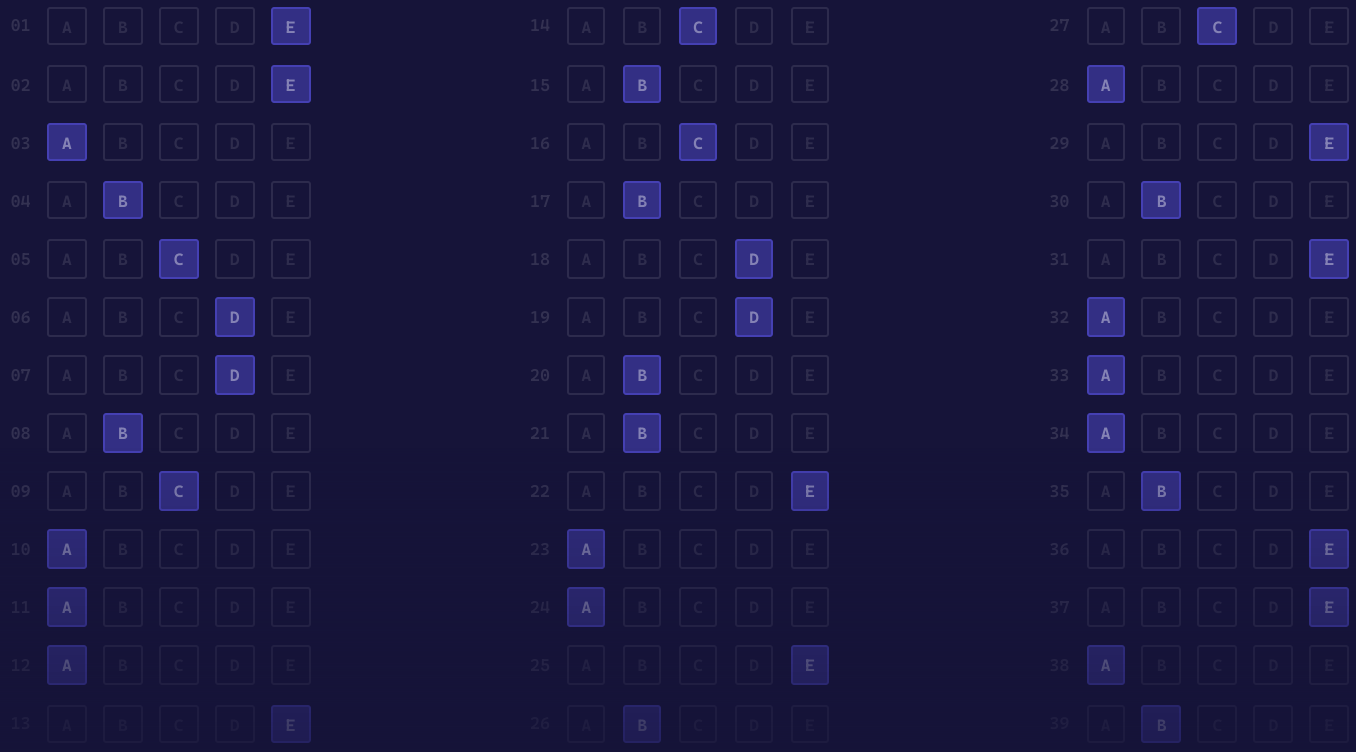

PRACTICE QUESTIONS

Board of Certification for Emergency Nursing(BCEN)

AAGYZXSL

Certified Pediatric Emergency Nurse (CPEN)

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Board of Certification for Emergency Nursing(BCEN) `AAGYZXSL`, 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, `AAGYZXSL`
- 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 6-month-old infant presents with tachypnea, nasal flaring, subcostal retractions, and expiratory wheezing during bronchiolitis season. Which finding is most concerning for impending respiratory failure?

A Respiratory rate of 60 breaths/min

B **Diminished breath sounds with decreased work of breathing**

C Oxygen saturation of 92% on room air

D Mild intercostal retractions

ANSWER B

WHY A quiet chest with decreased breath sounds and decreasing work of breathing in a child who was previously working hard to breathe suggests fatigue and impending respiratory failure, not improvement.

QUESTION 2 SINGLE CHOICE

Which vital sign change is typically the earliest indicator of shock in a pediatric patient?

A Hypotension

B **Tachycardia**

C Bradycardia

D Widened pulse pressure

ANSWER B

WHY Children compensate for shock through tachycardia and vasoconstriction before blood pressure drops; hypotension is a late and ominous sign in pediatric shock.

QUESTION 3 MULTIPLE CHOICE

Which anatomical and physiological differences make children more susceptible to specific injury patterns in trauma compared to adults? (Choose two.)

A **Larger body surface area to mass ratio increasing heat loss and toxin absorption**

B Thicker, more ossified ribs providing greater protection to thoracic organs

C **A proportionally larger head increasing risk of head injury**

D Smaller intravascular volume making children less prone to compensatory tachycardia

ANSWER **A · C**

WHY Children have a proportionally larger head increasing head injury risk and a greater body surface area to mass ratio increasing risk of hypothermia and toxin absorption; their ribs are more pliable (not more ossified), and they compensate with tachycardia readily.

QUESTION 4 SINGLE CHOICE

A 3-year-old arrives via EMS actively seizing for the past 20 minutes. IV access has just been obtained. Which medication is the most appropriate first-line treatment at this time?

A **Intravenous lorazepam**

B Intravenous phenytoin

C Intramuscular midazolam

D Oral diazepam

ANSWER **A**

WHY With IV access established, IV lorazepam is the first-line benzodiazepine for status epilepticus; IM midazolam is preferred when IV access is unavailable, and phenytoin is a second-line agent.

QUESTION 5 SINGLE CHOICE

A toddler is brought to the emergency department after ingesting an unknown substance. The nurse notes miosis, decreased respiratory rate, decreased level of consciousness, and bradycardia. This presentation is most consistent with which toxidrome?

A Anticholinergic toxidrome

B Sympathomimetic toxidrome

C Opioid toxidrome

D Cholinergic toxidrome

ANSWER C

WHY Miosis, respiratory depression, decreased LOC, and bradycardia are classic for opioid toxicity, reversible with naloxone.

QUESTION 6 TRUE FALSE

Bruising on the torso, ears, or neck of an infant younger than 4 months old should raise suspicion for physical abuse and warrants further investigation, per the TEN-4-FACES bruising clinical decision rule.

A True

B False

ANSWER A

WHY The TEN-4-FACES rule identifies bruising in specific regions (torso, ears, neck, frenulum, angle of jaw, cheeks, eyelids, subconjunctiva) in infants under 4 months as highly concerning for abuse, since bruising in non-mobile infants is unusual.

QUESTION 7 SINGLE CHOICE

A 10-year-old with new-onset diabetic ketoacidosis is receiving IV fluid resuscitation and an insulin infusion. Which finding should prompt the nurse to immediately notify the provider due to concern for cerebral edema?

A Gradual decrease in blood glucose over several hours

B **Sudden onset of headache, altered mental status, and bradycardia**

C Resolution of Kussmaul respirations

D Increased urine output

ANSWER B

WHY Headache, altered mental status, and bradycardia (with hypertension) are classic warning signs of cerebral edema, a life-threatening complication of pediatric DKA treatment requiring immediate intervention.

QUESTION 8 SINGLE CHOICE

During the primary survey of an injured child, the nurse notes the child is alert but has absent breath sounds on the left, tracheal deviation to the right, and jugular venous distension. Which intervention takes priority?

A Obtain a portable chest radiograph

B **Perform needle decompression of the chest**

C Administer high-flow oxygen and reassess in 15 minutes

D Insert a nasogastric tube for decompression

ANSWER B

WHY These findings indicate a tension pneumothorax, a life-threatening condition requiring immediate needle decompression rather than waiting for imaging.

QUESTION 9 MULTIPLE CHOICE

Which clinical findings in an infant are concerning for congenital heart disease presenting as cardiogenic shock? (Choose two.)

A **Poor feeding with diaphoresis during feeds**

B **Weak or absent femoral pulses with strong brachial pulses**

C Symmetric, bounding pulses in all four extremities

D Spontaneous resolution of cyanosis with crying

ANSWER **A** · **B**

WHY Poor feeding with diaphoresis suggests heart failure, and a differential between weak femoral and strong brachial pulses suggests coarctation of the aorta; symmetric bounding pulses and cyanosis resolving with crying are not concerning findings for ductal-dependent lesions.